

CHAPTER.....

AN ACT relating to music therapy; providing for the licensure of music therapists by the State Board of Health; authorizing the Board to establish a voluntary Music Therapy Advisory Group; prohibiting a person from engaging in the practice of music therapy without a license; prescribing the requirements for the issuance and renewal of a license as a music therapist; establishing the grounds for disciplinary action against a music therapist; providing the disciplinary actions the Board may take against a music therapist; providing a penalty; and providing other matters properly relating thereto.

Legislative Counsel’s Digest:

Existing law provides for the licensure and regulation of certain professions, occupations and businesses. (Title 54 of NRS) This bill provides for the licensure and regulation of music therapists. **Section 12** of this bill makes it unlawful to practice music therapy or hold oneself out as a music therapist without a license. **Section 17** of this bill sets forth the authorized music therapy services that may be provided by a music therapist. **Sections 13 and 14** of this bill make the State Board of Health the licensing entity for music therapists and establishes the requirements and fee for licensure to practice as a music therapist. **Sections 15 and 16** of this bill provide for the renewal of a license to practice music therapy every 3 years as well as the requirements and fee for renewal. **Section 34** of this bill provides that the State Board of Health may not increase the fee for issuing or renewing a license sooner than January 1, 2014.

Section 10 of this bill allows the State Board of Health to adopt any regulations it deems necessary to carry out the provisions of the bill. In addition, **section 10** requires the Board to enforce the provisions of the bill to the extent that money is available for that purpose. The Board is also required to maintain a list of applicants, licensees and persons whose licenses have been revoked or suspended and make those lists available upon request and payment of any fee. **Section 11** of this bill authorizes the State Board of Health to establish a Music Therapy Advisory Group that serves without compensation to assist the Board in carrying out its duties.

Sections 18-23 of this bill establish the grounds for disciplinary action against a music therapist and the procedures for addressing complaints and taking such disciplinary action. **Section 24** of this bill prohibits a person from requiring a music therapist to delegate certain services to another person in certain circumstances.

Section 25 of this bill adds music therapists to the definition of “provider of health care” as used in the chapter which addresses healing arts. That definition is also referred to and used in various sections of the NRS for various purposes. (See e.g. NRS 48.039, 162A.760, 391.208) **Section 26** of this bill adds music therapists to the list of persons required to report unprofessional conduct by a nurse or other person licensed or certified by the State Board of Nursing. **Sections 27-29** of this bill add music therapists to the list of persons required to report any known or suspected abuse, neglect, exploitation or isolation of an older or vulnerable person. **Section 30** of this bill adds music therapists to the list of persons required to report any known or suspected abuse or neglect of a child. **Section 31** of this bill makes the regulations of the State Board of Health relating to licensing music therapists



subject to review of the Legislative Committee on Health Care. After any such review, the Committee would notify the Board of the advisability of adopting or revising the proposed regulation. (NRS 439B.225)

EXPLANATION – Matter in *bolded italics* is new; matter between brackets ~~omitted material~~ is material to be omitted.

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

Section 1. Title 54 of NRS is hereby amended by adding thereto a new chapter to consist of the provisions set forth as sections 2 to 24, inclusive, of this act.

Sec. 2. *The practice of music therapy is hereby declared to be a learned allied health profession, affecting public health, safety and welfare and subject to regulation to protect the public from the practice of music therapy by unqualified and unlicensed persons and from unprofessional conduct by persons who are licensed to practice music therapy.*

Sec. 3. *As used in this chapter, unless the context otherwise requires, the words and terms defined in sections 4 to 8, inclusive, of this act have the meanings ascribed to them in those sections.*

Sec. 4. *“Board” means the State Board of Health.*

Sec. 5. *“Client” means a person who receives music therapy services.*

Sec. 6. *“Licensee” means a music therapist who is licensed to practice music therapy pursuant to this chapter.*

Sec. 7. *“Music therapy” means the clinical use of music interventions by a licensee to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed a music therapy program approved by the Board. The term does not include:*

- 1. The practice of psychology or medicine;*
- 2. The psychological assessment or treatment of couples or families;*
- 3. The prescribing of drugs or electroconvulsive therapy;*
- 4. The medical treatment of physical disease, injury or deformity;*
- 5. The diagnosis or psychological treatment of a psychotic disorder;*
- 6. The use of projective techniques in the assessment of personality;*
- 7. The use of psychological, neuropsychological, psychometric assessment or clinical tests designed to identify or*



classify abnormal or pathological human behavior or to determine intelligence, personality, aptitude, interests or addictions;

8. The use of individually administered intelligence tests, academic achievement tests or neuropsychological tests;

9. The use of psychotherapy to treat the concomitants of organic illness;

10. The diagnosis of any physical or mental disorder; or

11. The evaluation of the effects of medical and psychotropic drugs.

Sec. 8. *“Music therapy services” means the services a licensee is authorized to provide pursuant to section 17 of this act in order to achieve the goals of music therapy.*

Sec. 9. *The provisions of this chapter do not apply to:*

1. A person who is employed by this State or the Federal Government and who provides music therapy services within the scope of that employment.

