Amendment No. 539

Assembly Amendment to Assembly Bill No. 339 (BDR 54-729)								
Proposed by: Assembly Committee on Commerce and Labor								
Amends:	Summary: No	Title: Yes Preamble: No Joint Sponsorship: No	Digest: Yes					

ASSEMBLY	ACT	TION	Initial and Date	SENATE ACTIO	ON Initial and Date
Adopted		Lost	1	Adopted	Lost
Concurred In		Not		Concurred In	Not
Receded		Not		Receded	Not

EXPLANATION: Matter in (1) *blue bold italics* is new language in the original bill; (2) variations of <u>green bold underlining</u> is language proposed to be added in this amendment; (3) <u>red-strikethrough</u> is deleted language in the original bill; (4) <u>purple double strikethrough</u> is language proposed to be deleted in this amendment; (5) <u>orange double underlining</u> is deleted language in the original bill proposed to be retained in this amendment.

MKM/WLK Date: 4/22/2017

A.B. No. 339—Revises provisions relating to health care. (BDR 54-729)



ASSEMBLY BILL No. 339-ASSEMBLYWOMAN WOODBURY

MARCH 20, 2017

JOINT SPONSOR: SENATOR HARDY

Referred to Committee on Commerce and Labor

SUMMARY—Revises provisions relating to health care. (BDR 54-729)

FISCAL NOTE: Effect on Local Government: No.

Effect on the State: No.

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EXPLANATION - Matter in bolded italics is new; matter between brackets fomitted material; is material to be omitted.

AN ACT relating to health care; authorizing the Board of Medical Examiners to take possession of the health care records of a licensee's patients under certain circumstances; [authorizing the Executive Director off requiring the Board to [post information] adopt policies and procedures for placing information on the Internet website of the Board.; [without obtaining prior approval by the Board; revising the information required to be posted on the Internet website of the Board;] revising provisions relating to the requirement for certain persons to maintain a permanent mailing address with the Board; [revising the information required to be included with an application for the issuance of a license to practice medicine and the biennial registration of a physician; repealing] revising provisions requiring certain information be reported to the Board; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law requires certain providers of health care to retain the health care records of patients for 5 years after their receipt or production. (NRS 629.051) **Section 1** of this bill authorizes the Board of Medical Examiners to take possession of the health care records of a licensee's patients in the event of the licensee's death, disability, incarceration or other incapacitation that would render the licensee unable to continue his or her practice. **Section 1** further authorizes the Board to provide such records to the patient or to the patient's subsequent provider of health care. **Section 1** also requires that certain disclosures regarding such records be provided to patients.

Existing law provides for the maintenance of an Internet website by the Board of Medical Examiners. (NRS 630.144) Section 3 of this bill fauthorizes the Executive Director of the Board to post information on the Internet website of the Board without obtaining prior approval from the Board. Section 3 also] requires feeting information relating to physicians that is included on the Internet website also be included for other licensees off the Board H to adopt policies and procedures for placing information on its Internet website.

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Existing law imposes a fine on a person who is licensed under chapter 630 of NRS and fails to maintain a permanent mailing address with the Board of Medical Examiners. (NRS 630.254) Existing law similarly imposes a fine on an inactive registrant for such a failure. (NRS 630.255) **Sections 5 and 6** of this bill authorize, rather than require, the Board to impose such fines.

Existing law requires an applicant for a license to practice medicine to submit to the Board of Medical Examiners a description of any complaints filed against the applicant with a licensing board of another state and any disciplinary action taken against the applicant by the licensing board of another state. (NRS 620 173) Section 4 of this bill provides that an applicant for such a license is not required to report with his or her application: (1) an anonymous complaint submitted to the licensing board of another state if such a board refused to consider or investigate the anonymous complaint; or (2) a complaint filed against the applicant that did not result in any disciplinary action taken against the applicant by the licensing board of another state.

Existing law also requires each holder of a license to practice medicine to register with the Board on or before June 30 of each odd numbered year, and provides that each license issued will expire if not renewed. Existing law further requires each holder of a license to practice medicine, when registering with the Board, to submit a list of all actions filed or claims submitted for malpractice against him or her during the previous 2 years. (NRS 630.267) Section 8 of this bill provides that the holder of such a license does not need to report with his or her biennial registration: (1) an anonymous complaint submitted to the Board if the Board refused to consider the anonymous complaint; or (2) a complaint filed against the holder of such a license that did not result in any disciplinary action taken against the holder by the Board.]

