

SENATE BILL NO. 244—SENATOR NOLAN

MARCH 12, 2007

Referred to Committee on Human Resources and Education

SUMMARY—Revises provisions governing waiting times for emergency medical services at hospitals. (BDR 40-94)

FISCAL NOTE: Effect on Local Government: May have Fiscal Impact.
Effect on the State: Yes.

~

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

AN ACT relating to emergency medical services; requiring the Health Division of the Department of Health and Human Services to conduct an on-going study relating to waiting times at hospitals; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

1 Existing law provides that hospitals and providers of emergency medical
2 services are required to transfer a person who arrives at the hospital by an
3 ambulance, air ambulance or vehicle of a fire-fighting agency to an appropriate
4 place in the hospital to receive emergency services and care within 30 minutes after
5 the time at which the person arrives at the hospital. Existing law also requires
6 hospitals and providers of emergency medical care to track the time elapsed from
7 when a person arrives at the hospital to the time the person is transferred to an
8 appropriate place to receive care. (NRS 450B.790) Senate Bill No. 458 of the 2005
9 Legislative Session enacted the statutory requirement for tracking wait times and
10 also required the Health Division of the Department of Health and Human Services
11 to conduct a study to identify both the causes of excessive waiting times and any
12 corrective actions that might eliminate excessive waiting times. The provisions
13 requiring the study expired by limitation on December 31, 2006. (Chapter 382,
14 Statutes of Nevada 2005, pp. 1475-77) **Section 1** of this bill creates an on-going
15 study of waiting times, which is required for all hospitals and providers of
16 emergency medical services in each county whose population is 400,000 or more.
17 In counties whose population is 100,000 or more but less than 400,000, the State
18 Board of Health may require a study if there are excessive waiting times at one or
19 more hospitals in the county.



* S B 2 4 4 *

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

Section 1. NRS 450B.790 is hereby amended to read as follows:

450B.790 1. Each hospital in this State which receives a person in need of emergency services and care who has been transported to the hospital by ~~{an ambulance, air ambulance or vehicle of a fire-fighting agency that has a permit to operate pursuant to this chapter}~~ **a provider of emergency medical services** shall ensure that the person is transferred to a bed, chair, gurney or other appropriate place in the hospital to receive emergency services and care as soon as practicable, but not later than 30 minutes after the time at which the person arrives at the hospital.

2. The Health Division shall adopt regulations concerning the manner in which ~~{a} the personnel of a hospital and {an attendant responsible for the care of a person in need}~~ **a provider** of emergency services ~~{and care during transport to the hospital}~~ shall determine and track the time at which a person arrives at a hospital and the time at which the person is transferred to an appropriate place in the hospital to receive emergency services and care for the purposes of this section. The regulations must provide that:

(a) The time at which a person arrives at a hospital is the time at which he is presented to the emergency room of the hospital; and

(b) The time at which the person is transferred to an appropriate place in the hospital to receive emergency services and care is the time at which the person is physically in that place and the staff of the emergency room of the hospital have received a report concerning the person.

3. ***The Health Division shall conduct an on-going study to identify:***

(a) The causes of excessive waiting times at hospitals for the provision of emergency services and care to persons who are in need of such services and care and who have been transported to the hospital by a provider of emergency medical services; and

(b) Any corrective actions that may eliminate such excessive waiting times.

4. ***Each hospital and each provider of emergency medical services in a county whose population is 400,000 or more shall participate in the study conducted pursuant to this section by collecting data, in accordance with the system that is developed by the Health Division pursuant to subsection 7, concerning the waiting times for the provision of emergency services and care to each person who is in need of such services and care and who is***



1 transported to a hospital by a provider of emergency medical
2 services.

3 5. Except as otherwise provided in subsection 6, the hospitals
4 and the providers of emergency medical services in a county
5 whose population is less than 400,000 are not required to
6 participate in the study conducted pursuant to this section unless
7 the county health officer, each hospital and each provider of
8 emergency medical services in the county agree in writing that the
9 county will participate in the study. The county must submit the
10 written agreement to the Health Division.

11 6. If the State Board of Health determines, in a county whose
12 population is 100,000 or more but less than 400,000, that there are
13 excessive waiting times at one or more hospitals in the county for
14 the provision of emergency services and care to persons who are
15 in need of such services and care and who have been transported
16 to the hospital by a provider of emergency medical services, the
17 State Board of Health may require the county to implement a
18 system of tracking data concerning the extent of waiting times and
19 the circumstances surrounding such waiting times for review by
20 the Health Division in the manner set forth in this section.

