

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



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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.

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 ~~it~~, *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



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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

(e) Not be reported for a medical facility if reporting the data would risk identifying a patient.

Sec. 6. (Deleted by amendment.)

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 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**



1 *in the* reports submitted pursuant to NRS 439.835 and any other
2 *identifying* information *of a person* requested by the State Board of
3 Health concerning those reports when preparing the annual
4 summary pursuant to this section.

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

6 439.845 1. The Health Division shall analyze and report
7 trends regarding sentinel events.

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

12 (a) Make a record of the information;

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

17 (c) At least quarterly, report its findings regarding the analysis
18 of ~~{aggregated}~~ trends of sentinel events ~~{to the Repository for~~
19 ~~Health Care Quality Assurance.}~~ *on the Internet website*
20 *maintained pursuant to NRS 439A.270.*

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

22 439.847 1. Each medical facility which provided medical
23 services and care to an average of 25 or more patients during each
24 business day in the immediately preceding calendar year shall,
25 within 120 days after becoming eligible, participate in the secure,
26 Internet-based surveillance system established by the Division of
27 Healthcare Quality Promotion of the Centers for Disease Control
28 and Prevention of the United States Department of Health and
29 Human Services that integrates patient and health care personnel
30 safety surveillance systems. As part of that participation, the
31 medical facility shall provide, at a minimum, the information
32 required by the Health Division pursuant to this subsection. The
33 Health Division shall by regulation prescribe the information which
34 must be provided by a medical facility, including, without
35 limitation, information relating to infections and procedures.

36 2. Each medical facility which provided medical services and
37 care to an average of less than 25 patients during each business day
38 in the immediately preceding calendar year may participate in the
39 secure, Internet-based surveillance system established by the
40 Division of Healthcare Quality Promotion of the Centers for Disease
41 Control and Prevention of the United States Department of Health
42 and Human Services that integrates patient and health care
43 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, permission to identify the medical facility that is the subject of each report.

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

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

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

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

Sec. 10. (Deleted by amendment.)

Sec. 11. (Deleted by amendment.)

Sec. 12. (Deleted by amendment.)

Sec. 13. (Deleted by amendment.)

Sec. 14. (Deleted by amendment.)

Sec. 15. (Deleted by amendment.)

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

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

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

2. Is clinically related to the initial admission; and

3. Was preventable.

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

439A.200 As used in NRS 439A.200 to 439A.290, inclusive, *and section 15.3 of this act*, unless the context otherwise requires, the words and terms defined in NRS 439A.205 and 439A.210 *and*



section 15.3 of this act have the meanings ascribed to them in those sections.

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

439A.220 1. The Department shall establish and maintain a program to increase public awareness of health care information concerning the hospitals in this State. The program must be designed to assist consumers with comparing the quality of care provided by the hospitals 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) Inpatients and outpatients of each hospital in this State as reported in the forms submitted pursuant to NRS 449.485;

(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) endorsed by the entities described in subparagraph (1) of paragraph (b) of subsection 1 of NRS 439A.230, expressed as a number of events and rate of occurrence, if such measures can be applied to the information reported in the forms submitted pursuant to NRS 449.485;

(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}~~ by diagnosis-related groups for inpatients and *for the* 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 and the total number of potentially preventable readmissions, which must be expressed as a total number and a rate of occurrence of potentially preventable readmissions, and the average length of stay and the average billed charges for those potentially preventable 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.



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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 ; ~~for Accreditation of Healthcare Organizations;~~

(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 as a potentially preventable readmission 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. (Deleted by amendment.)

Sec. 19. (Deleted by amendment.)



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

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

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

(1) 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 **the 50 most frequent** medical treatments for outpatients that the Department determines are most useful for consumers; **and**

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

(b) Include, for each surgical center for ambulatory patients in this State, 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;

(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 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.



1 **Sec. 21.** NRS 449.0305 is hereby amended to read as follows:
2 449.0305 1. Except as otherwise provided in subsection 5, a
3 person must obtain a license from the Board to operate a business
4 that provides referrals to residential facilities for groups.

5 2. The Board shall adopt:

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

12 3. A licensed nurse, social worker, physician or hospital, or a
13 provider of geriatric care who is licensed as a nurse or social
14 worker, may provide referrals to residential facilities for groups
15 through a business that is licensed pursuant to this section. The
16 Board may, by regulation, authorize a public guardian or any other
17 person it determines appropriate to provide referrals to residential
18 facilities for groups through a business that is licensed pursuant to
19 this section.

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

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

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

26 ↪ A person who violates the provisions of this subsection is liable
27 for a civil penalty to be recovered by the Attorney General in the
28 name of the State Board of Health for the first offense of not more
29 than \$10,000 and for a second or subsequent offense of not less than
30 \$10,000 nor more than \$20,000. Unless otherwise required by
31 federal law, the State Board of Health shall deposit all civil penalties
32 collected pursuant to this section into a separate account in the State
33 General Fund to be used ~~for the enforcement of this section and the~~
34 ~~protection of~~ *to administer and carry out the provisions of this*
35 *chapter and to protect* the health, safety, well-being and property of
36 *the patients and* residents of ~~residential~~ facilities ~~for groups.~~ *in*
37 *accordance with applicable state and federal standards.*

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

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

42 449.163 1. If a medical facility or facility for the dependent
43 violates any provision related to its licensure, including any
44 provision of NRS 439B.410 or 449.001 to 449.240, inclusive, or any
45 condition, standard or regulation adopted by the Board, the Health



1 Division, in accordance with the regulations adopted pursuant to
2 NRS 449.165, may:

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

5 (b) Limit the occupancy of the facility to the number of beds
6 occupied when the violation occurred, until it determines that the
7 facility has corrected the violation;

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

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

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

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

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

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

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

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

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

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

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

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

43 449.210 1. Except as otherwise provided in subsection 2 and
44 NRS 449.24897, a person who operates a medical facility or facility



1 for the dependent without a license issued by the Health Division is
2 guilty of a misdemeanor.

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

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

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

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

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

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

24 449.2496 1. A person who operates or maintains a home for
25 individual residential care without a license issued by the Health
26 Division pursuant to NRS 449.249 is liable for a civil penalty, to be
27 recovered by the Attorney General in the name of the Health
28 Division, for the first offense of \$10,000 and for a second or
29 subsequent offense of not less than \$10,000 nor more than \$20,000.

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

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

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

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



- 1 **Sec. 26.** (Deleted by amendment.)
- 2 **Sec. 27.** (Deleted by amendment.)
- 3 **Sec. 28.** (Deleted by amendment.)
- 4 **Sec. 29.** (Deleted by amendment.)
- 5 **Sec. 30.** (Deleted by amendment.)
- 6 **Sec. 31.** (Deleted by amendment.)
- 7 **Sec. 32.** (Deleted by amendment.)
- 8 **Sec. 33.** (Deleted by amendment.)
- 9 **Sec. 34.** (Deleted by amendment.)
- 10 **Sec. 35.** NRS 439.825 and 439.850 are hereby repealed.
- 11 **Sec. 36.** (Deleted by amendment.)
- 12 **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.

439.850 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.

