

Amendment No. 586

Senate Amendment to Assembly Bill No. 29 First Reprint (BDR 40-343)

Proposed by: Senate Committee on Health and Human Services**Amends:** Summary: No Title: No 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) *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 underlining* is newly added transitory language.

RBL



Date: 5/16/2011

A.B. No. 29—Revises provisions governing county hospitals and requires certain hospitals to report information concerning the transfers of patients between hospitals to the Legislative Committee on Health Care. (BDR 40-343)



ASSEMBLY BILL NO. 29—COMMITTEE ON
HEALTH AND HUMAN SERVICES

(ON BEHALF OF CLARK COUNTY)

PREFILED DECEMBER 14, 2010

Referred to Committee on Health and Human Services

SUMMARY—Revises provisions governing county hospitals and requires certain hospitals to report information concerning the transfers of patients between hospitals to the Legislative Committee on Health Care. (BDR 40-343)

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

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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; increasing the compensation of members of hospital advisory boards; revising provisions governing the staff of physicians at public hospitals; requiring certain hospitals to report information concerning the transfers of patients between hospitals to the Legislative Committee on Health Care; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law authorizes certain boards of hospital trustees of public hospitals to appoint advisory boards and limits the compensation for the service of members of advisory boards to not more than \$100 per month. (NRS 450.175) **Section 1** of this bill increases the limit on compensation to an amount not to exceed ~~[\$1,000]~~ **\$500** per month.

Existing law requires the board of hospital trustees of a public hospital to organize a staff of physicians composed of each regularly practicing physician, podiatric physician and dentist in the county who requests staff membership and prohibits the board from discriminating against a physician, podiatric physician or dentist. (NRS 450.440, 450.430) **Section 3** of this bill provides that the staff of physicians, podiatric physicians and dentists may be required to be affiliated with the University of Nevada School of Medicine or the University of Nevada, Las Vegas, School of Dental Medicine. However, section 3 limits the number of physicians who may be required to be so affiliated to not more than 60 percent of the staff of physicians on or before January 1, 2013, and not more than 85 percent after that date but before January 1, 2018, and in such a percentage as the board of hospital trustees deems appropriate thereafter. If so required, the physician, podiatric physician or dentist who requests staff membership must meet the standards in the regulations of the board of hospital trustees and hold and maintain a faculty or clinical appointment with one of the two Universities. An exception applies, however, if the board of hospital trustees enters into a contract with a physician or group of physicians to be the exclusive provider of certain services. **Section 2** of this bill further provides that if a physician loses privileges at a hospital

because the physician no longer holds a faculty or clinical appointment with one of the Universities, that action shall not be deemed to be an adverse action against the physician.

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 4** of this bill requires 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 October 15, 2011, and cover the period from July 1, 2011, through September 30, 2012.

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

Section 1. NRS 450.175 is hereby amended to read as follows:

450.175 1. In counties where the board of county commissioners is the board of hospital trustees, the board of hospital trustees may appoint a hospital advisory board which shall exercise powers and duties delegated to the advisory board by the board of hospital trustees.

2. Members of a hospital advisory board must be appointed by a majority vote of the board of hospital trustees and shall serve at the pleasure of the board.

3. Members of the hospital advisory board may receive compensation for their services ~~[of no more than \$100 per month.] in an amount not to exceed \$1,000]~~ **\$500 per month.**

Sec. 2. NRS 450.430 is hereby amended to read as follows:

450.430 1. ~~[The]~~ **Except as otherwise provided in NRS 450.440, in** the management of the public hospital, no discrimination may be made against physicians, podiatric physicians or dentists licensed under the laws of this state or licensed practitioners of the allied health professions, and all such physicians, dentists, podiatric physicians and practitioners have privileges in treating patients in the hospital in accordance with their training and ability, except that practitioners of the allied health professions may not be members of the staff of physicians described in NRS 450.440. Practitioners of the allied health professions are subject to the bylaws and regulations established by the board of hospital trustees.

2. The patient has the right to employ, at the patient's own expense, his or her own physician, if that physician is a member of the hospital staff, or the patient's own nurse, and when acting for any patient in the hospital, the physician employed by the patient has charge of the care and treatment of the patient, and the nurses in the hospital shall comply with the directions of the physician concerning that patient, subject to the regulations established by the board of hospital trustees.

