

EXEMPT

(Reprinted with amendments adopted on June 3, 2019)
SECOND REPRINT **A.B. 348**

ASSEMBLY BILL NO. 348—ASSEMBLYMEN GORELOW, MUNK;
ASSEFA, FLORES, MARTINEZ AND MCCURDY

MARCH 18, 2019

Referred to Committee on Commerce and Labor

SUMMARY—Makes various changes related to working
conditions at certain medical facilities.
(BDR 53-843)

FISCAL NOTE: Effect on Local Government: May have Fiscal Impact.
Effect on the State: Yes.

CONTAINS UNFUNDED MANDATE (§§ 14-17)
(NOT REQUESTED BY AFFECTED LOCAL GOVERNMENT)

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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 occupational safety and health; requiring certain medical facilities to develop and carry out a plan for the prevention of workplace violence and report incidents of workplace violence to the Division of Industrial Relations of the Department of Business and Industry; prohibiting such a medical facility from taking certain actions against an employee or other provider of care who seeks the assistance of a public safety agency in response to workplace violence or who reports workplace violence; requiring such a medical facility to maintain certain records; requiring the Division to publish an annual report concerning workplace violence at such medical facilities; revising provisions relating to staffing at certain health care facilities; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

- 1 Existing law prohibits an employer from maintaining unsafe or unhealthy
- 2 places of employment. (NRS 618.385) Existing law imposes certain requirements
- 3 concerning specific issues related to workplace safety, including the control of
- 4 asbestos, the operation of cranes and the manufacture and use of explosives and
- 5 photovoltaic system projects. (NRS 618.750-618.936) **Sections 14 and 17** of this
- 6 bill require a hospital or psychiatric hospital to develop and maintain a plan for the



prevention of and response to workplace violence. **Section 14** requires certain medical facilities to establish a committee on workplace safety to assist in the development of the plan. **Section 14** requires such a plan to require training for employees and other providers of care concerning the prevention of workplace violence at certain times during employment. **Section 15** of this bill requires a hospital or psychiatric hospital to collaborate with the committee on workplace safety in developing, reviewing and revising the training.

Section 14 additionally requires the plan to include procedures for responding to workplace violence and situations that create the potential for workplace violence. **Section 16** of this bill prescribes the required contents of those procedures. **Section 14** further requires the plan to include procedures for: (1) correcting hazards that increase the risk of workplace violence; (2) obtaining assistance from security guards and public safety agencies when appropriate; (3) responding to incidents that create the possibility of mass casualties; and (4) annually assessing the effectiveness of the plan.

Section 17 of this bill requires a hospital or psychiatric hospital to take certain actions relating to the development and implementation of the plan. **Section 17** also requires a hospital or psychiatric hospital to carry out certain controls to prevent and mitigate the risk of workplace violence. **Section 17** additionally requires a hospital or psychiatric hospital to document and report to the Division of Industrial Relations of the Department of Business and Industry certain incidents of workplace violence. **Section 17** bans a hospital or psychiatric hospital from prohibiting an employee or other provider of care from reporting an incident of workplace violence or seeking the assistance of a public safety agency in response to an incident of workplace violence. **Section 19.3** of this bill authorizes an employee who is aggrieved by such prohibited actions to file a complaint with the Division for reinstatement and reimbursement for lost wages and work benefits. **Section 19.35** additionally authorizes the Division of Public and Behavioral Health of the Department of Health and Human Services to take disciplinary action against a medical facility that retaliates against an employee for reporting workplace violence or seeking the assistance of a public safety agency in response to an incident of workplace violence.

Section 18 of this bill requires a hospital or psychiatric hospital to maintain and make available to the Division of Industrial Relations upon request certain documentation, including: (1) records relating to the identification of hazards and training sessions; and (2) a record of workplace violence. **Section 18.5** of this bill requires the Division to adopt regulations to carry out certain provisions of this bill. **Section 19** of this bill requires the Division to annually make available copies of certain reports concerning workplace violence at hospitals and psychiatric hospitals. On July 1, 2021, **section 19.6** of this bill makes the provisions of this bill applicable to various other medical facilities to the same extent as they apply to hospitals and psychiatric hospitals. Such medical facilities include certain large agencies to provide nursing in the home, independent centers for emergency medical care, facilities for intermediate care, facilities for skilled nursing, facilities for modified medical detoxification and community triage centers.