21 7. For the purpose of recording and collecting data for the
22 study conducted pursuant to this section, the Health Division shall
23 establish a system of tracking information concerning the waiting
24 times of persons for the provision of emergency services and care
25 at a hospital and the surrounding circumstances for such waiting
26 times each time a person is transported to a hospital by a provider
27 of emergency medical services. The system of tracking must
28 include, without limitation, an electronic or manual method of
29 recording and collecting the following data in accordance with
30 the regulations adopted by the Health Division pursuant to
31 subsection 2:

32 (a) The time at which a person arrives at the hospital;

33 (b) The time at which the person is transferred to an
34 appropriate place in the hospital to receive emergency services and
35 care;

36 (c) Information relating to the circumstances surrounding the
37 arrival of the person provided by the personnel of the provider of
38 emergency medical services that transports the person to the
39 hospital and by the personnel of the hospital who are responsible
40 for the care of the person after the person arrives at the hospital,
41 including, without limitation, information concerning the volume
42 of patients at the hospital at the time of arrival, the number of
43 personnel at the hospital available to treat the person and the
44 medical condition of the person at the time of his arrival at the
45 hospital;



(d) A unique identifier that is assigned to each transfer of a person to a hospital by a provider of emergency medical services which allows the transfer to be identified and reviewed; and

(e) The names and signatures of the personnel of the provider of emergency medical services who transport the person to the hospital and of the personnel of the hospital who are responsible for the care of the person after the person arrives at the hospital.

8. The Health Division shall ensure that:

(a) The data collected pursuant to subsection 7 is reported to the Health Division on a monthly basis;

(b) The data collected pursuant to subsection 7 is available to any person or entity participating in the study; and

(c) The system of tracking established pursuant to subsection 7 and all other aspects of the study comply with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191.

9. The Health Division may impose nonmonetary sanctions upon a hospital or a provider of emergency medical services if it is established by substantial evidence that one or more of its personnel who are responsible for tracking, recording or collecting any data necessary to conduct the study pursuant to this section has knowingly and willfully:

(a) Failed to properly track, record or collect the data; or

(b) Altered, falsified or corrupted the data.

↪ The Health Division shall establish procedures for imposing such nonmonetary sanctions upon a hospital or a provider of emergency medical services.

10. The Health Division shall appoint for each county in which hospitals and providers of emergency medical services are participating in the study conducted pursuant to this section an advisory committee consisting of the health officer of the county, a representative of each hospital in the county, a representative of each operator of an ambulance or air ambulance and a representative of each fire-fighting agency which has a permit to operate pursuant to this chapter and which provides transportation for persons in need of emergency services and care to hospitals in the county. Each member of the advisory committee serves without compensation and is not entitled to receive a per diem allowance or travel expenses. The advisory committee shall:

(a) Review the data which has been collected and submitted to the Health Division concerning the waiting times for the provision of emergency services and care, the manner in which such data was collected and any circumstances surrounding such waiting times;



(b) Review each incident in which a person was transferred to an appropriate place in the hospital to receive emergency services and care more than 30 minutes after arriving at the hospital and shall determine all causes for such a delay; and

(c) Submit a report of its findings to the Health Division.

11. The Health Division may delegate its duties set forth in this section to:

(a) The district board of health in a county whose population is 400,000 or more.

(b) The county or district board of health in a county whose population is less than 400,000.

12. The Health Division or any county or district board of health that is performing the duties of the Health Division pursuant to subsection 11 shall submit a quarterly report to the Legislative Committee on Health Care concerning its findings from the study conducted pursuant to this section.

13. This section does not create a duty of care and is not a ground for civil or criminal liability.

~~14.~~ 14. As used in this section:

(a) "Emergency services and care" has the meaning ascribed to it in NRS 439B.410.

(b) "Hospital" has the meaning ascribed to it in NRS 449.012.

(c) "Provider of emergency medical services" means each operator of an ambulance or air ambulance and each fire-fighting agency which has a permit to operate pursuant to this chapter and which provides transportation for persons in need of emergency services and care to hospitals.

Sec. 2. This act becomes effective on July 1, 2007.

