

NEVADA

Nevada's ballot measure, Right to Abortion Initiative, passed on November 5, 2024. The ballot measure will be voted on again, in 2026 and, if approved, will amend Nev. Const. art. I, s. 25. See below.

Sec. 1. All individuals shall have a fundamental right to abortion performed or administered by a qualified health care practitioner until fetal viability, or when needed to protect the life or health of the pregnant patient, without interference from the state or its political subdivisions. The right established by this section shall not be denied, burdened, or infringed upon unless justified by a compelling state interest that is achieved by the least restrictive means

Sec. 2. As used in this section: A "compelling state interest" means an interest which is limited exclusively to the state's interest in protecting, maintaining, or improving the health of an individual

who is seeking abortion care that is consistent with accepted clinical standards of practice; and

"Fetal viability" means the point in pregnancy when, in the professional judgment of the patient's treating health care practitioner, there is a significant likelihood of the fetus' sustained survival outside the uterus without the application of extraordinary medical measures

Planned Parenthood v. Ford, Case no. 3:85-cv-00331-ART-CSD, Order Lifting Administrative Stay, (July 22, 2025). The Court, Traum J., ordered the court's temporary stay (April 25, 2025, see below) vacating the injunction against enforcement of NRS 442.255, 442.25555, and 442.257 (ECF No. 135) lifted.

Planned Parenthood v. Ford, [Case No. 3:85-cv-00331-ART-CSD](#). (April 25, 2025). Judge issued a temporary administrative stay blocking the court's order while plaintiffs seek a stay pending appeal to the 9th Cir. NRS 442.255, 442.25555, and 442.257 (ECF No. 135) will not take effect after the ban on the law's expiration date. (A long-dormant law that would require parents or guardians to be notified before a minor can have an abortion.)

NRS 179.540. Governor prohibited from surrendering or issuing arrest warrant for person charged in another state with criminal violation related to certain reproductive health care services; exception.

1. Notwithstanding the provisions of NRS 179.177 to 179.235, inclusive, the Governor shall not surrender, or issue a warrant pursuant to NRS 179.191 for the arrest of, any person in this State who is charged in another state with a criminal violation of the laws of that other state if the violation alleged involves the provision or receipt of or assistance with reproductive health care services, unless the acts forming the basis of the prosecution of the crime charged would constitute a criminal offense under the laws of the State of Nevada.

2. The provisions of this section do not apply in the circumstance where a demand for the extradition of a person charged with crime in another state is made in accordance with NRS 179.183, and the person who is the subject of the demand was physically present in the demanding state at the time of the commission of the alleged offense and thereafter fled from that state.

3. As used in this section:

(a) "Reproductive health care services" means medical, surgical, counseling or referral services relating to the human reproductive system, including, without limitation, services relating to

pregnancy, contraception, the termination of pregnancy or any procedure or care found by a competent medical professional to be appropriate based upon the wishes of a patient and in accordance with the laws of this State.

(b) The words and terms defined in [NRS 179.179](#) have the meanings ascribed to them in that section.

NRS 232.0088. State agency not to cooperate in investigation or proceeding initiated in or by another state relating to reproductive health care services that are legal in this State; exceptions; definitions.

1. Except as required by the order of a court of competent jurisdiction, a state agency shall not provide any information or expend or use time, money, facilities, property, equipment, personnel or other resources in furtherance of any investigation or proceeding initiated in or by another state that seeks to impose civil or criminal liability or professional sanction upon a person or entity for:

(a) The provision, securing or receiving of, or any inquiry concerning, reproductive health care services that are legal in this State; or

(b) Any assistance given to any person or entity that relates to the provision, securing or receiving of, or any inquiry concerning, reproductive health care services that are legal in this State.

2. The provisions of subsection 1 do not apply to any investigation or proceeding where the conduct that is subject to potential liability under the investigation or proceeding initiated in or by the other state would be subject to civil or criminal liability or professional sanction under the laws of the State of Nevada, if committed in this State.

3. Notwithstanding the provisions of this section, a state agency or employee, appointee, officer or other person acting on behalf of a state agency may provide information or assistance in connection with such an investigation or proceeding in response to a written request by the person who is the subject of the investigation or proceeding.

4. As used in this section:

(a) “Reproductive health care services” means medical, surgical, counseling or referral services relating to the human reproductive system, including, without limitation, services relating to pregnancy, contraception, the termination of pregnancy or any procedure or care found by a competent medical professional to be appropriate based upon the wishes of a patient and in accordance with the laws of this State.

