

Steve Sisolak
Governor

Richard Whitley, MS
Director



**DEPARTMENT OF
HEALTH AND HUMAN SERVICES**
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
Helping people. It's who we are and what we do.



Lisa Sherych
Administrator

Ihsan Azzam,
Ph.D., M.D.
Chief Medical Officer

NOTICE OF INTENT TO ACT UPON A REGULATION

(LCB File No. R010-22)

Notice of Hearing for the Amendment
of Regulations of the State Board of Health

NOTICE IS HEREBY GIVEN that the State Board of Health will hold a public hearing to consider amendments to Chapters 457, 459, 449, and 652 of Nevada Administrative Code (NAC). This public hearing is to be held in conjunction with the State Board of Health meeting on September 2, 2022.

The State Board of Health will be conducted at **9:00 am on Friday, September 2, 2022**, this meeting will be held online, by phone, and at two physical locations:

Online Platform:

- [Microsoft Teams Link](#)

Join by Phone:

- Conference ID: 655 825 021# - +1 775-321-6111

Meeting Locations:

- Rawson Neal Psychiatric Hospital Training Room B (193), 1650 Community College Drive Las Vegas, Nevada 89146
- Nevada Division of Public and Behavioral Health (DPBH) Hearing Room No. 303, 3rd Floor 4150 Technology Way: Carson City, Nevada 89706

The proposed changes to Nevada Administrative Code (NAC) Chapters 457, 459, 449, and 652 are required in accordance with Assembly Bill 471 of the 2021 Legislative Session. The proposed regulations establish certain fees to support the system for the reporting of information on cancer and other neoplasms; authorizes certain health care facilities and providers of healthcare to abstract or report information to the system; and clarifies language regarding the administrative penalty for failure to correctly report information on cancer and other neoplasms.

The proposed changes to NAC Chapters 457, 459, 449, and 652 include the following:

- Adds a fee equal to 6 percent of the renewal fee to the licensure renewal cost for mammography and other radiological machines, surgical center for ambulatory patients, facility for the treatment of irreversible renal disease, facility for hospice care, program of hospice care, hospital, facility, for intermediate care, facility for skilled nursing, agency to provide personal care services in the home or rural clinic and the renewal of a licensure to operate medical laboratory except laboratories that only perform waived tests for human immunodeficiency virus (HIV).
- Adds clarifying language to better describe which entities are required to report/submit an abstract to the registry, as this has caused confusion in the past. This will now include a provider of healthcare as defined NRS 629, as well as “other treatment facility” which has been added.
- Adds language to clarify the definition of a report and an abstract, which is the terminology used in referencing the format in which cancer case data is submitted to the state registry. Provides methodology to clearly and easily determine if data reporter is required to submit an abstract based on the definition provided in the amended regulations.
- Adds clarifying language and expands the authority of Nevada Central Cancer Registry (NCCR) to enforce cancer reporting requirements across the board for providers who diagnose, provide treatment, or refer a case of cancer or other neoplasm.
- Removes confusing language concerning the term “initial diagnosis” and clarifies the requirement for submitting a report/abstract to be only active or newly reportable diagnosis as defined the regulations.
- Adds clarifying language to further describe the intention behind non-reporting fees and time allowed for correction to submit and abstract or report.

1. Anticipated effects on the business which NAC # Chapters 457, 459, 449, and 652 regulates:

- Adverse effects:* The Division of Public and Behavioral Health does not anticipate any adverse/negative impacts to businesses or general public in the State of Nevada.
- Beneficial:* The positive/beneficial effects of the proposed regulations to businesses in the State of Nevada would be increased cancer data reporting to the NCCR, therefor resulting in better quality and timely cancer data available for use.
- Immediate:* As soon as the proposed regulations become effective it would allow for NCCR to begin collecting funding from the fees imposed in the amended regulations, which would in turn allow NCCR to expand the staff for much needed additional support in collecting, processing, and reporting cancer data to the federal agencies for cancer prevention.
- Long-term:* The long-term positive/beneficial effects to businesses in the State of Nevada include More readily accessible and complete data available for treatment research, program planning, other efforts related to the prevention, treatment, and survivorship support.

2. Anticipated effects on the public:

- Adverse:* The Division of Public and Behavioral Health does not anticipate any adverse/negative impacts to general public in the State of Nevada.
- Beneficial:* The positive/beneficial effects of the proposed regulations to the public in the State of Nevada would be increased cancer data reporting to NCCR by healthcare facilities, providers, medical laboratories, and other facilities therefor resulting in better quality and timely cancer data available for

use.

