Senate Bill No. 182–Senator Nguyen

CHAPTER.....

AN ACT relating to health care; requiring certain hospitals to establish staffing committees for technical and service staff; establishing requirements governing the staffing of certain health care facilities; requiring certain hospitals to keep certain records relating to staffing; requiring certain hospitals to report certain information relating to staffing; prohibiting certain health care facilities from taking certain retaliatory actions; providing for certain actions to investigate and correct certain violations relating to staffing; providing administrative penalties; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law requires certain hospitals in a county whose population is 100,000 or more (currently Clark and Washoe Counties) to establish a staffing committee, which must consist, in part, of certain nurses who are on the staff of the hospital. (NRS 449.242) Existing law requires a hospital and certain other health care facilities in such counties to develop a documented staffing plan which must include certain items, such as the number of nurses required in each unit of the hospital and protocols for adequately staffing the hospital upon the occurrence of certain events. (NRS 449.2421) If the health care facility is a hospital, existing law requires the staffing committee established for the hospital to develop the staffing plan. (NRS 442.242) **Sections 5 and 6** of this bill require each hospital that is required to establish a staffing committee for nurses to additionally establish a technical staffing committee and a service staffing committee, respectively, to represent the technical and service workers of the hospital. **Sections 18-20** of this bill make conforming changes to refer to existing staffing committees for nurses as "nursing staffing committees." **Sections 5, 6 and 18** require the technical staffing committee, the service staffing committee and the nursing staffing committee to collaborate to develop the documented staffing plan for the hospital. **Section 19** requires a documented staffing plan to contain certain provisions relating to the adequate staffing of technical and service workers. **Section 23** of this bill requires a hospital that has established a technical staffing committee and a service staffing committee to include the members of those committees on the hospital's committee on workplace safety, which performs certain duties relating to the prevention of workplace violence at the hospital. (NRS 618.7312)

Existing law requires each hospital that is required to establish a nursing staffing committee to report annually to the Legislature concerning the establishment of the nursing staffing committee, the activities and progress of the nursing staffing committee and a determination of the efficacy of the nursing staffing committee. (NRS 449.242) **Sections 7 and 18** of this bill require that report to additionally include such information for the technical staffing committee and the service staffing committee.

Section 8 of this bill establishes the maximum ratios for the number of patients that may be assigned to a direct care nurse at one time in certain hospitals in a county whose population is 100,000 or more (currently Clark and Washoe Counties). The ratios established by **section 8** vary based on the unit of the hospital to which a direct care nurse is assigned. **Section 8** also establishes certain other

staffing requirements for certain hospitals in a county whose population is 100,000 or more (currently Clark and Washoe Counties), including maximum ratios for the number of patients that may be assigned to a certified nursing assistant, in any unit, at one time. **Section 19** requires the documented staffing plan of a hospital to provide for staffing in accordance with the maximum ratios of patients to direct care nurses established by **section 8**. **Section 19** also requires such a documented staffing plan to provide for additional compensation for nurses who perform certain duties. **Section 9** of this bill requires a hospital to maintain certain records containing information relevant for measuring the compliance of the hospital with the nurse-to-patient ratios established by **section 8**.

Section 9.5 of this bill authorizes hospitals which are required to establish a nursing staffing committee and adhere to the maximum ratios prescribed in **section 8** to deviate from those maximum ratios and the documented staffing plan of the hospital during a state of emergency. **Section 9.5** establishes certain procedures that must be followed by the hospital and the nursing staffing committee upon such a deviation.

Sections 12 and 13 of this bill authorize the Division of Public and Behavioral Health of the Department of Health and Human Services to discipline a health care facility that fails to comply with the requirements of this bill in the same manner as violations of other requirements governing health care facilities. **Section 22** of this bill requires the Division to establish: (1) procedures for random visits to health care facilities to ensure compliance with the requirements of this bill, where applicable, and certain other requirements governing the staffing of health care facilities; (2) an accessible and confidential system that allows certain staff of a health care facility to report a violation of those requirements; and (3) procedures for timely investigating and resolving such a report. **Section 10** of this bill additionally authorizes the Labor Commissioner to take certain actions to ensure that a health care facility complies with the requirements of this bill, where applicable, and certain other requirements relating to the staffing of health care facilities. **Section 15** of this bill prohibits a health care facility from retaliating against an employee of the facility for reporting a violation to the Division or the Labor Commissioner.

Existing law requires the establishment of a system for rating certain health care facilities located in a county whose population is 100,000 or more on their compliance with requirements governing staffing. (NRS 449.2425) **Section 21** of this bill requires the Division to assign a new rating to a facility after an inspection or investigation conducted pursuant to **section 22**.

Sections 2-4 of this bill define certain terms relating to the staffing of health care facilities, and **section 17** of this bill establishes the applicability of those definitions. **Sections 11 and 16** of this bill make conforming changes relating to the applicability and enforcement of **sections 2-10**.

EXPLANATION – Matter in ***bolded italics*** is new; matter between brackets ~~[omitted material]~~ is material to be omitted.

