

Amendment No. 636

Assembly Amendment to Senate Bill No. 264 First Reprint (BDR 40-15)

**Proposed by:** Assembly Committee on Health and Human Services

**Amends:** Summary: No Title: No Preamble: No Joint Sponsorship: No Digest: No

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: 5/19/2011

S.B. No. 264—Revises provisions concerning the regulation of certain medical facilities. (BDR 40-15)



## SENATE BILL NO. 264—SENATOR LESLIE

MARCH 17, 2011

Referred to Committee on Health and Human Services

SUMMARY—Revises provisions concerning the regulation of certain medical facilities. (BDR 40-15)

FISCAL NOTE: Effect on Local Government: No.  
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 public health; revising requirements for various reports concerning the care provided by certain medical and related facilities; revising provisions relating to administrative fines collected by the Health Division of the Department of Health and Human Services; and providing other matters properly relating thereto.

**Legislative Counsel's Digest:**

Existing law requires certain medical facilities to submit to the Health Division of the Department of Health and Human Services reports of sentinel events. (NRS 439.835) The term "sentinel event" is defined for the purposes of these reports to mean an unexpected occurrence at the facility which involves facility-acquired infection, death or serious physical or psychological injury or the risk thereof, including, without limitation, any process variation for which a recurrence would carry a significant chance of a serious adverse outcome. (NRS 439.830) The Health Division is required to prepare annual reports concerning those reports which were submitted by medical facilities located in a county whose population is 100,000 or more (currently Clark and Washoe Counties). (NRS 439.840) **Section 5** of this bill requires the Health Division to prepare such annual reports for medical facilities in every county and to make those reports available on the Department's website. **Section 5** also requires the Health Division to report that information publicly in a format which allows for comparisons of medical facilities.

Existing law requires medical facilities which provide care to 25 or more patients per day to submit information to the Internet-based surveillance system established and maintained by the Centers for Disease Control and Prevention of the United States Department of Health and Human Services and requires the Health Division to analyze that information. (NRS 439.847) **Section 9** of this bill requires the Health Division to report that information publicly in a format which allows for comparisons of medical facilities.

**Sections 15.3-17** of this bill require hospitals to submit, as part of the program to increase public awareness of health care information concerning hospitals, data relating to the readmission of a patient if the readmission was potentially preventable and clinically related to the initial admission of the patient. **Section 20** of this bill requires the Department of Health and Human Services to post that information on an Internet website. **Section 16** also authorizes the Department to report certain information concerning the quality of care provided by hospitals if it can be determined from reports already submitted to the Department. Existing law authorizes the Department to seek injunctive relief or civil penalties against facilities that violate the reporting requirements. (NRS 439A.300, 439A.310)

**Sections 21, 22, 24 and 25** of this bill authorize the Health Division to use money which is collected as administrative penalties to administer and carry out the provisions of chapter 449 of NRS and to protect the health and property of the patients and residents of facilities.

**Section 35** of this bill repeals NRS 439.825 and 439.850.

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

**Section 1.** (Deleted by amendment.)

**Sec. 2.** (Deleted by amendment.)

**Sec. 3.** (Deleted by amendment.)

**Sec. 4.** (Deleted by amendment.)

**Sec. 5.** NRS 439.840 is hereby amended to read as follows:

439.840 1. The Health Division shall:

(a) Collect and maintain reports received pursuant to NRS 439.835 and 439.843 and any additional information requested by the Health Division pursuant to NRS 439.841;

(b) Ensure that such reports, and any additional documents created from such reports, are protected adequately from fire, theft, loss, destruction and other hazards and from unauthorized access;

(c) Annually prepare a report of sentinel events reported pursuant to NRS 439.835 by a medical facility, ~~located in a county whose population is 100,000 or more,~~ including, without limitation, the type of event, the number of events, *the rate of occurrence of events*, and the medical facility which reported the event ~~to the Health Division~~, *and provide the report for inclusion on the Internet website maintained pursuant to NRS 439A.270;* and

(d) Annually prepare a summary of the reports received pursuant to NRS 439.835 and provide a summary for inclusion on the Internet website maintained pursuant to NRS 439A.270. The Health Division shall maintain the confidentiality of the *patient, the provider of health care or other member of the staff of the medical facility identified in the* reports submitted pursuant to NRS 439.835 when preparing the annual summary pursuant to this paragraph.