Existing law requires persons who are licensed to practice medicine by the Board of Medical Examiners to make certain reports to the Board concerning surgeries requiring conscious sedation, deep sedation or general anesthesia which were performed by the holder of the license and the occurrence of any sentinel events arising from those surgeries. The Board is required to submit the reports to the Division of Public and Behavioral Health of the Department of Health and Human Services. (NRS 449.447, 630.30665) Sections 8.5 and 10 [and 12] of this bill [repeal] revise these [previsions] reporting requirements.

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

- **Section 1.** Chapter 630 of NRS is hereby amended by adding thereto a new section to read as follows:
- 1. If a licensee becomes incapable of keeping his or her office open because of death, disability, incarceration or any other incapacitation, the Board may take possession of the health care records kept by the licensee of his or her patients pursuant to NRS 629.051 to:
- (a) Make a patient's health care records available to the patient either directly or through a third-party vendor; or
- (b) Forward a patient's health care records to the patient's subsequent provider of health care.
- 2. A licensee shall post, in a conspicuous place in each location at which the licensee provides health care services, a sign which discloses to patients that their health care records may be accessed by the Board pursuant to subsection 1.
- 3. When a licensee provides health care services for a patient for the first time, the licensee shall deliver to the patient a written statement which discloses to the patient that the health care records of the patient may be accessed by the Board pursuant to subsection 1.
 - 4. The Board shall adopt:

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- (a) Regulations prescribing the form, size, contents and placement of the sign and written statement required pursuant to this section; and
- (b) Any other regulations necessary to carry out the provisions of this section.
- 5. As used in this section, "health care records" has the meaning ascribed to it in NRS 629.021.
- Sec. 2. (NRS 630.130 is hereby amended to read as follows: 630.130 1. In addition to the other powers and duties provided 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;
- (e) Conduct examinations for licensure and establish a system of scoring those examinations;
- (d) Investigate the character of each applicant for a license and issue licenses 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 any licensee for malpractice or negligence; and
- (b) Information reported to the Board during the previous biennium pursuant to NRS 630.3067, 630.3068, subsections 3 and 6 of NRS 630.307 and NRS 690B.250 and 690B.260. [; and
- (e) 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 sentinel 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.
- . The Board may adopt such regulations as are necessary or desirable to enable it to carry out the provisions of this chapter. (Deleted by amendment.)
 - Sec. 3. NRS 630.144 is hereby amended to read as follows:
- 630.144 1. The Board shall maintain a website on the Internet or its successor.
- Except as otherwise provided in this section, a member or employee of the Board shall not place any information on the Internet website maintained by the Board without the approval of the Executive Director . and the Board. A member or employee of the Board shall submit any information proposed to be placed on the Internet website to the Executive Director for approval. Upon approving the proposal, the Executive Director shall present the proposal to the approval at its next regularly scheduled meeting. The Board shall adopt policies and procedures for placing information on its Internet website.
- The Board shall place on its Internet website: [, without having to approve the placement at a meeting:]
- (a) Each application form for the issuance or renewal of a license issued by the Board pursuant to this chapter.
- (b) A list of questions that are frequently asked concerning the processes of the Board and the answers to those questions.
- (c) An alphabetical list, by last name, of each [physician] licensee and a brief description of each disciplinary action, if any, taken against the [physician,] licensee, in this State and elsewhere, which relates to [the] his or her practice [of

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medicine and which is noted in the records of the Board. The Board shall include, as part of the list on the Internet website, the name of each [physician] licensee whose license has been revoked by the Board. The Board shall make the list on the Internet website easily accessible and user friendly for the public.

- (d) All financial reports received by the Board.
- (e) All financial reports prepared by the Board.
- (f) Any other information that the Board is required to place on its Internet website pursuant to any other provision of law.

NRS 630.167 is hereby amended to read as follows:

In addition to any other requirements set forth in this chapter, each 630.167 applicant for a license to practice medicine, including, without limitation, an expedited license pursuant to NRS 630.1606 or 630.1607 or chapter 629A of NRS, and each applicant for a license to practice as a perfusionist, to practice as a physician assistant or to practice respiratory care shall submit to the Board a complete set of fingerprints and written permission authorizing the Board to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report. Any fees or costs charged by the Board for this service pursuant to NRS 630.268 are not refundable.

