

Senate Bill No. 483—Committee on Human  
Resources and Facilities

CHAPTER.....

AN ACT relating to medical facilities; requiring the state board of health to adopt regulations for the licensure of certain mobile units and facilities for refractive laser surgery as medical facilities; requiring facilities for refractive laser surgery to file a surety bond or deposit other security to provide indemnification to certain patients; and providing other matters properly relating thereto.

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

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

**Sec. 2.** *“Facility for refractive laser surgery” means a freestanding facility that provides limited medical services for the evaluation of patients with refractive errors of the eye and the surgical treatment of those patients by photorefractive keratectomy or laser in situ keratomeleusis.*

**Sec. 3.** *“Mobile unit” means a motor vehicle, other than a vehicle operated under the authority of a permit issued pursuant to chapter 450B of NRS, that is specially designed, constructed and equipped to provide any of the medical services provided by a medical facility described in subsections 1 to 13, inclusive, of NRS 449.0151.*

**Sec. 4.** *1. Except as otherwise provided in section 5 of this act, each facility for refractive laser surgery shall, when applying for a license or renewing a license, file with the administrator of the health division a surety bond:*

*(a) If the facility employs less than seven employees, in the amount of \$10,000;*

*(b) If the facility employs at least seven but not more than 25 employees, in the amount of \$50,000; or*

*(c) If the facility employs more than 25 employees, in the amount of \$100,000.*

*2. A bond filed pursuant to this section must be executed by the facility as principal and by a surety company as surety. The bond must be payable to the health division and must be conditioned to provide indemnification to a patient of the facility who the administrator of the health division or his designee determines has sustained any damages as a result of the bankruptcy of or any breach of contract by the facility.*

*3. Except when a surety is released, the surety bond must cover the period of the initial license to operate or the period of the renewal, as appropriate.*

*4. A surety on any bond filed pursuant to this section may be released after the surety gives 30 days’ written notice to the administrator of the health division, but the release does not discharge or otherwise affect any claim filed by a patient for any damages sustained as a result of the bankruptcy of or any breach of contract by the facility while the bond was in effect.*

*5. The license of a facility for refractive laser surgery is suspended by operation of law when the facility is no longer covered by a surety*

*bond as required by this section or by a substitute for the surety bond pursuant to section 5 of this act. The administrator of the health division shall give the facility at least 20 days' written notice before the release of the surety or the substitute for the surety, to the effect that the license will be suspended by operation of law until another surety bond is filed or substitute for the surety bond is deposited in the same manner and amount as the bond or substitute being terminated.*

**Sec. 5.** *1. As a substitute for the surety bond required pursuant to section 4 of this act, a facility for refractive laser surgery may deposit with any bank or trust company authorized to do business in this state, upon approval of the administrator of the health division:*

*(a) An obligation of a bank, savings and loan association, thrift company or credit union licensed to do business in this state;*

*(b) Bills, bonds, notes, debentures or other obligations of the United States or any agency or instrumentality thereof, or guaranteed by the United States; or*

*(c) Any obligation of this state or any city, county, town, township, school district or other instrumentality of this state, or guaranteed by this state, in an aggregate amount, based upon principal amount or market value, whichever is lower.*

*2. The obligations of a bank, savings and loan association, thrift company or credit union must be held to secure the same obligation as would the surety bond required by section 4 of this act. With the approval of the administrator of the health division, the facility may substitute other suitable obligations for those deposited, which must be assigned to the health division and are negotiable only upon approval of the administrator of the health division.*

*3. Any interest or dividends earned on the deposit accrue to the account of the facility.*

*4. The deposit must be an amount at least equal to the surety bond required by section 4 of this act and must state that the amount may not be withdrawn except by the direct and sole order of the administrator of the health division.*

**Sec. 6.** NRS 449.001 is hereby amended to read as follows:

449.001 As used in this chapter, unless the context otherwise requires, the words and terms defined in NRS 449.0015 to 449.019, inclusive, and *sections 2 and 3 of this act* have the meanings ascribed to them in those sections.

**Sec. 7.** NRS 449.0151 is hereby amended to read as follows:

449.0151 "Medical facility" includes:

1. A surgical center for ambulatory patients;
2. An obstetric center;
3. An independent center for emergency medical care;
4. An agency to provide nursing in the home;
5. A facility for intermediate care;
6. A facility for skilled nursing;
7. A facility for hospice care;
8. A hospital;
9. A psychiatric hospital;
10. A facility for the treatment of irreversible renal disease;

11. A rural clinic;
12. A nursing pool; ~~and~~
13. A facility for modified medical detoxification ~~+~~;
- 14. A facility for refractive laser surgery; and*
- 15. A mobile unit.*

**Sec. 8.** NRS 449.037 is hereby amended to read as follows:

449.037 1. The board shall adopt:

(a) Licensing standards for each class of medical facility or facility for the dependent covered by NRS 449.001 to 449.240, inclusive, *and sections 2 to 5, inclusive, of this act* and for programs of hospice care.

(b) Regulations governing the licensing of such facilities and programs.

(c) Regulations governing the procedure and standards for granting an extension of the time for which a natural person may provide certain care in his home without being considered a residential facility for groups pursuant to NRS 449.017. The regulations must require that such grants are effective only if made in writing.

