

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

**LCB FILE NO. R062-211**

**The following document is the initial draft regulation proposed  
by the agency submitted on 10/20/2021**

## Freestanding Birth Centers

*Italics, blue:* New proposed language

~~[Red]:~~ Removed language

AUTHORITY: Assembly Bill 287 of the 81st (2021) Legislative Session; NRS 449.0302

**Section 1.** Chapter 449 of NAC is hereby amended by adding thereto the provisions set forth in section 2 to 26, inclusive, of these proposed regulations.

**Sec. 2.** *“Freestanding birthing center” has the meaning ascribed to it in section 11 of Assembly Bill 287 of the 81<sup>st</sup> (2021) legislative session.*

**Sec. 3.** *“CABC” means the accrediting body of the Commission for the Accreditation of Birth Centers.”*

**Sec. 4.** *For the purposes of sections 2 to 26:*

*“Midwife” means a member of the professional midwifery staff of the freestanding birthing center that meets the criteria to serve as a member of the professional midwifery staff established by the most current version of the Commission for the Accreditation of Birth Centers Indicators of Compliance with Standards for Birth Centers, except a certified-nurse midwife which is defined in section 5.*

**Sec. 5.** *For the purposes of sections 2 to 26:*

*“Certified nurse-midwife” means a person who is a member of the professional midwifery staff of the freestanding birthing center who is:*

- (a) Certified as a Certified Nurse-Midwife by the American Midwifery Certification Board, or its successor organization; and*
- (b) Licensed as an advanced practice registered nurse pursuant to NRS 632.237.*

**Sec. 6.** *“Licensed physician” means a physician licensed pursuant to chapter 630 or 633 of NRS.*

**Sec. 7.** *“Birth Assistant” means a birth assistant who is a member of the clinical staff who provides birth assistant services in accordance with section 14 that is certified in basic life support and who completes the most current neonatal resuscitation program provider course in the techniques of administering neonatal resuscitation issued by an instructor certified by the American Academy of Pediatrics, or its successor organization; and has completed:*

- 1) A birth assistant training program from a nationally recognized birthing assistant training provider in which a proof of completion is issued such as the American Association of Birth Center’s Certificate Birth Assistant Training or completion of a birth assistant training program from an accredited college or university, and is approved by the director;*
- 2) The North American Registry of Midwives entry-level portfolio evaluation process Phase 2: Clinicals as Assistant Under Supervision;*

- 3) *The Clinicals as Assistant Under Supervision clinical requirement of a Midwifery Education Accreditation Council accredited school;*
- 4) *Has completed the supervised training program for providers of health care training pursuant to section 13; or*
- 5) *A birth assistant training program that has similar requirements to the American Association of Birth Center's Certificate Birth Assistant Training, such as an evidence-based curriculum, a skills assessment, and requirements for attendance of births outside the hospital setting in which a certificate of completion is provided and the birth assistant training program is administered by a licensed freestanding birthing center.*

**Sec. 8.**

1. *The State Board of Health hereby adopts by reference the most current version of the CABC Indicators of Compliance with Standards for Birth Centers which can be obtained for free by registering with the CABC at: <https://birthcenteraccreditation.org/go-get-cabc-indicators/?sfw=pass1631561235>*
2. *The State Board of Health will review each revision of the publications adopted by reference pursuant to subsection 1 to ensure its 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 pursuant to subsection 1.*
- 3.
4. *A freestanding birthing center must comply with the most current version of the CABC Indicators of Compliance with Standards for Birth Centers adopted by reference pursuant to subsection 1.*
5. *A freestanding birthing center must obtain accreditation by the CABC within six months of the date of the application for licensure and shall submit to the Division proof of such accreditation. If the CABC or its successor organization notifies the freestanding birthing center that it cannot be accredited within 6 months, the timeframe required to become accredited will be extended by 6 months.*
6. *Upon request, the freestanding birthing center shall provide the Division with any material submitted by the freestanding birthing center to the CABC as part of the accreditation process, including the accreditation application, the self-evaluation report, the accreditation decision letter from the CABC, and any reports from the CABC following a site visit.*
7. *A freestanding birthing center shall maintain current accreditation by the CABC, or its successor organization. If the freestanding birthing center loses its accreditation, the birth center must immediately notify the Division.*

