

Nevada

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April 8, 2011

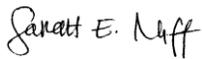
To the Reader:

The *Compendium of State HIV Testing Laws* describes key state HIV testing laws and policies. Each state's HIV testing laws are unique and many have undergone revision or supplementation since the release of the [CDC's 2006 HIV testing recommendations](#). The *Compendium* is designed to help clinicians understand HIV testing laws and to implement sound HIV testing policies. It should not, however, be used as an official legal document.

The NCCC provides clinical consultation for healthcare providers as part of the HRSA [AIDS Education and Training Centers](#) program. Clinicians with questions about HIV testing are encouraged to call the *National HIV Telephone Consultation Service (Warmline)* at **(800) 933-3413**. The Warmline also provides advice on HIV management, including antiretroviral treatment. Other NCCC consultation services include: the National Clinicians' Post-Exposure Prophylaxis Hotline ([PEPLINE](#)) at **(888) 448-4911** for advice on managing occupational exposures to HIV and hepatitis; and the National Perinatal Consultation and Referral Service ([Perinatal HIV Hotline](#)) at **(888) 448-8765** for consultation on preventing mother-to-child transmission of HIV.

We update the *Compendium* periodically, but it is beyond the scope of the project to perform updates and verification concurrent with all changes. We encourage readers to send updates (with citations when possible) and comments to Sarah Neff at neffs@nccc.ucsf.edu.

Thank you,



Sarah E. Neff, MPH
Director of Research and Evaluation

&



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The Warmline, PEPLINE, and Perinatal Hotline are part of the National HIV/AIDS Clinicians' Consultation Center (NCCC) based at San Francisco General Hospital/ UCSF. The NCCC is a component of the **AIDS Education and Training Centers (AETC) Program** funded by the Ryan White CARE Act of the **Health Resources and Services Administration (HRSA)** HIV/AIDS Bureau in partnership with the **Centers for Disease Control and Prevention (CDC)**.

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Definitions and Helpful Resources

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Definitions Commonly Used Nationally

- **Anonymous Testing** – Patient’s name is not recorded with test results.
- **Confidential** – Patient’s name is recorded with test results.
- **HIV Prevention Counseling** – Refers to an interactive process of assessing risk, recognizing specific behaviors that increase the risk for acquiring or transmitting HIV and developing a plan to take specific steps to reduce risks.¹
 - **Pre-test counseling** can include: (1) discussing HIV, risk factors and prevention methods; (2) explaining the meaning of positive and negative test results and their implications; (3) assessing the patient’s personal and social supports; (4) determining the patient’s readiness to cope with test results; (5) discussing disclosure of test results to others; and (6) advising the patient if reporting positive test results to health authorities is required.
 - **Post-test counseling** can include: (1) informing the patient of the results and meaning of the test results; (2) providing education about avoiding risks of sexual and injection drug exposures; and, for patients who test positive, (3) assessing the impact of test results for the patient and family; (3) explaining treatment options; (4) discussing partner counseling and disclosure of test results to others; and (5) initiating a support and treatment plan.
- **General Consent** – Consent for HIV screening is included in the general medical consent.
- **HIV** – Human Immunodeficiency Virus.
- **Informed Consent** – A process of communication between patient and provider through which an informed patient can choose whether to undergo HIV testing or decline to do so. Elements of informed consent typically include providing oral or written information regarding HIV, the risks and benefits of testing, the implications of HIV test results, how test results will be communicated, and the opportunity to ask questions.¹
- **Name-based reporting** – Cases are reported by patient name (required in all states except (HI and VT).
- **Opt-in** – Patients typically are provided pre-HIV test counseling and must consent specifically to an HIV-antibody test, either orally or in writing.²
- **Opt-out** – Performing HIV screening after notifying the patient that: the test will be performed; and the patient may elect to decline or defer testing. Assent is inferred unless the patient declines testing.¹
- **Routine Testing** – HIV screening that is performed routinely during health-care encounters.
- **Rapid Testing** – Testing with any of the six FDA-approved rapid HIV tests that produce results in 30 minutes or less.³
- **Specific Consent** – Consent for the HIV screening is separate from the general medical consent.

Helpful Resources

CDC Recommendations and Guidelines: <http://www.cdc.gov/hiv/topics/testing/guideline.htm>

Emergency Department Implementation Guide: <http://edhivtestguide.org/>

Prenatal HIV Testing Website: <http://www.cdc.gov/hiv/topics/perinatal/1test2lives/>

For questions or comments about the compendium, contact NCCC: neffs@nccc.ucsf.edu

Clinicians with questions about HIV testing can call the Warmline at 800-933-3413.

¹ Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings. MMWR Recomm Rep. 2006 Sep 22;55(RR-14):1-17; quiz CE1-4. <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm>

² <http://www.cdc.gov/mmwr/PDF/wk/mm5145.pdf>

³ <http://www.cdc.gov/hiv/topics/testing/resources/factsheets/rt-lab.htm>

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A Quick Reference Guide for Clinicians to Nevada HIV Testing Laws

April 8, 2011

This Quick Reference Guide for clinicians is a summary of relevant Nevada state HIV testing laws. Note that if a section in this Quick Reference Guide reads “no specific provisions were found,” provisions actually might exist for this topic within the state’s statutes, codes, or rules and regulations, but probably are not essential to clinicians.

For a more complete synopsis of Nevada HIV testing laws, please refer to the section of the Compendium that follows this Quick Reference Guide.

Informed Consent

- No specific provisions regarding informed consent were found.

Counseling

- Post-testing counseling is required with HIV positive test results.

Provisos of Testing

- **Anonymous**
 - No specific provisions regarding anonymous testing were found.
- **Rapid**
 - Rapid testing may be used on pregnant women.
 - Rapid testing may be used on newborns.
- **Routine**
 - No specific provisions regarding routine testing were found.

Disclosure

- No specific provisions regarding the notification of partners or contacts were found.

Minor/Adolescent Testing

- Minors may consent to STD testing and treatment, HIV not explicitly included.

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Perinatal Quick Reference Guide:

A Guide to Nevada Perinatal HIV Testing Laws for Clinicians

April 8, 2011

This Perinatal Quick Reference Guide for clinicians is a summary of relevant Nevada perinatal state HIV testing laws. Note that if a section in this Quick Reference Guide reads "no specific provisions were found," provisions actually might exist for this topic within the state's statutes, codes, or rules and regulations, but probably are not essential to clinicians.

For a more complete synopsis of Nevada HIV testing laws, please refer to the corresponding section of the *State HIV Testing Laws Compendium* (www.nccc.ucsf.edu), "Testing of pregnant women and/or newborns."

Prenatal

- **Initial visit**
 - Testing of pregnant women in first trimester of prenatal care is through the opt-out process.
- **Third trimester**
 - Testing of pregnant women in the third trimester of prenatal care is through the opt-out process.
 - A provider of prenatal health care must ensure testing of pregnant women in the third trimester of prenatal care (between the 27th and the 36th week or as soon as practicable) if the woman has not been tested previously, has undocumented HIV status, or is high risk.
 - Risk factors (See *Compendium* or CDC for full provisions)
 - (A) Receives health care in: (1) high HIV/AIDS incidence jurisdictions for women between 15 and 45 yrs or (2) high-risk health care facilities ($\geq 1/1,000$ HIV+ women for prenatal screening).
 - (B) Reports one or more of the HIV risk factors identified by CDC, including: (1) multiple sex partners during the pregnancy without effective protection; (2) sexual activity in exchange for money or other compensation; (3) sexual activity with a person who is HIV+ or has HIV risk factor(s) identified by CDC; (4) treatment for a STD; (5) controlled substance or dangerous drug use; (6) a blood transfusion between 1978 and 1985, inclusive.

Labor & Delivery

- Testing of pregnant women at labor and delivery is through the opt-out process.
- A provider of prenatal health care must ensure rapid testing of pregnant women presenting to labor or delivery who have not been previously tested or have undocumented HIV status.
- If rapid test is positive, the health care provider must offer antiretroviral prophylaxis.

Neonatal

- No specific provisions regarding neonatal testing were found.