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

Section 1. Chapter 449 of NRS is hereby amended by adding thereto the provisions set forth as sections 2 to 10, inclusive, of this act.

Sec. 2. ***"Direct care nurse" means a registered nurse who is assigned the principal responsibility to oversee or carry out medical regimens or nursing care, in person and in a hands-on capacity, for one or more patients.***

Sec. 3. ***"Service staff" means the staff of a health care facility who:***

1. Interact directly with patients or with other staff;

2. Do not provide medical care or related services to patients; and

3. Are not a part of the technical staff of the health care facility.

Sec. 4. ***"Technical staff" means the staff of a health care facility whose primary job duties relate to servicing medical equipment and machinery, providing information technology support services or performing other duties which involve technical skills and which are not related to the direct provision of medical care to patients.***

Sec. 5. ***1. 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 technical staffing committee. Each technical staffing committee established pursuant to this subsection must consist of:***

(a) Not less than one-half of the total members of the technical staffing committee from the technical staff of the hospital. The members described in this paragraph must consist of one member representing each division of the technical staff of the hospital, elected by the members of the technical staff within that division.

(b) Not less than one-half of the total members of the technical staffing committee from the managers of the technical staff of the hospital, appointed by the administration of the hospital.

(c) One alternate member representing each division of the technical staff of the hospital, elected by the members of the technical staff within that division.

2. Each time a new technical staffing committee is formed 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 member of the technical staff at the hospital must be allowed at least 3 days to vote for:

(a) The regular member described in paragraph (a) of subsection 1; and

(b) The alternate member described in paragraph (c) of subsection 1.

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 technical staffing committee is established for a hospital described in subsection 1 through collective bargaining with an employee organization representing the technical staff of the hospital:

(a) The hospital is not required to form a technical staffing committee pursuant to that subsection; and

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

5. A technical staffing committee established pursuant to subsection 1 shall collaborate with the nursing staffing committee established pursuant to NRS 449.242 and the service staffing committee established pursuant to section 6 of this act to develop a documented staffing plan as required by NRS 449.2421.

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

Sec. 6. ***1. 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 service staffing committee. Each service staffing committee established pursuant to this subsection must consist of:***

(a) Not less than one-half of the total members of the service staffing committee from the service staff of the hospital. The members described in this paragraph must consist of one member representing each division of the service staff of the hospital, elected by the members of the service staff within that division.

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

(c) One alternate member representing each division of the service staff of the hospital, elected by the members of the service staff within that division.

2. Each time a new service staffing committee is formed 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 member of the service staff at the hospital must be allowed at least 3 days to vote for:

(a) The regular member described in paragraph (a) of subsection 1; and

(b) The alternate member described in paragraph (c) of subsection 1.

3. If a vacancy occurs in a position on a service 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 service staffing committee is established for a hospital described in subsection 1 through collective bargaining with an employee organization representing the service staff of the hospital:

(a) The hospital is not required to form a service staffing committee pursuant to that subsection; and

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

5. A service staffing committee established pursuant to subsection 1 shall collaborate with the nursing staffing committee established pursuant to NRS 449.242 and the technical staffing committee established pursuant to section 5 of this act to develop a documented staffing plan as required by NRS 449.2421.

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

Sec. 7. *Each hospital located in a county whose population is 100,000 or more and which is licensed to have more than 70 beds shall prepare a written report concerning the establishment of the technical staffing committee pursuant to section 5 of this act, the service staffing committee pursuant to section 6 of this act and the nursing staffing committee pursuant to NRS 449.242, the activities and progress of those staffing committees and a determination of the efficacy of those staffing committees. The hospital shall submit the report on or before December 31 of each:*

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

2. Odd-numbered year to the Director of the Legislative Counsel Bureau for transmission to the Joint Interim Standing Committee on Health and Human Services.

Sec. 8. *1. The ratios for the maximum number of patients that may be assigned to a direct care nurse in a hospital located in a county whose population is 100,000 or more and which is licensed to have more than 70 beds are:*

(a) A ratio of one direct care nurse to one patient in each:

(1) Operating room;

(2) Critical care unit;

(3) Intensive care unit;

(4) Postanesthesia unit; or

(5) Unit where a patient receives conscious sedation, as defined in NRS 449.436.

(b) In each emergency unit:

(1) A ratio of one direct care nurse for each trauma or critical care patient; and

(2) A ratio of one direct care nurse for every three patients not described in subparagraph (1).