8. *No person or place shall represent itself as a " freestanding birthing center" or use the term " freestanding birthing center" in its title, advertising, publications or other form of communication unless licensed as a freestanding birthing center in accordance with AB 287 of the 81<sup>st</sup> (2021) legislative session.*
9. *Each freestanding birthing center shall specify the licensed bed capacity of the freestanding birthing center in its initial and renewal applications for licensure with the Division.*
10. *Each freestanding birthing center shall keep on its premises and make available to all clinical providers and clinical staff a copy of the most recent version of the CABC Indicators of Compliance with Standards for Birth Centers.*

**Sec. 9.**

1. *A clinical provider working in a freestanding birthing center must be a certified nurse-midwife, a midwife or a licensed physician.*
2. *All clinical providers and clinical staff including freestanding birthing center employees, contracted staff and credentialed providers who are required to hold an occupational license in accordance with Title 54, Professions, Occupations and Businesses, of Nevada Revised Statutes, in order to provide clinical care, must hold a current license in good standing in the applicable Title 54 chapter to provide those services in a freestanding birthing center.*

**Sec. 10.** *A birth assistant may serve on the clinical staff of a freestanding birthing center.*

**Sec. 11.** *All freestanding birthing center staff, including contracted staff and credentialed providers, shall have it documented in their personnel file whether or not they are immunized for COVID-19. If they have not received the COVID-19 vaccine, the reason for not receiving the vaccine will be documented in their personnel file.*

**Sec. 12.**

1. *Surgery, including, without limitation, the use of forceps, vacuum extractions, cesarean sections and tubal ligations, must not be performed at a freestanding birthing center.*
2. *For the purposes of this section an episiotomy or repairs of lacerations sustained during delivery of the newborn are not considered surgery.*

**Sec. 13.**

1. *The director of a freestanding birthing center may develop a supervised training program for providers of health care. A supervised training program for providers of health care must include, without limitation, an evidence-based curriculum concerning:*
  - a. *The process of childbirth;*
  - b. *Care that is available in the community for a pregnant woman and her child before and after birth;*
  - c. *Family planning;*

- d. *Laws and regulations concerning midwifery;*
        - e. *Nutrition during pregnancy and lactation;*
        - f. *Breastfeeding; and*
        - g. *Clinical midwifery skills.*
2. *If a supervised training program for providers of health care is implemented, the director must assign a North American Registry of Midwives registered preceptor, a certified nurse-midwife with three years of midwifery experience in the immediately preceding three years, or a licensed physician with three years of obstetric experience in the immediately preceding three years, to supervise the training of any providers of health care.*
3. *The director must develop policies and procedures to carry out the supervised training program for providers of health care, including, but not limited to requiring the number of births that must be attended both as an assistant under supervision and as the primary clinician under supervision, the number of prenatal exams, the number of newborn exams, the number of postpartum exams, and requiring the individual to obtain basic life support certification and take the most current neonatal resuscitation program provider course in the techniques of administering neonatal resuscitation issued by an instructor certified by the American Academy of Pediatrics, or its successor organization.*
4. *The policies and procedures developed pursuant to subsection 3 must address a skills assessment and competency evaluation. The supervised training policies and procedures must be reviewed annually by the director and revised as needed.*

**Sec. 14.**

*A freestanding birth center may utilize birth assistants if:*

1. *Each birth assistant is supervised by the director or a clinical provider that is employed by or credentialed to practice in the freestanding birth center;*
2. *The director or clinical provider delegates to a birth assistant the performance of tasks that are within the education, training and competency of the birth assistant such as:*
  - (a) Obtaining vital signs and checking for fetal heart tones;*
  - (b) Providing education to pregnant persons and those supporting the pregnant person;*
  - (c) Completing non-clinical tasks such as environmental cleaning, laundry, ordering and stocking supplies, keeping the freestanding birthing center organized, and other non-clinical duties;*
  - (d) Providing support, as needed, to the pregnant person and those supporting the pregnant person;*
  - (e) Assisting clinical providers with required documentation such as the collection of vital signs data;*
  - (f) Assisting the pregnant person with activities of daily living such as getting dressed or bathing and mobility;*
  - (g) Assisting the clinical provider and clinical staff in an emergency;*
  - (h) Ensuring all equipment and supplies are cleaned, disinfected or sterilized, as applicable, in accordance with the manufacturer's instructions and nationally recognized infection*

*prevention and control standards such as those of the Centers for Disease Control and Prevention; and*

