

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

**LCB FILE NO. R036-26I**

**The following document is the initial draft regulation proposed  
by the agency submitted on 03/09/2026**

## **RURAL EMERGENCY HOSPITAL**

**Section 1.** *Chapter 449 of NAC is hereby adding thereto the provisions set forth as sections 2 to ~~17~~ 16, inclusive of this regulation.*

**Sec. 2.** *Definition of a rural emergency hospital.*

1. *“Facility” defined. “Facility” has the meaning ascribed to “Rural emergency hospital.”*

2. *“Rural Emergency Hospital” defined. (NRS 449.0302) “Rural emergency hospital” has the meaning ascribed to ~~“rural emergency hospital” by Assembly Bill No. 277 March 9, 2023.3. “A “Rural Hospital” has the meaning ascribed in NRS 449.01778.~~*

3. *A rural emergency hospital means an entity that operates for the purpose of providing emergency department services, observation care, and other outpatient medical and health services with an annual per patient average length of stay that does not exceed 24 hours.*

*(a) The time calculation for determining the length of stay of a patient receiving rural emergency hospital services begins with the registration, check-in or triage of the patient, whichever occurs first, and ends with the discharge of the patient from the rural emergency hospital.*

*(b) The discharge occurs when the physician or other appropriate clinician has signed the discharge order, or at the time the outpatient service is completed and documented in the medical record.*

*(c) The rural emergency hospital must not provide hospital inpatient services.*

*(d) The rural emergency hospital is permitted a total number of skilled nursing resident beds to not be more than 50 skilled nursing facility beds in the county in which the rural emergency hospital resides.*

**Sec. 3.** *The provisions of 42 Code of Federal Regulations (CFR) Sections 42 CFR 485.500 through 42 CFR 485.546, are adopted by reference, except for the following provisions:*

*a. Section 42 CFR 485.544, the rural emergency hospital is to use the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC) “Ambulatory Health Care Occupancy” chapters. The “Ambulatory Health Care Occupancy” chapters are to be removed and changed to the NFPA 101, LSC “Health Care Occupancy” chapters, as referenced in **Sec. 5.***

*b. The ~~code~~ ~~above~~ referenced ~~code~~ in Subsection 1 is located at the National Archives, Code of Federal Regulations electronic system, the publication is available at no cost on the Internet at, <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-485/subpart-E>, and is hereby adopted by reference.*

**Sec. 4. A Rural emergency hospital must:**

1. Meet the needs of ~~the~~ outpatients, and skilled nursing residents if part of the rural emergency hospital.
2. Ensure all medical practitioners are licensed in Nevada and function within their medical scope of practice.
3. Comply with the following when providing emergency department services or when providing observation care and other outpatient medical and health services:
  - (a) NAC 449.322 Housekeeping and laundry services.
  - (b) NAC 449.327 Preparation, sterilization, storage and distribution of sterile supplies and medical and surgical equipment;
  - (c) NAC 449.331 Provision of emergency services and medical care; transfer agreements with long-term care facilities; attestation of compliance.
  - (d) NAC 449.358 Medical Staff;
  - (e) NAC 449.3622 Appropriate care of patients;
  - (f) NAC 449.3626 Rights of patients;
  - (g) NAC 449.3735 Transfusions of blood;
  - (h) NAC 449.385 Surgical services when provided; and
  - (i) NAC 449.388 Anesthesia services when provided.
4. The rural emergency hospital must establish and maintain transfer agreements with either a Level I or a Level II Trauma Center as defined in NAC 450B.786 Center for the treatment of trauma.

**Sec. 5. Rural emergency hospital construction requirements.**

1. A rural emergency hospital shall comply with the provisions of NFPA 101: Life Safety Code, adopted by reference pursuant to NAC 449.0105(1)(a), and shall comply with the provisions of NFPA 99: Health Care Facilities Code concerning medical gases, adopted by reference pursuant to NAC 449.0105(1)(b).
2. Except as otherwise provided in this section, any new construction, remodeling or change in the use of a hospital must comply with the applicable provisions of the guidelines adopted by reference in paragraphs (c), (d) and (e) of subsection 1 of NAC 449.0105, unless the remodeling is limited to refurbishing an area of the hospital, including, without limitation, painting the area, replacing the flooring in the area, repairing windows in the area and replacing window or wall coverings in the area.
- ~~3. Except as otherwise provided in subsection 4, a hospital shall meet all applicable:  
(a) Federal and state laws, and local ordinances, including, without limitation, zoning ordinances, and where conflicts between exist, the more restrictive standard applies; and  
(b) Life safety, environmental, health, fire and local building codes, related to the construction and maintenance of the hospital.~~
3. A hospital shall meet all applicable:
  - (a) Federal and state laws;
  - (b) Local ordinances, including, without limitation, zoning ordinances; and
  - (c) Life safety, environmental, health, fire and local building codes;

Ê related to the construction and maintenance of the hospital. If there are any differences between the state and local codes, the more restrictive standards apply.

