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GENERAL PROVISIONS

NRS 442.003 Definitions. As used in this chapter, unless the context requires otherwise:

1. “Advisory Board” means the Advisory Board on Maternal and Child Health.
2. “Department” means the Department of Health and Human Services.
3. “Director” means the Director of the Department.
4. “Division” means the Division of Public and Behavioral Health of the Department.
5. “Fetal alcohol syndrome” includes fetal alcohol effects.
6. “Laboratory” has the meaning ascribed to it in [NRS 652.040](#).
7. “Obstetric center” has the meaning ascribed to it in [NRS 449.0155](#).
8. “Provider of health care or other services” means:

(a) A clinical alcohol and drug counselor who is licensed, or an alcohol and drug counselor who is licensed or certified, pursuant to [chapter 641C](#) of NRS;

(b) A physician or a physician assistant who is licensed pursuant to [chapter 630](#) or [633](#) of NRS and who practices in the area of obstetrics and gynecology, family practice, internal medicine, pediatrics or psychiatry;

(c) A licensed nurse;

(d) A licensed psychologist;

(e) A licensed marriage and family therapist;

(f) A licensed clinical professional counselor;

(g) A licensed social worker;

(h) A licensed dietitian; or

(i) The holder of a certificate of registration as a pharmacist.

(Added to NRS by [1963, 946](#); A [1967, 1169](#); [1973, 1406](#); [1991, 2295](#); [1999, 1062, 3510](#); [2001, 415, 781](#); [2003, 1179](#); [2007, 1861, 3089](#); [2011, 461, 1520](#); [2013, 3047](#))

NRS 442.005 Administration of chapter. The Chief Medical Officer and the Division shall administer the provisions of this chapter in accordance with the regulations of the State Board of Health and subject to administrative supervision by the Director.

(Added to NRS by [1963, 946](#); A [2013, 3048](#))

NRS 442.007 Standards for perinatal care: Regulations of State Board of Health.

1. The State Board of Health shall adopt regulations establishing standards for perinatal care provided by any provider of health care, based on recommendations submitted to the Board by the School of Medicine and School of Nursing of the Nevada System of Higher Education.

2. As used in this section, “provider of health care” has the meaning ascribed to it in [NRS 629.031](#).

(Added to NRS by [1987, 1189](#); A [1993, 403](#))

NRS 442.008 Examination of infants: Regulations; duties of physician, midwife, nurse, obstetric center or hospital; exemption. [Effective through December 31, 2019.]

1. The State Board of Health, upon the recommendation of the Chief Medical Officer, shall:

(a) Adopt regulations governing examinations and tests required for the discovery in infants of preventable or inheritable disorders, including tests for the presence of sickle cell disease and its variants and sickle cell trait; and

(b) Require the Division to provide for the services of a laboratory in accordance with [NRS 442.009](#) when necessary to determine the presence of certain preventable or inheritable disorders in an infant pursuant to this section.

2. Except as otherwise provided in subsection 5, the regulations adopted pursuant to paragraph (a) of subsection 1 concerning tests for the presence of sickle cell disease and its variants and sickle cell trait must require the screening for sickle cell disease and its variants and sickle cell trait of:

- (a) Each newborn child who is susceptible to sickle cell disease and its variants and sickle cell trait as determined by regulations of the State Board of Health; and
 - (b) Each biological parent of a child who wishes to undergo such screening.
3. Any physician, midwife, nurse, obstetric center or hospital of any nature attending or assisting in any way any infant, or the mother of any infant, at childbirth shall make or cause to be made an examination of the infant, including standard tests, to the extent required by regulations of the State Board of Health as is necessary for the discovery of conditions indicating such disorders.
4. If the examination and tests reveal the existence of such conditions in an infant, the physician, midwife, nurse, obstetric center or hospital attending or assisting at the birth of the infant shall immediately:
- (a) Report the condition to the Chief Medical Officer or the representative of the Chief Medical Officer, the local health officer of the county or city within which the infant or the mother of the infant resides, and the local health officer of the county or city in which the child is born; and
 - (b) Discuss the condition with the parent, parents or other persons responsible for the care of the infant and inform them of the treatment necessary for the amelioration of the condition.
5. An infant is exempt from examination and testing if either parent files a written objection with the person or institution responsible for making the examination or tests.
6. As used in this section, "sickle cell disease and its variants" has the meaning ascribed to it in [NRS 439.4927](#).
(Added to NRS by [1967, 208](#); A [1977, 114, 960](#); [1989, 1893](#); [1999, 1062, 3511](#); [2011, 461](#); [2019, 2161](#))

NRS 442.008 Examination of infants: Regulations; performance of tests by State Public Health Laboratory; duties of physician, midwife, nurse, obstetric center or hospital; exemption. [Effective January 1, 2020.]

1. The State Board of Health shall adopt regulations governing examinations and tests required for the discovery in infants of preventable or inheritable disorders, including tests for the presence of sickle cell disease and its variants and sickle cell trait.
2. Except as otherwise provided in this subsection, the examinations and tests required pursuant to subsection 1 must include tests and examinations for each disorder recommended to be screened by the Health Resources and Services Administration of the United States Department of Health and Human Services by not later than 4 years after the recommendation is published. The State Board may exclude any such disorder upon request of the Chief Medical Officer or the person in charge of the State Public Health Laboratory based on:
- (a) Insufficient funding to conduct testing for the disorder; or
 - (b) Insufficient resources to address the results of the examination and test.
3. Any examination or test required by the regulations adopted pursuant to subsection 1 which must be performed by a laboratory must be sent to the State Public Health Laboratory. If the State Public Health Laboratory increases the amount charged for performing such an examination or test pursuant to [NRS 439.240](#), the Division shall hold a public hearing during which the State Public Health Laboratory shall provide to the Division a written and verbal fiscal analysis of the reasons for the increased charges.
4. Except as otherwise provided in subsection 7, the regulations adopted pursuant to subsection 1 concerning tests for the presence of sickle cell disease and its variants and sickle cell trait must require the screening for sickle cell disease and its variants and sickle cell trait of:
- (a) Each newborn child who is susceptible to sickle cell disease and its variants and sickle cell trait as determined by regulations of the State Board of Health; and
 - (b) Each biological parent of a child who wishes to undergo such screening.
5. Any physician, midwife, nurse, obstetric center or hospital of any nature attending or assisting in any way any infant, or the mother of any infant, at childbirth shall:
- (a) Make or cause to be made an examination of the infant, including standard tests that do not require laboratory services, to the extent required by regulations of the State Board of Health as is necessary for the discovery of conditions indicating such preventable or inheritable disorders.
 - (b) Collect and send to the State Public Health Laboratory or cause to be collected and sent to the State Public Health Laboratory any specimens needed for the examinations and tests that must be performed by a laboratory and are required by the regulations adopted pursuant to subsection 1.
6. If the examination and tests reveal the existence of such conditions in an infant, the physician, midwife, nurse, obstetric center or hospital attending or assisting at the birth of the infant shall immediately:
- (a) Report the condition to the Chief Medical Officer or the representative of the Chief Medical Officer, the local health officer of the county or city within which the infant or the mother of the infant resides, and the local health officer of the county or city in which the child is born; and
 - (b) Discuss the condition with the parent, parents or other persons responsible for the care of the infant and inform them of the treatment necessary for the amelioration of the condition.
7. An infant is exempt from examination and testing if either parent files a written objection with the person or institution responsible for making the examination or tests.
8. As used in this section, "sickle cell disease and its variants" has the meaning ascribed to it in [NRS 439.4927](#).
(Added to NRS by [1967, 208](#); A [1977, 114, 960](#); [1989, 1893](#); [1999, 1062, 3511](#); [2011, 461](#); [2019, 812, 2161](#), effective January 1, 2020)

NRS 442.009 Examination of infants: Priority in contracting with laboratory. [Effective through December 31, 2019.]

1. Except as otherwise provided in this section, the Division shall contract with a laboratory to provide the services of a laboratory when required pursuant to [NRS 442.008](#) in the following order of priority:
- (a) The State Public Health Laboratory;
 - (b) Any other qualified laboratory located within this State; or
 - (c) Any qualified laboratory located outside of this State.
2. The Division shall not contract with a laboratory in a lower category of priority unless the Division determines that:
- (a) A laboratory in a higher category of priority is not capable of performing all the tests required to determine the presence of certain preventable or inheritable disorders in an infant pursuant to [NRS 442.008](#); or
 - (b) The cost to the Division to contract with a laboratory in a higher category of priority is not financially reasonable or exceeds the amount of money available for that purpose.
3. For the purpose of determining the category of priority of a laboratory only, the Division is not required to comply with any requirement of competitive bidding or other restriction imposed on the procedure for awarding a contract.
(Added to NRS by [2011, 460](#); A [2013, 3048](#); [2019, 2161](#); R [2019, 813](#), effective January 1, 2020)

SYPHILIS

NRS 442.010 Examination of pregnant woman for discovery of syphilis: Blood sample; treatment for infection; exception.

1. Except as otherwise provided in subsection 5, every:

(a) Physician attending a pregnant woman during gestation for conditions relating to her pregnancy shall make an examination, including a standard serological test, for the discovery of syphilis. The physician shall take or cause to be taken a sample of blood of the woman during the first and third trimesters and shall submit the sample to a qualified laboratory for a standard serological test for syphilis.

(b) Person permitted by law to attend upon pregnant women, but not permitted by law to make blood tests in Nevada, shall cause a sample of the blood of the pregnant woman to be taken during the first and third trimesters by a duly licensed physician and submitted to a qualified laboratory for a standard serological test for syphilis.

2. A qualified laboratory is one approved by the State Board of Health. A qualified serological test for syphilis is one recognized as such by the State Board of Health.

3. If the test is made in a state laboratory, it must be made without charge.

4. If the serological or physical examination test shows the pregnant woman is infected with syphilis, she immediately shall commence treatment for syphilis and shall continue treatment until discharged by a licensed physician.

5. If the pregnant woman objects to the taking of the sample of blood or the serological test because the test is contrary to the tenets or practices of her religion, the sample must not be taken and the test must not be performed.

[Part 13:199:1911; A [1941, 353](#); 1931 NCL § 5247] — (NRS A [1981, 1207](#); [2009, 307](#))

NRS 442.020 Penalty. Any person violating any of the provisions of [NRS 442.010](#) shall be guilty of a misdemeanor.

[39:199:1911; added [1939, 297](#); 1931 NCL § 5268.05] — (NRS A [1967, 579](#))

OPHTHALMIA NEONATORUM

NRS 442.030 “Inflammation of the eyes of the newborn” defined. Any inflammation, swelling or unusual redness in either one or both eyes of an infant, either apart from, or together with, any unnatural discharge from the eye or eyes of such infant, independent of the nature of the infection, if any, occurring at any time within 2 weeks after the birth of such infant, shall be known as “inflammation of the eyes of the newborn” (ophthalmia neonatorum).

[1:230:1921; NCL § 5290]

NRS 442.040 Report of existence of ophthalmia neonatorum to be made to local health officer; duties of health officer.

1. Any physician, midwife, nurse, obstetric center or hospital of any nature, parent, relative or person attending or assisting in any way any infant, or the mother of any infant, at childbirth, or any time within 2 weeks after childbirth, knowing the condition defined in [NRS 442.030](#) to exist, shall immediately report such fact in writing to the local health officer of the county, city or other political subdivision within which the infant or the mother of any infant may reside.