*(i) Other duties assigned to the birth assistant by the director or clinical provider that are within the birth assistant's education, training and competency and that do not require certification or licensure as an occupation by a Nevada regulatory body to perform such duties and do not fall within the scope of a clinical provider such as pelvic or dilation exams, intravaginal procedures and newborn exams;*

*3. The freestanding birthing center knows that the birth assistant possesses the knowledge, skill and training to perform the tasks, pursuant to subsection 2, properly and safely;*

*4. The freestanding birth center documents in the employment record of the birth assistant that they have been appropriately trained and are competent to perform any task or procedure assigned to them; and*

*5. The freestanding birth center policies and procedures must include that the birth assistant shall not make a diagnosis, initiate any treatment, start an intravenous line, perform pelvic or dilation exams, perform intravaginal procedures, perform newborn exams, prescribe or administer any drug or other actions not allowed by the CABC.*

#### **Sec. 15.**

*A pregnant person may give birth in a freestanding birthing center if:*

*1. The freestanding birthing center establishes risk eligibility criteria that aligns with the most current version of the CABC Indicators of Compliance with Standards for Birth Centers; and*

*2. The pregnant person is not less than 15 years of age or over 40 years of age unless the director has reviewed the pregnant person's case and approves the admission of the pregnant person on a case-by-case basis;*

*3. Gestational age is limited to 36 0/7 to 42 0/7 weeks;*

*4. The pregnant person has no medical, obstetric, fetal, or neonatal condition precluding a safe labor, birth and postpartum period in a birth center including, without limitation:*

*(a) No previous history of major uterine wall surgery or more than 1 previous cesarean birth;*

*(b) No clinically significant signs or symptoms of:*

*(1) Chronic hypertension with or without medications;*

*(2) Polyhydramnios or oligohydramnios;*

*(3) Abruptio placenta;*

*(4) Chorioamnionitis;*

*(5) Multiple gestation;*

*(6) Intrauterine growth retardation;*

*(7) Meconium-stained amniotic fluid associated with signs of fetal intolerance of labor;*

*(8) Fetal intolerance of labor;*

*(9) Active substance use disorder;*

*(10) Placenta previa;*

*(11) Medication dependent diabetes; or*

*(12) Anemia that is not resolved with treatment;*

5. While in active labor, the pregnant person demonstrates no clinically significant signs or symptoms of:

- (1) Intrapartum hemorrhage;
- (2) Active Herpes Simplex II of the genitals; or
- (3) Malpresentation of the fetus including breech presentation;

6. The pregnant person is in labor and progressing normally according to the established protocols of the freestanding birthing center and the clinical providers of the freestanding birthing center;

7. The pregnant person's membranes were not ruptured more than 48 hours before the person's admission to the freestanding birthing center;

8. The pregnant person has no evidence of a significant infection, the treatment of which is beyond the clinical provider's scope of practice; and

9. The pregnant person's pregnancy is appropriate for a setting where anesthesia is limited to a local infiltration of the perineum, a pudendal block, or the use of nitrous oxide for pain relief during labor.

#### **Sec. 16.**

1. An application for a license or the renewal of a license may be denied if the facility, personnel or equipment fails to meet the provisions outlined in sections 2 to 26, inclusive, or if cause or circumstance exists that may, in the opinion of the Division, threaten or present a substantial risk to threaten the safety or health of the public.

2. A license may be revoked or summarily suspended in accordance with NAC 449.002 to 449.99939, inclusive, and chapters 233B and 449 of NRS if the freestanding birthing center, personnel or equipment fails to meet all applicable requirements in sections 2 to 26, inclusive, or if cause or circumstance exists that may, in the opinion of the Division, threaten or present a substantial risk to threaten the safety or health of the public.

#### **Sec. 17.**

1. A freestanding birthing center must be designed, constructed, equipped and maintained in a manner that protects the health and safety of the pregnant persons, newborns, and personnel of the freestanding birthing center and members of the general public.

2. A freestanding birthing center must provide sufficient space for members of the family of the pregnant person and other persons chosen by the pregnant person to assist with the birth.

3. Except as otherwise provided in subsection 4, before any new construction of a freestanding birthing center or any remodeling of an existing freestanding birthing center commences, the freestanding birthing center must submit building plans for the new construction or remodeling to the entity designated to review such plans by the Division pursuant to the provisions of NAC 449.0115. The entity's review of those plans is advisory only and does not constitute approval for the licensing of the freestanding birthing center. The Division shall not approve a freestanding birthing center for licensure until all construction is completed and a survey is conducted at the site of the freestanding birthing center.