(d) *Regulations establishing a procedure for the indemnification by the health division, from the amount of any surety bond or other obligation filed or deposited by a facility for refractive laser surgery pursuant to section 4 or 5 of this act, of a patient of the facility who has sustained any damages as a result of the bankruptcy of or any breach of contract by the facility.*

(e) Any other regulations as it deems necessary or convenient to carry out the provisions of NRS 449.001 to 449.240, inclusive ~~+~~, *and sections 2 to 5, inclusive, of this act.*

2. The board shall adopt separate regulations governing the licensing and operation of:

(a) Facilities for the care of adults during the day; and

(b) Residential facilities for groups,

which provide care to persons with Alzheimer's disease.

3. The board shall adopt separate regulations for ~~the~~ :

(a) *The licensure of rural hospitals which take into consideration the unique problems of operating such a facility in a rural area.*

(b) *The licensure of facilities for refractive laser surgery which take into consideration the unique factors of operating such a facility.*

(c) *The licensure of mobile units which take into consideration the unique factors of operating a facility that is not in a fixed location.*

4. The board shall require that the practices and policies of each medical facility or facility for the dependent provide adequately for the protection of the health, safety and physical, moral and mental well-being of each person accommodated in the facility.

5. The board shall establish minimum qualifications for administrators and employees of residential facilities for groups. In establishing the qualifications, the board shall consider the related standards set by nationally recognized organizations which accredit such facilities.

6. The board shall adopt separate regulations regarding the assistance which may be given pursuant to NRS 453.375 and 454.213 to an ultimate user of controlled substances or dangerous drugs by employees of residential facilities for groups. The regulations must require at least the following conditions before such assistance may be given:

(a) The ultimate user's physical and mental condition is stable and is following a predictable course.

(b) The amount of the medication prescribed is at a maintenance level and does not require a daily assessment.

(c) A written plan of care by a physician or registered nurse has been established that:

(1) Addresses possession and assistance in the administration of the medication; and

(2) Includes a plan, which has been prepared under the supervision of a registered nurse or licensed pharmacist, for emergency intervention if an adverse condition results.

(d) The prescribed medication is not administered by injection or intravenously.

(e) The employee has successfully completed training and examination approved by the health division regarding the authorized manner of assistance.

7. The board shall, if it determines necessary, adopt regulations and requirements to ensure that each residential facility for groups and its staff are prepared to respond to an emergency, including, without limitation:

(a) The adoption of plans to respond to a natural disaster and other types of emergency situations, including, without limitation, an emergency involving fire;

(b) The adoption of plans to provide for the evacuation of a residential facility for groups in an emergency, including, without limitation, plans to ensure that nonambulatory patients may be evacuated;

(c) Educating the residents of residential facilities for groups concerning the plans adopted pursuant to paragraphs (a) and (b); and

(d) Posting the plans or a summary of the plans adopted pursuant to paragraphs (a) and (b) in a conspicuous place in each residential facility for groups.

**Sec. 9.** NRS 449.230 is hereby amended to read as follows:

449.230 1. Any authorized member or employee of the health division may enter and inspect any building or premises at any time to secure compliance with or prevent a violation of any provision of NRS 449.001 to 449.245, inclusive ~~1~~, *and sections 2 to 5, inclusive, of this act. For the purposes of this subsection, "building or premises" does not include a mobile unit that is operated by a medical facility which is accredited by the Joint Commission on Accreditation of Healthcare Organizations or the American Osteopathic Association.*

2. The state fire marshal or his designee shall, upon receiving a request from the health division or a written complaint concerning compliance with the plans and requirements to respond to an emergency adopted pursuant to subsection 7 of NRS 449.037:

(a) Enter and inspect a residential facility for groups; and

(b) Make recommendations regarding the adoption of plans and requirements pursuant to subsection 7 of NRS 449.037, to ensure the safety of the residents of the facility in an emergency.

3. The state health officer or his designee shall enter and inspect at least annually each building or the premises of a residential facility for groups to ensure compliance with standards for health and sanitation.

4. An authorized member or employee of the health division shall enter and inspect any building or premises operated by a residential facility for groups within 72 hours after the health division is notified that a residential facility for groups is operating without a license.

**Sec. 10.** NRS 449.235 is hereby amended to read as follows:

449.235 ~~Every~~

*1. Except as otherwise provided in subsection 2, every* medical facility or facility for the dependent may be inspected at any time, with or without notice, as often as is necessary by:

~~1-1~~ (a) The health division to ~~assure that there is~~ *ensure* compliance with all applicable regulations and standards; and

~~1-2~~ (b) Any person designated by the aging services division of the department of human resources to investigate complaints made against the facility.

*2. The provisions of subsection 1 do not authorize the health division to inspect a mobile unit that is operated by a medical facility which is accredited by the Joint Commission on Accreditation of Healthcare Organizations or the American Osteopathic Association, unless the health division has reasonable cause to believe that the mobile unit has violated any provision of NRS 449.001 to 449.240, inclusive, and sections 2 to 5, inclusive, of this act or any regulation or standard adopted pursuant thereto.*

**Sec. 11.** This act becomes effective upon passage and approval for the purposes of adopting regulations and on July 1, 2001, for all other purposes.