C. *Immediate*: As soon as the proposed regulations become effective it would allow for NCCR to begin collecting funding from the fees imposed in the amended regulations, which would in turn allow NCCR to expand the staff for much needed additional support in collecting, processing, and reporting cancer data to the federal agencies for cancer prevention.

D. *Long-term*: The long-term positive/beneficial effects to the public in the State of Nevada include more complete and timely data available for use.

3. The Division of Public and Behavioral Health determined the impact on small business by soliciting responses through the Public Workshop and Small Business impact (SBI) questionnaire. SBI Statement was solicited via email to multiple listservs targeting medical providers, licensed healthcare facilities and more. Additionally, the information for the Public Workshop, SBI Questionnaire, SBI Statement was also provided online via the State of Nevada Cancer Registry Website (Link: https://dpbh.nv.gov/Programs/NCCR/Nevada_Central_Cancer_Registry_Regulation_Public_Workshops_and_Public_Hearings/). Interested parties could also request a physical copy via email (sent via mail) or in person at the Division of Public and Behavioral Health office located at 4126 Technology Way Carson City, NV 89706 or in our Southern Nevada location at 3811 W. Charleston Blvd. Suite 205 Las Vegas, NV 89102.

4. The proposed regulations will not add any cost to the current regulatory enforcement activities conducted by the Division of Public and Behavioral Health.

5. The proposed regulations do not overlap or duplicate any other Nevada state or federal regulations.

6. The proposed regulations do not establish a new fee equal to 6 percent of the renewal fee to the licensure renewal cost for mammography and other radiological machines, surgical center for ambulatory patients, facility for the treatment of irreversible renal disease, facility for hospice care, program of hospice care, hospital, facility, for intermediate care, facility for skilled nursing, agency to provide personal care services in the home or rural clinic and the renewal of a licensure to operate medical laboratory except laboratories that only perform waived tests for human immunodeficiency virus (HIV).

Members of the public may make oral comments at this meeting. Persons wishing to submit written testimony or documentary evidence in excess of two typed, 8-1/2" x 11" pages must submit the material to the Board's Secretary, Lisa Sherych, to be received no later than 5 DAYS BEFORE MEETING DATE at the following address:

Secretary, State Board of Health
Division of Public and Behavioral Health
4150 Technology Way, Suite 300
Carson City, NV 89706
stateBOH@health.nv.gov

Written comments, testimony, or documentary evidence in excess of two typed pages will not be accepted at the time of the hearing. The purpose of this requirement is to allow Board members adequate time to review the documents.

A copy of the notice and proposed regulations are on file for inspection and/or may be copied at the following locations during normal business hours:

Nevada Division of Public and Behavioral Health
4126 Technology Way, Suite#100
Carson City, NV 89706

Nevada Division of Public and Behavioral Health
3811 W. Charleston Blvd, Suite #205
Las Vegas, NV. 89102

Nevada State Library and Archives
100 Stewart Street
Carson City, NV

A copy of the regulations and small business impact statement can be found on-line by going to:
https://dpbh.nv.gov/Programs/NCCR/Nevada_Central_Cancer_Registry_Regulation_Public_Workshops_and_Public_Hearings/

A copy of the public hearing notice can also be found at Nevada Legislature's web page:
<https://www.leg.state.nv.us/App/Notice/A/>

Copies may be obtained in person, by mail, or by calling the Division of Public and Behavioral Health at

Nevada Central Cancer Registry
4126 Technology Wy, Suite 200
Carson City, NV 89706
E-mail: dpbhNCCR@health.nv.gov
Telephone: 775-684-5968

Copies may also be obtained from the Nevada State Library at the address listed below:

Nevada State Library & Archives
100 N. Stewart Street
Carson City, NV 89701

Per NRS 233B.064(2), upon adoption of any regulation, the agency, if requested to do so by an interested person, either prior to adoption or within 30 days thereafter, shall issue a concise statement of the principal reasons for and against its adoption, and incorporate therein its reason for overruling the consideration urged against its adoption.

**REVISED PROPOSED REGULATION OF THE
STATE BOARD OF HEALTH**

LCB File No. R010-22

August 2, 2022

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

AUTHORITY: §§ 1 and 2, NRS 439.150, 439.200, 449.050 and 457.240; §§ 3 and 4, NRS 457.065 and 457.240; § 5, NRS 457.065 and 457.250; § 6, NRS 439.150, 457.065, 457.184 and 457.240; § 7, NRS 439.150, 439.200, 457.240 and 652.100.

