

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; requiring certain reports of adverse health events to be made public; 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) This bill replaces references to "sentinel event" with "adverse health event" throughout the Nevada Revised Statutes. **Section 1** of this bill defines "adverse health event" as the occurrence of an identifiable and measurable event involving the provision of health care to a patient which resulted in or has the potential of causing harm to the patient. **Section 15** of this bill requires the State Board of Health to adopt regulations which set forth the events that must be reported as adverse health events, which must include, without limitation, events of concern to the public, facility-acquired infections, death, serious injury and related events. 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.



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Section 5 also requires the Health Division to report that information publicly for medical facilities which treat 25 or more patients per day in a format which allows 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 comparisons of medical facilities.

Sections 16-19 of this bill require hospitals and surgical centers for ambulatory patients to submit, as part of the programs to increase public awareness of health care information, data relating to the readmission of a patient if the readmission was preventable and related to the initial treatment received by the patient. **Section 20** of this bill requires the Department to post that information on an Internet website. 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.

Sections 23 and 26-34 of this bill amend existing provisions of law to refer to "adverse health event." **Section 36** of this bill directs the Legislative Counsel to prepare the supplements to the Nevada Revised Statutes and Nevada Administrative Code consistent with the provisions of this bill.

Section 35 of this bill repeals NRS 439.825, 439.830 and 439.850.

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

Section 1. Chapter 439 of NRS is hereby amended by adding thereto a new section to read as follows:

"Adverse health event" means the occurrence of an identifiable and measurable event involving the provision of health care to a patient which results in or has the potential of causing harm to the patient.

Sec. 2. NRS 439.800 is hereby amended to read as follows:

439.800 As used in NRS 439.800 to 439.890, inclusive, *and section 1 of this act*, unless the context otherwise requires, the words and terms defined in NRS 439.802 to ~~439.830,~~ *439.820*, inclusive, have the meanings ascribed to them in those sections.

Sec. 3. NRS 439.835 is hereby amended to read as follows:

439.835 1. Except as otherwise provided in subsection 2:

(a) A person who is employed by a medical facility shall, within 24 hours after becoming aware of ~~a sentinel~~ *an adverse health* event that occurred at the medical facility, notify the patient safety officer of the facility of the ~~sentinel~~ *adverse health* event; and



(b) The patient safety officer shall, within 13 days after receiving notification pursuant to paragraph (a), report the ~~{date, the time and a brief description of the sentinel}~~ **adverse health** event to:

(1) The Health Division ~~{ }~~ ***in the format prescribed by the State Board of Health pursuant to subsection 3;*** and

(2) The representative designated pursuant to NRS 439.855, if that person is different from the patient safety officer.

2. If the patient safety officer of a medical facility personally discovers or becomes aware, in the absence of notification by another employee, of ~~{a-sentinel}~~ **an adverse health** event that occurred at the medical facility, the patient safety officer shall, within 14 days after discovering or becoming aware of the ~~{sentinel}~~ **adverse health** event, report the ~~{date, time and brief description of the sentinel}~~ **adverse health** event to:

(a) The Health Division ~~{ }~~ ***in the format prescribed by the State Board of Health pursuant to subsection 3;*** and

(b) The representative designated pursuant to NRS 439.855, if that person is different from the patient safety officer.

3. The State Board of Health shall prescribe the manner in which reports of ~~{sentinel}~~ **adverse health** events must be made pursuant to this section ~~{ }~~ ***including without limitation, the:***

(a) ***Format for submitting reports of adverse health events to the Health Division, which must be consistent with national standardized formats for such reports, including without limitation, the Common Formats most recently released by the Agency for Healthcare Research and Quality; and***

(b) ***Content of the reports, which must be consistent with national standardized reports of adverse health events, including without limitation, the information contained in the Serious Reportable Events in Healthcare report of the National Quality Forum.***

Sec. 4. NRS 439.837 is hereby amended to read as follows:

439.837 A medical facility shall, upon reporting ~~{a-sentinel}~~ **an adverse health** event pursuant to NRS 439.835, conduct an investigation concerning the causes or contributing factors, or both, of the ~~{sentinel}~~ **adverse health** event and implement a plan to remedy the causes or contributing factors, or both, of the ~~{sentinel}~~ **adverse health** event.

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]~~ *adverse health* 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 and the medical facility which reported the event ~~[:]~~, *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 to an average of 25 or more patients during each business day 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; and

(d) Not identify a patient, provider of health care or other member of the staff of the facility.

Sec. 6. NRS 439.841 is hereby amended to read as follows:

439.841 1. Upon receipt of a report pursuant to NRS 439.835, the Health Division may, as often as deemed necessary by the Administrator to protect the health and safety of the public, request additional information regarding the ~~[sentinel]~~ *adverse health* event or conduct an audit or investigation of the medical facility.



2. A medical facility shall provide to the Health Division any information requested in furtherance of a request for information, an audit or an investigation pursuant to this section.

3. If the Health Division conducts an audit or investigation pursuant to this section, the Health Division shall, within 30 days after completing such an audit or investigation, report its findings to the State Board of Health.

4. A medical facility which is audited or investigated pursuant to this section shall pay to the Health Division the actual cost of conducting the audit or investigation.