(c) In each labor and delivery, antepartum, postpartum, mother-baby or nursery unit, other than a nursery for well babies, a ratio of:

(1) One direct care nurse for each patient who is:

(I) In active labor; or

(II) In any stage of labor and is experiencing complications relating to the pregnancy;

(2) One direct care nurse for every two antepartum patients requiring continuous antepartum fetal monitoring;

(3) One direct care nurse for every three antepartum patients not described in subparagraph (1) or (2);

(4) During the birth of a child:

(I) One direct care nurse for each patient who is in labor; and

(II) One additional direct care nurse for each newborn child, whose sole responsibility is to care for the particular newborn child;

(5) During the 2-hour period immediately following birth:

(I) One direct care nurse for the postpartum patient and newborn child; and

(II) If the birth resulted in multiple children, one direct care nurse for each additional newborn child birthed by the postpartum patient;

(6) During any period more than 2 hours after the birth of a child:

(I) Except as otherwise provided in subparagraph (7), one direct care nurse for every two postpartum patients and their newborn children; and

(II) If a newborn child is in an unstable condition, as determined by a direct care nurse, one direct care nurse for each such newborn child;

(7) One direct care nurse for every four postpartum patients or postoperative gynecological care patients, if each such direct care nurse is assigned to care for any postpartum patients or postoperative gynecological care patients, as applicable; and

(8) One direct care nurse for every two newborn children receiving intermediate care.

(d) A ratio of one direct care nurse for every three patients in each:

(1) Cardiac telemetry unit;

(2) Intermediate care unit;

(3) Pediatric unit; or

(4) Observational unit.

(e) A ratio of one direct care nurse for every four patients in each:

(1) Ambulatory care unit;

(2) Oncology unit;

(3) Acute rehabilitation unit;

(4) Medical-surgical unit;

(5) Pre-surgical unit;

(6) Psychiatric unit; or

(7) Unit, including, without limitation, a specialty or subspecialty unit, not otherwise listed in this subsection.

(f) A ratio of one direct care nurse for every six patients in each nursery for well babies.

2. A hospital located in a county whose population is 100,000 or more and which is licensed to have more than 70 beds and which has an emergency unit shall assign at least one direct care nurse to the emergency unit to triage patients who present to the emergency unit. A hospital shall not include a nurse assigned to triage patients in the calculation of any ratio for the purposes of subsection 1.

3. A hospital located in a county whose population is 100,000 or more and which is licensed to have more than 70 beds shall not include a registered nurse who does not have the principal responsibility for caring for a patient, including, without limitation, a nurse administrator or supervisor, in the calculation of any ratio for the purposes of subsection 1.

4. A hospital located in a county whose population is 100,000 or more and which is licensed to have more than 70 beds shall adjust its staff as necessary to reflect the need for additional direct care nurses to ensure that each unit within the hospital is adequately staffed in accordance with the requirements of subsection 1, including, without limitation, when a direct care nurse takes a meal or rest break.

5. A hospital located in a county whose population is 100,000 or more and which is licensed to have more than 70 beds that includes certified nursing assistants in the nursing staff of the hospital shall include in its documented staffing plan the following ratios for the maximum number of patients that may be assigned to a certified nursing assistant:

(a) During the hours of 6 a.m. until 8 p.m., a ratio of one certified nursing assistant for every seven patients in any unit.

(b) During the hours of 8:01 p.m., until 5:59 a.m., a ratio of one certified nursing assistant for every 11 patients in any unit.

6. A hospital located in a county whose population is 100,000 or more and which is licensed to have more than 70 beds shall not include a certified nursing assistant who does not have the principal responsibility for caring for a patient in the calculation of any ratio for the purposes of subsection 5.

7. In addition to any ratio established pursuant to subsections 1 or 5, a hospital located in a county whose population is 100,000 or more and which is licensed to have more than 70 beds shall assign:

(a) At least one scrub assistant to an operating room for each patient in the operating room.

(b) At least one patient care technician, nurse apprentice, patient sitter or other person responsible for the direct observation and safety of patients for every two patients in any unit of the hospital.

8. A hospital located in a county whose population is 100,000 or more and which is licensed to have more than 70 beds may only assign a registered nurse to a unit or a clinical area and include the registered nurse in the count of assigned nursing staff for the purposes of compliance with subsection 1 if:

(a) The registered nurse is appropriately licensed for assignment to that unit or clinical area;

(b) The hospital has provided orientation to the registered nurse before assigning that registered nurse to that unit or clinical area; and

(c) The hospital has verified that the registered nurse is capable of providing competent nursing care to the patients in that unit or clinical area.

9. The provisions of this section:

(a) Do not apply to a psychiatric hospital operated by the Division.

(b) Do not apply under the circumstances when a hospital is authorized by the provisions of section 9.5 of this act to deviate from the maximum ratios established by this section.

(c) Shall not be construed to prohibit a collective bargaining agreement or documented staffing plan required pursuant to NRS 449.2421 from requiring ratios which are more restrictive than those required by this section.

10. As used in this section:

(a) "Intensive care unit" means a unit that provides care to critically ill patients who require advanced treatments such as mechanical ventilation, vasoactive infusions, continuous renal replacement treatment or frequent assessment or monitoring, including, without limitation, any coronary, acute respiratory, burn, pediatric or neonatal intensive care unit.

(b) "Intermediate care unit" means a unit that provides progressive care, intensive specialty care or step-down care.

(c) "Progressive care" means care provided to patients who need more monitoring and assessment than patients on a general unit but whose conditions are not so unstable that care in an intensive care unit is required.

