

**Amendment No. 654**

Assembly Amendment to Senate Bill No. 348 First Reprint (BDR 40-51)

**Proposed by:** Assembly Committee on Health and Human Services

**Amends:** Summary: No Title: Yes Preamble: No Joint Sponsorship: No Digest: Yes

ASSEMBLY ACTION			Initial and Date	SENATE ACTION			Initial and Date		
Adopted	<input type="checkbox"/>	Lost	<input type="checkbox"/>	_____	Adopted	<input type="checkbox"/>	Lost	<input type="checkbox"/>	_____
Concurred In	<input type="checkbox"/>	Not	<input type="checkbox"/>	_____	Concurred In	<input type="checkbox"/>	Not	<input type="checkbox"/>	_____
Receded	<input type="checkbox"/>	Not	<input type="checkbox"/>	_____	Receded	<input type="checkbox"/>	Not	<input type="checkbox"/>	_____

EXPLANATION: Matter in (1) *blue bold italics* is new language in the original bill; (2) variations of green bold underlining is language proposed to be added in this amendment; (3) ~~red strikethrough~~ is deleted language in the original bill; (4) ~~purple double strikethrough~~ is language proposed to be deleted in this amendment; (5) orange double underlining is deleted language in the original bill proposed to be retained in this amendment.





SENATE BILL NO. 348—SENATORS DONATE AND OHRENSCHALL

MARCH 21, 2023

JOINT SPONSORS: ASSEMBLYMEN GONZÁLEZ; CARTER, DURAN, MOSCA, PETERS AND WATTS

Referred to Committee on Health and Human Services

SUMMARY—Revises provisions relating to health facilities. (BDR 40-51)

FISCAL NOTE: Effect on Local Government: No.  
Effect on the State: Yes.

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

AN ACT relating to health care; requiring written approval to close certain hospitals or convert such a hospital into a different type of health facility; requiring certain facilities that provide emergency medical services to provide certain notice to patients; establishing and increasing certain civil penalties; requiring an off-campus location of a hospital that provides emergency medical services or an independent center for emergency medical care to include certain information on a claim for reimbursement or payment; and providing other matters properly relating thereto.

**Legislative Counsel’s Digest:**

1 Existing law requires a person to obtain the written approval of the: (1) Director of the  
2 Department of Health and Human Services before making certain capital expenditures for  
3 construction of a new health facility under certain circumstances; or (2) the Chief Medical  
4 Officer before operating or undertaking any expenditure for the operation of a new medical  
5 helicopter within 150 miles from the base of an existing medical helicopter. (NRS 439A.100,  
6 439A.104) **Section 2** of this bill similarly requires a person to obtain the written approval of  
7 the Director before closing a hospital in a county whose population is 100,000 or more  
8 (currently Clark and Washoe Counties) or converting such a hospital into a different type of  
9 health facility. **Sections 2 and 7-9** of this bill provide that such approval is a condition to: (1)  
10 the issuance or renewal of a license for certain health facilities converted from a hospital; and  
11 (2) certain amendments to such a license. **Sections 5 and 10** of this bill authorize the  
12 Department and the Division of Public and Behavioral Health of the Department to impose  
13 certain civil penalties and take certain other disciplinary action against a person who closes a  
14 hospital in a county whose population is 100,000 or more or converts a hospital in such a  
15 county to a different type of health facility without written approval in violation of **section 2**.

16 Existing law requires: (1) a hospital to notify the Department of any merger, acquisition  
17 or similar transaction involving the hospital; and (2) a physician group practice or a person  
18 who owns all or substantially all of a physician group practice to notify the Department of  
19 certain similar transactions under certain circumstances. (NRS 439A.126) **Section 4** of this  
20 bill authorizes the Department to impose an administrative penalty against a hospital ~~f~~

21 ~~physician group practice or person who owns all or substantially all of a physician group~~  
22 ~~practice]~~ that fails to provide timely notice of the information required by existing law.  
23 Section 4 also requires the Department to notify the Board of Medical Examiners or the  
24 State Board of Osteopathic Medicine, as appropriate, if a physician group practice or a  
25 person who owns all or substantially all of a physician group practice fails to provide  
26 such timely notice. Upon receiving notice of such failure from the Department, sections  
27 10.7 and 11.5 of this bill require those boards to proceed as if a complaint had been filed.  
28 If, after conducting an investigation and a hearing, the Board of Medical Examiners or  
29 the State Board of Osteopathic Medicine determines that a physician group practice or a  
30 person who owns all or substantially all of a physician group practice has failed to  
31 provide timely notice to the Department of a transaction for which notice is required,  
32 sections 10.7 and 11.5 authorize the respective board to impose an administrative  
33 penalty.