4. A complete copy of the building plans for new construction and remodeling of a hospital, drawn to scale, must be submitted to the entity designated to review such plans by the Bureau, pursuant to the provisions of NAC 449.0115. Before the construction or remodeling may begin, plans for the construction or remodeling must be approved by the *Health Care Purchasing and Compliance Division of Public and Behavioral Health*.

5. The Bureau shall not approve the licensure of a hospital until all construction has been completed and a survey is conducted at the site. The plan review is only advisory and does not constitute prelicensing approval.

**~~Sec. 6. Compliance with guidelines design and construction, if prior to plans submittal dates and construction commencement dates.~~**

~~—1. Notwithstanding any provision of Sec. 5 to the contrary, a rural emergency hospital shall be deemed to be in compliance with the applicable provisions of the guidelines adopted by reference in paragraphs (c), (d) and (e) of subsection 1 of NAC 449.0105, if:~~

~~—(a) The hospital submitted architectural plans to the Bureau on or before January 1, 2025;~~

~~—(b) The hospital began construction on or before July 1, 2025;~~

~~—(c) The plans were determined by the Bureau to be in compliance with the provisions of NAC 449.002 to 449.999484, inclusive, that were in effect on May 3, 2023;~~

~~—(d) The hospital is built in accordance with those provisions;~~

~~—(e) The use of the physical space in the hospital has not changed; and~~

~~—(f) There are no deficiencies in the construction of the hospital which are likely to cause serious injury, serious harm or impairment to public health and welfare.~~

~~6.2. If there are deficiencies that are likely to cause serious injury, serious harm or impairment to public health and welfare, the hospital shall take immediate action to correct the deficiencies or the hospital will not be allowed to continue to operate.~~

**Sec. 67. Licensing; Conversion of a rural hospital into a rural emergency hospital.**

1. Any entity intending to operate a new rural emergency hospital, or an existing rural hospital that intends to convert its license type into a rural emergency hospital, whether or not it intends to include skilled nursing facility beds, must submit a license application and submit any required plans, plans application and fee for any remodeling, changes in use, any physical changes or expansions, or changes in the number of skilled nursing facility beds, pursuant to **Sec. 5 and 6**.

2. If a former rural hospital converts to a rural emergency hospital and intends to retain all or a portion of their existing skilled nursing resident beds, then the converted rural emergency hospital will identify the total number of skilled nursing residents beds, to not be more than 50 skilled nursing facility beds in the county in which the rural emergency hospital resides, on their new rural emergency hospital license application.

3. ~~Converted~~ A rural hospital that converts to become a rural emergency hospitals providing skilled nursing care must meet all of the requirements for Facilities with Skilled Nursing starting with NAC 449.744 through NAC 449.74549., ~~with the exception of NAC 449.74525.~~

43. If a new rural emergency hospital wants to include skilled nursing facility beds on their license, with not more than 50 skilled nursing resident beds in the county in which the rural emergency hospital resides; or an existing rural emergency hospital that had removed their previous skilled nursing facility beds and wants to add or *reinstate* skilled nursing facility beds *onto* their current rural emergency hospital license, with not more than 50 skilled nursing facility beds in the county in which the rural emergency hospital resides;

Ê these two rural emergency hospital categories proposed to provide skilled nursing care beds must meet all of the requirements for Facilities with Skilled Nursing starting with NAC 449.744 through NAC 449.74549., ~~with the exception of NAC 449.74525.~~

54. After submission of the license application and supporting documentation, and following completion of ~~any the~~ plans required by the Bureau, an initial onsite conversion survey or new facility survey will be conducted to establish substantial compliance.

(a) If substantial compliance has been established by the Bureau, a license will be issued.