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

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

(a) The total number and types of ~~[sentinel]~~ *adverse health* events reported by the medical facility, if any;

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

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

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

2. On or before June 1 of each year, the Health Division shall submit to the State Board of Health an annual summary of the reports and information received by the Health Division pursuant to this section. The annual summary must include, without limitation, a compilation of the information submitted pursuant to subsection 1 and any other pertinent information deemed necessary by the State Board of Health concerning the reports submitted by the medical facility pursuant to NRS 439.835. 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 and any other *identifying* information *of a person* requested by the State Board of Health concerning those reports when preparing the annual summary pursuant to this section.

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

439.845 1. The Health Division shall analyze and report trends regarding ~~[sentinel]~~ *adverse health* events.

2. When the Health Division receives notice from a medical facility that the medical facility has taken corrective action to



remedy the causes or contributing factors, or both, of ~~[a sentinel]~~ *an adverse health* event, the Health Division shall:

(a) Make a record of the information;

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

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

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

439.847 1. Each medical facility which provided medical services and care to an average of 25 or more patients during each business day in the immediately preceding calendar year shall, within 120 days after becoming eligible, participate in the secure, Internet-based surveillance system established by the Division of Healthcare Quality Promotion of the Centers for Disease Control and Prevention of the United States Department of Health and Human Services that integrates patient and health care personnel safety surveillance systems. As part of that participation, the medical facility shall provide, at a minimum, the information required by the Health Division pursuant to this subsection. The Health Division shall by regulation prescribe the information which must be provided by a medical facility, including, without limitation, information relating to infections and procedures.

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

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

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

(b) Provide consent for the Health Division to include information submitted to the system in the reports posted pursuant to paragraph (b) of subsection 4, including without limitation,



1 *permission to identify the medical facility that is the subject of*
2 *each report.*

3 4. The Health Division shall ~~{analyze}~~ :

4 (a) *Analyze* the information submitted to the system by medical
5 facilities pursuant to this section and recommend regulations and
6 legislation relating to the reporting required pursuant to NRS
7 439.800 to 439.890, inclusive ~~{ }~~, *and section 1 of this act.*

8 (b) *Annually prepare a report of the information submitted to*
9 *the system by each medical facility pursuant to this section and*
10 *provide the reports for inclusion on the Internet website*
11 *maintained pursuant to NRS 439A.270. The information must be*
12 *reported in a manner that allows a person to compare the*
13 *information for the medical facilities.*

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

16 **Sec. 10.** NRS 439.855 is hereby amended to read as follows:

17 439.855 1. Each medical facility that is located within this
18 state shall designate a representative for the notification of patients
19 who have been involved in ~~{sentinel}~~ *adverse health* events at that
20 medical facility.

21 2. A representative designated pursuant to subsection 1 shall,
22 not later than 7 days after discovering or becoming aware of ~~{a~~
23 ~~sentinel}~~ *an adverse health* event that occurred at the medical
24 facility, provide notice of that fact to each patient who was involved
25 in that ~~{sentinel}~~ *adverse health* event.

26 3. The provision of notice to a patient pursuant to subsection 2
27 must not, in any action or proceeding, be considered an
28 acknowledgment or admission of liability.

29 4. A representative designated pursuant to subsection 1 may or
30 may not be the same person who serves as the facility's patient
31 safety officer.

32 **Sec. 11.** NRS 439.870 is hereby amended to read as follows:

33 439.870 1. A medical facility shall designate an officer or
34 employee of the facility to serve as the patient safety officer of the
35 medical facility.

36 2. The person who is designated as the patient safety officer of
37 a medical facility shall:

38 (a) Serve on the patient safety committee.

39 (b) Supervise the reporting of all ~~{sentinel}~~ *adverse health*
40 events alleged to have occurred at the medical facility, including,
41 without limitation, performing the duties required pursuant to
42 NRS 439.835.

43 (c) Take such action as he or she determines to be necessary to
44 ensure the safety of patients as a result of an investigation of any



1 ~~[sentinel]~~ *adverse health* event alleged to have occurred at the
2 medical facility.

3 (d) Report to the patient safety committee regarding any action
4 taken in accordance with paragraph (c).

5 **Sec. 12.** NRS 439.875 is hereby amended to read as follows:

6 439.875 1. A medical facility shall establish a patient safety
7 committee.

8 2. Except as otherwise provided in subsection 3:

9 (a) A patient safety committee established pursuant to
10 subsection 1 must be composed of:

11 (1) The patient safety officer of the medical facility.

12 (2) At least three providers of health care who treat patients
13 at the medical facility, including, without limitation, at least one
14 member of the medical, nursing and pharmaceutical staff of the
15 medical facility.

16 (3) One member of the executive or governing body of the
17 medical facility.

18 (b) A patient safety committee shall meet at least once each
19 month.

20 3. The Administrator shall adopt regulations prescribing the
21 composition and frequency of meetings of patient safety committees
22 at medical facilities having fewer than 25 employees and
23 contractors.

24 4. A patient safety committee shall:

25 (a) Receive reports from the patient safety officer pursuant to
26 NRS 439.870.

27 (b) Evaluate actions of the patient safety officer in connection
28 with all reports of ~~[sentinel]~~ *adverse health* events alleged to have
29 occurred at the medical facility.

30 (c) Review and evaluate the quality of measures carried out by
31 the medical facility to improve the safety of patients who receive
32 treatment at the medical facility.

33 (d) Make recommendations to the executive or governing body
34 of the medical facility to reduce the number and severity of
35 ~~[sentinel]~~ *adverse health* events that occur at the medical facility.