34 Existing law requires each off-campus location of a hospital to obtain and use on all  
35 claims for reimbursement or payment a national provider identifier that is distinct from  
36 the national provider identifier used by the main campus and any other off-campus  
37 location of the hospital. (NRS 449.1818) Section 10.3 of this bill clarifies that the off-  
38 campus location: (1) is required to include the national provider identifier on each claim  
39 for reimbursement or payment; and (2) may additionally include on such a claim the  
40 national provider identifier for the main campus of the hospital. Section 10.3 also  
41 requires an independent center for emergency medical care to include its national  
42 provider identifier on all claims for reimbursement or payment.

43 Among other sanctions, existing law authorizes the Division of Public and  
44 Behavioral Health to impose against a hospital that fails to obtain a national provider  
45 identifier for an off-campus location that is distinct from the national provider identifier  
46 used by the main campus and any other off-campus location of the hospital an  
47 administrative penalty of not more than \$5,000 for each day of such failure, together  
48 with interest. (NRS 449.163) Section 10.2 of this bill doubles the amount of the  
49 administrative penalty that the Division is authorized to impose for such failure.

50 Existing law provides every patient of a medical facility, including [an independent center  
51 for emergency medical care or] a hospital, with the right to receive certain information about  
52 the condition and care of the patient and the cost of such care. (NRS 449A.106) [Section] If  
53 an off-campus location of a hospital provides emergency medical services, section 10.5 of  
54 this bill requires [an independent center for emergency medical care] the off-campus location  
55 to : (1) post conspicuous notice that the [independent center for emergency care] off-campus  
56 location is an emergency medical facility and will charge patients for an emergency room  
57 visit [- If an off-campus location of a hospital provides emergency medical services, section  
58 10.5 requires the off-campus location to -] ; and (2) provide each patient with [- (1)] certain  
59 notice concerning the rights of the patient upon registration . [- and (2)] Section 10.5 also  
60 requires such an off-campus location to provide each patient with a more detailed notice  
61 concerning billing and payment after the patient is found not to have an emergency medical  
62 condition or after the emergency medical condition of the patient has been stabilized, as  
63 applicable.

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

1 **Section 1.** Chapter 439A of NRS is hereby amended by adding thereto the  
2 provisions set forth as sections 2 and 3 of this act.

3 **Sec. 2. 1.** *Except as otherwise provided in this section, no person may*  
4 *close a hospital in a county whose population is 100,000 or more or convert a*  
5 *hospital in such a county into a different type of health facility without first*  
6 *applying for and obtaining the written approval of the Director or the designee of*  
7 *the Director. The Division of Public and Behavioral Health of the Department*  
8 *shall not issue a new license or alter an existing license for conversion to a*

1 *different type of health facility unless the Director or the designee of the Director*  
2 *has issued such an approval.*

3 *2. The Director may adopt regulations which prescribe the process to apply*  
4 *for written approval pursuant to this section.*

5 *3. An applicant must provide any information requested by the Director or*  
6 *the designee of the Director for consideration of an application, which must*  
7 *include, without limitation, information related to:*

8 *(a) The location of the hospital;*

9 *(b) The ownership structure of the hospital;*

10 *(c) Whether the closure or conversion is likely to benefit any other health*  
11 *facility in the same geographic area as the hospital in which any person with an*  
12 *ownership interest in the hospital also has an ownership interest;*

13 *(d) An explanation of the need for the closure or conversion;*

14 *(e) Data regarding the population served by the hospital in the 24 months*  
15 *immediately preceding the application; and*

16 *(f) The manner in which and the locations where the population served by*  
17 *the hospital will be able to obtain the health services that were provided by the*  
18 *hospital during the 24 months following the closure or conversion of the hospital.*

19 *4. The Director or the designee of the Director shall not approve an*  
20 *application submitted pursuant to subsection 1 without considering the*  
21 *information required to be submitted pursuant to subsection 3.*

22 *5. The decision of the Director or the designee of the Director pursuant to*  
23 *this section is a final decision for the purposes of judicial review.*

24 *6. The provisions of this section do not apply to any person who ceases to*  
25 *operate hospitals in this State.*

26 **Sec. 3.** (Deleted by amendment.)