(d) "Step-down care" means care for patients transitioning out of the intensive care unit who require more care and attention than patients on a general unit.

Sec. 9. ***1. As a condition for licensure, each hospital located in a county whose population is 100,000 or more and which is licensed to have more than 70 beds shall maintain accurate daily records showing for each unit:***

(a) The number of patients admitted, released and present in the unit;

(b) The identity and duty hours of each direct care nurse in the unit;

(c) The identity and duty hours of each certified nursing assistant and licensed practical nurse in the unit; and

(d) Any meal or rest break missed by each direct care nurse in the unit.

2. As a condition for licensure, each hospital located in a county whose population is 100,000 or more and which is licensed to have more than 70 beds shall maintain daily statistics, by unit, of mortality, morbidity, infection, accident, injury and medical errors.

3. A hospital located in a county whose population is 100,000 or more and which is licensed to have more than 70 beds shall:

(a) Maintain all records required to be maintained by this section, for at least 7 years after the date on which the record was created; and

(b) Make all records required to be maintained by this section available for inspection upon the request of the Division or the Labor Commissioner.

Sec. 9.5. ***1. A hospital located in a county whose population is 100,000 or more and which is licensed to have more than 70 beds may deviate from a documented staffing plan developed pursuant to NRS 449.2421 or the maximum ratios prescribed in section 8 of this act during the existence of a state of emergency.***

2. If a hospital deviates from a documented staffing plan developed pursuant to NRS 449.2421 or the maximum ratios prescribed in section 8 of this act pursuant to subsection 1, the hospital shall, not later than 30 days after the deviation, report to the co-chairs of the nursing staffing committee established by the hospital pursuant to NRS 449.242 or, if the committee has not elected co-chairs, report to two persons appointed by the committee to serve as liaisons during the state of emergency. The report must contain an assessment of the needs of the hospital with respect to the staffing of nurses arising from the emergency.

3. If the state of emergency requires the hospital to continue to deviate from the documented staffing plan developed pursuant to NRS 449.2421 or the maximum ratios prescribed in section 8 of this act when the nursing staffing committee receives the report described in subsection 2, the nursing staffing committee shall develop a contingency documented staffing plan for the staffing or nurses that addresses the needs identified in the report. The contingency documented staffing plan developed pursuant to this subsection must include standards of care for crises which may arise from the state of emergency.

4. A hospital may not continue to deviate from the documented staffing plan developed pursuant to NRS 449.2421 or the maximum ratios prescribed in section 8 of this act for more than 90 days, unless the hospital first receives the approval of the nursing staffing committee.

5. As used in this section, "state of emergency" means:

(a) A state of emergency or declaration of disaster pursuant to NRS 414.070;

(b) A public health emergency or other event pursuant to NRS 439.970;

(c) A state of emergency declared by an agency of the Federal Government; or

(d) An event similar to the events described in paragraph (a), (b) and (c) which requires a hospital to utilize standards of care for crisis situations.

Sec. 10. ***1. The Labor Commissioner shall collaborate with the Division to ensure compliance with the provisions of NRS 449.242 to 449.2428, inclusive, and sections 2 to 10, inclusive, of this act. The Labor Commissioner may:***

(a) Inspect a health care facility to assess compliance with NRS 449.242 to 449.2428, inclusive, and sections 2 to 10, inclusive, of this act;

(b) Accept reports of alleged violations of NRS 449.242 to 449.2428, inclusive, and sections 2 to 10, inclusive, of this act;

(c) Investigate an alleged violation of NRS 449.242 to 449.2428, inclusive, and sections 2 to 10, inclusive, of this act or assist the Division with such an investigation; and

(d) Report a violation of NRS 449.242 to 449.2428, inclusive, and sections 2 to 10, inclusive, of this act to the Division.

2. Upon receiving from the Labor Commissioner pursuant to paragraph (d) of subsection 1 a report that a health care facility has violated NRS 449.242 to 449.2428, inclusive, and sections 2 to 10, inclusive, of this act, the Division shall initiate disciplinary proceedings against the health care facility.

Sec. 11. NRS 449.0301 is hereby amended to read as follows:

449.0301 The provisions of NRS 449.029 to 449.2428, inclusive, ***and sections 2 to 10, inclusive, of this act,*** do not apply to:

1. Any facility conducted by and for the adherents of any church or religious denomination for the purpose of providing facilities for the care and treatment of the sick who depend solely upon spiritual means through prayer for healing in the practice of the religion of the church or denomination, except that such a

facility shall comply with all regulations relative to sanitation and safety applicable to other facilities of a similar category.

2. Foster homes as defined in NRS 424.014.

3. Any medical facility, facility for the dependent or facility which is otherwise required by the regulations adopted by the Board pursuant to NRS 449.0303 to be licensed that is operated and maintained by the United States Government or an agency thereof.

