
SENATE BILL NO. 378—SENATORS DOÑATE, CRUZ-CRAWFORD,
NGUYEN, FLORES; CANNIZZARO, LANGE AND OHRENSCHALL

MARCH 17, 2025

JOINT SPONSOR: ASSEMBLYMEMBER GRAY

Referred to Committee on Health and Human Services

SUMMARY—Makes revisions relating to health care.
(BDR 40-705)

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

CONTAINS UNFUNDED MANDATE (§ 33)
(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 health care; revising requirements governing the electronic maintenance, transmittal and exchange of health information; establishing a program to increase awareness of information concerning independent centers for emergency medical care; requiring certain facilities that are owned or operated by, or otherwise part of, hospitals to be licensed as independent centers for emergency medical care; requiring an independent center for emergency medical care to provide urgent care services under certain conditions; prohibiting a noncompetition covenant from applying to a physician; requiring a custodian of health records to furnish health records within a specified period of time and without charging a fee under certain circumstances; and providing other matters properly relating thereto.

Legislative Counsel’s Digest:

- 1 Existing law requires the Director of the Department of Health and Human
- 2 Services to prescribe by regulation a framework for the electronic maintenance,
- 3 transmittal and exchange of electronic health records, prescriptions, health-related
- 4 information and electronic signatures and requirements for electronic equivalents of



5 written entries or written approvals. With certain exceptions, existing law requires
6 various entities involved in health care, including persons and facilities that provide
7 health care, to maintain, transmit and exchange health information in accordance
8 with those regulations. (NRS 439.589) **Section 5** of this bill prohibits those
9 regulations from authorizing such a person or entity to comply with that
10 requirement by connecting with a health information exchange or utilizing any
11 other service that charges a fee for providing electronic health records to such a
12 person or entity or a patient upon request. **Section 33** of this bill: (1) requires a
13 custodian of health care records to furnish electronic health records to a patient or
14 another person or entity upon the request of a patient within 2 business days; and
15 (2) prohibits a custodian of health care records from charging a fee to furnish health
16 care records under such circumstances.

17 **Sections 4, 31 and 40** of this bill limit the health care providers that must
18 maintain, transmit and exchange health information electronically to medical
19 facilities and high-level providers of health care. **Section 1** of this bill defines the
20 term "high-level provider of health care" to mean a physician, physician assistant,
21 dentist, advanced practice registered nurse, chiropractic physician, podiatric
22 physician or physical therapist. **Section 4** additionally exempts from requirements
23 to maintain, transmit and exchange health information electronically high-level
24 providers of health care whose solo practices are under a certain size or who work
25 only in concierge medicine. However, **section 4** requires such high-level providers
26 of health care to furnish the medical records of a patient electronically to the patient
27 upon request of the patient. **Section 6** of this bill makes conforming changes to
28 revise the applicability of a provision requiring the Department to notify the
29 licensing board of a provider who fails to comply with requirements governing the
30 electronic maintenance, transmittal and exchange of health information. **Section 2**
31 of this bill establishes the applicability of the definition set forth in **section 1**, and
32 **sections 24, 25, 29, 35 and 36** of this bill make other conforming changes to
33 indicate the proper placement of **section 1** in the Nevada Revised Statutes. **Section**
34 **32** of this bill updates internal references changed by **section 31**.

35 Existing law prohibits a person or entity from operating an independent center
36 for emergency medical care without a license issued by the Division of Public and
37 Behavioral Health of the Department. (NRS 449.030) **Section 14** of this bill
38 requires a facility that is owned or operated by, or otherwise part of, a hospital that
39 is structurally separate from the hospital and provides limited services for the
40 treatment of a medical emergency to be licensed as an independent center for
41 emergency medical care. (NRS 449.0151, 449.030) **Sections 15 and 16** of this bill
42 prohibit the Division or the State Board of Health from charging a fee for the
43 issuance of such a license. **Section 17** of this bill prohibits the Division from
44 issuing a license to operate an independent center for emergency medical care that
45 is located within a 5 mile radius of another independent center for emergency
46 medical care. However, **section 37** of this bill requires the Division to issue a
47 license to an independent center for emergency medical care that: (1) is operating
48 on January 1, 2026; (2) is newly required by **section 14** to be licensed; and (3)
49 otherwise meets the requirements for licensure, regardless of where the facility is
50 located. **Section 18** of this bill requires an independent center for emergency
51 medical care to provide urgent care services during all operating hours and imposes
52 certain additional requirements related to the provision of such urgent care.

53 Existing law establishes programs to increase awareness of information
54 concerning hospitals and surgical centers for ambulatory patients. (NRS 439A.200-
55 439A.290) **Section 9** of this bill requires the Department to establish a similar
56 program to increase awareness of information concerning independent centers for
57 emergency medical care. **Sections 9, 10, 12, 13 and 19** of this bill provide for the
58 Department to collect certain information on the operations of independent centers
59 for emergency medical care and the outcomes for patients treated by independent



60 centers for emergency medical care. To facilitate such reporting, **section 19**
61 requires an independent center for emergency medical care to use the same form
62 prescribed by the Director for discharging patients as a hospital is currently
63 required to use. **Section 34** of this bill makes a conforming change to reflect that
64 independent centers for emergency medical care will be using the same form.
65 **Sections 12 and 13** require the Department to: (1) make certain information
66 concerning independent centers for emergency medical care available upon request;
67 and (2) post certain information concerning independent centers for emergency
68 medical care on an Internet website maintained by the Department. **Section 23** of
69 this bill makes a conforming change to reflect the revised content of that Internet
70 website. **Section 8** of this bill defines the term "independent center for emergency
71 medical care" for that purpose. **Section 11** of this bill establishes the applicability
72 of certain definitions. **Section 20** of this bill requires a report prepared by the
73 Director on the status of the programs to increase public awareness of information
74 concerning hospitals and surgical centers for ambulatory patients to additionally
75 include information on the status of the program to increase awareness of
76 information concerning independent centers for emergency medical care.

77 Existing law authorizes a court, upon a petition, to order the sealing of records
78 of certain convictions if the person who was convicted: (1) has not been convicted
79 of any additional offense, except for minor traffic violations, for a specified
80 period of time; and (2) does not have charges pending for any offense, except for
81 minor traffic violations. (NRS 179.245) Existing law also authorizes a court, upon a
82 petition, to order the sealing of records of an arrest where the charges were
83 dismissed, the prosecutor declined to prosecute or the person who was arrested was
84 acquitted. (NRS 179.255) **Section 21** of this bill authorizes the Department or the
85 Division of Health Care Financing and Policy of the Department to review certain
86 sealed records for the purpose of determining the suitability of the person to whom
87 the records pertain to serve as a provider of services under Medicaid or to own or
88 serve as an officer, managing employee or managing agent of such a provider of
89 services.

90 Existing law prescribes a procedure for conducting a hearing to review an
91 action taken against a provider of services under Medicaid. (NRS 422.306) **Section**
92 **27** of this bill requires such a provider of services to maintain and provide certain
93 documents to the Department for the purpose of verifying claims. **Section 27**
94 authorizes the Department to deny a claim or recover money already paid if the
95 Department is unable to verify the claim. **Section 28** of this bill: (1) prescribes a
96 process for the Department to review claims for appropriateness and propriety; and
97 (2) authorizes the Department to deny or recover any amount paid pursuant to such
98 a claim or take certain actions based on such a review. **Section 22** of this bill makes
99 a conforming change to require the Director to administer **sections 27 and 28** in the
100 same manner as other provisions governing Medicaid.

101 Existing law provides that a noncompetition covenant is void unless the
102 covenant: (1) is supported by valuable consideration; (2) does not impose any
103 restraint that is greater than is required for the protection of the employer; (3) does
104 not impose any undue hardship on the employee; and (4) imposes restrictions that
105 are appropriately related to the consideration for the covenant. (NRS 613.195)
106 **Section 30** of this bill provides that a noncompetition covenant may not apply to a
107 physician.



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

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

3 *“High-level provider of health care” means a physician or*
4 *physician assistant licensed pursuant to chapter 630 or 633 of*
5 *NRS, dentist, advanced practice registered nurse, chiropractic*
6 *physician, podiatric physician or physical therapist.*

7 **Sec. 2.** NRS 439.581 is hereby amended to read as follows:

8 439.581 As used in NRS 439.581 to 439.597, inclusive, *and*
9 *section 1 of this act*, unless the context otherwise requires, the
10 words and terms defined in NRS 439.582 to 439.585, inclusive, *and*
11 *section 1 of this act* have the meanings ascribed to them in those
12 sections.

13 **Sec. 3.** NRS 439.588 is hereby amended to read as follows:

14 439.588 1. A health information exchange shall not operate
15 in this State without first obtaining certification as provided in
16 subsection 2.

17 2. The Director shall by regulation establish the manner in
18 which a health information exchange may apply for certification and
19 the requirements for granting such certification, which must include,
20 without limitation, that the health information exchange demonstrate
21 its financial and operational sustainability, adherence to the privacy,
22 security and patient consent standards adopted pursuant to NRS
23 439.589 and capacity for interoperability with any other health
24 information exchange certified pursuant to this section.

25 3. The Director may deny an application for certification or
26 may suspend or revoke any certification issued pursuant to
27 subsection 2 for failure to comply with the provisions of NRS
28 439.581 to 439.597, inclusive, *and section 1 of this act* or the
29 regulations adopted pursuant thereto or any applicable federal or
30 state law.