27 **Sec. 4.** NRS 439A.126 is hereby amended to read as follows:

28 439A.126 1. A hospital shall notify the Department of any merger,  
29 acquisition or joint venture with any entity, including, without limitation, a  
30 physician group practice, to which the hospital is a party or any contract for the  
31 management of the hospital not later than 60 days after the finalization of the  
32 transaction or execution of the contract for management, as applicable.

33 2. A physician group practice or a person who owns all or substantially all of  
34 a physician group practice shall notify the Department of a transaction described in  
35 subsection 3 to which the physician group practice or person, as applicable, is a  
36 party or any contract for the management of the physician group practice not later  
37 than 60 days after the finalization of the transaction or execution of the contract for  
38 management, as applicable, if:

39 (a) The physician group practices that are parties to the transaction or contract  
40 for management or that are owned by those parties represent at least 20 percent of  
41 the physicians who practice any specialty in a primary service area; and

42 (b) The physician group practice represents the largest number of physicians of  
43 any physician group practice that is a party to or owned by a party to the transaction  
44 or contract for management.

45 3. Notice must be provided pursuant to subsection 2 for any:

46 (a) Merger of, consolidation of or other affiliation between physician group  
47 practices, persons who own physician group practices or any combination thereof;

48 (b) The acquisition of all or substantially all of the properties and assets of a  
49 physician group practice;

50 (c) The acquisition of all or substantially all of the capital stock, membership  
51 interests or other equity interests of a physician group practice;

52 (d) The employment of all or substantially all of the physicians in a physician  
53 group practice; or

1 (e) The acquisition of an insolvent physician group practice.

2 4. Notice pursuant to subsection 1 or 2 must be provided in the form  
3 prescribed by the Department and must include, without limitation:

4 (a) The name of each party to the transaction or contract for management, as  
5 applicable;

6 (b) A description of the nature of the proposed relationship of the parties to the  
7 transaction or contract for management, as applicable;

8 (c) The names and any specialties of each physician who is a party or  
9 employed by or affiliated with a physician group practice that is a party to or is  
10 owned by a party to the transaction or contract for management, as applicable;

11 (d) The name and address of each business entity that will provide health  
12 services after the transaction or contract for management, as applicable;

13 (e) A description of the health services to be provided at each location of a  
14 business entity described in paragraph (d); and

15 (f) The primary service area to be served by each location of a business entity  
16 described in paragraph (d).

17 5. The Department shall:

18 (a) Post the information contained in the notices provided pursuant to  
19 subsections 1 and 2 on an Internet website maintained by the Department; and

20 (b) Annually prepare a report regarding market transactions and concentration  
21 in health care based on the information in the notices and post the report on an  
22 Internet website maintained by the Department.

23 ~~6. If a hospital [, a physician group practice or a person who owns all or  
24 ~~substantially all of a physician group practice]~~ fails to provide timely notice to the  
25 Department pursuant to subsection 1 ~~[or 2, as applicable,]~~ and the failure was not  
26 caused by excusable neglect, technical problems or other extenuating  
27 circumstances, the Department may impose against the hospital ~~[, physician~~  
28 ~~group practice or person who owns all or substantially all of a physician group~~  
29 ~~practice] an administrative penalty of not more than \$5,000 for each day of such~~  
30 ~~failure.~~~~

31 7. If a physician group practice or a person who owns all or substantially  
32 all of a physician group practice fails to provide timely notice to the Department  
33 pursuant to subsection 2 and the failure was not caused by excusable neglect,  
34 technical problems or other extenuating circumstances, the Department shall  
35 notify the Board of Medical Examiners or the State Board of Osteopathic  
36 Medicine, or both, as applicable, of such failure.

37 8. Any money collected as administrative penalties pursuant to this section  
38 must be accounted for separately and used by the Department to carry out the  
39 provisions of NRS 439A.111 to 439A.126, inclusive, or for any other purpose  
40 authorized by the Legislature.

41 ~~[8.]~~ 9. As used in this section:

42 (a) “Physician group practice” means any business entity organized for the  
43 purpose of the practice of medicine or osteopathic medicine by more than one  
44 physician.

