

Assembly Bill No. 146—Committee on  
Health and Human Services

CHAPTER.....

AN ACT relating to health care; requiring the Department of Health and Human Services to establish programs to increase public awareness of health care information concerning the hospitals and surgical centers for ambulatory patients in this State; requiring the Department to establish and maintain an Internet website which provides certain information concerning the charges imposed and the quality of health care provided by those hospitals and centers; requiring those hospitals and centers to submit certain information to the Department for the programs; requiring the Department to make certain determinations before performing certain duties; and providing other matters properly relating thereto.

**Legislative Counsel's Digest:**

Existing law provides for the planning for health care in this State, including the promotion of equal access to quality health care at a reasonable cost. (Chapter 439A of NRS) **Sections 3 and 4.3** of this bill require the Department of Health and Human Services to establish programs to increase public awareness of health care information concerning the hospitals and surgical centers for ambulatory patients in this State. The programs must include the provision of information concerning the charges imposed and the quality of services provided by those hospitals and centers. **Sections 4 and 4.7** of this bill require the Department to adopt regulations pertaining to the programs and require the hospitals and centers to submit the information for the programs. **Section 5** of this bill requires the Department to collect and maintain that information. **Section 6** of this bill requires the Department to establish and maintain an Internet website which provides information to the general public concerning the charges imposed and the quality of services provided by the hospitals and surgical centers for ambulatory patients in this State. **Section 6.5** of this bill authorizes the Department to accept contributions to carry out the provisions of **sections 2-7** of this bill. **Section 6.5** also requires the Department to determine at the beginning of each biennium whether sufficient money is available to fund one or more components of the programs and duties of the Department relating to **sections 2-7**.

Under existing law, the Director of the Office for Consumer Health Assistance maintains an Internet website which includes certain information concerning prescription drug programs and pharmacies. (NRS 223.560) **Section 14** of this bill requires the Director to include on the website a link to the website maintained by the Department of Health and Human Services to provide information to the general public concerning the charges imposed and the quality of services provided by the hospitals and surgical centers for ambulatory patients in this State.

**Sections 15 and 16** of this bill specify the dates on which the hospitals and surgical centers for ambulatory patients are required to commence submitting the information for the programs. **Section 16** also allows the Department to extend the deadline by which it must post this information on its website if the Department

reports to the Legislative Committee on Health Care that the information submitted is not ready for posting.

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

**Section 1.** Chapter 439A of NRS is hereby amended by adding thereto the provisions set forth as sections 2 to 7, inclusive, of this act.

**Sec. 2.** *As used in sections 2 to 7, inclusive, of this act, unless the context otherwise requires, the words and terms defined in sections 2.3 and 2.9 of this act have the meanings ascribed to them in those sections.*

**Sec. 2.3.** *“Hospital” has the meaning ascribed to it in NRS 449.012.*

**Sec. 2.7.** (Deleted by amendment.)

**Sec. 2.9.** *“Surgical center for ambulatory patients” has the meaning ascribed to it in NRS 449.019.*

**Sec. 3. 1.** *The Department shall establish and maintain a program to increase public awareness of health care information concerning the hospitals in this State. The program must be designed to assist consumers with comparing the quality of care provided by the hospitals in this State and the charges for that care.*

**2.** *The program must include, without limitation, the collection, maintenance and provision of information concerning:*

*(a) Inpatients and outpatients of each hospital in this State as reported in the forms submitted pursuant to NRS 449.485;*

*(b) The quality of care provided by each hospital in this State as determined by applying uniform measures of quality prescribed by the Department pursuant to section 4 of this act;*

*(c) How consistently each hospital follows recognized practices to prevent the infection of patients, to speed the recovery of patients and to avoid medical complications of patients;*

*(d) For each hospital, the total number of patients discharged, the average length of stay and the average billed charges, reported for the 50 most frequent diagnosis-related groups for inpatients and 50 medical treatments for outpatients that the Department determines are most useful for consumers; and*

*(e) Any other information relating to the charges imposed and the quality of the services provided by the hospitals in this State which the Department determines is:*

*(1) Useful to consumers;*

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- (2) *Nationally recognized; and*
- (3) *Reported in a standard and reliable manner.*

3. As used in this section, “diagnosis-related group” means groupings of medical diagnostic categories used as a basis for hospital payment schedules by Medicare and other third-party health care plans.