2. Except as otherwise provided in this section and NRS 239.0115, reports received pursuant to NRS 439.835 and subsection 1 of NRS 439.843 and any additional information requested by the Health Division pursuant to NRS 439.841 are confidential, not subject to subpoena or discovery and not subject to inspection by the general public.

*3. The report prepared pursuant to paragraph (c) of subsection 1 must provide to the public information concerning each medical facility which provided medical services and care in the immediately preceding calendar year and must:*

*(a) Be presented in a manner that allows a person to view and compare the information for the medical facilities;*

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

*(c) Use standard statistical methodology, including without limitation, risk-adjusted methodology when applicable, and include the description of the methodology and data limitations contained in the report;*

*(d) Not identify a patient, provider of health care or other member of the staff of the medical facility; and*

1 *(e) Not be reported for a medical facility if reporting the data would risk*  
2 *identifying a patient. ~~It and~~*

3 ~~*(f) Not include data concerning sentinel events that occurred before October*~~  
4 ~~*1, 2010, unless the medical facility allows the Health Division access to data from*~~  
5 ~~*before that date.*~~

6 **Sec. 6.** (Deleted by amendment.)

7 **Sec. 7.** NRS 439.843 is hereby amended to read as follows:

8 439.843 1. On or before March 1 of each year, each medical facility shall  
9 provide to the Health Division, in the form prescribed by the State Board of Health,  
10 a summary of the reports submitted by the medical facility pursuant to NRS  
11 439.835 during the immediately preceding calendar year. The summary must  
12 include, without limitation:

13 (a) The total number and types of sentinel events reported by the medical  
14 facility, if any;

15 (b) A copy of the patient safety plan established pursuant to NRS 439.865;

16 (c) A summary of the membership and activities of the patient safety  
17 committee established pursuant to NRS 439.875; and

18 (d) Any other information required by the State Board of Health concerning the  
19 reports submitted by the medical facility pursuant to NRS 439.835.

20 2. On or before June 1 of each year, the Health Division shall submit to the  
21 State Board of Health an annual summary of the reports and information received  
22 by the Health Division pursuant to this section. The annual summary must include,  
23 without limitation, a compilation of the information submitted pursuant to  
24 subsection 1 and any other pertinent information deemed necessary by the State  
25 Board of Health concerning the reports submitted by the medical facility pursuant  
26 to NRS 439.835. The Health Division shall maintain the confidentiality of the  
27 *patient, the provider of health care or other member of the staff of the medical*  
28 *facility identified in the* reports submitted pursuant to NRS 439.835 and any other  
29 *identifying information of a person* requested by the State Board of Health  
30 concerning those reports when preparing the annual summary pursuant to this  
31 section.

32 **Sec. 8.** NRS 439.845 is hereby amended to read as follows:

33 439.845 1. The Health Division shall analyze and report trends regarding  
34 sentinel events.

35 2. When the Health Division receives notice from a medical facility that the  
36 medical facility has taken corrective action to remedy the causes or contributing  
37 factors, or both, of a sentinel event, the Health Division shall:

38 (a) Make a record of the information;

39 (b) Ensure that the information is ~~[aggregated]~~ *released in a manner* so as not  
40 to reveal the identity of a specific ~~[person or medical facility]~~ *patient, provider of*  
41 *health care or member of the staff of the facility;* and

42 (c) At least quarterly, report its findings regarding the analysis of ~~[aggregated]~~  
43 trends of sentinel events ~~[to the Repository for Health Care Quality Assurance.]~~ *on*  
44 *the Internet website maintained pursuant to NRS 439A.270.*

45 **Sec. 9.** NRS 439.847 is hereby amended to read as follows:

46 439.847 1. Each medical facility which provided medical services and care  
47 to an average of 25 or more patients during each business day in the immediately  
48 preceding calendar year shall, within 120 days after becoming eligible, participate  
49 in the secure, Internet-based surveillance system established by the Division of  
50 Healthcare Quality Promotion of the Centers for Disease Control and Prevention of  
51 the United States Department of Health and Human Services that integrates patient  
52 and health care personnel safety surveillance systems. As part of that participation,  
53 the medical facility shall provide, at a minimum, the information required by the

1 Health Division pursuant to this subsection. The Health Division shall by regulation  
2 prescribe the information which must be provided by a medical facility, including,  
3 without limitation, information relating to infections and procedures.