(b) A license for emergency rural hospital issued to an existing rural hospital will result in the surrender of the existing rural hospital license, when applicable.

**Sec. 78. Dietary services for a rural emergency hospital, ~~when required:~~**

1. Dietary services for a rural emergency hospital are required when:

(a) A former rural hospital converts to a rural emergency hospital and plans to retain all or a portion of their existing skilled nursing facility beds; or

(b) A new rural emergency hospital wants to add skilled nursing facility beds on their license; or

(c) An existing rural emergency hospital that had removed their previous skilled nursing beds and at a later date wants to add ~~or~~ reinstate skilled nursing facility beds to their current license.

2. A rural emergency hospital subject to paragraph 1 of this section, and in compliance with the requirements of NAC 449.74525, ~~Sections 89, 910, and 1011:~~

(a) Must provide dietary services to residents of the skilled nursing facility.

(b) ~~May~~ provide dietary services to any patient within the emergency department, visitor or rural emergency department employee.

3. If a rural emergency hospital does not have associated skilled nursing facility beds, the facility must make accommodations and provisions onsite for nourishment for the outpatients of the rural emergency hospital.

**Sec. 89. When dietary services are required or included, the rural emergency hospital must meet the following general requirements, sanitary conditions, and maintain adequate space for operations and supplies.**

1. In addition to the requirements listed in Section 449.74525 for skilled nursing residents, a rural emergency hospital providing dietary services must:

a. Provide for the general dietary needs of its outpatients and skilled nursing residents, including the preparation of modified special diets;

b. Provide adequate space for the preparation and service of food, including adequate space for the equipment for the preparation and service of food as to provide aisles of sufficient width to permit easy movement of personnel, mobile equipment and supplies;

c. Provide well-ventilated food storage areas of adequate size;

d. Maintain adequate space to accommodate equipment, personnel and procedures necessary for the proper cleaning and sanitizing of dishes and other utensils; and

e. Provide office or other suitable space for the dietitian and dietetic service supervisor.

2. A rural emergency hospital shall maintain on its premises at least a 1-week supply of staple foods and at least a 2-day supply of perishable foods. The supplies must be appropriate to meet

*the requirements of the menu. All food must be of good quality and procured from sources approved or considered satisfactory by federal, state and local authorities. Food that is contained in a container or can that:*

*(a) Is unlabeled, if the contents of the container or can are not readily identifiable without opening the container or can;*

*(b) Is rusty, leaking or broken; or*

*(c) Has dents or swelling,*

*is not acceptable and must not be maintained.*

*3. All kitchens and kitchen areas in a rural emergency hospital must be kept clean, kept free from litter and rubbish, and protected from rodents, roaches, flies and other insects. The hospital shall take such measures as are necessary for preventive pest control. All utensils, counters, shelves and equipment must be kept clean, maintained in good repair, and free from breaks, corrosions, open seams, cracks and chipped areas. Plastic ware, china and glassware that is unsightly, unsanitary or hazardous because of chips, cracks or loss of glaze must be discarded.*

*4. After each use, utensils used for eating or drinking or used in the preparation of food or drink must be cleaned and sanitized, or discarded.*

*5. Kitchen sinks must not be used for washing hands. Separate facilities for washing hands, which includes soap, hot and cold running water and individual sanitary towels, must be provided.*

*6. Kitchen wastes that are not disposed of by mechanical means must be:*

*(a) Kept in containers which:*

*(1) Are leak proof;*

*(2) Are made of nonabsorbent materials; and*

*(3) Can be tightly closed; and*

*(b) Disposed of as frequently as necessary to prevent a nuisance or unsightliness.*

*7. Ice which is used in connection with food or drink must be from a sanitary source and must be handled and dispensed in a sanitary manner.*

*8. A person other than personnel of the dietary service may not be in the kitchen area unless the person is required to be there in the performance of his or her duties.*

*9. Equipment of the type and in the amount necessary for the proper preparation, service and storage of food and for proper dishwashing must be provided and maintained in good working order.*

*10. A facility shall store, prepare, distribute and serve food under sanitary conditions.*

*11. Comply with the applicable provisions of chapter 446 of NRS and the regulations adopted pursuant thereto and obtain such permits as are necessary from the Division for the preparation and service of food.*

**Sec. 910.** *When dietary services are required or included, the rural emergency hospital must meet the following dietary personnel requirements.*