Other

- **Information**
 - Pamphlet of information must be given to pregnant women before testing and include: (1) HIV/AIDS information; (2) the test that will be administered and the benefits and consequences of the test; (3) HIV transmission and how to prevent it; (4) the right to refuse a test; (5) if the pamphlet is for the parent/legal guardian of a newborn being tested, the right of the parent/legal guardian to object to a test of a newborn for religious beliefs; and (6) any other information recommended by the Department or CDC that the provider of health care determines useful.

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State Policies Relating to HIV Testing, 2011

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Nevada Revised Statutes [NRS]

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Nevada Administrative Code [NAC]

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	Policy Category	Type	Section Code(s)
RESTRICTIONS/ MANDATES	Restrictions on use of HIV test	No related laws found	
	Mandatory testing within the criminal justice system	Persons charged with prostitution	15 NRS §201.354 15 NRS §201.356
		Persons charged with solicitation of prostitution	15 NRS §201.354 15 NRS §201.356
		All inmates	16 NRS §209.385
		Persons charged with a sex offense	40 NRS §441A.320
		Juveniles charged with a sex offense	40 NRS §441A.320
		Offenders upon release from prison	16 NRS §209.511
		Occupational exposure – law enforcement officers, corrections officers, EMS, firefighters, and other criminal justice employees may petition court for testing of source	40 NRS §441A.195
Occupational exposure – law enforcement officers and firefighters may be tested by employer if terminated for TB exposure	53 NRS §616C.052		

	Mandatory testing outside of the criminal justice system	Occupational exposure – state employees in order to be eligible for compensation	53 NRS §617.481
		Unarmed combatants	NAC 467.027
		Testing/treatment of minor suspected of having an STD, with or without consent	40 NRS §441A.310
PRE-TESTING	Mandatory offering of HIV/AIDS information and/or testing	Mandatory provision of pamphlets before testing for mothers/legal guardians of newborns	40 NRS §442.010
		An employer of a police officer, firefighter, or arson investigator must provide testing after termination, voluntary or involuntary	53 NRS §616C.052
	Informed consent	No related laws found	
	Counseling requirements	Counseling required for all patients who test positive	40 NRS §441A, section 4
		Tested inmates must receive counseling	16 NRS §209.385
	Anonymous testing	No related laws found	
POST-TESTING	Disclosure/confidentiality	Exceptions to confidentiality	40 NRS §441A.220
		Disclosure of HIV status of sex offender to victim	40 NRS §441A.320
		Disclosure to principals of HIV+ children in public schools	40 NRS §441A.190
	Reporting	Name-based reporting	NAC 441A.230-252
		Health care provider must report cases or suspected cases of HIV/AIDS	NAC 441A.230
OTHER	Testing of pregnant women and/or newborns	As part of routine prenatal screening of pregnant women in first trimester of prenatal care – opt-out testing	40 NRS § 442.640
		Pregnant women in third trimester (between 27 th and 36 th week) if status is undocumented or at high risk – opt-out testing	40 NRS § 442.640
		Rapid test for women presenting to labor and delivery with undocumented HIV status – opt-out testing	40 NRS § 442.640

	If positive rapid test at childbirth, health care provider must offer antiretroviral prophylaxis	40 NRS § 442.640
	Newborns born to mothers of undocumented HIV status unless contrary to parents' religious beliefs – opt-out testing	40 NRS § 442.650
	Mandatory provision of pamphlet of information to all pregnant women before testing	40 NRS § 442.660
Testing of minors/adolescents	Minors may consent to STD services	11 NRS §129.060
Rapid HIV testing	Rapid test may be used to test pregnant women and newborns	40 NRS §442.006 40 NRS §442.007
Training and education of health care providers	No related laws found	

Recommended Resources

Nevada Legislature:

<http://www.leg.state.nv.us/>

Nevada Legislature: Nevada Law Library

<http://www.leg.state.nv.us/Law1.cfm>

Nevada Administrative Code

<http://www.leg.state.nv.us/nac/CHAPTERS.HTML>

Nevada State Health Division

<http://health2k.state.nv.us/>

Title 3: Remedies; Special Actions and Proceedings

NV Title 3 Code §	Code Language
§ 41.1397	<p>Liability of owner or operator of house of prostitution for employment of prostitute tested positive for exposure to human immunodeficiency virus</p> <p>An owner of a house of prostitution, the person who operates the house or his agent who employs or continues to employ a prostitute after he knows or should know that the prostitute has tested positive in a test approved by regulation of the state board of health for exposure to the human immunodeficiency virus, is liable for any damages caused to a person exposed to the virus as a result of the employment.</p>

Title 11: Domestic Relations

NV Title 11 Code §	Code Language
§ 129.060	<p data-bbox="415 354 1443 422">Sexually transmitted disease: Examination or treatment authorized without consent of parent or guardian.</p> <p data-bbox="415 453 1443 611">Notwithstanding any other provision of law, the consent of the parent, parents or legal guardian of a minor is not necessary in order to authorize a local or state health officer, licensed physician or clinic to examine or treat, or both, any minor who is suspected of being infected or is found to be infected with any sexually transmitted disease.</p>

Title 15: Crimes and Punishments

NV Title 15 Code §	Code Language
§ 201.205	<p>Penalty; affirmative defense.</p> <p>1. A person who, after testing positive in a test approved by the State Board of Health for exposure to the human immunodeficiency virus and receiving actual notice of that fact, intentionally, knowingly or willfully engages in conduct in a manner that is intended or likely to transmit the disease to another person is guilty of a category B felony and shall be punished by imprisonment in the state prison for a minimum term of not less than 2 years and a maximum term of not more than 10 years, or by a fine of not more than \$10,000, or by both fine and imprisonment.</p> <p>2. It is an affirmative defense to an offense charged pursuant to subsection 1 that the person who was subject to exposure to the human immunodeficiency virus as a result of the prohibited conduct:</p> <ul style="list-style-type: none"> (a) Knew the defendant was infected with the human immunodeficiency virus; (b) Knew the conduct could result in exposure to the human immunodeficiency virus; and (c) Consented to engage in the conduct with that knowledge.
201.354	<p>Engaging in prostitution or solicitation for prostitution: Penalty; exception.</p> <p>1. It is unlawful for any person to engage in prostitution or solicitation therefor, except in a licensed house of prostitution.</p> <p>2. Any person who violates subsection 1 is guilty of a misdemeanor.</p>
§ 201.356	<p>Test for exposure to human immunodeficiency virus required; payment of costs; notification of results of test</p> <p>1. Any person who is arrested for a violation of NRS 201.354 must submit to a test, approved by regulation of the state board of health, to detect exposure to the human immunodeficiency virus. The state board of health shall not approve a test for use that does not provide the arresting law enforcement agency with the results of the test within 30 days after a person submits to the test. If the person is convicted of a violation of NRS 201.354, he shall pay the sum of \$ 100 for the cost of the test.</p> <p>2. The person performing the test shall immediately transmit the results of the test to the arresting law enforcement agency. If the results of the test are negative, the agency shall inform the court of that fact. If the results of the test are positive, the agency shall upon receipt:</p> <ul style="list-style-type: none"> (a) Mail the results by certified mail, return receipt requested, to the person arrested at his last known address and place the return receipt in the agency's file; or (b) If the person arrested is in the custody of the agency, personally deliver the results to him and place an affidavit of service in the agency's

NV Title 15 Code §	Code Language
	<p>file.</p> <p>If before receiving the results pursuant to this subsection, the person arrested requests the agency to inform him of the results and the agency has received those results, the agency shall deliver the results to him, whether positive or negative, and place an affidavit of service in the agency's file.</p> <p>3. The court shall, when the person arrested is arraigned, order the person to reappear before the court 45 days after the arraignment to determine whether the person has received the results of the test. The court shall inform the person that his failure to appear at the appointed time will result in the issuance of a bench warrant, unless the order is rescinded pursuant to this subsection. If the court is informed by the agency that the results of the person's test were negative, the court clerk shall rescind the order for his reappearance and so notify the person. If, upon receiving notice from the agency that the results of the test were positive, the person notifies the court clerk in writing that he has received the results, the clerk shall inform the court and rescind the order for his reappearance for that determination.</p> <p>4. The court shall, upon the person's reappearance ordered pursuant to subsection 3, ask him whether he has received the results of the test. If the person answers that he has received them, the court shall note his answer in the court records. If the person answers that he has not received them, the court shall have the results delivered to him and direct that an affidavit of service be placed in the agency's file.</p> <p>5. If the person does not reappear as ordered and has not notified the court clerk of his receipt of the results of the test in the manner set forth in subsection 3, the court shall cause a bench warrant to be issued and that person arrested and brought before the court as upon contempt. The court shall also proceed in the manner set forth in subsection 4 to ensure that the person receives the results of the test.</p>
§ 201.358	<p>Engaging in prostitution or solicitation for prostitution after testing positive for exposure to human immunodeficiency virus: Penalty; definition</p> <p>1. A person who:</p> <ul style="list-style-type: none"> (a) Violates NRS 201.354; or (b) Works as a prostitute in a licensed house of prostitution, after testing positive in a test approved by the state board of health for exposure to the human immunodeficiency virus and receiving notice of that fact is guilty of a category B felony and shall be punished by imprisonment in the state prison for a minimum term of not less than 2 years and a maximum term of not more than 10 years, or by a fine of not more than \$ 10,000, or by both fine and imprisonment. <p>2. As used in this section, "notice" means:</p>

NV Title 15 Code §	Code Language
	(a) Actual notice; or (b) Notice received pursuant to NRS 201.356 .