A REGULATION relating to public health; establishing certain fees to support the system for the reporting of information on cancer and other neoplasms; revising the standards and procedure of the system for the reporting of information on cancer and other neoplasms; authorizing certain health care facilities and providers of health care to abstract or report information to the system; revising the administrative penalty for failure to correctly report information on cancer and other neoplasms; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law requires the Chief Medical Officer, through regulations of the State Board of Health, to establish and maintain a system for the reporting of information on cancer and other neoplasms. (NRS 457.230) Existing law requires the Board to impose a fee on applicants for the issuance or renewal of certain certificates, registrations and licenses to support the system for the reporting of information on cancer and other neoplasms. (NRS 457.240) **Sections 1, 2, 6 and 7** of this regulation establish this fee.

Existing law requires hospitals, medical laboratories and other facilities that provide screening, diagnostic or therapeutic services to patients with respect to cancer or other neoplasms and providers of health care who diagnose or provide treatment for cancer or other neoplasms to report information regarding cases of cancer or other neoplasms to the system. (NRS 457.230) Existing regulations require each such facility or provider to abstract certain information concerning each case of cancer and certain other neoplasms and submit the information to the Chief Medical Officer or a designee thereof on a quarterly basis. (NAC 457.040-457.052) **Sections 3 and 4** of this regulation revise the standards adopted by reference to govern the procedure for abstracting information. **Section 4:** (1) provides that only certain hospitals that frequently treat cancer patients must abstract the required information from their records; and (2) authorizes other facilities and providers of health care to report the required information to the Chief Medical Officer on a form instead of abstracting the required information. **Section 4** also increases the time period by which a facility or provider is required to provide an abstract or

report to the Chief Medical Officer before the Division of Public and Behavioral Health of the Department of Health and Human Services abstracts the information from the facility or provider for a fee. **Section 4** additionally clarifies the types of cases for which a facility or provider is required to submit an abstract or report.

Existing regulations authorize the Division to impose an administrative penalty of not more than \$5,000 against a provider or facility that fails, after notice and a time for correction, to submit an abstract or report concerning a case of cancer or another neoplasm. (NAC 457.145) **Section 5** of this regulation provides that such penalties must not exceed \$5,000 in the aggregate in a calendar year.

Section 1. NAC 449.013 is hereby amended to read as follows:

449.013 1. Except as otherwise provided in NAC 449.0168, an applicant for a license to operate any of the following facilities, programs of hospice care or agencies must pay to the Division of Public and Behavioral Health the following nonrefundable fees:

(a) An ambulatory surgical center	\$9,784
(b) A home office or subunit agency of a home health agency	5,168
(c) A branch office of a home health agency	5,358
(d) A rural clinic	4,058
(e) An obstetric center	1,564
(f) A program of hospice care	7,054
(g) An independent center for emergency medical care	4,060
(h) A nursing pool	4,602
(i) A facility for treatment with narcotics	5,046
(j) A medication unit	1,200
(k) A referral agency	2,708
(l) A facility for refractive surgery	6,700
(m) A mobile unit	2,090

(n) An agency to provide personal care services in the home.....	1,374
(o) A facility for the care of adults during the day allowed to be occupied by not more than 50 clients at one time	1,164
(p) A facility for the care of adults during the day allowed to be occupied by more than 50 clients at one time	1,753
(q) A peer support recovery organization	1,000
(r) A community health worker pool	1,000
(s) An employment agency to provide nonmedical services	1,400

2. An applicant for the renewal of such a license must pay to the Division of Public and Behavioral Health the following nonrefundable fees:

(a) An ambulatory surgical center.....	\$4,892
(b) A home office or subunit agency of a home health agency	2,584
(c) A branch office of a home health agency	2,679
(d) A rural clinic.....	2,029
(e) An obstetric center	782
(f) A program of hospice care	3,527
(g) An independent center for emergency medical care	2,030
(h) A nursing pool	2,301
(i) A facility for treatment with narcotics	2,523
(j) A medication unit	600
(k) A referral agency	1,354
(l) A facility for refractive surgery	3,350
(m) A mobile unit.....	1,045

(n) An agency to provide personal care services in the home.....	687
(o) A facility for the care of adults during the day allowed to be occupied by not more than 50 clients at one time	814
(p) A facility for the care of adults during the day allowed to be occupied by more than 50 clients at one time	1,227
(q) A peer support recovery organization	500
(r) A community health worker pool	500
(s) An employment agency to provide nonmedical services	700