Sec. 4. [NRS 630.173 is hereby amended to read as follows:
630.173 1. In addition to the other requirements for licensure, an applicant for a license to practice medicine shall submit to the Board information describing:

- (a) Any claims made against the applicant for malpractice, whether or not a eivil action was filed concerning the claim;
- (b) [Any] Except as otherwise provided in subsection 4, any complaints filed against the applicant with a licensing board of another state [and] that resulted in any disciplinary action taken against the applicant by a licensing board of another state; and
- (e) Any complaints filed against the applicant with a hospital, clinic or medical facility or any disciplinary action taken against the applicant by a hospital, clinic or
- . The Board may consider any information specified in subsection 1 that is more than 10 years old if the Board receives the information from the applicant or any other source from which the Board is verifying the information provided by the applicant.
- 3. The Board may refuse to consider any information specified in subsection 1 that is more than 10 years old if the Board determines that the claim or complaint is remote or isolated and that obtaining or attempting to obtain a record relating to the information will unreasonably delay the consideration of the application.
- 4. An applicant for a license to practice medicine is not required to submit:
 (a) An anonymous complaint that the licensing board of another state refuséd to consider or investigate; or
- (b) A complaint filed against the applicant that did not result in any disciplinary action taken against the applicant by the licensing board of another state.
- The Board shall not issue a license to the applicant until it has received all the information required by this section.] (Deleted by amendment.)
 - **Sec. 5.** NRS 630.254 is hereby amended to read as follows:
- 630.254 1. Each licensee shall maintain a permanent mailing address with the Board to which all communications from the Board to the licensee must be sent. A licensee who changes his or her permanent mailing address shall notify the Board in writing of the new permanent mailing address within 30 days after the change. If

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a licensee fails to notify the Board in writing of a change in his or her permanent 123456789mailing address within 30 days after the change, the Board:

(a) [Shall] May impose upon the licensee a fine not to exceed \$250; and

- (b) May initiate disciplinary action against the licensee as provided pursuant to paragraph (j) of subsection 1 of NRS 630.306.
- 2. Any licensee who changes the location of his or her office in this State shall notify the Board in writing of the change before practicing at the new location.

Any licensee who closes his or her office in this State shall:

- (a) Notify the Board in writing of this occurrence within 14 days after the closure; and
- (b) For a period of 5 years thereafter, unless a longer period of retention is provided by federal law, keep the Board apprised in writing of the location of the medical records of the licensee's patients.
- In addition to the requirements of subsection 1, any licensee who performs any of the acts described in subsection 3 of NRS 630.020 from outside this State or the United States shall maintain an electronic mail address with the Board to which all communications from the Board to the licensee may be sent.

Sec. 6. NRS 630.255 is hereby amended to read as follows:

- 1. Any licensee who changes the location of his or her practice of medicine from this State to another state or country, has never engaged in the practice of medicine in this State after licensure or has ceased to engage in the practice of medicine in this State for 12 consecutive months may be placed on inactive status by order of the Board.
- 2. Each inactive [registrant] licensee shall maintain a permanent mailing address with the Board to which all communications from the Board to the [registrant] licensee must be sent. An inactive [registrant] licensee who changes his or her permanent mailing address shall notify the Board in writing of the new permanent mailing address within 30 days after the change. If an inactive [registrant] licensee fails to notify the Board in writing of a change in his or her permanent mailing address within 30 days after the change, the Board [shall] may impose upon the **[registrant]** licensee a fine not to exceed \$250.
- In addition to the requirements of subsection 2, any licensee who changes the location of his or her practice of medicine from this State to another state or country [and any inactive registrant] shall maintain an electronic mail address with the Board to which all communications from the Board to him or her may be sent.
- Before resuming the practice of medicine in this State, the inactive [registrant] licensee must:
- (a) Notify the Board in writing of his or her intent to resume the practice of medicine in this State;
- (b) File an affidavit with the Board describing the activities of the **[registrant]** licensee during the period of inactive status;
 - (c) Complete the form for registration for active status;
 - (d) Pay the applicable fee for biennial registration; and
 - (e) Satisfy the Board of his or her competence to practice medicine.
- If the Board determines that the conduct or competence of the [registrant] licensee during the period of inactive status would have warranted denial of an application for a license to practice medicine in this State, the Board may refuse to place the **[registrant]** licensee on active status.