36 (e) At least once each calendar quarter, report to the executive or
37 governing body of the medical facility regarding:

38 (1) The number of ~~[sentinel]~~ *adverse health* events that
39 occurred at the medical facility during the preceding calendar
40 quarter; and

41 (2) Any recommendations to reduce the number and severity
42 of ~~[sentinel]~~ *adverse health* events that occur at the medical facility.

43 5. The proceedings and records of a patient safety committee
44 are subject to the same privilege and protection from discovery as
45 the proceedings and records described in NRS 49.265.



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Sec. 13. NRS 439.880 is hereby amended to read as follows:

439.880 No person is subject to any criminal penalty or civil liability for libel, slander or any similar cause of action in tort if the person, without malice:

1. Reports ~~{a-sentinel}~~ *an adverse health* event to a governmental entity with jurisdiction or another appropriate authority;

2. Notifies a governmental entity with jurisdiction or another appropriate authority of ~~{a-sentinel}~~ *an adverse health* event;

3. Transmits information regarding ~~{a-sentinel}~~ *an adverse health* event to a governmental entity with jurisdiction or another appropriate authority;

4. Compiles, prepares or disseminates information regarding ~~{a-sentinel}~~ *an adverse health* event to a governmental entity with jurisdiction or another appropriate authority; or

5. Performs any other act authorized pursuant to NRS 439.800 to 439.890, inclusive ~~{.}~~, *and section 1 of this act.*

Sec. 14. NRS 439.885 is hereby amended to read as follows:

439.885 1. If a medical facility:

(a) Commits a violation of any provision of NRS 439.800 to 439.890, inclusive, *and section 1 of this act* or for any violation for which an administrative sanction pursuant to NRS 449.163 would otherwise be applicable; and

(b) Of its own volition, reports the violation to the Administrator,

↳ such a violation must not be used as the basis for imposing an administrative sanction pursuant to NRS 449.163.

2. If a medical facility commits a violation of any provision of NRS 439.800 to 439.890, inclusive, *and section 1 of this act* and does not, of its own volition, report the violation to the Administrator, the Health Division may, in accordance with the provisions of subsection 3, impose an administrative sanction:

(a) For failure to report ~~{a-sentinel}~~ *an adverse health* event, in an amount not to exceed \$100 per day for each day after the date on which the ~~{sentinel}~~ *adverse health* event was required to be reported pursuant to NRS 439.835;

(b) For failure to adopt and implement a patient safety plan pursuant to NRS 439.865, in an amount not to exceed \$1,000 for each month in which a patient safety plan was not in effect; and

(c) For failure to establish a patient safety committee or failure of such a committee to meet pursuant to the requirements of NRS 439.875, in an amount not to exceed \$2,000 for each violation of that section.

3. Before the Health Division imposes an administrative sanction pursuant to subsection 2, the Health Division shall provide



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1 the medical facility with reasonable notice. The notice must contain
2 the legal authority, jurisdiction and reasons for the action to be
3 taken. If a medical facility wants to contest the action, the facility
4 may file an appeal pursuant to the regulations of the State Board of
5 Health adopted pursuant to NRS 449.165 and 449.170. Upon
6 receiving notice of an appeal, the Health Division shall hold a
7 hearing in accordance with those regulations.

8 4. An administrative sanction collected pursuant to this section
9 must be accounted for separately and used by the Health Division to
10 provide training and education to employees of the Health Division,
11 employees of medical facilities and members of the general public
12 regarding issues relating to the provision of quality and safe health
13 care.

14 **Sec. 15.** NRS 439.890 is hereby amended to read as follows:

15 439.890 The State Board of Health shall adopt ~~[such]~~ :

16 *1. Regulations which set forth the events that must be*
17 *reported as adverse health events pursuant to NRS 439.835. The*
18 *regulations must require the reporting of:*

19 *(a) Events which are of concern to the public and to providers*
20 *of health care;*

21 *(b) Events which are of such a nature that the risk of*
22 *occurrence is significantly influenced by the policies and*
23 *procedures of the medical facility in which the event occurred;*

24 *(c) Facility-acquired infections;*

25 *(d) Death;*

26 *(e) Serious physical or psychological injury to a patient,*
27 *including without limitation, the loss of limb or function; and*

28 *(f) Other events which are reported in the Serious Reportable*
29 *Events in Healthcare report of the National Quality Forum and*
30 *the Common Formats of the Agency for Healthcare Research and*
31 *Quality.*

32 *2. Such other* regulations as the Board determines to be
33 necessary or advisable to carry out the provisions of NRS 439.800
34 to 439.890, inclusive ~~[]~~, *and section 1 of this act.*

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

36 439A.220 1. The Department shall establish and maintain a
37 program to increase public awareness of health care information
38 concerning the hospitals in this State. The program must be
39 designed to assist consumers with comparing the quality of care
40 provided by the hospitals in this State and the charges for that care.

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

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



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(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 NRS 439A.230;

(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) *The total number of patients discharged from the hospital who were subsequently readmitted to a medical facility for treatment or care which was preventable and was related to a medical treatment originally provided at the hospital and the average length of stay and the average billed charges for those readmissions; and*

(f) 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;

(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. 17. NRS 439A.230 is hereby amended to read as follows:

439A.230 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 NRS 439A.220.