45 (b) “Primary service area” means an area comprising the smallest number of  
46 zip codes from which the hospital or physician group practice draws at least 75  
47 percent of patients.

48 **Sec. 5.** NRS 439A.310 is hereby amended to read as follows:

49 439A.310 1. Except as otherwise provided in subsection 2, any person who  
50 violates any of the provisions of this chapter is liable to the State for a civil penalty  
51 of:

1 (a) Where the provision violated governs the licensing of a project which is  
2 required to be approved pursuant to NRS 439A.100 ~~§~~ *or section 2 of this act*, not  
3 more than 10 percent of the proposed expenditure for the project.

4 (b) Where any other provision is violated, not more than \$20,000 for each  
5 violation.

6 2. The Department shall not impose a penalty under this section if it applies  
7 for injunctive relief to prevent the same violation.

8 **Sec. 6.** (Deleted by amendment.)

9 **Sec. 7.** NRS 449.080 is hereby amended to read as follows:

10 449.080 1. If, after investigation, the Division finds that the:

11 (a) Applicant is in full compliance with the provisions of NRS 449.029 to  
12 449.2428, inclusive;

13 (b) Applicant is in substantial compliance with the standards and regulations  
14 adopted by the Board;

15 (c) Applicant, if he or she has undertaken a project for which approval is  
16 required pursuant to NRS 439A.100 ~~§~~ *or section 2 of this act*, has obtained the  
17 approval of the Director of the Department of Health and Human Services; and

18 (d) Facility conforms to the applicable zoning regulations,  
19 the Division shall issue the license to the applicant.

20 2. Any investigation of an applicant for a license to provide community-based  
21 living arrangement services conducted pursuant to subsection 1 must include,  
22 without limitation, an inspection of any building operated by the applicant in which  
23 the applicant proposes to provide community-based living arrangement services.

24 3. A license applies only to the person to whom it is issued, is valid only for  
25 the premises described in the license and is not transferable.

26 **Sec. 8.** NRS 449.087 is hereby amended to read as follows:

27 449.087 1. A licensee must obtain the approval of the Division to amend his  
28 or her license to operate a facility before the addition of any of the following  
29 services:

30 (a) The intensive care of newborn babies.

31 (b) The treatment of burns.

32 (c) The transplant of organs.

33 (d) The performance of open-heart surgery.

34 (e) A center for the treatment of trauma.

35 2. The Division shall approve an application to amend a license to allow a  
36 facility to provide any of the services described in subsection 1 if:

37 (a) The applicant satisfies the requirements contained in NRS 449.080;

38 (b) The Division determines on the basis of the standards adopted by the Board  
39 pursuant to subsection 4 that there are an adequate number of cases in the  
40 community to be served to support amending the license to add the service; and

41 (c) The Division determines that the applicant satisfies any other standards  
42 adopted by the Board pursuant to subsection 4.

43 3. The Division may revoke its approval if the licensee fails to maintain  
44 substantial compliance with the standards adopted by the Board pursuant to  
45 subsection 4 for the provision of such services, or with any conditions included in  
46 the written approval of the Director issued pursuant to the provisions of NRS  
47 439A.100 ~~§~~ *or section 2 of this act*.

48 4. The Board shall:

49 (a) Adopt standards which have been adopted by appropriate national  
50 organizations to be used by the Division in determining whether there are an  
51 adequate number of cases in the community to be served to support amending the  
52 license of a licensee to add a service pursuant to this section; and

1 (b) Adopt such other standards as it deems necessary for determining whether  
2 to approve the provision of services pursuant to this section.

3 **Sec. 9.** NRS 449.089 is hereby amended to read as follows:

4 449.089 1. Each license issued pursuant to NRS 449.029 to 449.2428,  
5 inclusive, expires on December 31 following its issuance and is renewable for 1  
6 year upon reapplication and payment of all fees required pursuant to subsection 4  
7 and NRS 449.050, as applicable, unless the Division finds, after an investigation,  
8 that the facility has not:

9 (a) Satisfactorily complied with the provisions of NRS 449.029 to 449.2428,  
10 inclusive, or the standards and regulations adopted by the Board;

11 (b) Obtained the approval of the Director of the Department of Health and  
12 Human Services before undertaking a project, if such approval is required by NRS  
13 439A.100 ~~§~~ **or section 2 of this act;** or

14 (c) Conformed to all applicable local zoning regulations.