4. A freestanding birthing center is not required to submit plans for remodeling to the entity designated to review such plans by the Division pursuant to the provisions of NAC 449.0115 if the remodeling is limited to refurbishing an area within the freestanding birthing center, 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.*

*5. Before issuing a license to a freestanding birthing center, the Division shall conduct an on-site inspection of the freestanding birthing center.*

*6. The facility must have an oxygen supply, which may be portable oxygen, adequate to provide oxygen supplementation for all pregnant persons and newborns being cared for in the facility, if needed. The facility shall establish a policy and procedure for the safe administration of oxygen, including, but not limited to the safe storage of portable oxygen in accordance with a nationally recognized standard for the safe storage of a medical gas, such as those of the national fire protection association.*

*7. The facility must have a designated parking space for clients and visitors with a minimum of one space reserved for emergency vehicles.*

*8. The size of each birth room shall be a minimum of 100 square feet with one outside window, shall only have one bed per room, and have sufficient lighting in the delivery and newborn areas to safely provide care.*

*9. The minimum corridor width shall be three feet where the occupancy load is less than 50, or three feet eight inches, if the occupant load is greater than 50. The corridor and doors which provide entry into, exit from and access within the freestanding birthing center and birth rooms must allow access by emergency medical service personnel.*

*10. Each birth room must have a sink and a toilet or a sink in the birth room and a sink and a toilet in an adjacent room.*

*11. A freestanding birthing center must have:*

*(a) A dirty work area for cleaning used instruments, equipment and supplies that has a sink and a storage area, and the dirty work area is a separate area located away from any clean areas.*

*(b) A clean area for the storage of disinfected or sterile instruments and clean equipment and supplies.*

*(c) A sufficient number of hand washing or hand sanitizer stations in order for hand hygiene to be performed in accordance with nationally recognized standards for hand hygiene, such as those for the Centers for Disease Control and Prevention.*

*12. Any obstetric center with a valid license issued before January 1, 2022 that is deemed to be licensed as a freestanding birthing center in accordance with Assembly Bill 287 of the 81<sup>st</sup> (2021) legislative session, shall be deemed to have met the requirements in section 11.*

## **Sec. 18.**

*1. A freestanding birthing center shall comply with all applicable:*

*(a) Federal and state laws;*

*(b) Local ordinances, including, without limitation, zoning ordinances;*

*(c) Environmental, health and local building codes, including, but not limited to electrical, plumbing and heating, ventilation and air conditioning systems. If the facility has an elevator it shall be installed in accordance with any applicable state or local building codes;*

*(d) Fire and safety codes, including, without limitation, those codes relating to ingress and egress of occupants, placement of smoke alarms, fire extinguishers or sprinkler systems, and fire*



*escape routes related to the design, construction and maintenance of the freestanding birthing center. If there is a difference between state and local requirements, the more stringent requirements apply.*

*2. The freestanding birthing center shall store and dispose of solid waste in accordance with NAC 444.662 and NAC 444.664.*

*3. The freestanding birthing center shall:*

*(a) Dispose of hazardous waste in accordance with all applicable state laws and regulations and in accordance with nationally recognized infection control and prevention standards, such as those of the Centers for Disease Control and Prevention.*

*(b) File the appropriate records of births and deaths in accordance with Nevada Revised Statutes and Nevada Administrative Code Chapter 440.*

*4. Report to the National Healthcare Safety Network and report sentinel events in accordance with Nevada Revised Statutes and Nevada Administrative Code Chapter 439.*

*(c) Comply with all applicable state statutes and regulations pursuant to Nevada Revised Statutes and Nevada Administrative Code, Chapter 446, if food is prepared or stored by the freestanding birthing center.*

*(d) Ensure that all laboratory services provided to pregnant persons and newborns are in compliance with all applicable Centers for Medicare and Medicaid Services Clinical Laboratory Improvement Amendments and in accordance with Nevada Revised Statutes and Nevada Administrative Code, Chapter 652, Medical Laboratories.*

## **Sec. 19.**

*A freestanding birthing center must:*

*1. Provide services for labor, delivery, newborn and recovery care pursuant to the most current version of the CABC Indicators of Compliance with Standards for Birth Centers adopted by reference pursuant to section 8;*