31 4. When the Director intends to deny, suspend or revoke a
32 certification, he or she shall give reasonable notice to all parties by
33 certified mail. The notice must contain the legal authority,
34 jurisdiction and reasons for the action to be taken. A health
35 information exchange that wishes to contest the action of the
36 Director must file an appeal with the Director.

37 5. The Director shall adopt regulations establishing the manner
38 in which a person may file a complaint with the Director regarding a
39 violation of the provisions of this section.

40 6. The Director may impose an administrative fine against a
41 health information exchange which operates in this State without
42 holding a certification in an amount established by the Director by



1 regulation. The Director shall afford a health information exchange
2 so fined an opportunity for a hearing pursuant to the provisions of
3 NRS 233B.121.

4 7. The Director may adopt such regulations as he or she
5 determines are necessary to carry out the provisions of this section.

6 **Sec. 4.** NRS 439.589 is hereby amended to read as follows:

7 439.589 1. The Director, in consultation with health care
8 providers, third parties and other interested persons and entities,
9 shall by regulation prescribe a framework for the electronic
10 maintenance, transmittal and exchange of electronic health records,
11 prescriptions, health-related information and electronic signatures
12 and requirements for electronic equivalents of written entries or
13 written approvals in accordance with federal law. The regulations
14 must:

15 (a) Establish standards for networks and technologies to be used
16 to maintain, transmit and exchange health information, including,
17 without limitation, standards:

18 (1) That require:

19 (I) The use of networks and technologies that allow
20 patients to access electronic health records directly from the health
21 care provider of the patient and forward such electronic health
22 records electronically to other persons and entities; and

23 (II) The interoperability of such networks and
24 technologies in accordance with the applicable standards for the
25 interoperability of Qualified Health Information Networks
26 prescribed by the Office of the National Coordinator for Health
27 Information Technology of the United States Department of Health
28 and Human Services;

29 (2) To ensure that electronic health records retained or shared
30 are secure;

31 (3) To maintain the confidentiality of electronic health
32 records and health-related information, including, without
33 limitation, standards to maintain the confidentiality of electronic
34 health records relating to a child who has received health care
35 services without the consent of a parent or guardian and which
36 ensure that a child's right to access such health care services is not
37 impaired;

38 (4) To ensure the privacy of individually identifiable health
39 information, including, without limitation, standards to ensure the
40 privacy of information relating to a child who has received health
41 care services without the consent of a parent or guardian;

42 (5) For obtaining consent from a patient before retrieving the
43 patient's health records from a health information exchange,
44 including, without limitation, standards for obtaining such consent



1 from a child who has received health care services without the
2 consent of a parent or guardian;

3 (6) For making any necessary corrections to information or
4 records;

5 (7) For notifying a patient if the confidentiality of
6 information contained in an electronic health record of the patient is
7 breached;

8 (8) Governing the ownership, management and use of
9 electronic health records, health-related information and related
10 data; and

11 (9) For the electronic transmission of prior authorizations for
12 prescription medication;

13 (b) Ensure compliance with the requirements, specifications and
14 protocols for exchanging, securing and disclosing electronic health
15 records, health-related information and related data prescribed
16 pursuant to the provisions of the Health Information Technology for
17 Economic and Clinical Health Act, 42 U.S.C. §§ 300jj et seq. and
18 17901 et seq., the Health Insurance Portability and Accountability
19 Act of 1996, Public Law 104-191, and other applicable federal and
20 state law; and

21 (c) Be based on nationally recognized best practices for
22 maintaining, transmitting and exchanging health information
23 electronically.

24 2. The standards prescribed pursuant to this section must
25 include, without limitation:

26 (a) Requirements for the creation, maintenance and transmittal
27 of electronic health records;

28 (b) Requirements for protecting confidentiality, including
29 control over, access to and the collection, organization and
30 maintenance of electronic health records, health-related information
31 and individually identifiable health information;

32 (c) Requirements for the manner in which a patient may,
33 through a health care provider who participates in the sharing of
34 health records using a health information exchange, revoke his or
35 her consent for a health care provider to retrieve the patient's health
36 records from the health information exchange;

37 (d) A secure and traceable electronic audit system for
38 identifying access points and trails to electronic health records and
39 health information exchanges; and

40 (e) Any other requirements necessary to comply with all
41 applicable federal laws relating to electronic health records, health-
42 related information, health information exchanges and the security
43 and confidentiality of such records and exchanges.

44 3. The regulations adopted pursuant to this section must not
45 require any person or entity to use a health information exchange.



1 4. Except as otherwise provided in subsections 5, 6 and 7, the
2 Department and the divisions thereof, other state and local
3 governmental entities, *medical facilities, high-level providers of*
4 health care , [providers,] third parties, pharmacy benefit managers
5 and other entities licensed or certified pursuant to title 57 of NRS
6 shall maintain, transmit and exchange health information in
7 accordance with the regulations adopted pursuant to this section, the
8 provisions of NRS 439.581 to 439.597, inclusive, *and section 1 of*
9 *this act* and any other regulations adopted pursuant thereto.

10 5. The Federal Government and employees thereof, a provider
11 of health coverage for federal employees, a provider of health
12 coverage that is subject to the Employee Retirement Income
13 Security Act of 1974, 29 U.S.C. §§ 1001 et seq., or a Taft-Hartley
14 trust formed pursuant to 29 U.S.C. § 186(c)(5) is not required to but
15 may maintain, transmit and exchange electronic information in
16 accordance with the regulations adopted pursuant to this section.

17 6. A *high-level provider of health care* [provider] may apply to
18 the Department for a waiver from the provisions of subsection 4 on
19 the basis that the *high-level provider of health care* [provider] does
20 not have the infrastructure necessary to comply with those
21 provisions, including, without limitation, because the *high-level*
22 *provider of health care* [provider] does not have access to the
23 Internet. The Department shall grant a waiver if it determines that:

24 (a) The *high-level provider of health care* [provider] does not
25 currently have the infrastructure necessary to comply with the
26 provisions of subsection 4; and

27 (b) Obtaining such infrastructure is not reasonably practicable,
28 including, without limitation, because the cost of such infrastructure
29 would make it difficult for the *high-level provider of health care*
30 [provider] to continue to operate.

31 7. The provisions of subsection 4 do not apply to [the] :

32 (a) *The Department of Corrections* [];

33 (b) *A high-level provider of health care whose solo practice:*

34 (1) *Provided care to fewer than 500 patients during the*
35 *immediately preceding year and reasonably expects to provide care*
36 *to fewer than 500 patients during the current year; or*

37 (2) *Only provides health care through concierge medicine;*

38 *or*

39 (c) *A high-level provider of health care who, in combination*
40 *with all other members of his or her group practice:*

41 (1) *Provided care to fewer than 500 patients during the*
42 *immediately preceding year and reasonably expects to provide care*
43 *to fewer than 500 patients during the current year; or*

44 (2) *Only provides health care through concierge medicine.*



1 8. *A high-level provider of health care described in*
2 *paragraphs (b) and (c) of subsection 7 shall furnish the medical*
3 *records of a patient electronically to the patient or, upon the*
4 *request of the patient, another person or entity, in accordance with*
5 *NRS 629.062.*

6 9. A violation of the provisions of this section or any
7 regulations adopted pursuant thereto is not a misdemeanor.

8 ~~9.~~ 10. As used in this section:

9 (a) *“Concierge medicine” means the provision of health care*
10 *services for an established period of time in exchange for a fee.*

11 (b) *“Medical facility” has the meaning ascribed to it in*
12 *NRS 449.0151.*

13 (c) *“Pharmacy benefit manager” has the meaning ascribed to it*
14 *in NRS 683A.174.*

15 ~~(b)~~ (d) *“Third party” means any insurer, governmental entity*
16 *or other organization providing health coverage or benefits in*
17 *accordance with state or federal law.*

18 **Sec. 5.** NRS 439.589 is hereby amended to read as follows:

19 439.589 1. The Director, in consultation with health care
20 providers, third parties and other interested persons and entities,
21 shall by regulation prescribe a framework for the electronic
22 maintenance, transmittal and exchange of electronic health records,
23 prescriptions, health-related information and electronic signatures
24 and requirements for electronic equivalents of written entries or
25 written approvals in accordance with federal law. The regulations
26 must:

27 (a) Establish standards for networks and technologies to be used
28 to maintain, transmit and exchange health information, including,
29 without limitation, standards:

30 (1) That require:

31 (I) The use of networks and technologies that allow
32 patients to access electronic health records directly from the health
33 care provider of the patient and forward such electronic health
34 records electronically to other persons and entities; and

35 (II) The interoperability of such networks and
36 technologies in accordance with the applicable standards for the
37 interoperability of Qualified Health Information Networks
38 prescribed by the Office of the National Coordinator for Health
39 Information Technology of the United States Department of Health
40 and Human Services;

41 (2) To ensure that electronic health records retained or shared
42 are secure;

43 (3) To maintain the confidentiality of electronic health
44 records and health-related information, including, without
45 limitation, standards to maintain the confidentiality of electronic



1 health records relating to a child who has received health care
2 services without the consent of a parent or guardian and which
3 ensure that a child's right to access such health care services is not
4 impaired;

5 (4) To ensure the privacy of individually identifiable health
6 information, including, without limitation, standards to ensure the
7 privacy of information relating to a child who has received health
8 care services without the consent of a parent or guardian;

9 (5) For obtaining consent from a patient before retrieving the
10 patient's health records from a health information exchange,
11 including, without limitation, standards for obtaining such consent
12 from a child who has received health care services without the
13 consent of a parent or guardian;

14 (6) For making any necessary corrections to information or
15 records;

16 (7) For notifying a patient if the confidentiality of
17 information contained in an electronic health record of the patient is
18 breached;

19 (8) Governing the ownership, management and use of
20 electronic health records, health-related information and related
21 data; and

22 (9) For the electronic transmission of prior authorizations for
23 prescription medication;

24 (b) Ensure compliance with the requirements, specifications and
25 protocols for exchanging, securing and disclosing electronic health
26 records, health-related information and related data prescribed
27 pursuant to the provisions of the Health Information Technology for
28 Economic and Clinical Health Act, 42 U.S.C. §§ 300jj et seq. and
29 17901 et seq., the Health Insurance Portability and Accountability
30 Act of 1996, Public Law 104-191, and other applicable federal and
31 state law; and

32 (c) Be based on nationally recognized best practices for
33 maintaining, transmitting and exchanging health information
34 electronically.