3. *Upon the issuance or renewal of a license to operate an ambulatory surgical center, agency to provide personal care services in the home or rural clinic, the licensee shall pay to the Division a nonrefundable fee equal to 6 percent of the renewal fee set forth in subsection 2. The Division shall use the fees collected pursuant to this subsection during the immediately following fiscal year to support the system for the reporting of information on cancer and other neoplasms.*

4. An application for a license is valid for 1 year after the date on which the application is submitted. If an applicant does not meet the requirements for licensure imposed by chapter 449 of NRS or the regulations adopted pursuant thereto within 1 year after the date on which the applicant submits his or her application, the applicant must submit a new application and pay the required fee to be considered for licensure.

Sec. 2. NAC 449.016 is hereby amended to read as follows:

449.016 1. Except as otherwise provided in NAC 449.0168, an applicant for a license to operate any of the following facilities must pay to the Division the following nonrefundable fees:

	Fee per facility	Fee per bed in the facility
(a) A skilled nursing facility	\$2,252	\$108
(b) A hospital, other than a rural hospital	14,606	110
(c) A rural hospital	9,530	62
(d) An intermediate care facility for persons with an intellectual disability or persons with a developmental disability.....	2,018	280
(e) An intermediate care facility, other than an intermediate care facility for persons with an intellectual disability or persons with a developmental disability	946	72
(f) Except as otherwise provided in subsection 3, a residential facility for groups.....	2,386	200
(g) A facility for the treatment of alcohol or other substance use disorders.....	782	190
(h) A facility for hospice care	3,988	352
(i) A home for individual residential care.....	1,764	184
(j) A facility for modified medical detoxification.....	9,960	494
(k) A community triage center	782	136
(l) A facility for the treatment of irreversible renal disease	4,178	120
(m) A halfway house for persons recovering from alcohol or other substance use disorders.....	2,800	368

	Fee per facility	bed in the facility
(n) A facility for transitional living for released offenders	3,990	146
(o) A psychiatric residential treatment facility.....	9,530	62
(p) A recovery center	946	72

2. An applicant for the renewal of such a license must pay to the Division the following nonrefundable fees:

	Fee per facility	bed in the facility
(a) A skilled nursing facility	\$1,126	\$54
(b) A hospital, other than a rural hospital	7,303	55
(c) A rural hospital	4,765	31
(d) An intermediate care facility for persons with an intellectual disability or persons with a developmental disability.....	1,009	140
(e) An intermediate care facility, other than an intermediate care facility for persons with an intellectual disability or persons with a developmental disability	473	46
(f) Except as otherwise provided in subsection 3, a residential facility for groups.....	1,193	100

(g) A facility for the treatment of alcohol or other substance use disorders	391	95
(h) A facility for hospice care	1,994	176
(i) A home for individual residential care	500	92
(j) A facility for modified medical detoxification.....	4,980	247
(k) A community triage center	391	68
(l) A facility for the treatment of irreversible renal disease	2,089	60
(m) A halfway house for persons recovering from alcohol or other substance use disorders.....	1,400	184
(n) A facility for transitional living for released offenders	1,995	73
(o) A psychiatric residential treatment facility.....	4,765	31
(p) A recovery center	473	46

3. An applicant for a license or for the renewal of a license for a residential facility for groups shall pay a fee of \$35 for each bed in the facility if the facility is paid less than \$1,000 per month for services provided to each bed in the facility.

4. An application for a license is valid for 1 year after the date on which the application is submitted. If an applicant does not meet the requirements for licensure imposed by chapter 449 of NRS or the regulations adopted pursuant thereto within 1 year after the date on which he or she submits his or her application, the applicant must submit a new application and pay the required fee to be considered for licensure.

5. *Upon the issuance or renewal of a license to operate a facility for the treatment of irreversible renal disease, facility for hospice care, program of hospice care, hospital, facility for intermediate care or facility for skilled nursing, the licensee shall pay to the Division a*

nonrefundable fee equal to 6 percent of the renewal fee set forth in subsection 2. The Division shall use the fees collected pursuant to this subsection during the immediately following fiscal year to support the system for the reporting of information on cancer and other neoplasms.

6. Pursuant to NRS 449.050, if an application for a license to operate a facility for transitional living for released offenders or the renewal of such a license is denied, any amount of a fee paid pursuant to paragraph (n) of subsection 1 or paragraph (n) of subsection 2 that exceeds the expenses and costs incurred by the Division must be refunded to the applicant.