Sec. 7. NRS 630.258 is hereby amended to read as follows:

- 630.258 1. A physician who is retired from active practice and who:
- (a) Wishes to donate his or her expertise for the medical care and treatment of persons in this State who are indigent, uninsured or unable to afford health care; or

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- (b) Wishes to provide services for any disaster relief operations conducted by a governmental entity or nonprofit organization,
- may obtain a special volunteer medical license by submitting an application to the Board pursuant to this section.
- An application for a special volunteer medical license must be on a form provided by the Board and must include:
 - (a) Documentation of the history of medical practice of the physician;
- (b) Proof that the physician previously has been issued an unrestricted license to practice medicine in any state of the United States and that the physician has never been the subject of disciplinary action by a medical board in any jurisdiction;
- (c) Proof that the physician satisfies the requirements for licensure set forth in NRS 630.160 or the requirements for licensure by endorsement set forth in NRS 630.1605, 630.1606 or 630.1607;
- (d) Acknowledgment that the practice of the physician under the special volunteer medical license will be exclusively devoted to providing medical care:
- (1) To persons in this State who are indigent, uninsured or unable to afford health care; or
- (2) As part of any disaster relief operations conducted by a governmental entity or nonprofit organization; and
- (e) Acknowledgment that the physician will not receive any payment or compensation, either direct or indirect, or have the expectation of any payment or compensation, for providing medical care under the special volunteer medical license, except for payment by a medical facility at which the physician provides volunteer medical services of the expenses of the physician for necessary travel, continuing education, malpractice insurance or fees of the State Board of Pharmacy.
- 3. If the Board finds that the application of a physician satisfies the requirements of subsection 2 and that the retired physician is competent to practice medicine, the Board must issue a special volunteer medical license to the physician.
- The initial special volunteer medical license issued pursuant to this section expires 1 year after the date of issuance. The license may be renewed pursuant to this section, and any license that is renewed expires 2 years after the date of issuance : of the renewed license.
 - The Board shall not charge a fee for:
 - (a) The review of an application for a special volunteer medical license; or
- (b) The issuance or renewal of a special volunteer medical license pursuant to this section.
- A physician who is issued a special volunteer medical license pursuant to this section and who accepts the privilege of practicing medicine in this State pursuant to the provisions of the special volunteer medical license is subject to all the provisions governing disciplinary action set forth in this chapter.
- A physician who is issued a special volunteer medical license pursuant to this section shall comply with the requirements for continuing education adopted by the Board.
 - INRS 630.267 is hereby amended to read as follows: Sec. 8.
- 1. Each holder of a license to practice medicine must, on or June 30, or if June 30 is a Saturday, Sunday or legal holiday, on the next busin day after June 30, of each odd numbered year:
- (a) [Submit] Except as otherwise provided in subsection 2, submit a list of all actions filed or claims submitted to arbitration or mediation for malpractice negligence against him or her during the previous 2 years.

- (b) Pay to the Socretary Treasurer of the Board the applicable fee for biennial registration. This fee must be collected for the period for which a physician is licensed.
- (e) Submit all information required to complete the biennial registration.
- 2. A holder of a license to practice medicine is not required to submit with his or her biennial registration:
- (a) An anonymous complaint that the Board refused to consider pursuant to subsection 1 of NRS 630.307; or
- (b) A complaint filed against the holder of the license that did not result in any disciplinary action taken against the holder of the license by the Board.
- 3. When a holder of a license fails to pay the fee for biennial registration and submit all information required to complete the biennial registration after they become due, his or her license to practice medicine in this State expires. The holder may, within 2 years after the date the license expires, upon payment of twice the amount of the current fee for biennial registration to the Secretary Treasurer and submission of all information required to complete the biennial registration and after he or she is found to be in good standing and qualified under the provisions of this chanter, he rejustated to practice.
- this chapter, be reinstated to practice.

 [3.] 1. The Board shall make such reasonable attempts as are practicable to notify a licensee:
- (a) At least once that the fee for biennial registration and all information required to complete the biennial registration are due; and
- (b) That his or her license has expired.
- → A copy of this notice must be sent to the Drug Enforcement Administration of the United States Department of Justice or its successor agency.] (Deleted by amendment.)
 - Sec. 8.5. 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 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 to the Board concerning the occurrence of any sentinel 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.
- Board of Health for reporting information pursuant to NRS 439.835.