35 2. The standards prescribed pursuant to this section must
36 include, without limitation:

37 (a) Requirements for the creation, maintenance and transmittal
38 of electronic health records;

39 (b) Requirements for protecting confidentiality, including
40 control over, access to and the collection, organization and
41 maintenance of electronic health records, health-related information
42 and individually identifiable health information;

43 (c) Requirements for the manner in which a patient may,
44 through a health care provider who participates in the sharing of
45 health records using a health information exchange, revoke his or



1 her consent for a health care provider to retrieve the patient's health
2 records from the health information exchange;

3 (d) A secure and traceable electronic audit system for
4 identifying access points and trails to electronic health records and
5 health information exchanges; and

6 (e) Any other requirements necessary to comply with all
7 applicable federal laws relating to electronic health records, health-
8 related information, health information exchanges and the security
9 and confidentiality of such records and exchanges.

10 3. The regulations adopted pursuant to this section must not
11 ~~require~~:

12 (a) *Require* any person or entity to use a health information
13 exchange ~~H~~; or

14 (b) *Authorize a person or entity described in subsection 4 to*
15 *comply with the requirements of that subsection by:*

16 (1) *Connecting with a health information exchange; or*

17 (2) *Utilizing any other service that charges a fee to such a*
18 *person or entity or a patient for providing electronic health*
19 *records to a patient upon request in violation of NRS 629.062.*

20 4. Except as otherwise provided in subsections 5, 6 and 7, the
21 Department and the divisions thereof, other state and local
22 governmental entities, medical facilities, high-level providers of
23 health care, third parties, pharmacy benefit managers and other
24 entities licensed or certified pursuant to title 57 of NRS shall
25 maintain, transmit and exchange health information in accordance
26 with the regulations adopted pursuant to this section, the provisions
27 of NRS 439.581 to 439.597, inclusive, and section 1 of this act and
28 any other regulations adopted pursuant thereto.

29 5. The Federal Government and employees thereof, a provider
30 of health coverage for federal employees, a provider of health
31 coverage that is subject to the Employee Retirement Income
32 Security Act of 1974, 29 U.S.C. §§ 1001 et seq., or a Taft-Hartley
33 trust formed pursuant to 29 U.S.C. § 186(c)(5) is not required to but
34 may maintain, transmit and exchange electronic information in
35 accordance with the regulations adopted pursuant to this section.

36 6. A high-level provider of health care may apply to the
37 Department for a waiver from the provisions of subsection 4 on the
38 basis that the high-level provider of health care does not have
39 the infrastructure necessary to comply with those provisions,
40 including, without limitation, because the high-level provider of
41 health care does not have access to the Internet. The Department
42 shall grant a waiver if it determines that:

43 (a) The high-level provider of health care does not currently
44 have the infrastructure necessary to comply with the provisions of
45 subsection 4; and



1 (b) Obtaining such infrastructure is not reasonably practicable,
2 including, without limitation, because the cost of such infrastructure
3 would make it difficult for the high-level provider of health care to
4 continue to operate.

5 7. The provisions of subsection 4 do not apply to:

6 (a) The Department of Corrections;

7 (b) A high-level provider of health care whose solo practice:

8 (1) Provided care to fewer than 500 patients during the
9 immediately preceding year and reasonably expects to provide care
10 to fewer than 500 patients during the current year; or

11 (2) Only provides health care through concierge medicine; or

12 (c) A high-level provider of health care who, in combination
13 with all other members of his or her group practice:

14 (1) Provided care to fewer than 500 patients during the
15 immediately preceding year and reasonably expects to provide care
16 to fewer than 500 patients during the current year; or

17 (2) Only provides health care through concierge medicine.

18 8. A high-level provider of health care described in paragraphs
19 (b) and (c) of subsection 7 shall furnish the medical records of a
20 patient electronically to the patient or, upon the request of the
21 patient, another person or entity, in accordance with NRS 629.062.

22 9. A violation of the provisions of this section or any
23 regulations adopted pursuant thereto is not a misdemeanor.

24 10. As used in this section:

25 (a) "Concierge medicine" means the provision of health care
26 services for an established period of time in exchange for a fee.

27 (b) "Medical facility" has the meaning ascribed to it in
28 NRS 449.0151.

29 (c) "Pharmacy benefit manager" has the meaning ascribed to it
30 in NRS 683A.174.

31 (d) "Third party" means any insurer, governmental entity or
32 other organization providing health coverage or benefits in
33 accordance with state or federal law.

34 **Sec. 6.** NRS 439.5895 is hereby amended to read as follows:

35 439.5895 1. The Department shall notify each regulatory
36 body of this State that has issued a current, valid license to a
37 licensed provider or insurer if:

38 (a) The Department determines that the licensed provider or
39 insurer is not in compliance with the requirements of subsection 4 of
40 NRS 439.589 ~~§~~ and

41 ~~§(b) The~~ *the* licensed provider or insurer:

42 (1) Is not exempt from those requirements pursuant to
43 subsection 5 *or* 7 of NRS 439.589; and

44 (2) Has not received a waiver of those requirements pursuant
45 to subsection 6 of NRS 439.589 ~~§~~; *or*



1 *(b) The licensed provider or insurer is a high-level provider of*
2 *health care who is exempt from the requirements of subsection 4*
3 *of NRS 439.589 pursuant to paragraph (b) or (c) of subsection 7*
4 *of NRS 439.589 and the Department determines that the high-level*
5 *provider of health care is not in compliance with subsection 8 of*
6 *NRS 439.589.*

7 2. If the Department determines that a licensed provider or
8 insurer for which notice was previously provided pursuant to
9 subsection 1 has come into compliance with the requirements of
10 subsection 4 *or 8, as applicable*, of NRS 439.589, the Department
11 shall immediately notify the regulatory body that issued the license.

12 3. As used in this section:

13 (a) "License" means any license, certificate, registration, permit
14 or similar type of authorization to practice an occupation or
15 profession or engage in a business in this State issued to a licensed
16 provider or insurer.

17 (b) "Licensed provider or insurer" means:

18 (1) A medical facility licensed pursuant to chapter 449 of
19 NRS;

20 (2) ~~[(The holder of a permit to operate an ambulance, an air~~
21 ~~ambulance or a vehicle of a fire fighting agency pursuant to chapter~~
22 ~~450B of NRS;~~

23 ~~—(3)] A *high-level* provider of health care ; ~~[, as defined in~~
24 ~~NRS 629.031, who is licensed pursuant to title 54 of NRS;]~~ or~~

25 ~~[(4)]~~ (3) Any person licensed pursuant to title 57 of NRS.

26 (c) "Regulatory body" means any governmental entity that
27 issues a license.

28 **Sec. 7.** Chapter 439A of NRS is hereby amended by adding
29 thereto the provisions set forth as sections 8, 9 and 10 of this act.

30 **Sec. 8.** *"Independent center for emergency medical care"*
31 *has the meaning ascribed to it in NRS 449.013.*

32 **Sec. 9. 1.** *The Department shall establish and maintain a*
33 *program to increase public awareness of health care information*
34 *concerning the independent centers for emergency medical care in*
35 *this State. The program must be designed to assist consumers with*
36 *comparing the quality of care provided by the independent centers*
37 *for emergency medical care in this State and the charges for that*
38 *care.*

39 2. *The program must include, without limitation, the*
40 *collection, maintenance and provision of information concerning:*

41 (a) *Patients of each independent center for emergency medical*
42 *care in this State as reported in the forms submitted pursuant to*
43 *NRS 449.485;*

44 (b) *The quality of care provided by each independent center*
45 *for emergency medical care in this State as determined by*



1 *applying measures of quality endorsed by the entities described in*
2 *subparagraph (1) of paragraph (b) of subsection 1 of section 10 of*
3 *this act, expressed as a number of events and rate of occurrence, if*
4 *such measures can be applied to the information reported in the*
5 *forms submitted pursuant to NRS 449.485;*

6 (c) *How consistently each independent center for emergency*
7 *medical care follows recognized practices to prevent the infection*
8 *of patients, to speed the recovery of patients and to avoid medical*
9 *complications of patients;*

10 (d) *The total number of patients discharged from the*
11 *independent center for emergency medical care and the total*
12 *number of potentially preventable readmissions to a hospital or*
13 *independent center for emergency medical care, which must be*
14 *expressed as a total number and a rate of occurrence of potentially*
15 *preventable readmissions, and the average length of stay and the*
16 *average billed charges for those potentially preventable*
17 *readmissions; and*