Title 16: Correctional Institutions; Aid to Victims of Crime

NV Title 16 Code §	Code Language
§ 209.385	<p>Testing offenders for exposure to human immunodeficiency virus; disclosure of name of offender whose tests are positive; segregation of offender; duties of director</p> <p>1. Each offender committed to the custody of the department for imprisonment shall submit to such initial tests as the director determines appropriate to detect exposure to the human immunodeficiency virus. Each such test must be approved by regulation of the state board of health. At the time the offender is committed to custody and after an incident involving the offender:</p> <ul style="list-style-type: none"> (a) The appropriate approved tests must be administered; and (b) The offender must receive counseling regarding the virus. <p>2. If the results of an initial test are positive, the offender shall submit to such supplemental tests as the director determines appropriate. Each such test must be approved for the purpose by regulation of the state board of health.</p> <p>3. If the results of a supplemental test are positive, the name of the offender must be disclosed to:</p> <ul style="list-style-type: none"> (a) The director; (b) The administrative officers of the department who are responsible for the classification and medical treatment of offenders; (c) The manager or warden of the facility or institution at which the offender is confined; and (d) Each other employee of the department whose normal duties involve him with the offender or require him to come into contact with the blood or bodily fluids of the offender. <p>4. The offender must be segregated from every other offender whose test results are negative if:</p> <ul style="list-style-type: none"> (a) The results of a supplemental test are positive; and (b) The offender engages in behavior that increases the risk of transmitting the virus, such as battery, the infamous crime against nature, sexual intercourse in its ordinary meaning or illegal intravenous injection of a controlled substance or a dangerous drug as defined in chapter 454 of NRS. <p>5. The director, with the approval of the board:</p> <ul style="list-style-type: none"> (a) Shall establish for inmates and employees of the department an educational program regarding the virus whose curriculum is provided by the health division of the department of human resources. A person who provides instruction for this program must be certified to do so by the health division. (b) May adopt such regulations as are necessary to carry out the provisions of this section. <p>6. As used in this section:</p>

NV Title 16 Code §	Code Language
	<p>(a) "Incident" means an occurrence, of a kind specified by regulation of the state board of health, that entails a significant risk of exposure to the human immunodeficiency virus.</p> <p>(b) "Infamous crime against nature" means anal intercourse, cunnilingus or fellatio between natural persons of the same sex.</p>
§ 209.511	<p>Duties of director when offender released from prison</p> <p>1. When an offender is released from prison by expiration of his term of sentence, by pardon or by parole, the director:</p> <p>(a) May furnish him with a sum of money not to exceed \$ 100, the amount to be based upon the offender's economic need as determined by the director;</p> <p>(b) Shall give him notice of the provisions of chapter 179C of NRS and NRS 202.360;</p> <p>(c) Shall require him to sign an acknowledgment of the notice required in paragraph (b);</p> <p>(d) Shall give him notice of the provisions of NRS 179.245 and the provisions of NRS 213.090, 213.155 or 213.157, as applicable;</p> <p>(e) May provide him with clothing suitable for reentering society;</p> <p>(f) May provide him with the cost of transportation to his place of residence anywhere within the continental United States, or to the place of his conviction; and</p> <p>(g) Shall require him to submit to at least one test for exposure to the human immunodeficiency virus.</p> <p>2. The costs authorized in paragraphs (a), (e), (f) and (g) of subsection 1 must be paid out of the appropriate account within the state general fund for the use of the department as other claims against the state are paid to the extent that the costs have not been paid in accordance with subsection 5 of NRS 209.221 and NRS 209.246.</p>

Title 40: Public Health and Safety

NV Title 40 Code §	Code Language
§ 441A	<p>Section 1. Chapter 441A of NRS is hereby amended by adding thereto the provisions set forth as sections 2, 3 and 4 of this act.</p> <p>Sec. 2. As used in sections 2, 3 and 4 of this act, "provider of health care" means a physician, nurse or physician assistant licensed in accordance with state law.</p> <p>Sec. 3. It is the intent of the Legislature that:</p> <ol style="list-style-type: none"> 1. The State Board of Health, the Department of Health and Human Services, and all district, county and city health departments, boards of health and health officers, medical facilities and providers of health care work together in a collaborative manner to ensure that testing for the human immunodeficiency virus and related counseling services are offered in a culturally and linguistically appropriate manner. 2. Information pertaining to testing for the human immunodeficiency virus be reported and maintained in accordance with existing state and federal privacy laws. 3. Information pertaining to cases of the human immunodeficiency virus not be used for any purpose other than public health practices, including, without limitation, surveillance and epidemiology. <p>Sec. 4. 1. Counties, providers of health care and medical facilities that provide testing for the human immunodeficiency virus shall provide, or ensure the provision of, to each person who tests positive for the human immunodeficiency virus, a counseling session that is appropriate and acceptable under current medical and public health practices, as recommended by the Board.</p> <p>2. Counseling required pursuant to this section must address, without limitation:</p> <ol style="list-style-type: none"> (a) The meaning of the positive result of the test; (b) Any follow-up testing for the person; (c) Methods for preventing the transmission of the human immunodeficiency virus; (d) Medical treatment available for the person; (e) The confidentiality of the result of the test; and (f) Recommended testing for the human immunodeficiency virus for sexual partners of the person.

NV Title 40 Code §	Code Language
	<p>3. Counties, providers of health care and medical facilities that provide testing for the human immunodeficiency virus shall offer to each person who tests positive for the human immunodeficiency virus:</p> <p>(a) Appropriate referrals for future services, including, without limitation, medical care, mental health care and addiction services; or</p> <p>(b) If unable to provide referrals pursuant to paragraph (a), referral to the local health authority for a subsequent referral to providers within the community for future services, including, without limitation, medical care, mental health care and addiction services.</p> <p>4. The Director of the Department of Health and Human Services may adopt regulations to carry out the provisions of this section.</p>
§ 441A.190	<p>Control of disease within schools, child care facilities, medical facilities and correctional facilities</p> <p>1. Except as otherwise provided in this subsection, a health authority who knows of the presence of a communicable disease within a school, child care facility, medical facility or correctional facility shall notify the principal, director or other person in charge of the school, child care facility, medical facility or correctional facility of that fact and direct what action, if any, must be taken to prevent the spread of the disease. A health authority who knows of the presence of the human immunodeficiency virus within a school shall notify the superintendent of the school district of that fact and direct what action, if any, must be taken to prevent the spread of the virus.</p> <p>2. Except as otherwise provided in this subsection, the principal, director or other person in charge of a school, child care facility, medical facility or correctional facility who knows of or suspects the presence of a communicable disease within the school, child care facility, medical facility or correctional facility, shall notify the health authority pursuant to the regulations of the board. If a principal of a school knows of the presence of the human immunodeficiency virus within the school, he shall notify the superintendent of the school district of that fact. A superintendent of a school district who is notified of or knows of the presence of the human immunodeficiency virus within a school in the school district shall notify the health authority of that fact. The health authority shall investigate a report received pursuant to this subsection to determine whether a communicable disease or the human immunodeficiency virus is present and direct what action, if any, must be taken to prevent the spread of the disease or virus.</p> <p>3. A parent, guardian or person having custody of a child who has a communicable disease shall not knowingly permit the child to attend school or a child care facility if the board, by regulation, has determined that the disease requires exclusion from school or a child care facility.</p>
§ 441A.195	<p>Testing of person who may have exposed law enforcement officer, correctional officer, emergency medical attendant, fireman or other</p>

