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AN ACT relating to public health; revising the procedures followed by a county or city board of health or a health authority when isolating, quarantining or treating certain persons; revising provisions governing the investigation of a case or suspected case of a communicable disease and an order for a person with a communicable disease to submit to examination and treatment; revising provisions concerning certain offenses relating to communicable diseases; revising provisions concerning court-ordered testing for a communicable disease; prohibiting the disclosure of information about certain persons investigated by the health authority; requiring the alleged victim of a crime involving sexual penetration to be provided with information concerning sexually transmitted diseases; revising certain terminology used to refer to the human immunodeficiency virus and related matters; reestablishing the Advisory Task Force on HIV Exposure Modernization; setting forth the duties of the Task Force; abolishing certain crimes relating to the human immunodeficiency virus; repealing certain additional provisions relating to communicable diseases; providing a penalty; and providing other matters properly relating thereto.

**Legislative Counsel’s Digest:**

Existing law authorizes state and local health authorities to take certain actions to investigate and control the spread of communicable diseases, including ordering: (1) a person to undergo a medical examination to verify the presence of a disease; and (2) the isolation, quarantine or treatment of a person or group of persons. (NRS 439.360, 439.470, 441A.160) **Sections 1, 2 and 5** of this bill: (1) require any such order to state the reasons that the actions prescribed by the order are the least restrictive means available to prevent, suppress or control a communicable disease; and (2) prescribe certain limitations on the circumstances under which a state or local health authority may take such actions, including a requirement that the communicable disease must pose a risk to the public health.

Existing law establishes procedures pursuant to which the Chief Medical Officer or a district health officer, or a designee thereof, may isolate, quarantine or treat persons who have been infected with or exposed to a communicable disease. (NRS 441A.510-441A.720) Those procedures: (1) require the Chief Medical Officer or district health officer, or a designee thereof, to provide each person quarantined with a statement of his or her rights; and (2) require a judicial proceeding if a person is to be quarantined involuntarily for longer than 72 hours. (NRS 441A.510, 441A.550) **Sections 1, 2 and 3.6** of this bill require a city or county board of health to adhere to those procedures when isolating, quarantining or treating a person who has or has been exposed to a communicable disease. **Sections 12.3-12.9** of this bill make conforming changes to clarify that a person isolated, quarantined or treated by a county or city board of health has the same



rights as a person isolated, quarantined or treated by the Chief Medical Officer or a district health officer, or a designee thereof.

Existing law authorizes the Chief Medical Officer or a district health officer, or a designee thereof, to investigate a case of a communicable disease and order the person with the communicable disease to submit to examination or testing. (NRS 441A.160) **Section 5** requires such an official to know or suspect that the communicable disease is in an infectious state and poses a risk to the health of the public before taking such action. **Section 5** also requires the State Board of Health and each district board of health to establish a process by which a person may appeal an order to submit to examination or testing.

Existing law, with certain exceptions, prohibits a health authority from ordering involuntary treatment without a court order. (NRS 441A.160) **Section 5** prohibits a court from issuing such an order without clear and convincing evidence that the person: (1) has a communicable disease in an infectious state; and (2) is likely to pose a danger to the health of the public.

Existing law makes it a misdemeanor for a person who has a communicable disease in an infectious state to conduct himself or herself in any manner likely to expose others to the disease or engage in any occupation in which it is likely that the disease will be transmitted to others after receiving a written warning from a health authority. (NRS 441A.180) **Section 3.3** of this bill sets forth legislative findings that the spread of communicable diseases is a public health matter that should not be addressed through criminalization. **Section 6** of this bill prohibits a health authority from warning a person against engaging in an occupation or accessing a place of public accommodation if a similar order from an employer or the place of public accommodation would constitute prohibited discrimination against a person with a disability. **Section 6** makes it a misdemeanor for a person to intentionally transmit a communicable disease to another person under certain circumstances, regardless of whether the person has received a warning from the health authority. **Section 6** prohibits a person from being charged for any offense other than the offenses set forth in **section 6** for exposing or attempting to expose another person to a communicable disease. **Section 6** additionally prohibits the use of the fact that a person has a communicable disease to satisfy any element of an offense other than the offenses set forth in **section 6**. **Section 6** creates an affirmative defense if the person exposed to a communicable disease through prohibited conduct: (1) knew the defendant had the communicable disease; (2) knew the conduct could result in transmission of the communicable disease; and (3) consented to engage in the conduct with that knowledge. **Section 6** additionally provides an affirmative defense if the defendant used or attempted to use means to prevent the transmission of the communicable disease. **Section 6** also prohibits a person from being charged with certain offenses for transmitting or exposing another person to a communicable disease through the donation of an organ, blood, sperm or tissue or through pregnancy. **Section 24** of this bill repeals a separate provision making it a category B felony for a person who has tested positive for the human immunodeficiency virus to intentionally, knowingly or willfully engage in conduct in a manner that is intended or likely to transmit the disease. (NRS 201.205) Such a person would still be guilty of a misdemeanor if he or she transmitted the virus or engaged in such conduct after a warning from the health authority and the affirmative defenses established by **section 6** do not apply.

Existing law authorizes a court to order a person or decedent to be tested for a communicable disease upon the petition of a law enforcement officer, correctional officer, emergency medical attendant, firefighter, county coroner or medical examiner or employee or volunteer thereof if the court determines that there is probable cause to believe that: (1) a transfer of bodily fluids occurred between the



person and the petitioner; and (2) a positive result from the test for the presence of a communicable disease would require the petitioner to seek medical intervention. (NRS 441A.195) **Section 7** of this bill revises these provisions to instead authorize a court to order such a test only if the court determines that there is probable cause to believe that the petitioner: (1) was likely exposed to a communicable disease; and (2) testing of the other person or decedent is necessary to determine the appropriate medical treatment of the petitioner.

Existing law prohibits a person from making public personal identifying information about a person infected with a communicable disease who has been investigated by the health authority without the consent of the person. (NRS 441A.230) **Section 9** of this bill instead prohibits a person from making public such information about a person who has been diagnosed with or exposed to a communicable disease and investigated by the health authority without the consent of the person.

If the alleged victim or a witness to a crime alleges that the crime involved the sexual penetration of the victim's body, existing law requires the testing of the alleged perpetrator for the human immunodeficiency virus and other commonly contracted sexually transmitted diseases. (NRS 441A.320) **Section 24** removes this requirement, and **section 14.5** of this bill instead requires information concerning testing for sexually transmitted diseases to be included in the information provided to victims of sexual assault under the Sexual Assault Survivors' Bill of Rights.

**Section 17** of this bill requires the Legislative Counsel, to the extent practicable, to ensure that: (1) persons living with the human immunodeficiency virus are referred to in Nevada Revised Statutes using language that is commonly viewed as respectful and sentence structure that refers to the person before referring to his or her disorder; and (2) duplicative references to the human immunodeficiency virus and acquired immunodeficiency syndrome are avoided in Nevada Revised Statutes. **Section 18** of this bill provides that it is the policy of this State that such persons are referred to in a similar manner in the Nevada Administrative Code. **Sections 8, 11-14, 16 and 19-21** of this bill make various revisions to terminology referring to the human immunodeficiency virus, other communicable diseases and related matters.

