

Amendment No. 417

Assembly Amendment to Assembly Bill No. 52 (BDR 40-448)

Proposed by: Assembly Committee on Health and Human Services**Amends:** Summary: Yes Title: Yes Preamble: No Joint Sponsorship: No Digest: Yes

ASSEMBLY ACTION				Initial and Date	SENATE ACTION				Initial and Date
Adopted	☐	Lost	☐	_____	Adopted	☐	Lost	☐	_____
Concurred In	☐	Not	☐	_____	Concurred In	☐	Not	☐	_____
Receded	☐	Not	☐	_____	Receded	☐	Not	☐	_____

EXPLANATION: Matter in (1) ***blue bold italics*** is new language in the original bill; (2) ***green bold italic underlining*** is new language proposed 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 that is proposed to be retained in this amendment; and (6) ***green bold dashed underlining*** is newly added transitory language.

RBL



Date: 4/15/2009

A.B. No. 52—Requires hospitals in certain larger counties to provide certain types of emergency services and care. (BDR 40-448)



ASSEMBLY BILL NO. 52—COMMITTEE ON
HEALTH AND HUMAN SERVICES

(ON BEHALF OF CLARK COUNTY)

PREFILED DECEMBER 6, 2008

Referred to Committee on Health and Human Services

SUMMARY—Requires hospitals in certain larger counties to provide ~~certain types of emergency services and care.~~ a report of certain information concerning patients to the Legislative Committee on Health Care. (BDR ~~440-448~~) S-448)

FISCAL NOTE: Effect on Local Government: May have Fiscal Impact.
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 certain hospitals in certain larger counties to ~~provide certain types of emergency services and care; providing an exception if a hospital has entered into a written agreement with another hospital for~~ report information to the Legislative Committee on Health Care concerning the transfer ~~and treatment~~ of patients ~~to~~ to another hospital; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Hospitals in this State are required to provide emergency services and care, and it is unlawful for a hospital or a physician working in a hospital emergency room to refuse to accept or treat a patient in need of emergency services and care. (NRS 439B.410) ~~Section 1 of this bill requires a hospital located in a county whose population is 400,000 or more (currently Clark County) to provide certain types of emergency services and care if the hospital has on its medical staff a physician who is privileged to practice in that type of specialty service or care or to enter into an agreement with another hospital to provide the specific service or care not offered by the hospital.~~ certain hospitals located in larger counties to provide a report of certain information to the Legislative Committee on Health Care concerning the transfer of patients from the hospital to another hospital and the availability of specialty medical services in the hospital. Such a report must be made quarterly beginning on September 15, 2009, and cover information from June 1, 2009, through August 31, 2010.

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

Section 1. ~~[NRS 439B.410 is hereby amended to read as follows:~~

~~439B.410 1. Except as otherwise provided in subsection [4.] 5, each hospital in this State has an obligation to provide emergency services and care, including care provided by physicians and nurses, and to admit a patient where appropriate, regardless of the financial status of the patient.~~

~~2. Except as otherwise provided in this subsection and subsection 5, each hospital located in a county whose population is 400,000 or more shall, to satisfy its obligation pursuant to subsection 1, provide the following services and care if the hospital has on its medical staff at least one physician who is privileged to practice in the type of specialty service or care:~~

- ~~(a) Cardiology services;~~
- ~~(b) Gastroenterological services;~~
- ~~(c) General surgical services;~~
- ~~(d) Neurosurgical services;~~
- ~~(e) Ophthalmology services;~~
- ~~(f) Oral and maxillofacial surgical services;~~
- ~~(g) Orthopedic services;~~
- ~~(h) Otolaryngology services; and~~
- ~~(i) Urological services.~~

~~A hospital that does not offer a type of emergency service or care required by this subsection shall enter into a written agreement for the transfer and treatment of patients with another hospital to provide that specific type of emergency service or care.~~

~~3. Except as otherwise provided in subsection [4.] 5, it is unlawful for a hospital or a physician working in a hospital emergency room to:~~

- ~~(a) Refuse to accept or treat a patient in need of emergency services and care; or~~
- ~~(b) Except when medically necessary in the judgment of the attending physician:~~

~~(1) Transfer a patient to another hospital or health facility unless, as documented in the patient's records:~~

~~(I) A determination has been made that the patient is medically fit for transfer;~~

~~(II) Consent to the transfer has been given by the receiving physician, hospital or health facility;~~

~~(III) The patient has been provided with an explanation of the need for the transfer; and~~

~~(IV) Consent to the transfer has been given by the patient or his legal representative; or~~

~~(2) Provide a patient with orders for testing at another hospital or health facility when the hospital from which the orders are issued is capable of providing that testing.~~

~~[3.] 4. A physician, hospital or other health facility which treats a patient as a result of a violation of subsection [2] 3 by a hospital or a physician working in the hospital is entitled to recover from that hospital an amount equal to three times the charges for the treatment provided that was billed by the physician, hospital or other health facility which provided the treatment, plus reasonable attorney's fees and costs.~~