18 (e) *Any other information relating to the charges imposed and*
19 *the quality of the services provided by the independent centers for*
20 *emergency medical care in this State which the Department*
21 *determines is:*

22 (1) *Useful to consumers;*

23 (2) *Nationally recognized; and*

24 (3) *Reported in a standard and reliable manner.*

25 **Sec. 10. 1. The Department shall, by regulation:**

26 (a) *Prescribe the information that each independent center for*
27 *emergency medical care in this State must submit to the*
28 *Department for the program established pursuant to section 9 of*
29 *this act.*

30 (b) *Prescribe the measures of quality for independent centers*
31 *for emergency medical care that are required pursuant to*
32 *paragraph (b) of subsection 2 of section 9 of this act. In adopting*
33 *the regulations, the Department shall:*

34 (1) *Use the measures of quality endorsed by the Agency for*
35 *Healthcare Research and Quality, the National Quality Forum,*
36 *Centers for Medicare and Medicaid Services of the United States*
37 *Department of Health and Human Services, a quality*
38 *improvement organization of the Centers for Medicare and*
39 *Medicaid Services and the Joint Commission;*

40 (2) *Prescribe a reasonable number of measures of quality*
41 *which must not be unduly burdensome on the independent centers*
42 *for emergency medical care; and*

43 (3) *Take into consideration the financial burden placed on*
44 *the independent centers for emergency medical care to comply*
45 *with the regulations.*



1 (c) *Prescribe the manner in which an independent center for*
2 *emergency medical care must determine whether the readmission*
3 *of a patient must be reported pursuant to section 9 of this act as a*
4 *potentially preventable readmission and prescribe the form for*
5 *submission of such information.*

6 (d) *Require each independent center for emergency medical*
7 *care to provide the information prescribed in paragraphs (a), (b)*
8 *and (c) in the format required by the Department.*

9 2. *The information required pursuant to this section and*
10 *section 9 of this act must be submitted to the Department not later*
11 *than 45 days after the last day of each calendar month.*

12 3. *If an independent center for emergency medical care fails*
13 *to submit the information required pursuant to this section or*
14 *section 9 of this act or submits information that is incomplete or*
15 *inaccurate, the Department shall send a notice of such failure to*
16 *the independent center for emergency medical care and to the*
17 *Division of Public and Behavioral Health of the Department.*

18 **Sec. 11.** NRS 439A.200 is hereby amended to read as follows:
19 439A.200 As used in NRS 439A.200 to 439A.290, inclusive,
20 *and sections 8, 9 and 10 of this act*, unless the context otherwise
21 requires, the words and terms defined in NRS 439A.205, 439A.207
22 and 439A.210 *and section 8 of this act* have the meanings ascribed
23 to them in those sections.

24 **Sec. 12.** NRS 439A.260 is hereby amended to read as follows:
25 439A.260 1. The Department shall collect and maintain all
26 information that it receives from the hospitals , ~~and~~ surgical
27 centers for ambulatory patients *and independent centers for*
28 *emergency medical care* in this State pursuant to NRS 439A.220 to
29 439A.250, inclusive ~~and~~ *and sections 9 and 10 of this act*. Upon
30 request, the Department shall make a summary of the information
31 available to:

- 32 (a) Consumers of health care;
- 33 (b) Providers of health care;
- 34 (c) Representatives of the health insurance industry; and
- 35 (d) The general public.

36 2. The Department shall ensure that the information it provides
37 pursuant to this section is aggregated so as not to reveal the identity
38 of a specific inpatient or outpatient of a hospital , ~~or~~ of a surgical
39 center for ambulatory patients ~~or~~ *or of an independent center for*
40 *emergency medical care*.

41 **Sec. 13.** NRS 439A.270 is hereby amended to read as follows:
42 439A.270 1. The Department shall establish and maintain an
43 Internet website that includes the information concerning the
44 charges imposed and the quality of the services provided by the
45 hospitals , ~~and~~ surgical centers for ambulatory patients *and*



1 *independent centers for emergency medical care* in this State as
2 required by the programs established pursuant to NRS 439A.220
3 and 439A.240 ~~§~~ *and section 9 of this act*. The information must:

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

5 (1) Total number of patients discharged, the average length
6 of stay and the average billed charges, reported for the diagnosis-
7 related groups for inpatients and the 50 medical treatments for
8 outpatients that the Department determines are most useful for
9 consumers;

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

16 (3) Name of each physician who performed a surgical
17 procedure in the hospital and the total number of surgical
18 procedures performed by each physician in the hospital, reported for
19 the most frequent surgical procedures that the Department
20 determines are most useful for consumers if the information is
21 available;

22 (b) Include, for each surgical center for ambulatory patients in
23 this State, the:

24 (1) Total number of patients discharged and the average
25 billed charges, reported for 50 medical treatments for outpatients
26 that the Department determines are most useful for consumers; and

27 (2) Name of each physician who performed a surgical
28 procedure in the surgical center for ambulatory patients and the total
29 number of surgical procedures performed by each physician in the
30 surgical center for ambulatory patients, reported for the most
31 frequent surgical procedures that the Department determines are
32 most useful for consumers;

33 (c) *Include, for each independent center for emergency*
34 *medical care in this State, the:*

35 (1) *Total number of patients discharged and the average*
36 *billed charges, reported for the 50 medical treatments for patients*
37 *of independent centers for emergency medical care that the*
38 *Department determines are most useful for consumers; and*

39 (2) *Total number of potentially preventable readmissions*
40 *reported pursuant to section 9 of this act, the rate of occurrence of*
41 *potentially preventable readmissions, and the average length of*
42 *stay and average billed charges of those potentially preventable*
43 *readmissions, reported for the diagnosis for which the patient*
44 *originally received treatment at an independent center for*
45 *emergency medical care;*



1 (d) Be presented in a manner that allows a person to view and
2 compare the information for the hospitals by:

3 (1) Geographic location of each hospital;

4 (2) Type of medical diagnosis; and

5 (3) Type of medical treatment;

6 ~~(e)~~ (e) Be presented in a manner that allows a person to view
7 and compare the information for the surgical centers for ambulatory
8 patients by:

9 (1) Geographic location of each surgical center for
10 ambulatory patients;

11 (2) Type of medical diagnosis; and

12 (3) Type of medical treatment;

13 ~~(f)~~ (f) *Be presented in a manner that allows a person to view
14 and compare the information for the independent centers for
15 emergency medical care by:*

16 (1) *Geographic location of each independent center for
17 emergency medical care;*

18 (2) *Type of medical diagnosis; and*

19 (3) *Type of medical treatment;*

20 (g) Be presented in a manner that allows a person to view and
21 compare the information separately for:

22 (1) The inpatients and outpatients of each hospital; ~~and~~

23 (2) The outpatients of each surgical center for ambulatory
24 patients; *and*

25 (3) *The patients of each independent center for emergency
26 medical care;*

27 ~~(h)~~ (h) Be readily accessible and understandable by a member
28 of the general public;

29 ~~(g)~~ (i) Include the annual summary of reports of sentinel
30 events prepared for each health facility pursuant to paragraph (c) of
31 subsection 1 of NRS 439.840;

32 ~~(h)~~ (j) Include the annual summary of reports of sentinel
33 events prepared pursuant to paragraph (d) of subsection 1 of
34 NRS 439.840;

35 ~~(i)~~ (k) Include the reports of information prepared for each
36 medical facility pursuant to paragraph (b) of subsection 4 of
37 NRS 439.847;

38 ~~(j)~~ (l) Include a link to electronic copies of all reports,
39 summaries, compilations and supplementary reports required by
40 NRS 449.450 to 449.530, inclusive;

41 ~~(k)~~ (m) Include, for each hospital with 100 or more beds, a
42 summary of financial information which is readily understandable
43 by a member of the general public and which includes, without
44 limitation, a summary of:



1 (1) The expenses of the hospital which are attributable to
2 providing community benefits and in-kind services as reported
3 pursuant to NRS 449.490;

4 (2) The capital improvement report submitted to the
5 Department pursuant to NRS 449.490;

6 (3) The net income of the hospital;

7 (4) The net income of the consolidated corporation, if the
8 hospital is owned by such a corporation and if that information is
9 publicly available;

10 (5) The operating margin of the hospital;

11 (6) The ratio of the cost of providing care to patients covered
12 by Medicare to the charges for such care;

13 (7) The ratio of the total costs to charges of the hospital; and

14 (8) The average daily occupancy of the hospital; and

15 ~~{(+)}~~ (n) Provide any other information relating to the charges
16 imposed and the quality of the services provided by the hospitals ,
17 ~~{and}~~ surgical centers for ambulatory patients *and independent*
18 *centers for emergency medical care* in this State which the
19 Department determines is:

20 (1) Useful to consumers;

21 (2) Nationally recognized; and

22 (3) Reported in a standard and reliable manner.