NV Title 40 Code §	Code Language
	<p>person employed by agency of criminal justice to contagious disease</p> <p>1. A law enforcement officer, correctional officer, emergency medical attendant, fireman or any other person who is employed by an agency of criminal justice who may have been exposed to a contagious disease while performing his official duties, or the employer of such a person, may petition a court for an order requiring the testing of a person for exposure to the human immunodeficiency virus and the hepatitis B surface antigen if the person may have exposed the officer, medical attendant, fireman or other person employed by an agency of criminal justice to a contagious disease.</p> <p>2. When possible, before filing a petition pursuant to subsection 1, the person or employer petitioning shall submit information concerning the possible exposure to a contagious disease to the designated health care officer for the employer or, if there is no designated health care officer, the person designated by the employer to document and verify possible exposure to contagious diseases, for verification that there was substantial exposure. Each designated health care officer or person designated by an employer to document and verify possible exposure to contagious diseases shall establish guidelines based on current scientific information to determine substantial exposure.</p> <p>3. A court shall promptly hear a petition filed pursuant to subsection 1 and determine whether there is probable cause to believe that a possible transfer of blood or other bodily fluids occurred between the person who filed the petition or on whose behalf the petition was filed and the person who possibly exposed him to a contagious disease. If the court determines that probable cause exists to believe that a possible transfer of blood or other bodily fluids occurred, the court shall order the person who possibly exposed the petitioner to a contagious disease to submit two specimens of blood to a local hospital or medical laboratory for testing for exposure to the human immunodeficiency virus and the hepatitis B surface antigen. The local hospital or medical laboratory shall perform the test in accordance with generally accepted medical practices and shall disclose the results of the test in the manner set forth in NRS 629.069.</p> <p>4. The employer of a person who files a petition or on whose behalf a petition is filed pursuant to this section or the insurer of the employer shall pay the cost of performing the test pursuant to subsection 3.</p> <p>5. As used in this section:</p> <p>(a) "Agency of criminal justice" has the meaning ascribed to it in NRS 179A.030.</p> <p>(b) "Emergency medical attendant" means a person licensed as an attendant or certified as an emergency medical technician, intermediate emergency medical technician or advanced emergency medical technician pursuant to chapter 450B of NRS.</p>

NV Title 40 Code §	Code Language
§ 441A.220	<p>Confidentiality of information; permissible disclosure</p> <p>All information of a personal nature about any person provided by any other person reporting a case or suspected case of a communicable disease, or by any person who has a communicable disease, or as determined by investigation of the health authority, is confidential medical information and must not be disclosed to any person under any circumstances, including pursuant to any subpoena, search warrant or discovery proceeding, except:</p> <ol style="list-style-type: none"> 1. As otherwise provided in section 1 of this act. 2. For statistical purposes, provided that the identity of the person is not discernible from the information disclosed. 3. In a prosecution for a violation of this chapter. 4. In a proceeding for an injunction brought pursuant to this chapter. 5. In reporting the actual or suspected abuse or neglect of a child or elderly person. 6. To any person who has a medical need to know the information for his own protection or for the well-being of a patient or dependent person, as determined by the health authority in accordance with regulations of the board. 7. If the person who is the subject of the information consents in writing to the disclosure. 8. Pursuant to subsection 4 of NRS 441A.320 or NRS 629.069. 9. If the disclosure is made to the department of human resources and the person about whom the disclosure is made has been diagnosed as having acquired immunodeficiency syndrome or an illness related to the human immunodeficiency virus and is a recipient of or an applicant for Medicaid. 10. To a fireman, police officer or person providing emergency medical services if the board has determined that the information relates to a communicable disease significantly related to that occupation. The information must be disclosed in the manner prescribed by the board. 11. If the disclosure is authorized or required by specific statute.
§ 441A.270	<p>Instruction of patients on prevention and treatment of disease.</p> <p>A physician, clinic or dispensary providing treatment to a person who has a sexually transmitted disease shall instruct him in the methods of preventing the spread of the disease and in the necessity of systematic and prolonged treatment.</p>
§ 441A.280	<p>Procedure to ensure that infected person receives adequate treatment.</p> <p>A physician who, or clinic or dispensary which, determines that a person has a sexually transmitted disease shall encourage and, if necessary, attempt to persuade him to submit to medical treatment. Except as otherwise provided in NRS 441A.210, if the person does not submit to treatment, or does not complete the prescribed course of treatment, the physician, clinic or dispensary shall notify the health authority who shall take action to ensure that the person receives adequate treatment for the</p>

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	disease.
§ 441A.300	<p>Confinement of person whose conduct may spread acquired immunodeficiency syndrome.</p> <p>A person who is diagnosed as having acquired immunodeficiency syndrome who fails to comply with a written order of a health authority, or who engages in behavior through which the disease may be spread to others, is, in addition to any other penalty imposed pursuant to this chapter, subject to confinement by order of a court of competent jurisdiction.</p>
§ 441A.310	<p>Examination and treatment of minor without consent.</p> <p>Except as otherwise provided in NRS 441A.210, when any minor is suspected of having or is found to have a sexually transmitted disease, the health authority may require the minor to undergo examination and treatment, regardless of whether the minor or either of his parents consents to the examination and treatment.</p>
§ 441A.320	<p>Testing of person detained for commission of sexual offense; disclosure of results of test; assistance of victim; payment of expenses</p> <p>1. If the alleged victim or a witness alleges that the crime involved the sexual penetration of the victim's body, the health authority shall perform the tests set forth in subsection 2 as soon as practicable after the arrest of the person alleged to have committed the crime, but not later than 48 hours after the person is charged with the crime by indictment or information, unless the person alleged to have committed the crime is a child who will be adjudicated in juvenile court and then not later than 48 hours after the petition is filed with the juvenile court alleging that the child is delinquent for committing such an act</p> <p>2. If the health authority is required to perform tests pursuant to subsection 1, it must test a specimen obtained from the arrested person for exposure to the human immunodeficiency virus and any commonly contracted sexually transmitted disease, regardless of whether he or, if the person is a child, his parent or guardian consents to providing the specimen. The agency that has custody of the arrested person shall obtain the specimen and submit it to the health authority for testing. The health authority shall perform the test in accordance with generally accepted medical practices.</p> <p>3. In addition to the test performed pursuant to subsection 2, the health authority shall perform such follow-up tests for the human immunodeficiency virus as may be deemed medically appropriate</p> <p>4. As soon as practical, the health authority shall disclose the results of all tests performed pursuant to subsection 2 or 3 to:</p> <p>(a) The victim or to the victim's parent or guardian if the victim is a child; and</p>

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	<p>(b) The arrested person and, if the person is a child, to his parent or guardian.</p> <p>5. If the health authority determines, from the results of a test performed pursuant to subsection 2 or 3, that a victim of sexual assault may have been exposed to the human immunodeficiency virus or any commonly contracted sexually transmitted disease, it shall, at the request of the victim, provide him with:</p> <p>(a) An examination for exposure to the human immunodeficiency virus and any commonly contracted sexually transmitted disease to which the health authority determines he may have been exposed;</p> <p>(b) Counseling regarding the human immunodeficiency virus and any commonly contracted sexually transmitted disease to which the health authority determines he may have been exposed; and</p> <p>(c) A referral for health care and other assistance,</p> <p>as appropriate.</p> <p>6. If the court in:</p> <p>(a) A criminal proceeding determines that a person has committed a crime; or</p> <p>(b) A proceeding conducted pursuant to title 5 of NRS determines that a child has committed an act which, if committed by an adult, would have constituted a crime, involving the sexual penetration of a victim's body, the court shall, upon application by the health authority, order that child or other person to pay any expenses incurred in carrying out this section with regard to that child or other person and that victim.</p> <p>7. The Board shall adopt regulations identifying, for the purposes of this section, sexually transmitted diseases which are commonly contracted.</p> <p>8. As used in this section:</p> <p>(a) "Sexual assault" means a violation of NRS 200.366.</p> <p>(b) "Sexual penetration" has the meaning ascribed to it in NRS 200.364.</p>
§ 442.007	<p>Standards for perinatal care: Regulations of State Board of Health.</p> <p>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.</p> <p>2. As used in this section, "provider of health care" has the meaning ascribed to it in NRS 629.031.</p> <p>(Added to NRS by 1987, 1189; A 1993, 403)</p>
§ 442.600	<p>Definitions.</p> <p>As used in NRS 442.60Q to 442.660, inclusive, unless the context otherwise requires, the words and terms defined in NRS 442.610 and 442.62Q have</p>