(b) “State agency” means an agency, bureau, board, commission, department, division, officer, employee, appointee or agent or any other unit of the Executive Department.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

NRS 442.253 Requirements for informed consent.

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

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

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

(2) Inform her of the estimated gestational age.

(3) Explain:

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

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

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

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

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

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

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

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

(1) The woman;

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

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

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

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

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

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

(3/31/25—U.S. Dis. Ct. (D. Nev.), Traum, J., lifted 1991 injunction for NRS 442.255. Law to go into effect April 30, 2025)

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

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

(a) She is mature enough to make an intelligent and informed decision concerning the abortion;

(b) She is financially independent or is emancipated; or

(c) The notice required by subsection 1 would be detrimental to her best interests,

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

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

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

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

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

(3/31/25—U.S. Dis. Ct. (D. Nev.), Traum, J., lifted 1991 injunction for NRS 442.2555. Law to go into effect April 30, 2025)

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

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

(b) For court appearances, \$30 per hour.

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

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

(a) The minor's emotional development, maturity, intellect and understanding;

(b) The minor's degree of financial independence and degree of emancipation from parental authority;

(c) The minor's best interests relative to parental involvement in the decision whether to undergo an abortion; and

(d) Any other evidence that the court may find useful in determining whether the minor is entitled to avoid parental notification.

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

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

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

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

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

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

1. The form indicating consent completed in compliance with subsection 3 of [NRS 442.253](#).

2. A statement of the information which was provided to the woman pursuant to [NRS 442.253](#).

3. A description of efforts to give any notice required by [NRS 442.255](#).
(Added to NRS by [1981, 1163](#); A [1985, 2310](#); [2019, 1504](#))

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

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

Nev. Rev. Stat. Ann. § 442.257. Criminal penalty.

Any person who violates any provision of NRS 442.252 to 442.256, inclusive, is guilty of a misdemeanor.

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

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

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

- (a) The date of the abortion;
- (b) The place of the abortion including the city, county and state;
- (c) The type of facility;
- (d) The usual residence of the woman, including the city, county and state;
- (e) Her age;
- (f) Her ethnic group or race;
- (g) Her marital status;
- (h) The number of previous live births;
- (i) The number of previous induced abortions;
- (j) The duration of her pregnancy, as measured from first day of last normal menses to date of abortion, and as estimated by uterine size prior to performance of the abortion;
- (k) The type of abortion procedure; and
- (l) If a woman has had a previously induced abortion, the information in paragraphs (a) to (k), inclusive, or as much thereof as can be reasonably obtained, for each previous abortion.

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

- (a) Absolute assurance is provided that confidentiality of information on the persons involved will be preserved;
- (b) Informed consent of each person involved in the study is obtained in writing;
- (c) The study is conducted according to established standards and ethics; and
- (d) The study is related to problems of health and has scientific merit with regard to both design and the importance of the problems to be solved.

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

NRS 442.265 Hospital to submit monthly report to State Registrar of Vital Statistics.

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

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

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

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

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

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

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

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

NRS Ann. § 200.220. Taking drugs to terminate pregnancy guilty; penalty.

A woman who takes or uses, or submits to the use of, any drug, medicine or substance, or any instrument or other means, with the intent to terminate her pregnancy after the 24th week of pregnancy, unless the same is performed upon herself upon the advice of a physician acting pursuant to the provisions of NRS 442.250, and thereby causes the death of the child of the pregnancy, commits manslaughter and shall be punished for a category B felony by imprisonment in the state prison for a minimum term of not less than 1 year and a maximum term of not more than 10 years, and may be further punished by a fine of not more than \$10,000.

SECURITY AND PRIVACY OF CONSUMER HEALTH DATA

NRS. 603A.400. Definitions.

As used in [NRS 603A.400](#) to [603A.550](#), inclusive, unless the context otherwise requires, the words and terms defined in [NRS 603A.405](#) to [603A.485](#), inclusive, have the meanings ascribed to them in those sections.

NRS. 603A.405. “Affiliate” defined.

“Affiliate” means an entity that shares common branding with another entity and controls, is controlled by or is under common control with the other entity. For the purposes of this section, an entity shall be deemed to control another entity if the entity:

1. Owns or has the power to vote at least half of the outstanding shares of any class of voting security in the other entity;
2. Controls in any manner the election of a majority of the directors or persons exercising similar functions to directors of the other entity; or

3. Has the power to exercise controlling influence over the management of the other entity.

NRS. 603A.410. “Authenticate” defined.

“Authenticate” means to ascertain the identity of the originator of an electronic or physical document and establish a link between the document and the originator.

NRS. 603A.415. “Biometric data” defined.