2. A person performing services or participating in activities as part of a supervised course of study in an accredited or approved educational or internship program while pursuing study leading to a degree or certificate in music therapy, if the person is designated by a title which clearly indicates his or her status as a student or intern.

3. A person who holds a professional license in this State or an employee who is supervised by a person who holds a professional license in this State and whose provision of music therapy services is incidental to the practice of his or her profession if the person does not hold himself or herself out to the public as a music therapist.

Sec. 10. *1. The Board may adopt such regulations as it deems necessary to carry out the provisions of this chapter. The regulations may include, without limitation, additional:*

(a) Standards of training for music therapists;

(b) Requirements for continuing education for music therapists; and

(c) Standards of practice for music therapists.

2. The Board shall:

(a) Enforce the provisions of this chapter and any regulations adopted pursuant thereto, to the extent that money is available for that purpose; and

(b) Maintain a list of:

(1) Applicants for a license;

(2) Licensees; and



(3) Persons whose licenses have been revoked or suspended by the Board.

3. The Board shall, upon request and payment of any fee, provide a copy of a list maintained pursuant to paragraph (b) of subsection 2. A fee charged for providing the copy must not exceed the actual cost incurred by the Board to make the copy.

4. The Board may accept gifts, grants, donations and contributions from any source to assist in carrying out the provisions of this chapter.

Sec. 11. *1. The Board may establish a Music Therapy Advisory Group consisting of persons familiar with the practice of music therapy to provide the Board with expertise and assistance in carrying out its duties pursuant to this chapter. If a Music Therapy Advisory Group is established, the Board must:*

- (a) Determine the number of members;*
- (b) Appoint the members;*
- (c) Establish the terms of the members; and*
- (d) Determine the duties of the Music Therapy Advisory Group.*

2. Members of a Music Therapy Advisory Group established pursuant to subsection 1 serve without compensation.

Sec. 12. *1. A person who is not licensed to practice music therapy pursuant to this chapter, or a person whose license to practice music therapy has expired or has been suspended or revoked by the Board, shall not:*

- (a) Provide music therapy services;*
- (b) Use in connection with his or her name the words or letters "MT," "music therapist," "licensed, board-certified music therapist," "MT-BC," "Music Therapist - Board Certified," "MT - BC/L" or "Licensed Music Therapist - Board Certified" or any other letters, words or insignia indicating or implying that he or she is licensed to practice music therapy, or in any other way, orally, or in writing or print, or by sign, directly or by implication, use the words "music therapy" or represent himself or herself as licensed or qualified to engage in the practice of music therapy; or*
- (c) List or cause to have listed in any directory, including, without limitation, a telephone directory, his or her name or the name of his or her company under the heading "Music Therapy" or "Music Therapist" or any other term that indicates or implies that he or she is licensed or qualified to practice music therapy.*

2. A person who violates the provisions of this section is guilty of a misdemeanor.



Sec. 13. 1. The Board shall issue a license to practice music therapy to an applicant who:

- (a) Is at least 18 years of age;**
- (b) Is of good moral character; and**
- (c) Submits to the Board:**

(1) A completed application on a form provided by the Board;

(2) Proof that the applicant has successfully completed an academic program approved by the American Music Therapy Association or its successor organization with a bachelor's degree or higher degree in music therapy;

(3) A fee in the amount of \$200 or such other amount as prescribed by regulation by the Board;

(4) A complete set of fingerprints and written permission authorizing the Board to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report; and

(5) Proof that the applicant has passed the examination for board certification offered by the Certification Board for Music Therapists or its successor organization or is certified as a music therapist by that Board or its successor organization.

2. Any increase in the fees imposed pursuant to this section must not exceed the amount necessary for the Board to carry out the provisions of this chapter.

Sec. 14. 1. In addition to any other requirements set forth in this chapter, an applicant for the issuance or renewal of a license as a music therapist shall:

(a) Include the social security number of the applicant in the application submitted to the Board.

(b) Submit to the Board the statement prescribed by the Division of Welfare and Supportive Services of the Department of Health and Human Services pursuant to NRS 425.520. The statement must be completed and signed by the applicant.

2. The Board shall include the statement required pursuant to subsection 1 in:

(a) The application or any other forms that must be submitted for the issuance or renewal of the license; or

(b) A separate form prescribed by the Board.

3. A license may not be issued or renewed by the Board if the applicant:

(a) Fails to submit the statement required pursuant to subsection 1; or



(b) Indicates on the statement submitted pursuant to subsection 1 that the applicant is subject to a court order for the support of a child and is not in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

4. If an applicant indicates on the statement submitted pursuant to subsection 1 that the applicant is subject to a court order for the support of a child and is not in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order, the Board shall advise the applicant to contact the district attorney or other public agency enforcing the order to determine the actions that the applicant may take to satisfy the arrearage.