*2. Have obstetrical services available to meet the needs of an acute patient in accordance with section 29.5 of AB 287 of the 81<sup>st</sup> (2021) legislative session;*

*3. Be located within 30 miles of a hospital that offers obstetric, neonatal and emergency services relating to pregnancy in accordance with section 29.5 of AB 287 of the 81<sup>st</sup> (2021) legislative session;*

*4. Have an automated external defibrillator on the premises;*

*5. Have a director who is responsible for the operation of the freestanding birthing center and who meets the criteria to be a director pursuant to section 29.5 of AB 287 of the 81<sup>st</sup> (2021) legislative session;*

*6. Have on the premises at least one clinical provider, registered nurse licensed pursuant to chapter 632 of NRS, or clinical staff approved by the director, with experience and which has been deemed as clinically competent to provide pre and postdelivery care on the premises during the time such care is provided;*

*7. Have at least two attendants present at all times during each delivery, one of whom must be a clinical provider who routinely delivers newborn babies and cares for pregnant persons. At least one of the attendants must be a member of the clinical staff of the*

*freestanding birthing center who is approved by the director of the freestanding birthing center to serve as an attendant; and*

*8. Ensure each pregnant person and newborn receives care from a midwife, certified nurse-midwife, or licensed physician currently practicing in obstetrics.*

**Sec. 20.**

*A freestanding birthing center must have adequate emergency electrical power:*

*1. By procuring batteries or an electricity-producing generator with sufficient fuel which is capable of providing power for 2 hours or more to support:*

*(a) Emergency lighting in the freestanding birthing center; and*

*(b) All clinical equipment in the freestanding birthing center with the exception of the wall outlets located in a reception or waiting area.*

*2. By having the source of emergency power serviced on a regular basis and documenting that service in the records of maintenance of the freestanding birthing center.*

**Sec. 21.**

*1. A freestanding birthing center shall develop and implement written policies and procedures to be followed by the employees, contractors and credentialed providers of the freestanding birthing center for the prevention and control of infections that are in accordance with nationally recognized infection prevention and control guidelines, such as those of the Centers for Disease Control and Prevention.*

*2. The policies and procedures developed pursuant to subsection 1 must prescribe the procedures for:*

*(a) Hand hygiene;*

*(b) Environmental cleaning;*

*(c) The proper use of syringes, needles, vials and lancets; and*

*(d) The proper sterilization and disinfection of all reusable equipment.*

*3. The director of a freestanding birthing center shall make a copy of the policies and procedures developed by the freestanding birthing center pursuant to subsection 1 available to each employee of the freestanding birthing center.*

*4. Each employee of a freestanding birthing center shall follow the manufacturer's guidelines for the use and maintenance of equipment, devices and supplies. The director of a freestanding birthing center shall make the manufacturer's guidelines for equipment, devices or supplies available to each employee of the freestanding birthing center who uses or maintains the equipment, devices or supplies.*

*5. A freestanding birthing center shall:*

*(a) Train each employee of the freestanding birthing center who has exposure to pregnant persons or newborns or specimens of pregnant persons or newborns or participates in the disinfection or sterilization of equipment at the freestanding birthing center on the policies and procedures for the control of infections developed pursuant to subsection 1; and*

*(b) Require a supervisor of each such employee to evaluate the employee on the employee's knowledge and skills concerning those policies and procedures within 10 working days after beginning their employment and at least once each year thereafter.*

*6. If a freestanding birthing center revises the infection prevention and control policies and procedures developed pursuant to subsection 1, the freestanding birthing center shall notify each*

*employee of the freestanding birthing center who has exposure to pregnant persons or newborns or specimens of pregnant persons or newborns or participates in the disinfection or sterilization of equipment at the freestanding birthing center of the change and train each such employee concerning the revised policies and procedures within 10 working days after adopting the revised policies and procedures.*

*7. A freestanding birthing center shall maintain a minimum of a 14-day supply of personal protective equipment to protect staff against infectious diseases.*

**Sec. 22.**

*1. A freestanding birthing center shall ensure that all drugs are possessed, distributed and administered in the freestanding birthing center in conformance with all applicable federal, state and local laws.*

*2. All drugs, including intravenous fluids and gases, distributed at a freestanding birthing center must be possessed and distributed in accordance with applicable state laws and regulations. The director of the freestanding birthing center shall establish and maintain a list of drugs which are available for use by a member of the freestanding birthing center staff, including credentialed staff, who is legally authorized to administer the drugs, for pregnant persons and newborns in the freestanding birthing center.*