 3. Each holder of a license to practice medicine shall submit the reports required pursuant to subsections 1 and 2:
- (a) At the time the holder of a license renews his or her license; and
- (b) Whether or not the holder of the license performed any surgery described in subsection 1. Failure to submit a report or knowingly or willfully filing false information in a report constitutes grounds for initiating disciplinary action pursuant to paragraph (i) of subsection 1 of NRS 630.306.
- 4. In addition to the reports required pursuant to subsections 1 and 2, the] <u>The</u> Board shall require each holder of a license to practice medicine to submit a report to the Board concerning the occurrence of any sentinel event arising from any surgery described in subsection 1 within 14 days after the occurrence of the sentinel event. The report must be submitted in the manner prescribed by the Board.
 - 15.1 3. The Board shall:

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(a) Collect and maintain reports received pursuant to subsections 1 \(\frac{1}{12}\) 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

(e) Submit to the Division of Public and Behavioral Health a copy of the report submitted pursuant to subsection 1. The Division shall maintain the confidentiality of such reports in accordance with subsection 6.

6.1 4. Except as otherwise provided in NRS 239.0115, a report received pursuant to subsection 1 to subsection 1 or 2 for 4 is confidential, not subject to subpoena or discovery, and not subject to inspection by the general public.

5. 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.

[8.] 6. In addition to any other remedy or penalty, if a holder of a license to practice medicine fails to submit a report or knowingly or willfully files false information in a report submitted pursuant to this section, the Board may, after providing the holder of a license to practice medicine with notice and opportunity for a hearing, impose against the holder of a license to practice medicine 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 pursuant to this subsection. The regulations must include standards for determining the severity of the violation and may provide for a more severe penalty for multiple violations.

- 19.1 Z. As used in this section:
 (a) "Conscious sedation" has the meaning ascribed to it in NRS 449.436.
- (b) "Deep sedation" has the meaning ascribed to it in NRS 449.437.
- (c) "General anesthesia" has the meaning ascribed to it in NRS 449.438.
- (d) "Sentinel event" has the meaning ascribed to it in NRS 439.830. Sec. 9. INRS 239.010 is hereby amended to read as follows:

239.010 1. Except as otherwise provided in this section and NRS 1.4683 1.4687, 1A.110, 41.071, 49.095, 62D.420, 62D.440, 62E.516, 62E.620, 62H.025 62H.030, 62H.170, 62H.220, 62H.320, 75A.100, 75A.150, 76.160, 78.152, 80.113 81.850, 82.183, 86.246, 86.54615, 87.515, 87.5413, 87A.200, 87A.580, 87A.640, .3355, 88.5927, 88.6067, 88A.345, 88A.7345, 89.045, 89.251, 90.730, 91.160, 116.757, 116A.270, 116B.880, 118B.026, 119.260, 119.265, 119.267, 119. 110A.280, 110A.653, 110B.370, 110B.382, 120A.690, 125.130, 125B.140 426.141, 126.161, 126.163, 126.730, 127.007, 127.057, 127.130, 127.2817, 130.312, 130.712, 136.050, 159.044, 172.075, 172.245, , 176.09129, 176.156, 176A.630, 178.39801, 178.4715, 179A.070, 179A.165, 179A.450, 179D.160, 200.3771, 176.0625, 170 405 200.5095, 200.604, 202.3662, 205.4651, 209.392, 209.3925, 209.419. 211A.140, 213.010, 213.040, 213.095, 213.131, 217.105, 217.110, 217.464. 217.475, 218A.350, 218E.625, 218F.150, 218G.130, 218G.240, 218G.350, 228.270, 228.450, 228.495, 228.570, 231.069, 231.1473, 233.190, 237.300, 239.0113, 239B.030, 239B.040, 239B.050, 239C.140, 239C.230, 239C.250, 239C.270, 240.007, 241.020, 241.030, 241.039, 242.105, 244.264, 244.335, 250.087, 250.130, 250.140, 250.150, 268.095, 268.490, 268.910

271A.105, 281,195, 281A.350, 281A.440, 281A.550, 284,4068, 286,110, 287,0438 290 025 280 080 280 387 280 830 203 5002 203 503 203 558 203 D 135