(b) Prescribe the measures of quality for hospitals that are required pursuant to paragraph (b) of subsection 2 of NRS 439A.220. 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};~~, *including without limitation:*

(I) Vascular catheter-associated infections;

(II) Catheter-associated urinary tract infections;

(III) Deep vein thrombosis;



(IV) *Pressure ulcers which have attained stage III or IV;*

(V) *Falls and related trauma;*

(VI) *Foreign objects retained after surgical procedures;*

(VII) *Surgical site infections;*

(VIII) *Air embolism; and*

(IX) *Poor glycemic control;*

(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 NRS 439A.270.

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

(d) Require each hospital to:

(1) Provide the information prescribed in paragraphs (a) , ~~and~~ (b) *and (c)* 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 NRS 439A.220 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 NRS 439A.220 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. 18. NRS 439A.240 is hereby amended to read as follows:

439A.240 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 NRS 439A.250;



(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 NRS 439A.250;

(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) *The total number of patients discharged from the surgical center for ambulatory patients who were subsequently readmitted to a medical facility for treatment or care which was preventable and was related to a medical treatment originally provided at the surgical center for ambulatory patients and the average length of stay and the average billed charges for those readmissions; and*

(f) 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. 19. NRS 439A.250 is hereby amended to read as follows:

439A.250 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 NRS 439A.240 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 NRS 439A.240. 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 NRS 439A.230;

(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.



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1 ➤ The measures prescribed pursuant to this paragraph must report
2 health outcomes of surgical centers for ambulatory patients, which
3 do not necessarily correlate with the outpatient treatments posted on
4 the Internet website pursuant to NRS 439A.270.

5 (c) *Prescribe the manner in which a surgical center for*
6 *ambulatory patients must determine whether the readmission of a*
7 *patient must be reported pursuant to NRS 439A.240 and the form*
8 *for submission of such information.*

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

12 ~~(d)~~ (e) Prescribe which surgical centers for ambulatory
13 patients in this State must participate in the program established
14 pursuant to NRS 439A.240.

15 2. The information required pursuant to this section and NRS
16 439A.240 must be submitted to the Department not later than 45
17 days after the last day of each calendar month.

18 3. If a surgical center for ambulatory patients fails to submit
19 the information required pursuant to this section or NRS 439A.240
20 or submits information that is incomplete or inaccurate, the
21 Department shall send a notice of such failure to the surgical center
22 for ambulatory patients and to the Health Division of the
23 Department.

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

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

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

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

37 (2) *Total number of readmissions reported pursuant to*
38 *NRS 439A.220 and the average length of stay and average billed*
39 *charges of those readmissions, reported by the diagnosis-related*
40 *group for inpatients and the medical treatments for outpatients for*
41 *which the patient originally received treatment at the hospital;*

42 (b) Include, for each surgical center for ambulatory patients in
43 this State, the ~~total~~ :



(1) *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*

(2) *Total number of readmissions reported pursuant to NRS 439A.240 and the average length of stay and the average billed charges of those readmissions, reported by the type of treatment the patient originally received at the surgical center for ambulatory patients;*

(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;

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

(h) Include the annual summary of reports of ~~sentinel~~ *adverse health* 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 person it determines appropriate to provide referrals to residential facilities for groups through a business that is licensed pursuant to this section.



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

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

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

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

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

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

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

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

31 (b) Limit the occupancy of the facility to the number of beds
32 occupied when the violation occurred, until it determines that the
33 facility has corrected the violation;

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

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

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

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



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

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

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

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

4. The Health Division may require any facility that violates any provision of NRS 439B.410 or 449.001 to 449.240, inclusive, or any condition, standard or regulation adopted by the Board to make any improvements necessary to correct the violation.

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

Sec. 23. NRS 449.205 is hereby amended to read as follows:

449.205 1. A medical facility or any agent or employee thereof shall not retaliate or discriminate unfairly against:

(a) An employee of the medical facility or a person acting on behalf of the employee who in good faith:

(1) Reports to the Board of Medical Examiners or the State Board of Osteopathic Medicine, as applicable, information relating to the conduct of a physician which may constitute grounds for initiating disciplinary action against the physician or which otherwise raises a reasonable question regarding the competence of the physician to practice medicine with reasonable skill and safety to patients;

(2) Reports ~~a sentinel~~ *an adverse health* event to the Health Division pursuant to NRS 439.835; or

(3) Cooperates or otherwise participates in an investigation or proceeding conducted by the Board of Medical Examiners, the State Board of Osteopathic Medicine or another governmental entity relating to conduct described in subparagraph (1) or (2); or

(b) A registered nurse, licensed practical nurse or nursing assistant who is employed by or contracts to provide nursing services for the medical facility and who:

(1) In accordance with the policy, if any, established by the medical facility:



(I) Reports to his or her immediate supervisor, in writing, that he or she does not possess the knowledge, skill or experience to comply with an assignment to provide nursing services to a patient; and

(II) Refuses to provide to a patient nursing services for which, as verified by documentation in the personnel file of the registered nurse, licensed practical nurse or nursing assistant concerning his or her competence to provide various nursing services, he or she does not possess the knowledge, skill or experience to comply with the assignment to provide nursing services to the patient, unless the refusal constitutes unprofessional conduct as set forth in chapter 632 of NRS or any regulations adopted pursuant thereto;

(2) In good faith, reports to the medical facility, the Board of Medical Examiners, the State Board of Osteopathic Medicine, the State Board of Nursing, the Legislature or any committee thereof or any other governmental entity:

(I) Any information concerning the willful conduct of another registered nurse, licensed practical nurse or nursing assistant which violates any provision of chapter 632 of NRS or which is required to be reported to the State Board of Nursing;

(II) Any concerns regarding patients who may be exposed to a substantial risk of harm as a result of the failure of the medical facility or any agent or employee thereof to comply with minimum professional or accreditation standards or applicable statutory or regulatory requirements; or

(III) Any other concerns regarding the medical facility, the agents and employees thereof or any situation that reasonably could result in harm to patients; or

(3) Refuses to engage in conduct that would violate the duty of the registered nurse, licensed practical nurse or nursing assistant to protect patients from actual or potential harm, including, without limitation, conduct which would violate any provision of chapter 632 of NRS or which would subject the registered nurse, licensed practical nurse or nursing assistant to disciplinary action by the State Board of Nursing.