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	<p>the meanings ascribed to them in those sections.</p> <p>(Added to NRS by 2007.2366)</p>
§ 442.610	<p>"Provider of health care" defined. "Provider of health care" means:</p> <ol style="list-style-type: none"> 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. <p>(Added to NRS by 2007, 2367)</p>
§ 442.620	<p>"Rapid test for the human immunodeficiency virus" and "rapid test" defined.</p> <p>"Rapid test for the human immunodeficiency virus" or "rapid test" means a test that:</p> <ol style="list-style-type: none"> 1. Is used to detect the presence of antibodies to the human immunodeficiency virus; and 2. Provides a result in 30 minutes or less. <p>(Added to NRS by 2007, 2367)</p>
§ 442.630	<p>Test used must be approved by United States Food and Drug Administration; requirements for administration of test.</p> <ol style="list-style-type: none"> 1. 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 442.66Q, inclusive, must be approved by the United States Food and Drug Administration. 2. Each test administered to a woman or performed on a child pursuant to the provisions of NRS 442.600 to 442.66Q, inclusive, must be administered or performed in accordance with: <ol style="list-style-type: none"> (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. <p>(Added to NRS by 2007, 2367)</p>
§ 442.640	<p>Requirement for testing of pregnant woman for human immunodeficiency virus.</p> <ol style="list-style-type: none"> 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

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	<p>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.</p> <p>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:</p> <p>(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</p> <p>(b) Is at high risk for infection with the human immunodeficiency virus, unless the woman chooses not to have such a test.</p> <p>3. A provider of health care who attends or assists a woman during childbirth shall:</p> <p>(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</p> <p>(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.</p> <p>4. For the purposes of this section, a woman is at high risk for infection with the human immunodeficiency virus if she:</p> <p>(a) Receives health care in:</p> <p>(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</p> <p>(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</p> <p>(b) Reports having one or more of the risk factors for infection with the human immunodeficiency virus identified by the Centers for Disease Control</p>

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	<p>and Prevention, including, without limitation:</p> <p>(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.</p> <p>(2) Engaging in sexual activity with another person in exchange for money or other compensation.</p> <p>(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.</p> <p>(4) Receiving treatment for a sexually transmitted disease.</p> <p>(5) Using a controlled substance or a dangerous drug.</p> <p>(6) Receiving a blood transfusion between 1978 and 1985, inclusive.</p> <p>5. As used in this section, "dangerous drug" has the meaning ascribed to it in NRS 454.20 I.</p> <p>(Added to NRS by 2007.2367)</p>
§ 442.650	<p>Requirement for testing of newborn child for human immunodeficiency virus.</p> <p>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.</p> <p>(Added to NRS by 2007. 2368)</p>
§ 442.660	<p>Pamphlet to be provided before testing of pregnant woman or newborn child; contents of pamphlet.</p> <p>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 142.660, inclusive, the woman or the parent or legal guardian of the newborn child receives a pamphlet of information concerning:</p> <ol style="list-style-type: none"> 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;

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	<p>3. Transmission of the human immunodeficiency virus and how to prevent its transmission;</p> <p>4. If the pamphlet is for a woman being tested pursuant to NRS 442.640, the right of a woman to refuse a test;</p> <p>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</p> <p>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.</p> <p>(Added to NRS by 2007, 2368)</p>

Title 53: Labor and Industrial Relations

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<p>613.310</p> <p>Effective 10/1/07</p>	<p>Definitions.</p> <p>As used in NRS 613.310 to 613.435, inclusive, and section 1 of this act, unless the context otherwise requires:</p> <ol style="list-style-type: none"> 1. "Disability" means, with respect to a person: <ol style="list-style-type: none"> (a) A physical or mental impairment that substantially limits one or more of the major life activities of the person, including, without limitation, the human immunodeficiency virus; (b) A record of such an impairment; or (c) Being regarded as having such an impairment. 2. "Employer" means any person who has 15 or more employees for each working day in each of 20 or more calendar weeks in the current or preceding calendar year, but does not include: <ol style="list-style-type: none"> (a) The United States or any corporation wholly owned by the United States. (b) Any Indian tribe. (c) Any private membership club exempt from taxation pursuant to 26 U.S.C. § 501(c). 3. "Employment agency" means any person regularly undertaking with or without compensation to procure employees for an employer or to procure for employees opportunities to work for an employer, but does not include any agency of the United States. 4. "Labor organization" means any organization of any kind, or any agency or employee representation committee or plan, in which employees participate and which exists for the purpose, in whole or in part, of dealing with employers concerning grievances, labor disputes, wages, rates of pay, hours of employment or other conditions of employment. 5. "Person" includes the State of Nevada and any of its political subdivisions. 6. "Sexual orientation" means having or being perceived as having an orientation for heterosexuality, homosexuality or bisexuality.
<p>§ 616A.035</p>	<ol style="list-style-type: none"> 1. "Accident benefits" means medical, surgical, hospital or other treatments, nursing, medicine, medical and surgical supplies, crutches and apparatuses, including prosthetic devices. 2. The term includes: <ol style="list-style-type: none"> (a) Medical benefits as defined by NRS 617.130; (b) Preventive treatment administered as a precaution to an employee who is exposed to a contagious disease while providing medical services, including emergency medical care, in the course and scope of his employment;

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	<p>(c) Preventive treatment administered as a precaution to a police officer , a salaried or volunteer firefighter or an arson investigator who:</p> <p>(1) Was exposed to a contagious disease:</p> <p>(I) Upon battery by an offender; or</p> <p>(II) While performing the duties of a police officer, firefighter or arson investigator, if the exposure is documented by the creation and maintenance of a report concerning the exposure pursuant to subsection 1 of NRS 616C.052; or</p> <p>(2) Tests positive for exposure to tuberculosis or another contagious disease under the circumstances described in subsection 2 or 3 of NRS 616C.052; and</p> <p>(d) Preventive treatment for hepatitis administered as a precaution to a police officer, full-time salaried firefighter arson investigator or emergency medical attendant employed in this State.</p> <p>3. The term does not include:</p> <p>(a) Exercise equipment, a hot tub or a spa for an employee's home;</p> <p>(b) Membership in an athletic or health club;</p> <p>(c) Except as otherwise provided in NRS 616C.245, a motor vehicle; or</p> <p>(d) The costs of operating a motor vehicle provided pursuant to NRS 616C.245, fees related to the operation or licensing of the motor vehicle or insurance for the motor vehicle.</p> <p>4. As used in this section:</p> <p>(a) "Battery" includes, without limitation, the intentional propelling or placing, or the causing to be propelled or placed, of any human excrement or bodily fluid upon the person of an employee.</p> <p>(b) "Emergency medical attendant" means a person licensed as an attendant or certified as an emergency medical technician, intermediate emergency medical technician or advanced emergency medical technician pursuant to chapter 450B of NRS, whose primary duties of employment are the provision of emergency medical services.</p> <p>(c) "Hepatitis" includes hepatitis A, hepatitis B, hepatitis C and any additional diseases or conditions that are associated with or result from hepatitis A, hepatitis B or hepatitis C.</p> <p>(d) "Preventive treatment" includes, without limitation: (1) Tests to determine if an employee has contracted hepatitis or any other contagious disease to which he was exposed; and</p> <p>(2) If an employee tests positive for exposure to tuberculosis under the circumstances described in NRS 616C.052, such medication and chest X rays as are recommended by the Centers for Disease Control and Prevention of the United States Department of Health and Human Services.</p>
§ 616C.052	<p>Exposure of police officer or fireman to contagious disease: Reporting and testing requirements; eligibility for compensation</p> <p>1. Except as otherwise provided in NRS 617.485 and 617.487, if a police officer, a salaried or volunteer firefighter or an arson investigator is exposed to a contagious disease:</p> <p>(a) Upon battery by an offender; or</p> <p>(b) While performing the duties of a police officer, firefighter, or arson investigator, the employer of the police officer, firefighter or arson</p>

