SENATE BILL NO. 275-SENATOR D. HARRIS

MARCH 18, 2021

Referred to Committee on Health and Human Services

SUMMARY—Revises provisions relating to the human immunodeficiency virus. (BDR 40-220)

FISCAL NOTE: Effect on Local Government: May Have Fiscal Impact. Effect on the State: Yes.

EXPLANATION - Matter in bolded italics is new; matter between brackets fomitted material; is material to be omitted.

AN ACT relating to public health; authorizing a county or city board of health to require a person to undergo testing for a communicable disease; requiring a certain order for the control of communicable diseases to state the reasons that the order is necessary; creating an affirmative defense for persons infected with a communicable disease who engage in certain otherwise prohibited conduct; revising provisions concerning court-ordered testing for communicable disease; requiring the alleged victim of a crime involving sexual penetration to be offered a test for commonly contracted sexually transmitted diseases; revising certain terminology used to refer to the human immunodeficiency virus and related 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 the human immunodeficiency virus; 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 require any such order to state the reasons that the actions prescribed by the order are necessary to prevent, suppress or control the contagious or infectious disease. **Section 4** of this bill





clarifies that the human immunodeficiency virus is a communicable disease and, as a result, provisions governing the reporting, investigation and control of communicable diseases apply to the human immunodeficiency virus.

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 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 creates an affirmative defense if the person exposed to a communicable disease through prohibited conduct: (1) knew the defendant was infected with the communicable disease; (2) knew the conduct could result in exposure to the communicable disease; and (3) consented to engage in the conduct with that knowledge. Section 6 additionally provides an affirmative defense to any offense based on potential exposure to a communicable disease if the conduct of the person who has the communicable disease was not likely to expose another person to the communicable disease. 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: (1) engaged in such conduct after a warning from the health authority; and (2) exposed a person to the human immunodeficiency virus who did not provide informed consent to the virus as described in section 6.

Existing law authorizes a court to order a person 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 serious communicable disease through the behavior of the other person and the petitioner has undergone or agreed to undergo testing to determine whether he or she was infected with a communicable disease before the exposure; or (2) has tested positive for a serious communicable disease after coming into contact with the blood or bodily fluids and had not previously tested positive for that disease. Section 7 also requires the court to determine that testing of the other person is necessary to determine the appropriate medical treatment of the petitioner before ordering the test.

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 11** of this bill removes this requirement and instead requires the health authority to offer to test the alleged victim for any commonly contracted sexually transmitted disease.

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



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State that such persons are referred to in a similar manner in the Nevada Administrative Code. **Sections 8, 9, 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.

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 The county board of health may:

- 1. Abate nuisances in accordance with law.
- 2. 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 any person or group of persons sick with or exposed to any contagious or infectious disease that is dangerous to the public health [.] or require the testing of any person or group of persons for the presence of such a disease. Any order issued to restrain, quarantine, disinfect or test a person or group of persons issued pursuant to this subsection must state the reasons that the actions prescribed by the order are necessary to prevent, suppress or control the contagious or infectious disease.
- 4. 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. 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.
 - **Sec. 2.** NRS 439.470 is hereby amended to read as follows: 439.470 The city board of health may:
 - 1. Abate nuisances in accordance with law.
- 2. 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 any person or a group of persons sick with or exposed to any contagious or infectious disease which is dangerous to the public health [.] or require the testing of any person or a group of persons for the presence of such a disease. Any order issued to restrain, quarantine, disinfect or test a person or group of persons issued pursuant to this subsection must state the reasons that the actions prescribed by the order are necessary to prevent, suppress or control the contagious or infectious disease.
- 4. 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. 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.
- **Sec. 3.** Chapter 441A of NRS is hereby amended by adding thereto a new section to read as follows:

The Legislature hereby finds and declares that:

1. The spread of communicable diseases is best addressed through public health measures, including, without limitation, education and contact tracing; and





2. Criminalization of persons who are infected with communicable diseases should be minimized.

Sec. 4. NRS 441A.040 is hereby amended to read as follows:

441A.040 "Communicable disease" means a disease which is caused by a specific infectious agent or its toxic products, and which can be transmitted, either directly or indirectly, from a reservoir of infectious agents to a susceptible host organism. *The term includes, without limitation, the human immunodeficiency virus.*

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 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 local 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.
- (b) Order any person whom the health authority reasonably suspects has a communicable disease in an infectious state to submit to any medical examination or test which the health authority believes 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 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.
- (c) Except as otherwise provided in subsection 5 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 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, the place of isolation or quarantine and other terms and conditions which the health authority believes are necessary to protect the public health, except that no isolation or quarantine may take place if the health authority determines that such action may endanger the life 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 $[\cdot, \cdot]$; and
- (b) State the reasons that the actions prescribed by the order are necessary to prevent, suppress or control the communicable disease.