331.110, 332.061, 332.351, 333.333, 333.335, 228,070 1 338.1725, 338.1727, 348.420, 349.597, 349.775, 353 205 2 3 353A.100, 353C.240, 360.240, 360.247, 361.610, 365.138, 366.160, 368A.180, 372A.080, 278 290 278.300. 4 5 385A.830, 385B.100, 387.626, 387.631, 388.1455, 388.250, 388.501, 6 7 388.513, 388.750, 391.035, 392.029, 392.147, 392.264, 392.271, 392.850 394.460, 394.465, 396.3295, 396.405 396.525 298.403, 408.3885, 408.3886, 408.3888, 408.5484. 8 412.153 416.070 9 422A.350. 425.400, 427A.1236. 127A 872 10 432B 175 432P 280 432B.290, 432B.407, 432B.430, 432B 560 11 433 A. 360, 439.840, 439 B. 420, 440, 170, 441 A. 195, 441 A. 220, 441 A. 230, 442 445B.570, 449.209, 449.245, 449.720 445A.665 12 . 458.280, 459.050, .720´, 453A.610´, 453A.700´, 458.055. 13 459.3866 459.7056, 459.846, 463.120, 463.15993, 463.240, 463.3403 14 480.365, 183.340, 467.1005, 15 482.170, 482.5536, 481.063 483.659, 483.800, 484E.070, 485.316, 503.452, 522.040, 534A.031 16 17 571.160, 584.655, 587.877, 598.0964, 598.098, 598.A.110, 599B.090, 603.070, 603A.210, 604A.710, 612.265, 616B.012, 616B.015, 616B.315, 18 622.310, 623.131, 623A.137, 624.110, 624.265 19 628.418. 628B.230, 628B.760, 629.047, <u>629.069</u> 20 21 [630.30665,] 630.336, 630A.555, 631.368, 632.121, 632.125, 632.405, 633 22 3.301, 633.524, 634.055, 634.214, 634A.185, 635.158, 636.107. 23 24 637B 288 638 087 638.089, 639.2485, 639.570, 640.075, 640A.220, 640B. 640C.760, 640D.190, 640E.340. 640C.745. 641,090 25 641B.170, 641C.760, 642.524, 643.180, 644.446, 645.180, 645.625 26 645B.060, 645B.092, 645C.220, 645C.225 645D.130. 27 645E.375 645G.510, 645H.320, 645H.330, 647.0945. 28 648.033, 648.197, 649.065, 649.067, 652.228, 654.110, 656.105, 661.115 29 665.133, 669.275, 669.285, 669A.310, 671.170, 673.430, 675.380, 676A .370, 677.243, 679B.122, 679B.152, 679B.159, 679B.190 30 31 679P 690 680A.270 681A.440. 681B.260. 681B.410, 681B.540, 686A.289, 686B.170, 686C.306, 687A.110, 687A.115 32 685A 077 33 688C.230, 688C.480, 688C.490, 692A.117, 692C.190, 692C.3536, 34 692C.420, 693A.480, 693A.615 696B.550, 703.196 704B 320 35 706.1725, 706A.230, 710.159, 711.600, sections 35, 38 36 chapter 478, Statutes of Nevada 2011 and section 2 of chapter 391, Statutes 37 Nevada 2013 and unless otherwise declared by law to be confidential, all public 38 books and public records of a governmental entity must be open at all times during office hours to inspection by any person, and may be fully expired or an abstract or memorandum may be prepared from those public books and public records. Any 39 40 41 such copies, abstracts or memoranda may be used to supply the general public with 42 copies, abstracts or memoranda of the records or may be used in any other way 43 the advantage of the governmental entity or of the general public. This section de 44 supersede or in any manner affect the federal laws governing copyrights 45 enlarge, diminish or affect in any other manner the rights of a person in any written 46 book or record which is copyrighted pursuant to federal law. 47 A governmental entity may not reject a book or record which is 48

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eopyrighted solely because it is copyrighted.

A governmental entity that has legal custody or control of a public book or record shall not deny a request made pursuant to subsection 1 to inspect or copy or receive a copy of a public book or record on the basis that the requested book or record contains information that is confidential if the governmental entity

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information included in the public book or record that is not otherwise confidential. A person may request a copy of a public record in any medium in whice the public record is readily available. An officer, employee or governmental entity who has legal custody or control of a public record:

(a) Shall not refuse to provide a copy of that public record in available medium because the officer, employee or agent has already p would prefer to provide the copy in a different medium.