Sec. 12. NRS 449.160 is hereby amended to read as follows:

449.160 1. The Division may deny an application for a license or may suspend or revoke any license issued under the provisions of NRS 449.029 to 449.2428, inclusive, ***and sections 2 to 10, inclusive, of this act*** upon any of the following grounds:

(a) Violation by the applicant or the licensee of any of the provisions of NRS 439B.410, 449.029 to 449.245, inclusive, ***and sections 2 to 10, inclusive, of this act,*** or 449A.100 to 449A.124, inclusive, and 449A.270 to 449A.286, inclusive, or of any other law of this State or of the standards, rules and regulations adopted thereunder.

(b) Aiding, abetting or permitting the commission of any illegal act.

(c) Conduct inimical to the public health, morals, welfare and safety of the people of the State of Nevada in the maintenance and operation of the premises for which a license is issued.

(d) Conduct or practice detrimental to the health or safety of the occupants or employees of the facility.

(e) Failure of the applicant to obtain written approval from the Director of the Department of Health and Human Services as required by NRS 439A.100 or 439A.102 or as provided in any regulation adopted pursuant to NRS 449.001 to 449.430, inclusive, ***and sections 2 to 10, inclusive, of this act,*** and 449.435 to 449.531, inclusive, and chapter 449A of NRS if such approval is required, including, without limitation, the closure or conversion of any hospital in a county whose population is 100,000 or more that is owned by the licensee without approval pursuant to NRS 439A.102.

(f) Failure to comply with the provisions of NRS 441A.315 and any regulations adopted pursuant thereto or NRS 449.2486.

(g) Violation of the provisions of NRS 458.112.

(h) Failure to comply with the provisions of NRS 449A.170 to 449A.192, inclusive, and any regulation adopted pursuant thereto.

(i) Violation of the provisions of NRS 629.260.

2. In addition to the provisions of subsection 1, the Division may revoke a license to operate a facility for the dependent if, with

respect to that facility, the licensee that operates the facility, or an agent or employee of the licensee:

(a) Is convicted of violating any of the provisions of NRS 202.470;

(b) Is ordered to but fails to abate a nuisance pursuant to NRS 244.360, 244.3603 or 268.4124; or

(c) Is ordered by the appropriate governmental agency to correct a violation of a building, safety or health code or regulation but fails to correct the violation.

3. The Division shall maintain a log of any complaints that it receives relating to activities for which the Division may revoke the license to operate a facility for the dependent pursuant to subsection 2. The Division shall provide to a facility for the care of adults during the day:

(a) A summary of a complaint against the facility if the investigation of the complaint by the Division either substantiates the complaint or is inconclusive;

(b) A report of any investigation conducted with respect to the complaint; and

(c) A report of any disciplinary action taken against the facility.

➥ The facility shall make the information available to the public pursuant to NRS 449.2486.

4. On or before February 1 of each odd-numbered year, the Division shall submit to the Director of the Legislative Counsel Bureau a written report setting forth, for the previous biennium:

(a) Any complaints included in the log maintained by the Division pursuant to subsection 3; and

(b) Any disciplinary actions taken by the Division pursuant to subsection 2.

Sec. 13. NRS 449.163 is hereby amended to read as follows:

449.163 1. In addition to the payment of the amount required by NRS 449.0308, if a medical facility, facility for the dependent or facility which is required by the regulations adopted by the Board pursuant to NRS 449.0303 to be licensed violates any provision related to its licensure, including any provision of NRS 439B.410 or 449.029 to 449.2428, inclusive, ***and sections 2 to 10, inclusive, of this act,*** or any condition, standard or regulation adopted by the Board, the Division, in accordance with the regulations adopted pursuant to NRS 449.165, may:

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

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

(c) If the license of the facility limits the occupancy of the facility and the facility has exceeded the approved occupancy, require the facility, at its own expense, to move patients to another facility that is licensed;

(d) Except where a greater penalty is authorized by subsection 2, impose an administrative penalty of not more than $5,000 per day for each violation, together with interest thereon at a rate not to exceed 10 percent per annum; and

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

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

(2) Improvements are made to correct the violation.

2. If an off-campus location of a hospital fails to obtain a national provider identifier that is distinct from the national provider identifier used by the main campus and any other off-campus location of the hospital in violation of NRS 449.1818, the Division may impose against the hospital an administrative penalty of not more than $10,000 for each day of such failure, together with interest thereon at a rate not to exceed 10 percent per annum, in addition to any other action authorized by this chapter.

3. If the facility fails to pay any administrative penalty imposed pursuant to paragraph (d) of subsection 1 or subsection 2, the Division may:

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

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

4. The Division may require any facility that violates any provision of NRS 439B.410 or 449.029 to 449.2428, inclusive, ***and sections 2 to 10, inclusive, of this act*** or any condition, standard or regulation adopted by the Board to make any improvements necessary to correct the violation.

5. Any money collected as administrative penalties pursuant to paragraph (d) of subsection 1 or subsection 2 must be accounted for separately and used to administer and carry out the provisions of NRS 449.001 to 449.430, inclusive, ***and sections 2 to 10, inclusive,***

of this act, 449.435 to 449.531, inclusive, and chapter 449A of NRS to protect the health, safety, well-being and property of the patients and residents of facilities in accordance with applicable state and federal standards or for any other purpose authorized by the Legislature.