2. A medical facility or any agent or employee thereof shall not retaliate or discriminate unfairly against an employee of the medical facility or a registered nurse, licensed practical nurse or nursing assistant who is employed by or contracts to provide nursing services for the medical facility because the employee, registered nurse, licensed practical nurse or nursing assistant has taken an action described in subsection 1.

3. A medical facility or any agent or employee thereof shall not prohibit, restrict or attempt to prohibit or restrict by contract, policy,



1 procedure or any other manner the right of an employee of the
2 medical facility or a registered nurse, licensed practical nurse or
3 nursing assistant who is employed by or contracts to provide nursing
4 services for the medical facility to take an action described in
5 subsection 1.

6 4. As used in this section:

7 (a) "Good faith" means honesty in fact in the reporting of the
8 information or in the cooperation in the investigation concerned.

9 (b) "Physician" means a person licensed to practice medicine
10 pursuant to chapter 630 or 633 of NRS.

11 (c) "Retaliate or discriminate":

12 (1) Includes, without limitation, any of the following actions
13 if taken solely because the employee, registered nurse, licensed
14 practical nurse or nursing assistant took an action described in
15 subsection 1:

16 (I) Frequent or undesirable changes in the location where
17 the person works;

18 (II) Frequent or undesirable transfers or reassignments;

19 (III) The issuance of letters of reprimand, letters of
20 admonition or evaluations of poor performance;

21 (IV) A demotion;

22 (V) A reduction in pay;

23 (VI) The denial of a promotion;

24 (VII) A suspension;

25 (VIII) A dismissal;

26 (IX) A transfer; or

27 (X) Frequent changes in working hours or workdays.

28 (2) Does not include an action described in sub-
29 subparagraphs (I) to (X), inclusive, of subparagraph (1) if the action
30 is taken in the normal course of employment or as a form of
31 discipline.

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

33 449.210 1. Except as otherwise provided in subsection 2 and
34 NRS 449.24897, a person who operates a medical facility or facility
35 for the dependent without a license issued by the Health Division is
36 guilty of a misdemeanor.

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

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

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



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

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

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

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

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

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

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

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

Sec. 26. NRS 630.130 is hereby amended to read as follows:

630.130 1. In addition to the other powers and duties provided in this chapter, the Board shall, in the interest of the public, judiciously:

(a) Enforce the provisions of this chapter;

(b) Establish by regulation standards for licensure under this chapter;

(c) Conduct examinations for licensure and establish a system of scoring for those examinations;



(d) Investigate the character of each applicant for a license and issue licenses to those applicants who meet the qualifications set by this chapter and the Board; and

(e) Institute a proceeding in any court to enforce its orders or the provisions of this chapter.

2. On or before February 15 of each odd-numbered year, the Board shall submit to the Governor and to the Director of the Legislative Counsel Bureau for transmittal to the next regular session of the Legislature a written report compiling:

(a) Disciplinary action taken by the Board during the previous biennium against physicians for malpractice or negligence;

(b) Information reported to the Board during the previous biennium pursuant to NRS 630.3067, 630.3068, subsections 3 and 4 of NRS 630.307 and NRS 690B.250 and 690B.260; and

(c) Information reported to the Board during the previous biennium pursuant to NRS 630.30665, including, without limitation, the number and types of surgeries performed by each holder of a license to practice medicine and the occurrence of ~~[a-sentinel]~~ *adverse health* events arising from such surgeries, if any.

➔ The report must include only aggregate information for statistical purposes and exclude any identifying information related to a particular person.

3. The Board may adopt such regulations as are necessary or desirable to enable it to carry out the provisions of this chapter.

Sec. 27. NRS 630.133 is hereby amended to read as follows:

630.133 1. The Board shall immediately notify the Health Division of the Department of Health and Human Services if the Board identifies ~~[a-sentinel]~~ *an adverse health* event which is required to be reported by a medical facility pursuant to NRS 439.835.

2. Except as otherwise provided in NRS 239.0115, any information provided to the Health Division pursuant to this section relating to the identification of ~~[a-sentinel]~~ *an adverse health* event is confidential, not subject to subpoena or discovery and not subject to inspection by the general public.