4 2. Each medical facility which provided medical services and care to an  
5 average of less than 25 patients during each business day in the immediately  
6 preceding calendar year may participate in the secure, Internet-based surveillance  
7 system established by the Division of Healthcare Quality Promotion of the Centers  
8 for Disease Control and Prevention of the United States Department of Health and  
9 Human Services that integrates patient and health care personnel safety surveillance  
10 systems.

11 3. A medical facility that participates in the secure, Internet-based  
12 surveillance system established by the Division of Healthcare Quality Promotion  
13 shall ~~authorize~~ :

14 (a) *Authorize* the Health Division to access all information submitted to the  
15 system ~~[, and the Health Division shall enter into an agreement with the Division of~~  
16 ~~Healthcare Quality Promotion to carry out the provisions of this section.] ; and~~

17 (b) *Provide consent for the Health Division to include information submitted*  
18 *to the system in the reports posted pursuant to paragraph (b) of subsection 4,*  
19 *including without limitation, permission to identify the medical facility that is the*  
20 *subject of each report.*

21 4. The Health Division shall ~~analyze~~ :

22 (a) *Analyze* the information submitted to the system by medical facilities  
23 pursuant to this section and recommend regulations and legislation relating to the  
24 reporting required pursuant to NRS 439.800 to 439.890, inclusive.

25 (b) *Annually prepare a report of the information submitted to the system by*  
26 *each medical facility pursuant to this section and provide the reports for*  
27 *inclusion on the Internet website maintained pursuant to NRS 439A.270. The*  
28 *information must be reported in a manner that allows a person to compare the*  
29 *information for the medical facilities ~~for~~ and expressed as a total number and a*  
30 *rate of occurrence.*

31 (c) *Enter into an agreement with the Division of Healthcare Quality*  
32 *Promotion to carry out the provisions of this section.*

33 Sec. 10. (Deleted by amendment.)

34 Sec. 11. (Deleted by amendment.)

35 Sec. 12. (Deleted by amendment.)

36 Sec. 13. (Deleted by amendment.)

37 Sec. 14. (Deleted by amendment.)

38 Sec. 15. (Deleted by amendment.)

39 Sec. 15.3. Chapter 439A of NRS is hereby amended by adding thereto a new  
40 section to read as follows:

41 *“Potentially preventable readmission” means an unplanned readmission of a*  
42 *patient which:*

43 1. *Occurs not more than 30 days after the patient is discharged;*

44 2. *Is clinically related to the initial admission; and*

45 3. *Was preventable.*

46 Sec. 15.7. NRS 439A.200 is hereby amended to read as follows:

47 439A.200 As used in NRS 439A.200 to 439A.290, inclusive, *and section*  
48 *15.3 of this act*, unless the context otherwise requires, the words and terms defined  
49 in NRS 439A.205 and 439A.210 *and section 15.3 of this act* have the meanings  
50 ascribed to them in those sections.

51 Sec. 16. NRS 439A.220 is hereby amended to read as follows:

52 439A.220 1. The Department shall establish and maintain a program to  
53 increase public awareness of health care information concerning the hospitals in

1 this State. The program must be designed to assist consumers with comparing the  
2 quality of care provided by the hospitals in this State and the charges for that care.