Sec. 14. (Deleted by amendment.)

Sec. 15. 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); ***or***

(4) Reports to the Division or the Labor Commissioner any information concerning a potential or actual violation of the provisions of NRS 449.242 to 449.2428, inclusive, and sections 2 to 10, inclusive, of this act;

(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; or

(c) An employee or other provider of care who takes an action described in subsection 3 of NRS 618.7315.

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 sub-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. 16. NRS 449.240 is hereby amended to read as follows:

449.240 The district attorney of the county in which the facility is located shall, upon application by the Division, institute and conduct the prosecution of any action for violation of any provisions of NRS 449.029 to 449.245, inclusive ~~[.]~~ ***and sections 2 to 10, inclusive, of this act.***

Sec. 17. NRS 449.241 is hereby amended to read as follows:

449.241 As used in NRS 449.241 to 449.2428, inclusive, ***and sections 2 to 10, inclusive, of this act,*** unless the context otherwise requires, the words and terms defined in NRS 449.2413 to 449.2418, inclusive, ***and sections 2, 3 and 4 of this act*** have the meanings ascribed to them in those sections.

Sec. 18. NRS 449.242 is hereby amended to read as follows:

449.242 1. 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 ***nursing*** 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.]~~ Each ***nursing*** staffing committee established pursuant to this subsection must consist of:

(a) Not less than one-half of the total regular members of the ***nursing*** 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 ***nursing*** 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 ***nursing*** staffing committee is formed 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 ***nursing*** 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 ***nursing*** 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 ***nursing*** staffing committee pursuant to that subsection; and

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

5. In developing the written policy and the staffing plan ~~[,]~~ ***as described in subsection 6,*** the ***nursing*** 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.

6. ***The nursing staffing committee shall:***

(a) Collaborate with the technical staffing committee established pursuant to section 5 of this act and the service staffing committee established pursuant to section 6 of this act to develop a documented staffing plan as required by NRS 449.2421; and

(b) Develop a written policy as required by NRS 449.2423.

7. The ***nursing*** staffing committee of a hospital shall meet at least quarterly.

~~[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 Joint Interim Standing Committee on Health and Human Services.]~~

Sec. 19. NRS 449.2421 is hereby amended to read as follows:

449.2421 1. As a condition of licensing, a health care facility located in a county whose population is 100,000 or more and which is licensed to have more than 70 beds shall make available to the Division a written policy adopted pursuant to NRS 449.2423, a documented staffing plan and a written certification that the written policy and the documented staffing plan are adequate to meet the

needs of the patients of the health care facility. If the health care facility is a hospital ~~[, the]~~ ***:***

(a) The written policy ~~[and the documented staffing plan]~~ must:

~~[(a)]~~ ***(1)*** Be signed by each member of the ***nursing*** staffing committee of the hospital established pursuant to NRS 449.242 to indicate that the member has received a copy of the written policy ~~[and the staffing plan]~~ and, if applicable, actively participated in the development of the written policy ***;*** ~~[and the staffing plan;]~~ and

~~[(b)]~~ ***(2)*** Include a place where a member of the ***nursing*** staffing committee may note any objections to the written policy ***.*** ~~[or the staffing plan.]~~

(b) The documented staffing plan must:

(1) Be signed by each member of the staffing committees of the hospital established pursuant to NRS 449.242 and sections 5 and 6 of this act to indicate that the member has received a copy of the staffing plan and, if applicable, actively participated in the development of the staffing plan; and

(2) Include a place where a member of a staffing committee may note any objections to the staffing plan.

2. The documented staffing plan must include, without limitation:

(a) A detailed written plan setting forth:

(1) The number, skill mix and classification of licensed nurses required in each unit in the health care facility, which must ~~[take]~~ ***:***

(I) Take into account the experience of the clinical and nonclinical support staff with whom the licensed nurses collaborate, supervise or otherwise delegate assignments; and

(II) If the health care facility is a hospital, conform to the maximum ratios prescribed in section 8 of this act; and

(2) The number of certified nursing assistants required in each unit in the health care facility ~~[;]~~ ***, which must conform to the maximum ratios prescribed in section 8 of this act if the health care facility is a hospital;***

(b) A description of the types of patients who are treated in each unit, including, without limitation, the type of care required by the patients;

(c) A description of the activities in each unit, including, without limitation, discharges, transfers and admissions;

(d) A description of the size and geography of each unit;

(e) A description of any specialized equipment and technology available for each unit;

(f) Any foreseeable changes in the size or function of each unit; ~~[and]~~

(g) Protocols for adequately staffing the health care facility:

(1) In the event of an emergency, including, without limitation, mass casualties and a significant change in the acuity or number of patients;

(2) If applicable, in circumstances when a significant number of patients are diverted from another facility; and

(3) If a licensed nurse or certified nursing assistant is absent or refuses a work assignment pursuant to NRS 449.2423 ~~[.]~~ ***;***

(h) If the health care facility is a hospital, policies to provide additional compensation for licensed nurses who:

(1) Are assigned to float between units;

(2) Perform duties that involve unusual hazards; or

(3) Serve as preceptors; and

(i) A plan for maintaining adequate staffing levels for the technical and service staff of the health care facility as necessary for the facility to:

(1) Minimize or reduce the potential for any disruption of the physical or technical capabilities of the health care facility, for which the availability of such capabilities are necessary to safely and efficiently provide care to patients; and

(2) Ensure the efficient admission of patients and the timely administration of care to patients.