15 2. Each reapplication for an agency to provide personal care services in the  
16 home, an agency to provide nursing in the home, a community health worker pool,  
17 a facility for intermediate care, a facility for skilled nursing, a provider of  
18 community-based living arrangement services, a hospital described in 42 U.S.C. §  
19 1395ww(d)(1)(B)(iv), a psychiatric hospital that provides inpatient services to  
20 children, a psychiatric residential treatment facility, a residential facility for groups,  
21 a program of hospice care, a home for individual residential care, a facility for the  
22 care of adults during the day, a facility for hospice care, a nursing pool, the distinct  
23 part of a hospital which meets the requirements of a skilled nursing facility or  
24 nursing facility pursuant to 42 C.F.R. § 483.5, a hospital that provides swing-bed  
25 services as described in 42 C.F.R. § 482.58 or, if residential services are provided  
26 to children, a medical facility or facility for the treatment of alcohol or other  
27 substance use disorders must include, without limitation, a statement that the  
28 facility, hospital, agency, program, pool or home is in compliance with the  
29 provisions of NRS 449.115 to 449.125, inclusive, and 449.174.

30 3. Each reapplication for an agency to provide personal care services in the  
31 home, a community health worker pool, a facility for intermediate care, a facility  
32 for skilled nursing, a facility for the care of adults during the day, a residential  
33 facility for groups or a home for individual residential care must include, without  
34 limitation, a statement that the holder of the license to operate, and the  
35 administrator or other person in charge and employees of, the facility, agency, pool  
36 or home are in compliance with the provisions of NRS 449.093.

37 4. Each reapplication for a surgical center for ambulatory patients, facility for  
38 the treatment of irreversible renal disease, facility for hospice care, program of  
39 hospice care, hospital, facility for intermediate care, facility for skilled nursing,  
40 agency to provide personal care services in the home or rural clinic must be  
41 accompanied by the fee prescribed by the State Board of Health pursuant to NRS  
42 457.240, in addition to the fees imposed pursuant to NRS 449.050.

43 **Sec. 10.** NRS 449.160 is hereby amended to read as follows:

44 449.160 1. The Division may deny an application for a license or may  
45 suspend or revoke any license issued under the provisions of NRS 449.029 to  
46 449.2428, inclusive, upon any of the following grounds:

47 (a) Violation by the applicant or the licensee of any of the provisions of NRS  
48 439B.410 or 449.029 to 449.245, inclusive, or of any other law of this State or of  
49 the standards, rules and regulations adopted thereunder.

50 (b) Aiding, abetting or permitting the commission of any illegal act.

51 (c) Conduct inimical to the public health, morals, welfare and safety of the  
52 people of the State of Nevada in the maintenance and operation of the premises for  
53 which a license is issued.



1 (d) Conduct or practice detrimental to the health or safety of the occupants or  
2 employees of the facility.

3 (e) Failure of the applicant to obtain written approval from the Director of the  
4 Department of Health and Human Services as required by NRS 439A.100 *or*  
5 *section 2 of this act* or as provided in any regulation adopted pursuant to NRS  
6 449.001 to 449.430, inclusive, and 449.435 to 449.531, inclusive, and chapter 449A  
7 of NRS if such approval is required **+**, *including, without limitation, the closure*  
8 *or conversion of any hospital in a county whose population is 100,000 or more*  
9 *that is owned by the licensee without approval pursuant to section 2 of this act.*

10 (f) Failure to comply with the provisions of NRS 441A.315 and any  
11 regulations adopted pursuant thereto or NRS 449.2486.

12 (g) Violation of the provisions of NRS 458.112.

13 2. In addition to the provisions of subsection 1, the Division may revoke a  
14 license to operate a facility for the dependent if, with respect to that facility, the  
15 licensee that operates the facility, or an agent or employee of the licensee:

16 (a) Is convicted of violating any of the provisions of NRS 202.470;

17 (b) Is ordered to but fails to abate a nuisance pursuant to NRS 244.360,  
18 244.3603 or 268.4124; or

19 (c) Is ordered by the appropriate governmental agency to correct a violation of  
20 a building, safety or health code or regulation but fails to correct the violation.