2. Midwives shall immediately report conditions to some qualified practitioner of medicine and thereupon withdraw from the case except as they may act under the physician’s instructions.

3. On receipt of such report, the health officer, or the physician notified by a midwife, shall immediately give to the parents or persons having charge of such infant a warning of the dangers to the eye or eyes of the infant, and shall, for indigent cases, provide the necessary treatment at the expense of the county, city or other political subdivision.

[2:230:1921; NCL § 5291] — (NRS A [1977, 960](#); [1999, 3511](#))

NRS 442.050 Physician or midwife to instill germicide in eyes of newborn baby. It shall be unlawful for any physician or midwife practicing midwifery to neglect or otherwise fail to instill or have instilled in the eyes of the newborn baby, immediately upon its birth, some germicide of proven efficiency in preventing the development of ophthalmia neonatorum.

[3:230:1921; NCL § 5292]

NRS 442.060 Report of birth to include statement concerning instillation of germicide. Every physician or midwife shall, in making a report of a birth, state whether or not the germicide described in [NRS 442.050](#) was instilled into the eyes of the infant.

[4:230:1921; NCL § 5293]

NRS 442.070 Duties of local health officer. The local health officer shall:

1. Investigate, or have investigated, each case as filed with the local health officer in pursuance of the law, and any other cases which may come to his or her attention.

2. Report all cases of inflammation of the eyes of the newborn, and the result of all such investigations as the State Board of Health may direct.

3. Conform to such other rules and regulations as the State Board of Health shall promulgate for his or her further guidance.

[5:230:1921; NCL § 5294]

NRS 442.080 Duties of Division. The Division shall:

1. Enforce the provisions of [NRS 442.030](#) to [442.110](#), inclusive.

2. Publish such advice and information concerning the dangers of inflammation of the eyes of the newborn as is necessary for prompt and effective treatment.

3. Furnish copies of [NRS 442.030](#) to [442.110](#), inclusive, to all physicians and midwives who may be engaged in the practice of obstetrics, or assisting at childbirth.

4. Keep the proper record of any and all cases of inflammation of the eyes of the newborn which shall be filed in the office of the Division in pursuance of the law, and which may come to its attention in any way, and constitute such records as part of the biennial report to the Director.

5. Report any and all violations of [NRS 442.030](#) to [442.110](#), inclusive, that may come to its attention to the district attorney of the county wherein the misdemeanor may have been committed, and shall assist the district attorney in any way possible, such as securing necessary evidence.

6. Furnish birth certificates, which shall include the question, “Did you comply with [NRS 442.050](#)? If so, state what solution used.”

7. Within the limit of funds available, provide medical services, appliances, drugs and information for birth control.

[6:230:1921; NCL § 5295] — (NRS A [1963, 947](#); [1965, 529](#))

NRS 442.085 Regulations of State Board of Health. The State Board of Health shall promulgate such rules and regulations as shall, under [NRS 442.030](#) to [442.110](#), inclusive, be necessary for the purposes of such sections, and such as the State Board of Health may deem necessary for the further guidance of local health officers.

(Added to NRS by [1963, 947](#))

NRS 442.100 Interference with treatment by prayer or mental or spiritual means. None of the provisions of [NRS 442.030](#) to [442.110](#), inclusive, or the laws of this State regulating the practice of medicine or healing shall be construed to interfere with the treatment by prayer, or with any person who administers to or treats the sick or suffering by mental or spiritual means, nor shall any person who selects such treatment for the cure of disease be compelled to submit to any form of medical treatment.

[10:230:1921; NCL § 5299]

NRS 442.110 Penalty. Any physician, midwife, nurse, manager or person in charge of an obstetric center or hospital, parent, relative or person attending upon or assisting at the birth of an infant who violates any of the provisions of [NRS 442.030](#) to [442.100](#), inclusive, shall be punished by a fine of not more than \$250.

[8:230:1921; NCL § 5297] — (NRS A [1967, 579](#); [1977, 960](#); [1979, 1470](#); [1999, 3511](#))

GRANTS TO SUBSIDIZE MALPRACTICE INSURANCE

NRS 442.119 Definitions. As used in [NRS 442.119](#) to [442.1198](#), inclusive, unless the context otherwise requires:

1. “Health officer” includes a local health officer, a city health officer, a county health officer and a district health officer.

2. “Medicaid” has the meaning ascribed to it in [NRS 439B.120](#).

3. “Medicare” has the meaning ascribed to it in [NRS 439B.130](#).

4. “Provider of prenatal care” means:

(a) A physician who is licensed in this State and certified in obstetrics and gynecology, family practice, general practice or general surgery.

(b) A certified nurse midwife who is licensed by the State Board of Nursing.

(c) An advanced practice registered nurse who is licensed by the State Board of Nursing pursuant to [NRS 632.237](#) and who has specialized skills and training in obstetrics or family nursing.

(d) A physician assistant licensed pursuant to [chapter 630](#) or [633](#) of NRS who has specialized skills and training in obstetrics or family practice.

(Added to NRS by [1991, 2159](#); A [1995, 2685](#); [2001, 782](#); [2003, 20th Special Session, 274](#); [2007, 1862](#); [2013, 2081](#))

NRS 442.1192 Subsidy authorized for provider of prenatal care in county or community that lacks services for such care.

1. A provider of prenatal care who provides services to pregnant women, or a health officer acting on behalf of a provider of prenatal care who provides services to pregnant women, in a county or community that lacks services for prenatal care may submit an application to the University of Nevada School of Medicine for a grant to subsidize a portion of the malpractice insurance of the provider of prenatal care who provides services to pregnant women in the county or community.

2. A county or community lacks services for prenatal care if at least one of the following conditions is present:

(a) A provider of prenatal care does not offer services to pregnant women within the county or the community.

(b) Fifty percent or more of the live births to women who are residents of the county occur outside the county.

(c) The percentage of live births to women in the county or community who received no prenatal care exceeds the percentage of live births to women in the State who received no prenatal care.

(d) The percentage of live births of babies with low birthweight to women in the county or community is higher than the percentage of live births of babies with low birthweight to women in the State.

3. If a county or district health officer applies for a grant on behalf of a provider of prenatal care, the county or district health officer must provide proof of the financial contribution by the county or district for the provision of prenatal services for women who do not qualify for reimbursement pursuant to the State Plan for Medicaid.

(Added to NRS by [1991, 2159](#); A [1997, 1255](#); [2003, 20th Special Session, 275](#))

NRS 442.1194 University of Nevada School of Medicine authorized to grant subsidy; amount of subsidy.

1. The University of Nevada School of Medicine may grant money to a provider of prenatal care or a health officer acting on behalf of a provider of prenatal care who submits an application pursuant to [NRS 442.1192](#) to furnish a subsidy for the malpractice insurance of the provider of prenatal care who provides services in a county or community that lacks services for prenatal care for women.

2. A grant from the University of Nevada School of Medicine may subsidize the malpractice insurance of the provider of prenatal care in an amount up to the difference between the cost of the malpractice insurance of the provider of prenatal care with coverage for the provision of prenatal care and without such coverage.

(Added to NRS by [1991, 2160](#); A [2003, 20th Special Session, 275](#))

NRS 442.1196 Form and contents of application; eligibility.

1. The application submitted pursuant to [NRS 442.1192](#) for a grant to subsidize the malpractice insurance of a provider of prenatal care must be on the form required by the University of Nevada School of Medicine.

2. The application must contain:

(a) If the applicant is a health officer applying on behalf of a provider of prenatal care, information concerning the collaboration between the health officer and the provider of prenatal care and medical facilities within the county or community.

(b) A plan for providing prenatal care for women in the county or community who have low incomes or who do not qualify for any state program for medical care.

(c) A plan for improving the health care of pregnant women in the county or community.

3. To be eligible for a subsidy for malpractice insurance, a provider of prenatal care must submit evidence that the provider:

(a) Has completed training in prenatal care that is approved by the University of Nevada School of Medicine;

(b) Is currently covered by malpractice insurance;

(c) Accepts reimbursement for services rendered from Medicaid and Medicare; and

(d) Will continue to provide prenatal care in the specified county or community for not less than 1 year.

(Added to NRS by [1991, 2160](#); A [1995, 2685](#); [2003, 20th Special Session, 276](#))

NRS 442.1198 Duties of provider of prenatal care who receives subsidy. A provider of prenatal care who receives a subsidy for malpractice insurance pursuant to [NRS 442.119](#) to [442.1198](#), inclusive, shall:

1. Attend 15 hours per year of continuing education concerning risk management or the care of a patient relating to prenatal services and submit documentation of attendance at the continuing education to the University of Nevada School of Medicine.

2. Collect data as required by the University of Nevada School of Medicine or the Division.

3. Provide prenatal care for a woman without regard to her economic status or ability to pay.

4. Refer a pregnant woman to another provider of prenatal care if, in the judgment of the provider, he or she cannot provide the care required by the woman.

5. Carry out the plan for improving the health care of pregnant women in the county or community pursuant to paragraph (c) of subsection 2 of [NRS 442.1196](#).

(Added to NRS by [1991, 2160](#))

SERVICES UNDER SOCIAL SECURITY ACT

Agency to Cooperate With Federal Authorities

NRS 442.120 Designation of Department. The Department is hereby designated as the agency of this State to cooperate, through the Division, with the duly constituted federal authorities in the administration of those parts of the Social Security Act which relate to the maternal and child health services and the care and treatment of children with special health care needs, and is authorized to receive and expend all funds made available to the Department by the Federal Government, the State or its political subdivisions, or from any other source for the purposes provided in this chapter.

[Part 6 1/2:199:1911; added [1939, 297](#); 1931 NCL § 5259.02] — (NRS A [1963, 947](#); [1991, 282](#); [2013, 3049](#))

Services for Maternal and Child Health

NRS 442.130 Program for maternal and child health: Purposes; administration.

1. The Department is hereby designated as the agency of this State to administer, through the Division, a maternal and child health program, and to supervise the administration of those services included in the program which are not administered directly by it.

2. The purpose of such program shall be to develop, extend and improve health services, and to provide for development of demonstration services in needy areas for mothers and children.

[1:126:1927; 1931 NCL § 5317.01] — (NRS A [1963, 947](#))

NRS 442.133 Advisory Board on Maternal and Child Health: Creation; membership; terms; compensation.

1. The Advisory Board on Maternal and Child Health is hereby created.

2. The Advisory Board consists of:

- (a) Nine members to be appointed by the State Board of Health from a list of persons provided by the Administrator of the Division;
- (b) One nonvoting member who is a member of the Senate appointed by the Legislative Commission; and
- (c) One nonvoting member who is a member of the Assembly appointed by the Legislative Commission.

3. The members who are:

(a) Appointed by the State Board of Health serve terms of 2 years.

(b) Legislators serve terms that begin on the third Monday in January of odd-numbered years and end the third Monday in January of the next odd-numbered year.

È Any member of the Advisory Board may be reappointed.

4. Except during a regular or special session of the Legislature, each Legislator who is a member of the Advisory Board is entitled to receive the compensation provided for a majority of the members of the Legislature during the first 60 days of the preceding regular session for each day or portion of a day during which he or she attends a meeting of the Advisory Board or is otherwise engaged in the work of the Advisory Board and the per diem allowance and travel expenses provided for state officers and employees generally. The salaries, per diem and travel expenses of the legislative members must be paid from the Legislative Fund. Each nonlegislative member of the Advisory Board serves without compensation but is entitled to receive the per diem allowance and travel expenses provided for state officers and employees generally. The per diem allowance and travel expenses must be paid from the Account for Maternal and Child Health Services.