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

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

7 (b) The quality of care provided by each hospital in this State as determined by  
8 applying ~~uniform~~ measures of quality ~~prescribed by the Department pursuant to~~  
9 ~~NRS 439A.230;~~

10 ~~(c) The quality of care provided by each hospital in this State as determined~~  
11 ~~by applying measures of quality endorsed by the entities described in~~  
12 ~~subparagraph (1) of paragraph (b) of subsection 1 of NRS 439A.230, expressed~~  
13 ~~as a number of events and rate of occurrence, if such measures can be applied to~~  
14 ~~the information reported in the forms submitted pursuant to NRS 449.485;~~

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

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

22 ~~(e)~~ ~~(f)~~ *The total number of patients discharged from the hospital and the*  
23 *total number of potentially preventable readmissions, which must be expressed as*  
24 *a total number and a rate of occurrence of potentially preventable readmissions,*  
25 *and the average length of stay and the average billed charges for those potentially*  
26 *preventable readmissions; and*

27 ~~(f)~~ (f) Any other information relating to the charges imposed and the quality  
28 of the services provided by the hospitals in this State which the Department  
29 determines is:

30 (1) Useful to consumers;

31 (2) Nationally recognized; and

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

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

36 **Sec. 17.** NRS 439A.230 is hereby amended to read as follows:

37 439A.230 1. The Department shall, by regulation:

38 (a) Prescribe the information that each hospital in this State must submit to the  
39 Department for the program established pursuant to NRS 439A.220.

40 (b) Prescribe the measures of quality for hospitals that are required pursuant to  
41 paragraph (b) of subsection 2 of NRS 439A.220. In adopting the regulations, the  
42 Department shall:

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

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

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

1     ↵ The measures prescribed pursuant to this paragraph must report health outcomes  
2 of hospitals, which do not necessarily correlate with the inpatient diagnosis-related  
3 groups or the outpatient treatments that are posted on the Internet website pursuant  
4 to NRS 439A.270.

5     (c) *Prescribe the manner in which a hospital must determine whether the*  
6 *readmission of a patient must be reported pursuant to NRS 439A.220 as a*  
7 *potentially preventable readmission and the form for submission of such*  
8 *information.*

9     (d) Require each hospital to:

10     (1) Provide the information prescribed in paragraphs (a) , ~~and~~ (b) and (c)  
11 in the format required by the Department; and

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

13     2. The information required pursuant to this section and NRS 439A.220 must  
14 be submitted to the Department not later than 45 days after the last day of each  
15 calendar month.

16     3. If a hospital fails to submit the information required pursuant to this section  
17 or NRS 439A.220 or submits information that is incomplete or inaccurate, the  
18 Department shall send a notice of such failure to the hospital and to the Health  
19 Division of the Department.

20     Sec. 18. (Deleted by amendment.)

21     Sec. 19. (Deleted by amendment.)

22     Sec. 20. NRS 439A.270 is hereby amended to read as follows:

23     439A.270 1. The Department shall establish and maintain an Internet  
24 website that includes the information concerning the charges imposed and the  
25 quality of the services provided by the hospitals and surgical centers for ambulatory  
26 patients in this State as required by the programs established pursuant to NRS  
27 439A.220 and 439A.240. The information must:

28     (a) Include, for each hospital in this State, the ~~total~~ :

29     (1) *Total* number of patients discharged, the average length of stay and the  
30 average billed charges, reported for the ~~50 most frequent~~ diagnosis-related groups  
31 for inpatients and *the 50 most frequent* medical treatments for outpatients that the  
32 Department determines are most useful for consumers; and

33     (2) *Total number of potentially preventable readmissions reported*  
34 *pursuant to NRS 439A.220, the rate of occurrence of potentially preventable*  
35 *readmissions, and the average length of stay and average billed charges of those*  
36 *potentially preventable readmissions, reported by the diagnosis-related group for*  
37 *inpatients for which the patient originally received treatment at ~~the~~ a hospital;*

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

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

44     (1) Geographic location of each hospital;

45     (2) Type of medical diagnosis; and

46     (3) Type of medical treatment;

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

49     (1) Geographic location of each surgical center for ambulatory patients;

50     (2) Type of medical diagnosis; and

51     (3) Type of medical treatment;

52     (e) Be presented in a manner that allows a person to view and compare the  
53 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;

(g) *Include the annual summary of reports of sentinel events prepared pursuant to paragraph (c) of subsection 1 of NRS 439.840;*

(h) Include the annual summary of reports of sentinel events prepared pursuant to paragraph (d) of subsection 1 of NRS 439.840; ~~and~~

~~(h)}~~ (i) *Include the reports of information prepared for each medical facility pursuant to paragraph (b) of subsection 4 of NRS 439.847; and*

(j) 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. 21.** NRS 449.0305 is hereby amended to read as follows:

449.0305 1. Except as otherwise provided in subsection 5, a person must obtain a license from the Board to operate a business that provides referrals to residential facilities for groups.