3. If a physician loses privileges at a hospital because the physician no longer holds a faculty or clinical appointment with the University of Nevada School of Medicine or the University of Nevada, Las Vegas, School of Dental Medicine, as required pursuant to NRS 450.440, that action shall not be deemed to be an adverse action by the hospital against the physician.

Sec. 3. NRS 450.440 is hereby amended to read as follows:

450.440 1. ~~[The]~~ **Except as otherwise provided in subsection 2, the** board of hospital trustees shall organize a staff of physicians composed of each regular practicing physician, podiatric physician and dentist in the county in which the hospital is located who requests staff membership and meets the standards set forth in the regulations prescribed by the board of hospital trustees.

2. *The board of hospital trustees may, after consulting with the chief of staff of the hospital and the deans of the University of Nevada School of Medicine and the University of Nevada, Las Vegas, School of Dental Medicine, organize a staff of physicians composed ~~(solely)~~ of physicians, podiatric physicians and dentists who are affiliated with the University of Nevada School of Medicine or the University of Nevada, Las Vegas, School of Dental Medicine who request staff membership and meet the requirements set forth in subsection 3. If the board of hospital trustees organizes a staff of physicians in accordance with this subsection, the board of hospital trustees may require:*

(a) Not more than 60 percent of the staff of physicians to be so affiliated before January 1, 2013.

(b) Not more than 85 percent of the staff of physicians to be so affiliated on or after January 1, 2013, and before January 1, 2018.

(c) The staff of physicians to have such an affiliation in such a percentage as the board of hospital trustees deems appropriate on or after January 1, 2018.

3. *Except as otherwise provided in subsection 4, if the board of hospital trustees decides to organize the staff of physicians in accordance with subsection 2, a physician, podiatric physician or dentist who requests staff membership must:*

(a) Meet the standards set forth in the regulations prescribed by the board of hospital trustees; and

(b) Hold a faculty or clinical appointment with the University of Nevada School of Medicine or the University of Nevada, Las Vegas, School of Dental Medicine and maintain that appointment while he or she is on the staff of physicians.

4. *If the board of hospital trustees decides to organize the staff of physicians in accordance with subsection 2, the board of hospital trustees may enter into a contract with a physician or group of physicians who do not meet the requirements of subsection 3 if the physician or group of physicians will be the exclusive provider of certain services for the hospital. Such services may include, without limitation, radiology, pathology, emergency medicine and neonatology services.*

5. *The provisions of subsections 2 and 3 shall not be deemed to prohibit a physician, podiatric physician or dentist who is on the staff of physicians from being affiliated with another institution of higher education.*

6. *The staff shall organize in a manner prescribed by the board so that there is a rotation of service among the members of the staff to give proper medical and surgical attention and service to the indigent sick, injured or maimed who may be admitted to the hospital for treatment.*

~~(3-)~~ 7. *The board of hospital trustees or the board of county commissioners may offer the following assistance to members of the staff to attract and retain them:*

(a) Establishment of clinic or group practice;

(b) Malpractice insurance coverage under the hospital's policy of professional liability insurance;

(c) Professional fee billing; and

(d) The opportunity to rent office space in facilities owned or operated by the hospital, as the space is available, if this opportunity is offered to all members of the staff on the same terms and conditions.

Sec. 4. 1. *Each hospital located in a county whose population is 700,000 or more which is licensed to have more than 70 beds shall provide to the Legislative Committee on Health Care a report concerning the transfer of patients from one hospital to another hospital. Such information must include:*

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

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

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

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

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

9 2. Each hospital subject to the provisions of subsection 1 shall provide a
10 report to the Legislative Committee on Health Care with the information required at
11 least once every 3 months, and the reports must include information from
12 July 1, 2011, through September 30, 2012. The first report must be made by
13 October 15, 2011, and must include information from July 1, 2011, through
14 September 30, 2011. Subsequent reports must include information for the period
15 since the last report.

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

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

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

23 (a) Cardiology services;

24 (b) Gastroenterological services;

25 (c) General surgical services;

26 (d) Neurosurgical services;

27 (e) Ophthalmology services;

28 (f) Oral and maxillofacial surgical services;

29 (g) Orthopedic services;

30 (h) Otolaryngology services; and

31 (i) Urological services.

32 **Sec. 5.** This act becomes effective on July 1, 2011.