**Section 24** repeals provisions of existing law: (1) requiring a person arrested for prostitution or solicitation for prostitution and each offender in the custody of the Department of Corrections to be tested for the human immunodeficiency virus; (2) making it a category B felony to engage in prostitution after testing positive for the human immunodeficiency virus; (3) requiring the Director of the Department of Corrections to establish for inmates and employees of the Department an educational program regarding the human immunodeficiency virus; and (4) authorizing a court to order the confinement of a person who is diagnosed as having acquired immunodeficiency syndrome who fails to comply with a written order of a health authority, or who engages in behavior through which the disease may be spread to other persons. **Sections 10 and 15** of this bill make conforming changes by removing references to the repealed sections.

Senate Bill No. 284 of the 2019 Legislative Session: (1) created the Advisory Task Force on HIV Exposure Modernization; and (2) required the Task Force to conduct a comprehensive examination during the 2019-2020 legislative interim of the statutes and regulations in this State related to the criminalization of exposing a person to the human immunodeficiency virus. (Section 1 of chapter 88, Statutes of Nevada 2019, at page 466) **Section 22** of this bill reestablishes the Task Force for the 2021-2022 legislative interim.



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THE PEOPLE OF THE STATE OF NEVADA, REPRESENTED IN  
SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

**Section 1.** NRS 439.360 is hereby amended to read as follows:  
439.360 ***1.*** The county board of health may:

~~1.]~~ ***(a)*** Abate nuisances in accordance with law.

~~2.]~~ ***(b)*** Establish and maintain an isolation hospital or quarantine station when necessary for the isolation or quarantine of a person or a group of persons.

~~3.—Restrain, quarantine and disinfect]~~

***(c)*** *Isolate any person or group of persons ~~[sick]~~ with ~~[or]~~ a communicable disease that is in an infectious state and poses a risk to the public health.*

***(d)*** *Quarantine any person or group of persons who has been exposed to any ~~[contagious or infectious]~~ communicable disease that is ~~[dangerous]~~ in an infectious state and poses a risk to the public health.*

~~4.]~~ ***(e)*** *Treat any person or group of persons with a communicable disease that is in an infectious state and poses a risk to the public health or who has been exposed to such a communicable disease.*

***(f)*** *Monitor and treat any person or group of persons with a communicable disease that poses a risk to the public health if there is a risk that the communicable disease will develop into:*

***(1)*** *A progressed state that endangers the health of the person or persons; or*

***(2)*** *An infectious state.*

***(g)*** *Appoint quarantine officers when necessary to enforce a quarantine . ~~[, shall provide whatever medicines, disinfectants and provisions which may be required, and shall arrange for the payment of all debts or charges so incurred from any funds available, but each patient shall, if the patient is able, pay for his or her food, medicine, clothes and medical attendance.~~*

~~5.]~~ ***(h)*** *Subject to the prior review and approval of the board of county commissioners and except as otherwise provided in NRS 576.128, adopt a schedule of reasonable fees to be collected for issuing or renewing any health permit or license required to be obtained from the board pursuant to a law of this state or an ordinance adopted by any political subdivision of this state. Such fees must be for the sole purpose of defraying the costs and expenses of the procedures for issuing licenses and permits, and*



investigations related thereto, and not for the purposes of general revenue.

2. *Any order issued to isolate, quarantine or treat a person or group of persons issued pursuant to subsection 1 must state the reasons that each of the actions prescribed by the order are the least restrictive means available to prevent, suppress or control the communicable disease. If a county board of health issues an order to isolate, quarantine or treat a person pursuant to subsection 1, the county board of health must:*

(a) *Isolate, quarantine or treat the person in the manner set forth in NRS 441A.510 to 441A.720, inclusive, and section 3.6 of this act.*

(b) *Provide whatever medicines, disinfectants and provisions may be required and arrange for the payment of all debts or charges so incurred from any funds available, but each patient shall, if the patient is able, pay for his or her food, medicine, clothes and medical attendance.*

3. *As used in this section, "communicable disease" has the meaning ascribed to it in NRS 441A.040.*

**Sec. 2.** NRS 439.470 is hereby amended to read as follows:

439.470 1. The city board of health may:

~~[1.]~~ (a) Abate nuisances in accordance with law.

~~[2.]~~ (b) Establish a temporary isolation hospital or quarantine station when an emergency demands the isolation or quarantine of a person or a group of persons.

~~[3.—Restrain, quarantine and disinfect]~~

(c) *Isolate* any person or a group of persons ~~[sick]~~ with ~~[or]~~ a communicable disease that is in an infectious state and poses a risk to the public health.

(d) *Quarantine* any person or group of persons who has been exposed to any ~~[contagious or infectious]~~ communicable disease ~~[which is dangerous]~~ that is in an infectious state and poses a risk to the public health.

~~[4.]~~ (e) *Treat* any person or group of persons with a communicable disease that is in an infectious state and poses a risk to the public health or who has been exposed to such a communicable disease.

(f) *Monitor and treat* any person or group of persons with a communicable disease that poses a risk to the public health if there is a risk that the communicable disease will develop into:

(1) *A progressed state that endangers the health of the person or persons; or*

(2) *An infectious state.*



(g) Appoint quarantine officers when necessary to enforce a quarantine . ~~[, and shall provide whatever medicines, disinfectants and provisions which may be required. The city council shall pay all debts or charges so incurred, but each patient shall, if able, pay for his or her food, medicine, clothes and medical attendance.~~

~~—5.]~~ (h) Subject to the prior review and approval of the governing body of the city and except as otherwise provided in NRS 576.128, adopt a schedule of reasonable fees to be collected for issuing or renewing any health permit or license required to be obtained from such board pursuant to state law or an ordinance adopted by any political subdivision. Such fees must be for the sole purpose of defraying the costs and expenses of the procedures for issuing licenses and permits, and investigations related thereto, and not for the purposes of general revenue.

*2. Any order issued to isolate, quarantine, or treat a person or group of persons issued pursuant to subsection 1 must state the reasons that each of the actions prescribed by the order are the least restrictive means available to prevent, suppress or control the communicable disease. If a city board of health issues an order to isolate, quarantine or treat a person pursuant to subsection 1, the city board of health must:*

*(a) Isolate, quarantine or treat the person in the manner set forth in NRS 441A.510 to 441A.720, inclusive, and section 3.6 of this act.*

*(b) Provide whatever medicines, disinfectants and provisions may be required. The city council shall pay all debts or charges so incurred from any funds available, but each patient shall, if the patient is able, pay for his or her food, medicine, clothes and medical attendance.*

*3. As used in this section, “communicable disease” has the meaning ascribed to it in NRS 441A.040.*

**Sec. 3.** Chapter 441A of NRS is hereby amended by adding thereto the provisions set forth as sections 3.3 and 3.6 of this act.