23 2. The Department shall:

24 (a) Publicize the availability of the Internet website;

25 (b) Update the information contained on the Internet website at
26 least quarterly;

27 (c) Ensure that the information contained on the Internet website
28 is accurate and reliable;

29 (d) Ensure that the information reported by a hospital , ~~{or}~~
30 surgical center for ambulatory patients *or independent center for*
31 *emergency medical care* for inpatients and outpatients which is
32 contained on the Internet website is expressed as a total number and
33 as a rate, and ~~{must be}~~ *is* reported in a manner so as not to reveal
34 the identity of a specific inpatient or outpatient of a hospital , ~~{or}~~
35 surgical center for ambulatory patients ~~{;}~~ *or independent center for*
36 *emergency medical care;*

37 (e) Post a disclaimer on the Internet website indicating that the
38 information contained on the website is provided to assist with the
39 comparison of hospitals *and independent centers for emergency*
40 *medical care* and is not a guarantee by the Department or its
41 employees as to the charges imposed by the hospitals *and*
42 *independent centers for emergency medical care* in this State or the
43 quality of the services provided by the hospitals *and independent*
44 *centers for emergency medical care* in this State, including, without
45 limitation, an explanation that the actual amount charged to a person



1 by a particular hospital *or independent center for emergency*
2 *medical care* may not be the same charge as posted on the website
3 for that hospital ~~(f)~~ *or independent center for emergency medical*
4 *care;*

5 (f) Provide on the Internet website established pursuant to this
6 section a link to the Internet website of the Centers for Medicare and
7 Medicaid Services of the United States Department of Health and
8 Human Services; and

9 (g) Upon request, make the information that is contained on the
10 Internet website available in printed form.

11 3. As used in this section, “diagnosis-related group” means
12 groupings of medical diagnostic categories used as a basis for
13 hospital payment schedules by Medicare and other third-party health
14 care plans.

15 **Sec. 14.** NRS 449.013 is hereby amended to read as follows:

16 449.013 “Independent center for emergency medical care”
17 means a facility, structurally separate ~~[and distinct]~~ from a hospital,
18 which provides limited services for the treatment of a medical
19 emergency. *The term includes, without limitation, such a facility*
20 *that is owned or operated by, or otherwise part of, a hospital but is*
21 *located more than 250 yards from the hospital.*

22 **Sec. 15.** NRS 449.0308 is hereby amended to read as follows:

23 449.0308 1. Except as otherwise provided in this section, the
24 Division may charge and collect from a medical facility, facility for
25 the dependent or facility which is required by the regulations
26 adopted by the Board pursuant to NRS 449.0303 to be licensed or a
27 person who operates such a facility without a license issued by the
28 Division the actual costs incurred by the Division for the
29 enforcement of the provisions of NRS 449.029 to 449.2428,
30 inclusive, including, without limitation, the actual cost of
31 conducting an inspection or investigation of the facility.

32 2. The Division shall not charge and collect the actual cost for
33 enforcement pursuant to subsection 1 if the enforcement activity is:

34 (a) Related to the issuance or renewal of a license for which the
35 Board charges a fee pursuant to NRS 449.050 or 449.089;

36 (b) *Related to the issuance or renewal of a license to an*
37 *independent center for emergency medical care that is owned or*
38 *operated by, or otherwise part of, a hospital;* or

39 ~~(b)~~ (c) Conducted pursuant to an agreement with the Federal
40 Government which has appropriated money for that purpose.

41 3. Any money collected pursuant to subsection 1 may be used
42 by the Division to administer and carry out the provisions of NRS
43 449.029 to 449.2428, inclusive, and the regulations adopted
44 pursuant thereto.



1 4. The provisions of this section do not apply to any costs
2 incurred by the Division for the enforcement of the provisions of
3 NRS 449.24185, 449.2419 or 449.24195.

4 **Sec. 16.** NRS 449.050 is hereby amended to read as follows:

5 449.050 1. ~~Each~~ *Except as otherwise provided in this*
6 *section, each* application for a license must be accompanied by such
7 fee as may be determined by regulation of the Board. The Board
8 may, by regulation, allow or require payment of a fee for a license in
9 installments and may fix the amount of each payment and the date
10 that the payment is due.

11 2. The fee imposed by the Board for a facility for transitional
12 living for released offenders must be based on the type of facility
13 that is being licensed and must be calculated to produce the revenue
14 estimated to cover the costs related to the license, but in no case
15 may a fee for a license exceed the actual cost to the Division of
16 issuing or renewing the license.

17 3. If an application for a license for a facility for transitional
18 living for released offenders is denied, any amount of the fee paid
19 pursuant to this section that exceeds the expenses and costs incurred
20 by the Division must be refunded to the applicant.

21 *4. The Board shall not require a fee for the issuance or*
22 *renewal of the license of an independent center for emergency*
23 *medical care that is owned or operated by, or otherwise part of, a*
24 *hospital.*

25 **Sec. 17.** NRS 449.080 is hereby amended to read as follows:

26 449.080 1. ~~If~~ *Except as otherwise provided in this section,*
27 *if*, after investigation, the Division finds that the:

28 (a) Applicant is in full compliance with the provisions of NRS
29 449.029 to 449.2428, inclusive;

30 (b) Applicant is in substantial compliance with the standards and
31 regulations adopted by the Board;

32 (c) Applicant, if he or she has undertaken a project for which
33 approval is required pursuant to NRS 439A.100 or 439A.102, has
34 obtained the approval of the Director of the Department of Health
35 and Human Services; and

36 (d) Facility conforms to the applicable zoning regulations,
37 \rightarrow the Division shall issue the license to the applicant.

38 2. Any investigation of an applicant for a license to provide
39 community-based living arrangement services conducted pursuant
40 to subsection 1 must include, without limitation, an inspection of
41 any building operated by the applicant in which the applicant
42 proposes to provide community-based living arrangement services.

43 3. *The Division may not issue a license to operate an*
44 *independent center for emergency medical care that is located*



1 *within a 5 mile radius of an existing independent center for*
2 *emergency medical care.*

3 4. A license applies only to the person to whom it is issued, is
4 valid only for the premises described in the license and is not
5 transferable.

6 **Sec. 18.** NRS 449.1818 is hereby amended to read as follows:

7 449.1818 1. Each off-campus location of a hospital shall
8 obtain and use , and include on all claims for reimbursement or
9 payment for health care services provided at the location , a national
10 provider identifier that is distinct from the national provider
11 identifier used by the main campus and any other off-campus
12 location of the hospital. If the off-campus location includes the
13 national provider identifier on such a claim, the off-campus location
14 may also include on the claim the national provider identifier used
15 by the main campus of the hospital. If the off-campus location
16 includes both the national provider identifier used by the off-campus
17 location and the national provider identifier used by the main
18 campus on a claim, the claim must clearly identify which national
19 provider identifier corresponds to the off-campus location and
20 which national provider identifier corresponds to the main campus.

21 2. An independent center for emergency medical care shall
22 include on all claims for reimbursement or payment for health care
23 services provided at the independent center for emergency medical
24 care the national provider identifier used by the independent center
25 for emergency medical care.

26 3. *An independent center for emergency medical care:*

27 (a) *Shall provide urgent care during all operating hours*
28 *through:*

29 (1) *A separate urgent care unit within the independent*
30 *center for emergency medical care; or*

31 (2) *A system that uses the severity of the patient's condition*
32 *to determine whether the patient receives emergency services or*
33 *urgent care;*

34 (b) *Shall not charge more for urgent care than the amount*
35 *customarily charged for urgent care by an urgent care center;*

36 (c) *If urgent care services are sufficient to treat or manage the*
37 *condition of a patient, shall inform the patient that he or she may*
38 *receive urgent care rather than emergency services; and*

39 (d) *Shall not require a patient to wait longer to receive urgent*
40 *care services than a patient with the same condition would be*
41 *required to wait to receive emergency services.*

42 4. As used in this section:

43 (a) "National provider identifier" means the standard, unique
44 health identifier for health care providers that is issued by the
45 national provider system in accordance with 45 C.F.R. Part 162.



1 (b) "Off-campus location" means a facility:

2 (1) With operations that are directly or indirectly owned or
3 controlled by, in whole or in part, a hospital or which is affiliated
4 with a hospital, regardless of whether it is operated by the same
5 governing body as the hospital;

6 (2) That is located more than 250 yards from the main
7 campus of the hospital;

8 (3) That provides services which are organizationally and
9 functionally integrated with the hospital; and

10 (4) That is an outpatient facility providing ambulatory
11 surgery, urgent care or emergency room services.

12 (c) "*Urgent care*" means health care that is furnished to a
13 person whose medical condition is sufficiently acute to require
14 treatment unavailable through, or inappropriate to be provided by,
15 a clinic or the office of a provider of health care, but not so acute
16 as to require treatment in an emergency room.

17 **Sec. 19.** NRS 449.485 is hereby amended to read as follows:

18 449.485 1. Each hospital *and independent center for*
19 *emergency medical care* in this State shall use for all patients
20 discharged a form prescribed by the Director and shall include in the
21 form all information required by the Department. Any form
22 prescribed by the Director must be a form that is commonly used
23 nationwide by hospitals ~~[]~~ *and independent centers for emergency*
24 *medical care*, if applicable, and comply with federal laws and
25 regulations.

26 2. Each hospital *and independent center for emergency*
27 *medical care* in this State shall, on a monthly basis, report to the
28 Department the information required to be included in the form for
29 each patient. The information reported must be complete, accurate
30 and timely.

31 3. Each insurance company or other payer shall accept the form
32 as the bill for services provided by hospitals *and independent*
33 *centers for emergency medical care* in this State.

34 4. Except as otherwise provided in subsection 5, each hospital
35 *and independent center for emergency medical care* in this State
36 shall provide the information required pursuant to subsection 2 in an
37 electronic form specified by the Department.