(b) Except as otherwise provided in NRS 239.030, shall, upon request, the copy of the public record and shall not require the person who has requested the copy to prepare the copy himself or herself.] (Deleted by amendment.)

- Sec. 10. NRS 449.447 is hereby amended to read as follows:
 449.447
 1. If an office of a physician or a facility that provides health care, other than a medical facility, violates the provisions of NRS 449.435 to 449.448, inclusive, or the regulations adopted pursuant thereto, or fails to correct a deficiency indicated in a report pursuant to NRS 449.446, the Division, in accordance with the regulations adopted pursuant to NRS 449.448, may take any of the following actions:
 - (a) Decline to issue or renew a permit;
 - (b) Suspend or revoke a permit; or
- (c) Impose an administrative penalty of not more than \$1,000 per day for each violation, together with interest thereon at a rate not to exceed 10 percent per annum.
- The Division may review a report submitted pursuant to NRS 1630.30665 or 633.524 to determine whether an office of a physician or a facility is in violation of the provisions of NRS 449.435 to 449.448, inclusive, or the regulations adopted pursuant thereto. If the Division determines that such a violation has occurred, the Division shall immediately notify the [appropriate professional licensing board of the physician.] State Board of Osteopathic Medicine.
- 3. If a surgical center for ambulatory patients violates the provisions of NRS 449.435 to 449.448, inclusive, or the regulations adopted pursuant thereto, or fails to correct a deficiency indicated in a report pursuant to NRS 449.446, the Division may impose administrative sanctions pursuant to NRS 449.163.
- Sec. 11. The provisions of subsection 1 of NRS 218D.380 do not apply to any provision of this act which adds or revises a requirement to submit a report to the Legislature.

[NRS 630.30665 is hereby repealed.] (Deleted by amendment.) Sec. 12.

Sec. 13. This act becomes effective on July 1, 2017.

TEXT OF REPEALED SECTION

— 630.30665 Physician required to report certain information concerning surgeries and sentinel events; disciplinary action or fine for failure to report or false report; duties of Board; confidentiality of report; applicability; regulations.

1. The Board shall require each holder of a license to practice medicine submit 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 facility, excluding any surgical care performed:

(a) At a medical facility as that ferm 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 to the Board concerning the occurrence of any sentinel 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 medicine shall submit the reports required pursuant to subsections 1 and 2:
- (a) At the time the holder of a license renews his or her license; and
- (b) Whether or not the holder of the license performed any surgery described in subsection 1. Failure to submit a report or knowingly or willfully filing false information in a report constitutes grounds for initiating disciplinary action pursuant to paragraph (i) of subsection 1 of NRS 630.306.
- 4. In addition to the reports required pursuant to subsections 1 and 2, the Board shall require each holder of a license to practice medicine to submit a report to the Board concerning the occurrence of any sentinel event arising from any surgery described in subsection 1 within 14 days after the occurrence of the sentinel event. The report must be submitted in the manner prescribed by the Board.
- 5. The Board shall:
 - (a) Collect and maintain reports received pursuant to subsections 1, 2 and 4;
- (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
- (e) Submit to the Division of Public and Behavioral Health a copy of the report submitted pursuant to subsection 1. The Division shall maintain the confidentiality of such reports in accordance with subsection 6.
- 6. Except as otherwise provided in NRS 239.0115, a report received pursuant to subsection 1, 2 or 4 is confidential, not subject to subpoena or discovery, and not subject to inspection by the general public.
- 7. 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.
- 8. In addition to any other remedy or penalty, if a holder of a license to practice medicine fails to submit a report or knowingly or willfully files false information in a report submitted pursuant to this section, the Board may, after providing the holder of a license to practice medicine with notice and opportunity for a hearing, impose against the holder of a license to practice medicine 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 pursuant to this subsection. The regulations must include standards for determining the severity of the violation and may provide for a more severe penalty for multiple violations.
 - 9. As used in this section:
 - (a) "Conscious sedation" has the meaning ascribed to it in NRS 449.436.
 - (b) "Deep sedation" has the meaning ascribed to it in NRS 449.437.
- (e) "General anesthesia" has the meaning ascribed to it in NRS 449.438.
 - (d) "Sentinel event" has the meaning ascribed to it in NRS 439.830.