“Biometric data” means data which is generated from the measurement or technical processing of the physiological, biological or behavioral characteristics of a person and, alone or in combination with other data, is capable of being used to identify the person. The term includes, without limitation:

1. Imagery of the fingerprint, palm print, hand print, scar, bodily mark, tattoo, voiceprint, face, retina, iris or vein pattern of a person; and
2. Keystroke patterns or rhythms and gait patterns or rhythms that contain identifying information.

NRS. 603A.420. “Collect” defined.

“Collect” means to buy, rent, access, retain, receive, acquire, infer, derive or otherwise process consumer health data in any manner.

NRS. 603A.425. “Consumer” defined.

“Consumer” means a natural person who has requested a product or service from a regulated entity and who resides in this State or whose consumer health data is collected in this State. The term does not include a natural person acting in an employment context or as an agent of a governmental entity.

NRS. 603A.430. “Consumer health data” defined.

“Consumer health data” means personally identifiable information that is linked or reasonably capable of being linked to a consumer and that a regulated entity uses to identify the past, present or future health status of the consumer. The term:

1. Includes, without limitation:
 - (a) Information relating to:
 - (1) Any health condition or status, disease or diagnosis;
 - (2) Social, psychological, behavioral or medical interventions;
 - (3) Surgeries or other health-related procedures;
 - (4) The use or acquisition of medication;
 - (5) Bodily functions, vital signs or symptoms;
 - (6) Reproductive or sexual health care; and

(7) Gender-affirming care;

(b) Biometric data or genetic data related to information described in paragraph (a);

(c) Information related to the precise geolocation information of a consumer that a regulated entity uses to indicate an attempt by a consumer to receive health care services or products; and

(d) Any information described in paragraph (a), (b) or (c) that is derived or extrapolated from information that is not consumer health data, including, without limitation, proxy, derivative, inferred or emergent data derived through an algorithm, machine learning or any other means.

2. Does not include information that is used to:

(a) Provide access to or enable gameplay by a person on a video game platform; or

(b) Identify the shopping habits or interests of a consumer, if that information is not used to identify the specific past, present or future health status of the consumer.

NRS. 603A.435. “Gender-affirming care” defined.

“Gender-affirming care” means health services or products that support and affirm the gender identity of a person, including, without limitation:

1. Treatments for gender dysphoria;
2. Gender-affirming hormone therapy; and
3. Gender-affirming surgery.

NRS. 603A.440. “Genetic data” defined.

“Genetic data” means any data that concerns the genetic characteristics of a person. The term includes, without limitation:

1. Data directly resulting from the sequencing of all or a portion of the deoxyribonucleic acid of a person;
2. Genotypic and phenotypic information that results from analyzing the information described in subsection 1; and
3. Data concerning the health of a person that is analyzed in connection with the information described in subsection 1.

NRS. 603A.445. “Health care services or products” defined.

“Health care services or products” means any service or product provided to a person to assess, measure, improve or learn about the health of a person. The term includes, without limitation:

1. Services relating to any health condition or status, disease or diagnosis;
2. Social, psychological, behavioral or medical interventions;
3. Surgeries or other health-related procedures;
4. Medication or services related to the use or acquisition of medication; or

5. Monitoring or measurement related to bodily functions, vital signs or symptoms.

NRS. 603A.450. “Precise geolocation information” defined.

“Precise geolocation information” means information derived from technology, including, without limitation, latitude and longitude coordinates at the level of detail typically provided by a global positioning system, that directly identifies the specific location of a natural person with precision and accuracy within a radius of 1,750 feet. The term does not include:

1. The content of any communication; or
2. Any data generated by or connected to advanced metering infrastructure for utilities or other equipment used by a utility.

NRS. 603A.455. “Process” defined.

“Process” means any operation or set of operations performed on consumer health data.

NRS. 603A.460. “Processor” defined.

“Processor” means a person who processes consumer health data on behalf of a regulated entity.

NRS. 603A.465. “Regular entity” defined.

“Regulated entity” means any person who:

1. Conducts business in this State or produces or provides products or services that are targeted to consumers in this State; and
2. Alone or with other persons, determines the purpose and means of processing, sharing or selling consumer health data.

NRS. 603A.470. “Reproductive or sexual health care” defined.

“Reproductive or sexual health care” means health care services or products that support or relate to the reproductive system or sexual well-being of a person. The term includes, without limitation, abortion, the provision of medication to induce an abortion and any medical or nonmedical services associated with an abortion.

NRS. 603A.475. “Sell” defined.