Sec. 3. NAC 457.015 is hereby amended to read as follows:

457.015 1. The State Board of Health hereby adopts by reference the most current version of:

(a) The following volumes in the *Standards for Cancer Registries* published by the North American Association of Central Cancer Registries:

- (1) Volume I, *Data Exchange Standards and Record Descriptions*;
- (2) Volume II, *Data Standards and Data Dictionary*;
- (3) Volume III, *Standards for Completeness, Quality, Analysis, Management, Security, and Confidentiality of Data*;
- (4) Volume IV, *Standard Data EDITS*; and
- (5) Volume V, *Pathology Laboratory Electronic Reporting*.

➔ A copy of each volume adopted by reference may be obtained, free of charge, from the North American Association of Central Cancer Registries at the Internet address

<https://www.naaccr.org>.

(b) The *International Classification of Diseases for Oncology*, published by the World Health Organization. A copy of this publication may be obtained, free of charge, from the World Health Organization at the Internet address <http://codes.iarc.fr/usingicdo.php>.

(c) The ~~[Facility Oncology Registry Data Standards (FORDS),]~~ [Standards for Oncology Registry Entry \(STORE\)](#) published by ~~[the Commission on Cancer of]~~ the American College of Surgeons. A copy of this publication may be obtained, free of charge, from the American College of Surgeons at the Internet address ~~[<https://www.facs.org/quality-programs/cancer/ncdb/registrymanuals/cocmanuals>.]~~ <https://www.facs.org/quality-programs/cancer-programs/national-cancer-database/ncdb-call-for-data/cocmanuals>.

2. If a publication adopted by reference in subsection 1 is revised, the Chief Medical Officer shall review the revision to determine its suitability for this State. If the Chief Medical Officer determines that the revision is not suitable for this State, the Chief Medical Officer shall file an objection to the revision with the State Board of Health within 30 days after the standards are revised. If the Chief Medical Officer does not file such an objection, the revision becomes part of the publication adopted by reference pursuant to subsection 1. If the Board determines that the revision is not suitable for this State, it will hold a public hearing to review its determination and give notice of that hearing within 6 months after the date of the publication of the revision. If, after the hearing, the Board does not revise its determination, the Board will give notice that the revision is not suitable for this State within 30 days after the hearing. If the Board does not give such notice, the revision becomes part of the publication adopted by reference pursuant to subsection 1.

Sec. 4. NAC 457.050 is hereby amended to read as follows:

457.050 1. Except as otherwise provided in *this section and* NAC 457.052, each provider of health care who is required to report information on cases of cancer and other neoplasms pursuant to NRS 457.230 and each health care facility and other facility that provides screening, diagnostic or therapeutic services to patients with respect to cancer and other neoplasms shall provide to the Chief Medical Officer information concerning such neoplasms by:

(a) Abstracting ~~[7]~~ *or reporting*, at a minimum, the information described in NAC 457.052 on a form prescribed by the Chief Medical Officer or a designee thereof; and

(b) Except as otherwise provided in subsection ~~[7]~~ *8*, submitting that information on a quarterly basis using an electronic means approved by the Chief Medical Officer or the designee.

2. *A hospital, as defined in NRS 449.012, that has reported providing screening, diagnostic or therapeutic services to more than 50 patients with cancer each year for 3 consecutive years shall fulfill the requirements of subsection 1 by abstracting the information described in NAC 457.052.*

3. Each:

(a) Provider of health care described in subsection 1 shall provide the information to the Chief Medical Officer required pursuant to subsection 1:

(1) For any ~~[initial]~~ diagnosis made or treatment initiated for cancer or other neoplasms in the first quarter of a calendar year, on or before June 30 of the same calendar year;

(2) For any ~~[initial]~~ diagnosis made or treatment initiated for cancer or other neoplasms in the second quarter of a calendar year, on or before September 30 of the same calendar year;

(3) For any ~~[initial]~~ diagnosis made or treatment initiated for cancer or other neoplasms in the third quarter of a calendar year, on or before December 30 of the same calendar year; and

(4) For any ~~initial~~ diagnosis made or treatment initiated for cancer or other neoplasms in the fourth quarter of a calendar year, on or before March 30 of the subsequent calendar year; and

(b) Health care facility and other facility that provides screening, diagnostic or therapeutic services to patients with respect to cancer and other neoplasms shall provide the information to the Chief Medical Officer required pursuant to subsection 1 within 6 months after a patient is admitted, initially diagnosed with or treated for cancer or another neoplasm.