*3. Only members of the freestanding birthing center staff, including credentialed staff, who are legally authorized to administer drugs may do so.*

*4. The list of drugs established and maintained in accordance with subsection 2 of this section may include the drugs and agents listed in this subsection. The following agents may be stored and administered in a freestanding birthing center by a member of the freestanding birthing center staff who is legally authorized to administer the drugs:*

- a. Oxytocin;*
- b. Pitocin;*
- c. Misoprostol;*
- d. Methylergonovine;*
- e. Tranexamic acid;*
- f. Lidocaine;*
- g. Penicillin;*
- h. Ampicillin;*
- i. Cefazolin;*
- j. Clindamycin;*
- k. Epinephrine in dosage forms and strengths required to deal with pregnant persons and newborn emergencies;*
- l. Diphenhydramine;*
- m. Ondansetron;*
- n. Phylloquinone;*
- o. Erythromycin ointment;*
- p. Terbutaline;*
- q. nitrous oxide;*
- r. Influenza vaccine;*
- s. Hepatitis B vaccine;*

- t. COVID-19 vaccine;
- u. Diphtheria, tetanus and pertussis vaccine;
- v. Rho (D) immune globulin;
- w. Hepatitis B immune globulin;
- x. Oxygen;
- y. Lactated Ringers solution;
- z. 5 percent dextrose in lactated Ringer's solution;
- aa. 0.9 percent sodium chloride solution;
- bb. Sterile water; and
- cc. Any other drugs or vaccines approved by the Division or which are allowed in accordance with the most current version of the Commission for the Accreditation of Birth Centers Indicators of Compliance with Standards for Birth Centers.

4. A freestanding birthing center shall establish a policy to ensure quality control and dispensing of drugs. The freestanding birthing center must have a specific area for storing the drugs which include, without limitation, locked storage for drugs and locked refrigerated storage.

5. A freestanding birthing center shall ensure all drugs and medical laboratory testing supplies are maintained in accordance with the temperature ranges required by the manufacturer of each drug or medical laboratory testing supplier.

### **Sec. 23.**

1. A freestanding birthing center shall notify the Division of the death of any pregnant person or newborn baby which occurs at the freestanding birthing center. The notification must be made not later than 24 hours after the death of a pregnant person or newborn baby.

2. A freestanding birthing center shall establish a process by which appropriate counseling will be provided to staff of the freestanding birthing center, a pregnant person and the family of a pregnant person when a death occurs within the freestanding birthing center.

### **Sec. 24.**

1. The freestanding birthing center shall take such action as is necessary to inform the pregnant person, both orally and in writing, in language which the pregnant person understands, of the rights of the pregnant person as listed in NRS 449A.100, 449A.106, 449A.112, and NRS 449.101 to NRS 449.104, and the risks, alternatives of care and benefits in using the freestanding birthing center based on research by a nationally recognized source on birth centers, such as the American Association of Birth Centers, the Journal of Midwifery & Women's Health, or other evidence-based research.

2. The pregnant person has a right to be fully informed in a language the pregnant person understands about the person's health status, medical conditions, the health status of the baby, and the existence of any known complications or risks.

3. A pregnant person may inspect the person's medical record, or any portion of the record, and, upon request, purchase standard photocopies of the record at a cost not to exceed 60 cents per page.

4. A freestanding birthing center shall provide, within its written policies, a procedure for the registration of complaints by the pregnant person without threat of discrimination or reprisal. A

complaint may include, but is not limited to, a grievance concerning the treatment that was received by the pregnant person and a grievance concerning treatment that was not provided.

5. The freestanding birthing center must inform the pregnant person that the person has the right to file a complaint relating to the care which the pregnant person receives from the freestanding birthing center with the Division.

6. The freestanding birthing center shall provide the pregnant person with the name, address and telephone number of the agency listed in subsection 5.

**Sec. 25.** *The freestanding birthing center must provide to the Division, upon request, any of the freestanding birthing center's information or records.*

**Sec. 26. NAC 449.013 is hereby amended to read as follows:**

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 <del>n-obstetric center</del> 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 peer support recovery organization	1,000
(r) A community health worker pool	1,000

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) A <del>[n-obstetric-center]</del> <i>freestanding birthing center</i>	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

3. 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]~~ *their* application, the applicant must submit a new application and pay the required fee to be considered for licensure.