*1. A rural emergency hospital with a skilled nursing unit shall employ full-time, part-time or as a consultant, a person who is a licensed dietitian.*

*2. If a licensed dietitian is not employed full-time, the facility shall hire or designate a full-time or part-time employee or consultant to serve as the director of food service who must:*

*a. Be experienced with food service, ideally qualified in the nutritional sciences and has additional work experience with medical and therapeutic diets;*

*b. Receive frequently scheduled consultations from a licensed dietitian;*

*c. Develop and carry out policies and procedures for nutritional care and dietetic services, which must be readily available to nursing, dietary and medical staff;*

*d. Evaluate the policies and procedures for nutritional care and services provided by the dietary service on a regular basis and revise those policies and procedures as necessary.*

*e. Has completed an academic program in culinary arts or is certified as a dietary manager by the Association of Nutritional and Foodservice Professionals.*

*3. The licensed dietitian or a consultant who is licensed as a dietitian shall provide in-service training for all dietetic service personnel and maintain a record of the in-service training provided which includes a description of the subjects covered by the training, the date that the training was given, the duration of the training and a list of the persons who attended the training.*

*4. A rural emergency hospital shall maintain an organized dietary service that is staffed by an adequate number of qualified and competent personnel to provide food service to the residents in the facility. The hospital shall ensure that personnel are on duty to provide dietary services for at least 12 hours each day and that the personnel are competent to perform their duties as outlined in their job descriptions. The dietary service must be integrated with the other departments, units and services within the hospital.*

*5. Personnel of the dietary service must:*

*(a) Be trained in basic techniques of food sanitation;*

*(b) While working in the dietary service, be clean and wear clean clothing, including a cap or hairnet, or both; and*

*(c) Be excluded from duty when affected by a skin infection or communicable disease.*

*6. If an employee of the dietary service has a beard or moustache, or both, which is not closely cropped, the employee shall cover the beard or mustache, or both, while on duty.*

**Sec. 1011. When dietary services are required or included, the rural emergency hospital must meet the following related to menus, nutrition, and nutrition therapeutics.**

*1. A rural emergency hospital with a skilled nursing unit shall have menus that must be planned in advance and followed, which meet the nutritional needs of the patients skilled nursing residents in the facility in accordance with the recommended dietary allowances of the Food and Nutrition Board of the Institute of Medicine of the National Academies.*

*2. Menus for a skilled nursing resident must meet the nutritional needs of each individual patient or skilled nursing resident in accordance with:*

*(a) Recognized dietary practices*

*(b) Skilled nursing resident dietary orders and prescriptions issued by medical practitioners are followed:*

*(1) With special diets;*

*(2) Ensure outpatients or skilled nursing residents are properly hydrated.*

*(c) Except as otherwise provided in this subsection, menus must be followed. A meal may vary from the planned menu if the change is noted in writing in the records maintained by dietary services.*

*3. A facility shall ensure that the food and religious preferences of a skilled nursing residents are respected to the extent practicable and that substitute food is available through the use of a selective menu or substitutes from appropriate food groups.*

*4. A facility shall ensure that persons who are responsible for the therapeutic diets have sufficient knowledge of food values to make appropriate substitutions when necessary.*