**Sec. 4.** 1. The Department shall, by regulation:

(a) *Prescribe the information that each hospital in this State must submit to the Department for the program established pursuant to section 3 of this act.*

(b) *Prescribe the measures of quality for hospitals that are required pursuant to paragraph (b) of subsection 2 of section 3 of this act. In adopting the regulations, the Department shall:*

(1) *Use the measures of quality endorsed by the Agency for Healthcare Research and Quality, the National Quality Forum, Centers for Medicare and Medicaid Services of the United States Department of Health and Human Services, a quality improvement organization of the Centers for Medicare and Medicaid Services and the Joint Commission on Accreditation of Healthcare Organizations;*

(2) *Prescribe a reasonable number of measures of quality which must not be unduly burdensome on the hospitals; and*

(3) *Take into consideration the financial burden placed on the hospitals to comply with the regulations.*

↪ *The measures prescribed pursuant to this paragraph must report health outcomes of hospitals, which do not necessarily correlate with the inpatient diagnosis-related groups or the outpatient treatments that are posted on the Internet website pursuant to section 6 of this act.*

(c) *Require each hospital to:*

(1) *Provide the information prescribed in paragraphs (a) and (b) in the format required by the Department; and*

(2) *Report the information separately for inpatients and outpatients.*

2. *The information required pursuant to this section and section 3 of this act must be submitted to the Department not later than 45 days after the last day of each calendar month.*

3. *If a hospital fails to submit the information required pursuant to this section or section 3 of this act or submits information that is incomplete or inaccurate, the Department shall send a notice of such failure to the hospital and to the Health Division of the Department.*

**Sec. 4.3. 1.** *The Department shall establish and maintain a program to increase public awareness of health care information concerning the surgical centers for ambulatory patients in this State. The program must be designed to assist consumers with comparing the quality of care provided by the surgical centers for ambulatory patients in this State and the charges for that care.*

*2. The program must include, without limitation, the collection, maintenance and provision of information concerning:*

*(a) The charges imposed on outpatients by each surgical center for ambulatory patients in this State as reported in the forms submitted pursuant to section 4.7 of this act;*

*(b) The quality of care provided by each surgical center for ambulatory patients in this State as determined by applying uniform measures of quality prescribed by the Department pursuant to section 4.7 of this act;*

*(c) How consistently each surgical center for ambulatory patients follows recognized practices to prevent the infection of patients, to speed the recovery of patients and to avoid medical complications of patients;*

*(d) For each surgical center for ambulatory patients, the total number of patients discharged and the average billed charges, reported for 50 medical treatments for outpatients that the Department determines are most useful for consumers; and*

*(e) Any other information relating to the charges imposed and the quality of the services provided by the surgical centers for ambulatory patients in this State which the Department determines is:*

*(1) Useful to consumers;*

*(2) Nationally recognized; and*

*(3) Reported in a standard and reliable manner.*

**Sec. 4.7. 1.** *The Department shall, by regulation:*

*(a) Prescribe the information that each surgical center for ambulatory patients in this State must submit to the Department for the program as set forth in section 4.3 of this act and the form for submission of such information.*

*(b) Prescribe the measures of quality for surgical centers for ambulatory patients that are required pursuant to paragraph (b) of subsection 2 of section 4.3 of this act. In adopting the regulations, the Department shall:*

*(1) Use measures of quality which are substantially similar to those required pursuant to subparagraph (1) of paragraph (b) of subsection 1 of section 4 of this act;*