38 5. The Director may exempt a hospital *or independent center*
39 *for emergency medical care* from the requirements of subsection 4
40 if requiring the hospital *or independent center for emergency*
41 *medical care, as applicable*, to comply with the requirements would
42 cause the hospital financial hardship.

43 6. The Department shall use the information submitted
44 pursuant to this section for the ~~[program]~~ *programs* established
45 pursuant to NRS 439A.220 *and section 9 of this act* to increase



1 public awareness of health care information concerning the hospitals
2 *and independent centers for emergency medical care, respectively,*
3 in this State.

4 **Sec. 20.** NRS 449.520 is hereby amended to read as follows:

5 449.520 1. On or before October 1 of each year, the Director
6 shall prepare and transmit to the Governor, the Joint Interim
7 Standing Committee on Health and Human Services and the Interim
8 Finance Committee a report of the Department's operations and
9 activities for the preceding fiscal year.

10 2. The report prepared pursuant to subsection 1 must include:

11 (a) Copies of all reports, summaries, compilations and
12 supplementary reports required by NRS 449.450 to 449.530,
13 inclusive, together with such facts, suggestions and policy
14 recommendations as the Director deems necessary;

15 (b) A summary of the trends of the audits of hospitals in this
16 State that the Department required or performed during the previous
17 year;

18 (c) An analysis of the trends in the costs, expenses and profits of
19 hospitals in this State;

20 (d) An analysis of the methodologies used to determine the
21 corporate home office allocation of hospitals in this State;

22 (e) An examination and analysis of the manner in which
23 hospitals are reporting the information that is required to be filed
24 pursuant to NRS 449.490, including, without limitation, an
25 examination and analysis of whether that information is being
26 reported in a standard and consistent manner, which fairly reflect the
27 operations of each hospital;

28 (f) A review and comparison of the policies and procedures used
29 by hospitals in this State to provide discounted services to, and to
30 reduce charges for services provided to, persons without health
31 insurance;

32 (g) A review and comparison of the policies and procedures
33 used by hospitals in this State to collect unpaid charges for services
34 provided by the hospitals; and

35 (h) A summary of the status of the programs established
36 pursuant to NRS 439A.220 and 439A.240 *and section 9 of this act*
37 to increase public awareness of health care information concerning
38 the hospitals, ~~and~~ surgical centers for ambulatory patients *and*
39 *independent centers for emergency medical care* in this State,
40 including, without limitation, the information that was posted in the
41 preceding fiscal year on the Internet website maintained for those
42 programs pursuant to NRS 439A.270.

43 3. The Joint Interim Standing Committee on Health and
44 Human Services shall develop a comprehensive plan concerning the



1 provision of health care in this State which includes, without
2 limitation:

3 (a) A review of the health care needs in this State as identified
4 by state agencies, local governments, providers of health care and
5 the general public; and

6 (b) A review of the capital improvement reports submitted by
7 hospitals pursuant to subsection 2 of NRS 449.490.

8 **Sec. 21.** NRS 179.301 is hereby amended to read as follows:

9 179.301 1. The Nevada Gaming Control Board and the
10 Nevada Gaming Commission and their employees, agents and
11 representatives may inquire into and inspect any records sealed
12 pursuant to NRS 179.245 or 179.255, if the event or conviction was
13 related to gaming, to determine the suitability or qualifications of
14 any person to hold a state gaming license, manufacturer's, seller's or
15 distributor's license or registration as a gaming employee pursuant
16 to chapter 463 of NRS. Events and convictions, if any, which are the
17 subject of an order sealing records:

18 (a) May form the basis for recommendation, denial or
19 revocation of those licenses.

20 (b) Must not form the basis for denial or rejection of a gaming
21 work permit unless the event or conviction relates to the applicant's
22 suitability or qualifications to hold the work permit.

23 2. The Division of Insurance of the Department of Business
24 and Industry and its employees may inquire into and inspect any
25 records sealed pursuant to NRS 179.245 or 179.255, if the event
26 or conviction was related to insurance, to determine the suitability or
27 qualifications of any person to hold a license, certification or
28 authorization issued in accordance with title 57 of NRS. Events and
29 convictions, if any, which are the subject of an order sealing records
30 may form the basis for recommendation, denial or revocation of
31 those licenses, certifications and authorizations.

32 3. *The Department of Health and Human Services, the*
33 *Division of Health Care Financing and Policy of the Department*
34 *and their employees, agents and representatives may inquire into*
35 *and inspect any records sealed pursuant to NRS 179.245 or*
36 *179.255, if the event or conviction was related to Medicare or*
37 *Medicaid or the provision of professional services for which a*
38 *license or certification is required. Such inquiry or inspection*
39 *must be for the purpose of determining the suitability of the*
40 *person to render such professional services as a provider of*
41 *services under Medicaid or to own or serve as an officer,*
42 *managing employee or managing agent of a business seeking to*
43 *enter into a contract with the Department or a health maintenance*
44 *organization with which the Department has entered into a*
45 *contract pursuant to NRS 422.273 for the provision of services*



1 *under Medicaid. Events and convictions, if any, which are the*
2 *subject of an order sealing records may form the basis of a*
3 *decision of the Department to refuse to enter into or terminate*
4 *such a contract.*

5 4. A prosecuting attorney may inquire into and inspect any
6 records sealed pursuant to NRS 179.245 or 179.255 if:

7 (a) The records relate to a violation or alleged violation of NRS
8 202.485; and

9 (b) The person who is the subject of the records has been
10 arrested or issued a citation for violating NRS 202.485.

11 ~~[4.]~~ 5. The Central Repository for Nevada Records of Criminal
12 History and its employees may inquire into and inspect any records
13 sealed pursuant to NRS 179.245 or 179.255 that constitute
14 information relating to sexual offenses, and may notify employers of
15 the information in accordance with federal laws and regulations.

16 ~~[5.]~~ 6. Records which have been sealed pursuant to NRS
17 179.245 or 179.255 and which are retained in the statewide registry
18 established pursuant to NRS 179B.200 may be inspected pursuant to
19 chapter 179B of NRS by an officer or employee of the Central
20 Repository for Nevada Records of Criminal History or a law
21 enforcement officer in the regular course of his or her duties.

22 ~~[6.]~~ 7. The State Board of Pardons Commissioners and its
23 agents and representatives may inquire into and inspect any records
24 sealed pursuant to NRS 179.245 or 179.255 if the person who is the
25 subject of the records has applied for a pardon from the Board.

26 ~~[7.]~~ 8. As used in this section:

27 (a) "Information relating to sexual offenses" means information
28 contained in or concerning a record relating in any way to a sexual
29 offense.

30 (b) "Sexual offense" has the meaning ascribed to it in
31 NRS 179A.073.

32 **Sec. 22.** NRS 232.320 is hereby amended to read as follows:

33 232.320 1. The Director:

34 (a) Shall appoint, with the consent of the Governor,
35 administrators of the divisions of the Department, who are
36 respectively designated as follows:

37 (1) The Administrator of the Aging and Disability Services
38 Division;

39 (2) The Administrator of the Division of Welfare and
40 Supportive Services;

41 (3) The Administrator of the Division of Child and Family
42 Services;

43 (4) The Administrator of the Division of Health Care
44 Financing and Policy; and



1 (5) The Administrator of the Division of Public and
2 Behavioral Health.

3 (b) Shall administer, through the divisions of the Department,
4 the provisions of chapters 63, 424, 425, 427A, 432A to 442,
5 inclusive, 446 to 450, inclusive, 458A and 656A of NRS, NRS
6 127.220 to 127.310, inclusive, 422.001 to 422.410, inclusive, *and*
7 *sections 27 and 28 of this act*, 422.580, 432.010 to 432.133,
8 inclusive, 432B.6201 to 432B.626, inclusive, 444.002 to 444.430,
9 inclusive, and 445A.010 to 445A.055, inclusive, and all other
10 provisions of law relating to the functions of the divisions of the
11 Department, but is not responsible for the clinical activities of the
12 Division of Public and Behavioral Health or the professional line
13 activities of the other divisions.

14 (c) Shall administer any state program for persons with
15 developmental disabilities established pursuant to the
16 Developmental Disabilities Assistance and Bill of Rights Act of
17 2000, 42 U.S.C. §§ 15001 et seq.

18 (d) Shall, after considering advice from agencies of local
19 governments and nonprofit organizations which provide social
20 services, adopt a master plan for the provision of human services in
21 this State. The Director shall revise the plan biennially and deliver a
22 copy of the plan to the Governor and the Legislature at the
23 beginning of each regular session. The plan must:

24 (1) Identify and assess the plans and programs of the
25 Department for the provision of human services, and any
26 duplication of those services by federal, state and local agencies;

27 (2) Set forth priorities for the provision of those services;

28 (3) Provide for communication and the coordination of those
29 services among nonprofit organizations, agencies of local
30 government, the State and the Federal Government;

31 (4) Identify the sources of funding for services provided by
32 the Department and the allocation of that funding;

33 (5) Set forth sufficient information to assist the Department
34 in providing those services and in the planning and budgeting for the
35 future provision of those services; and

36 (6) Contain any other information necessary for the
37 Department to communicate effectively with the Federal
38 Government concerning demographic trends, formulas for the
39 distribution of federal money and any need for the modification of
40 programs administered by the Department.