52. A rural emergency hospital shall provide to each resident in the skilled nursing unit:
- Food that is prepared to conserve the nutritional value and flavor of the food;
  - Food that is nourishing, palatable, attractive and served at the proper temperatures;
  - A well-balanced diet that meets the daily nutritional and special dietary needs of the ~~patient~~ skilled nursing resident; and
  - A substitute of similar nutritional value to those ~~patient~~ skilled nursing residents who refuse the food that is regularly served by the facility,
63. A rural emergency hospital shall serve to each ~~patient~~ skilled nursing resident in the facility at least three meals daily, at such times as are comparable to regular mealtimes within the community in which the facility is located. A snack must be offered to each ~~patient~~ skilled nursing resident daily at bedtime. Except as otherwise provided in this subsection, breakfast must be served not more than 14 hours after the previous evening meal. If a nourishing snack is served at bedtime, breakfast may be served not more than 16 hours.
74. A rural emergency hospital shall provide special eating equipment and utensils to each ~~patient~~ skilled nursing resident who requires them.
85. A rural emergency hospital shall carry out a program for the systematic nutritional risk-screening of its ~~patients~~ skilled nursing residents to detect actual and potential malnutrition at an early stage.
96. A rural emergency hospital shall ensure that each ~~patient~~ skilled nursing resident maintains acceptable parameters of nutritional status, including, without limitation, body weight and protein levels, unless the patient's clinical condition demonstrates that the maintenance of those parameters is not possible.
107. A ~~outpatient~~ or skilled nursing resident who is fed by an enteral feeding system must receive the appropriate treatment and services to prevent complications to the extent possible.
118. Parenteral nutrition support must be used to nourish a skilled nursing resident who meets clinical guidelines that are developed in accordance with nationally recognized standards of practice and approved by the medical staff of the hospital.
129. A skilled nursing resident must receive a therapeutic diet when it is determined that he or she has a nutritional problem, and such diet must be prescribed by the attending physician of the ~~patient~~ resident.
1310. If it is determined that the nutritional status of a skilled nursing resident or ~~outpatient~~ is at risk, nutritional care for that skilled nursing resident or ~~outpatient~~ must be:
- Planned and provided based on an assessment of his or her nutritional status by a licensed dietitian or the attending physician, or both; and
  - Integrated into his or her plan of care.
- Ê the response of the outpatient or skilled nursing resident must be monitored and reassessed as needed.
1411. Pertinent dietary information must be included in a skilled nursing resident's transfer records or discharge records, or both, to ensure continuity of nutritional care.

**Sec. 1112 Emergency services.**

- A ~~emergency rural~~ hospital shall meet the emergency needs of its patients in accordance with nationally recognized standards of practice.
- If a ~~rural emergency~~ hospital provides emergency services through an emergency department:

(a) The services must be organized under the direct supervision of a qualified member of the medical staff;

(b) The services must be integrated with the other departments, units and services within the hospital; and

(c) The policies and procedures governing the provision of medical care in the emergency department must be established by and are the continuing responsibility of the medical staff.

3. A rural emergency hospital shall have sufficient medical and nursing personnel who are qualified in emergency medical care to carry out the written emergency procedures of, and to meet the emergency needs anticipated by the hospital.

4. The rural emergency hospital must maintain hours of operations of 24-hours each and every calendar day.

5. When necessary, the rural emergency hospital must transfer patients to a Level I or a Level II Trauma Center as per their transfer agreement as described in Sec. 4.

**Sec. 1213. Rural emergency hospital personnel background check.**

1. A ~~R~~rural emergency hospital with skilled nursing facility beds, or ~~as~~ a rural emergency hospital that wants to include skilled nursing facility beds must conduct background checks of personnel as identified in NRS 449.119.

2. A rural emergency hospital with a skilled nursing facility beds, must conform to the background testing requirement in NRS 449.123.

3. A rural emergency hospital must have documentation that the facility has not received any information that the employee has been convicted of a crime listed in paragraph (a) of subsection 1 of NRS 449.174.

4. Rural emergency hospital's ~~outpatients~~ patient protection must follow the hospital requirements of NAC 449.3628.

**Sec. 1314. Personnel policies concerning employment, licensing and certification, tuberculosis testing, ~~and~~ cardiopulmonary resuscitation (CPR), and training of employees who provide care to victims of sexual assault or attempted sexual assault.**

1. A rural emergency hospital shall have written policies concerning the qualifications, responsibilities and conditions of employment for each type of hospital personnel, including the licensure and certification of each employee when required by law.

2. The written policies must:

(a) Include the duties and responsibilities of, and the qualifications required for, each position at the facility;

(b) Include the conditions of employment for each position at the facility;

(c) Include the policies and objectives of the facility related to training while on the job and requirements for continuing education; and

(d) Be periodically reviewed and made available to each employee of the facility.

3. The written policies must be reviewed and updated as needed and must be made available to the members of the hospital staff.