- 4. 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. 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.
 - **Sec. 6.** NRS 441A.180 is hereby amended to read as follows:
- 441A.180 1. A person who has a communicable disease in an infectious state shall not conduct himself or herself in any manner likely to expose [others] another person to the disease or engage in any occupation in which it is likely that the disease will be transmitted to [others.] other persons.
- 2. 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.
- 3. [A] Except as otherwise provided in subsection 4, a person who violates the provisions of subsection 1 after service upon him or her of a warning from a health authority is guilty of a misdemeanor.
- 4. It is an affirmative defense to an offense charged pursuant to subsection 3 or any other offense arising from conduct described in subsection 1 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:
- (a) Knew the defendant was infected with the communicable disease;
- (b) Knew the conduct could result in exposure to the communicable disease; and
 - (c) Consented to engage in the conduct with that knowledge.
- 5. It is an affirmative defense to any offense based on an allegation that a person was exposed to a communicable disease by the defendant that the conduct of the defendant was not likely to infect the person with the 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:

(1) Was likely exposed to a serious communicable disease [.] through the behavior of the person or decedent and has undergone or agreed to undergo testing to determine whether he or she was infected with a communicable disease before the exposure; or

(2) Has tested positive for a serious communicable disease after coming into contact with the blood or other bodily fluids and

had not previously tested positive for that 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 **[.]** and confirmation of the testing required by subparagraph (1) or (2), as applicable, of paragraph (a) of subsection 1. 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 exposed him or her to a communicable disease.] allegations described in the petition pursuant to paragraphs (a) and (b) of subsection 1 are true. 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]** tests pursuant to **[subsection]** subsections 1 and 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] diagnosed with a communicable disease who has been 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.** NRS 441A.320 is hereby amended to read as follows:
- 441A.320 1. If the alleged victim or a witness to a crime alleges that the crime involved the sexual penetration of the victim's body, the health authority [shall] must offer to perform the tests set forth in subsection 2 as soon as practicable after the [arrest of the person alleged to have committed the] acts that constituted the alleged crime, but not later than 72 hours after the [person is charged with the crime by indictment or information, unless the person alleged to have committed the crime is a child who will be adjudicated in juvenile court and then not later than 72 hours after the petition is filed with the juvenile court alleging that the child is delinquent for committing such an act.] health authority becomes aware of the alleged crime.
- 2. If the health authority is required to *offer to* perform tests pursuant to subsection 1, it must *offer to* test a specimen obtained from the [arrested person] alleged victim for exposure to [the human immunodeficiency virus and] any commonly contracted sexually transmitted disease. [, regardless of whether the person or, if the person is a child, the parent or guardian of the child consents to providing the specimen. The agency that has custody of the arrested person shall obtain the specimen and submit it to the health authority for testing. The] If the alleged victim agrees to undergo such a test, the health authority [shall] must perform the test in accordance with generally accepted medical practices.
- 3. In addition to the test performed pursuant to subsection 2, the health authority shall, with the permission of the alleged





victim, perform such follow-up tests [for the human immunodeficiency virus] as may be deemed medically appropriate.

- 4. As soon as practicable, the health authority shall disclose the results of all tests performed pursuant to subsection 2 or 3 to [:
- (a) The victim or to the victim's parent or guardian if the victim is a child. [; and
- (b) The arrested person and, if the person is a child, to the parent or guardian of the child.]
- 5. If the health authority determines, from the results of a test performed pursuant to subsection 2 or 3, that a victim of sexual assault [may have] has been exposed to [the human immunodeficiency virus or] any commonly contracted sexually transmitted disease, it shall, at the request of the victim, provide him or her with:
- (a) [An examination for exposure to the human immunodeficiency virus and any commonly contracted sexually transmitted disease to which the health authority determines the victim may have been exposed;
- (b)] Counseling regarding the [human immunodeficiency virus and any commonly contracted] sexually transmitted disease to which the health authority determines the victim may have been exposed; and

(c) (b) A referral for health care and other assistance,

⇒ as appropriate.

- 6. If the court in:
- (a) A criminal proceeding determines that a person has committed a crime; or
- (b) A proceeding conducted pursuant to title 5 of NRS determines that a child has committed an act which, if committed by an adult, would have constituted a crime,
- involving the sexual penetration of a victim's body, the court shall, upon application by the health authority, order that child or other person to pay any expenses incurred in carrying out this section with regard to that child or other person and that victim.
- 7. The Board shall adopt regulations identifying, for the purposes of this section, sexually transmitted diseases which are commonly contracted.
 - 8. As used in this section:
 - (a) "Sexual assault" means a violation of NRS 200.366.
- (b) "Sexual penetration" has the meaning ascribed to it in NRS 200.364.
 - 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. 13. NRS 453A.050 is hereby amended to read as follows: 453A.050 "Chronic or debilitating medical condition" means:

- 1. [Acquired immune deficiency syndrome;
- $\frac{2}{1}$ An anxiety disorder;
 - [3.] 2. An autism spectrum disorder;
- [4.] 3. An autoimmune disease;
- 13 [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.
 - 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. 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, [or 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;





- 1 [4.] 3. An autoimmune disease;
- 2 [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;
- [11.] 10. A neuropathic condition, whether or not such condition causes seizures; or
- [12.] 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.
 - 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.
- 42 11. The Task Force shall, on or before September 1, 2022, 43 prepare and submit a report of the activities, findings and 44 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:

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- 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.
- 16 **Sec. 24.** NRS 201.205, 201.356, 201.358, 209.385 and 441A.300 are hereby repealed.
 - **Sec. 25.** This act becomes effective upon passage and approval.

LEADLINES OF REPEALED SECTIONS

- 201.205 Penalty; affirmative defense.
- 201.356 Test for exposure to human immunodeficiency virus required; payment of costs; notification of results of test.
- 201.358 Engaging in prostitution or solicitation for prostitution after testing positive for exposure to human immunodeficiency virus: Penalty; definition.
- 209.385 Testing offenders for exposure to human immunodeficiency virus; disclosure of name of offender whose tests are positive; segregation of offender; duties of Director.
- 441A.300 Confinement of person whose conduct may spread acquired immunodeficiency syndrome.