Sec. 15. *1. Each license to practice music therapy expires 3 years after the date on which it is issued and may be renewed if, before the license expires, the licensee submits to the Board:*

(a) A completed application for renewal on a form prescribed by the Board;

(b) Proof that the applicant has continuously maintained for the previous 3 years his or her certification with and is currently certified as a music therapist by the Certification Board for Music Therapists or its successor organization;

(c) Proof that the applicant has completed not less than 100 units of continuing education approved by the Certification Board for Music Therapists or its successor organization; and

(d) A fee in the amount of \$200 or such other amount as prescribed by regulation by the Board.

2. Any increase in the fees imposed pursuant to this section must not exceed the amount necessary for the Board to carry out the provisions of this chapter.

Sec. 16. *1. A license that is not renewed on or before the date on which it expires is delinquent. The Board shall, within 30 days after the license becomes delinquent, send a notice to the licensee by certified mail, return receipt requested, to the address of the licensee as indicated in the records of the Board.*

2. A licensee may renew a delinquent license within 60 days after the license becomes delinquent by complying with the requirements of section 15 of this act.

3. A license expires 60 days after it becomes delinquent if it is not renewed within that period.



Sec. 17. 1. A licensee may:

(a) Accept referrals for music therapy services from physicians, psychologists or other medical, developmental or mental health professionals, education professionals, family members, clients or caregivers. Before providing music therapy services to a client for a medical or mental health condition, the licensee shall collaborate with the client's physician, psychologist, primary care provider or mental health professional to review the client's diagnosis, treatment needs and treatment plan.

(b) Conduct a music therapy assessment of a client to collect systematic, comprehensive and accurate information necessary to determine the appropriate type of music therapy services to provide for the client, including, without limitation, information relating to a client's emotional and physical health, social functioning, communication abilities and cognitive skills based upon the client's history and through observation and interaction of the client in music and nonmusic settings.

(c) Develop an individualized treatment plan for the client that identifies the goals, objectives and potential strategies of the music therapy services appropriate for the client using music interventions, which may include, without limitation, music improvisation, receptive music listening, song writing, lyric discussion, music and imagery, music performance, learning through music and movement to music.

(d) If applicable, carry out an individualized treatment plan that is consistent with any other medical, developmental, mental health or education services being provided to the client.

(e) Evaluate and compare the client's response to music therapy and the individualized treatment plan and suggest modifications, as appropriate.

(f) Develop a plan for determining when the provision of music therapy services is no longer needed in collaboration with the client, any physician or other provider of health care or education of the client, any appropriate member of the family of the client and any other appropriate person upon whom the client relies for support.

(g) Minimize any barriers so that the client may receive music therapy services in the least restrictive environment.

(h) Collaborate with and educate the client and the family or caregiver of the client or any other appropriate person about the needs of the client that are being addressed in music therapy and the manner in which the music therapy addresses those needs.



2. Except as otherwise provided by this chapter or a regulation adopted by the Board pursuant to this chapter, a licensee shall comply with the scope of practice of the Certification Board for Music Therapists or its successor organization.

Sec. 18. *The Board may refuse to grant or may suspend or revoke a license to practice music therapy for any of the following reasons:*

1. Submitting false, fraudulent or misleading information to the Board or any agency of this State, any other state, a territory or possession of the United States, the District of Columbia or the Federal Government.

2. Violating any provision of this chapter or any regulation adopted pursuant thereto.

3. Conviction of a felony relating to the practice of music therapy or of any offense involving moral turpitude, the record of conviction being conclusive evidence thereof.

4. Habitual drunkenness or addiction to the use of a controlled substance.

5. Impersonating a licensed music therapist or allowing another person to use his or her license.

6. Using fraud or deception in applying for a license to practice music therapy.

7. Failing to comply with the "Code of Professional Practice" of the Certification Board for Music Therapists or its successor organization or committing any other unethical practices contrary to the interest of the public as determined by the Board.

8. Negligence, fraud or deception in connection with the music therapy services a licensee is authorized to provide pursuant to this chapter.

Sec. 19. *1. If any member of the Board or a Music Therapy Advisory Group becomes aware of any ground for initiating disciplinary action against a licensee, the member must file a written complaint with the Board.*

2. As soon as practicable after receiving a complaint, the Board shall:

(a) Forward the complaint to the Certification Board for Music Therapists or its successor organization for investigation of the complaint and request a written report of the findings of such investigation; or

(b) To the extent money is available to do so, conduct an investigation of the complaint to determine whether the allegations in the complaint merit the initiation of disciplinary proceedings against the licensee.