**Sec. 3.3.** *The Legislature hereby finds and declares that the spread of communicable diseases is best addressed through public health measures rather than criminalization.*

**Sec. 3.6.** *As used in this section and NRS 441A.510 to 441A.720, inclusive, unless the context otherwise requires, “health authority” has the meaning ascribed to it in NRS 441A.050 and includes a county or city board of health.*

**Sec. 4.** (Deleted by amendment.)



**Sec. 5.** NRS 441A.160 is hereby amended to read as follows:

441A.160 1. A health authority who knows, suspects or is informed of the existence within the jurisdiction of the health authority of any communicable disease *that poses a risk to the health of the public and is in an infectious state, at risk of developing into an infectious state or at risk of developing into a progressed state that endangers the health of the person with the communicable disease* shall immediately investigate the matter and all circumstances connected with it, and shall take such measures for the prevention, suppression and control of the disease as are required by the regulations of the Board or a ~~health~~ *district* board of health.

2. A health authority may:

(a) Enter private property at reasonable hours to investigate any case or suspected case of a communicable disease ~~to determine the danger posed by the case or suspected case to the public, including, without limitation, whether the communicable disease is in an infectious state.~~

(b) Order any person whom the health authority ~~reasonably suspects~~ *has a reasonable factual and medical basis to suspect* has a communicable disease *that is* in an infectious state *and poses a risk to the health of the public* to submit to any medical examination or test which the health authority ~~believes~~ *determines* is necessary to verify the presence of the disease. The order must be in writing and specify the name of the person to be examined *or tested* and the time and place of the examination and testing, and may ~~include such terms and conditions as the health authority believes are necessary to protect the public health.~~ *require the person to take other actions that the health authority has determined are necessary to prevent the spread of the communicable disease.*

(c) Except as otherwise provided in *this paragraph*, subsection ~~5~~ *6* and NRS 441A.210, issue an order requiring the isolation, quarantine or treatment of any person or group of persons if the health authority ~~believes~~ *has a reasonable factual and medical basis to believe* that such action is necessary to protect the public health. The order must be in writing and specify the person or group of persons to be isolated or quarantined, the time during which the order is effective ~~and~~ *and* the place of isolation or quarantine ~~and other terms and conditions which~~ *The order may direct the person or group of persons to take other actions that* the health authority ~~believes~~ *has determined* are necessary to ~~protect the public health, except that no~~ *prevent the spread of the communicable*



*disease. The health authority shall not order* isolation or quarantine ~~[may take place]~~ if the health authority determines that such action may ~~[endanger]~~ *compromise* the ~~[life]~~ *health* of a person who is isolated or quarantined.

3. Each order issued pursuant to this section must ~~[be]~~ :

(a) *Be* served upon each person named in the order by delivering a copy to ~~[him or her.]~~ *the person; and*

(b) *State the reasons that each of the actions prescribed by the order are necessary and are the least restrictive means available to prevent, suppress or control the communicable disease.*

4. *The Board and each district board of health shall adopt regulations to establish a process by which a person may appeal to the health authority an order issued pursuant to paragraph (b) of subsection 2. The health authority shall provide to a person who receives such an order a document stating the rights of the person, including, without limitation, the right to appeal the order, at the time and in the manner prescribed by regulation of the Board or the district board of health, as applicable.*

5. If a health authority issues an order to isolate or quarantine a person with a communicable or infectious disease in a medical facility, the health authority must isolate or quarantine the person in the manner set forth in NRS 441A.510 to 441A.720, inclusive ~~[~~ ~~—5.]~~ , and *section 3.6 of this act.*

6. Except as otherwise provided in NRS 441A.310 and 441A.380, a health authority may not issue an order requiring the involuntary treatment of a person without a court order requiring the person to submit to treatment. *A court shall not order a person to submit to treatment unless the court finds that there is clear and convincing evidence that:*

(a) *The person has a communicable disease in an infectious state; and*

(b) *Because of that disease, the person is likely to pose a risk to the public health.*

**Sec. 6.** NRS 441A.180 is hereby amended to read as follows:

441A.180 1. ~~[A]~~ *Except as otherwise provided in this section, a person who has a communicable disease in an infectious state shall not ~~[conduct]~~ :*

(a) *Conduct* himself or herself in any manner ~~[likely to expose others]~~ *that has a high probability of transmitting the disease to another person; or ~~[engage]~~*

(b) *Engage* in any occupation in which ~~[it is likely]~~ *there is a high probability* that the disease will be transmitted to ~~[others.]~~ *other persons.*



2. ~~[A]~~ *Except as otherwise provided in this section, a health authority who has reason to believe that a person is in violation of subsection 1 shall issue a warning to that person, in writing, informing the person of the behavior which constitutes the violation and of the precautions that the person must take to avoid exposing ~~[others]~~ another person to the disease. The warning must be served upon the person by delivering a copy to ~~[him or her]~~ the person. The health authority shall not warn a person against:*

*(a) Engaging in an occupation if the employer of the person would be prohibited from preventing the person from engaging in that occupation by the Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12101 et seq., or NRS 613.330.*

*(b) Accessing a place of public accommodation if the place of public accommodation would be prohibited from denying the person access to the place of public accommodation by the Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12101 et seq., or NRS 651.050 to 621.120, inclusive.*

3. ~~[A]~~ *Except as otherwise provided in this section, a person who violates the provisions of subsection 1 after service upon ~~[him or her]~~ the person of a warning from a health authority in the manner prescribed by subsection 2 is guilty of a misdemeanor.*

4. *Except as otherwise provided in this section, any person who, after receiving notice that he or she has tested positive for a communicable disease, intentionally conducts himself or herself in a manner that is specifically intended to transmit the disease to another person and has a high probability of transmitting the disease to another person and, as a consequence, transmits the disease to another person is guilty of a misdemeanor. A person shall not be deemed to have acted intentionally solely because the person failed to use or attempt to use means to prevent transmission.*

5. *It is an affirmative defense to an offense charged pursuant to this section that a person who was subject to exposure to a communicable disease as a result of conduct prohibited by a warning issued pursuant to subsection 2 or conduct described in subsection 4:*

*(a) Knew the defendant had the communicable disease;*

*(b) Knew the conduct could result in the transmission of the communicable disease; and*

*(c) Consented to engage in the conduct with that knowledge.*

6. *It is an affirmative defense to an offense charged pursuant to this section that the defendant used or attempted to use means to prevent the transmission of the communicable disease.*



*7. A person who has tested positive for a communicable disease is not in violation of subsection 1 or 4 because the person:*

*(a) Donates or attempts to donate an organ, blood, sperm or tissue and thereby exposes another person to the communicable disease or transmits the communicable disease; or*

*(b) Becomes pregnant and exposes the unborn child to the communicable disease or transmits the communicable disease to the unborn child.*

