

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

**LCB File No. R036-26**

June 5, 2026

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

AUTHORITY: §§ 1-5 and 9-11, NRS 449.0178 and 449.0302; §§ 6-8, NRS 439.150, 449.0178, 449.0302 and 449.050.

A REGULATION relating to health care; prescribing requirements governing the licensure and operation of a skilled nursing unit within a rural emergency hospital; requiring rural emergency hospitals to comply with certain federal regulations and exempting such hospitals from certain state regulations; prescribing fees for the issuance and renewal of a license to operate a rural emergency hospital; and providing other matters properly relating thereto.

**Legislative Counsel’s Digest:**

Existing law requires a rural emergency hospital or a facility for skilled nursing to obtain a license from the Health Care Purchasing and Compliance Division of the Nevada Health Authority. (NRS 449.0151, 449.030) Existing law requires the State Board of Health to adopt regulations governing such facilities. (NRS 449.0302) Existing law and federal regulations define “rural emergency hospital” to mean a hospital: (1) in a rural area with less than 50 beds; (2) with an emergency department that is staffed 24 hours per day, 7 days per week; (3) that generally does not provide acute care inpatient services; and (4) has a transfer agreement with a level I or level II trauma center. (NRS 449.0178; 42 U.S.C. § 1395x(kkk)) Existing federal regulations authorize a rural emergency hospital to operate a skilled nursing unit, which must be licensed in the relevant state as a skilled nursing facility, to furnish post-hospital extended care services. (42 U.S.C. § 1395x(kkk)(6))

**Section 2** of this regulation defines “skilled nursing unit” to mean such a unit of a rural emergency hospital. **Section 3** of this regulation requires that a skilled nursing unit be licensed as a facility for skilled nursing. **Sections 4 and 11** of this regulation authorize a rural hospital with beds for skilled nursing that converts to a rural emergency hospital with a skilled nursing unit to operate under certain requirements that applied to the beds for skilled nursing before the conversion. **Section 4** also requires that a skilled nursing unit be in a separate and distinct location from the other services provided by the rural emergency hospital.

Existing regulations establish various requirements governing the accreditation and operation of hospitals. (NAC 449.279-449.394) **Sections 5, 9 and 10** of this regulation exempt a rural emergency hospital from certain provisions of those existing regulations that are not relevant to rural emergency hospitals. **Section 5** also: (1) requires a rural emergency hospital comply with applicable federal regulations; and (2) requires a rural emergency hospital to ensure

that each employee or independent contractor holds any required license, certificate or credential and practices within the applicable scope of practice.

Existing law authorizes the Board to impose fees for a license to operate a rural emergency hospital. (NRS 439.150, 449.0302, 449.050) **Section 6** of this regulation sets the fee for an application to operate a rural emergency hospital. **Sections 7 and 8** of this regulation exempt rural emergency hospitals from other fees that apply to other types of hospitals.

**Section 1.** Chapter 449 of NAC is hereby amended by adding thereto the provisions set forth as sections 2 to 5, inclusive, of this regulation.

**Sec. 2.** *As used in sections 2 to 5, inclusive, of this regulation, unless the context otherwise requires, “skilled nursing unit” means a unit in a rural emergency hospital that is maintained pursuant to 42 U.S.C. 1395x(kkk)(6) to furnish post-hospital extended care services.*

**Sec. 3. 1.** *A skilled nursing unit in a licensed rural emergency hospital must be licensed as a facility for skilled nursing.*

**2.** *In addition to any other information required by this chapter or chapter 449 of NRS, an application for a license to operate a facility for skilled nursing described in subsection 1 must include, without limitation:*

*(a) The total number of beds for skilled nursing in the skilled nursing unit, which must not exceed 50 beds; and*

*(b) If the applicant currently operates beds for skilled nursing, the difference in the total number of beds for skilled nursing currently offered and the number that will be available after approval of the application.*

**Sec. 4. 1.** *If a rural hospital with beds for skilled nursing seeks to convert to a rural emergency hospital with a skilled nursing unit and the existing beds for skilled nursing are in a separate and distinct location in compliance with subsection 2, the provisions of NFPA 101:*