(Added to NRS by [1991, 2294](#); A [2009, 666](#))

NRS 442.135 Advisory Board on Maternal and Child Health: Meetings; election of officers; appointment of subcommittees.

1. The Advisory Board shall meet at least quarterly and at the times and places specified by the call of the Chair.

2. The members of the Advisory Board shall elect a Chair and a Vice Chair from among their membership.

3. The Chair may appoint a subcommittee of the Board to study and make recommendations regarding a specific issue as requested by the Administrator or a Board member. The composition of the subcommittee must be approved by a majority vote of the Board.

(Added to NRS by [1991, 2295](#))

NRS 442.137 Advisory Board on Maternal and Child Health: Purpose and objectives. The purpose of the Advisory Board is to advise the Administrator of the Division concerning perinatal care to enhance the survivability and health of infants and mothers, and concerning programs to improve the health of preschool children, to achieve the following objectives:

1. Ensuring the availability and accessibility of primary care health services;

2. Reducing the rate of infant mortality;

3. Reducing the incidence of preventable diseases and handicapping conditions among children;

4. Identifying the most effective methods of preventing fetal alcohol syndrome and collecting information relating to the incidence of fetal alcohol syndrome in this state;

5. Preventing the consumption of alcohol by women during pregnancy;

6. Reducing the need for inpatient and long-term care services;

7. Increasing the number of children who are appropriately immunized against disease;

8. Increasing the number of children from low-income families who are receiving assessments of their health;

9. Ensuring that services to follow up the assessments are available, accessible and affordable to children identified as in need of those services;

10. Assisting the Division in developing a program of public education that it is required to develop pursuant to [NRS 442.385](#), including, without limitation, preparing and obtaining information relating to fetal alcohol syndrome;

11. Assisting the University of Nevada School of Medicine in reviewing, amending and distributing the guidelines it is required to develop pursuant to [NRS 442.390](#); and

12. Promoting the health of infants and mothers by ensuring the availability and accessibility of affordable perinatal services.

(Added to NRS by [1991, 2295](#); A [2003, 1360](#))

NRS 442.140 State plan concerning services for maternal and child health; regulations.

1. The Department may:

(a) Formulate, adopt and administer, through the State Board of Health and the Division, a detailed plan for the purposes specified in [NRS 442.130](#).

(b) Adopt, through the State Board of Health, regulations necessary for the administration of the plan and the administration of [NRS 442.130](#) to [442.170](#), inclusive.

2. In developing and revising the plan, the Department shall consider:

(a) The amount of money available from the Federal Government for services relating to maternal and child health;

(b) The conditions attached to the acceptance of money from the Federal Government; and

(c) The limitations of legislative appropriations for services relating to maternal and child health.

[Part 2:126:1937; 1931 NCL § 5317.02] — (NRS A [1963, 948](#); [1981, 1899](#); [1991, 2295](#))

NRS 442.150 Provisions to be included in state plan. A plan formulated in accordance with [NRS 442.140](#) must include provisions for:

1. Financial participation by this State.

2. Administration of the plan by the Department, through the Division, and supervision by the Department, through the Division, of the administration of any service included in the plan that is not administered directly by the Division.

3. Such methods of administration as are necessary for efficient operation of the plan.

4. Maintenance of records and preparation, submission and filing of reports of services rendered.

5. Cooperation with local medical, health, nursing and welfare groups and organizations for the purpose of extending and improving maternal and child health.

6. Receiving and expending in the manner provided in [NRS 442.130](#) to [442.170](#), inclusive, and in accordance with the plan, any money made available to the Department by the Federal Government, the State or its political subdivisions, or from any other source.

7. Cooperating with the Federal Government, through its appropriate agency or instrumentality:

(a) In developing, extending and improving services;

(b) In the administration of the plan; and

(c) In developing demonstration services in needy areas among groups in special need.

8. Carrying out the purposes specified in [NRS 442.130](#).

[Part 2:126:1937; 1931 NCL § 5317.02] — (NRS A [1963, 948](#); [1991, 2296](#))

NRS 442.153 Testing for amblyopia to be included in state plan. The Department, through the State Board of Health and the Division, shall include testing for amblyopia in the state plan for a maternal and child health program as provided in [NRS 442.140](#).

(Added to NRS by [1977, 451](#))

NRS 442.160 Duties of Administrator of Division.

1. The Administrator of the Division is the administrative officer of the Division with respect to the administration and enforcement of:

(a) The provisions of [NRS 442.130](#) to [442.170](#), inclusive;

(b) The plan formulated and adopted for the purposes of [NRS 442.130](#) to [442.170](#), inclusive; and

(c) All regulations necessary thereto and adopted by the State Board of Health.

2. The Administrator shall administer and enforce all regulations adopted by the State Board of Health for the efficient operation of the plan formulated by the State Board of Health and the Division for the purposes of [NRS 442.130](#) to [442.170](#), inclusive.

3. The Administrator shall:

(a) Maintain his or her office in Carson City, Nevada, or elsewhere in the State as directed by the Director.

(b) Keep in his or her office all records, reports, papers, books and documents pertaining to the subjects of [NRS 442.130](#) to [442.170](#), inclusive.

(c) If directed by the terms of the plan or by the Director, provide such medical, surgical or other services as are necessary to carry out the provisions of the plan and of [NRS 442.130](#) to [442.170](#), inclusive.

4. The Administrator, with the assistance of the Chief Medical Officer, shall make such reports, in such form and containing such information concerning the subjects of [NRS 442.130](#) to [442.170](#), inclusive, as required by the Secretary of Health and Human Services.

5. The Administrator shall, in accordance with the rules and regulations of the Secretary of Health and Human Services and of the Secretary of the Treasury, requisition and cause to be deposited with the State Treasurer all money allotted to this State by the Federal Government for the purposes of [NRS 442.130](#) to [442.170](#), inclusive. The Administrator shall cause to be paid out of the State Treasury the money deposited for the purposes of [NRS 442.130](#) to [442.170](#), inclusive.

[3:126:1937; 1931 NCL § 5317.03] — (NRS A [1963, 948](#); [1983, 137, 834](#); [1991, 2296](#); [2013, 3049](#))

NRS 442.170 Account for Maternal and Child Health Services.

1. The State Treasurer is custodian of all money appropriated by this State, allotted to this State by the Federal Government or received by this State from other sources, for the purposes of [NRS 442.130](#) to [442.170](#), inclusive.

2. The Division shall deposit the money in the State Treasury for credit to the Account for Maternal and Child Health Services.

3. All claims and demands against the Account must be paid only upon the Administrator's certifying the claims and demands in proper vouchers to the State Controller who shall thereupon draw his or her warrant or warrants therefor, and the State Treasurer shall pay them.

[4:126:1937; 1931 NCL § 5317.04] — (NRS A [1963, 949](#); [1983, 397, 835](#); [1991, 2297](#))

Services for Children With Special Health Care Needs

NRS 442.180 Program of services: Administration; purposes.

1. The Department is hereby designated as the agency of this State to administer a program of service for children who have special health care needs or who are suffering from conditions which lead to a handicap, and to supervise the administration of those services included in the program which are not administered directly by it.

2. The purpose of the program is to develop, extend and improve services for locating such children, and for providing for medical, surgical, corrective and other services and care, and providing facilities for diagnosis, hospitalization and aftercare.

[1:119:1937; 1931 NCL § 5316.01] — (NRS A [1963, 949](#); [1991, 282](#))

NRS 442.190 State plan for services; regulations.

1. The Department may:

(a) Formulate, adopt and administer, through the State Board of Health and the Division, a detailed plan or plans for the purposes specified in [NRS 442.180](#).

(b) Adopt, through the State Board of Health, regulations necessary for the administration of the plan or plans and the administration of [NRS 442.180](#) to [442.220](#), inclusive.

2. In developing and revising the plan or plans, the Department shall consider, among other things, the amount of money available from the Federal Government for services to children with special health care needs and the conditions attached to the acceptance of such money, and the limitations of legislative appropriations for services to children with special health care needs.

[Part 2:119:1937; 1931 NCL § 5316.02] — (NRS A [1963, 950](#); [1975, 74](#); [1981, 1900](#); [1991, 282](#))

NRS 442.200 Provisions to be included in state plan. Such plan or plans shall in any event include therein provisions for:

1. Financial participation by this State.

2. Administration of such plan or plans by the Department, through the Division, and supervision by the Department, through the Division, of the administration of such services included in the plan or plans which are not administered directly by the Division.

3. Such methods of administration as are necessary for efficient operation of such plan or plans.

4. Maintenance of records and preparation, submission and filing of reports of services rendered.

5. Cooperation with medical, health, nursing and welfare groups and organizations, and with any agency of the State charged with the administration of laws providing for vocational rehabilitation of children with disabilities.

6. Receiving and expending in the manner provided in [NRS 442.180](#) to [442.220](#), inclusive, in accordance with such plan or plans, all funds made available to the Department by the Federal Government, the State or its political subdivisions, or from any other source for such purposes.

7. Cooperating with the Federal Government, through its appropriate agency or instrumentality, in developing, extending and improving such services and in the administration of such plan or plans.

8. Carrying out the purposes specified in [NRS 442.180](#).

[Part 2:119:1937; 1931 NCL § 5316.02] — (NRS A [1963, 950](#); [1975, 75](#))

NRS 442.210 Duties of Administrator of Division.

1. The Administrator of the Division shall administer and enforce the provisions of [NRS 442.180](#) to [442.220](#), inclusive, and of the plan or plans formulated and adopted for the purposes of [NRS 442.180](#) to [442.220](#), inclusive, and all regulations necessary thereto and adopted by the State Board of Health.

2. The Administrator shall administer and enforce all regulations adopted by the State Board of Health for the efficient operation of such plan or plans formulated by the State Board of Health and the Division for the purposes of [NRS 442.180](#) to [442.220](#), inclusive.

3. The Administrator shall maintain his or her office in Carson City, Nevada, or elsewhere in the State as directed by the Director, and keep therein all records, reports, papers, books and documents pertaining to the subjects of [NRS 442.180](#) to [442.220](#), inclusive. The Administrator, when directed by the terms of any plan or plans perfected, or by the Director, shall provide in such places within the State such medical, surgical or other agency or agencies as may be necessary to carry out the provisions of such plan or plans and of [NRS 442.180](#) to [442.220](#), inclusive. If the proper medical or surgical services cannot be had within the State for any child with special health care needs, the Secretary of the State Board of Health may provide for those services in some other state.

4. The Administrator shall, from time to time as directed by the Secretary of Health and Human Services, make reports, in such form and containing such information concerning the subjects of [NRS 442.180](#) to [442.220](#), inclusive, as the Secretary of Health and Human Services requires.

5. The Administrator shall from time to time pursuant to the rules and regulations of the Secretary of Health and Human Services and of the Secretary of the Treasury, requisition and cause to be deposited with the State Treasurer all money allotted to this state by the Federal Government for the purposes of [NRS 442.180](#) to [442.220](#), inclusive. The Administrator shall cause to be paid out of the State Treasury the money therein deposited for the purposes of [NRS 442.180](#) to [442.220](#), inclusive.