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	<p>investigator shall create and maintain a report concerning the exposure that includes, without limitation, the name of each police officer, firefighter or arson investigator, as applicable, who was exposed to the contagious disease and the name of each person, if any, to whom the police officer, firefighter or arson investigator was exposed.</p> <p>2. Except as otherwise provided in paragraph (d) of subsection 2 of NRS 616A.265, if the results of a physical examination administered pursuant to NRS 617.455 or 617.457 to a police officer, a salaried or volunteer firefighter or an arson investigator after the commencement of his employment reveal that the police officer, firefighter or arson investigator tested positive for exposure to tuberculosis, the police officer, firefighter or arson investigator is eligible, during his lifetime, to receive compensation pursuant to chapters 616A to 617, inclusive, of NRS for tuberculosis and any additional diseases or conditions that are associated with or result from tuberculosis.</p> <p>3. Except as otherwise provided in NRS 617.485 and 6.17.487, if the employment of a police officer, a salaried or volunteer firefighter or an arson investigator is terminated, voluntarily or involuntarily, the employer of the police officer, firefighter, or arson investigator, regardless of whether the police officer, firefighter or arson investigator has been exposed to a contagious disease during his employment and regardless of whether the employer has created or maintained a report concerning any exposure of the police officer, firefighter or arson investigator to a contagious disease pursuant to subsection 1, shall:</p> <p>(a) At the time of termination and at 3 months after the date of termination, provide to the police officer, firefighter or arson investigator a purified protein derivative skin test to screen for exposure to tuberculosis, unless the police officer, firefighter or arson investigator previously submitted to such a test and tested positive for exposure to tuberculosis. Except as otherwise provided in paragraph (d) of subsection 2 of NRS 616A.265, if a skin test administered pursuant to this paragraph and provided to the employer reveals that the police officer, firefighter or arson investigator tested positive for exposure to tuberculosis, the police officer or fireman is eligible, during his lifetime, to receive compensation pursuant to chapters 616A to 617, inclusive, of NRS for tuberculosis and any additional diseases or conditions that are associated with or result from tuberculosis.</p> <p>(b) Within 30 days after the date of termination and at 6 and 12 months after the date of termination, provide to the police officer, firefighter or arson investigator a blood test or other appropriate test to screen for other contagious diseases, including, without limitation, hepatitis A, hepatitis B, hepatitis C and human immunodeficiency virus, unless the police officer, firefighter or arson investigator previously submitted to such a test for a contagious disease and tested positive for exposure to that contagious disease. Except as otherwise provided in paragraph (d) of subsection 2 of NRS 616A.265, if a blood test or other appropriate test administered pursuant to this paragraph and provided to the employer reveals that the police officer, firefighter or arson</p>

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	<p>investigator has any other contagious disease or the antibodies associated with a contagious disease, the police officer, firefighter or arson investigator is eligible, during his lifetime, to receive compensation pursuant to chapters 616A to 617, inclusive, of NRS for such a disease and any additional diseases or conditions that are associated with or result from the contagious disease.</p> <p>4. The former employer of a police officer, a salaried or volunteer firefighter or an arson investigator shall pay all the costs associated with providing skin and blood tests and other appropriate tests required pursuant to subsection 3.</p> <p>5. As used in this section, the term "battery" includes, without limitation, the intentional propelling or placing, or the causing to be propelled or placed, of any human excrement or bodily fluid upon the person of an employee.</p>
§ 617.481	<p>Certain contagious diseases as occupational diseases</p> <p>1. Notwithstanding any other provision of this chapter and except as otherwise provided in this section, if a person employed in this state contracts a contagious disease during the course and scope of his employment that results in a temporary or permanent disability or death, the disease is an occupational disease and compensable as such under the provisions of this chapter if:</p> <ul style="list-style-type: none"> (a) It is demonstrated that the employee was exposed to the contagious disease during the course and scope of his employment; (b) The employee reported the exposure to his employer in compliance with the reporting requirements adopted by the employer; and (c) A test to screen for the contagious disease that is approved by the state board of health is administered to the employee: <ul style="list-style-type: none"> (1) Within 72 hours after the date of the exposure and the employee tests negative for exposure to the contagious disease; and (2) After the incubation period for the contagious disease, as determined by the state board of health, but not later than 12 months after the date of the exposure, and the employee tests positive for exposure to the contagious disease. <p>2. Such an employee and his dependents are excluded from the benefits of this section if:</p> <ul style="list-style-type: none"> (a) The employee refuses to be tested for exposure to the contagious disease as required by subsection 1; (b) The employee or his dependents are eligible to receive compensation pursuant to paragraph (b) of subsection 2 of NRS 616A.265 or NRS 616C.052; or (c) It is proven by clear and convincing evidence that the contagious disease did not arise out of and in the course of the employment. <p>3. All tests for exposure to the contagious disease that are required pursuant to subsection 1 must be paid for by the employer.</p>

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	<p>4. Compensation awarded to an employee or his dependents pursuant to this section must include:</p> <ul style="list-style-type: none">(a) Full reimbursement for related expenses incurred for:<ul style="list-style-type: none">(1) Preventive treatment administered as a precaution to the employee; and(2) Other medical treatments, surgery and hospitalization; and(b) The compensation provided in chapters 616A to 616D, inclusive, of NRS for the disability or death. <p>5. As used in this section:</p> <ul style="list-style-type: none">(a) "Contagious disease" means hepatitis A, hepatitis B, hepatitis C, tuberculosis, the human immunodeficiency virus or acquired immune deficiency syndrome.(b) "Exposed" or "exposure" means the introduction of blood or other infectious materials into the body of an employee during the performance of his official duties through the skin, eye, mucous membrane or parenteral contact. The term includes contact with airborne materials carrying tuberculosis.(c) "Preventive treatment" includes, without limitation, tests to determine if an employee has contracted the contagious disease to which he was exposed.

Nevada Administrative Code – Chapter 441A: Communicable Diseases	
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Chap 441A NAC	Code Language
NAC 441A.040	<p>“Communicable disease” defined.</p> <ol style="list-style-type: none"> 1. Acquired immune deficiency syndrome (AIDS). 33. Human immunodeficiency virus infection (HIV).
NAC 441A.230	<p>Duty of health care provider to report case or suspected case; content of report. (NRS 441A.120)</p> <ol style="list-style-type: none"> 1. A health care provider who knows of, or provides services to, a case or suspected case shall report the case or suspected case to the health authority having jurisdiction where the office of the health care provider is located. The report must be made in the manner provided in NAC 441A.225. 2. The report must include: <ol style="list-style-type: none"> (a) The communicable disease or suspected communicable disease. (b) The name and the address or telephone number of the case or suspected case. (c) The name and the address or telephone number of the health care provider making the report. (d) The occupation, employer, age, sex, race and date of birth of the case or suspected case, if available. (e) The date of onset and the date of diagnosis of the communicable disease. (f) Any other information requested by the health authority, if available.
NAC 441A.235	<p>Duty of director or other person in charge of medical laboratory to report findings of communicable disease; contents of report; submission of microbiologic cultures, subcultures, or other specimen or clinical material; reportable level of CD4 lymphocyte counts. (NRS 441A.120)</p> <ol style="list-style-type: none"> 1. The director or other person in charge of a medical laboratory in which a test or examination of any specimen derived from the human body yields evidence suggesting the presence of any communicable disease shall: <ol style="list-style-type: none"> (a) If the laboratory is in this State, report the findings to the health authority having jurisdiction where the office of the health care provider who ordered the test or examination is located. (b) If the laboratory performed the test or examination on specimens obtained in this State or from residents of this State, and the laboratory is located outside of this State, report the findings to the State Health Officer. The report must be made in the manner provided in NAC 441A.225. 2. The report must include: <ol style="list-style-type: none"> (a) The date and result of the test or examination performed.