“Sell” means to exchange consumer health data for money or other valuable consideration. The term does not include the exchange of consumer health data for money or other valuable consideration:

1. With a processor in a manner consistent with the purpose for which the consumer health data was collected, as disclosed to the consumer to whom the consumer health data pertains pursuant to NRS 603A.500.
2. With a third party as an asset that is part of a merger, acquisition, bankruptcy or other transaction through which the third party assumes control of all or part of the assets of the regulated entity.

3. With a third party for the purpose of providing a product or service requested by the consumer to whom the consumer health data pertains.

4. With an affiliate of the person who is providing or disclosing the consumer health data.

5. As directed by the consumer to whom the consumer health data pertains or where the consumer to whom the consumer health data pertains intentionally uses the person who is providing or disclosing the consumer health data to interact with the third party to whom the consumer health data is provided or disclosed.

6. Where the consumer has intentionally made the consumer health data available to the general public through mass media that was not restricted to a specific audience.

NRS. 603A.480. “Share” defined.

“Share” means to release, disclose, disseminate, divulge, make available, provide access to, license or otherwise communicate consumer health data orally, in writing or by electronic or other means.

NRS. 603A.485. “Third party” defined.

“Third party” means a person who is not a consumer, regulated entity, processor or affiliate of a regulated entity.

NRS. 603A.490. Applicability.

1. The provisions of NRS 603A.400 to 603A.550, inclusive, do not apply to:

(a) Any person or entity that is subject to the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, and the regulations adopted pursuant thereto.

(b) A financial institution or an affiliate of a financial institution that is subject to the provisions of the Gramm-Leach-Bliley Act, 15 U.S.C. §§ 6801 et seq., or any personally identifiable information regulated by that Act which is collected, maintained or sold as provided in that Act.

(c) Patient identifying information, as defined in 42 C.F.R. § 2.11, that is collected, used or disclosed in accordance with 42 C.F.R. Part 2.

(d) Patient safety work product, as defined in 42 C.F.R. § 3.20, that is collected, used or disclosed in accordance with 42 C.F.R. Part 3.

(e) Identifiable private information, as defined in 45 C.F.R. § 46.102, that is collected, used or disclosed in accordance with 45 C.F.R. Part 46.

(f) Information used or shared as part of research conducted pursuant to 45 C.F.R. Part 46 or 21 C.F.R. Parts 50 and 56 or in accordance with the version of the *Guideline for Good Clinical Practice* prescribed by the International Council for Harmonisation of Technical Requirements for Pharmaceuticals for Human Use published on November 9, 2016.

(g) Information used only for public health activities and purposes, as described in 45 C.F.R. § 164.512(b), regardless of whether such information is subject to the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, and the regulations adopted pursuant thereto.

(h) Personally identifiable information that is governed by and collected, used or disclosed pursuant to:

- (1) Part C of Title XI of the Social Security Act, 42 U.S.C. §§ 1320d et seq.;
- (2) The Fair Credit Reporting Act, 15 U.S.C. §§ 1681 et seq.; or
- (3) The Family Educational Rights and Privacy Act of 1974, 20 U.S.C. § 1232g, and the regulations adopted pursuant thereto.

(i) Information and documents created for the purposes of compliance with the federal Health Care Quality Improvement Act of 1986, 42 U.S.C. §§ 11101 et seq., and any regulations adopted pursuant thereto.

(j) The collection or sharing of consumer health data where expressly authorized by any provision of federal or state law.

(k) Information processed by or for any governmental or tribal entity for civic or governmental purposes and operations or related services and operations.

(l) Any person who holds a nonrestricted license, as defined in NRS 463.0177, or an affiliate, as defined in NRS 463.0133, of such a person.

(m) Law enforcement agencies, contractors of law enforcement agencies and law enforcement activities.

(n) Information that has been de-identified in accordance with the requirements for de-identification set forth in 45 C.F.R. § 164.514.

2. A third party that obtains consumer health data from a regulated entity through a merger, acquisition, bankruptcy or other transaction through which the third party assumes control of all or part of the assets of the regulated entity is deemed to assume all obligations of the regulated entity to comply with the provisions of NRS 603A.400 to 603A.550, inclusive.

Regulation of Business Practices

NRS. 603A.495. Regulated entity required to develop and maintain policy concerning privacy of consumer health data policy to be posted on Internet website maintained by regulated entity; prohibited acts.