3. A documented staffing plan must provide sufficient flexibility to allow for adjustments based upon changes in a unit of the health care facility.

4. ~~[The]~~ ***Except as otherwise provided in section 9.5 of this act, the*** health care facility shall ensure that it is staffed in accordance with the documented staffing plan.

Sec. 20. NRS 449.2423 is hereby amended to read as follows:

449.2423 1. As a condition of licensure, a health care facility which is located in a county whose population is 100,000 or more and which is licensed to have more than 70 beds must adopt and disseminate to each licensed nurse and certified nursing assistant employed by the health care facility a written policy that sets forth the circumstances under which a licensed nurse or certified nursing assistant may refuse or object to a work assignment.

2. The written policy concerning work assignments must, at a minimum, allow a licensed nurse or certified nursing assistant to:

(a) Refuse a work assignment for any reason for refusal set forth in paragraph (b) of subsection 1 of NRS 449.205; and

(b) File an objection to a work assignment if the work assignment violates any provision of NRS 449.241 to 449.2428, inclusive ~~[.]~~ ***, and sections 2 to 10, inclusive, of this act.***

3. For the purposes of refusing a work assignment pursuant to paragraph (a) of subsection 2, the written policy concerning work assignments must contain:

(a) Reasonable requirements for prior notice to the supervisor of the licensed nurse or certified nursing assistant of the request by the licensed nurse or certified nursing assistant to be relieved of the work assignment, including, without limitation, the reasons supporting the request;

(b) Reasonable requirements which provide, if feasible, an opportunity for the supervisor to review a request by the licensed nurse or certified nursing assistant to be relieved of the work assignment, including any specific conditions supporting the request, and based upon that review:

(1) Relieve the licensed nurse or certified nursing assistant of the work assignment as requested; or

(2) Deny the request; and

(c) A process pursuant to which a licensed nurse or certified nursing assistant may exercise his or her right to refuse a work assignment if the supervisor does not approve the request to be relieved of the work assignment if:

(1) The supervisor failed to approve the request without proposing a remedy or, if a remedy is proposed, the proposed remedy would be inadequate or untimely;

(2) The process for filing a complaint with the Division or any other appropriate regulatory entity, including any investigation that would be required, would be untimely to address the concerns of the licensed nurse or certified nursing assistant in refusing a work assignment; and

(3) The licensed nurse or certified nursing assistant in good faith believes that the work assignment meets the conditions established in the written policy justifying refusal.

4. For the purposes of objecting to a work assignment pursuant to paragraph (b) of subsection 2, the written policy concerning work assignments must contain:

(a) A process for a licensed nurse or certified nursing assistant to file an objection with the health care facility, but still accept the work assignment despite the objection; and

(b) A requirement that the health care facility respond to the objection as soon as practicable, but not later than 45 days after receiving the objection.

5. The health care facility shall:

(a) Maintain records for at least 2 years of each request to be relieved of a work assignment, each refusal of a work assignment and each objection to a work assignment that is filed with the health care facility pursuant to the written policy adopted pursuant to this section;

(b) If the health care facility has established a ***nursing*** staffing committee pursuant to NRS 449.242, provide to the ***nursing*** staffing committee:

(1) The number of requests to be relieved of a work assignment and refusals of a work assignment made by a licensed nurse or a certified nursing assistant at the health care facility pursuant to this section;

(2) The number of objections to a work assignment filed by a licensed nurse or a certified nursing assistant at the health care facility pursuant to this section; and

(3) An explanation of how the health care facility addressed the requests, refusals and objections; and

(c) Ensure that the health care facility complies with the written policy adopted pursuant to this section.

Sec. 21. NRS 449.2425 is hereby amended to read as follows:

449.2425 1. The Division shall adopt regulations establishing:

(a) A system for rating each health care facility located in a county whose population is 100,000 or more and which is licensed to have more than 70 beds on the compliance by the facility with the provisions of this section and NRS 449.241 to 449.2428, inclusive, ***and sections 2 to 10, inclusive, of this act,*** including, without limitation, the number of resolved and unresolved violations and the severity of those violations. The rating system must provide for the assignment of a star rating of not more than five stars and not less than one star to each such facility after:

(1) Each inspection conducted by the Division pursuant to NRS 449.132 ~~[,]~~ and ***449.2428.***

(2) Each investigation conducted by the Division pursuant to NRS 449.0307 ***and 449.2428*** concerning a complaint that alleges a violation of the provisions of this section and NRS 449.241 to 449.2428, inclusive ~~[.]~~ ***, and sections 2 to 10, inclusive, of this act.***

(b) Procedures by which a health care facility located in a county whose population is 100,000 or more and which is licensed to have more than 70 beds may, not later than 30 days after an investigation or inspection, appeal a finding concerning a violation of the provisions of this section and NRS 449.241 to 449.2428,

inclusive, ***and sections 2 to 10, inclusive, of this act*** or request a follow-up inspection.