Existing law requires certain health care facilities, including certain large hospitals and psychiatric hospitals, located in certain highly populated counties to establish a staffing committee to: (1) develop a written policy concerning the refusal of or objection to a work assignment by a nurse or certified nursing assistant; and (2) a documented staffing plan. (NRS 449.242) **Section 19.4** of this bill provides that, if a staffing committee is established for a health care facility through collective bargaining, the health care facility is not required to appoint another staffing committee. **Section 14** requires a medical facility for which a staffing committee has been established to include the members of the staffing committee on the committee on workplace safety.



Existing law requires: (1) a staffing committee to include representation from each unit of the facility; and (2) a documented staffing plan to include information specific to each such unit. (NRS 449.242, 449.2421) **Section 18.5** requires the Division of Industrial Relations of the Department of Business and Industry to define the term "unit" in consultation with the Division of Public and Behavioral Health of the Department of Health and Human Services and **section 19.37** of this bill uses that definition for that purpose.

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

Section 1. Chapter 618 of NRS is hereby amended by adding thereto the provisions set forth as sections 2 to 19, inclusive, of this act.

Sec. 2. *As used in sections 2 to 19, inclusive, of this act, unless the context otherwise requires, the words and terms defined in sections 3 to 13, inclusive, of this act have the meaning ascribed to them in those sections.*

Sec. 3. *"Alarm" means a mechanical or electronic communication system that does not rely on the vocalization of a person to alert others to an incident of workplace violence.*

Sec. 4. *"Dangerous weapon" means an item capable of inflicting death or serious bodily injury, regardless of whether the item was designed for that purpose.*

Sec. 5. *"Engineering control" means an aspect of a building, other designed space or device that removes a hazard from the workplace or creates a barrier between an employee or other provider of care and the hazard. The term includes one or more of the following:*

1. Electronic access controls to areas occupied by employees or other providers of care;

2. Detectors for weapons, whether installed or handheld;

3. Workstations enclosed with glass that is resistant to shattering;

4. Deep service counters;

5. Separate rooms or areas for patients that pose a high risk of workplace violence;

6. Locks on doors;

7. Furniture affixed to the floor;

8. Opaque glass in rooms for patients that allows an employee or other provider of care to see the location of the patient before entering the room;

9. Closed-circuit television monitoring and video recording;

10. Devices designed to aid the sight of an employee or other provider of care;



11. *Personal alarm devices; or*
12. *Any other measure or device that removes a hazard from the workplace or creates a barrier between an employee or other provider of care and a hazard.*

Sec. 6. *“Medical facility” means:*

1. *A hospital, as defined in NRS 449.012; or*
2. *A psychiatric hospital, as defined in NRS 449.0165.*

Sec. 7. *“Patient-specific risk factor” means a factor specific to a patient that may increase the likelihood or severity of an incident of workplace violence. The term includes one or more of the following:*

1. *The mental health of a patient;*
2. *The status of a patient’s treatment and medication;*
3. *A history of violent acts by the patient;*
4. *The use of drugs or alcohol by the patient; or*
5. *Any other condition that may cause a patient to experience confusion or disorientation, fail to respond to instruction or behave unpredictably.*

Sec. 8. *“Public safety agency” means:*

1. *A public fire department, fire protection district or other agency of this State or a political subdivision of this State, the primary functions of which are to control, extinguish and suppress fires;*

2. *A law enforcement agency as defined in NRS 277.035; or*

3. *An emergency medical service.*

Sec. 9. *“Security guard” has the meaning ascribed to it in NRS 648.016.*

Sec. 10. *“Threat of violence” means a statement or conduct that:*

1. *Results in a reasonable person fearing for his or her safety because of the likelihood of physical injury; and*

2. *Has no legitimate purpose.*

Sec. 11. *(Deleted by amendment.)*

Sec. 12. *“Work practice control” means a procedure or rule that is used to reduce the risk of workplace violence, including, without limitation:*

1. *Assigning and placing staff in a manner that reduces patient-specific risk factors;*

2. *Employing or contracting with security guards when applicable; and*

3. *Providing training on methods to prevent workplace violence and respond to incidents of workplace violence.*

Sec. 13. *“Workplace violence” means any act of violence or threat of violence that occurs at a medical facility, except for a*



1 lawful act of self-defense or defense of another person. The term
2 includes, without limitation:

3 1. The use or threatened use of physical force against an
4 employee or other provider of care, regardless of whether the
5 employee or other provider of care is physically or psychologically
6 injured; and

7 2. An incident involving the use or threatened use of a
8 firearm or other dangerous weapon, regardless of whether an
9 employee or other provider of care is physically or psychologically
10 injured.