3. *The Board shall retain a copy of each complaint filed with the Board pursuant to this section for at least 10 years, including, without limitation, any complaint that is not acted upon.*

Sec. 20. 1. *If, after an investigation conducted by the Board or receiving the findings from an investigation of a complaint from the Certification Board for Music Therapists or its successor organization, and after notice and a hearing as required by law, the Board finds one or more grounds for taking disciplinary action, the Board may:*

(a) *Place the licensee on probation for a specified period or until further order of the Board;*

(b) *Administer to the applicant or licensee a public reprimand;*

(c) *Refuse to renew the license of the licensee;*

(d) *Suspend or revoke the license of the licensee;*

(e) *Impose an administrative fine of not more than \$500 for each violation; or*

(f) *Take any combination of actions set forth in paragraphs (a) to (e), inclusive.*

2. *The order of the Board may include such other terms, provisions or conditions as the Board deems appropriate.*

3. *The order of the Board and the findings of fact and conclusions of law supporting that order are public records.*

4. *The Board shall not issue a private reprimand.*

Sec. 21. 1. *Except as otherwise provided in this section and NRS 239.0115, a complaint filed with the Board, all documents and other information filed with the complaint and all documents and other information returned from the Certification Board for Music Therapists or its successor organization as a result of an investigation conducted to determine whether to initiate disciplinary action against a person are confidential, unless the person submits a written statement to the Board requesting that such documents and information be made public records.*

2. *The charging documents filed with the Board to initiate disciplinary action pursuant to chapter 622A of NRS and all documents and information considered by the Board when determining whether to impose discipline are public records.*

3. *An order that imposes discipline and the findings of fact and conclusions of law supporting that order are public records.*

4. *The provisions of this section do not prohibit the Board from communicating or cooperating with or providing any documents or other information to any other licensing board or any other agency that is investigating a person, including, without limitation, a law enforcement agency.*



Sec. 22. 1. *If the Board receives a copy of a court order issued pursuant to NRS 425.540 that provides for the suspension of all professional, occupational and recreational licenses, certificates and permits issued to a person who is the holder of a license as a music therapist, the Board shall deem the license issued to that person to be suspended at the end of the 30th day after the date on which the court order was issued unless the Board receives a letter issued to the holder of the license by the district attorney or other public agency pursuant to NRS 425.550 stating that the holder of the license has complied with the subpoena or warrant or has satisfied the arrearage pursuant to NRS 425.560.*

2. The Board shall reinstate a license as a music therapist that has been suspended by a district court pursuant to NRS 425.540 if the Board receives a letter issued by the district attorney or other public agency pursuant to NRS 425.550 to the person whose license was suspended stating that the person whose license was suspended has complied with the subpoena or warrant or has satisfied the arrearage pursuant to NRS 425.560.

Sec. 23. 1. *If the Board determines that a person has violated or is about to violate any provision of this chapter or a regulation adopted pursuant thereto, the Board may bring an action in a court of competent jurisdiction to enjoin the person from engaging in or continuing the violation.*

2. An injunction:

(a) May be issued without proof of actual damage sustained by any person.

(b) Does not prohibit the criminal prosecution and punishment of the person who commits the violation.

Sec. 24. 1. *A person shall not require a licensee to delegate the provision of music therapy services to another person if, in the opinion of the licensee, such delegation would be inappropriate or create a risk of harm to the client.*

2. A person who violates the provisions of this section is guilty of a misdemeanor.

Sec. 25. NRS 629.031 is hereby amended to read as follows:

629.031 Except as otherwise provided by a specific statute:

1. "Provider of health care" means a physician licensed pursuant to chapter 630, 630A or 633 of NRS, physician assistant, dentist, licensed nurse, dispensing optician, optometrist, practitioner of respiratory care, registered physical therapist, podiatric physician, licensed psychologist, licensed marriage and family therapist, licensed clinical professional counselor, *music therapist*,



chiropractor, athletic trainer, perfusionist, doctor of Oriental medicine in any form, medical laboratory director or technician, pharmacist or a licensed hospital as the employer of any such person.

2. For the purposes of NRS 629.051, 629.061 and 629.065, the term includes a facility that maintains the health care records of patients.

Sec. 26. NRS 632.472 is hereby amended to read as follows:

632.472 1. The following persons shall report in writing to the Executive Director of the Board any conduct of a licensee or holder of a certificate which constitutes a violation of the provisions of this chapter:

(a) Any physician, dentist, dental hygienist, chiropractor, optometrist, podiatric physician, medical examiner, resident, intern, professional or practical nurse, nursing assistant, perfusionist, physician assistant licensed pursuant to chapter 630 or 633 of NRS, psychiatrist, psychologist, marriage and family therapist, clinical professional counselor, alcohol or drug abuse counselor, *music therapist*, driver of an ambulance, advanced emergency medical technician or other person providing medical services licensed or certified to practice in this State.

(b) Any personnel of a medical facility or facility for the dependent engaged in the admission, examination, care or treatment of persons or an administrator, manager or other person in charge of a medical facility or facility for the dependent upon notification by a member of the staff of the facility.

(c) A coroner.

(d) Any person who maintains or is employed by an agency to provide personal care services in the home.

(e) Any person who operates, who is employed by or who contracts to provide services for an intermediary service organization as defined in NRS 427A.0291.

(f) Any person who maintains or is employed by an agency to provide nursing in the home.

(g) Any employee of the Department of Health and Human Services.