2. The Board shall adopt:

- (a) Standards for the licensing of businesses that provide referrals to residential facilities for groups;
- (b) Standards relating to the fees charged by such businesses;
- (c) Regulations governing the licensing of such businesses; and
- (d) Regulations establishing requirements for training the employees of such businesses.

3. A licensed nurse, social worker, physician or hospital, or a provider of geriatric care who is licensed as a nurse or social worker, may provide referrals to residential facilities for groups through a business that is licensed pursuant to this section. The Board may, by regulation, authorize a public guardian or any other



1 person it determines appropriate to provide referrals to residential facilities for  
2 groups through a business that is licensed pursuant to this section.

3 4. A business that is licensed pursuant to this section or an employee of such a  
4 business shall not:

5 (a) Refer a person to a residential facility for groups that is not licensed.

6 (b) Refer a person to a residential facility for groups that is owned by the same  
7 person who owns the business.

8 ↪ A person who violates the provisions of this subsection is liable for a civil  
9 penalty to be recovered by the Attorney General in the name of the State Board of  
10 Health for the first offense of not more than \$10,000 and for a second or subsequent  
11 offense of not less than \$10,000 nor more than \$20,000. Unless otherwise required  
12 by federal law, the State Board of Health shall deposit all civil penalties collected  
13 pursuant to this section into a separate account in the State General Fund to be used  
14 ~~for the enforcement of this section and the protection of~~ *to administer and carry*  
15 *out the provisions of this chapter and to protect* the health, safety, well-being and  
16 property of *the patients and* residents of ~~residential~~ facilities ~~for groups~~ *in*  
17 *accordance with applicable state and federal standards.*

18 5. This section does not apply to a medical facility that is licensed pursuant to  
19 NRS 449.001 to 449.240, inclusive, on October 1, 1999.

20 **Sec. 22.** NRS 449.163 is hereby amended to read as follows:

21 449.163 1. If a medical facility or facility for the dependent violates any  
22 provision related to its licensure, including any provision of NRS 439B.410 or  
23 449.001 to 449.240, inclusive, or any condition, standard or regulation adopted by  
24 the Board, the Health Division, in accordance with the regulations adopted pursuant  
25 to NRS 449.165, may:

26 (a) Prohibit the facility from admitting any patient until it determines that the  
27 facility has corrected the violation;

28 (b) Limit the occupancy of the facility to the number of beds occupied when  
29 the violation occurred, until it determines that the facility has corrected the  
30 violation;

31 (c) Impose an administrative penalty of not more than \$1,000 per day for each  
32 violation, together with interest thereon at a rate not to exceed 10 percent per  
33 annum; and

34 (d) Appoint temporary management to oversee the operation of the facility and  
35 to ensure the health and safety of the patients of the facility, until:

36 (1) It determines that the facility has corrected the violation and has  
37 management which is capable of ensuring continued compliance with the  
38 applicable statutes, conditions, standards and regulations; or

39 (2) Improvements are made to correct the violation.

40 2. If a violation by a medical facility or facility for the dependent relates to  
41 the health or safety of a patient, an administrative penalty imposed pursuant to  
42 paragraph (c) of subsection 1 must be in a total amount of not less than \$1,000 and  
43 not more than \$10,000 for each patient who was harmed or at risk of harm as a  
44 result of the violation.

45 3. If the facility fails to pay any administrative penalty imposed pursuant to  
46 paragraph (c) of subsection 1, the Health Division may:

47 (a) Suspend the license of the facility until the administrative penalty is paid;  
48 and

49 (b) Collect court costs, reasonable attorney's fees and other costs incurred to  
50 collect the administrative penalty.

51 4. The Health Division may require any facility that violates any provision of  
52 NRS 439B.410 or 449.001 to 449.240, inclusive, or any condition, standard or

1 regulation adopted by the Board to make any improvements necessary to correct the  
2 violation.