*8. Before imposing a fine or a sentence of imprisonment upon a person who violates subsection 3 or 4, a court must consider all alternative means to advance the public health.*

*9. A person must not be charged for any offense other than the offenses set forth in this section if the person is alleged to have exposed another person to a communicable disease or attempted to expose another person to a communicable disease. The fact that a person has a communicable disease must not be used to satisfy any element of an offense other than the offenses set forth in this section.*

*10. For the purposes of subsections 1 and 4, the likelihood of transmitting a communicable disease to another person must be determined using current medical or epidemiological evidence. The Board shall adopt regulations prescribing requirements for determining the sufficiency and legitimacy of medical or epidemiological evidence pursuant to this subsection.*

*11. As used in this section, "means to prevent transmission" means any method, device, behavior or activity scientifically demonstrated to measurably limit, reduce or eliminate the risk of transmitting a communicable disease.*

**Sec. 7.** NRS 441A.195 is hereby amended to read as follows:

441A.195 1. Except as otherwise provided in NRS 259.047, a law enforcement officer, correctional officer, emergency medical attendant, firefighter, county coroner or medical examiner or any of their employees or volunteers, any other person who is employed by or is a volunteer for an agency of criminal justice or any other public employee or volunteer for a public agency who, in the course of his or her official duties, comes into contact with human blood or bodily fluids, or the employer of such a person or the public agency for which the person volunteers, may petition a court for an order requiring the testing of a person or decedent for exposure to a communicable disease if ~~[the person or decedent may have exposed the]~~:

*(a) The officer, emergency medical attendant, firefighter, county coroner or medical examiner or their employee or volunteer, other*



person employed by or volunteering for an agency of criminal justice or other public employee or volunteer for a public agency *was likely exposed* to a communicable disease ~~{ }~~; and

*(b) Testing of the person or decedent is necessary to determine the appropriate treatment for the officer, emergency medical attendant, firefighter, county coroner, medical examiner, employee or volunteer.*

2. When possible, before filing a petition pursuant to subsection 1, the person, employer or public agency for which the person volunteers, and who is petitioning shall submit information concerning the ~~{possible}~~ *likely* exposure to a communicable disease to the designated health care officer for the employer or public agency or, if there is no designated health care officer, the person designated by the employer or public agency to document and verify ~~{possible}~~ *likely* exposure to communicable diseases, for verification that there was substantial exposure. Each designated health care officer or person designated by an employer or public agency to document and verify ~~{possible}~~ *likely* exposure to communicable diseases shall establish guidelines based on current scientific information to determine substantial exposure.

3. A court shall promptly hear a petition filed pursuant to subsection 1 and determine whether there is probable cause to believe that a ~~{possible}~~ *likely* transfer of blood or other bodily fluids occurred between the person who filed the petition or on whose behalf the petition was filed and the person or decedent who ~~{possibly}~~ *likely* exposed him or her to a communicable disease. If the court determines that *such* probable cause exists, ~~{to believe that a possible transfer of blood or other bodily fluids occurred and, that a positive result from the test for the presence of a communicable disease would require the petitioner to seek medical intervention,}~~ the court shall:

(a) Order the person who ~~{possibly}~~ *likely* exposed the petitioner, or the person on whose behalf the petition was filed, to a communicable disease to submit two appropriate specimens to a local hospital or medical laboratory for testing for exposure to a communicable disease; or

(b) Order that two appropriate specimens be taken from the decedent who ~~{possibly}~~ *likely* exposed the petitioner, or the person on whose behalf the petition was filed, to a communicable disease and be submitted to a local hospital or medical laboratory for testing for exposure to the communicable disease.

↳ The local hospital or medical laboratory shall perform the test in accordance with generally accepted medical practices and shall



disclose the results of the test in the manner set forth in NRS 629.069.

4. If a judge or a justice of the peace enters an order pursuant to this section, the judge or justice of the peace may authorize the designated health care officer or the person designated by the employer or public agency to document and verify ~~possible~~ *likely* exposure to a communicable disease to sign the name of the judge or justice of the peace on a duplicate order. Such a duplicate order shall be deemed to be an order of the court. As soon as practicable after the duplicate order is signed, the duplicate order must be returned to the judge or justice of the peace who authorized the signing of it and must indicate on its face the judge or justice of the peace to whom it is to be returned. The judge or justice of the peace, upon receiving the returned order, shall endorse the order with his or her name and enter the date on which the order was returned. Any failure of the judge or justice of the peace to make such an endorsement and entry does not in and of itself invalidate the order.

5. Except as otherwise provided in NRS 629.069, all records submitted to the court in connection with a petition filed pursuant to this section and any proceedings concerning the petition are confidential and the judge or justice of the peace shall order the records and any record of the proceedings to be sealed and to be opened for inspection only upon an order of the court for good cause shown.

6. A court may establish rules to allow a judge or justice of the peace to conduct a hearing or issue an order pursuant to this section by electronic or telephonic means.

7. The employer of a person or the public agency for which the person volunteers, who files a petition or on whose behalf a petition is filed pursuant to this section or the insurer of the employer or public agency, shall pay the cost of performing the test pursuant to subsection 3.

8. As used in this section:

(a) "Agency of criminal justice" has the meaning ascribed to it in NRS 179A.030.

(b) "Emergency medical attendant" means a person licensed as an attendant or certified as an emergency medical technician, advanced emergency medical technician or paramedic pursuant to chapter 450B of NRS.

**Sec. 8.** NRS 441A.220 is hereby amended to read as follows:

441A.220 All information of a personal nature about any person provided by any other person reporting a case or suspected case of a communicable disease or drug overdose, or by any person



who has a communicable disease or has suffered a drug overdose, or as determined by investigation of the health authority, is confidential medical information and must not be disclosed to any person under any circumstances, including pursuant to any subpoena, search warrant or discovery proceeding, except:

1. As otherwise provided in NRS 439.538.
2. For statistical purposes, provided that the identity of the person is not discernible from the information disclosed.
3. In a prosecution for a violation of this chapter.
4. In a proceeding for an injunction brought pursuant to this chapter.
5. In reporting the actual or suspected abuse or neglect of a child or elderly person.
6. To any person who has a medical need to know the information for his or her own protection or for the well-being of a patient or dependent person, as determined by the health authority in accordance with regulations of the Board.
7. If the person who is the subject of the information consents in writing to the disclosure.
8. Pursuant to ~~subsection 4 of NRS 441A.320 or~~ NRS 629.069.
9. If the disclosure is made to the Department of Health and Human Services and the person about whom the disclosure is made has been diagnosed ~~[as having acquired immunodeficiency syndrome or an illness related to]~~ *with* the human immunodeficiency virus and is a recipient of or an applicant for Medicaid.
10. To a firefighter, police officer or person providing emergency medical services if the Board has determined that the information relates to a communicable disease significantly related to that occupation. The information must be disclosed in the manner prescribed by the Board.
11. If the disclosure is authorized or required by NRS 239.0115 or another specific statute.