(2) *Prescribe a reasonable number of measures of quality which must not be unduly burdensome on the surgical centers for ambulatory patients; and*

(3) *Take into consideration the financial burden placed on the surgical centers for ambulatory patients to comply with the regulations.*

↪ *The measures prescribed pursuant to this paragraph must report health outcomes of surgical centers for ambulatory patients, which do not necessarily correlate with the outpatient treatments posted on the Internet website pursuant to section 6 of this act.*

(c) *Require each surgical center for ambulatory patients to provide the information prescribed in paragraphs (a) and (b) in the format required by the Department.*

(d) *Prescribe which surgical centers for ambulatory patients in this State must participate in the program established pursuant to section 4.3 of this act.*

2. *The information required pursuant to this section and section 4.3 of this act must be submitted to the Department not later than 45 days after the last day of each calendar month.*

3. *If a surgical center for ambulatory patients fails to submit the information required pursuant to this section or section 4.3 of this act or submits information that is incomplete or inaccurate, the Department shall send a notice of such failure to the surgical center for ambulatory patients and to the Health Division of the Department.*

**Sec. 5.** 1. *The Department shall collect and maintain all information that it receives from the hospitals and surgical centers for ambulatory patients in this State pursuant to sections 3 to 4.7, inclusive, of this act. Upon request, the Department shall make a summary of the information available to:*

- (a) *Consumers of health care;*
- (b) *Providers of health care;*
- (c) *Representatives of the health insurance industry; and*
- (d) *The general public.*

2. *The Department shall ensure that the information it provides pursuant to this section is aggregated so as not to reveal the identity of a specific inpatient or outpatient of a hospital or of a surgical center for ambulatory patients.*

**Sec. 6.** 1. *The Department shall establish and maintain an Internet website that includes the information concerning the charges imposed and the quality of the services provided by the hospitals and surgical centers for ambulatory patients in this State*

*as required by the programs established pursuant to sections 3 and 4.3 of this act. The information must:*

*(a) Include, for each hospital in this State, the total number of patients discharged, the average length of stay and the average billed charges, reported for the 50 most frequent diagnosis-related groups for inpatients and 50 medical treatments for outpatients that the Department determines are most useful for consumers;*

*(b) Include, for each surgical center for ambulatory patients in this State, the total number of patients discharged and the average billed charges, reported for 50 medical treatments for outpatients that the Department determines are most useful for consumers;*

*(c) Be presented in a manner that allows a person to view and compare the information for the hospitals by:*

- (1) Geographic location of each hospital;*
- (2) Type of medical diagnosis; and*
- (3) Type of medical treatment;*

*(d) Be presented in a manner that allows a person to view and compare the information for the surgical centers for ambulatory patients by:*

- (1) Geographic location of each surgical center for ambulatory patients;*
- (2) Type of medical diagnosis; and*
- (3) Type of medical treatment;*

*(e) Be presented in a manner that allows a person to view and compare the information separately for:*

- (1) The inpatients and outpatients of each hospital; and*
- (2) The outpatients of each surgical center for ambulatory patients;*

*(f) Be readily accessible and understandable by a member of the general public; and*

*(g) Provide any other information relating to the charges imposed and the quality of the services provided by the hospitals and surgical centers for ambulatory patients in this State which the Department determines is:*

- (1) Useful to consumers;*
- (2) Nationally recognized; and*
- (3) Reported in a standard and reliable manner.*

*2. The Department shall:*

*(a) Publicize the availability of the Internet website;*  
*(b) Update the information contained on the Internet website at least quarterly;*

*(c) Ensure that the information contained on the Internet website is accurate and reliable;*

(d) *Ensure that the information contained on the Internet website is aggregated so as not to reveal the identity of a specific inpatient or outpatient of a hospital;*