11 **Sec. 14. 1. A medical facility shall:**

12 (a) Establish a committee on workplace safety, which must
13 consist of:

14 (1) If a staffing committee has been established for the
15 medical facility pursuant to NRS 449.242 or an applicable
16 collective bargaining agreement:

17 (I) The members of the staffing committee; and

18 (II) Employees of the medical facility who work in areas
19 of the medical facility other than those represented on the staffing
20 committee, appointed by the operator of the medical facility.

21 (2) If a staffing committee has not been established for the
22 medical facility pursuant to NRS 449.242 or an applicable
23 collective bargaining agreement, employees of the medical facility
24 appointed by the operator of the medical facility. Such employees
25 must include, without limitation, employees who work in all major
26 areas of the medical facility.

27 (b) Develop and maintain a plan for the prevention of and
28 response to workplace violence. The plan must:

29 (1) Be in writing;

30 (2) Be in effect at all times;

31 (3) Be available to be viewed by each employee of the medical
32 facility or other provider of care at the medical facility at all times;

33 (4) Be specific for each unit, area and location maintained by
34 the medical facility; and

35 (5) Be developed in collaboration with the committee on
36 workplace safety established pursuant to paragraph (a).

37 2. The plan developed pursuant to paragraph (b) of
38 subsection 1 must include, without limitation:

39 (a) A requirement that all employees of the medical facility
40 and other providers of care at the medical facility receive the
41 training described in section 15 of this act concerning the
42 prevention of workplace violence:

43 (1) Upon the adoption of a new plan for the prevention of
44 workplace violence;



(2) Upon commencing employment and annually thereafter;

(3) Upon commencing new job duties in a new location of the medical facility or a new assignment in a new location of the medical facility; and

(4) When a previously unrecognized hazard is identified or there is a material change in the facility requiring a change to the plan.

(b) Procedures that meet the requirements of section 16 of this act for responding to and investigating incidents of workplace violence.

(c) Procedures that meet the requirements of the regulations adopted pursuant to section 18.5 of this act for assessing and responding to situations that create the potential for workplace violence.

(d) Procedures for correcting hazards that increase the risk of workplace violence, including, without limitation, using engineering controls that are feasible and applicable to the medical facility and work practice controls to eliminate or minimize exposure of employees and other providers of care to such hazards.

(e) Procedures for obtaining assistance from security guards or public safety agencies when appropriate.

(f) Procedures for responding to incidents involving an active shooter and other threats of mass casualties through the use of plans for evacuation and sheltering that are feasible and appropriate for the medical facility.

(g) Procedures for annually assessing, in collaboration with the committee on workplace safety established pursuant to paragraph (a) of subsection 1, the effectiveness of the plan.

Sec. 15. 1. The training provided under the plan developed pursuant to paragraph (b) of subsection 1 of section 14 of this act must address the risks of workplace violence that an employee or other provider of care may be reasonably anticipated to encounter on his or her job and must include, without limitation, instruction concerning:

(a) An explanation of the plan, the manner in which the medical facility plans to address incidents of workplace violence, the manner in which an employee may participate in reviewing and revising the plan and any information necessary for employees and other providers of care to perform the duties that may be required of each employee or other provider of care under the plan;

(b) Recognizing situations that may result in workplace violence;



(c) When and how to respond to and seek assistance in preventing or responding to workplace violence;

(d) Reporting incidents of workplace violence to the medical facility and public safety agencies when appropriate;

(e) Resources available to employees and other providers of care in coping with incidents of workplace violence, including, without limitation, debriefing processes established by the medical facility for use after an incident of workplace violence and available programs to assist employees and other providers of care in recovering from incidents of workplace violence; and

(f) For each employee or other provider of care who has contact with patients, training concerning verbal intervention and de-escalation techniques that:

(1) Allows the employee or other provider of care to practice those techniques with other employees and other providers of care with whom he or she works; and

(2) Includes a meeting to debrief each practice session conducted pursuant to subparagraph (1).

2. A medical facility shall collaborate with the committee on workplace safety established pursuant to paragraph (a) of subsection 1 of section 14 of this act in developing, reviewing and revising the training provided under the plan developed pursuant to paragraph (b) of subsection 1 of section 14 of this act and any curricula or materials used in that training.