3 5. Any money collected as administrative penalties pursuant to this section  
4 must be accounted for separately and used to *administer and carry out the*  
5 *provisions of this chapter and to* protect the health ~~for~~, *safety, well-being and*  
6 property of the *patients and* residents of ~~the facility~~ *facilities* in accordance with  
7 applicable *state and* federal standards.

8 **Sec. 23.** (Deleted by amendment.)

9 **Sec. 24.** NRS 449.210 is hereby amended to read as follows:

10 449.210 1. Except as otherwise provided in subsection 2 and NRS  
11 449.24897, a person who operates a medical facility or facility for the dependent  
12 without a license issued by the Health Division is guilty of a misdemeanor.

13 2. A person who operates a residential facility for groups without a license  
14 issued by the Health Division:

15 (a) Is liable for a civil penalty to be recovered by the Attorney General in the  
16 name of the Health Division for the first offense of not more than \$10,000 and for a  
17 second or subsequent offense of not less than \$10,000 or more than \$20,000;

18 (b) Shall move all of the persons who are receiving services in the residential  
19 facility for groups to a residential facility for groups that is licensed at his or her  
20 own expense; and

21 (c) May not apply for a license to operate a residential facility for groups for a  
22 period of 6 months after the person is punished pursuant to this section.

23 3. Unless otherwise required by federal law, the Health Division shall deposit  
24 all civil penalties collected pursuant to this section into a separate account in the  
25 State General Fund to be used ~~for the protection of~~ *to administer and carry out*  
26 *the provisions of this chapter and to protect* the health, safety, ~~and~~ *well-being*  
27 *and property of the* patients ~~including~~ *and* residents of ~~residential~~ *facilities* ~~for~~  
28 ~~groups~~ *in accordance with applicable state and federal standards.*

29 **Sec. 25.** NRS 449.2496 is hereby amended to read as follows:

30 449.2496 1. A person who operates or maintains a home for individual  
31 residential care without a license issued by the Health Division pursuant to NRS  
32 449.249 is liable for a civil penalty, to be recovered by the Attorney General in the  
33 name of the Health Division, for the first offense of \$10,000 and for a second or  
34 subsequent offense of not less than \$10,000 nor more than \$20,000.

35 2. Unless otherwise required by federal law, the Health Division shall deposit  
36 civil penalties collected pursuant to this section into a separate account in the State  
37 General Fund ~~in the State Treasury~~ to be used ~~for the protection of~~ *to administer*  
38 *and carry out the provisions of this chapter and to protect* the health, safety, well-  
39 being and property of *the* patients ~~including~~ *and* residents of facilities ~~found~~  
40 ~~deficient by the Health Division~~ *in accordance with applicable state and federal*  
41 *standards.*

42 3. A person against whom a civil penalty is assessed by the court pursuant to  
43 subsection 1:

44 (a) Shall move, at that person's own expense, all persons receiving services in  
45 the home for individual residential care to a licensed home for individual residential  
46 care.

47 (b) May not apply for a license to operate a home for individual residential care  
48 until 6 months have elapsed since the penalty was assessed.

49 **Sec. 26.** (Deleted by amendment.)

50 **Sec. 27.** (Deleted by amendment.)

51 **Sec. 28.** (Deleted by amendment.)

52 **Sec. 29.** (Deleted by amendment.)

53 **Sec. 30.** (Deleted by amendment.)

- 1       **Sec. 31.** (Deleted by amendment.)  
2       **Sec. 32.** (Deleted by amendment.)  
3       **Sec. 33.** (Deleted by amendment.)  
4       **Sec. 34.** (Deleted by amendment.)  
5       **Sec. 35.** NRS 439.825 and 439.850 are hereby repealed.  
6       **Sec. 36.** (Deleted by amendment.)  
7       **Sec. 37.** This act becomes effective on July 1, 2011.

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### TEXT OF REPEALED SECTIONS

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**439.825 “Repository” defined.** “Repository” means the Repository for Health Care Quality Assurance created by NRS 439.850.

**439.850 Repository for Health Care Quality Assurance: Creation; function.**

1. The Repository for Health Care Quality Assurance is hereby created within the Health Division.

2. The Repository shall, to the extent of legislative appropriation and authorization, function as a clearinghouse of information relating to aggregated trends of sentinel events.