*Life Safety Code, adopted by reference in NAC 449.0105, and the guidelines adopted by reference in paragraphs (c), (d) and (e) of subsection 1 of NAC 449.0105 that applied to the location where the beds for skilled nursing are located before the conversion may remain in effect for the skilled nursing unit.*

*2. A skilled nursing unit must be in a location that is separate and distinct from the locations where other services are provided by the rural emergency hospital. Such a location may include, without limitation, a wing, floor or hallway of a building or a separate building of the rural emergency hospital that is distinct from the location where other services are provided.*

*3. A skilled nursing unit may be in multiple locations that comply with subsection 2, including, without limitation, different floors of a single building or different buildings.*

*Sec. 5. 1. A rural emergency hospital shall comply with 42 C.F.R. §§ 485.500 to 485.546, inclusive, which are hereby adopted by reference.*

*2. A rural emergency hospital shall comply with all state law and regulations applicable to hospitals, except that a rural emergency hospital is not required to comply with the provisions of NAC 449.289, 449.310, 449.318, 449.321, 449.329, 449.364, 449.3645, 449.365, 449.3655, 449.367 and 449.371.*

*3. A rural emergency hospital shall ensure that each employee or independent contractor who performs a function for which a license, certification or other credential is required by state law:*

*(a) Holds the required license, certificate or other credential; and*

*(b) Practices only within the authorized scope of practice for the employee or independent contractor, as applicable.*

4. *The Board will review each revision of the publications adopted by reference pursuant to subsection 1 to ensure suitability for this State. If the Board determines that a revision is not suitable for this State, the Board will hold a public hearing to review its determination within 12 months after the date of the publication of the revision and give notice of that hearing. If, after the hearing, the Board does not revise its determination, the Board will give notice within 30 days after the hearing that the revision is not suitable for this State. If the Board does not give such notice, the revision becomes part of the publication adopted by reference as provided in subsection 1.*

5. *A copy of a publication that contains 42 C.F.R. §§ 485.500 to 485.546, inclusive, may be obtained, free of charge, at the Internet website <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-485/subpart-E?toc=1> or, if that Internet website ceases to exist, from the Division.*

**Sec. 6.** 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 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 freestanding birthing 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 community health worker pool.....	1,000
(r) An employment agency to provide nonmedical services.....	1,400
<b><i>(s) A rural emergency hospital .....</i></b>	<b><i>4,060</i></b>

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 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) A freestanding birthing 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 community health worker pool.....	500
(r) An employment agency to provide nonmedical services.....	700
<b><i>(s) A rural emergency hospital .....</i></b>	<b><i>2,030</i></b>

3. Upon the issuance or renewal of a license to operate an ambulatory surgical center, program of hospice care, 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. 7.** 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 <i>or rural emergency hospital</i> .....	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

	Fee per facility	Fee per bed in the facility
(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 facility for transitional living for released offenders.....	3,990	146
(n) A psychiatric residential treatment facility.....	9,530	62
(o) 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 <i>or rural emergency hospital</i> .....	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 facility for transitional living for released offenders.....	1,995	73
(n) A psychiatric residential treatment facility.....	4,765	31
(o) 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, 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 (m) of subsection 1 or paragraph (m) of subsection 2 that exceeds the expenses and costs incurred by the Division must be refunded to the applicant.

**Sec. 8.** NAC 449.0168 is hereby amended to read as follows:

449.0168 1. Except as otherwise provided in subsection 2, a holder of a license to operate a medical facility, facility for the dependent, program of hospice care, employment agency to provide nonmedical services, outpatient facility, recovery center, psychiatric residential treatment facility or referral agency who wishes or is required pursuant to any provision of this chapter or chapter 499 of NRS to modify his or her license to reflect:

- (a) A change in the name of the facility, program or agency;
- (b) A change of the administrator of the facility, program or agency;
- (c) A change in the number of beds in the facility;

(d) A change to an endorsement on the license of a residential facility pursuant to NAC 449.2751, 449.2754, 449.2762 or 449.2764;

- (e) A change in the category of residents who may reside at the facility;
  - (f) A change in the designation of a staging area for a mobile unit or, if the mobile unit is operated by an independent facility, a change in the address of the independent facility;
  - (g) A change in any of the services provided by an agency to provide nursing in the home;
  - (h) A change in the class designation of an ambulatory surgical center pursuant to NAC 449.9844; or
  - (i) Any additional location added to a license after the initial location listed pursuant to NRS 449.085,
- ↪ must submit an application for a new license to the Division and pay to the Division a fee of \$250.