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	<p>(b) The name and the age or date of birth of the person from whom the specimen was obtained.</p> <p>(c) The name of the health care provider who ordered the test or examination.</p> <p>(d) The name and the address or telephone number of the medical laboratory making the report.</p> <p>3. The director or other person in charge of the medical laboratory shall also submit microbiologic cultures, subcultures, or other specimens or clinical material, if available, to the State Hygienic Laboratory in the Division or other laboratory designated by the State Health Officer for diagnosis, confirmation or further testing if so required by the State Health Officer pursuant to subsection 3 of NAC 441A.295.</p> <p>4. A test or examination that is performed by a medical laboratory and reveals CD4 lymphocyte counts of less than 500 cells per microliter constitutes evidence suggesting the presence of a communicable disease and must be reported as required by this section.</p>
NAC 441A.240	<p>Duty of director or other person in charge of medical facility to report communicable disease; report by infection control specialist; content of report. (NRS 441A.120)</p> <p>1. The director or other person in charge of a medical facility who knows of or suspects the presence of a communicable disease within the medical facility shall report the communicable disease to the health authority having jurisdiction where the medical facility is located. Except as otherwise provided in subsection 2, the report must be made in the manner provided in NAC 441A.225.</p> <p>2. If a medical facility has a designated infection control specialist, administrative procedures may be established by which all communicable diseases known or suspected within the facility, including its laboratories and outpatient locations, are reported to the health authority through the facility's infection control specialist or his representative. Notwithstanding any other provision of this chapter, a director or other person in charge of a laboratory in a medical facility or a health care provider in a medical facility is not required to report a known or suspected communicable disease in the facility that is reported to the health authority by the infection control specialist in accordance with the provisions of this section.</p> <p>3. The report must include:</p> <p>(a) The communicable disease or suspected communicable disease.</p> <p>(b) The name and the address or telephone number of the case or suspected case.</p> <p>(c) The name, address and telephone number of the medical facility making the report.</p> <p>(d) The occupation, employer, age, sex, race and date of birth of the case or suspected case, if available.</p>

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	<p>(e) The date of onset and the date of diagnosis of the disease.</p> <p>(f) Any other information requested by the health authority, if available.</p>
NAC 441A.245	<p>Duty of principal, director or other person in charge of school, child care facility or correctional facility to report communicable disease; content of report; cooperation with health authority. (NRS 441A.120)</p> <p>1. The principal, director or other person in charge of a school, child care facility or correctional facility who knows of or suspects the presence of a communicable disease within the school, child care facility or correctional facility shall report the communicable disease to the health authority having jurisdiction where the school, child care facility or correctional facility is located. The report must be made in the manner provided in NAC 441A.225.</p> <p>2. The report must include:</p> <p>(a) The communicable disease or suspected communicable disease.</p> <p>(b) The name and the address or telephone number of the person known or suspected to have the communicable disease.</p> <p>(c) The name, address and telephone number of the person making the report.</p> <p>(d) The occupation, employer, age, sex, race and date of birth of the person known or suspected to have the communicable disease, if available.</p> <p>(e) The date of onset and the date of diagnosis of the communicable disease.</p> <p>(f) Any other information requested by the health authority, if available.</p> <p>3. The principal, director or other person in charge of a school, child care facility or correctional facility shall promptly cooperate with the health authority during:</p> <p>(a) An investigation of the circumstances or cause of a case, suspected case, outbreak or suspected outbreak.</p> <p>(b) The carrying out of measures for the prevention, suppression and control of a communicable disease, including procedures of exclusion, isolation and quarantine.</p>
NAC 441A.250	<p>Duty of person in charge of blood bank to report findings of communicable disease; content of report. (NRS 441A.120)</p> <p>1. A person in charge of a blood bank in which a test or examination of any specimen derived from the human body yields evidence suggesting the presence of a communicable disease shall report his findings to the health authority having jurisdiction where the blood bank is located. The report must be made in the manner provided in NAC 441A.225.</p> <p>2. The report must include:</p>

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	<p>(a) The name, address, telephone number and age of the person from whom the specimen was obtained.</p> <p>(b) The date and location at which the specimen was obtained.</p> <p>(c) The type of test or examination performed on the specimen.</p> <p>(d) The date on which the test or examination was performed.</p> <p>(e) The result of the test or examination.</p> <p>(f) Any other information requested by the health authority, if available.</p>
NAC 441A.252	<p>Duty of insurer to report results of test indicating presence of certain communicable diseases; content of report; method of communication. (NRS 441A.120)</p> <p>1. Each insurer who requires or requests an applicant for a policy of life insurance or any other person to be examined or subjected to any medical, clinical or laboratory test that produces evidence consistent with the presence of a communicable disease set forth in subsection 1, 28, 29, 30, 33, 59 or 63 of NAC 441A.040 shall, within 10 business days after the insurer is notified of the results of the examination or test, report the results of the test to the State Health Officer or his representative.</p> <p>2. The report must include:</p> <p>(a) The name and description of the examination or test performed;</p> <p>(b) The name of the communicable disease or suspected communicable disease;</p> <p>(c) The date and result of the examination or test performed;</p> <p>(d) The name, address and telephone number of the insurer who required or requested the examination or test;</p> <p>(e) The name, address, telephone number and date of birth of the person who was examined or tested;</p> <p>(f) The name, address and telephone number of the person who performed the examination or ordered the test;</p> <p>(g) The name, address and telephone number of the laboratory that performed the test; and</p> <p>(h) Any other information the State Health Officer or his representative may request.</p> <p>3. The insurer shall submit the report to the State Health Officer or his representative by telephone or any other method of electronic communication.</p>
NAC 441A.255	<p>Duty of person to report certain other persons he knows or suspects of having communicable disease; content of report. (NRS 441A.120)</p> <p>1. Any person who reasonably suspects or knows that another person has a communicable disease and knows that the other person is not receiving health care services from a health care provider shall report that person to the health authority having jurisdiction where the person</p>

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	<p>making the report resides. The report must be made in the manner provided in NAC 441A.225.</p> <p>2. The report must include:</p> <ul style="list-style-type: none"> (a) The communicable disease or suspected communicable disease. (b) The name and the address or telephone number of the person known or suspected to have a communicable disease. (c) The name, address and telephone number of the person making the report. (d) Any other information requested by the health authority, if available.
NAC 441A.260	<p>Authority of State Health Officer to require reporting of certain infectious diseases; effective period of such requirements. (NRS 441A.120)</p> <p>1. The State Health Officer may require the reporting of a case having an infectious disease not specified in NAC 441A.040, or a suspected case considered to have an infectious disease not specified in subsection 2 of NAC 441A.180, if:</p> <ul style="list-style-type: none"> (a) The disease is recently acknowledged as a public health concern; (b) Epidemiologic investigation of cases or suspected cases may contribute to understanding, controlling or preventing the disease; and (c) Written notification is provided to all health authorities specifying: <ul style="list-style-type: none"> (1) The additional reporting requirements concerning the disease; and (2) The justification for the additional reporting requirements. <p>2. A requirement of reporting an additional disease adopted by the State Health Officer pursuant to subsection 1 is effective for no longer than 36 months from the date of written notification to health authorities of the reporting requirement.</p>
NAC 441A.275	<p>Duty of State Hygienic Laboratory to provide testing for communicable diseases. (NRS 441A.120)</p> <p>Upon approval by the State Health Officer and within available appropriations, the State Hygienic Laboratory in the Division shall provide testing for communicable diseases at no charge to a case, suspected case, carrier, health care provider, medical laboratory or health authority.</p>
NAC 441A.300	<p>Health authority: Authorization to disclose information of personal nature to certain persons; duty to educate certain persons on transmission, prevention, control, diagnosis and treatment. (NRS 441A.120)</p> <p>1. Pursuant to subsection 5 of NRS 441A.220, information of a personal nature provided by a person making a report of a case or suspected case or provided by the person having a communicable disease, or determined</p>