21 3. The Division shall maintain a log of any complaints that it receives relating  
22 to activities for which the Division may revoke the license to operate a facility for  
23 the dependent pursuant to subsection 2. The Division shall provide to a facility for  
24 the care of adults during the day:

25 (a) A summary of a complaint against the facility if the investigation of the  
26 complaint by the Division either substantiates the complaint or is inconclusive;

27 (b) A report of any investigation conducted with respect to the complaint; and

28 (c) A report of any disciplinary action taken against the facility.

29 ↪ The facility shall make the information available to the public pursuant to NRS  
30 449.2486.

31 4. On or before February 1 of each odd-numbered year, the Division shall  
32 submit to the Director of the Legislative Counsel Bureau a written report setting  
33 forth, for the previous biennium:

34 (a) Any complaints included in the log maintained by the Division pursuant to  
35 subsection 3; and

36 (b) Any disciplinary actions taken by the Division pursuant to subsection 2.

37 **Sec. 10.2. NRS 449.163 is hereby amended to read as follows:**

38 449.163 1. In addition to the payment of the amount required by NRS  
39 449.0308, if a medical facility, facility for the dependent or facility which is  
40 required by the regulations adopted by the Board pursuant to NRS 449.0303 to be  
41 licensed violates any provision related to its licensure, including any provision of  
42 NRS 439B.410 or 449.029 to 449.2428, inclusive, or any condition, standard or  
43 regulation adopted by the Board, the Division, in accordance with the regulations  
44 adopted pursuant to NRS 449.165, may:

45 (a) Prohibit the facility from admitting any patient until it determines that the  
46 facility has corrected the violation;

47 (b) Limit the occupancy of the facility to the number of beds occupied when  
48 the violation occurred, until it determines that the facility has corrected the  
49 violation;

50 (c) If the license of the facility limits the occupancy of the facility and the  
51 facility has exceeded the approved occupancy, require the facility, at its own  
52 expense, to move patients to another facility that is licensed;

1 (d) ~~Impose~~ Except where a greater penalty is authorized by subsection 2,  
2 impose an administrative penalty of not more than \$5,000 per day for each  
3 violation, together with interest thereon at a rate not to exceed 10 percent per  
4 annum; and

5 (e) Appoint temporary management to oversee the operation of the facility and  
6 to ensure the health and safety of the patients of the facility, until:

7 (1) It determines that the facility has corrected the violation and has  
8 management which is capable of ensuring continued compliance with the  
9 applicable statutes, conditions, standards and regulations; or

10 (2) Improvements are made to correct the violation.

11 2. If an off-campus location of a hospital fails to obtain a national provider  
12 identifier that is distinct from the national provider identifier used by the main  
13 campus and any other off-campus location of the hospital in violation of NRS  
14 449.1818, the Division may impose against the hospital an administrative penalty  
15 of not more than \$10,000 for each day of such failure, together with interest  
16 thereon at a rate not to exceed 10 percent per annum, in addition to any other  
17 action authorized by this chapter.

18 3. If the facility fails to pay any administrative penalty imposed pursuant to  
19 paragraph (d) of subsection 1 ~~or~~ or subsection 2, the Division may:

20 (a) Suspend the license of the facility until the administrative penalty is paid;  
21 and

22 (b) Collect court costs, reasonable attorney's fees and other costs incurred to  
23 collect the administrative penalty.

24 ~~3.~~ 4. The Division may require any facility that violates any provision of  
25 NRS 439B.410 or 449.029 to 449.2428, inclusive, or any condition, standard or  
26 regulation adopted by the Board to make any improvements necessary to correct the  
27 violation.

28 ~~4.~~ 5. Any money collected as administrative penalties pursuant to paragraph  
29 (d) of subsection 1 or subsection 2 must be accounted for separately and used to  
30 administer and carry out the provisions of NRS 449.001 to 449.430, inclusive,  
31 449.435 to 449.531, inclusive, and chapter 449A of NRS to protect the health,  
32 safety, well-being and property of the patients and residents of facilities in  
33 accordance with applicable state and federal standards or for any other purpose  
34 authorized by the Legislature.