**Sec. 9.** NRS 441A.230 is hereby amended to read as follows:

441A.230 Except as otherwise provided in this chapter and NRS 439.538, a person shall not make public the name of, or other personal identifying information about, a person ~~[infected]~~ *who has been diagnosed* with *or exposed to* a communicable disease ~~[who has been]~~ *and* investigated by the health authority pursuant to this chapter without the consent of the person.



**Sec. 10.** NRS 441A.240 is hereby amended to read as follows:  
441A.240 ~~[1]~~ The health authority shall control, prevent, treat and, whenever possible, ensure the cure of sexually transmitted diseases.

~~[2. The health authority shall provide the materials and curriculum necessary to conduct the educational program provided for in NRS 209.385 and establish a program for the certification of persons qualified to provide instruction for the program.]~~

**Sec. 11.** (Deleted by amendment.)

**Sec. 12.** NRS 441A.330 is hereby amended to read as follows:  
441A.330 The health authority may establish such dispensaries, pharmacies or clinics for outpatient care as it believes are necessary for the care and treatment of persons who have ~~[acquired immune deficiency syndrome or a]~~ *been diagnosed with the* human immunodeficiency virus, ~~[related disease.]~~ and provide those institutions with financial or other assistance. Dispensaries, pharmacies or clinics which accept financial or other assistance pursuant to this section shall comply with all conditions prescribed by the Board relating to the use of that assistance.

**Sec. 12.3.** NRS 441A.510 is hereby amended to read as follows:

441A.510 1. If a health authority isolates, quarantines or treats a person or group of persons infected with, exposed to, or reasonably believed by a health authority to have been infected with or exposed to a communicable disease, the authority must isolate, quarantine or treat the person or group of persons in the manner set forth in NRS 441A.510 to 441A.720, inclusive ~~[1]~~, *and section 3.6 of this act.*

2. A health authority shall provide each person whom it isolates or quarantines pursuant to NRS 441A.510 to 441A.720, inclusive, *and section 3.6 of this act* with a document informing the person of his or her rights. The Board shall adopt regulations:

(a) Setting forth the rights of a person who is isolated or quarantined that must be included in the document provided pursuant to this subsection; and

(b) Specifying the time and manner in which the document must be provided pursuant to this subsection.

**Sec. 12.6.** NRS 441A.520 is hereby amended to read as follows:

441A.520 1. A person who is isolated or quarantined pursuant to NRS 441A.510 to 441A.720, inclusive, *and section 3.6 of this act* has the right:



(a) To make a reasonable number of completed telephone calls from the place where the person is isolated or quarantined as soon as reasonably possible after his or her isolation or quarantine; and

(b) To possess and use a cellular phone or any other similar means of communication to make and receive calls in the place where the person is isolated or quarantined.

2. If a person who is isolated or quarantined pursuant to NRS 441A.510 to 441A.720, inclusive, *and section 3.6 of this act* is unconscious or otherwise unable to communicate because of mental or physical incapacity, the health authority that isolated or quarantined the person must notify the spouse or legal guardian of the person by telephone and certified mail. If a person described in this subsection is isolated or quarantined in a medical facility and the health authority did not provide the notice required by this subsection, the medical facility must provide the notice. If the case of a person described in this subsection is before a court and the health authority, and medical facility, if any, did not provide the notice required by this subsection, the court must provide the notice.

**Sec. 12.9.** NRS 441A.530 is hereby amended to read as follows:

441A.530 A person who is isolated or quarantined pursuant to NRS 441A.510 to 441A.720, inclusive, *and section 3.6 of this act* has the right to refuse treatment and may not be required to submit to involuntary treatment unless a court issues an order requiring the person to submit to treatment.

**Sec. 13.** NRS 453A.050 is hereby amended to read as follows:  
453A.050 “Chronic or debilitating medical condition” means:

1. ~~Acquired immune deficiency syndrome;~~
- ~~2.]~~ An anxiety disorder;
- ~~3.]~~ 2. An autism spectrum disorder;
- ~~4.]~~ 3. An autoimmune disease;
- ~~5.]~~ 4. Cancer;
- ~~6.]~~ 5. Dependence upon or addiction to opioids;
- ~~7.]~~ 6. Glaucoma;
- ~~8.]~~ 7. A medical condition or treatment for a medical condition that produces, for a specific patient, one or more of the following:

- (a) Anorexia or cachexia;
- (b) Muscle spasms, including, without limitation, spasms caused by multiple sclerosis;
- (c) Seizures, including, without limitation, seizures caused by epilepsy;
- (d) Severe nausea; or



(e) Severe or chronic pain;

~~[9. A]~~

8. *The human immunodeficiency virus and any* medical condition related to ~~[acquired immune deficiency syndrome or]~~ the human immunodeficiency virus;

~~[10.]~~ 9. A neuropathic condition, whether or not such condition causes seizures; or

~~[11.]~~ 10. Any other medical condition or treatment for a medical condition that is:

(a) Classified as a chronic or debilitating medical condition by regulation of the Division; or

(b) Approved as a chronic or debilitating medical condition pursuant to a petition submitted in accordance with NRS 453A.710.

**Sec. 14.** NRS 40.770 is hereby amended to read as follows:

40.770 1. Except as otherwise provided in subsection 6, in any sale, lease or rental of real property, the fact that the property is or has been:

(a) The site of a homicide, suicide or death by any other cause, except a death that results from a condition of the property;

(b) The site of any crime punishable as a felony other than a crime that involves the manufacturing of any material, compound, mixture or preparation which contains any quantity of methamphetamine; or

(c) Occupied by a person exposed to ~~[the human immunodeficiency virus]~~ or suffering from ~~[acquired immune deficiency syndrome or]~~ any ~~[other]~~ disease that is not known to be transmitted through occupancy of the property,

↳ is not material to the transaction.

2. In any sale, lease or rental of real property, the fact that a sex offender, as defined in NRS 179D.095, resides or is expected to reside in the community is not material to the transaction, and the seller, lessor or landlord or any agent of the seller, lessor or landlord does not have a duty to disclose such a fact to a buyer, lessee or tenant or any agent of a buyer, lessee or tenant.

3. In any sale, lease or rental of real property, the fact that a facility for transitional living for released offenders that is licensed pursuant to chapter 449 of NRS is located near the property being sold, leased or rented is not material to the transaction.

4. A seller, lessor or landlord or any agent of the seller, lessor or landlord is not liable to the buyer, lessee or tenant in any action at law or in equity because of the failure to disclose any fact described in subsection 1, 2 or 3 that is not material to the transaction or of



which the seller, lessor or landlord or agent of the seller, lessor or landlord had no actual knowledge.

5. Except as otherwise provided in an agreement between a buyer, lessee or tenant and that person's agent, an agent of the buyer, lessee or tenant is not liable to the buyer, lessee or tenant in any action at law or in equity because of the failure to disclose any fact described in subsection 1, 2 or 3 that is not material to the transaction or of which the agent of the buyer, lessee or tenant had no actual knowledge.