~~{3.}~~ 4. Except as otherwise provided in subsection ~~{4.}~~ 5, each provider of health care described in subsection 1 and each health care facility and other facility that provides screening, diagnostic or therapeutic services to patients with respect to cancer and other neoplasms *who abstracts information pursuant to subsection 1 or 2* shall abstract *the* information in conformance with the standards for abstracting information concerning neoplasms set forth in ~~{:~~ ~~—(a)}~~ Volumes I to V, inclusive, of the *Standards for Cancer Registries* ~~{, as adopted by reference in NAC 457.015; and~~ ~~—(b) The Facility Oncology Registry Data Standards (FORDS),}~~ and the *Standards for Oncology Registry Entry (STORE)*, as adopted by reference in NAC 457.015.

~~{4.}~~ 5. Ninety days after a publication specified in subsection ~~{3.}~~ 4 is revised, a provider of health care described in subsection 1 and a health care facility or other facility that provides screening, diagnostic or therapeutic services to patients with respect to cancer and other neoplasms *who abstracts information pursuant to subsection 1 or 2* shall abstract *the* information in conformance with the revision unless the Chief Medical Officer files an objection to the revision pursuant to NAC 457.015.

~~{5.}~~ 6. A provider of health care described in subsection 1 and a health care facility or other facility that provides screening, diagnostic or therapeutic services to patients with respect to

cancer and other neoplasms which does not use the staff of the Division to abstract *or report* information from its records shall cause to have abstracted ~~[and]~~ *or* reported to the Division the neoplasms described in NAC 457.040 in the manner required by this section.

~~[6.]~~ 7. If a provider of health care or a health care facility or other facility that provides screening, diagnostic or therapeutic services to patients with respect to cancer and other neoplasms fails to comply with subsection ~~[5.]~~ 6, the Division shall give the provider of health care or the health care facility or other facility that provides screening, diagnostic or therapeutic services to patients with respect to cancer and other neoplasms at least ~~[30]~~ 90 days after the time limit set forth in subsection ~~[2]~~ 3 to comply with subsection ~~[5]~~ 6 before the Division abstracts information from the records of the provider of health care or the health care facility or other facility that provides screening, diagnostic or therapeutic services to patients with respect to cancer and other neoplasms and the Chief Medical Officer charges the *abstracting* fee set forth in NAC 457.150.

~~[7.]~~ 8. The Chief Medical Officer may waive the requirement of submitting the information by electronic means pursuant to subsection 1 if the Chief Medical Officer determines that such a waiver is in the best interests of the general public.

~~[8.]~~ 9. If a provider of health care , *health care facility or other facility* described in subsection 1 ~~[initially]~~ diagnoses , *provides treatment or refers for consultation, review or further action related to the diagnosis or treatment of* a case of cancer or another neoplasm, the provider of health care , *health care facility or other facility, as applicable,* is required to provide the information set forth in NAC 457.052 with regard to the ~~[initial diagnosis of]~~ cancer or other neoplasm. ~~[If the provider of health care does not provide treatment for the cancer or~~

~~other neoplasm, the provider of health care's responsibility to report information on that case of cancer or other neoplasm pursuant to this section and NRS 457.230 ends.~~

~~9. As used in this section, "initial diagnosis" or "initially diagnosed" means that the provider of health care or the health care facility or other facility that provides screening, diagnostic or therapeutic services to patients with respect to cancer and other neoplasms was the first provider of health care or the health care facility or other facility to designate a cancer code in the medical record of the patient and to inform the patient of his or her diagnosis. The term does not include the preparation of a diagnostic tool, including, without limitation, an image, if that diagnostic tool will be interpreted by another provider of health care or another health care facility or other facility that provides screening, diagnostic or therapeutic services to patients with respect to cancer and other neoplasms for the purpose of diagnosing cancer or another neoplasm.]~~

10. A provider of health care, health care facility or other facility described in subsection 1 is not required to submit an abstract or report for a patient pursuant to subsection 1 unless the diagnosis of the patient is active or newly reportable and the primary or secondary reason for the visit or admission is related to the diagnosis or treatment of the cancer or other neoplasm. If a patient subsequently develops a new or primary cancer or other neoplasm, the new or primary cancer or other neoplasm must be abstracted or reported separately.