[3:119:1937; 1931 NCL § 5316.03] — (NRS A [1963, 951](#); [1975, 75](#); [1983, 138, 835](#); [1991, 282](#); [2013, 3049](#))

NRS 442.215 Recovery of costs of corrective treatment from parents by Administrator of Division.

1. The Administrator of the Division may recover costs of corrective treatment for children with special health care needs from the parents of the child who receives the treatment, pursuant to subsections 2 and 3.

2. The Administrator shall investigate the financial circumstances of a parent of a child with special health care needs for whom an application is made to determine whether part or all of the expenses for treatment should be paid for by such parent.

3. The Administrator may authorize corrective treatment for a child with special health care needs at state expense when it is determined that the parent of the child is unable to pay the cost of this treatment or any part thereof. A determination of ability to pay and eligibility for payment at state expense must be based on the following factors:

(a) Resources of the parent, including hospital and medical insurance;

(b) Other available sources of payment, including state aid for medically indigent families;

(c) Estimated cost of care;

(d) Length of treatment;

(e) Household size in relation to income; and

(f) Debts and obligations.

4. As used in this section, "parent" means a natural parent or an adoptive parent.

(Added to NRS by [1969, 1090](#); A [1977, 471](#); [1983, 836](#); [1991, 283](#))

NRS 442.217 Authorization required before purchased services provided; exception.

1. All services purchased for children with special health care needs pursuant to [NRS 442.180](#) to [442.220](#), inclusive, must be authorized by the Division before the time such services are provided, and a record of such authorizations must be retained as part of the child's case record in the Division.

2. Authorizations for services provided during the hours when the offices of the Division are closed may be issued retroactively, provided that:

(a) The child meets the eligibility requirements of the Program; and

(b) The Division is notified by the physician, hospital or other provider of services within 72 hours following the time service was provided.

(Added to NRS by [1975, 74](#); A [1991, 284](#))

NRS 442.220 Account for Children's Special Health Care Services.

1. The State Treasurer is custodian of all money appropriated by this State, allotted to this State by the Federal Government or received by this State from other sources, for the purposes of [NRS 442.180](#) to [442.220](#), inclusive.

2. The Division shall deposit the money in the State Treasury for credit to the Account for Children's Special Health Care Services.

3. All claims and demands against the Account must be paid only upon the Administrator's certifying the claims and demands in proper vouchers to the State Controller who shall thereupon draw his or her warrant or warrants therefor, and the State Treasurer shall pay them.

[4:119:1937; 1931 NCL § 5316.04] — (NRS A [1963, 951](#); [1975, 76](#); [1983, 398, 836](#); [1991, 284](#))

NRS 442.230 Cooperative agreement with Federal Government to find, diagnose and treat children with special health care needs.

1. The Department may enter into a cooperative agreement or agreements with the United States Department of Health and Human Services, prescribing the manner, terms and conditions of cooperation by the Department and the United States Department of Health and Human Services in providing for the finding, diagnosis and treatment of children with special health care needs, including children with rheumatic fever.

2. Such agreements may provide for the amounts which the State and the Federal Government will contribute under the agreement, and the Department shall be bound and governed by such agreement or agreements.

[1:324:1951] — (NRS A [1963, 952](#); [1983, 139](#); [1991, 284](#))

ABORTION

NRS 442.240 "Abortion" defined. As used in [NRS 442.240](#) to [442.270](#), inclusive, unless the context requires otherwise, "abortion" means the termination of a human pregnancy with an intention other than to produce the birth of an infant capable of sustained survival by natural or artificial supportive systems or to remove a dead fetus.

(Added to NRS by [1973, 1637](#); A [1981, 1163](#); [1985, 2307](#))

NRS 442.250 Conditions under which abortion permitted. [NRS 442.250 was submitted to and approved by referendum at the 1990 general election and therefore is not subject to legislative amendment or repeal.]

1. No abortion may be performed in this state unless the abortion is performed:

(a) By a physician licensed to practice in this state or by a physician in the employ of the government of the United States who:

(1) Exercises his or her best clinical judgment in the light of all attendant circumstances including the accepted professional standards of medical practice in determining whether to perform an abortion; and

(2) Performs the abortion in a manner consistent with accepted medical practices and procedures in the community.

(b) Within 24 weeks after the commencement of the pregnancy.

(c) After the 24th week of pregnancy only if the physician has reasonable cause to believe that an abortion currently is necessary to preserve the life or health of the pregnant woman.

2. All abortions performed after the 24th week of pregnancy or performed when, in the judgment of the attending physician, there is a reasonable likelihood of the sustained survival of the fetus outside of the womb by natural or artificial supportive systems must be performed in a hospital licensed under [chapter 449](#) of NRS.

3. Before performing an abortion pursuant to subsection 2, the attending physician shall enter in the permanent records of the patient the facts on which the physician based his or her best clinical judgment that there is a substantial risk that continuance of the pregnancy would endanger the life of the patient or would gravely impair the physical or mental health of the patient.

(Added to NRS by [1973, 1637](#); A [1975, 367](#); [1977, 961](#); [1981, 1164](#); [1985, 2307](#))

NRS 442.252 Physician to obtain informed consent before performing abortion. No physician may perform an abortion in this state unless, before the physician performs it, he or she obtains the informed consent of the woman seeking the abortion pursuant to [NRS 442.253](#).

(Added to NRS by [1981, 1162](#); A [1985, 2308](#); [2019, 1502](#))

NRS 442.253 Requirements for informed consent.

1. The attending physician or a person meeting the qualifications established by regulations adopted by the Division shall:

(a) In an accurate and thorough manner which is reasonably likely to be understood by the pregnant woman, orally:

(1) Explain that, in his or her professional judgment, she is pregnant and a copy of her pregnancy test is available to her.

(2) Inform her of the estimated gestational age.

(3) Explain:

(I) The procedure to be used and the proper procedures for her care after the abortion.

(II) The discomforts and risks that may accompany or follow the procedure.

(III) If an interpreter is available to assist the woman because the woman does not understand the language used on a form indicating consent or the language used by the attending physician or person meeting the qualifications established by regulations adopted by the Division, that an interpreter is available to provide the explanation.

(b) Offer to answer any questions the woman has concerning the procedure.

(c) Provide the woman with a copy of a form indicating consent.

2. The form indicating consent provided pursuant to subsection 1 must clearly describe the nature and consequences of the procedure to be used.

3. Informed consent shall be deemed to have been given by a woman seeking an abortion for the purposes of [NRS 442.252](#) when:

(a) The form indicating consent provided pursuant to paragraph (c) of subsection 1 has been signed and dated by:

(1) The woman;

(2) The interpreter, if an interpreter is used;

(3) The attending physician who will perform the procedure; and

(4) The person meeting the qualifications established by regulations adopted by the Division if such a person performs the duties prescribed in subsection 1; and

(b) If the form indicating consent is not written in a language understood by the woman, the person who performs the duties prescribed in subsection 1 has certified on the form that the information described in subsection 1 has been presented in such a manner as to be understood by the woman.

(Added to NRS by [1981, 1162](#); A [1985, 2308](#); [2019, 1503](#))

NRS 442.255 Notice to custodial parent or guardian; request for authorization for abortion; rules of civil procedure inapplicable.

1. Unless in the judgment of the attending physician an abortion is immediately necessary to preserve the patient's life or health or an abortion is authorized pursuant to subsection 2 or [NRS 442.2555](#), a physician shall not knowingly perform or induce an abortion upon an unmarried and unemancipated woman who is under the age of 18 years unless a custodial parent or guardian of the woman is personally notified before the abortion. If the custodial parent or guardian cannot be so notified after a reasonable effort, the physician shall delay performing the abortion until the physician has notified the parent or guardian by certified mail at the last known address of the parent or guardian.

2. An unmarried or unemancipated woman who is under the age of 18 years may request a district court to issue an order authorizing an abortion. If so requested, the court shall interview the woman at the earliest practicable time, which must be not more than 2 judicial days after the request is made. If the court determines, from any information provided by the woman and any other evidence that the court may require, that:

- (a) She is mature enough to make an intelligent and informed decision concerning the abortion;
- (b) She is financially independent or is emancipated; or
- (c) The notice required by subsection 1 would be detrimental to her best interests,

the court shall issue an order within 1 judicial day after the interview authorizing a physician to perform the abortion in accordance with the provisions of [NRS 442.240](#) to [442.270](#), inclusive.

3. If the court does not find sufficient grounds to authorize a physician to perform the abortion, it shall enter an order to that effect within 1 judicial day after the interview. If the court does not enter an order either authorizing or denying the performance of the abortion within 1 judicial day after the interview, authorization shall be deemed to have been granted.

4. The court shall take the necessary steps to ensure that the interview and any other proceedings held pursuant to this subsection or [NRS 442.2555](#) are confidential. The rules of civil procedure do not apply to any action taken pursuant to this subsection.

(Added to NRS by [1981, 1163](#); A [1985, 2309](#))

NRS 442.2555 Procedure if district court denies request for authorization for abortion: Petition; hearing on merits; appeal.

1. If the order is denied pursuant to [NRS 442.255](#), the court shall, upon request by the minor if it appears that she is unable to employ counsel, appoint an attorney to represent her in the preparation of a petition, a hearing on the merits of the petition, and on an appeal, if necessary. The compensation and expenses of the attorney are a charge against the county as provided in the following schedule:

- (a) For consultation, research and other time reasonably spent on the matter, except court appearances, \$20 per hour.
- (b) For court appearances, \$30 per hour.

2. The petition must set forth the initials of the minor, the age of the minor, the estimated number of weeks elapsed from the probable time of conception, and whether maturity, emancipation, notification detrimental to the minor's best interests or a combination thereof are relied upon in avoidance of the notification required by [NRS 442.255](#). The petition must be initialed by the minor.

3. A hearing on the merits of the petition, on the record, must be held as soon as possible and within 5 judicial days after the filing of the petition. At the hearing the court shall hear evidence relating to:

- (a) The minor's emotional development, maturity, intellect and understanding;
- (b) The minor's degree of financial independence and degree of emancipation from parental authority;
- (c) The minor's best interests relative to parental involvement in the decision whether to undergo an abortion; and
- (d) Any other evidence that the court may find useful in determining whether the minor is entitled to avoid parental notification.

4. In the decree, the court shall, for good cause:

(a) Grant the petition, and give judicial authorization to permit a physician to perform an abortion without the notification required in [NRS 442.255](#); or

(b) Deny the petition, setting forth the grounds on which the petition is denied.

5. An appeal from an order issued under subsection 4 may be taken to the appellate court of competent jurisdiction pursuant to the rules fixed by the Supreme Court pursuant to [Section 4 of Article 6](#) of the Nevada Constitution, which shall suspend the Nevada Rules of Appellate Procedure pursuant to [NRAP 2](#) to provide for an expedited appeal. The notice of intent to appeal must be given within 1 judicial day after the issuance of the order. The record on appeal must be perfected within 5 judicial days after the filing of the notice of appeal and transmitted to the appellate court of competent jurisdiction pursuant to the rules fixed by the Supreme Court. The appellate court of competent jurisdiction, shall, by court order or rule, provide for a confidential and expedited appellate review of cases appealed under this section.

(Added to NRS by [1985, 2306](#); A [2013, 1784](#))

NRS 442.256 Records. A physician who performs an abortion shall maintain a record of it for at least 5 years after it is performed. The record must contain:

1. The form indicating consent completed in compliance with subsection 3 of [NRS 442.253](#).
2. A statement of the information which was provided to the woman pursuant to [NRS 442.253](#).
3. A description of efforts to give any notice required by [NRS 442.255](#).