6. For purposes of this section, the fact that the property is or has been the site of a crime that involves the manufacturing of any material, compound, mixture or preparation which contains any quantity of methamphetamine is not material to the transaction if:

(a) All materials and substances involving methamphetamine have been removed from or remediated on the property by an entity certified or licensed to do so; or

(b) The property has been deemed safe for habitation by the board of health.

7. As used in this section:

(a) "Board of health" has the meaning ascribed to it in NRS 439.4797.

(b) "Facility for transitional living for released offenders" has the meaning ascribed to it in NRS 449.0055.

**Sec. 14.5.** NRS 178A.270 is hereby amended to read as follows:

178A.270 1. The Office of the Attorney General shall:

(a) Develop a document that explains the rights of a survivor pursuant to the Sexual Assault Survivors' Bill of Rights and other relevant law; and

(b) Make the document available to medical providers, law enforcement officials and prosecutors.

2. The document must be in clear language that is comprehensible to a person proficient in English at the reading level of a fifth grader, accessible to persons with visual disabilities and available in all major languages of this State.

3. The document must include, without limitation:

(a) A clear statement that the survivor is not required to participate in the criminal justice system or to receive a forensic medical examination in order to retain the rights provided by the Sexual Assault Survivors' Bill of Rights and other relevant law;

(b) Means of contacting, by telephone or Internet, nearby sexual assault victims' advocates and centers for support for victims of sexual assault;



(c) Information about the availability of temporary and extended orders of protection pursuant to NRS 200.378;

(d) Instructions for requesting the results of the genetic marker analysis of the sexual assault forensic evidence kit of the survivor;

(e) Information concerning state and federal funds for compensation for medical and other costs associated with the sexual assault; ~~and~~

(f) Information concerning any municipal, state or federal right to restitution for survivors in the event of a criminal trial ~~and~~; *and*

*(g) Information concerning testing for the human immunodeficiency virus and other common sexually transmitted diseases.*

**Sec. 15.** NRS 202.876 is hereby amended to read as follows:

202.876 “Violent or sexual offense” means any act that, if prosecuted in this State, would constitute any of the following offenses:

1. Murder or voluntary manslaughter pursuant to NRS 200.010 to 200.260, inclusive.

2. Mayhem pursuant to NRS 200.280.

3. Kidnapping pursuant to NRS 200.310 to 200.340, inclusive.

4. Sexual assault pursuant to NRS 200.366.

5. Robbery pursuant to NRS 200.380.

6. Administering poison or another noxious or destructive substance or liquid with intent to cause death pursuant to NRS 200.390.

7. Battery with intent to commit a crime pursuant to NRS 200.400.

8. Administering a drug or controlled substance to another person with the intent to enable or assist the commission of a felony or crime of violence pursuant to NRS 200.405 or 200.408.

9. False imprisonment pursuant to NRS 200.460 if the false imprisonment involves the use or threatened use of force or violence against the victim or the use or threatened use of a firearm or a deadly weapon.

10. Assault with a deadly weapon pursuant to NRS 200.471.

11. Battery which is committed with the use of a deadly weapon or which results in substantial bodily harm as described in NRS 200.481 or battery which is committed by strangulation as described in NRS 200.481 or 200.485.

12. An offense involving pornography and a minor pursuant to NRS 200.710 or 200.720.

13. ~~Intentional transmission of the human immunodeficiency virus pursuant to NRS 201.205.~~



- ~~14.]~~ Open or gross lewdness pursuant to NRS 201.210.
- ~~15.]~~ 14. Lewdness with a child pursuant to NRS 201.230.
- ~~16.]~~ 15. An offense involving pandering or sex trafficking in violation of NRS 201.300, prostitution in violation of NRS 201.320 or advancing prostitution in violation of NRS 201.395.
- ~~17.]~~ 16. Coercion pursuant to NRS 207.190, if the coercion involves the use or threatened use of force or violence against the victim or the use or threatened use of a firearm or a deadly weapon.
- ~~18.]~~ 17. An attempt, conspiracy or solicitation to commit an offense listed in this section.

**Sec. 16.** NRS 213.1088 is hereby amended to read as follows:

213.1088 1. The Department of Public Safety in conjunction with the Department of Corrections shall establish a program of orientation that:

(a) Each member of the Board shall attend upon appointment to a first term; and

(b) Each person named by the Board to the list of persons eligible to serve as a case hearing representative pursuant to NRS 213.135 shall attend upon being named to the list. A person named to the list may not serve as a case hearing representative until the person completes the program of orientation.

2. The program of orientation must include a minimum of 40 hours of training. The information presented during the program of orientation must include, but is not limited to:

(a) A historical perspective of parole, including the objectives of and reasons for using parole within the criminal justice system;

(b) The role and function of the Board within the criminal justice system;

(c) The responsibilities of members of the Board and case hearing representatives;

(d) The goals and objectives of the Board;

(e) The programs administered by the Board;

(f) The policies and procedures of the Board; and

(g) The laws and regulations governing parole, including the standards for granting, denying, revoking and continuing parole.

3. The Chair of the Board shall develop a written plan for the continuing education of members of the Board and case hearing representatives. The plan must require that:

(a) Each member of the Board shall attend not less than 16 hours of courses for continuing education during each year of the member's term.

(b) Each case hearing representative shall attend not less than 16 hours of courses for continuing education during each year that the



representative is on the list of persons eligible to serve as a case hearing representative.

4. A member of the Board or a case hearing representative may meet the requirement for continuing education by successfully completing courses in any combination of the following subjects:

(a) The role and function of the Board within the criminal justice system;

(b) Changes in the law, including judicial decisions affecting parole;

(c) Developing skills in communicating, making decisions and solving problems;

(d) The interpretation and use of research, data and reports;

(e) Correctional policies and programs, including programs for the treatment of prisoners and parolees;

(f) Alternative punishments for disobedience;

(g) The selection of prisoners for parole;

(h) The supervision of parolees;

(i) The designation of and programs for repeating or professional offenders;

(j) Problems related to gangs;

(k) Alcohol and other substance use disorders;

(l) The ~~acquired immune deficiency syndrome;~~ *human immunodeficiency virus;*

(m) Domestic violence; and

(n) Mental illness and intellectual disabilities.

5. The Board shall, within the limits of legislative appropriations, pay the expenses of members of the Board and case hearing representatives attending courses for continuing education.

**Sec. 17.** NRS 220.125 is hereby amended to read as follows:

220.125 1. The Legislative Counsel shall, to the extent practicable, ensure that persons with physical, mental or cognitive disabilities are referred to in Nevada Revised Statutes using language that is commonly viewed as respectful and sentence structure that refers to the person before referring to his or her disability as follows:

(a) Words and terms that are preferred for use in Nevada Revised Statutes include, without limitation, “persons with disabilities,” “persons with mental illness,” “persons with developmental disabilities,” “persons with intellectual disabilities” and other words and terms that are structured in a similar manner.