1. A regulated entity shall develop and maintain a policy concerning the privacy of consumer health data that clearly and conspicuously establishes:

(a) The categories of consumer health data being collected by the regulated entity and the manner in which the consumer health data will be used;

(b) The categories of sources from which consumer health data is collected;

(c) The categories of consumer health data that are shared by the regulated entity;

(d) The categories of third parties and affiliates with whom the regulated entity shares consumer health data;

(e) The purposes of collecting, using and sharing consumer health data;

(f) The manner in which consumer health data will be processed;

(g) The procedure for submitting a request pursuant to NRS 603A.505;

(h) The process, if any such process exists, for a consumer to review and request changes to any of his or her consumer health data that is collected by the regulated entity;

(i) The process by which the regulated entity notifies consumers whose consumer health data is collected by the regulated entity of material changes to the privacy policy;

(j) Whether a third party may collect consumer health data over time and across different Internet websites or online services when the consumer uses any Internet website or online service of the regulated entity; and

(k) The effective date of the privacy policy.

2. A regulated entity shall post conspicuously on the main Internet website maintained by the regulated entity a hyperlink to the policy developed pursuant to subsection 1 or otherwise provide that policy to consumers in a manner that is clear and conspicuous.

3. A regulated entity shall not:

(a) Collect, use or share categories of consumer health data, other than those included in the privacy policy pursuant to paragraph (c) of subsection 1, without disclosing those additional categories to each consumer whose data will be collected, used or shared and obtaining the affirmative, voluntary consent of the consumer;

(b) Share consumer health data with a third party or affiliate, other than those included in the privacy policy pursuant to paragraph (d) of subsection 1, without disclosing those additional third parties or affiliates to each consumer whose data will be shared and obtaining the affirmative, voluntary consent of the consumer;

(c) Collect, use or share consumer health data for purposes other than those included in the privacy policy pursuant to paragraph (e) of subsection 1 without disclosing those additional purposes to each consumer whose data will be collected, used or shared and obtaining the affirmative, voluntary consent of the consumer; or

(d) Enter into a contract pursuant to NRS 603A.530 with a processor to process consumer health data that is inconsistent with the privacy policy.

NRS. 603A.500. Collection and sharing of consumer health data by regulated entity prohibited; exceptions required disclosures for request for consent to collect or share consumer health data.

1. A regulated entity shall not collect consumer health data except:

(a) With the affirmative, voluntary consent of the consumer; or

(b) To the extent necessary to provide a product or service that the consumer to whom the consumer health data relates has requested from the regulated entity.

2. A regulated entity shall not share consumer health data except:

(a) With the affirmative, voluntary consent of the consumer to whom the consumer health data relates, which must be separate and distinct from the consent provided pursuant to subsection 1 for the collection of the data;

(b) To the extent necessary to provide a product or service that the consumer to whom the consumer health data relates has requested from the regulated entity; or

(c) Where required or authorized by another provision of law.

3. Any consent required by this section must be obtained before the collection or sharing, as applicable, of consumer health data. The request for such consent must clearly and conspicuously disclose:

(a) The categories of consumer health data to be collected or shared, as applicable;

(b) The purpose for collecting or sharing, as applicable, the consumer health data including, without limitation, the manner in which the consumer health data will be used;

(c) If the consumer health data will be shared, the categories of persons and entities with whom the consumer health data will be shared; and

(d) The manner in which the consumer may withdraw consent for the collection or sharing, as applicable, of consumer health data relating to the consumer and request that the regulated entity cease such collection or sharing pursuant to NRS 603A.505.

NRS. 603A.505. Actions required of regulated entity upon request of consumer; establishment of means of making request.

1. Except as otherwise provided in NRS 603A.510, upon the request of a consumer, a regulated entity shall:

(a) Confirm whether the regulated entity is collecting, sharing or selling consumer health data relating to the consumer.

(b) Provide the consumer with a list of all third parties with whom the regulated entity has shared consumer health data relating to the consumer or to whom the regulated entity has sold such consumer health data.

(c) Cease collecting, sharing or selling consumer health data relating to the consumer.

(d) Delete consumer health data concerning the consumer.

2. A regulated entity shall establish a secure and reliable means of making a request pursuant to this section. When establishing the means for making such a request, the regulated entity must consider:

(a) The need for the safe and reliable communication of such requests; and

(b) The ability of the regulated entity to authenticate the identity of the consumer making the request.

NRS. 603A.510. Response by regulated entity to request by consumer; inability to authenticate request; fee; challenge to validity of fee charged.

1. Except as otherwise provided in this section, a regulated entity shall respond to a request made pursuant to NRS 603A.505 without undue delay and not later than 45 days after authenticating the request. If reasonably necessary based on the complexity and number of requests from the same consumer, the regulated entity may extend the period prescribed by this section not more than an

additional 45 days. A regulated entity that grants itself such an extension must, not later than 45 days after authenticating the request, provide the consumer with notice of the extension and the reasons therefor.