Sec. 16. The procedures for responding to and investigating incidents of workplace violence included in the plan adopted pursuant to paragraph (b) of subsection 1 of section 14 of this act must include, without limitation, procedures to:

1. Maintain and use alarms or other communications systems to allow employees and other providers of care to seek immediate assistance during an incident of workplace violence;

2. Ensure an effective response to each incident of workplace violence, including, without limitation, by ensuring that members of the staff of the medical facility are trained to address such incidents and designated to be available to immediately assist in the response to such an incident without interrupting patient care;

3. Provide timely medical care or first aid to employees or other providers of care who have been injured in an incident of workplace violence;

4. Identify each employee or other provider of care involved in an incident of workplace violence;

5. Offer counseling to each employee and other provider of care affected by an incident of workplace violence;

6. Offer the opportunity for each employee and other provider of care, including, without limitation, supervisors and security



guards, involved in an incident of workplace violence to debrief as soon as possible after the incident at a time and place that is convenient for the employee or other provider of care;

7. Review any patient-specific risk factors and any measures specified to reduce those factors;

8. Review the implementation and effectiveness of corrective measures taken under the plan; and

9. Solicit the feedback of each employee or other provider of care involved in an incident of workplace violence concerning the precipitating factors of the incident and any measures that may have assisted in preventing the incident.

Sec. 17. 1. A medical facility shall:

(a) Ensure that the plan developed pursuant to paragraph (b) of subsection 1 of section 14 of this act is effectively implemented at all times and in all units, areas and locations of the medical facility.

(b) Coordinate risk assessment and development and implementation of the plan developed pursuant to paragraph (b) of subsection 1 of section 14 of this act with employees who provide care in the medical facility.

(c) Implement engineering controls, work practice controls and other appropriate measures, as applicable, to prevent and mitigate the risk of workplace violence in all units, areas and locations of the facility. Such controls must meet the requirements prescribed in the regulations adopted pursuant to section 18.5 of this act.

2. A medical facility shall:

(a) Encourage employees and other providers of care to report incidents of workplace violence and concerns about workplace violence and seek the assistance of a public safety agency in accordance with the plan developed pursuant to paragraph (b) of subsection 1 of section 14 of this act to respond to an incident of workplace violence; and

(b) Report to the Division any incident of workplace violence that:

(1) Involves the use of physical force against an employee or other provider of care by a patient or a person accompanying a patient;

(2) Involves the use of a firearm or other dangerous weapon; or

(3) Presents a realistic possibility of death or serious physical harm to an employee or other provider of care.

3. A medical facility shall not prohibit an employee or other provider of care from reporting incidents of workplace violence or concerns about workplace violence or seeking the assistance of a



public safety agency to respond to an incident of workplace violence in accordance with the plan developed pursuant to paragraph (b) of subsection 1 of section 14 of this act.

Sec. 18. 1. A medical facility shall maintain and make available to the Division upon request records related to incidents of workplace violence and actions taken in compliance with sections 14 to 18.5, inclusive, of this act and the regulations adopted pursuant thereto. Such records must include, without limitation:

(a) Records of the identification, evaluation and correction of hazards that increase the risk of workplace violence.

(b) A record of workplace violence which meets the requirements prescribed by the regulations adopted pursuant to section 18.5 of this act.

(c) A record of each training session provided under the plan developed pursuant to paragraph (b) of subsection 1 of section 14 of this act.

(d) A record of each report to the Division pursuant to paragraph (b) of subsection 2 of section 17 of this act.

(e) Any additional information required by regulation of the Division.

2. Records maintained pursuant to sections 14 to 18.5, inclusive, of this act and the regulations adopted pursuant thereto must not include the personally identifiable information of any patient, employee of the medical facility or other provider of care at the medical facility. Such records must not be maintained or disclosed in a manner that violates NRS 449A.112 or the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, and any regulations adopted pursuant thereto.

Sec. 18.5. 1. The Division shall, in consultation with the Division of Public and Behavioral Health of the Department of Health and Human Services, define by regulation the term "unit" for the purposes of sections 2 to 19, inclusive, of this act.

2. In addition to the regulations adopted pursuant to subsection 1, the Division shall adopt regulations that:

(a) Prescribe minimum requirements for the procedures for assessing and responding to situations that create the potential for workplace violence included in the plan adopted pursuant to paragraph (b) of subsection 1 of section 14 of this act.