Sec. 28. NRS 630.293 is hereby amended to read as follows:

630.293 1. A physician or any agent or employee thereof shall not retaliate or discriminate unfairly against:

(a) An employee of the physician or a person acting on behalf of the employee who in good faith:

(1) Reports to the Board of Medical Examiners information relating to the conduct of the physician which may constitute grounds for initiating disciplinary action against the physician or which otherwise raises a reasonable question regarding the



1 competence of the physician to practice medicine with reasonable
2 skill and safety to patients; or

3 (2) Reports ~~[a sentinel]~~ *an adverse health* event to the Health
4 Division of the Department of Health and Human Services pursuant
5 to NRS 439.835;

6 (b) A registered nurse, licensed practical nurse or nursing
7 assistant who is employed by or contracts to provide nursing
8 services for the physician and who:

9 (1) In good faith, reports to the physician, the Board of
10 Medical Examiners, the State Board of Nursing, the Legislature or
11 any committee thereof or any other governmental entity:

12 (I) Any information concerning the willful conduct of
13 another registered nurse, licensed practical nurse or nursing assistant
14 which violates any provision of chapter 632 of NRS or which is
15 required to be reported to the State Board of Nursing;

16 (II) Any concerns regarding patients who may be exposed
17 to a substantial risk of harm as a result of the failure of the physician
18 or any agent or employee thereof to comply with minimum
19 professional or accreditation standards or applicable statutory or
20 regulatory requirements; or

21 (III) Any other concerns regarding the physician, the
22 agents and employees thereof or any situation that reasonably could
23 result in harm to patients; or

24 (2) Refuses to engage in conduct that would violate the duty
25 of the registered nurse, licensed practical nurse or nursing assistant
26 to protect patients from actual or potential harm, including, without
27 limitation, conduct which would violate any provision of chapter
28 632 of NRS or which would subject the registered nurse, licensed
29 practical nurse or nursing assistant to disciplinary action by the State
30 Board of Nursing; or

31 (c) An employee of the physician, a person acting on behalf of
32 the employee or a registered nurse, licensed practical nurse or
33 nursing assistant who is employed by or contracts to provide nursing
34 services for the physician and who cooperates or otherwise
35 participates in an investigation or proceeding conducted by the
36 Board of Medical Examiners or another governmental entity relating
37 to conduct described in paragraph (a) or (b).

38 2. A physician or any agent or employee thereof shall not
39 retaliate or discriminate unfairly against an employee of the
40 physician or a registered nurse, licensed practical nurse or nursing
41 assistant who is employed by or contracts to provide nursing
42 services for the physician because the employee, registered nurse,
43 licensed practical nurse or nursing assistant has taken an action
44 described in subsection 1.



3. A physician or any agent or employee thereof shall not prohibit, restrict or attempt to prohibit or restrict by contract, policy, procedure or any other manner the right of an employee of the physician or a registered nurse, licensed practical nurse or nursing assistant who is employed by or contracts to provide nursing services for the physician to take an action described in subsection 1.

4. As used in this section:

(a) "Good faith" means honesty in fact in the reporting of the information or in the cooperation of the investigation concerned.

(b) "Retaliate or discriminate":

(1) Includes, without limitation, any of the following actions if taken solely because the employee, registered nurse, licensed practical nurse or nursing assistant took an action described in subsection 1:

(I) Frequent or undesirable changes in the location where the person works;

(II) Frequent or undesirable transfers or reassignments;

(III) The issuance of letters of reprimand, letters of admonition or evaluations of poor performance;

(IV) A demotion;

(V) A reduction in pay;

(VI) The denial of a promotion;

(VII) A suspension;

(VIII) A dismissal;

(IX) A transfer; or

(X) Frequent changes in working hours or workdays.

(2) Does not include an action described in subparagraphs (I) to (X), inclusive, of subparagraph (1) if the action is taken in the normal course of employment or as a form of discipline.

Sec. 29. NRS 630.30665 is hereby amended to read as follows:

630.30665 1. The Board shall require each holder of a license to practice medicine to submit annually to the Board, on a form provided by the Board, a report stating the number and type of surgeries requiring conscious sedation, deep sedation or general anesthesia performed by the holder of the license at his or her office or any other facility, excluding any surgical care performed:

(a) At a medical facility as that term is defined in NRS 449.0151; or

(b) Outside of this State.

2. In addition to the report required pursuant to subsection 1, the Board shall require each holder of a license to practice medicine to submit a report annually to the Board concerning the occurrence



1 of any ~~[sentinel]~~ *adverse health* event arising from any surgery
2 described in subsection 1. The report must be submitted in the
3 manner prescribed by the Board which must be substantially similar
4 to the manner prescribed by the State Board of Health for reporting
5 information pursuant to NRS 439.835.

6 3. Each holder of a license to practice medicine shall submit
7 the reports required pursuant to subsections 1 and 2 whether or not
8 the holder of the license performed any surgery described in
9 subsection 1. Failure to submit a report or knowingly filing false
10 information in a report constitutes grounds for initiating disciplinary
11 action pursuant to subsection 9 of NRS 630.306.

12 4. The Board shall:

13 (a) Collect and maintain reports received pursuant to subsections
14 1 and 2;

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

19 (c) Submit to the Health Division a copy of the report submitted
20 pursuant to subsection 1. The Health Division shall maintain the
21 confidentiality of such reports in accordance with subsection 5.

22 5. Except as otherwise provided in NRS 239.0115, a report
23 received pursuant to subsection 1 or 2 is confidential, not subject to
24 subpoena or discovery, and not subject to inspection by the general
25 public.

26 6. The provisions of this section do not apply to surgical care
27 requiring only the administration of oral medication to a patient to
28 relieve the patient's anxiety or pain, if the medication is not given in
29 a dosage that is sufficient to induce in a patient a controlled state of
30 depressed consciousness or unconsciousness similar to general
31 anesthesia, deep sedation or conscious sedation.