2. If a regulated entity is not able to authenticate a request made pursuant to NRS 603A.505 after making commercially reasonable efforts, the regulated entity:

(a) Is not required to comply with the request; and

(b) May request that the consumer provide such additional information as is reasonably necessary to authenticate the request.

3. A regulated entity:

(a) Shall provide information free of charge to a consumer in response to:

(1) Requests made pursuant to NRS 603A.505 at least twice each year; and

(2) Additional requests that are not manifestly unfounded, excessive or repetitive.

(b) Except as otherwise provided in paragraph (a), may charge a reasonable fee to provide information to a consumer in response to requests made pursuant to NRS 603A.505 that are manifestly unfounded, excessive or repetitive.

4. In any civil proceeding challenging the validity of a fee charged pursuant to paragraph (b) of subsection 3, the regulated entity has the burden of demonstrating by a preponderance of the evidence that the request to which the fee pertained was manifestly unfounded, excessive or repetitive.

NRS. 603A.515. Deletion of consumer health data upon request by consumer; deletion by third party; delay of deletion of data on archived or backup system.

1. Not later than 30 days after authenticating a request made pursuant to paragraph (d) of subsection 1 of NRS 603A.505 for the deletion of consumer health data, a regulated entity shall, except as otherwise provided in subsection 3:

(a) Delete all consumer health data described in the request from the records and network of the regulated entity; and

(b) Notify each affiliate, processor, contractor or other third party with which the regulated entity has shared consumer health data of the deletion request.

2. Not later than 30 days after receiving notification of a deletion request pursuant to paragraph (b) of subsection 1, an affiliate, processor, contractor or other third party shall, except as otherwise provided in subsection 3, delete the consumer health data described in the request from the records and network of the affiliate, processor, contractor or other third party.

3. If data described in a deletion request made pursuant to paragraph (d) of subsection 1 of NRS 603A.505 is stored or archived on backup systems, a regulated entity or an affiliate, processor, contractor or other third party may delay the deletion of the data for not more than 2 years after the request is authenticated, as necessary to restore the archived or backup system.

NRS. 603A.520. Regulated entity to establish process for appeal of refusal to act on request by consumer; regulated entity required to inform consumer in writing after receipt of appeal.

1. A regulated entity shall establish a process by which a consumer may appeal the refusal of the regulated entity to act on a request made pursuant to NRS 603A.505. The process must be:

- (a) Conspicuously available on the Internet website of the regulated entity; and
- (b) Similar to the process for making a request pursuant to NRS 603A.505.

2. Not later than 45 days after receiving an appeal pursuant to subsection 1, a regulated entity shall inform the consumer in writing of:

- (a) Any action taken in response to the appeal or any decision not to take such action;
- (b) The reasons for any such action or decision; and

(c) If the regulated entity decided not to take the action requested in the appeal, the contact information for the Office of the Attorney General.

NRS. 603A.525. Regulated entity to limit authority of employees and processors to access consumer health data; regulated entity to establish, implement and maintain policies and practices for security of consumer health data.

1. A regulated entity shall only authorize the employees and processors of the regulated entity to access consumer health data where reasonably necessary to:

(a) Further the purpose for which the consumer consented to the collection or sharing of the consumer data pursuant to NRS 603A.500; or

(b) Provide a product or service that the consumer to whom the consumer health data relates has requested from the regulated entity.

2. A regulated entity shall establish, implement and maintain policies and practices for the administrative, technical and physical security of consumer health data. The policies must:

(a) Satisfy the standard of care in the industry in which the regulated entity operates to protect the confidentiality, integrity and accessibility of consumer health data;

(b) Comply with the provisions of NRS 603A.010 to 603A.290, inclusive, where applicable; and

(c) Be reasonable, taking into account the volume and nature of the consumer health data at issue.

NRS. 603A.530. Limitations on authority to process consumer health data pursuant to contract; processor to assist regulated entity to comply with law; liability of processor for a acts inconsistent with contractual provisions.

1. A processor shall only process consumer health data pursuant to a contract between the processor and a regulated entity. Such a contract must set forth the applicable processing instructions and the specific actions that the processor is authorized to take with regard to the consumer health data it possesses on behalf of the regulated entity.

2. To the extent practicable, a processor shall assist the regulated entity with which the processor has entered into a contract pursuant to subsection 1 in complying with the provisions of NRS 603A.400 to 603A.550, inclusive.