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	<p>by investigation of the health authority, may be disclosed by the health authority to:</p> <p>(a) A person who has been exposed, in a manner determined by the health authority likely to have allowed transmission of a communicable disease, to blood, semen, vaginal secretions, saliva, urine, feces, respiratory secretions or other body fluids which are known through laboratory confirmation or reasonably suspected by the health authority to contain the causative agent of a communicable disease.</p> <p>(b) The parent or legal guardian of a case or suspected case or of a person described in paragraph (a) if determined by the health authority to be necessary for the protection of the parent or legal guardian or for the well-being of the case, suspected case or person described in paragraph (a).</p> <p>(c) The health care provider of a case or suspected case or of a person described in paragraph (a) if determined by the health authority to be necessary for the protection of the health care provider or for the well-being of the case, suspected case or person described in paragraph (a).</p> <p>(d) The employer of a person having a communicable disease if that person is employed in a sensitive occupation and the health authority determines that the potential for transmission of the disease is enhanced by his employment.</p> <p>(e) The principal, director or other person in charge of a medical facility, school, child care facility, correctional facility or licensed house of prostitution if:</p> <p>(1) A person attending, working, residing or being cared for in the medical facility, school, child care facility, correctional facility or licensed house of prostitution has a communicable disease; and</p> <p>(2) The health authority determines that the potential for transmission of the disease is enhanced by the activities of the person described in subparagraph (1).</p> <p>(f) An animal control officer of any town, city or county, or of any state or federal agency, for the purpose of an investigation of a report of an animal bite by a rabies-susceptible animal.</p> <p>(g) Any other person determined by the health authority through an investigation of a case to be at risk for acquiring the communicable disease.</p> <p>2. Information of a personal nature must not be disclosed to a person pursuant to subsection 1 unless the health authority has determined that the person has been or is likely to be exposed sufficiently to the causative agent of a communicable disease as to have allowed transmission of the disease.</p> <p>3. The health authority making a disclosure pursuant to subsection 1 shall disclose only that information of a personal nature which is necessary for the protection of the person to whom it is disclosed.</p> <p>4. If a health authority has determined that a person has been exposed to blood, semen, vaginal secretions, saliva, urine, feces, respiratory</p>

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	secretions or other body fluids in a manner likely to have allowed transmission of a communicable disease, he shall take reasonable measures to educate the exposed person on the transmission, prevention, control, diagnosis and treatment of the disease.
NAC 441A.305	<p>Duty of health officer to disclose information of personal nature to certain persons; duties of firemen, police officers, and persons providing emergency medical services; limitation on power of health authority to order test or examination.</p> <p>1. Pursuant to subsection 9 of NRS 441A.220, the health authority shall disclose information of a personal nature:</p> <p>(a) Provided by a person making a report of a case or suspected case or provided by the person having a communicable disease; or</p> <p>(b) Determined by investigation of the health authority, to a fireman, police officer, or person providing emergency medical services if the information relates to a communicable disease significantly related to that occupation. The communicable diseases which are significantly related to the occupation of a fireman, police officer, or person providing emergency medical services are acquired immune deficiency syndrome (AIDS), human immunodeficiency virus infection (HIV), diphtheria, hepatitis B, hepatitis C, hepatitis delta, measles, meningococcal disease, plague, rabies and tuberculosis.</p> <p>2. Information of a personal nature must not be disclosed to a fireman, police officer, or person providing emergency medical services pursuant to subsection 1 unless the health authority has determined that the person has been exposed, in a manner likely to cause transmission of a communicable disease specified in subsection 1, to blood, semen, vaginal secretions, saliva, urine, feces, respiratory secretions or other body fluids which are known, through laboratory confirmation, or reasonably suspected by the health authority to contain the causative agent of a communicable disease specified in subsection 1.</p> <p>3. A fireman, police officer, or person providing emergency medical services shall report to his employing agency any exposure to blood, semen, vaginal secretions, saliva, urine, feces, respiratory secretions or other body fluids in a manner likely to have allowed transmission of a communicable disease. Upon receiving the report, the employing agency shall immediately make available to the exposed employee a confidential medical evaluation and follow-up, in accordance with the postexposure evaluation and follow-up described in the relevant portions of 29 C.F.R. 1910.1030(f).</p> <p>4. The health authority making a disclosure pursuant to subsection 1 may disclose only that information of a personal nature which is necessary for the protection of the exposed fireman, police officer, or person providing emergency medical services.</p> <p>5. The health authority shall not order a medical test or examination</p>

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	solely for the purpose of determining the exposure of a fireman, police officer, or person providing emergency medical services to a carrier of a communicable disease.
NAC 441A.450	<p>Acquired immune deficiency syndrome; human immunodeficiency virus infection.</p> <ol style="list-style-type: none"> 1. The health authority shall encourage: <ol style="list-style-type: none"> (a) A case having acquired immune deficiency syndrome (AIDS); or (b) A person reported to have a human immunodeficiency virus infection (HIV), as identified by a confirmed positive human immunodeficiency virus infection (HIV) blood test administered by a medical laboratory, to notify each person with whom he has had sexual relations and each person with whom he has shared a needle, of their potential exposure, of the availability of counseling and of testing for the presence of human immunodeficiency virus infection (HIV). If a person reported pursuant to this section fails to provide such notice, the health authority shall make reasonable efforts to provide the notice and counseling. 2. If the person reported pursuant to subsection 1 has donated or sold blood, plasma, sperm or other bodily tissues during the year preceding the diagnosis, the health authority shall make reasonable efforts to notify the recipient that the person has been reported to have human immunodeficiency virus infection (HIV). 3. If a person is reported pursuant to subsection 1 because of a sexual offense, the health authority shall seek the identity and location of the victim and make reasonable efforts to notify him of his possible exposure and to advise him of the availability of counseling and testing for human immunodeficiency virus infection (HIV). 4. If a person reported pursuant to subsection 1 has current tuberculosis, the health authority shall make reasonable efforts to ensure that appropriate remedial and medical treatment of the tuberculosis is provided. 5. If the case has requested assistance from the health authority for notifying and counseling persons with whom the case has had sexual relations or persons with whom the case has shared a needle, the health authority shall provide that service. 6. If a person reported pursuant to subsection 1 is in a medical facility, the medical facility shall provide care to the person in accordance with blood and body fluid precautions, and, if another communicable disease is present, universal precautions or the appropriate disease specific precautions.

Nevada Administrative Code – Chapter 467: Unarmed Combat	
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Chap 467 NAC	Code Language
NAC 467.0039	<p>“Unarmed combatant” defined. (NRS 467.030)</p> <p>1. Except as otherwise provided in subsection 3, “unarmed combatant” means any person who engages in unarmed combat in a contest or exhibition, whether or not the person receives remuneration.</p> <p>2. The term includes, but is not limited to, a contestant.</p> <p>3. The term does not include:</p> <p>(a) Except as otherwise provided in NAC 467.785, an amateur boxer; or</p> <p>(b) A person who participates in a contest or exhibition that is exempt from the provisions of this chapter or chapter 467 of NRS pursuant to a specific statute or regulation, including, but not limited to, NRS 467.170 and 467.173.</p>
NAC 467.027	<p>Determination of physical and mental fitness to engage in unarmed combat; examination and testing; results of medical tests required. (NRS 467.030, 467.100)</p> <p>3. An applicant or an unarmed combatant must provide with his application for a license or for renewal of a license an original or certified copy of the results of medical tests which:</p> <p>(b) Show that the applicant or unarmed combatant is not infected with the human immunodeficiency virus; and</p>

Nevada Administrative Code – Chapter 630: Physicians, Physician Assistants and Practitioners of Respiratory Care

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NAC 630.243	<p data-bbox="440 394 1430 457">Procedure for dealing with findings of exposure to human immunodeficiency virus. (NRS 630.130, 630.275)</p> <p data-bbox="440 491 1422 651">If a committee conducting an investigation pursuant to NRS 630.311 becomes aware that the physician or physician assistant who is subject to the investigation has tested positive for exposure to the human immunodeficiency virus, the committee shall appoint a group of specialists in the fields of public health and infectious diseases who shall:</p> <ol data-bbox="440 684 1398 909" style="list-style-type: none"><li data-bbox="440 684 1398 747">1. Review all the circumstances of the practice of the physician or physician assistant; and<li data-bbox="440 781 1398 909">2. Advise the committee, in accordance with the guidelines on "Health Care Workers Infected with HIV" established by the Centers for Disease Control and Prevention, on the action, if any, the committee should take concerning the physician or physician assistant.