4. Personnel policies must provide for:

(a) The orientation of all health personnel to the policies and objectives of the hospital; and

*(b) The maintenance of records of current employees which confirm that the personnel policies are being followed.*

*5. The rural emergency hospital shall have evidence of a current license or certification on file at the hospital for each person employed by the hospital, or under contract with the hospital, who is required to be licensed or certified by law to perform his or her job.*

*6. The rural emergency hospital shall ensure that the health records of its employees contain documented evidence of surveillance and testing of those employees for tuberculosis and other communicable diseases in accordance with chapter 441A of NAC.*

*7. A current and accurate personnel record for each employee of the facility must be maintained at the facility.*

*8. A facility shall make its personnel records available to the Bureau for inspection upon request.*

*9. Personnel must provide basic life support, including cardiopulmonary resuscitation (CPR), to a resident or outpatient requiring such emergency care prior to the arrival of emergency medical personnel and subject to related physician orders and the resident's advance directives.*

*10. A hospital shall:*

*(a) Provide training to each employee who provides care to victims of sexual assault or attempted sexual assault not later than 60 days after the date on which the employee commenced his or her employment and at least biennially thereafter. Such training must include, without limitation, providing the employee with access to the most current version of the document developed pursuant to paragraph (a) of subsection 1 of NRS 449.1885 and reviewing the document with the employee.*

*(b) Not later than 30 days after providing the training required by paragraph (a) to an employee, evaluate the competency of the employee in providing information concerning emergency contraception and prophylactic antibiotics, including, without limitation, possible side effects of using those medications, and provide additional training if the employee is not competent to provide such information.*

*(c) Maintain evidence of compliance with the requirements of paragraphs (a) and (b) in the personnel file for each employee who is subject to those requirements.*

**Sec. 1415.** *A rural emergency hospital with or without skilled nursing resident beds must develop and observe the facility's program for control of infections, to include:*

*1. A rural emergency hospital with or without skilled nursing resident beds shall establish and maintain a program for the control of infections within the facility.*

*2. The program must:*

*(a) Be designed to provide a safe, sanitary and comfortable environment and to prevent the development and transmission of disease and infection.*

*(b) Include procedures for the investigation, control and prevention of infections in the facility.*

*(c) Establish the procedures that will be followed if an outpatient or skilled nursing resident becomes infectious, including, without limitation, the circumstances under which an outpatient or skilled nursing resident may be isolated. A facility shall isolate any outpatient or skilled nursing resident if required to prevent the spread of infection.*

*(d) Provide for the maintenance of records of infections and the corrective actions taken when infections occurred.*

3. A facility shall ensure that:

(a) An employee with a communicable disease or an infected skin lesion does not come into direct contact with outpatients or skilled nursing residents in the facility or their food if such contact may result in the transmission of the disease.

(b) Employees wash their hands after any direct contact with an outpatient or skilled nursing resident if required by accepted professional practices.

4. Linens must be handled, stored, processed and transported in a manner which prevents the spread of infection.

5. The medical records of each resident of a skilled nursing unit in the facility must include documentation that the resident has been tested for tuberculosis in accordance with the provisions of NAC 441A.380.

**Sec. 1516. NAC 449.013 should be amended as follows:**

**NAC 449.013 License and renewal fees to operate ambulatory surgical center, home office or subunit agency of home health agency, branch office of home health agency, rural clinic, rural emergency hospital without skilled nursing beds, obstetric center, program of hospice care, independent center for emergency medical care, nursing pool, facility for treatment with narcotics, medication unit, referral agency, facility for refractive surgery, mobile unit, agency to provide personal care services in home, facility for the care of adults during day, peer support recovery organization, community health worker pool and employment agency to provide nonmedical services; expiration of application for license.**

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) A rural emergency hospital, without skilled nursing beds	4,060
<del>(f)</del> (f) A freestanding birthing center	1,564
<del>(g)</del> (g) A program of hospice care	7,054
<del>(h)</del> (h) An independent center for emergency medical care	4,060
<del>(i)</del> (i) A nursing pool	4,602
(j) A facility for treatment with narcotics	5,046
<del>(k)</del> (k) A medication unit	1,200
<del>(l)</del> (l) A referral agency	2,708
<del>(m)</del> (m) A facility for refractive surgery	6,700
<del>(n)</del> (n) A mobile unit	2,090
<del>(o)</del> (o) An agency to provide personal care services in the home	1,374
<del>(p)</del> (p) 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
<del>(q)</del> (q) A facility for the care of adults during the day allowed to be occupied by more than 50 clients at one time	1,753
<del>(r)</del> (r) A peer support recovery organization	1,000
<del>(s)</del> (s) A community health worker pool	1,000