3. If a processor processes consumer health data outside the scope of a contract described in subsection 1 or in a manner inconsistent with any provision of such a contract, the processor:

(a) Is not guilty of a deceptive trade practice pursuant to NRS 603A.550 solely because the processor violated the requirements of this section; and

(b) Shall be deemed a regulated entity for the purposes of NRS 603A.400 to 603A.550, inclusive, for actions and omissions with regard to such consumer health data.

NRS. 603A.535. Unauthorized sale or offering of consumer health data prohibited; provision of goods or services conditioned upon authorization of sale of consumer health data prohibited; required contents of authorization; revocation; expiration; invalidity; provision and retention of copies.

1. A person shall not sell or offer to sell consumer health data:

(a) Without the written authorization of the consumer to whom the data pertains; or

(b) If the consumer provides such written authorization, in a manner that is outside the scope of or inconsistent with the written authorization.

2. A person shall not condition the provision of goods or services on a consumer authorizing the sale of consumer health data pursuant to subsection 1.

3. Written authorization pursuant to subsection 1 must be provided in a form written in plain language which includes, without limitation:

(a) The name and contact information of the person selling the consumer health data;

(b) A description of the specific consumer health data that the person intends to sell;

(c) The name and contact information of the person purchasing the consumer health data;

(d) A description of the purpose of the sale, including, without limitation, the manner in which the consumer health data will be gathered and the manner in which the person described in paragraph (c) intends to use the consumer health data;

(e) A statement of the provisions of subsection 2;

(f) A statement that the consumer may revoke the written authorization at any time and a description of the means established pursuant to subsection 4 for revoking the authorization;

(g) A statement that any consumer health data sold pursuant to the written authorization may be disclosed to additional persons and entities by the person described in paragraph (c) and, after such disclosure, is no longer subject to the protections of this section;

(h) The date on which the written authorization expires pursuant to subsection 5; and

(i) The signature of the consumer to which the consumer health data pertains.

4. A person who sells consumer health data shall establish a means by which a consumer may revoke a written authorization made pursuant to subsection 1.

5. Written authorization provided pursuant to subsection 1 expires 1 year after the date on which the authorization is given.

6. A written authorization provided pursuant to subsection 1 is not valid if the written authorization:

- (a) Was a condition for the provision of goods or services to the consumer in violation of subsection 2;
- (b) Does not comply with the requirements of subsection 3;
- (c) Has been revoked pursuant to subsection 4; or
- (d) Has expired pursuant to subsection 5.

7. A person who sells consumer health data shall provide a copy of the written authorization provided pursuant to subsection 1 to the consumer who signed the written authorization and the purchaser of the consumer health data.

8. A seller and purchaser of consumer health data shall each retain a copy of the written authorization provided pursuant to subsection 1 for at least 6 years after the date on which the written authorization expired pursuant to subsection 5.

NRS. 603A.540. Implementation of geofence near certain facilities, persons or entities that provide in-person health care services or products prohibited.

1. A person shall not implement a geofence within 1,750 feet of any medical facility, facility for the dependent or any other person or entity that provides in-person health care services or products for the purpose of:

- (a) Identifying or tracking consumers seeking in-person health care services or products;
- (b) Collecting consumer health data; or
- (c) Sending notifications, messages or advertisements to consumers related to their consumer health data or health care services or products.

2. As used in this section:

- (a) “Facility for the dependent” has the meaning ascribed to it in NRS 449.0045.
- (b) “Geofence” means technology that uses coordinates for global positioning, connectivity to cellular towers, cellular data, radio frequency identification, wireless Internet data or any other form of detecting the physical location of a person to establish a virtual boundary with a radius of 1,750 feet or less around a specific physical location.
- (c) “Medical facility” has the meaning ascribed to it in NRS 449.0151.

NRS. 603A.545. Discrimination prohibited.

A regulated entity shall not discriminate against a consumer for taking:

- 1. Any action authorized by NRS 603A.400 to 603A.550, inclusive; or
- 2. Any action to enforce the provisions of NRS 603A.400 to 603A.550, inclusive.

NRS. 603A.550. Violation constitutes deceptive trade practice; no private right of action; other provisions of law unimpaired.

1. Except as otherwise provided in this section and NRS 603A.530, a violation of NRS 603A.400 to 603A.550, inclusive, constitutes a deceptive trade practice for the purposes of NRS 598.0903 to 598.0999, inclusive.

2. The provisions of NRS 603A.400 to 603A.550, inclusive:

- (a) Do not create a private right of action; and
- (b) Must not be construed to affect any other provision of law.