2. An applicant who applies for a license pursuant to paragraph (c) of subsection 1 because of an increase in the number of beds in the facility must pay to the Division:

- (a) A fee of \$250; and
- (b) A fee for each additional bed as follows:
  - (1) If the facility is an intermediate care facility for persons with an intellectual disability or persons with a developmental disability..... \$280
  - (2) If the facility is a residential facility for groups ..... 184
  - (3) If the facility is a facility for the treatment of alcohol or other substance use disorders..... 190
  - (4) If the facility is a facility for hospice care ..... 352
  - (5) If the facility is a home for individual residential care..... 266
  - (6) If the facility is a facility for modified medical detoxification..... 494
  - (7) If the facility is a hospital, other than a rural hospital *or rural emergency* ..... 110

*hospital* .....

(8) If the facility is a rural hospital..... 62

(9) If the facility is a skilled nursing facility ..... 108

(10) If the facility is an intermediate care facility, other than an intermediate care facility for persons with an intellectual disability or persons with a developmental disability ..... 92

(11) If the facility is a facility for the treatment of irreversible renal disease..... 120

(12) If the facility is a facility for transitional living for released offenders..... 146

(13) If the facility is a psychiatric residential treatment facility ..... 62

(14) If the facility is a recovery center ..... 72

3. If the address of the home office of a home health agency has not changed, a holder of a license to operate a branch office of the home health agency who wishes or is required pursuant to NAC 449.758 to modify his or her license to reflect a change in the address of the branch office of the home health agency must:

- (a) Submit an application for a new license to the Division; and
- (b) Pay to the Division a fee of \$250.

4. A fee paid pursuant to this section is nonrefundable.

5. As used in this section:

(a) “Administrator” means the person who is responsible for the daily management of a medical facility, facility for the dependent, outpatient facility, recovery center, psychiatric residential treatment facility or program of hospice care.

(b) “Independent facility” has the meaning ascribed to it in NAC 449.9701.

(c) “Outpatient facility” has the meaning ascribed to it in NAC 449.999417.

(d) “Staging area” has the meaning ascribed to it in NAC 449.97018.

**Sec. 9.** NAC 449.318 is hereby amended to read as follows:

449.318 1. A hospital must be accredited by an approved national accrediting organization unless the hospital:

(a) Is a psychiatric hospital , *a rural emergency hospital* or rural hospital;

(b) Has been certified as a critical access hospital by the Secretary of Health and Human Services pursuant to 42 U.S.C. § 1395i-4(e);

(c) Contains a distinct part skilled nursing facility or a nursing facility, as defined in 42 C.F.R. § 483.5;

(d) Is a hospital described in 42 U.S.C. § 1395ww(d)(1)(B)(iv) and accepts payment through Medicare;

(e) Is owned by this State or a political subdivision thereof;

(f) Is licensed only for rehabilitation beds; or

(g) Was initially licensed before December 19, 2018, and has been licensed continually after that date.

2. A hospital that is required to comply with the requirements of subsection 1 shall submit to the Division proof of such compliance:

(a) Not later than 12 months after obtaining an initial license;

(b) With each application for renewal submitted pursuant to NAC 449.0116; and

(c) As required by NAC 449.0108.

3. As used in this section, “approved national accrediting organization” means a national accrediting organization, as defined in 42 C.F.R. § 488.1, that has been approved by the Centers

for Medicare and Medicaid Services of the United States Department of Health and Human Services pursuant to 42 C.F.R. § 488.5.

**Sec. 10.** NAC 449.321 is hereby amended to read as follows:

449.321 1. A hospital must be primarily engaged in providing the services described in 42 U.S.C. § 1395x(e)(1) to inpatients, unless the hospital:

- (a) Is a psychiatric hospital , *rural emergency hospital* or rural hospital;
- (b) Has been certified as a critical access hospital by the Secretary of Health and Human Services pursuant to 42 U.S.C. § 1395i-4(e); or
- (c) Contains a distinct part skilled nursing facility or nursing facility, as defined in 42 C.F.R. § 483.5.