2. A star rating assigned pursuant to subsection 1 becomes final:

(a) Thirty days after the investigation or inspection on which the star rating is based; or

(b) After the completion of any follow-up inspection or the final determination of any appeal pursuant to subsection 1,

➥ whichever is later.

3. Not later than 5 days after a star rating becomes final pursuant to subsection 2, the Division shall post on an Internet website maintained by the Division a report which must include:

(a) The final star rating assigned to the facility pursuant to subsection 1; and

(b) A report of each unresolved violation of an applicable statute or regulation and all proposed actions to correct the violation.

4. A health care facility located in a county whose population is 100,000 or more and which is licensed to have more than 70 beds shall post the final star rating assigned to the facility pursuant to subsection 1 after the most recent investigation or inspection in a conspicuous place near each entrance to the facility that is regularly used by the public and, if the facility maintains an Internet website that is accessible to the public, on that Internet website.

Sec. 22. NRS 449.2428 is hereby amended to read as follows:

449.2428 For each health care facility which is located in a county whose population is 100,000 or more and which is licensed to have more than 70 beds, the Division shall:

1. Ensure the general compliance of the health care facility with the provisions of NRS 449.241 to 449.2428, inclusive, ***and sections 2 to 10, inclusive, of this act,*** including, without limitation, those provisions relating to documented staffing plans and written policies adopted pursuant to NRS ***449.2421 and*** 449.2423 ~~[,]~~ ***, respectively;*** and

2. Adopt such regulations as are necessary or appropriate to carry out the provisions of this section. ***The regulations must provide:***

(a) For unannounced, random visits at a health care facility to determine whether the facility is in compliance with NRS 449.241 to 449.2428, inclusive, and sections 2 to 10, inclusive, of this act.

(b) An accessible and confidential system pursuant to which the nursing, technical and service staff of a hospital may report the failure of the hospital to comply with the provisions of NRS

449.241 to 449.2428, inclusive, and sections 2 to 10, inclusive, of this act.

(c) Procedures for timely investigating and resolving a report received pursuant to the system described in paragraph (b). The procedures must include, without limitation, a requirement that the Division:

(1) Investigate and resolve a report within the applicable maximum amount of time prescribed for the investigation of complaints or incidents by the Centers for Medicare and Medicaid Services of the United States Department of Health and Human Services, based on intake priority, in accordance with the State Operations Manual published by the Centers for Medicare and Medicaid Services, unless the applicable circumstances of an investigation require additional time; and

(2) Take appropriate disciplinary action pursuant to NRS 449.160 or 449.163, as appropriate, against a health care facility that is found to have violated the provisions of NRS 449.241 to 449.2428, inclusive, and sections 2 to 10, inclusive, of this act pursuant to an investigation completed pursuant to the procedures described in this paragraph.

(d) A systematic means for investigating and correcting violations of any provision of NRS 449.241 to 449.2428, inclusive, and sections 2 to 10, inclusive, of this act.

Sec. 23. NRS 618.7312 is hereby amended to read as follows:

618.7312 1. A medical facility shall:

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

(1) If ~~[~~a~~]~~ staffing ~~[~~committee has~~]~~ ***committees have*** been established for the medical facility pursuant to NRS 449.242 ***and sections 5 and 6 of this act*** or an applicable collective bargaining agreement:

(I) The members of ~~[~~the~~]~~ ***each*** staffing committee; and

(II) Employees of the medical facility who work in areas of the medical facility other than those represented on the staffing ~~[~~committee,~~]~~ ***committees,*** appointed by the operator of the medical facility.

(2) If ~~[~~a staffing committee has~~]~~ ***staffing committees have*** not been established for the medical facility pursuant to NRS 449.242 ***or sections 5 or 6 of this act*** or an applicable collective bargaining agreement, employees of the medical facility appointed by the operator of the medical facility. Such employees must include, without limitation, employees who work in all major areas of the medical facility.

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

(1) Be in writing;

(2) Be in effect at all times;

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

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

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

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

(a) A requirement that all employees of the medical facility and other providers of care at the medical facility receive the training described in NRS 618.7313 concerning the prevention of workplace violence:

(1) Upon the adoption of a new plan for the prevention of 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 NRS 618.7314 for responding to and investigating incidents of workplace violence.

(c) Procedures that meet the requirements of the regulations adopted pursuant to NRS 618.7317 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. 24. 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. 25. 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.

Sec. 26. 1. This section becomes effective upon passage and approval.

2. Sections 1 to 25, inclusive, 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 October 1, 2025, for all other purposes.

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