(Added to NRS by [1981, 1163](#); A [1985, 2310](#); [2019, 1504](#))

NRS 442.257 Criminal penalty. Any person who violates any provision of [NRS 442.252](#) to [442.256](#), inclusive, is guilty of a misdemeanor.

(Added to NRS by [1981, 1163](#))

NRS 442.260 Division to adopt regulations governing performance and reporting of abortions.

1. The Division shall adopt and enforce regulations governing the conditions under and the methods by which abortions may be performed, the reasonable minimum qualifications of a person authorized to provide the information required in [NRS 442.253](#), as well as all other aspects pertaining to the performance of abortions pursuant to [NRS 442.250](#).

2. The Division shall adopt and enforce regulations for a system for reporting abortions. This system must be designed to preserve confidentiality of information on the identity of women upon whom abortions are performed. The Division may require that the following items be reported for each abortion:

- (a) The date of the abortion;
- (b) The place of the abortion including the city, county and state;
- (c) The type of facility;
- (d) The usual residence of the woman, including the city, county and state;
- (e) Her age;
- (f) Her ethnic group or race;
- (g) Her marital status;
- (h) The number of previous live births;

(i) The number of previous induced abortions;

(j) The duration of her pregnancy, as measured from first day of last normal menses to date of abortion, and as estimated by uterine size prior to performance of the abortion;

(k) The type of abortion procedure; and

(l) If a woman has had a previously induced abortion, the information in paragraphs (a) to (k), inclusive, or as much thereof as can be reasonably obtained, for each previous abortion.

3. The Division may adopt regulations to permit studies of individual cases of abortion, but these studies must not be permitted unless:

(a) Absolute assurance is provided that confidentiality of information on the persons involved will be preserved;

(b) Informed consent of each person involved in the study is obtained in writing;

(c) The study is conducted according to established standards and ethics; and

(d) The study is related to problems of health and has scientific merit with regard to both design and the importance of the problems to be solved.

(Added to NRS by [1973, 1638](#); A [1973, 1406](#); [1985, 2310](#); [2013, 3050](#))

NRS 442.265 Hospital to submit monthly report to State Registrar of Vital Statistics. Each hospital shall submit a monthly report to the State Registrar of Vital Statistics which contains the following information:

1. The number of patients admitted for hospital care for a complication which resulted from an abortion;

2. The nature of the complication by its diagnostic name; and

3. The type of abortion.

(Added to NRS by [1981, 1941](#))

NRS 442.268 Civil immunity of person performing judicially authorized abortion in accordance with provisions of [NRS 442.240](#) to [442.270](#), inclusive. If an abortion is judicially authorized and the provisions of [NRS 442.240](#) to [442.270](#), inclusive, are complied with, an action by the parents or guardian of the minor against persons performing the abortion is barred. This civil immunity extends to the performance of the abortion and any necessary accompanying services which are performed in a competent manner. The costs of the action, if brought, must be borne by the parties respectively.

(Added to NRS by [1985, 2307](#))

NRS 442.270 Liability for failure to exercise reasonable care to preserve life of infant born as result of attempted abortion. Whenever an abortion results in the birth of an infant capable of sustained survival by natural or artificial supportive systems, the failure to take all reasonable steps, in keeping with good medical practice, to preserve the life and health of the infant subjects the person performing the abortion to the laws of this state governing criminal liability and civil liability for wrongful death and medical malpractice.

(Added to NRS by [1973, 1639](#); A [1975, 368](#); [1985, 2311](#))

BIRTH DEFECTS AND ADVERSE BIRTH OUTCOMES

NRS 442.300 Definitions. As used in [NRS 442.300](#) to [442.330](#), inclusive, unless the context otherwise requires, the words and terms defined in [NRS 442.305](#), [442.310](#) and [442.315](#) have the meanings ascribed to them in those sections.

(Added to NRS by [1999, 3509](#))

NRS 442.305 “Adverse birth outcome” defined. “Adverse birth outcome” includes stillbirths.

(Added to NRS by [1999, 3509](#))

NRS 442.310 “Birth defect” defined. “Birth defect” means any structural or chemical abnormality present in a child at birth.

(Added to NRS by [1999, 3509](#))

NRS 442.315 “System” defined. “System” means the system established and maintained pursuant to [NRS 442.320](#).

(Added to NRS by [1999, 3509](#))

NRS 442.320 Statewide system for collection and analysis of information: Establishment and maintenance; regulations.

1. The Division, in cooperation with the University of Nevada School of Medicine, shall establish and maintain a statewide system for the collection and analysis of information concerning birth defects and other adverse birth outcomes.

2. The State Board of Health shall adopt regulations to carry out the provisions of [NRS 442.300](#) to [442.330](#), inclusive. The regulations must:

(a) Establish a procedure to inform a patient that the patient’s name will be used for research and referrals to related services unless the patient requests the exclusion of his or her name from the system; and

(b) Require the exclusion from the system of the name of a patient if the patient or, if the patient is a minor, a parent or legal guardian of the patient has requested in writing to exclude the name of the patient from the system.

3. The provisions of [NRS 442.300](#) to [442.330](#), inclusive, do not authorize any prenatal genetic testing of children.

(Added to NRS by [1999, 3509](#))

NRS 442.325 Provision of certain information by chief administrative officer of hospital or obstetric center; exclusion of name of patient; preparation of abstracts.

1. Except as otherwise provided in subsection 2, the chief administrative officer of each hospital and obstetric center or a representative of the officer shall:

(a) Prepare and make available to the Chief Medical Officer or a representative of the Officer a list of:

(1) Patients who are under 7 years of age and have been diagnosed with one or more birth defects; and

(2) Patients discharged with adverse birth outcomes; and

(b) Make available to the Chief Medical Officer or a representative of the Officer the records of the hospital or obstetric center regarding:

(1) Patients who are under 7 years of age and have been diagnosed with one or more birth defects; and

(2) Patients discharged with adverse birth outcomes.

2. The name of a patient must be excluded from the information prepared and made available pursuant to subsection 1 if the patient or, if the patient is a minor, a parent or legal guardian of the patient has requested in writing to exclude the name of the patient from that information in the manner prescribed by the State Board of Health pursuant to [NRS 442.320](#). The provisions of this subsection do not relieve the chief administrative officer of the duty of preparing and making available the information required by subsection 1.

3. The Chief Medical Officer or a representative of the Officer shall abstract from the records and lists required to be prepared and made available pursuant to this section such information as is required by the State Board of Health for inclusion in the system.

4. As used in this section, "hospital" has the meaning ascribed to it in [NRS 449.012](#).

(Added to NRS by [1999, 3509](#))

NRS 442.330 Access to and use of information obtained by system: Restrictions; exceptions; regulations.

1. Except as otherwise provided in [NRS 439.538](#), information obtained by the system from any source may be used only:

- (a) To investigate the causes of birth defects and other adverse birth outcomes;
- (b) To determine, evaluate and develop strategies to prevent the occurrence of birth defects and other adverse birth outcomes;
- (c) To assist in the early detection of birth defects; and
- (d) To assist in ensuring the delivery of services for children identified with birth defects.

2. The State Board of Health shall adopt regulations to ensure that, except as otherwise provided in subsection 3 and [NRS 439.538](#):

(a) Access to information contained in the system is limited to persons authorized and approved by the Chief Medical Officer or a representative of the Officer who are employed by the Division or the University of Nevada School of Medicine.

(b) Any information obtained by the system that would reveal the identity of a patient remains confidential.

(c) Information obtained by the system is used solely for the purposes set forth in subsection 1.

3. This section does not prohibit the publishing of statistical compilations relating to birth defects and other adverse birth outcomes that do not in any manner identify individual patients or individual sources of information.

(Added to NRS by [1999, 3510](#); A [2007, 1978](#))

NRS 442.340 Health warning about effects of smoking during pregnancy to be posted in certain retail establishments.

1. Each retail establishment in which cigarettes are sold or offered for sale shall post at least one sign that meets the requirements of this section in a location conspicuous to the patrons of the establishment. The contents of the warning may be included on any other sign which the retail establishment is required to post in a location conspicuous to the patrons of the establishment.

2. Each sign required by subsection 1 must be not less than 8 by 5 1/2 inches in size and must contain a notice in boldface type that is clearly legible and, except as otherwise provided in subsection 4, is in substantially the following form:

HEALTH WARNING

Smoking tobacco during pregnancy can cause birth defects, premature birth and low birth weight.

¡ADVERTENCIA!

Fumar tabaco durante el embarazo puede causar daño a su bebé al nacer, que nazca prematuro y que nazca bajo de peso.

3. The letters in the words "HEALTH WARNING" and "¡ADVERTENCIA!" in the sign must be written in not less than 28-point type, and the letters in all other words in the sign must be written in not less than 24-point type.

4. The Division may provide by regulation for one or more alternative forms for the language of the warning to be included on the signs required by subsection 1 to increase the effectiveness of the signs. Each alternative form must contain substantially the same message as is stated in subsection 2. The Division and the local boards of health may solicit and accept donations of signs that satisfy the requirements of this section from a nonprofit organization or any other source. To the extent that such signs are donated, the Division or the local boards of health, as applicable, shall distribute the signs upon request to retail establishments that are required to post such signs.

(Added to NRS by [2011, 824](#))

FETAL ALCOHOL SYNDROME

NRS 442.385 Development and implementation of program of public education by Division. The Division shall develop and carry out a program of public education to increase public awareness about the dangers of fetal alcohol syndrome and other adverse effects on a fetus that may result from the consumption of alcohol during pregnancy. The program must include, without limitation:

1. Educational messages that are directed toward the general public and specific geographical areas and groups of persons in this State that are identified pursuant to subsection 1 of [NRS 442.420](#) as having women who are at a high risk of consuming alcohol during pregnancy.

2. Providing training materials to school personnel to assist them in identifying pupils who may be suffering from fetal alcohol syndrome and offering to provide the parents of those pupils with a referral for diagnostic services and treatment.

3. If a toll-free telephone service is otherwise provided by the Division, the use of that telephone service for providing information relating to programs for the treatment of substance use disorders, providers of health care or other services and other available resources, and referrals to those programs, if appropriate. The telephone number must be disclosed in the educational messages provided pursuant to this section.

(Added to NRS by [1999, 1059](#); A [2003, 1360](#))

NRS 442.390 Development of guidelines for providers of health care or other services by University of Nevada School of Medicine. The University of Nevada School of Medicine shall develop guidelines to assist a provider of health care or other services in identifying:

1. Pregnant women who are at a high risk of consuming alcohol during pregnancy; and

2. Children who are suffering from fetal alcohol syndrome.

(Added to NRS by [1999, 1060](#); A [2003, 1361](#))

NRS 442.395 Confidentiality of reports and associated documentation relating to certain referrals to Division. Except as otherwise provided in [NRS 239.0115](#) and [439.538](#), if a pregnant woman is referred to the Division by a provider of health care or other services for information relating to programs for the prevention and treatment of fetal alcohol syndrome, any report relating to the referral or other associated documentation is confidential and must not be used in any criminal prosecution of the woman.