(b) Prescribe minimum requirements for the engineering controls, work practice controls and other appropriate measures to prevent and mitigate the risk of workplace violence carried out pursuant to section 17 of this act.

(c) Prescribe the required contents of a record of workplace violence maintained pursuant to section 18 of this act.



1 **Sec. 19. 1. A medical facility shall submit to the Division**
2 **the most current annual summary of workplace injuries and**
3 **illnesses compiled pursuant to 29 C.F.R. § 1904.32.**

4 **2. The Division shall make available on an Internet website**
5 **maintained by the Division a copy of the most recent:**

6 **(a) Annual summary submitted by each medical facility in this**
7 **State pursuant to subsection 1;**

8 **(b) Reports prepared by the Division of Public and Behavioral**
9 **Health of the Department of Health and Human Services**
10 **pursuant to NRS 439.840 and 439.845; and**

11 **(c) Sentinel Event Data Summary published by The Joint**
12 **Commission or its successor organization or, if that summary**
13 **ceases to be published, a similar report selected by the Division.**

14 **Sec. 19.3.** NRS 618.445 is hereby amended to read as follows:

15 618.445 1. A person shall not discharge or in any manner
16 discriminate against any employee because the employee has filed
17 any complaint or instituted or caused to be instituted any proceeding
18 under or related to this chapter , ~~for~~ has testified or is about to
19 testify in any such proceeding , **has performed an action described**
20 **in subsection 3 of section 17 of this act** or because of the exercise
21 by the employee on behalf of himself, herself or others of any right
22 afforded by this chapter.

23 2. Any employee aggrieved by a violation of subsection 1 may
24 file a complaint for the relief afforded under subsection 3 with the
25 Division. Any complaint must be filed with the Division within 30
26 days after the violation has occurred and must set forth in writing
27 the facts constituting the violation.

28 3. Upon receipt of the complaint by the Division, the
29 Administrator shall cause such investigation to be made as
30 the Administrator deems appropriate. If upon investigation, the
31 Administrator determines that the provisions of subsection 1 have
32 been violated, the Administrator shall bring an action in the name of
33 the Administrator in any appropriate district court against the person
34 who has committed the violation.

35 4. If the court finds that the employee was discharged or
36 discriminated against in violation of subsection 1, the employee is
37 entitled to reinstatement and reimbursement for lost wages and work
38 benefits.

39 5. Any decision reached by the Administrator relating to the
40 filing of an action pursuant to this section must be made available to
41 the complaining employee within 90 days after the Division's
42 receipt of the complaint.



Sec. 19.35. 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 event to the 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); ~~for~~

(b) A registered nurse, licensed practical nurse, nursing assistant or medication aide - certified 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, nursing assistant or medication aide - certified 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 accordance with a policy adopted pursuant to NRS 449.2423, requests to be relieved of, refuses or objects to a work assignment;

(3) 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, nursing assistant or medication aide - certified 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

(4) Refuses to engage in conduct that would violate the duty of the registered nurse, licensed practical nurse, nursing assistant or medication aide - certified to protect patients from actual or potential harm, conduct which would violate any provision of chapter 632 of NRS or conduct which would subject the registered nurse, licensed practical nurse, nursing assistant or medication aide - certified to disciplinary action by the State Board of Nursing **H**; or

(c) An employee or other provider of care who takes an action described in subsection 3 of section 17 of this act.

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, nursing assistant or medication aide - certified who is employed by or contracts to provide nursing services for the medical facility because the employee, registered nurse, licensed practical nurse, nursing assistant or medication aide - certified 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, procedure or any other manner the right of an employee of the medical facility or a registered nurse, licensed practical nurse, nursing assistant or medication aide - certified who is employed by or contracts to provide nursing services for the medical facility 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) "Physician" means a person licensed to practice medicine pursuant to chapter 630 or 633 of NRS.