(h) Any employee of a law enforcement agency or a county's office for protective services or an adult or juvenile probation officer.

(i) Any person who maintains or is employed by a facility or establishment that provides care for older persons.

(j) Any person who maintains, is employed by or serves as a volunteer for an agency or service which advises persons regarding



the abuse, neglect or exploitation of an older person and refers them to persons and agencies where their requests and needs can be met.

(k) Any social worker.

2. Every physician who, as a member of the staff of a medical facility or facility for the dependent, has reason to believe that a nursing assistant has engaged in conduct which constitutes grounds for the denial, suspension or revocation of a certificate shall notify the superintendent, manager or other person in charge of the facility. The superintendent, manager or other person in charge shall make a report as required in subsection 1.

3. A report may be filed by any other person.

4. Any person who in good faith reports any violation of the provisions of this chapter to the Executive Director of the Board pursuant to this section is immune from civil liability for reporting the violation.

5. As used in this section, "agency to provide personal care services in the home" has the meaning ascribed to it in NRS 449.0021.

Sec. 27. NRS 200.5093 is hereby amended to read as follows:

200.5093 1. Any person who is described in subsection 4 and who, in a professional or occupational capacity, knows or has reasonable cause to believe that an older person has been abused, neglected, exploited or isolated shall:

(a) Except as otherwise provided in subsection 2, report the abuse, neglect, exploitation or isolation of the older person to:

(1) The local office of the Aging and Disability Services Division of the Department of Health and Human Services;

(2) A police department or sheriff's office;

(3) The county's office for protective services, if one exists in the county where the suspected action occurred; or

(4) A toll-free telephone service designated by the Aging and Disability Services Division of the Department of Health and Human Services; and

(b) Make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the older person has been abused, neglected, exploited or isolated.

2. If a person who is required to make a report pursuant to subsection 1 knows or has reasonable cause to believe that the abuse, neglect, exploitation or isolation of the older person involves an act or omission of the Aging and Disability Services Division, another division of the Department of Health and Human Services or a law enforcement agency, the person shall make the report to an



agency other than the one alleged to have committed the act or omission.

3. Each agency, after reducing a report to writing, shall forward a copy of the report to the Aging and Disability Services Division of the Department of Health and Human Services and the Unit for the Investigation and Prosecution of Crimes.

4. A report must be made pursuant to subsection 1 by the following persons:

(a) Every physician, dentist, dental hygienist, chiropractor, optometrist, podiatric physician, medical examiner, resident, intern, professional or practical nurse, physician assistant licensed pursuant to chapter 630 or 633 of NRS, perfusionist, psychiatrist, psychologist, marriage and family therapist, clinical professional counselor, clinical alcohol and drug abuse counselor, alcohol and drug abuse counselor, *music therapist*, athletic trainer, driver of an ambulance, advanced emergency medical technician or other person providing medical services licensed or certified to practice in this State, who examines, attends or treats an older person who appears to have been abused, neglected, exploited or isolated.

(b) Any personnel of a hospital or similar institution engaged in the admission, examination, care or treatment of persons or an administrator, manager or other person in charge of a hospital or similar institution upon notification of the suspected abuse, neglect, exploitation or isolation of an older person by a member of the staff of the hospital.

(c) A coroner.

(d) Every person who maintains or is employed by an agency to provide personal care services in the home.

(e) Every person who maintains or is employed by an agency to provide nursing in the home.

(f) Every person who operates, who is employed by or who contracts to provide services for an intermediary service organization as defined in NRS 427A.0291.

(g) Any employee of the Department of Health and Human Services.

(h) Any employee of a law enforcement agency or a county's office for protective services or an adult or juvenile probation officer.

(i) Any person who maintains or is employed by a facility or establishment that provides care for older persons.

(j) Any person who maintains, is employed by or serves as a volunteer for an agency or service which advises persons regarding the abuse, neglect, exploitation or isolation of an older person and



refers them to persons and agencies where their requests and needs can be met.

(k) Every social worker.

(l) Any person who owns or is employed by a funeral home or mortuary.

5. A report may be made by any other person.

6. If a person who is required to make a report pursuant to subsection 1 knows or has reasonable cause to believe that an older person has died as a result of abuse, neglect or isolation, the person shall, as soon as reasonably practicable, report this belief to the appropriate medical examiner or coroner, who shall investigate the cause of death of the older person and submit to the appropriate local law enforcement agencies, the appropriate prosecuting attorney, the Aging and Disability Services Division of the Department of Health and Human Services and the Unit for the Investigation and Prosecution of Crimes his or her written findings. The written findings must include the information required pursuant to the provisions of NRS 200.5094, when possible.

7. A division, office or department which receives a report pursuant to this section shall cause the investigation of the report to commence within 3 working days. A copy of the final report of the investigation conducted by a division, office or department, other than the Aging and Disability Services Division of the Department of Health and Human Services, must be forwarded within 30 days after the completion of the report to the:

(a) Aging and Disability Services Division;

(b) Repository for Information Concerning Crimes Against Older Persons created by NRS 179A.450; and

(c) Unit for the Investigation and Prosecution of Crimes.