(s)(t) 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) <i>A rural emergency hospital, without skilled nursing beds</i>	<i>2,030</i>
(f) A freestanding birthing center	782
(g) A program of hospice care	3,527
(h) An independent center for emergency medical care	2,030
(i) A nursing pool	2,301
(j) A facility for treatment with narcotics	2,523
(k) A medication unit	600
(l) A referral agency	1,354
(m) A facility for refractive surgery	3,350
(n) A mobile unit	1,045
(o) An agency to provide personal care services in the home	687
(p) A facility for the care of adults during the day allowed to be occupied by not more than 50 clients at one time	814
(q) A facility for the care of adults during the day allowed to be occupied by more than 50 clients at one time	1,227
(r) A peer support recovery organization	500
(s) A community health worker pool	500
(t) An employment agency to provide nonmedical services	700

**Sec. 16 NAC 449.016 should be amended as follows:**

**NAC 449.016 License and renewal fees to operate skilled nursing facility, hospital, rural emergency hospital with skilled nursing beds, rural hospital, intermediate care facility, residential facility for groups, facility for treatment of alcohol or other substance use disorders, facility for hospice care, home for individual residential care, facility for modified medical detoxification, community triage center, facility for treatment of irreversible renal disease, halfway house for persons recovering from alcohol or other substance use disorders, facility for transitional living for released offenders, psychiatric residential treatment facility and recovery center; expiration of application for license; fee to support system for reporting of information on cancer and other neoplasms; refund of certain fees. (NRS 439.150, 439.200, 449.0302, 449.050, 457.240)**

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 <b>or rural emergency hospital</b> .....	14,606	62
(c) <b>A rural emergency hospital, with skilled nursing beds</b> .....	<b>4060</b>	<b>108</b>
<del>(e)</del> (d) A rural hospital.....	9,530	62
<del>(d)</del> (e) An intermediate care facility for persons with an intellectual disability or persons with a developmental disability.....	2,018	280
<del>(e)</del> (f) An intermediate care facility, other than an intermediate care facility for persons with an intellectual disability or persons with a developmental disability.....	946	72
<del>(H)</del> (g) Except as otherwise provided in subsection 3, a residential facility for groups.....	2,386	200
<del>(g)</del> (h) A facility for the treatment of alcohol or other substance use disorders.....	782	190
<del>(H)</del> (i) A facility for hospice care.....	3,988	352
<del>(i)</del> (j) A home for individual residential care.....	1,764	184
<del>(j)</del> (k) A facility for modified medical detoxification.....	9,960	494
<del>(k)</del> (l) A community triage center.....	782	136
<del>(H)</del> (m) A facility for the treatment of irreversible renal disease.....	4,178	120
<del>(m)</del> (n) A halfway house for persons recovering from alcohol or other substance use disorders.....	2,800	368
<del>(n)</del> (o) A facility for transitional living for released offenders.....	3,990	146
<del>(o)</del> (p) A psychiatric residential treatment facility.....	9,530	62
<del>(p)</del> (q) 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	Fee per bed in the facility
(a) A skilled nursing facility.....	\$1,126	\$ 54
(b) A hospital, other than a rural hospital <b>or rural emergency hospital</b> .....	7,303	55
(c) <b>A rural emergency hospital with skilled nursing beds</b> .....	<b>2,030</b>	<b>54</b>
<del>(e)</del> (d) A rural hospital.....	4,765	31
<del>(d)</del> (e) An intermediate care facility for persons with an intellectual disability or persons with a developmental disability.....	1,009	140

<del>(e)</del> (f) An intermediate care facility, other than an intermediate care facility for persons with an intellectual disability or a person with a developmental disability.....	473	46
<del>(f)</del> (g) Except as otherwise provided in subsection 3, a residential facility for groups.....	1,193	100
<del>(g)</del> (h) A facility for the treatment of alcohol or other substance use disorders.....	391	95
<del>(h)</del> (i) A facility for hospice care.....	1,994	176
<del>(i)</del> (j) A home for individual residential care.....	500	92
<del>(j)</del> (k) A facility for modified medical detoxification.....	4,980	247
<del>(k)</del> (l) A community triage center.....	391	68
<del>(l)</del> (m) A facility for the treatment of irreversible renal disease.....	2,089	60
<del>(m)</del> (n) A halfway house for persons recovering from alcohol or other substance use disorders.....	1,400	184
<del>(n)</del> (o) A facility for transitional living for released offenders.....	1,995	73
<del>(o)</del> (p) A psychiatric residential treatment facility.....	4,765	31
<del>(p)</del> (q) A recovery center.....	473	46