(Added to NRS by [1999, 1060](#); A [2007, 1978, 2109](#))

NRS 442.400 Request for and use of certain information from natural parent of child to be placed for adoption. The agency which provides child welfare services or a licensed child-placing agency shall inquire, during its initial contact with a natural parent of a child who is to be placed for adoption, about consumption of alcohol by or any substance use disorder of the mother of the child during pregnancy. The information obtained from the inquiry must be:

1. Included in the report provided to the adopting parents of the child pursuant to [NRS 127.152](#); and

2. Reported to the Division on a form prescribed by the Division. The report must not contain any identifying information and may be used only for statistical purposes.

(Added to NRS by [1999, 1060](#); A [2001 Special Session, 54](#))

NRS 442.405 Request for and use of certain information from natural parent of child to be placed in family foster home.

1. The agency which provides child welfare services shall inquire, during its initial contact with a natural parent of a child who is to be placed in a family foster home, about consumption of alcohol by or any substance use disorder of the mother of the child during pregnancy. The information obtained from the inquiry must be:

(a) Provided to the provider of foster care pursuant to [NRS 424.038](#); and

(b) Reported to the Division on a form prescribed by the Division. The report must not contain any identifying information and may be used only for statistical purposes.

2. As used in this section, “family foster home” has the meaning ascribed to it in [NRS 424.013](#).

(Added to NRS by [1999, 1061](#); A [2001 Special Session, 54](#); [2013, 1455](#))

NRS 442.410 Request for and use of certain information from natural parent of child whom court determines must be kept in temporary or permanent custody. An agency which provides child welfare services shall inquire, during its initial contact with a natural parent of a child whom a court has determined must be kept in temporary or permanent custody, about consumption of alcohol by or any substance use disorder of the mother of the child during pregnancy. The information obtained from the inquiry must be:

1. Included in the report the agency is required to make pursuant to [NRS 432B.540](#); and

2. Reported to the Division on a form prescribed by the Division. The report must not contain any identifying information and may be used only for statistical purposes.

(Added to NRS by [1999, 1061](#); A [2001 Special Session, 54](#))

NRS 442.415 Division: Adoption of regulations. The Division shall adopt regulations necessary to carry out the provisions of [NRS 442.400](#), [442.405](#) and [442.410](#).

(Added to NRS by [1999, 1061](#); A [2013, 3051](#))

NRS 442.420 Division: Development and maintenance of system for monitoring syndrome. The Division shall develop and maintain a system for monitoring fetal alcohol syndrome, that may include, without limitation, a method of:

1. Identifying the geographical areas in this state in which women are at a high risk of consuming alcohol during pregnancy and groups of persons in this state that include such women;

2. Identifying and evaluating deficiencies in existing systems for delivering perinatal care; and

3. Collecting and analyzing data relating to systems for delivering perinatal care.

(Added to NRS by [1999, 1061](#))

NRS 442.425 Gifts, grants and contributions: Application for and acceptance by Division; administration and use.

1. The Division may apply for and accept gifts, grants and contributions from any public or private source to carry out its duties pursuant to the provisions of [NRS 442.385](#) to [442.425](#), inclusive.

2. The Division shall account separately for the money received from those gifts, grants or contributions. The Administrator of the Division shall administer the account, and all claims against the account must be approved by the Administrator before they are paid.

3. The money in the account must be used only to carry out the provisions of [NRS 442.385](#) to [442.425](#), inclusive.

(Added to NRS by [1999, 1060](#); A [2003, 1361](#))

SCREENING OF HEARING OF NEWBORN CHILDREN

NRS 442.500 Definitions. As used in [NRS 442.500](#) to [442.590](#), inclusive, unless the context otherwise requires, the words and terms defined in [NRS 442.510](#), [442.520](#) and [442.530](#) have the meanings ascribed to them in those sections.

(Added to NRS by [2001, 2460](#))

NRS 442.510 “Hearing screening” defined. “Hearing screening” means a test or battery of tests administered to determine the need for an in-depth hearing diagnostic evaluation.

(Added to NRS by [2001, 2460](#))

NRS 442.520 “Hospital” defined. “Hospital” has the meaning ascribed to it in [NRS 449.012](#).

(Added to NRS by [2001, 2460](#))

NRS 442.530 “Provider of hearing screenings” defined. “Provider of hearing screenings” means a health care provider who, within the scope of his or her license or certificate, provides for hearing screenings of newborn children in accordance with [NRS 442.500](#) to [442.590](#), inclusive. The term includes a licensed audiologist, a licensed physician or an appropriately supervised person who has documentation that demonstrates to the State Board of Health that he or she has completed training specifically for conducting hearing screenings of newborn children.

(Added to NRS by [2001, 2460](#))

NRS 442.540 Certain medical facilities prohibited from discharging newborn child born in facility until child has undergone or been referred for hearing screening; exception; regulations.

1. Except as otherwise provided in this section and [NRS 442.560](#), a licensed hospital in this state that provides services for maternity care and the care of newborn children and a licensed obstetric center in this state shall not discharge a newborn child who was born in the facility until the newborn child has undergone a hearing screening for the detection of hearing loss to prevent the consequences of unidentified disorders, or has been referred for such a hearing screening.

2. The requirements of subsection 1 do not apply to a hospital in which fewer than 500 childbirths occur annually.

3. The State Board of Health shall adopt such regulations as are necessary to carry out the provisions of [NRS 442.500](#) to [442.590](#), inclusive.

(Added to NRS by [2001, 2461](#))

NRS 442.550 Hearing screenings: Persons authorized to conduct; certain medical facilities to hire or enter into written agreement

with provider of hearing screenings; documentation; documentation in medical file of newborn child; written reports.

1. A hearing screening required by [NRS 442.540](#) must be conducted by a provider of hearing screenings.

2. A licensed hospital and a licensed obstetric center shall hire, contract with or enter into a written memorandum of understanding with a provider of hearing screenings to:

- (a) Conduct a program for hearing screenings on newborn children in accordance with [NRS 442.500](#) to [442.590](#), inclusive;
- (b) Provide appropriate training for the staff of the hospital or obstetric center;
- (c) Render appropriate recommendations concerning the program for hearing screenings; and
- (d) Coordinate appropriate follow-up services.

3. Not later than 24 hours after a hearing screening is conducted on a newborn child, appropriate documentation concerning the hearing screening, including, without limitation, results, interpretations and recommendations, must be placed in the medical file of the newborn child.

4. A licensed hospital and a licensed obstetric center shall annually prepare and submit to the Division a written report concerning hearing screenings of newborn children in accordance with regulations adopted by the State Board of Health. The report must include, without limitation, the number of newborn children screened and the results of the screenings.

5. The Division shall annually prepare and submit to the Governor a written report relating to hearing tests for newborn children. The written report must include, without limitation:

(a) A summary of the results of hearing screenings administered to newborn children and any other related information submitted in accordance with the regulations of the State Board of Health;

(b) An analysis of the effectiveness of the provisions of [NRS 442.500](#) to [442.590](#), inclusive, in identifying loss of hearing in newborn children; and

(c) Any related recommendations for legislation.

(Added to NRS by [2001, 2461](#))

NRS 442.560 Hearing screening not required if parent or legal guardian of newborn child objects in writing; written objection to be placed in medical file of newborn child.

A newborn child may be discharged from the licensed hospital or obstetric center in which he or she was born without having undergone a required hearing screening or having been referred for a hearing screening if a parent or legal guardian of the newborn child objects in writing to the hearing screening. The hospital or obstetric center shall place the written objection of the parent or legal guardian to the hearing screening in the medical file of the newborn child.

(Added to NRS by [2001, 2461](#))

NRS 442.570 Physician to recommend diagnostic evaluation if hearing screening indicates possibility of hearing loss.

If a hearing screening conducted pursuant to [NRS 442.540](#) indicates that a newborn child may have a hearing loss, the physician attending to the newborn child shall recommend to the parent or legal guardian of the newborn child that the newborn child receive an in-depth hearing diagnostic evaluation.

(Added to NRS by [2001, 2462](#))

NRS 442.580 Lead physician or audiologist: Designation; responsibilities.

A licensed hospital and a licensed obstetric center shall formally designate a lead physician or audiologist to be responsible for:

1. The administration of the Program for conducting hearing screenings of newborn children; and

2. Monitoring the scoring and interpretation of the test results of the hearing screenings.

(Added to NRS by [2001, 2462](#))

NRS 442.590 Written brochures: Creation by Division; required contents; distribution.

The Division shall create written brochures that use terms which are easily understandable to a parent or legal guardian of a newborn child and include, without limitation:

(a) Information concerning the importance of screening the hearing of a newborn child; and

(b) A description of the normal development of auditory processes, speech and language in children.

2. The Division shall provide the brochures created pursuant to subsection 1 to each licensed hospital and each licensed obstetric center in this state. These facilities shall provide the brochures to the parents or legal guardians of a newborn child.

(Added to NRS by [2001, 2462](#))

TESTING OF PREGNANT WOMEN AND NEWBORN CHILDREN FOR HUMAN IMMUNODEFICIENCY VIRUS

NRS 442.600 Definitions.

As used in [NRS 442.600](#) to [442.660](#), inclusive, unless the context otherwise requires, the words and terms defined in [NRS 442.610](#) and [442.620](#) have the meanings ascribed to them in those sections.

(Added to NRS by [2007, 2366](#))

NRS 442.610 “Provider of health care” defined.

“Provider of health care” means:

1. A provider of health care as defined in [NRS 629.031](#);

2. A midwife; and

3. An obstetric center licensed pursuant to [chapter 449](#) of NRS.

(Added to NRS by [2007, 2367](#))

NRS 442.620 “Rapid test for the human immunodeficiency virus” and “rapid test” defined.

“Rapid test for the human immunodeficiency virus” or “rapid test” means a test that:

1. Is used to detect the presence of antibodies to the human immunodeficiency virus; and

2. Provides a result in 30 minutes or less.

(Added to NRS by [2007, 2367](#))

NRS 442.630 Test used must be approved by United States Food and Drug Administration; requirements for administration of test.

Any test for the human immunodeficiency virus, including, without limitation, a rapid test, that is used to carry out the provisions of [NRS 442.600](#) to [442.660](#), inclusive, must be approved by the United States Food and Drug Administration.

Each test administered to a woman or performed on a child pursuant to the provisions of [NRS 442.600](#) to [442.660](#), inclusive, must be administered or performed in accordance with:

(a) The provisions of [chapter 652](#) of NRS and any regulations adopted pursuant thereto; and

(b) The Clinical Laboratory Improvement Amendments of 1988, Public Law No. 100-578, 42 U.S.C. § 263a, if applicable.
(Added to NRS by [2007, 2367](#))

NRS 442.640 Requirement for testing of pregnant woman for human immunodeficiency virus.

1. A provider of health care who provides prenatal care to a woman during the first trimester of her pregnancy shall ensure that the woman receives, at her first visit or as soon thereafter as practicable, the routine prenatal screening tests recommended for all pregnant women by the Centers for Disease Control and Prevention, including, without limitation, a screening test for the human immunodeficiency virus, unless the woman chooses not to have a screening test for the human immunodeficiency virus or any of the other prenatal screening tests.

2. A provider of health care who provides prenatal care to a woman during the third trimester of her pregnancy shall ensure that the woman receives, between the 27th and the 36th week of gestation or as soon thereafter as practicable, a test for the human immunodeficiency virus if she:

(a) Has not been tested for the human immunodeficiency virus earlier during her pregnancy or the results of an earlier test are not available; or

(b) Is at high risk for infection with the human immunodeficiency virus,

unless the woman chooses not to have such a test.