NRS. 629.250 Disqualification from licensure or disciplinary action for providing or assisting in provision of certain reproductive health care services prohibited

1. A health care licensing board shall not disqualify a person from licensure or subject any person to discipline solely:

- (a) For providing or assisting in the provision of reproductive health care services; or
- (b) As a consequence of any judgment, discipline or other sanction threatened or imposed under the laws of the District of Columbia or any state or territory of the United States for providing or assisting in the provision of reproductive health care services, if the reproductive health care services as provided would have been lawful and consistent with standards for the practice of the relevant profession in this State.

2. As used in this section:

(a) “Health care licensing board” means:

(1) A board created pursuant to chapter 630, 630A, 631, 632, 633, 634, 634A, 635, 636, 637, 637B, 639, 640, 640A, 640B, 640C, 640D, 640E, 641, 641A, 641B, 641C or 641D of NRS.

(2) The Division of Public and Behavioral Health of the Department of Health and Human Services.

(b) “Reproductive health care services” means medical, surgical, counseling or referral services relating to the human reproductive system, including, without limitation, services relating to pregnancy, contraception, the termination of pregnancy or any procedure or care found by a competent medical professional to be appropriate based upon the wishes of a patient and in accordance with the laws of this State
Added to NRS by 2023, 406 Added by 2023, Ch. 82,§1, eff. 5/30/2023

Senate Bill No. 131 – signed into law May 30th, 2023:

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

Sec. 2. Chapter 179 of NRS is hereby amended by adding thereto a new section to read as follows:

1. Notwithstanding the provisions of NRS 179.177 to 179.235, inclusive, the Governor shall not surrender, or issue a warrant pursuant to NRS 179.191 for the arrest of, any person in this State who is charged in another state with a criminal violation of the laws of that other state if the violation alleged involves the provision or receipt of or assistance with reproductive health care services, unless the acts forming the basis of the prosecution of the crime charged would constitute a criminal offense under the laws of the State of Nevada.
2. The provisions of this section do not apply in the circumstance where a demand for the extradition of a person charged with crime in another state is made in accordance with NRS 179.183, and the person who is the subject of the demand was physically present in the demanding state at the time of the commission of the alleged offense and thereafter fled from that state.

3. As used in this section:

(a) “Reproductive health care services” means medical, surgical, counseling or referral services relating to the human reproductive system, including, without limitation, services relating to pregnancy, contraception, the termination of pregnancy or any procedure or care found by a competent medical professional to be appropriate based upon the wishes of a patient and in accordance with the laws of this State.

(b) The words and terms defined in NRS 179.179 have the meanings ascribed to them in that section.

Sec. 3. Chapter 232 of NRS is hereby amended by adding thereto a new section to read as follows:

1. Except as required by the order of a court of competent jurisdiction, a state agency shall not provide any information or expend or use time, money, facilities, property, equipment, personnel or other resources in furtherance of any investigation or proceeding initiated in or by another state that seeks to impose civil or criminal liability or professional sanction upon a person or entity for:

(a) The provision, securing or receiving of, or any inquiry concerning, reproductive health care services that are legal in this State; or

(b) Any assistance given to any person or entity that relates to the provision, securing or receiving of, or any inquiry concerning, reproductive health care services that are legal in this State.

2. The provisions of subsection 1 do not apply to any investigation or proceeding where the conduct that is subject to potential liability under the investigation or proceeding initiated in or by the other state would be subject to civil or criminal liability or professional sanction under the laws of the State of Nevada, if committed in this State.

3. Notwithstanding the provisions of this section, a state agency or employee, appointee, officer or other person acting on behalf of a state agency may provide information or assistance in

connection with such an investigation or proceeding in response to a written request by the person who is the subject of the investigation or proceeding.

4. As used in this section:

(a) "Reproductive health care services" means medical, surgical, counseling or referral services relating to the human reproductive system, including, without limitation, services relating to pregnancy, contraception, the termination of pregnancy or any procedure or care found by a competent medical professional to be appropriate based upon the wishes of a patient and in accordance with the laws of this State.

(b) "State agency" means an agency, bureau, board, commission, department, division, officer, employee, appointee or agent or any other unit of the Executive Department.

Sec. 4.

1. Each health care licensing board that licenses providers of health care who provide reproductive health care services shall examine the feasibility of providing opportunities for reciprocity of licensure to providers of health care who provide reproductive health care services in other states to facilitate the provision of quality reproductive health care services to persons from other states who seek reproductive health care services in this State.

2. As used in this section:

(a) "Health care licensing board" has the meaning ascribed to it in section 1 of this act.

(b) "Provider of health care" has the meaning ascribed to it in NRS 629.031.

(c) "Reproductive health care services" has the meaning ascribed to it in section 1 of this act.

Sec. 5. This act becomes effective upon passage and approval