~~[4.] 5. This section does not prohibit the transfer of a patient from one hospital to another:~~

~~(a) When the patient is covered by an insurance policy or other contractual arrangement which provides for payment at the receiving hospital;~~

~~(b) After the county responsible for payment for the care of an indigent patient has exhausted the money which may be appropriated for that purpose pursuant to NRS 429.050, 429.285 and 450.425; or~~

~~(c) When the hospital cannot provide the services needed by the patient [.] and the hospital has entered into a written agreement for the transfer and treatment of patients, if such an agreement is required pursuant to subsection 2.~~

~~No transfer may be made pursuant to this subsection until the patient's condition has been stabilized to a degree that allows the transfer without an additional risk to the patient.~~

~~[5.] 6. As used in this section:~~

~~(a) "Emergency services and care" means medical screening, examination and evaluation by a physician or, to the extent permitted by a specific statute, by a person under the supervision of a physician, to determine if an emergency medical condition or active labor exists and, if it does, the care, treatment and surgery by a physician necessary to relieve or eliminate the emergency medical condition or active labor, within the capability of the hospital. As used in this paragraph:~~

~~(1) "Active labor" means, in relation to childbirth, labor that occurs when:~~

~~(I) There is inadequate time before delivery to transfer the patient safely to another hospital; or~~

~~(II) A transfer may pose a threat to the health and safety of the patient or the unborn child;~~

~~(2) "Emergency medical condition" means the presence of acute symptoms of sufficient severity, including severe pain, such that the absence of immediate medical attention could reasonably be expected to result in:~~

~~(I) Placing the health of the patient in serious jeopardy;~~

~~(II) Serious impairment of bodily functions; or~~

~~(III) Serious dysfunction of any bodily organ or part.~~

~~(b) "Medically fit" means that the condition of the patient has been sufficiently stabilized so that he may be safely transported to another hospital, or is such that, in the determination of the attending physician, the transfer of the patient constitutes an acceptable risk. Such a determination must be based upon the condition of the patient, the expected benefits, if any, to the patient resulting from the transfer and whether the risks to the patient's health are outweighed by the expected benefits, and must be documented in the patient's records before the transfer.~~

~~[6.] 7. If an allegation of a violation of the provisions of subsection [2] 3 is made against a hospital licensed pursuant to the provisions of chapter 449 of NRS, the Health Division of the Department shall conduct an investigation of the alleged violation. Such a violation, in addition to any criminal penalties that may be imposed, constitutes grounds for the denial, suspension or revocation of such a license, or for the imposition of any sanction prescribed by NRS 449.163.~~

~~[7.] 8. If an allegation of a violation of the provisions of subsection [2] 3 is made against:~~

~~(a) A physician licensed to practice medicine pursuant to the provisions of chapter 630 of NRS, the Board of Medical Examiners shall conduct an investigation of the alleged violation. Such a violation, in addition to any criminal penalties that may be imposed, constitutes grounds for initiating disciplinary action or denying licensure pursuant to the provisions of subsection 3 of NRS 630.3065;~~

~~(b) An osteopathic physician licensed to practice osteopathic medicine pursuant to the provisions of chapter 633 of NRS, the State Board of Osteopathic~~

~~Medicine shall conduct an investigation of the alleged violation. Such a violation, in addition to any criminal penalties that may be imposed, constitutes grounds for initiating disciplinary action pursuant to the provisions of subsection 1 of NRS 633.131.~~

1. Each hospital located in a county whose population is 400,000 or more which is licensed to have more than 70 beds shall provide to the Legislative Committee on Health Care reports with information concerning the transfer of patients from one hospital to another hospital. Such information must include:

(a) The number of patients who are transferred from the hospital to another hospital;

(b) The number of patients who were received by the hospital that were transferred from another hospital;

(c) The reason for each transfer of a patient to another hospital;

(d) The availability of specialty services and care in the hospital; and

(e) Whether each patient who was transferred from the hospital had insurance or some other guaranteed form of payment for services.

2. Each hospital subject to the provisions of subsection 1 shall provide a report to the Legislative Committee on Health Care with the information required at least once every 3 months, and the reports must include information from June 1, 2009, through August 31, 2010. The first report must be made by September 15, 2009, and must include information from June 1, 2009, through August 31, 2009. Subsequent reports must include information for the period since the last report.

3. The information reported pursuant to this section must be made available to each person or entity that provides information pursuant to this section to the extent that it is not required to be kept confidential.

4. The information reported pursuant to this section must be maintained and reported in a manner consistent with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191.

5. As used in this section, "specialty services" includes, without limitation:

(a) Cardiology services;

(b) Gastroenterological services;

(c) General surgical services;

(d) Neurosurgical services;

(e) Ophthalmology services;

(f) Oral and maxillofacial surgical services;

(g) Orthopedic services;

(h) Otolaryngology services; and

(i) Urological services.

Sec. 2. This act becomes effective on July 1, 2009.