3. A provider of health care who attends or assists a woman during childbirth shall:

(a) Ensure that the woman receives a rapid test for the human immunodeficiency virus if she has not been tested for the human immunodeficiency virus earlier during her pregnancy or the results of an earlier test are not available, unless the woman chooses not to have such a test; and

(b) If the rapid test is administered and the result of the rapid test is positive for the presence of antibodies to the human immunodeficiency virus, offer to initiate antiretroviral prophylaxis to reduce the risk of perinatal transmission of the human immunodeficiency virus as soon as practicable after receiving the result of the rapid test and without waiting for the results of any other test administered to confirm the result of the rapid test.

4. For the purposes of this section, a woman is at high risk for infection with the human immunodeficiency virus if she:

(a) Receives health care in:

(1) A jurisdiction that the Centers for Disease Control and Prevention has identified as having an elevated incidence of human immunodeficiency virus or acquired immunodeficiency syndrome among women between the ages of 15 and 45 years; or

(2) A health care facility that, under the standards of the Centers for Disease Control and Prevention, is considered a high-risk clinical setting because prenatal screening has identified at least one pregnant woman who is infected with the human immunodeficiency virus for each 1,000 pregnant women screened at the facility; or

(b) Reports having one or more of the risk factors for infection with the human immunodeficiency virus identified by the Centers for Disease Control and Prevention, including, without limitation:

(1) Engaging in sexual activities with more than one person during the pregnancy without using effective measures to protect against the transmission of the human immunodeficiency virus.

(2) Engaging in sexual activity with another person in exchange for money or other compensation.

(3) Engaging in sexual activity with another person who is infected with the human immunodeficiency virus or who has one or more of the risk factors for infection with the human immunodeficiency virus identified by the Centers for Disease Control and Prevention.

(4) Receiving treatment for a sexually transmitted disease.

(5) Using a controlled substance or a dangerous drug.

(6) Receiving a blood transfusion between 1978 and 1985, inclusive.

5. As used in this section, “dangerous drug” has the meaning ascribed to it in [NRS 454.201](#).

(Added to NRS by [2007, 2367](#))

NRS 442.650 Requirement for testing of newborn child for human immunodeficiency virus. A provider of health care who attends or assists at the delivery of a child shall, if the mother has not been tested for the human immunodeficiency virus earlier during her pregnancy or the results of an earlier test are not available, ensure that a rapid test for the human immunodeficiency virus is performed on the child unless a parent or legal guardian of the child objects to the performance of the test because it is contrary to the religious beliefs of the parent or legal guardian.

(Added to NRS by [2007, 2368](#))

NRS 442.660 Pamphlet to be provided before testing of pregnant woman or newborn child; contents of pamphlet. A provider of health care shall ensure that, before a woman or newborn child receives any test that is used to carry out the provisions of [NRS 442.600](#) to [442.660](#), inclusive, the woman or the parent or legal guardian of the newborn child receives a pamphlet of information concerning:

1. The human immunodeficiency virus and acquired immunodeficiency syndrome;

2. The test that will be administered pursuant to [NRS 442.600](#) to [442.660](#), inclusive, and the benefits and consequences of the test;

3. Transmission of the human immunodeficiency virus and how to prevent its transmission;

4. If the pamphlet is for a woman being tested pursuant to [NRS 442.640](#), the right of a woman to refuse a test;

5. If the pamphlet is for the parent or legal guardian of a newborn child being tested pursuant to [NRS 442.650](#), the right of the parent or legal guardian to object to a test of a newborn child because it is contrary to the religious beliefs of the parent or legal guardian; and

6. Any other information recommended by the Department or the Centers for Disease Control and Prevention of the United States Department of Health and Human Services that the provider of health care determines useful.

(Added to NRS by [2007, 2368](#))

EXAMINATION OF INFANTS FOR CRITICAL CONGENITAL HEART DISEASE

NRS 442.680 Examination required; confirmation of results; exception to requirement; regulations.

1. Except as otherwise provided in subsection 3, any physician, midwife or nurse attending or assisting in any way any infant at childbirth at an obstetric center or a hospital which regularly offers obstetric services in the normal course of business and not only on an emergency basis shall make or cause to be made an examination of the infant, to determine whether the infant may suffer from critical congenital heart disease, including, without limitation, conducting pulse oximetry screening. If the physician, midwife or nurse who conducts the examination is not the attending physician of the infant, the physician, midwife or nurse shall submit the results of the examination to the attending physician of the infant.

2. If the examination reveals that an infant may suffer from critical congenital heart disease, the attending physician of the infant shall conduct an examination to confirm whether the infant does suffer from critical congenital heart disease. If the attending physician determines that the infant suffers from critical congenital heart disease, the attending physician must:

(a) Report the condition to the Chief Medical Officer or a representative of the Chief Medical Officer; and

(b) Discuss the condition with the parent, parents or other persons responsible for the care of the infant and inform them of the treatment necessary for the amelioration of the condition.

3. An examination of an infant is not required pursuant to this section if either parent files a written objection with the person responsible for conducting the examination or with the obstetric center or hospital at which the infant is born.

4. The State Board of Health may adopt such regulations as necessary to carry out the provisions of this section.

(Added to NRS by [2013, 2115](#))

SCREENING FOR AMOUNT OF LEAD IN BLOOD OF CHILDREN

NRS 442.700 Department to encourage performance of tests; reports of results.

1. The Department shall encourage each provider of health care or other services who:

(a) Is qualified to conduct blood tests during the course of his or her practice to perform, or cause to be performed, a test to determine the amount of lead in the blood of each child receiving services from the provider of health care or other services when the child:

- (1) Reaches 12 and 24 months of age, respectively; or
- (2) At least once before the child reaches 6 years of age.

(b) Provides early and periodic screening, diagnostic and treatment services to a child in accordance with 42 U.S.C. §§ 1396 et seq. to conduct, or cause to be conducted, a screening for the amount of lead in the blood of the child in accordance with the guidelines of the Centers for Medicare and Medicaid Services of the United States Department of Health and Human Services.

2. Any result of a blood test specified in subsection 1 which is obtained by using a capillary specimen and which indicates an amount of lead in the blood that is greater than the amount designated by the Council of State and Territorial Epidemiologists or, if that organization ceases to exist, an organization designated by regulation of the State Board of Health, as indicating an elevated amount of lead must, as soon as practicable after the result is obtained, be confirmed by a second test using a sample of blood from a vein of the child.

3. Each qualified laboratory, office of a provider of health care or other services or medical facility that conducts a blood test for the presence of lead in a child who is under 18 years of age shall, as soon as practicable after conducting the test, submit a report of the results of the test to the appropriate health authority in accordance with regulations adopted by the State Board of Health. The report must include, without limitation:

- (a) The name, sex, race, ethnicity and date of birth of the child;
- (b) The address of the child, including, without limitation, the county and zip code in which the child resides;
- (c) The date on which the sample was collected;
- (d) The type of sample that was collected; and
- (e) The name and contact information of the provider of health care who ordered the test.

4. As used in this section:

- (a) "Health authority" has the meaning ascribed to it in [NRS 441A.050](#).
- (b) "Medical facility" has the meaning ascribed to it in [NRS 449.0151](#).

(Added to NRS by [2009, 457](#); A [2019, 3041](#))

ACCOUNT FOR FAMILY PLANNING

NRS 442.710 Definitions. As used in [NRS 442.710](#) to [442.745](#), inclusive, unless the context otherwise requires, the words and terms defined in [NRS 442.715](#) and [442.720](#) have the meanings ascribed to them in those sections.

(Added to NRS by [2017, 739](#))

NRS 442.715 "Account" defined. "Account" means the Account for Family Planning created by [NRS 442.725](#).

(Added to NRS by [2017, 739](#))

NRS 442.720 "Director" defined. "Director" means the Director of the Department of Health and Human Services.

(Added to NRS by [2017, 739](#); A [2019, 1505](#))

NRS 442.725 Creation of Account for Family Planning; use of money in Account; provision of services funded by money in Account; administration of Account; discrimination against provider of services prohibited.

1. The Account for Family Planning is hereby created in the State General Fund. The Director or his or her designee shall administer the Account.

2. Except as otherwise provided in subsection 6, the money in the Account must be expended to:

(a) Award grants of money to local governmental entities and nonprofit organizations to provide the family planning services described in subsection 3 to all persons who would otherwise have difficulty obtaining such services because of poverty, lack of insurance or transportation or any other reason; or

(b) Pay for family planning services described in subsection 3 which are provided by a department or division of the Executive Department of State Government or pursuant to a contract with such a department or division, which may include, without limitation, a contract with a community health nurse, a consultant or any other person or entity.

3. Money in the Account may only be used to pay for:

- (a) The provision of education by trained personnel concerning family planning;
- (b) The distribution of information concerning family planning;

(c) The referral of persons to appropriate agencies, organizations and providers of health care for consultation, examination, treatment, genetic counseling and prescriptions for the purpose of family planning;

(d) The distribution of contraceptives, the installation of contraceptive devices and the performance of contraceptive procedures approved by the United States Food and Drug Administration, which must be limited to:

- (1) Voluntary sterilization for men and women;
- (2) Surgical sterilization implants for women;
- (3) Implantable rods;
- (4) Copper-based intrauterine devices;
- (5) Progesterone-based intrauterine devices;
- (6) Injections;
- (7) Combined estrogen- and progestin-based drugs;
- (8) Progestin-based drugs;

- (9) Extended- or continuous-regimen drugs;
- (10) Estrogen- and progestin-based patches;
- (11) Vaginal contraceptive rings;
- (12) Diaphragms with spermicide;
- (13) Sponges with spermicide;
- (14) Cervical caps with spermicide;
- (15) Condoms;
- (16) Spermicide;
- (17) Combined estrogen- and progestin-based drugs for emergency contraception or progestin-based drugs for emergency contraception; and

(18) Ulipristal acetate for emergency contraception;

(e) The provision of or referral of persons for preconception health services and assistance to achieve pregnancy;

(f) The provision of or referral of persons for testing for and treatment of sexually transmitted infections; and

(g) The provision of any vaccinations recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention of the United States Department of Health and Human Services or its successor organization.

4. Family planning services funded by a local governmental entity using a grant awarded pursuant to paragraph (a) of subsection 2 may be provided wholly or partially through a contract between the local governmental entity and another local governmental entity, an agency of the State, a community health nurse, a consultant or any other person or entity.

5. Family planning services paid for pursuant to this section must be made available to all persons requesting such services:

(a) In a manner that protects the dignity of the recipient;

(b) Without regard to religion, race, color, national origin, physical or mental disability, age, sex, gender identity or expression, sexual orientation, number of previous pregnancies or marital status;

(c) In accordance with written clinical protocols that are in accordance with nationally recognized standards of care; and

(d) By persons who are required by [NRS 432B.220](#) to report the abuse or neglect of a child.

6. The Director or his or her designee may not use more than 5 percent of the money in the Account to administer the Account.

7. The Director or his or her designee shall award grants of money from the Account pursuant to paragraph (a) of subsection 2 based entirely on the need for family planning services in the community served by the local governmental entity or the nonprofit organization and the ability of the local governmental entity or nonprofit organization to effectively deliver family planning services.