(e) *Post a disclaimer on the Internet website indicating that the information contained on the website is provided to assist with the comparison of hospitals and is not a guarantee by the Department or its employees as to the charges imposed by the hospitals in this State or the quality of the services provided by the hospitals in this State, including, without limitation, an explanation that the actual amount charged to a person by a particular hospital may not be the same charge as posted on the website for that hospital;*

(f) *Provide on the Internet website established pursuant to this section a link to the Internet website of the Centers for Medicare and Medicaid Services of the United States Department of Health and Human Services; and*

(g) *Upon request, make the information that is contained on the Internet website available in printed form.*

3. As used in this section, "diagnosis-related group" means groupings of medical diagnostic categories used as a basis for hospital payment schedules by Medicare and other third-party health care plans.

**Sec. 6.5.** 1. *On or before July 1 of each odd-numbered year, the Department shall make a determination of whether sufficient money is available and authorized for expenditure to fund one or more components of the programs and other duties of the Department relating to sections 2 to 7, inclusive, of this act.*

2. *The Department shall temporarily suspend any components of the program or duties of the Department for which it determines pursuant to subsection 1 that sufficient money is not available.*

3. *The Department may accept any gift, donation, bequest, grant or other source of money for the purpose of carrying out the provisions of sections 2 to 7, inclusive of this act.*

**Sec. 7.** 1. *In carrying out the provisions of sections 2 to 7, inclusive, of this act, the Department:*

(a) *Shall work in consultation with a quality improvement organization of the Centers for Medicare and Medicaid Services of the United States Department of Health and Human Services; and*

(b) *May contract with the Nevada System of Higher Education or any appropriate, independent and qualified person or entity to analyze the information collected and maintained by the Department pursuant to sections 2 to 7, inclusive, of this act. Such a contractor may release or publish or otherwise use information*

*made available to it pursuant to the contract if the Department determines that the information is accurate and the contractor complies with the regulations adopted pursuant to subsection 2.*

*2. The Department shall adopt regulations for the review and release of information collected and maintained by the Department pursuant to sections 2 to 7, inclusive, of this act. The regulations must require, without limitation, the Department to review each request for information if the request is for purposes other than research.*

*3. The Department shall, on or before July 1 of each year, submit to the Legislative Committee on Health Care a report concerning each request that is made pursuant to subsection 2 and the determination of the Department with regard to each request.*

**Sec. 8.** NRS 439A.020 is hereby amended to read as follows:

439A.020 The purposes of this chapter are to:

1. Promote equal access to quality health care at a reasonable cost;
2. Promote an adequate supply and distribution of health resources;
3. Promote uniform, effective methods of delivering health care;
4. Promote and encourage the adequate distribution of health and care facilities and man power;
5. Promote and encourage the effective use of methods for controlling increases in the cost of health care;
6. Encourage participation in health planning by members of the several health professions, representatives of institutions and agencies interested in the provision of health care and the reduction of the cost of such care, and the general public;
7. Utilize the viewpoint of the general public for making decisions;
8. *Provide information to the general public concerning the charges imposed and the quality of the services provided by the hospitals and surgical centers for ambulatory patients in this State;*
9. Encourage public education regarding proper personal health care and methods for the effective use of available health services; and
- ~~9.]~~ 10. Promote a program of technical assistance to purchasers to contain effectively the cost of health care, including:
  - (a) Providing information to purchasers regarding the charges made by practitioners.



(b) Training purchasers to negotiate successfully for a policy of health insurance.

(c) Conducting studies and providing other information about measures to assist purchasers in containing the cost of health care.

**Secs. 9 and 10.** (Deleted by amendment.)

**Sec. 11.** NRS 449.485 is hereby amended to read as follows:

449.485 1. Each hospital in this State shall use for all patients discharged the form commonly referred to as the "UB-82," or a different form prescribed by the Director with the approval of a majority of the hospitals licensed in this State, and shall include in the form all information required by the Department.