2. Except as otherwise provided in subsections 3 and 4, the Division shall determine whether a hospital meets the requirements of subsection 1 based on a totality of the circumstances.

3. Except as otherwise provided in subsection 4, the Division shall deem a hospital to be in compliance with subsection 1 if the hospital:

- (a) Has 20 or fewer inpatient beds;
- (b) Has been licensed and operating for less than 12 months; and
- (c) Contains a number of inpatient beds that is equal to or greater than the capacity for patients in the emergency room at the hospital.

4. The provisions of subsection 3 do not apply to a hospital that was initially licensed on or before December 19, 2018, and has been licensed continually after that date.

5. The Division shall determine that a hospital does not meet the requirements of subsection 1 if the hospital did not maintain:

(a) A minimum average daily census of at least two inpatients, as determined pursuant to subsection 6; and

(b) An average length of stay of at least 2 days during the 12 months immediately preceding the date on which the Division evaluates the hospital, as determined pursuant to subsection 6.

6. For the purposes of this section:

(a) Average daily census must be calculated by dividing the sum for the evaluation period of the number of inpatients in the hospital at midnight of each day of the evaluation period by the number of days in the evaluation period.

(b) Average length of stay must be calculated by dividing the total number of inpatient hospital days in an evaluation period by the number of discharges from the hospital in the evaluation period. As used in this paragraph, “inpatient hospital day” means:

(1) The day on which a patient is admitted to a hospital;

(2) The day on which a patient is discharged from a hospital, including, without limitation, the day on which a patient dies; and

(3) Each day after the day on which a patient is admitted to a hospital and before the patient is discharged.

**Sec. 11.** NAC 449.74543 is hereby amended to read as follows:

449.74543 1. A facility for skilled nursing must be designed, constructed, equipped and maintained in a manner that protects the health and safety of the patients and personnel of the facility and members of the general public.

2. Except as otherwise provided in this section ~~§~~ **and section 4 of this regulation:**

(a) A facility for skilled nursing shall comply with the provisions of *NFPA 101: Life Safety Code*, adopted by reference pursuant to NAC 449.0105.

(b) Any new construction, remodeling or change in use of a facility for skilled nursing 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 within the facility, including, without limitation, painting the area, replacing the flooring, repairing windows, or replacing window and wall coverings.

3. A facility for skilled nursing shall be deemed to be in compliance with the provisions of subsection 2 if:

(a) The facility is licensed on January 1, 1999, the use of the physical space in the facility is not changed and there are no deficiencies in the construction of the facility that are likely to cause serious injury, harm or impairment to the public health and welfare; or

(b) The facility has submitted building plans to the Bureau before February 1, 1999, and:

(1) The Bureau determines that the plans comply with standards for construction in effect before December 11, 1998;

(2) The facility is constructed in accordance with those standards;

(3) Construction of the facility is begun before August 1, 1999; and

(4) There are no deficiencies in the construction of the facility that are likely to cause serious injury, harm or impairment to the public health and welfare.

4. Except as otherwise provided in subsection 5, a facility for skilled nursing shall comply with 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,

↳ related to the construction and maintenance of the facility. If there is a difference between state and local requirements, the more stringent requirements apply.

5. A facility for skilled nursing which is inspected and approved by the State Public Works Division of the Department of Administration in accordance with the provisions set forth in chapter 341 of NRS and chapter 341 of NAC is not required to comply with any applicable local building codes related to the construction and maintenance of the facility.

6. A facility for skilled nursing shall submit building plans for new construction or remodeling to the entity designated to review such plans by the *Health Care Purchasing and Compliance* Division ~~of Public and Behavioral Health~~ pursuant to NAC 449.0115. The entity's review of those plans is advisory only and does not constitute approval for the licensing of the facility. Before the construction or remodeling may begin, the plans for the construction or remodeling must be approved by the *Health Care Purchasing and Compliance* Division. ~~of Public and Behavioral Health.~~ The Bureau shall not approve a facility for licensure until all construction is completed and a survey is conducted at the site of the facility.