32 7. In addition to any other remedy or penalty, if a holder of a
33 license to practice medicine fails to submit a report or knowingly
34 files false information in a report submitted pursuant to this section,
35 the Board may, after providing the holder of a license to practice
36 medicine with notice and opportunity for a hearing, impose against
37 the holder of a license to practice medicine an administrative
38 penalty for each such violation. The Board shall establish by
39 regulation a sliding scale based on the severity of the violation to
40 determine the amount of the administrative penalty to be imposed
41 against the holder of the license pursuant to this subsection. The
42 regulations must include standards for determining the severity of
43 the violation and may provide for a more severe penalty for multiple
44 violations.

45 8. As used in this section:



(a) *“Adverse health event” has the meaning ascribed to it in section 1 of this act.*

(b) “Conscious sedation” has the meaning ascribed to it in NRS 449.436.

~~[(b)]~~ (c) “Deep sedation” has the meaning ascribed to it in NRS 449.437.

~~[(e)]~~ (d) “General anesthesia” has the meaning ascribed to it in NRS 449.438.

~~[(d)]~~ (e) “Health Division” has the meaning ascribed to it in NRS 449.009.

~~[(e)] “Sentinel event” means an unexpected occurrence involving 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 serious adverse outcome. The term includes loss of limb or function.]~~

Sec. 30. NRS 632.121 is hereby amended to read as follows:

632.121 1. The Board shall immediately notify the Health Division of the Department of Health and Human Services if the Board identifies ~~[a sentinel]~~ *an adverse health* event which is required to be reported by a medical facility pursuant to NRS 439.835.

2. Except as otherwise provided in NRS 239.0115, any information provided to the Health Division pursuant to this section relating to the identification of ~~[a sentinel]~~ *an adverse health* event is confidential, not subject to subpoena or discovery and not subject to inspection by the general public.

Sec. 31. NRS 633.283 is hereby amended to read as follows:

633.283 1. The Board shall immediately notify the Health Division of the Department of Health and Human Services if the Board identifies ~~[a sentinel]~~ *an adverse health* event which is required to be reported by a medical facility pursuant to NRS 439.835.

2. Except as otherwise provided in NRS 239.0115, any information provided to the Health Division pursuant to this section relating to the identification of ~~[a sentinel]~~ *an adverse health* event is confidential, not subject to subpoena or discovery and not subject to inspection by the general public.

Sec. 32. NRS 633.286 is hereby amended to read as follows:

633.286 1. On or before February 15 of each odd-numbered year, the Board shall submit to the Governor and to the Director of the Legislative Counsel Bureau for transmittal to the next regular session of the Legislature a written report compiling:

(a) Disciplinary action taken by the Board during the previous biennium against osteopathic physicians for malpractice or negligence;



(b) Information reported to the Board during the previous biennium pursuant to NRS 633.526, 633.527, subsections 3 and 4 of NRS 633.533 and NRS 690B.250 and 690B.260; and

(c) Information reported to the Board during the previous biennium pursuant to NRS 633.524, including, without limitation, the number and types of surgeries performed by each holder of a license to practice osteopathic medicine and the occurrence of ~~{sentinel}~~ *adverse health* events arising from such surgeries, if any.

2. The report must include only aggregate information for statistical purposes and exclude any identifying information related to a particular person.

Sec. 33. NRS 633.505 is hereby amended to read as follows:

633.505 1. An osteopathic physician or any agent or employee thereof shall not retaliate or discriminate unfairly against:

(a) An employee of the osteopathic physician or a person acting on behalf of the employee who in good faith:

(1) Reports to the State Board of Osteopathic Medicine information relating to the conduct of the osteopathic physician which may constitute grounds for initiating disciplinary action against the osteopathic physician or which otherwise raises a reasonable question regarding the competence of the osteopathic physician to practice medicine with reasonable skill and safety to patients; or

(2) Reports ~~{a sentinel}~~ *an adverse health* event to the Health Division of the Department of Health and Human Services pursuant to NRS 439.835;

(b) A registered nurse, licensed practical nurse or nursing assistant who is employed by or contracts to provide nursing services for the osteopathic physician and who:

(1) In good faith, reports to the osteopathic physician, the State Board of Osteopathic Medicine, the State Board of Nursing, the Legislature or any committee thereof or any other governmental entity:

(I) Any information concerning the willful conduct of another registered nurse, licensed practical nurse or nursing assistant which violates any provision of chapter 632 of NRS or which is required to be reported to the State Board of Nursing;

(II) Any concerns regarding patients who may be exposed to a substantial risk of harm as a result of the failure of the osteopathic physician or any agent or employee thereof to comply with minimum professional or accreditation standards or applicable statutory or regulatory requirements; or

(III) Any other concerns regarding the osteopathic physician, the agents and employees thereof or any situation that reasonably could result in harm to patients; or



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(2) Refuses to engage in conduct that would violate the duty of the registered nurse, licensed practical nurse or nursing assistant to protect patients from actual or potential harm, including, without limitation, conduct which would violate any provision of chapter 632 of NRS or which would subject the registered nurse, licensed practical nurse or nursing assistant to disciplinary action by the State Board of Nursing; or

(c) An employee of the osteopathic physician, a person acting on behalf of the employee or a registered nurse, licensed practical nurse or nursing assistant who is employed by or contracts to provide nursing services for the osteopathic physician and who cooperates or otherwise participates in an investigation or proceeding conducted by the State Board of Osteopathic Medicine or another governmental entity relating to conduct described in paragraph (a) or (b).