2. ~~[The Department shall by regulation:~~

~~—(a) Specify] Each hospital in this State shall, on a monthly basis, report to the Department~~ the information required to be included in the form for each patient. ~~[; and~~

~~—(b) Require each hospital to provide specified information from the form to the Department.]~~

3. Each insurance company or other payer shall accept the form as the bill for services provided by hospitals in this State.

4. Except as otherwise provided in subsection 5, each hospital ~~[with 100 or more beds]~~ *in this State* shall provide the information required pursuant to ~~[paragraph (b) of]~~ subsection 2 ~~[on magnetic tape or by other means]~~ *in an electronic form* specified by the Department. ~~[; or shall provide copies of the forms and pay the costs of entering the information manually from the copies.]~~

5. The Director may exempt a hospital from the requirements of subsection 4 if requiring the hospital to comply with the requirements would cause the hospital financial hardship.

*6. The Department shall use the information submitted pursuant to this section for the program established pursuant to section 3 of this act to increase public awareness of health care information concerning the hospitals in this State.*

**Sec. 12.** NRS 449.490 is hereby amended to read as follows:

449.490 1. Every institution which is subject to the provisions of NRS 449.450 to 449.530, inclusive, shall file with the Department the following financial statements or reports in a form and at intervals specified by the Director but at least annually:

(a) A balance sheet detailing the assets, liabilities and net worth of the institution for its fiscal year; and

(b) A statement of income and expenses for the fiscal year.

2. Each hospital with 100 or more beds shall file with the Department, in a form and at intervals specified by the Director but at least annually, a capital improvement report which includes,

without limitation, any major service line that the hospital has added or is in the process of adding since the previous report was filed, any major expansion of the existing facilities of the hospital that has been completed or is in the process of being completed since the previous report was filed, and any major piece of equipment that the hospital has acquired or is in the process of acquiring since the previous report was filed.

3. In addition to the information required to be filed pursuant to subsections 1 and 2, each hospital with 100 or more beds shall file with the Department, in a form and at intervals specified by the Director but at least annually:

(a) The corporate home office allocation methodology of the hospital, if any.

(b) The expenses that the hospital has incurred for providing community benefits and the in-kind services that the hospital has provided to the community in which it is located. For the purposes of this paragraph, “community benefits” includes, without limitation, goods, services and resources provided by a hospital to a community to address the specific needs and concerns of that community, services provided by a hospital to the uninsured and underserved persons in that community, training programs for employees in a community and health care services provided in areas of a community that have a critical shortage of such services, for which the hospital does not receive full reimbursement.

(c) A statement of its policies and procedures for providing discounted services to, or reducing charges for services provided to, persons without health insurance that are in addition to any reduction or discount required to be provided pursuant to NRS 439B.260.

(d) A statement of its policies regarding patients’ account receivables, including, without limitation, the manner in which a hospital collects or makes payment arrangements for patients’ account receivables, the factors that initiate collections and the method by which unpaid account receivables are collected.

4. A complete current charge master must be available at each hospital during normal business hours for review by the Director, any payor that has a contract with the hospital to pay for services provided by the hospital, any payor that has received a bill from the hospital and any state agency that is authorized to review such information. *The complete and current charge master must be made available to the Department, at the request of the Director, in an electronic format specified by the Department. The Department may use the electronic copy of the charge master to*

*review and analyze the data contained in the charge master and, except as otherwise provided in sections 2 to 7, inclusive, of this act, shall not release or publish the information contained in the charge master.*

5. The Director shall require the certification of specified financial reports by an independent certified public accountant and may require attestations from responsible officers of the institution that the reports are, to the best of their knowledge and belief, accurate and complete to the extent that the certifications and attestations are not required by federal law.

6. The Director shall require the filing of all reports by specified dates, and may adopt regulations which assess penalties for failure to file as required, but he shall not require the submission of a final annual report sooner than 6 months after the close of the fiscal year, and may grant extensions to institutions which can show that the required information is not available on the required reporting date.