41 (e) May, by regulation, require nonprofit organizations and state
42 and local governmental agencies to provide information regarding
43 the programs of those organizations and agencies, excluding
44 detailed information relating to their budgets and payrolls, which the



1 Director deems necessary for the performance of the duties imposed
2 upon him or her pursuant to this section.

3 (f) Has such other powers and duties as are provided by law.

4 2. Notwithstanding any other provision of law, the Director, or
5 the Director's designee, is responsible for appointing and removing
6 subordinate officers and employees of the Department.

7 **Sec. 23.** NRS 232.459 is hereby amended to read as follows:

8 232.459 1. The Advocate shall:

9 (a) Respond to written and telephonic inquiries received from
10 consumers and injured employees regarding concerns and problems
11 related to health care and workers' compensation;

12 (b) Assist consumers and injured employees in understanding
13 their rights and responsibilities under health care plans, including,
14 without limitation, the Public Employees' Benefits Program and the
15 Public Option, and policies of industrial insurance;

16 (c) Identify and investigate complaints of consumers and injured
17 employees regarding their health care plans, including, without
18 limitation, the Public Employees' Benefits Program and the Public
19 Option, and policies of industrial insurance and assist those
20 consumers and injured employees to resolve their complaints,
21 including, without limitation:

22 (1) Referring consumers and injured employees to the
23 appropriate agency, department or other entity that is responsible for
24 addressing the specific complaint of the consumer or injured
25 employee; and

26 (2) Providing counseling and assistance to consumers and
27 injured employees concerning health care plans, including, without
28 limitation, the Public Employees' Benefits Program and the Public
29 Option, and policies of industrial insurance;

30 (d) Provide information to consumers and injured employees
31 concerning health care plans, including, without limitation, the
32 Public Employees' Benefits Program and the Public Option, and
33 policies of industrial insurance in this State;

34 (e) Establish and maintain a system to collect and maintain
35 information pertaining to the written and telephonic inquiries
36 received by the Office for Consumer Health Assistance;

37 (f) Take such actions as are necessary to ensure public
38 awareness of the existence and purpose of the services provided by
39 the Advocate pursuant to this section;

40 (g) In appropriate cases and pursuant to the direction of the
41 Advocate, refer a complaint or the results of an investigation to the
42 Attorney General for further action;

43 (h) Provide information to and applications for prescription drug
44 programs for consumers without insurance coverage for prescription
45 drugs or pharmaceutical services;



1 (i) Establish and maintain an Internet website which includes:

2 (1) Information concerning purchasing prescription drugs
3 from Canadian pharmacies that have been recommended by the
4 State Board of Pharmacy for inclusion on the Internet website
5 pursuant to subsection 4 of NRS 639.2328;

6 (2) Links to websites of Canadian pharmacies which have
7 been recommended by the State Board of Pharmacy for inclusion on
8 the Internet website pursuant to subsection 4 of NRS 639.2328; and

9 (3) A link to the website established and maintained pursuant
10 to NRS 439A.270 which provides information to the general public
11 concerning the charges imposed and the quality of the services
12 provided by the hospitals , ~~land~~ surgical centers for ambulatory
13 patients *and independent centers for emergency medical care* in
14 this State;

15 (j) Assist consumers with accessing a navigator, case manager
16 or facilitator to help the consumer obtain health care services;

17 (k) Assist consumers with scheduling an appointment with a
18 provider of health care who is in the network of providers under
19 contract to provide services to participants in the health care plan
20 under which the consumer is covered;

21 (l) Assist consumers with filing complaints against health care
22 facilities and health care professionals;

23 (m) Assist consumers with filing complaints with the
24 Commissioner of Insurance against issuers of health care plans; and

25 (n) On or before January 31 of each year, compile a report of
26 aggregated information submitted to the Office for Consumer
27 Health Assistance pursuant to NRS 687B.675, aggregated for each
28 type of provider of health care for which such information is
29 provided and submit the report to the Director of the Legislative
30 Counsel Bureau for transmittal to:

31 (1) In even-numbered years, the Joint Interim Standing
32 Committee on Health and Human Services; and

33 (2) In odd-numbered years, the next regular session of the
34 Legislature.

35 2. The Advocate may adopt regulations to carry out the
36 provisions of this section and NRS 232.461 and 232.462.

37 3. As used in this section:

38 (a) "Health care facility" has the meaning ascribed to it in
39 NRS 162A.740.

40 (b) "Navigator, case manager or facilitator" has the meaning
41 ascribed to it in NRS 687B.675.

42 (c) "Public Option" means the Public Option established
43 pursuant to NRS 695K.200.



1 **Sec. 24.** NRS 287.010 is hereby amended to read as follows:
2 287.010 1. The governing body of any county, school
3 district, municipal corporation, political subdivision, public
4 corporation or other local governmental agency of the State of
5 Nevada may:

6 (a) Adopt and carry into effect a system of group life, accident
7 or health insurance, or any combination thereof, for the benefit of its
8 officers and employees, and the dependents of officers and
9 employees who elect to accept the insurance and who, where
10 necessary, have authorized the governing body to make deductions
11 from their compensation for the payment of premiums on the
12 insurance.

13 (b) Purchase group policies of life, accident or health insurance,
14 or any combination thereof, for the benefit of such officers and
15 employees, and the dependents of such officers and employees, as
16 have authorized the purchase, from insurance companies authorized
17 to transact the business of such insurance in the State of Nevada,
18 and, where necessary, deduct from the compensation of officers and
19 employees the premiums upon insurance and pay the deductions
20 upon the premiums.

21 (c) Provide group life, accident or health coverage through a
22 self-insurance reserve fund and, where necessary, deduct
23 contributions to the maintenance of the fund from the compensation
24 of officers and employees and pay the deductions into the fund. The
25 money accumulated for this purpose through deductions from the
26 compensation of officers and employees and contributions of the
27 governing body must be maintained as an internal service fund as
28 defined by NRS 354.543. The money must be deposited in a state or
29 national bank or credit union authorized to transact business in the
30 State of Nevada. Any independent administrator of a fund created
31 under this section is subject to the licensing requirements of chapter
32 683A of NRS, and must be a resident of this State. Any contract
33 with an independent administrator must be approved by the
34 Commissioner of Insurance as to the reasonableness of
35 administrative charges in relation to contributions collected and
36 benefits provided. The provisions of NRS 439.581 to 439.597,
37 inclusive, **and section 1 of this act**, 686A.135, 687B.352, 687B.408,
38 687B.692, 687B.723, 687B.725, 687B.805, 689B.030 to
39 689B.0317, inclusive, paragraphs (b) and (c) of subsection 1 of NRS
40 689B.0319, subsections 2, 4, 6 and 7 of NRS 689B.0319, 689B.033
41 to 689B.0369, inclusive, 689B.0375 to 689B.050, inclusive,
42 689B.0675, 689B.265, 689B.287 and 689B.500 apply to coverage
43 provided pursuant to this paragraph, except that the provisions of
44 NRS 689B.0378, 689B.03785 and 689B.500 only apply to coverage



1 for active officers and employees of the governing body, or the
2 dependents of such officers and employees.

3 (d) Defray part or all of the cost of maintenance of a self-
4 insurance fund or of the premiums upon insurance. The money for
5 contributions must be budgeted for in accordance with the laws
6 governing the county, school district, municipal corporation,
7 political subdivision, public corporation or other local governmental
8 agency of the State of Nevada.

9 2. If a school district offers group insurance to its officers and
10 employees pursuant to this section, members of the board of trustees
11 of the school district must not be excluded from participating in the
12 group insurance. If the amount of the deductions from compensation
13 required to pay for the group insurance exceeds the compensation to
14 which a trustee is entitled, the difference must be paid by the trustee.

15 3. In any county in which a legal services organization exists,
16 the governing body of the county, or of any school district,
17 municipal corporation, political subdivision, public corporation or
18 other local governmental agency of the State of Nevada in the
19 county, may enter into a contract with the legal services
20 organization pursuant to which the officers and employees of the
21 legal services organization, and the dependents of those officers and
22 employees, are eligible for any life, accident or health insurance
23 provided pursuant to this section to the officers and employees, and
24 the dependents of the officers and employees, of the county, school
25 district, municipal corporation, political subdivision, public
26 corporation or other local governmental agency.

27 4. If a contract is entered into pursuant to subsection 3, the
28 officers and employees of the legal services organization:

29 (a) Shall be deemed, solely for the purposes of this section, to be
30 officers and employees of the county, school district, municipal
31 corporation, political subdivision, public corporation or other local
32 governmental agency with which the legal services organization has
33 contracted; and

34 (b) Must be required by the contract to pay the premiums or
35 contributions for all insurance which they elect to accept or of which
36 they authorize the purchase.

37 5. A contract that is entered into pursuant to subsection 3:

38 (a) Must be submitted to the Commissioner of Insurance for
39 approval not less than 30 days before the date on which the contract
40 is to become effective.

41 (b) Does not become effective unless approved by the
42 Commissioner.

43 (c) Shall be deemed to be approved if not disapproved by the
44 Commissioner within 30 days after its submission.



1 6. As used in this section, "legal services organization" means
2 an organization that operates a program for legal aid and receives
3 money pursuant to NRS 19.031.