2. An osteopathic physician or any agent or employee thereof shall not retaliate or discriminate unfairly against an employee of the osteopathic physician or a registered nurse, licensed practical nurse or nursing assistant who is employed by or contracts to provide nursing services for the osteopathic physician because the employee, registered nurse, licensed practical nurse or nursing assistant has taken an action described in subsection 1.

3. An osteopathic physician or any agent or employee thereof shall not prohibit, restrict or attempt to prohibit or restrict by contract, policy, procedure or any other manner the right of an employee of the osteopathic physician or a registered nurse, licensed practical nurse or nursing assistant who is employed by or contracts to provide nursing services for the osteopathic physician to take an action described in subsection 1.

4. As used in this section:

(a) "Good faith" means honesty in fact in the reporting of the information or in the cooperation in the investigation concerned.

(b) "Retaliate or discriminate":

(1) Includes, without limitation, any of the following actions if taken solely because the employee, registered nurse, licensed practical nurse or nursing assistant took an action described in subsection 1:

(I) Frequent or undesirable changes in the location where the person works;

(II) Frequent or undesirable transfers or reassignments;

(III) The issuance of letters of reprimand, letters of admonition or evaluations of poor performance;

(IV) A demotion;

(V) A reduction in pay;

(VI) The denial of a promotion;



(VII) A suspension;

(VIII) A dismissal;

(IX) A transfer; or

(X) Frequent changes in working hours or workdays.

(2) Does not include an action described in subparagraphs (I) to (X), inclusive, of subparagraph (1) if the action is taken in the normal course of employment or as a form of discipline.

Sec. 34. NRS 633.524 is hereby amended to read as follows:

633.524 1. The Board shall require each holder of a license to practice osteopathic medicine issued pursuant to this chapter to submit annually to the Board, on a form provided by the Board, and in the format required by the Board by regulation, a report stating the number and type of surgeries requiring conscious sedation, deep sedation or general anesthesia performed by the holder of the license at his or her office or any other facility, excluding any surgical care performed:

(a) At a medical facility as that term is defined in NRS 449.0151; or

(b) Outside of this State.

2. In addition to the report required pursuant to subsection 1, the Board shall require each holder of a license to practice osteopathic medicine to submit a report annually to the Board concerning the occurrence of any ~~{sentinel}~~ *adverse health* event arising from any surgery described in subsection 1. The report must be submitted in the manner prescribed by the Board which must be substantially similar to the manner prescribed by the State Board of Health for reporting information pursuant to NRS 439.835.

3. Each holder of a license to practice osteopathic medicine shall submit the reports required pursuant to subsections 1 and 2 whether or not the holder of the license performed any surgery described in subsection 1. Failure to submit a report or knowingly filing false information in a report constitutes grounds for initiating disciplinary action pursuant to NRS 633.511.

4. The Board shall:

(a) Collect and maintain reports received pursuant to subsections 1 and 2;

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

(c) Submit to the Health Division a copy of the report submitted pursuant to subsection 1. The Health Division shall maintain the confidentiality of such reports in accordance with subsection 5.



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5. Except as otherwise provided in NRS 239.0115, a report received pursuant to subsection 1 or 2 is confidential, not subject to subpoena or discovery, and not subject to inspection by the general public.

6. The provisions of this section do not apply to surgical care requiring only the administration of oral medication to a patient to relieve the patient's anxiety or pain, if the medication is not given in a dosage that is sufficient to induce in a patient a controlled state of depressed consciousness or unconsciousness similar to general anesthesia, deep sedation or conscious sedation.

7. In addition to any other remedy or penalty, if a holder of a license to practice osteopathic medicine fails to submit a report or knowingly files false information in a report submitted pursuant to this section, the Board may, after providing the holder of a license to practice osteopathic medicine with notice and opportunity for a hearing, impose against the holder of a license an administrative penalty for each such violation. The Board shall establish by regulation a sliding scale based on the severity of the violation to determine the amount of the administrative penalty to be imposed against the holder of the license to practice osteopathic medicine. The regulations must include standards for determining the severity of the violation and may provide for a more severe penalty for multiple violations.

8. As used in this section:

(a) *"Adverse health event" has the meaning ascribed to it in section 1 of this act.*

(b) "Conscious sedation" has the meaning ascribed to it in NRS 449.436.

~~[(b)]~~ (c) "Deep sedation" has the meaning ascribed to it in NRS 449.437.

~~[(e)]~~ (d) "General anesthesia" has the meaning ascribed to it in NRS 449.438.

~~[(d)]~~ (e) "Health Division" has the meaning ascribed to it in NRS 449.009.

~~[(e)] "Sentinel event" means an unexpected occurrence involving 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 serious adverse outcome. The term includes loss of limb or function.]~~

Sec. 35. NRS 439.825, 439.830 and 439.850 are hereby repealed.

Sec. 36. In preparing supplements to the Nevada Revised Statutes and the Nevada Administrative Code, the Legislative Counsel shall make such changes as necessary so that the Nevada



- 1 Revised Statutes and the Nevada Administrative Code use the term
- 2 “adverse health event” in lieu of the term “sentinel event.”
- 3 **Sec. 37.** This act becomes effective on July 1, 2011.

TEXT OF REPEALED SECTIONS

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

439.830 “Sentinel event” defined. “Sentinel event” means an unexpected occurrence involving 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. The term includes loss of limb or function.

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.