8. If the investigation of a report results in the belief that an older person is abused, neglected, exploited or isolated, the Aging and Disability Services Division of the Department of Health and Human Services or the county's office for protective services may provide protective services to the older person if the older person is able and willing to accept them.

9. A person who knowingly and willfully violates any of the provisions of this section is guilty of a misdemeanor.

10. As used in this section, "Unit for the Investigation and Prosecution of Crimes" means the Unit for the Investigation and Prosecution of Crimes Against Older Persons in the Office of the Attorney General created pursuant to NRS 228.265.



Sec. 28. NRS 200.50935 is hereby amended to read as follows:

200.50935 1. Any person who is described in subsection 3 and who, in a professional or occupational capacity, knows or has reasonable cause to believe that a vulnerable person has been abused, neglected, exploited or isolated shall:

(a) Report the abuse, neglect, exploitation or isolation of the vulnerable person to a law enforcement agency; and

(b) Make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the vulnerable person has been abused, neglected, exploited or isolated.

2. If a person who is required to make a report pursuant to subsection 1 knows or has reasonable cause to believe that the abuse, neglect, exploitation or isolation of the vulnerable person involves an act or omission of a law enforcement agency, the person shall make the report to a law enforcement agency other than the one alleged to have committed the act or omission.

3. A report must be made pursuant to subsection 1 by the following persons:

(a) Every physician, dentist, dental hygienist, chiropractor, optometrist, podiatric physician, medical examiner, resident, intern, professional or practical nurse, perfusionist, physician assistant licensed pursuant to chapter 630 or 633 of NRS, psychiatrist, psychologist, marriage and family therapist, clinical professional counselor, clinical alcohol and drug abuse counselor, alcohol and drug abuse counselor, *music therapist*, athletic trainer, driver of an ambulance, advanced emergency medical technician or other person providing medical services licensed or certified to practice in this State, who examines, attends or treats a vulnerable person who appears to have been abused, neglected, exploited or isolated.

(b) Any personnel of a hospital or similar institution engaged in the admission, examination, care or treatment of persons or an administrator, manager or other person in charge of a hospital or similar institution upon notification of the suspected abuse, neglect, exploitation or isolation of a vulnerable person by a member of the staff of the hospital.

(c) A coroner.

(d) Every person who maintains or is employed by an agency to provide nursing in the home.

(e) Any employee of the Department of Health and Human Services.



(f) Any employee of a law enforcement agency or an adult or juvenile probation officer.

(g) Any person who maintains or is employed by a facility or establishment that provides care for vulnerable persons.

(h) Any person who maintains, is employed by or serves as a volunteer for an agency or service which advises persons regarding the abuse, neglect, exploitation or isolation of a vulnerable person and refers them to persons and agencies where their requests and needs can be met.

(i) Every social worker.

(j) Any person who owns or is employed by a funeral home or mortuary.

4. A report may be made by any other person.

5. If a person who is required to make a report pursuant to subsection 1 knows or has reasonable cause to believe that a vulnerable person has died as a result of abuse, neglect or isolation, the person shall, as soon as reasonably practicable, report this belief to the appropriate medical examiner or coroner, who shall investigate the cause of death of the vulnerable person and submit to the appropriate local law enforcement agencies and the appropriate prosecuting attorney his or her written findings. The written findings must include the information required pursuant to the provisions of NRS 200.5094, when possible.

6. A law enforcement agency which receives a report pursuant to this section shall immediately initiate an investigation of the report.

7. A person who knowingly and willfully violates any of the provisions of this section is guilty of a misdemeanor.

Sec. 29. NRS 200.5095 is hereby amended to read as follows:

200.5095 1. Reports made pursuant to NRS 200.5093, 200.50935 and 200.5094, and records and investigations relating to those reports, are confidential.

2. A person, law enforcement agency or public or private agency, institution or facility who willfully releases data or information concerning the reports and investigation of the abuse, neglect, exploitation or isolation of older persons or vulnerable persons, except:

(a) Pursuant to a criminal prosecution;

(b) Pursuant to NRS 200.50982; or

(c) To persons or agencies enumerated in subsection 3,

↳ is guilty of a misdemeanor.