7. All reports, except privileged medical information, filed under any provisions of NRS 449.450 to 449.530, inclusive, are open to public inspection and must be available for examination at the office of the Department during regular business hours.

**Sec. 13.** NRS 449.520 is hereby amended to read as follows:

449.520 1. On or before October 1 of each year, the Director shall prepare and transmit to the Governor, the Legislative Committee on Health Care and the Interim Finance Committee a report of the Department's operations and activities for the preceding fiscal year.

2. The report prepared pursuant to subsection 1 must include:

(a) Copies of all summaries, compilations and supplementary reports required by NRS 449.450 to 449.530, inclusive, together with such facts, suggestions and policy recommendations as the Director deems necessary;

(b) A summary of the trends of the audits of hospitals in this State that the Department required or performed during the previous year;

(c) An analysis of the trends in the costs, expenses and profits of hospitals in this State;

(d) An analysis of the corporate home office allocation methodologies of hospitals in this State;

(e) An examination and analysis of the manner in which hospitals are reporting the information that is required to be filed pursuant to NRS 449.490, including, without limitation, an examination and analysis of whether that information is being

reported in a standard and consistent manner, which fairly reflect the operations of each hospital;

(f) A review and comparison of the policies and procedures used by hospitals in this State to provide discounted services to, and to reduce charges for services provided to, persons without health insurance; ~~and~~

(g) A review and comparison of the policies and procedures used by hospitals in this State to collect unpaid charges for services provided by the hospitals ~~and~~; *and*

*(h) A summary of the status of the programs established pursuant to sections 3 and 4.3 of this act to increase public awareness of health care information concerning the hospitals and surgical centers for ambulatory patients in this State, including, without limitation, the information that was posted in the preceding fiscal year on the Internet website maintained for those programs pursuant to section 6 of this act.*

3. The Legislative Committee on Health Care shall develop a comprehensive plan concerning the provision of health care in this State which includes, without limitation:

(a) A review of the health care needs in this State as identified by state agencies, local governments, providers of health care and the general public; and

(b) A review of the capital improvement reports submitted by hospitals pursuant to subsection 2 of NRS 449.490.

**Sec. 14.** NRS 223.560 is hereby amended to read as follows:

223.560 The Director shall:

1. Respond to written and telephonic inquiries received from consumers and injured employees regarding concerns and problems related to health care and workers' compensation;

2. Assist consumers and injured employees in understanding their rights and responsibilities under health care plans and policies of industrial insurance;

3. Identify and investigate complaints of consumers and injured employees regarding their health care plans and policies of industrial insurance and assist those consumers and injured employees to resolve their complaints, including, without limitation:

(a) Referring consumers and injured employees to the appropriate agency, department or other entity that is responsible for addressing the specific complaint of the consumer or injured employee; and

(b) Providing counseling and assistance to consumers and injured employees concerning health care plans and policies of industrial insurance;

4. Provide information to consumers and injured employees concerning health care plans and policies of industrial insurance in this State;

5. Establish and maintain a system to collect and maintain information pertaining to the written and telephonic inquiries received by the Office for Consumer Health Assistance;

6. Take such actions as are necessary to ensure public awareness of the existence and purpose of the services provided by the Director pursuant to this section;

7. In appropriate cases and pursuant to the direction of the Governor, refer a complaint or the results of an investigation to the Attorney General for further action;

8. Provide information to and applications for prescription drug programs for consumers without insurance coverage for prescription drugs or pharmaceutical services; and

9. Establish and maintain an Internet website which includes:

(a) Information concerning purchasing prescription drugs from Canadian pharmacies that have been recommended by the State Board of Pharmacy for inclusion on the Internet website pursuant to subsection 4 of NRS 639.2328; ~~and~~

(b) Links to websites of Canadian pharmacies which have been recommended by the State Board of Pharmacy for inclusion on the Internet website pursuant to subsection 4 of NRS 639.2328 ~~;~~; and

*(c) A link to the website established and maintained pursuant to section 6 of this act which provides information to the general public concerning the charges imposed and the quality of the services provided by the hospitals and surgical centers for ambulatory patients in this State.*

**Sec. 15.** 1. Each hospital in this State shall, for each patient discharged on and after July 1, 2007, submit to the Department of Health and Human Services the information concerning inpatient data required pursuant to sections 3 and 4 of this act.