35 **Sec. 10.3. NRS 449.1818 is hereby amended to read as follows:**

36 449.1818 1. Each off-campus location of a hospital ~~must~~ shall obtain and  
37 use and include on all claims for reimbursement or payment for health care  
38 services provided at the location a national provider identifier that is distinct from  
39 the national provider identifier used by the main campus and any other off-campus  
40 location of the hospital. If the off-campus location includes the national provider  
41 identifier on such a claim, the off-campus location may also include on the claim  
42 the national provider identifier used by the main campus of the hospital. If the  
43 off-campus location includes both the national provider identifier used by the off-  
44 campus location and the national provider identifier used by the main campus on  
45 a claim, the claim must clearly identify which national provider identifier  
46 corresponds to the off-campus location and which national provider identifier  
47 corresponds to the main campus.

48 2. An independent center for emergency medical care shall include on all  
49 claims for reimbursement or payment for health care services provided at the  
50 independent center for emergency medical care the national provider identifier  
51 used by the independent center for emergency medical care.

52 3. As used in this section:

1 (a) “National provider identifier” means the standard, unique health identifier  
2 for health care providers that is issued by the national provider system in  
3 accordance with 45 C.F.R. Part 162.

4 (b) “Off-campus location” means a facility:

5 (1) With operations that are directly or indirectly owned or controlled by,  
6 in whole or in part, a hospital or which is affiliated with a hospital, regardless of  
7 whether it is operated by the same governing body as the hospital;

8 (2) That is located more than 250 yards from the main campus of the  
9 hospital;

10 (3) That provides services which are organizationally and functionally  
11 integrated with the hospital; and

12 (4) That is an outpatient facility providing ambulatory surgery, urgent care  
13 or emergency room services.

14 **Sec. 10.5.** Chapter 449A of NRS is hereby amended by adding thereto a new  
15 section to read as follows:

16 1. An ~~independent center for emergency medical care~~ **off-campus location**  
17 ***shall post conspicuously in each location where patients are admitted and***  
18 ***registered a sign, in not less than 24 point boldface type, which states in English***  
19 ***and Spanish:***

#### 20 21 NOTICE

22  
23 ***This is an emergency medical facility that treats emergency medical***  
24 ***conditions. You will be charged for a visit to an emergency room and not***  
25 ***for a visit to an urgent care center.***

26  
27 2. ***An off-campus location shall provide to each patient of the emergency***  
28 ***department of the off-campus location and any adult accompanying such a***  
29 ***patient who is less than 18 years of age immediately upon registration a written***  
30 ***statement in substantially the following form:***

#### 31 32 PATIENT INFORMATION

33  
34 ***This is an emergency medical facility that treats emergency medical***  
35 ***conditions. You will be charged for a visit to an emergency room and not***  
36 ***for a visit to an urgent care center.***

37  
38 ***We will screen and treat you regardless of your ability to pay.***

39  
40 ***You have the right to ask questions regarding your treatment options and***  
41 ***costs.***

42  
43 ***You have the right to receive prompt and reasonable responses to such***  
44 ***questions and requests.***

45  
46 ***You have the right to reject treatment.***

47  
48 ~~***[However, we encourage you to defer your questions until after we screen***~~  
49 ~~***you for an emergency medical condition.]***~~

50  
51 ***This is not a complete statement of patient information or rights. You will***  
52 ***receive a more comprehensive statement after the completion of a medical***

1 screening examination that does not reveal an emergency medical  
2 condition or after your emergency medical condition has been stabilized.

3  
4 3. To the extent practicable, a written statement provided pursuant to  
5 subsection 2 must be in the language requested by the patient or the adult  
6 accompanying the patient, as applicable.

7 4. After the completion of an appropriate medical screening examination of  
8 a patient of the emergency department of the off-campus location that does not  
9 reveal an emergency medical condition or after stabilizing the emergency medical  
10 condition of such a patient, an off-campus location shall provide the patient and,  
11 if the patient, is less than 18 years of age, any adult accompanying the patient,  
12 with written notice of:

13 (a) *The policies of the off-campus location concerning the acceptance of*  
14 *patients enrolled in Medicaid and Medicare;*

15 (b) *The networks of third parties in which the off-campus location*  
16 *participates;*

17 (c) *The possibility that the patient may be billed separately by providers of*  
18 *health care at the off-campus location;*

19 (d) *The maximum price for emergency medical services that the off-campus*  
20 *location commonly provides; and*

21 (e) *Any additional fees that the off-campus location charges.*

22 ~~4.~~ 5. As used in this section:

23 (a) ~~“Independent center for emergency medical care” has the meaning~~  
24 ~~ascribed to it in NRS 449.013.~~

25 ~~(b)~~ “Network” means a defined set of providers of health care who are  
26 under contract with a third party to provide health care services to persons  
27 covered by the third party.