(c) "Retaliate or discriminate":

(1) Includes, without limitation, any of the following actions if taken solely because the employee, registered nurse, licensed



practical nurse, nursing assistant or medication aide - certified 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. 19.37. NRS 449.2418 is hereby amended to read as follows:

449.2418 "Unit" ~~means a component within a health care facility for providing patient care.~~ *has the meaning ascribed to it by regulation of the Division.*

Sec. 19.4. NRS 449.242 is hereby amended to read as follows:

449.242 1. ~~Each~~ *Except as otherwise provided in subsection 4, each* hospital located in a county whose population is 100,000 or more and which is licensed to have more than 70 beds shall establish a staffing committee to develop a written policy as required pursuant to NRS 449.2423 and a documented staffing plan as required pursuant to NRS 449.2421. ~~The~~ *Each* staffing committee *established pursuant to this subsection* must consist of:

(a) Not less than one-half of the total regular members of the staffing committee from the licensed nursing staff and certified nursing assistants who are providing direct patient care at the hospital. The members described in this paragraph must consist of:

(1) One member representing each unit of the hospital who is a licensed nurse who provides direct patient care on that unit, elected by the licensed nursing staff who provide direct patient care on the unit that the member will represent.

(2) One member representing each unit of the hospital who is a certified nursing assistant who provides direct patient care on that unit, elected by the certified nursing assistants who provide direct patient care on the unit that the member will represent.

(b) Not less than one-half of the total regular members of the staffing committee appointed by the administration of the hospital.



(c) One alternate member representing each unit of the hospital who is a licensed nurse or certified nursing assistant who provides direct patient care on that unit, elected by the licensed nursing staff and certified nursing assistants who provide direct patient care on the unit that the member represents.

2. Each time a new staffing committee is formed ~~H~~ pursuant to subsection 1, the administration of the hospital shall hold an election to select the members described in paragraphs (a) and (c) of subsection 1. Each licensed nurse and certified staffing assistant who provides direct patient care at the hospital must be allowed at least 3 days to vote for:

(a) The regular member described in paragraph (a) of subsection 1 who will represent his or her unit and profession; and

(b) The alternate member described in paragraph (c) of subsection 1 who will represent his or her unit.

3. If a vacancy occurs in a position on a staffing committee described in paragraph (a) or (c) of subsection 1, a new regular or alternate member, as applicable, must be elected in the same manner as his or her predecessor.

4. *If a staffing committee is established for a health care facility described in subsection 1 through collective bargaining with an employee organization representing the licensed nursing staff and certified nursing assistants of the health care facility:*

(a) The health care facility is not required to form a staffing committee pursuant to that subsection; and

(b) The staffing committee established pursuant to the collective bargaining agreement shall be deemed to be the staffing committee established for the health care facility pursuant to subsection 1.

5. In developing the written policy and the staffing plan, the staffing committee shall consider, without limitation, the information received pursuant to paragraph (b) of subsection 5 of NRS 449.2423 regarding requests to be relieved of a work assignment, refusals of a work assignment and objections to a work assignment.

~~H~~ 6. The staffing committee of a hospital shall meet at least quarterly.

~~H~~ 7. Each hospital that is required to establish a staffing committee pursuant to this section shall prepare a written report concerning the establishment of the staffing committee, the activities and progress of the staffing committee and a determination of the efficacy of the staffing committee. The hospital shall submit the report on or before December 31 of each:



(a) Even-numbered year to the Director of the Legislative Counsel Bureau for transmission to the next regular session of the Legislature.

(b) Odd-numbered year to the Legislative Committee on Health Care.

Sec. 19.6. Section 6 of this bill is hereby amended to read as follows:

Sec. 6. "Medical facility" means:

1. A hospital, as defined in NRS 449.012; ~~for~~
2. A psychiatric hospital, as defined in NRS 449.0165 ~~for~~

;

3. An agency to provide nursing in the home, as defined in NRS 449.0015, that has at least 50 employees;

4. An independent center for emergency medical care, as defined in NRS 449.013;

5. A facility for intermediate care, as defined in NRS 449.0038;

6. A facility for skilled nursing, as defined in NRS 449.0039;

7. A facility for modified medical detoxification, as defined in NRS 449.00385; or

8. A community triage center, as defined in NRS 449.0031.

Sec. 20. The provisions of NRS 354.599 do not apply to any additional expenses of a local government that are related to the provisions of this act.

Sec. 21. 1. This section and sections 1 to 19.4, inclusive, and 20 of this act become effective:

(a) Upon passage and approval for the purpose of adopting any regulations and performing any other preparatory administrative tasks that are necessary to carry out the provisions of this act; and

(b) On July 1, 2020, for all other purposes.

2. Section 19.6 of this act becomes effective:

(a) Upon passage and approval for the purpose of adopting any regulations and performing any other preparatory administrative tasks that are necessary to carry out the provisions of this act; and

(b) On July 1, 2021, for all other purposes.