11. As used in this section:

(a) "Abstract" means to create an electronic summary, synopsis or abbreviated record that identifies pertinent information about the patient, disease, treatment for the disease and the process of the disease from the time of diagnosis until the death of the patient.

(b) "Report" means to submit a summary of data from the medical record of a patient.

Sec. 5. NAC 457.145 is hereby amended to read as follows:

457.145 1. Before imposing an administrative penalty pursuant to this section, the Division shall give notice in the manner set forth in NAC 439.345 which includes, without limitation, a time determined by the Chief Medical Officer within which the person must correct the violation of NRS 457.250. The Division may, for good cause shown, extend the time within which the person must correct the violation.

2. If a person fails to correct an alleged violation of NRS 457.250 for which a notice of violation has been issued pursuant to subsection 1 within the time allowed for correction, the Division may impose an administrative penalty ~~{of not more than}~~ *against the person. Such administrative penalties must not exceed* \$5,000 ~~{against the person.}~~ *in the aggregate in a calendar year.*

3. If a person is aggrieved by a decision of the Division relating to the imposition of an administrative penalty pursuant to this section, the aggrieved person may appeal the decision pursuant to the procedures set forth in NAC 439.300 to 439.395, inclusive.

4. A company that owns and operates multiple health care facilities may satisfy the requirement set forth in subsection 1 of NRS 457.250 for all such health care facilities in one report without segregating by health care facility, or by provider of health care, the records subject to reporting.

5. If a company chooses to make the records subject to reporting available to the Chief Medical Officer or the Chief Medical Officer's representative for multiple health care facilities owned or operated by the company in the manner described in subsection 4, any administrative penalty imposed by the Board pursuant to this section for the failure of any health care facility owned or operated by the company to comply with subsection 1 of NRS 457.250 will be imposed upon the company rather than the health care facility.

Sec. 6. NAC 457.295 is hereby amended to read as follows:

457.295 1. Except as otherwise provided in subsection ~~2~~ **3**, the Division shall charge and collect the following nonrefundable fees:

- (a) For the issuance or renewal of a certificate for a machine, \$551.
- (b) For the issuance or renewal of a mammographer's certificate, \$200.
- (c) For the issuance of a duplicate mammographer's certificate for posting at multiple facilities for mammography pursuant to NAC 457.360, \$25.
- (d) For the issuance or renewal of a certificate to provide training to mammographers pursuant to NAC 457.357, \$100.

2. *Upon the issuance or renewal of a certificate for a machine, the holder of the certificate shall pay to the Division a fee equal to 6 percent of the renewal fee set forth in subsection 1. Except as otherwise provided in subsection 3, such a fee is nonrefundable. The Division shall use the fees collected pursuant to this subsection during the immediately following fiscal year to support the system for the reporting of information on cancer and other neoplasms.*

3. If a payment was made in error, the Division will refund the fee collected pursuant to subsection 1 ~~or~~ **2**, after deducting an amount calculated to cover the administrative costs directly related to issuing the refund.

~~3~~ **4.** A mammographer's certificate expires 3 years after the date on which it was issued unless it is renewed before that date. If the fee for renewal of a mammographer's certificate that is charged pursuant to subsection 1 is not received before the date on which the mammographer's certificate expires, the person whose mammographer's certificate expired shall:

(a) Stop operating the radiation machine for mammography on the date his or her mammographer's certificate expires; or

(b) Submit to the Division not later than 5 days after his or her mammographer's certificate expires:

- (1) An application for a renewal of his or her mammographer's certificate;
- (2) The fee for renewal of a mammographer's certificate that is charged pursuant to subsection 1; and
- (3) A fee for late payment of \$100 per mammographer's certificate.

~~4.1~~ **5.** The renewal fee must be postmarked or electronically received by the Division not later than the date on which the certificate expires. If the fee is not postmarked or electronically received by that date, the registrant shall:

- (a) Submit to the Division within 5 days after the registration expires:
 - (1) An application for renewal of the registration;
 - (2) A fee in an amount that is equal to the appropriate fee set forth in subsection 1; and
 - (3) A fee for late payment of \$56 per registration; and
- (b) Stop operating the machine to which the certificate applies until the fees required by paragraph (a) *and subsection 2* are paid.