28 ~~(c)~~ (b) “Off-campus location” means a facility:

29 (1) *With operations that are directly or indirectly owned or controlled by,*  
30 *in whole or in part, a hospital or which is affiliated with a hospital, regardless of*  
31 *whether it is operated by the same governing body as the hospital;*

32 (2) *That is located more than 250 yards from the main campus of the*  
33 *hospital;*

34 (3) *That provides services which are organizationally and functionally*  
35 *integrated with the hospital; and*

36 (4) *That is an outpatient facility providing emergency room services.*

37 ~~(d)~~ (c) “Third party” means any insurer, governmental entity or other  
38 organization providing health coverage or benefits in accordance with state or  
39 federal law.

40 Sec. 10.7. Chapter 630 of NRS is hereby amended by adding thereto a  
41 new section to read as follows:

42 1. Except as otherwise provided in this subsection, if the Board receives  
43 notice from the Department of Health and Human Services pursuant to NRS  
44 439A.126 that a physician group practice or a person who owns all or  
45 substantially all of a physician group practice has failed to provide timely notice  
46 to the Department of a transaction described in subsection 3 of NRS 439A.126,  
47 the Board must proceed as if a complaint had been filed against the physician  
48 group practice or person, as applicable. If the report concerns a physician group  
49 practice that consists of physicians licensed pursuant to this chapter and  
50 osteopathic physicians licensed pursuant to chapter 633 of NRS, the Board shall  
51 consult with the State Board of Osteopathic Medicine to ensure that either the  
52 Board or the State Board of Osteopathic Medicine, but not both, investigates the  
53 notice.

1 2. If, after conducting an investigation and a hearing in accordance with  
2 the provisions of this chapter, the Board determines that a physician group  
3 practice or a person who owns all or substantially all of a physician group  
4 practice has failed to provide timely notice to the Department of Health and  
5 Human Services of a transaction described in subsection 3 of NRS 439A.126, the  
6 Board may impose an administrative penalty of not more than \$5,000 for each  
7 day of such failure.

8 3. As used in this section, "physician group practice" has the meaning  
9 ascribed to it in NRS 439A.126.

10 **Sec. 11.** (Deleted by amendment.)

11 **Sec. 11.5.** Chapter 633 of NRS is hereby amended by adding thereto a  
12 new section to read as follows:

13 1. Except as otherwise provided in this subsection, if the Board receives  
14 notice from the Department of Health and Human Services pursuant to NRS  
15 439A.126 that a physician group practice or a person who owns all or  
16 substantially all of a physician group practice has failed to provide timely notice  
17 to the Department of a transaction described in subsection 3 of NRS 439A.126,  
18 the Board must proceed as if a complaint had been filed against the physician  
19 group practice or person, as applicable. If the report concerns a physician group  
20 practice that consists of osteopathic physicians licensed pursuant to this chapter  
21 and physicians licensed pursuant to chapter 630 of NRS, the Board shall consult  
22 with the Board of Medical Examiners to ensure that either the Board or the  
23 Board of Medical Examiners, but not both, investigates the notice.

24 2. If, after conducting an investigation and a hearing in accordance with  
25 the provisions of this chapter, the Board determines that a physician group  
26 practice or a person who owns all or substantially all of a physician group  
27 practice has failed to provide timely notice to the Department of Health and  
28 Human Services of a transaction described in subsection 3 of NRS 439A.126, the  
29 Board may impose an administrative penalty of not more than \$5,000 for each  
30 day of such failure.

31 3. As used in this section, "physician group practice" has the meaning  
32 ascribed to it in NRS 439A.126.

33 **Sec. 12.** 1. This section becomes effective upon passage and approval.

34 2. Sections 1 to ~~11.4~~ **11.5**, inclusive, of this act become effective:

35 (a) Upon passage and approval for the purpose of adopting any regulations and  
36 performing any other preparatory administrative tasks that are necessary to carry  
37 out the provisions of this act; and

38 (b) On January 1, 2024, for all other purposes.