8. The Director or his or her designee or any entity that receives a grant or enters into a contract pursuant to subsection 2 shall not discriminate against any provider of family planning services in any manner, including, without limitation, by:

(a) Refusing to allow a provider of family planning services to provide family planning services paid with money from the Account; or

(b) Failing to provide timely or appropriate reimbursement for such family planning services.

9. The existence of the Account does not create a right in any local government or nonprofit organization or other entity to receive money from the Account.

10. As used in this section, "preconception health services" means the promotion of proper health practices, screenings and interventions conducted before pregnancy to identify and modify biomedical, behavioral and social risks to a woman's health or pregnancy outcome through prevention and management.

(Added to NRS by [2017, 739](#); A [2019, 1505](#))

NRS 442.730 Gifts, grants and donations.

1. The Director or his or her designee may apply for and accept any gift, donation, bequest, grant or other source of money for the purpose of awarding grants pursuant to [NRS 442.725](#). Any money so received must be deposited in the Account.

2. The interest and income earned on money in the Account from any gift, donation or bequest, after deducting any applicable charges, must be credited to the Account.

3. Money from any gift, donation or bequest that remains in the Account at the end of the fiscal year does not revert to the State General Fund, and the balance in the Account must be carried forward to the next fiscal year.

(Added to NRS by [2017, 741](#); A [2019, 1508](#))

NRS 442.735 Duties of grant recipient; confidentiality of information concerning recipient of services.

1. A local governmental entity or nonprofit organization that receives a grant pursuant to [NRS 442.725](#) shall:

(a) Inform a person to whom the entity or organization provides education concerning family planning which is funded by a grant of any methods or procedures that may be used to assist the person to achieve his or her goals concerning family planning. The information must include:

(1) A clear explanation of family planning services, procedures, prescriptions and devices available directly from the entity or organization and those for which referral is required;

(2) A description of any risks of the method or procedure, including possible negative outcomes and discomfort or pain that may result from using the method or procedure;

(3) A description of the likely outcome and benefits of using the method or procedure;

(4) A description of any alternative methods or procedures designed to accomplish the same goal; and

(5) Answers to any questions the person has concerning the method or procedure.

(b) Notify a person to whom the entity or organization provides education concerning family planning which is funded by a grant that the person is free to refuse any method or procedure about which the entity or organization informs the person pursuant to paragraph (a).

2. Any personally identifiable information concerning a person to whom services funded by a grant pursuant to [NRS 442.725](#) are provided is confidential. A local governmental entity or nonprofit organization that receives such a grant shall comply with all laws concerning the privacy of information, including, without limitation, the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, as amended, and applicable regulations.

(Added to NRS by [2017, 741](#))

NRS 442.745 Regulations.

1. The State Board of Health shall adopt any regulations necessary to carry out the provisions of [NRS 442.710](#) to [442.745](#), inclusive. The regulations must establish, without limitation:

(a) The manner in which a local governmental entity or nonprofit organization may apply for a grant pursuant to [NRS 442.725](#); and

(b) A requirement that the recipient of a grant pursuant to [NRS 442.725](#) must submit any information that the State Board of Health determines is necessary for the Director or his or her designee to determine the purposes for which such a grant was used and evaluate the outcomes of services provided using such grants.

2. The regulations adopted pursuant to this section must not require a local governmental entity or nonprofit organization to apply for a grant pursuant to [NRS 442.725](#).
(Added to NRS by [2017, 741](#); A [2019, 1508](#))

MATERNAL MORTALITY REVIEW COMMITTEE

NRS 442.751 Definitions. [Effective January 1, 2020.] As used in [NRS 442.751](#) to [442.774](#), inclusive, unless the context otherwise requires, the words and terms defined in [NRS 442.754](#), [442.757](#) and [442.761](#) have the meanings ascribed to them in those sections.
(Added to NRS by [2019, 41](#), effective January 1, 2020)

NRS 442.754 “Committee” defined. [Effective January 1, 2020.] “Committee” means the Maternal Mortality Review Committee established by [NRS 442.764](#).
(Added to NRS by [2019, 41](#), effective January 1, 2020)

NRS 442.757 “Maternal mortality” defined. [Effective January 1, 2020.] “Maternal mortality” means the death of a woman during pregnancy, childbirth or the 365 days immediately following the end of a pregnancy.
(Added to NRS by [2019, 41](#), effective January 1, 2020)

NRS 442.761 “Severe maternal morbidity” defined. [Effective January 1, 2020.] “Severe maternal morbidity” means an unexpected incident during childbirth that has a serious negative effect on the short-term or long-term health of the mother.
(Added to NRS by [2019, 41](#), effective January 1, 2020)

NRS 442.764 Establishment; membership; compensation of members; member who is officer or employee of State or political subdivision; meetings; immunity from liability; acceptance of gifts, grants or donations; regulations. [Effective January 1, 2020.]

1. The Maternal Mortality Review Committee is hereby established within the Department of Health and Human Services.
 2. The Director shall appoint to the Committee not less than 6 members and not more than 12 members who:
 - (a) Are providers of health care, representatives of nonprofit organizations whose work is related to health care or women’s issues, representatives of agencies involved in vital statistics, law enforcement and public health and other persons interested in maternal health and welfare; and
 - (b) Represent the racial, ethnic, linguistic and geographic diversity of this State.
 3. The members of the Committee serve without compensation but are entitled to receive the per diem allowance and travel expenses provided for state officers and employees generally.
 4. A majority of the members of the Committee constitutes a quorum for the transaction of business, and a majority of a quorum present at any meeting is sufficient for any official action taken by the Committee.
 5. A member of the Committee who is an officer or employee of this State or a political subdivision of this State must be relieved from his or her duties without loss of regular compensation to prepare for and attend meetings of the Committee and perform any work necessary to carry out the duties of the Committee in the most timely manner practicable. A state agency or political subdivision of this State shall not require an officer or employee who is a member of the Committee to:
 - (a) Make up the time he or she is absent from work to carry out his or her duties as a member of the Committee; or
 - (b) Take annual leave or compensatory time for the absence.
 6. At the first meeting of the Committee and annually thereafter:
 - (a) The Director shall appoint a Chair of the Committee;
 - (b) The Committee shall elect a Secretary from among its members; and
 - (c) The Committee shall adopt rules for its own management and government.
 7. The Committee shall meet at least twice each year and may meet at such further times as deemed necessary by the Chair.
 8. A member of the Committee or an employee, agent or consultant of the Committee is not liable in a civil action for any act performed in good faith and within the scope of the duties of the Committee. For the purposes of this subsection, any act which violates a provision of law concerning the privacy of information shall be deemed to be outside the scope of the duties of the Committee.
 9. The Director may:
 - (a) Apply for and accept gifts, grants or donations from any source for the purpose of carrying out the provisions of [NRS 442.751](#) to [442.774](#), inclusive; and
 - (b) Adopt any regulations necessary to carry out the provisions of [NRS 442.751](#) to [442.774](#), inclusive.
- (Added to NRS by [2019, 41](#), effective January 1, 2020)

NRS 442.767 Duties. [Effective January 1, 2020.]

1. The Committee shall:
 - (a) Identify and review each incident of maternal mortality in this State, regardless of the cause of death. Such a review must include, without limitation and to the extent that such records exist, a review of relevant medical records, birth and death certificates, records of an autopsy, records created by a medical facility or provider of emergency medical services, records of a social services agency, mental health records and records of a law enforcement agency described in [NRS 442.774](#).
 - (b) Use the Maternal Mortality Review Information Application developed by the Centers for Disease Control and Prevention of the United States Department of Health and Human Services or, if that application ceases to exist, a similar application designated by the Director, to conduct reviews pursuant to paragraph (a).
 - (c) Within the limits of available resources, review incidents and trends in severe maternal morbidity in this State.
 - (d) Based on the reviews conducted pursuant to paragraphs (a) and (c), develop recommendations to prevent maternal mortality and severe maternal morbidity and disseminate findings and recommendations to providers of health care, medical facilities, other interested persons and entities and the public.
 - (e) On or before April 1 of each year, compile and publish on an Internet website operated by the Department a report that consists of data concerning maternal mortality and severe maternal morbidity in this State during the immediately preceding year. Such data must be aggregated and presented in a manner that does not allow for the identification of any person.
 - (f) On or before December 31 of each even-numbered year and in collaboration with the Chief Medical Officer, develop and submit to the Director of the Legislative Counsel Bureau for transmittal to the next regular session of the Legislature a report that includes, without limitation:
 - (1) A description of the incidents of maternal mortality and severe maternal morbidity reviewed pursuant to paragraphs (a) and (c), respectively, during the immediately preceding 24 months, provided in a manner that does not allow for the identification of any person;

(2) Plans for corrective action to reduce maternal mortality and severe maternal morbidity in this State; and

(3) Recommendations for any legislation or other changes to policy to reduce maternal mortality and severe maternal morbidity or otherwise improve the delivery of health care in this State.

2. As used in this section, "medical facility" has the meaning ascribed to it in [NRS 449.0151](#).

(Added to NRS by [2019, 42](#), effective January 1, 2020)

NRS 442.771 Authorized actions. [Effective January 1, 2020.] The Committee may take any action necessary to carry out its duties, including, without limitation:

1. Consulting with experts and other interested persons to ensure the data collected is of the highest quality;

2. Entering into a contract or other agreement with any person or entity, including, without limitation, a college or university to assist the Committee with its organization and meetings, to collect, analyze and disseminate information or to assist in carrying out any other duty of the Committee;

3. Establishing subcommittees consisting of members of the Committee; and

4. Employing such persons as it deems necessary to carry out its duties.

(Added to NRS by [2019, 43](#), effective January 1, 2020)

NRS 442.774 Access to certain information and records; meetings with certain entities; subpoenas; use of data; confidentiality of information and records; meetings closed to public. [Effective January 1, 2020.]

1. The Committee is entitled to access to:

(a) All final investigative information of law enforcement agencies regarding a maternal death or incident of severe maternal morbidity being investigated by the Committee for which the investigation by the law enforcement agency has been closed;

(b) Any autopsy and coroner's investigative records relating to the death or incident;

(c) Any medical or mental health records of the mother;

(d) Any records of social and rehabilitative services or of any other social service agency which has provided services to the mother or the mother's family; and

(e) Any other records determined by the Committee to be necessary to perform its duties, except for records of a law enforcement agency not described in paragraph (a).

2. The Committee may, if appropriate, meet and share information with:

(a) A multidisciplinary team to review the death of the victim of a crime that constitutes domestic violence organized or sponsored pursuant to [NRS 217.475](#); or

(b) The Committee on Domestic Violence appointed pursuant to [NRS 228.470](#).

3. The Committee may petition the district court for the issuance of, and the district court may issue, a subpoena to compel the production of any books, records or papers described in subsection 1 that are relevant to the cause of any death or incident of severe maternal morbidity being investigated by the Committee. Except as otherwise provided in [NRS 239.0115](#), any books, records or papers received by the Committee pursuant to the subpoena shall be deemed confidential and privileged and not subject to disclosure.

4. The Committee may use data collected concerning a maternal death or incident of severe maternal morbidity for the purpose of research or to prevent future maternal mortality and severe maternal morbidity if the data is aggregated and does not allow for the identification of any person.

5. Except as otherwise provided in this section, information acquired by, and the records of, the Committee are confidential, are not public records, must not be disclosed, and are not subject to subpoena, discovery or introduction into evidence in any civil or criminal proceeding.

6. The meetings of the Committee are closed to the public.

(Added to NRS by [2019, 43](#), effective January 1, 2020)