3. Except as otherwise provided in subsection 2 and NRS 200.50982, data or information concerning the reports and



investigations of the abuse, neglect, exploitation or isolation of an older person or a vulnerable person is available only to:

(a) A physician who is providing care to an older person or a vulnerable person who may have been abused, neglected, exploited or isolated;

(b) An agency responsible for or authorized to undertake the care, treatment and supervision of the older person or vulnerable person;

(c) A district attorney or other law enforcement official who requires the information in connection with an investigation of the abuse, neglect, exploitation or isolation of the older person or vulnerable person;

(d) A court which has determined, in camera, that public disclosure of such information is necessary for the determination of an issue before it;

(e) A person engaged in bona fide research, but the identity of the subjects of the report must remain confidential;

(f) A grand jury upon its determination that access to such records is necessary in the conduct of its official business;

(g) Any comparable authorized person or agency in another jurisdiction;

(h) A legal guardian of the older person or vulnerable person, if the identity of the person who was responsible for reporting the alleged abuse, neglect, exploitation or isolation of the older person or vulnerable person to the public agency is protected, and the legal guardian of the older person or vulnerable person is not the person suspected of such abuse, neglect, exploitation or isolation;

(i) If the older person or vulnerable person is deceased, the executor or administrator of his or her estate, if the identity of the person who was responsible for reporting the alleged abuse, neglect, exploitation or isolation of the older person or vulnerable person to the public agency is protected, and the executor or administrator is not the person suspected of such abuse, neglect, exploitation or isolation; or

(j) The older person or vulnerable person named in the report as allegedly being abused, neglected, exploited or isolated, if that person is not legally incompetent.

4. If the person who is reported to have abused, neglected, exploited or isolated an older person or a vulnerable person is the holder of a license or certificate issued pursuant to chapters 449, 630 to 641B, inclusive, or 654 of NRS, *or sections 2 to 24, inclusive, of this act, the* information contained in the report must be submitted to the board that issued the license.



Sec. 30. NRS 432B.220 is hereby amended to read as follows:

432B.220 1. Any person who is described in subsection 4 and who, in his or her professional or occupational capacity, knows or has reasonable cause to believe that a child has been abused or neglected shall:

(a) Except as otherwise provided in subsection 2, report the abuse or neglect of the child to an agency which provides child welfare services or to a law enforcement agency; and

(b) Make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused or neglected.

2. If a person who is required to make a report pursuant to subsection 1 knows or has reasonable cause to believe that the abuse or neglect of the child involves an act or omission of:

(a) A person directly responsible or serving as a volunteer for or an employee of a public or private home, institution or facility where the child is receiving child care outside of the home for a portion of the day, the person shall make the report to a law enforcement agency.

(b) An agency which provides child welfare services or a law enforcement agency, the person shall make the report to an agency other than the one alleged to have committed the act or omission, and the investigation of the abuse or neglect of the child must be made by an agency other than the one alleged to have committed the act or omission.

3. Any person who is described in paragraph (a) of subsection 4 who delivers or provides medical services to a newborn infant and who, in his or her professional or occupational capacity, knows or has reasonable cause to believe that the newborn infant has been affected by prenatal illegal substance abuse or has withdrawal symptoms resulting from prenatal drug exposure shall, as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the newborn infant is so affected or has such symptoms, notify an agency which provides child welfare services of the condition of the infant and refer each person who is responsible for the welfare of the infant to an agency which provides child welfare services for appropriate counseling, training or other services. A notification and referral to an agency which provides child welfare services pursuant to this subsection shall not be construed to require prosecution for any illegal action.

4. A report must be made pursuant to subsection 1 by the following persons:



(a) A physician, dentist, dental hygienist, chiropractor, optometrist, podiatric physician, medical examiner, resident, intern, professional or practical nurse, physician assistant licensed pursuant to chapter 630 or 633 of NRS, perfusionist, psychiatrist, psychologist, marriage and family therapist, clinical professional counselor, clinical alcohol and drug abuse counselor, alcohol and drug abuse counselor, clinical social worker, *music therapist*, athletic trainer, advanced emergency medical technician or other person providing medical services licensed or certified in this State.

(b) Any personnel of a hospital or similar institution engaged in the admission, examination, care or treatment of persons or an administrator, manager or other person in charge of a hospital or similar institution upon notification of suspected abuse or neglect of a child by a member of the staff of the hospital.

(c) A coroner.

(d) A member of the clergy, practitioner of Christian Science or religious healer, unless the person has acquired the knowledge of the abuse or neglect from the offender during a confession.

(e) A social worker and an administrator, teacher, librarian or counselor of a school.

(f) Any person who maintains or is employed by a facility or establishment that provides care for children, children's camp or other public or private facility, institution or agency furnishing care to a child.

(g) Any person licensed to conduct a foster home.

(h) Any officer or employee of a law enforcement agency or an adult or juvenile probation officer.

(i) An attorney, unless the attorney has acquired the knowledge of the abuse or neglect from a client who is or may be accused of the abuse or neglect.

(j) Any person who maintains, is employed by or serves as a volunteer for an agency or service which advises persons regarding abuse or neglect of a child and refers them to persons and agencies where their requests and needs can be met.

(k) Any person who is employed by or serves as a volunteer for an approved youth shelter. As used in this paragraph, "approved youth shelter" has the meaning ascribed to it in NRS 244.422.

(l) Any adult person who is employed by an entity that provides organized activities for children.