Sec. 7. NAC 652.488 is hereby amended to read as follows:

652.488 1. Except as otherwise provided in this section, the following fees will be charged:

- (a) Licensure of laboratory not described in paragraph (b) or (c)

Initial:

Annual test volume less than 25,000.....\$1,100

Annual test volume at least 25,000 but less than 100,000	3,000
Annual test volume 100,000 or more	4,000

Biennial renewal:

Annual test volume less than 25,000.....	800
Annual test volume at least 25,000 but less than 100,000	2,500
Annual test volume 100,000 or more	3,500

Reinstatement:

Annual test volume less than 25,000.....	1,100
Annual test volume at least 25,000 but less than 100,000	3,000
Annual test volume 100,000 or more	4,000

(b) Licensure of laboratory operated by health district, district board of

health, county board of health or city or town board of health, or the State

Public Health Laboratory

Initial:

Annual test volume less than 25,000.....	\$550
Annual test volume at least 25,000 but less than 100,000	800
Annual test volume 100,000 or more	1,150

Biennial renewal:

Annual test volume less than 25,000.....	400
Annual test volume at least 25,000 but less than 100,000	600
Annual test volume 100,000 or more	800

Reinstatement:

Annual test volume less than 25,000.....	550
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Annual test volume at least 25,000 but less than 100,000	800
Annual test volume 100,000 or more	1,150
(c) Licensure of HIV testing laboratory	
Initial	\$150
Biennial renewal	150
(d) Licensure of director pursuant to paragraph (b) of subsection 3 of NAC 652.175 or NAC 652.380 to 652.395, inclusive	
Initial	\$500
Biennial renewal	300
Reinstatement.....	500
(e) Registration of laboratory operated pursuant to NRS 652.072 which is nonexempt pursuant to NAC 652.155	
Initial	\$1,500
Biennial renewal	900
Reinstatement.....	1,500
(f) Registration of laboratory operated pursuant to NRS 652.072 which is exempt pursuant to NAC 652.155	
Initial	\$500
Biennial renewal	300
(g) Certification of personnel	
Initial:	
General supervisor	\$225
Technologist.....	113

Technician	113
Pathologist's assistant	113
Point-of-care test analyst.....	75
Laboratory, blood-gas or office laboratory assistant.....	60
Biennial renewal:	
General supervisor	150
Technologist.....	75
Technician	75
Pathologist's assistant	75
Point-of-care test analyst.....	60
Laboratory, blood-gas or office laboratory assistant.....	45
Reinstatement:	
General supervisor	225
Technologist.....	113
Technician	113
Pathologist's assistant	113
Point-of-care test analyst.....	75
Laboratory, blood-gas or office laboratory assistant.....	60
(h) Placement of license or certificate in inactive status	\$50
(i) Issuance of original duplicate license or certificate.....	\$50
(j) Permit to operate laboratory at temporary location	\$300
(k) Change of location of laboratory	\$300
(l) Change of director of laboratory.....	\$300

(m) Change of name of laboratory	\$300
(n) Inspection following receipt of an application to perform additional tests at a laboratory (per application)	\$300
(o) Inspection of an outpatient center of a laboratory (per site)	
Initial inspection.....	\$300
Inspection at time of biennial renewal	150

2. If the Division conducts an inspection of a laboratory that is located outside of this State, the Division shall assess the expenses that the Division incurs as a result of the inspection to the laboratory. The laboratory shall reimburse the Division for the expenses assessed pursuant to this subsection.

3. The Division shall not charge or collect a fee set forth in paragraph (k), (l) or (m) of subsection 1 to an HIV testing laboratory.

4. The holder of or an applicant for a license or certificate issued pursuant to chapter 652 of NRS, or an applicant for a permit to operate a laboratory at a temporary location issued pursuant to NAC 652.195, shall be deemed to have paid any fee otherwise required pursuant to subsection 1 if the holder or applicant:

(a) Is, or is employed by, a medical laboratory that is operated by a person, governmental entity or fire-fighting agency that holds a permit issued by a health authority pursuant to NRS 450B.200; and

(b) Has paid the fee for the permit established by a board pursuant to NRS 450B.200.

5. *Upon the renewal of a license to operate a laboratory, other than an HIV testing laboratory, the licensee shall pay to the Division a fee equal to 6 percent of the biennial renewal fee set forth in subsection 1. The Division shall use the fees collected pursuant to this*

subsection during the immediately following fiscal year to support the system for the reporting of information on cancer and other neoplasms.

6. As used in this section:

- (a) “Board” has the meaning ascribed to it in NRS 450B.060.
- (b) “Health authority” has the meaning ascribed to it in NRS 450B.077.
- (c) “Permit” has the meaning ascribed to it in NRS 450B.100.