(b) Words and terms that are not preferred for use in Nevada Revised Statutes include, without limitation, “disabled,” “handicapped,” “mentally disabled,” “mentally ill,” “mentally



retarded” and other words and terms that tend to equate the disability with the person.

2. The Legislative Counsel shall, to the extent practicable, ensure that terms related to persons affected by addictive disorders are referred to in Nevada Revised Statutes using language that is commonly viewed as respectful and sentence structure that refers to the person before referring to his or her disorder as follows:

(a) Words and terms that are preferred for use in Nevada Revised Statutes include, without limitation, “addictive disorder,” “persons with addictive disorders,” “person with an addictive disorder,” “person with an addictive disorder related to gambling” and “substance use disorder.”

(b) Words and terms that are not preferred for use in Nevada Revised Statutes include, without limitation, “addict,” “alcoholic,” “alcohol abuse,” “alcohol abuser,” “alcohol and drug abuser,” “drug abuse,” “drug addict,” “problem gambler,” “substance abuse” and “substance abuser.”

***3. The Legislative Counsel shall, to the extent practicable, ensure that:***

***(a) Terms related to persons living with the human immunodeficiency virus are referred to in Nevada Revised Statutes using language that is commonly viewed as respectful and sentence structure that refers to the person before referring to the human immunodeficiency virus as follows:***

***(1) Words and terms that are preferred for use in Nevada Revised Statutes include, without limitation, “person living with the human immunodeficiency virus” and “person diagnosed with the human immunodeficiency virus.”***

***(2) Words and terms that are not preferred for use in Nevada Revised Statutes include, without limitation, “HIV positive” and “human immunodeficiency virus positive.”***

***(b) The human immunodeficiency virus is referred to in Nevada Revised Statutes using language that refers only to the human immunodeficiency virus or HIV rather than using duplicative references to both the human immunodeficiency virus or HIV and acquired immunodeficiency syndrome, acquired immune deficiency syndrome or AIDS.***

***(c) Duplicative references to both communicable diseases and the human immunodeficiency virus or HIV are not used in Nevada Revised Statutes.***



**Sec. 18.** NRS 233B.062 is hereby amended to read as follows:  
233B.062 1. It is the policy of this State that every regulation of an agency be made easily accessible to the public and expressed in clear and concise language. To assist in carrying out this policy:

(a) The Attorney General must develop guidelines for drafting regulations; and

(b) Every permanent regulation must be incorporated, excluding any forms used by the agency, any publication adopted by reference, the title, any signature and other formal parts, in the Nevada Administrative Code, and every emergency or temporary regulation must be distributed in the same manner as the Nevada Administrative Code.

2. It is the policy of this State that:

(a) Persons with physical, mental or cognitive disabilities *and persons living with the human immunodeficiency virus* are to be referred to in the Nevada Administrative Code using language that is commonly viewed as respectful and sentence structure that refers to the person before referring to the person's disability ~~[-and]~~ *or the human immunodeficiency virus, as applicable;*

(b) Terms related to persons affected by addictive disorders are referred to in the Nevada Administrative Code using language that is commonly viewed as respectful and sentence structure that refers to the person before referring to his or her disorder ~~[-]~~ *; and*

(c) *References to only the human immunodeficiency virus or HIV should be used in the Nevada Administrative Code instead of duplicative references to both human immunodeficiency virus or HIV and acquired immunodeficiency syndrome, acquired immune deficiency syndrome or AIDS,*

↳ in the same manner as provided in NRS 220.125 for Nevada Revised Statutes.

3. The Legislative Counsel shall:

(a) Include each permanent regulation in the Nevada Administrative Code; and

(b) Distribute in the same manner as the Nevada Administrative Code each emergency or temporary regulation,

↳ that is required to be adopted pursuant to the provisions of this chapter and which is adopted by an entity other than an agency.

4. The Legislative Commission may authorize inclusion in the Nevada Administrative Code of the regulations of an agency otherwise exempted from the requirements of this chapter.

**Sec. 19.** NRS 389.036 is hereby amended to read as follows:

389.036 1. The board of trustees of a school district shall establish a course or unit of a course of:



(a) Factual instruction concerning ~~acquired immune deficiency syndrome;~~ *the human immunodeficiency virus*; and

(b) Instruction on the human reproductive system, related communicable diseases and sexual responsibility.

2. Each board of trustees shall appoint an advisory committee consisting of:

(a) Five parents of children who attend schools in the district; and

(b) Four representatives, one from each of four of the following professions or occupations:

(1) Medicine or nursing;

(2) Counseling;

(3) Religion;

(4) Pupils who attend schools in the district; or

(5) Teaching.

↪ This committee shall advise the district concerning the content of and materials to be used in a course of instruction established pursuant to this section, and the recommended ages of the pupils to whom the course is offered. The final decision on these matters must be that of the board of trustees.

3. The subjects of the courses may be taught only by a teacher or school nurse whose qualifications have been previously approved by the board of trustees.

4. The parent or guardian of each pupil to whom a course is offered must first be furnished written notice that the course will be offered. The notice must be given in the usual manner used by the local district to transmit written material to parents, and must contain a form for the signature of the parent or guardian of the pupil consenting to the pupil's attendance. Upon receipt of the written consent of the parent or guardian, the pupil may attend the course. If the written consent of the parent or guardian is not received, the pupil must be excused from such attendance without any penalty as to credits or academic standing. Any course offered pursuant to this section is not a requirement for graduation.

5. All instructional materials to be used in a course must be available for inspection by parents or guardians of pupils at reasonable times and locations before the course is taught, and appropriate written notice of the availability of the material must be furnished to all parents and guardians.

**Sec. 20.** NRS 422.4025 is hereby amended to read as follows:

422.4025 1. The Department shall:

(a) By regulation, develop a list of preferred prescription drugs to be used for the Medicaid program and the Children's Health



Insurance Program, and each public or nonprofit health benefit plan that elects to use the list of preferred prescription drugs as its formulary pursuant to NRS 287.012, 287.0433 or 687B.407; and

(b) Negotiate and enter into agreements to purchase the drugs included on the list of preferred prescription drugs on behalf of the health benefit plans described in paragraph (a) or enter into a contract pursuant to NRS 422.4053 with a pharmacy benefit manager or health maintenance organization, as appropriate, to negotiate such agreements.

2. The Department shall, by regulation, establish a list of prescription drugs which must be excluded from any restrictions that are imposed by the Medicaid program on drugs that are on the list of preferred prescription drugs established pursuant to subsection 1. The list established pursuant to this subsection must include, without limitation:

(a) Prescription drugs that are prescribed for the treatment of the human immunodeficiency virus , ~~for acquired immunodeficiency syndrome,~~ including, without limitation, ~~protease inhibitors and~~ antiretroviral medications;

(b) Antirejection medications for organ transplants;

(c) Antihemophilic medications; and

(d) Any prescription drug which the Board identifies as appropriate for exclusion from any restrictions that are imposed by the Medicaid program on drugs that are on the list of preferred prescription drugs.