5. A report may be made by any other person.

6. If a person who is required to make a report pursuant to subsection 1 knows or has reasonable cause to believe that a child has died as a result of abuse or neglect, the person shall, as soon as



reasonably practicable, report this belief to an agency which provides child welfare services or a law enforcement agency. If such a report is made to a law enforcement agency, the law enforcement agency shall notify an agency which provides child welfare services and the appropriate medical examiner or coroner of the report. If such a report is made to an agency which provides child welfare services, the agency which provides child welfare services shall notify the appropriate medical examiner or coroner of the report. The medical examiner or coroner who is notified of a report pursuant to this subsection shall investigate the report and submit his or her written findings to the appropriate agency which provides child welfare services, the appropriate district attorney and a law enforcement agency. The written findings must include, if obtainable, the information required pursuant to the provisions of subsection 2 of NRS 432B.230.

Sec. 31. NRS 439B.225 is hereby amended to read as follows:

439B.225 1. As used in this section, "licensing board" means any division or board empowered to adopt standards for the issuance or renewal of licenses, permits or certificates of registration pursuant to NRS 435.3305 to 435.339, inclusive, chapter 449, 625A, 630, 630A, 631, 632, 633, 634, 634A, 635, 636, 637, 637A, 637B, 639, 640, 640A, 641, 641A, 641B, 641C, 652 or 654 of NRS **H** or *sections 2 to 24, inclusive, of this act.*

2. The Committee shall review each regulation that a licensing board proposes or adopts that relates to standards for the issuance or renewal of licenses, permits or certificates of registration issued to a person or facility regulated by the board, giving consideration to:

(a) Any oral or written comment made or submitted to it by members of the public or by persons or facilities affected by the regulation;

(b) The effect of the regulation on the cost of health care in this State;

(c) The effect of the regulation on the number of licensed, permitted or registered persons and facilities available to provide services in this State; and

(d) Any other related factor the Committee deems appropriate.

3. After reviewing a proposed regulation, the Committee shall notify the agency of the opinion of the Committee regarding the advisability of adopting or revising the proposed regulation.

4. The Committee shall recommend to the Legislature as a result of its review of regulations pursuant to this section any appropriate legislation.



Sec. 32. NRS 608.0116 is hereby amended to read as follows:
608.0116 “Professional” means pertaining to an employee who is licensed or certified by the State of Nevada for and engaged in the practice of law or any of the professions regulated by chapters 623 to 645, inclusive, 645G and 656A of NRS ~~[-]~~ *and sections 2 to 24, inclusive, of this act.*

Sec. 33. Section 14 of this act is hereby amended to read as follows:

Sec. 14. 1. In addition to any other requirements set forth in this chapter, an applicant for the issuance or renewal of a license as a music therapist shall ~~[-]~~

~~—(a) Include the social security number of the applicant in the application submitted to the Board.~~

~~—(b) Submit~~ *submit* to the Board the statement prescribed by the Division of Welfare and Supportive Services of the Department of Health and Human Services pursuant to NRS 425.520. The statement must be completed and signed by the applicant.

2. The Board shall include the statement required pursuant to subsection 1 in:

(a) The application or any other forms that must be submitted for the issuance or renewal of the license; or

(b) A separate form prescribed by the Board.

3. A license may not be issued or renewed by the Board if the applicant:

(a) Fails to submit the statement required pursuant to subsection 1; or

(b) Indicates on the statement submitted pursuant to subsection 1 that the applicant is subject to a court order for the support of a child and is not in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

4. If an applicant indicates on the statement submitted pursuant to subsection 1 that the applicant is subject to a court order for the support of a child and is not in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order, the Board shall advise the applicant to contact the district attorney or other public agency enforcing the order to determine the actions that the applicant may take to satisfy the arrearage.



Sec. 34. The State Board of Health shall not adopt any regulation to increase the fee for the issuance of a license to practice music therapy pursuant to section 13 of this act or the fee for the renewal of such a license pursuant to section 15 of this act before January 1, 2014.

Sec. 35. 1. This section, sections 1 to 32, inclusive, and section 34 of this act become effective:

(a) Upon passage and approval for the purpose of issuing licenses to qualified applicants; and

(b) On January 1, 2012, for all other purposes.

2. Section 33 of this act becomes effective on the date on which the provisions of 42 U.S.C. § 666 requiring each state to establish procedures under which the state has authority to withhold or suspend, or to restrict the use of professional, occupational and recreational licenses of persons who:

(a) Have failed to comply with a subpoena or warrant relating to a proceeding to determine the paternity of a child or to establish or enforce an obligation for the support of a child; or

(b) Are in arrears in the payment for the support of one or more children,

↪ are repealed by the Congress of the United States.

3. Sections 22 and 33 of this act expire by limitation 2 years after the date on which the provisions of 42 U.S.C. § 666 requiring each state to establish procedures under which the state has authority to withhold or suspend, or to restrict the use of professional, occupational and recreational licenses of persons who:

(a) Have failed to comply with a subpoena or warrant relating to a proceeding to determine the paternity of a child or to establish or enforce an obligation for the support of a child; or

(b) Are in arrears in the payment for the support of one or more children,

↪ are repealed by the Congress of the United States.