2. The Department shall review the data concerning inpatients submitted by each hospital in this State and, on or before January 1, 2008, begin posting such information on the Internet website established pursuant to section 6 of this act.

3. Each hospital in this State shall, for each patient discharged on and after January 1, 2008, begin submitting to the Department the information concerning outpatient data that is required pursuant to sections 3 and 4 of this act.

4. The Department shall review the data concerning outpatients submitted by each hospital in this State and, except as otherwise provided in this subsection, on or before January 1, 2009, begin

posting such information on the Internet website established pursuant to section 6 of this act. The Department shall, on or before December 1, 2008, report to the Legislative Committee on Health Care concerning the activities of the Department pursuant to this section and sections 3 and 4 of this act, including, without limitation, a report on whether the information concerning outpatients submitted pursuant to sections 3 and 4 of this act is ready for posting on the Internet website established pursuant to section 6 of this act. If the Department submits to the Legislative Committee on Health Care a report that such information is not ready for posting on the Internet website, the Legislative Committee on Health Care may extend the deadline by which the information must be posted.

**Sec. 16.** 1. Each surgical center for ambulatory patients in this State shall, on January 1, 2008, begin submitting to the Department of Health and Human Services the information required by the Department pursuant to sections 4.3 and 4.7 of this act.

2. The Department shall review the data concerning outpatients submitted by each surgical center for ambulatory patients in this State and, on or before December 1, 2008, report to the Legislative Committee on Health Care concerning the activities of the Department pursuant to this section and sections 4.3 and 4.7 of this act, including, without limitation, a report on whether the Department is able to adequately and accurately report the information submitted pursuant to sections 4.3 and 4.7 of this act. If the Department submits to the Legislative Committee on Health Care a report that the information collected pursuant to sections 4.3 and 4.7 of this act is not ready for posting on the Internet website because it is not accurate or is incomplete, the Legislative Committee on Health Care may extend the deadline by which the information must be posted pursuant to subsection 3.

3. Except as otherwise provided in subsection 2, the Department shall, on January 1, 2009, begin posting the information received pursuant to sections 4.3 and 4.7 of this act on the Internet website established pursuant to section 6 of this act.

4. As used in this section, “surgical center for ambulatory patients” has the meaning ascribed to it in NRS 449.019.

**Sec. 17.** In addition to any other report required pursuant to this act or a state law, the Department of Health and Human Services shall submit to the Legislative Committee on Health Care, on or before the first day of each month, a report which includes:

1. The status of the collection of data pursuant to sections 2 to 7, inclusive, of this act;

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2. The status of the establishment of an Internet website pursuant to section 6 of this act;

3. Any regulations adopted pursuant to sections 4 and 4.7 of this act; and

4. Any other information related to carrying out the provisions of this act.

**Sec. 18.** 1. The Department of Health and Human Services shall not send to the Health Division of the Department a notice required pursuant to subsection 3 of section 4 of this act until:

(a) July 1, 2008, if the notice concerns the submission of information relating to inpatients of a hospital; and

(b) January 1, 2009, if the notice concerns the submission of information relating to outpatients of a hospital.

2. The Department of Health and Human Services shall not send to the Health Division of the Department a notice required pursuant to subsection 3 of section 4.7 of this act until January 1, 2009, if the notice concerns information submitted by a surgical center for ambulatory patients.

**Sec. 19.** This act becomes effective on July 1, 2007.