3. The regulations must provide that the Board makes the final determination of:

(a) Whether a class of therapeutic prescription drugs is included on the list of preferred prescription drugs and is excluded from any restrictions that are imposed by the Medicaid program on drugs that are on the list of preferred prescription drugs;

(b) Which therapeutically equivalent prescription drugs will be reviewed for inclusion on the list of preferred prescription drugs and for exclusion from any restrictions that are imposed by the Medicaid program on drugs that are on the list of preferred prescription drugs; and

(c) Which prescription drugs should be excluded from any restrictions that are imposed by the Medicaid program on drugs that are on the list of preferred prescription drugs based on continuity of care concerning a specific diagnosis, condition, class of therapeutic prescription drugs or medical specialty.

4. The list of preferred prescription drugs established pursuant to subsection 1 must include, without limitation, any prescription



drug determined by the Board to be essential for treating sickle cell disease and its variants.

5. The regulations must provide that each new pharmaceutical product and each existing pharmaceutical product for which there is new clinical evidence supporting its inclusion on the list of preferred prescription drugs must be made available pursuant to the Medicaid program with prior authorization until the Board reviews the product or the evidence.

6. On or before February 1 of each year, the Department shall:

(a) Compile a report concerning the agreements negotiated pursuant to paragraph (b) of subsection 1 and contracts entered into pursuant to NRS 422.4053 which must include, without limitation, the financial effects of obtaining prescription drugs through those agreements and contracts, in total and aggregated separately for agreements negotiated by the Department, contracts with a pharmacy benefit manager and contracts with a health maintenance organization; and

(b) Post the report on an Internet website maintained by the Department and submit the report to the Director of the Legislative Counsel Bureau for transmittal to:

(1) In odd-numbered years, the Legislature; or

(2) In even-numbered years, the Legislative Commission.

**Sec. 21.** NRS 678C.030 is hereby amended to read as follows:  
678C.030 “Chronic or debilitating medical condition” means:

1. ~~Acquired immune deficiency syndrome;~~

~~2.~~ An anxiety disorder;

~~3.~~ 2. An autism spectrum disorder;

~~4.~~ 3. An autoimmune disease;

~~5.~~ 4. Anorexia nervosa;

~~6.~~ 5. Cancer;

~~7.~~ 6. Dependence upon or addiction to opioids;

~~8.~~ 7. Glaucoma;

~~9.~~ 8. A medical condition or treatment for a medical condition that produces, for a specific patient, one or more of the following:

(a) Cachexia;

(b) Muscle spasms, including, without limitation, spasms caused by multiple sclerosis;

(c) Seizures, including, without limitation, seizures caused by epilepsy;

(d) Nausea; or

(e) Severe or chronic pain;

~~10. A~~



**9. *The human immunodeficiency virus and any*** medical condition related to the human immunodeficiency virus;

~~10.~~ **10.** A neuropathic condition, whether or not such condition causes seizures; or

~~11.~~ **11.** Any other medical condition or treatment for a medical condition that is:

(a) Classified as a chronic or debilitating medical condition by regulation of the Division; or

(b) Approved as a chronic or debilitating medical condition pursuant to a petition submitted in accordance with NRS 678C.810.

**Sec. 22.** 1. The Advisory Task Force on HIV Exposure Modernization created by section 1 of chapter 88, Statutes of Nevada 2019, at page 466, is hereby reestablished. The Task Force consists of not more than fifteen members appointed pursuant to subsection 2.

2. The Governor shall:

(a) To the extent practicable, reappoint to the Task Force the members appointed pursuant to section 1 of chapter 88, Statutes of Nevada 2019, at page 466;

(b) Solicit applications for additional appointments to the Task Force; and

(c) After considering each application received pursuant to this subsection, appoint additional members to the Task Force who are members of the lesbian, gay, bisexual, transgender, questioning and queer community, women, persons living with the human immunodeficiency virus (HIV) and sex workers.

3. At the first meeting of the Task Force after the effective date of this act, the members of the Task Force shall elect a Chair and a Vice Chair by majority vote.

4. A vacancy occurring in the appointed membership of the Task Force must be filled in the same manner as the original appointment.

5. The Task Force shall solicit input from persons and nongovernmental agencies with expertise in matters relevant to the Task Force in carrying out its duties pursuant to this section, including, without limitation, persons, organizations and communities that are directly affected by the current statutes and regulations of this State that criminalize exposure to HIV or mandate HIV testing or disclosure as part of any civil or criminal law, or are likely to be affected by any law or policy recommended by the Task Force.



6. The Department of Health and Human Services shall provide the Task Force with such staff as is necessary for the Task Force to carry out its duties pursuant to this section.

7. The members of the Task Force serve without compensation or per diem allowance. A member may receive reimbursement for travel expenses if sufficient money collected pursuant to subsection 8 for the Task Force to carry out its duties is available.

8. The Task Force may apply for any available grants and accept any gifts, grants or donations to assist the Task Force in carrying out its duties pursuant to this section.

9. The Task Force shall:

(a) Research the implementation and impact of such statutes and regulations of this State that criminalize exposure to HIV, including, without limitation, quantifying their impact through the analysis of records, information and data relevant to this State to the extent possible;

(b) Identify any disparities in arrests, prosecutions or convictions under such statutes or regulations related to race, color, sex, sexual orientation, gender identity or expression, age or national origin;

(c) Evaluate current medical and scientific research with respect to the modes of HIV transmission implicated by such statutes and regulations; and

(d) Identify any court decisions enforcing or challenging such statutes and regulations.

10. The Task Force may make recommendations concerning any matter relating to the duties performed pursuant to subsection 9, including, without limitation, recommendations concerning proposed legislation, proposed regulations and policies.

11. The Task Force shall, on or before September 1, 2022, prepare and submit a report of the activities, findings and recommendations of the Task Force to:

(a) The Governor; and

(b) The Director of the Legislative Counsel Bureau for transmittal to the 82nd Session of the Nevada Legislature.

**Sec. 23.** The Legislative Counsel shall:

1. In preparing the reprint and supplements to the Nevada Revised Statutes in 2021, appropriately change any words and terms in the Nevada Revised Statutes in the manner that the Legislative Counsel determines necessary to conform those words and terms to the provisions of NRS 220.125, as amended by section 17 of this act.



2. In preparing supplements to the Nevada Administrative Code, appropriately change any words and terms in the Nevada Administrative Code in the manner that the Legislative Counsel determines necessary to conform those words and terms to the provisions of subsection 2 of NRS 233B.062, as amended by section 18 of this act.

**Sec. 24.** NRS 201.205, 201.356, 201.358, 209.385, 441A.300 and 441A.320 are hereby repealed.

**Sec. 25.** This act becomes effective upon passage and approval.

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