4 **Sec. 25.** NRS 287.04335 is hereby amended to read as
5 follows:

6 287.04335 If the Board provides health insurance through a
7 plan of self-insurance, it shall comply with the provisions of NRS
8 439.581 to 439.597, inclusive, *and section 1 of this act*, 686A.135,
9 687B.352, 687B.409, 687B.692, 687B.723, 687B.725, 687B.805,
10 689B.0353, 689B.255, 695C.1723, 695G.150, 695G.155, 695G.160,
11 695G.162, 695G.1635, 695G.164, 695G.1645, 695G.1665,
12 695G.167, 695G.1675, 695G.170 to 695G.1712, inclusive,
13 695G.1714 to 695G.174, inclusive, 695G.176, 695G.177, 695G.200
14 to 695G.230, inclusive, 695G.241 to 695G.310, inclusive, 695G.405
15 and 695G.415, in the same manner as an insurer that is licensed
16 pursuant to title 57 of NRS is required to comply with those
17 provisions.

18 **Sec. 26.** Chapter 422 of NRS is hereby amended by adding
19 thereto the provisions set forth as sections 27 and 28 of this act.

20 **Sec. 27. 1.** *A provider of services under Medicaid shall:*

21 *(a) Maintain such documents as are required by regulation of*
22 *the Administrator for the verification of claims for the period of*
23 *time specified in those regulations; and*

24 *(b) Provide the documents maintained pursuant to paragraph*
25 *(a) to the Department upon the request of the Department.*

26 **2.** *The Department may audit any documents provided*
27 *pursuant to paragraph (b) of subsection 1. If the Department is*
28 *unable to verify a claim using the documents maintained pursuant*
29 *to subsection 1, the Department may deny the claim or, if the*
30 *Department has already paid the claim, recover the amount of the*
31 *payment from the provider.*

32 **Sec. 28. 1.** *If the Department determines that a provider of*
33 *services under Medicaid may be prescribing or providing services*
34 *in a manner that exceeds the needs of recipients of Medicaid, is*
35 *unnecessary or otherwise conflicts with applicable professional*
36 *standards or the requirements of the Medicaid program, the*
37 *Department shall perform a review of the relevant claims to*
38 *evaluate the appropriateness and propriety of the services for*
39 *which payment is claimed. If the Department has not paid the*
40 *claims, the review must occur before the Department pays the*
41 *claims.*

42 **2.** *Upon deciding to conduct a review pursuant to subsection*
43 *1, the Department shall:*

44 *(a) Notify the provider of services who submitted the claims*
45 *subject to the review; and*



1 (b) Require the provider of services to submit to the
2 Department within a period of time specified by the Department
3 any documentation necessary to substantiate the claims.

4 3. If a provider of services fails to submit the documentation
5 required by the Department pursuant to paragraph (b) of
6 subsection 2 within the time specified pursuant to that paragraph,
7 the Department may take the actions described in paragraph (a) of
8 subsection 5 without the opportunity for a hearing pursuant to
9 NRS 422.306.

10 4. Not later than 60 days after receiving the documentation
11 requested pursuant to paragraph (b) of subsection 2, the
12 Department shall complete a review pursuant to this section and
13 either:

14 (a) Pay the claims that were subject to the review or, if the
15 Department has already paid such a claim, notify the provider of
16 services who made the claim that the claim has been upheld; or

17 (b) Take an action described in paragraph (a) of subsection 5
18 with respect to the claims that were subject to the review.

19 5. If the Department determines after conducting a review
20 pursuant to this section that a provider of services has prescribed
21 or provided services in a manner that exceeds the needs of
22 recipients of Medicaid, is unnecessary or otherwise conflicts with
23 applicable professional standards or the requirements of the
24 Medicaid program, the Department may, after the opportunity for
25 a hearing pursuant to NRS 422.306:

26 (a) Deny the affected claims or, if the Department has already
27 paid an affected claim, recover the amount of the payment from
28 the provider;

29 (b) Require the provider to request and receive authorization
30 for the delivery of services to recipients of Medicaid before
31 delivering the services; or

32 (c) Take any other action authorized by this chapter and the
33 regulations adopted pursuant thereto.

34 **Sec. 29.** NRS 603A.100 is hereby amended to read as follows:
35 603A.100 1. The provisions of NRS 603A.010 to 603A.290,
36 inclusive, do not apply to the maintenance or transmittal of
37 information in accordance with NRS 439.581 to 439.597, inclusive,
38 *and section 1 of this act* and the regulations adopted pursuant
39 thereto.

40 2. A data collector who is also an operator, as defined in NRS
41 603A.330, shall comply with the provisions of NRS 603A.300 to
42 603A.360, inclusive.

43 3. Any waiver of the provisions of NRS 603A.010 to
44 603A.290, inclusive, is contrary to public policy, void and
45 unenforceable.



1 **Sec. 30.** NRS 613.195 is hereby amended to read as follows:
2 613.195 1. A noncompetition covenant is void and
3 unenforceable unless the noncompetition covenant:

- 4 (a) Is supported by valuable consideration;
5 (b) Does not impose any restraint that is greater than is required
6 for the protection of the employer for whose benefit the restraint is
7 imposed;
8 (c) Does not impose any undue hardship on the employee; and
9 (d) Imposes restrictions that are appropriate in relation to the
10 valuable consideration supporting the noncompetition covenant.

11 2. A noncompetition covenant may not restrict, and an
12 employer may not bring an action to restrict, a former employee of
13 an employer from providing service to a former customer or client
14 if:

- 15 (a) The former employee did not solicit the former customer or
16 client;
17 (b) The customer or client voluntarily chose to leave and seek
18 services from the former employee; and
19 (c) The former employee is otherwise complying with the
20 limitations in the covenant as to time, geographical area and scope
21 of activity to be restrained, other than any limitation on providing
22 services to a former customer or client who seeks the services of the
23 former employee without any contact instigated by the former
24 employee.

25 ↪ Any provision in a noncompetition covenant which violates the
26 provisions of this subsection is void and unenforceable.

27 3. A noncompetition covenant may not apply to *a physician or*
28 an employee who is paid solely on an hourly wage basis, exclusive
29 of any tips or gratuities.

30 4. An employer in this State who negotiates, executes or
31 attempts to enforce a noncompetition covenant that is void and
32 unenforceable under this section does not violate the provisions of
33 NRS 613.200.

34 5. If the termination of the employment of an employee is the
35 result of a reduction of force, reorganization or similar restructuring
36 of the employer, a noncompetition covenant is only enforceable
37 during the period in which the employer is paying the employee's
38 salary, benefits or equivalent compensation, including, without
39 limitation, severance pay.

40 6. If an employer brings an action to enforce a noncompetition
41 covenant or an employee brings an action to challenge a
42 noncompetition covenant and the court finds the covenant is
43 supported by valuable consideration but contains limitations as to
44 time, geographical area or scope of activity to be restrained that are
45 not reasonable, imposes a greater restraint than is necessary for the



1 protection of the employer for whose benefit the restraint is imposed
2 or imposes undue hardship on the employee, the court shall revise
3 the covenant to the extent necessary and enforce the covenant as
4 revised. Such revisions must cause the limitations contained in the
5 covenant as to time, geographical area and scope of activity to be
6 restrained to be reasonable, to not impose undue hardship on the
7 employee and to impose a restraint that is not greater than is
8 necessary for the protection of the employer for whose benefit the
9 restraint is imposed.

10 7. If an employer brings an action to enforce a noncompetition
11 covenant or an employee *or contractor* brings an action to challenge
12 a noncompetition covenant and the court finds that the
13 noncompetition covenant applies to ~~{an employee}~~ *a person*
14 described in subsection 3 or that the employer has restricted or
15 attempted to restrict a former employee in the manner described in
16 subsection 2, the court shall award the employee *or contractor*
17 reasonable attorney's fees and costs. Nothing in this subsection shall
18 be construed as prohibiting a court from otherwise awarding
19 attorney's fees to a prevailing party pursuant to NRS 18.010.

20 8. As used in this section:

21 (a) "Employer" means every person having control or custody of
22 any employment, place of employment or any employee.

23 (b) "Noncompetition covenant" means an agreement between an
24 employer and employee which, upon termination of the employment
25 of the employee, prohibits the employee from pursuing a similar
26 vocation in competition with or becoming employed by a competitor
27 of the employer.

28 **Sec. 31.** NRS 629.051 is hereby amended to read as follows:

29 629.051 1. Except as otherwise provided in this section and
30 in regulations adopted by the State Board of Health pursuant to NRS
31 652.135 with regard to the records of a medical laboratory and
32 unless a longer period is provided by federal law, each custodian of
33 health care records shall retain the health care records of patients as
34 part of the regularly maintained records of the custodian for 5 years
35 after their receipt or production. Health care records may be retained
36 in written form, or by microfilm or any other recognized form of
37 size reduction, including, without limitation, microfiche, computer
38 disc, magnetic tape and optical disc, which does not adversely affect
39 their use for the purposes of NRS 629.061.

40 2. *A high-level provider of health care shall comply with the*
41 *requirements of subsection 4 of NRS 439.589 concerning the*
42 *maintenance, transmittal and exchange of health records.* Health
43 care records ~~†~~



1 ~~—(a) Must, except as otherwise provided in subsections 5 and 6 of~~
2 ~~NRS 439.589, be created, maintained, transmitted and exchanged~~
3 ~~electronically as required by subsection 4 of NRS 439.589; and~~

4 ~~—(b) May~~ *may* be created, authenticated and stored in a health
5 information exchange which meets the requirements of NRS
6 439.581 to 439.597, inclusive, *and section 1 of this act* and the
7 regulations adopted pursuant thereto.

8 ~~[2.]~~ 3. A provider of health care shall post, in a conspicuous
9 place in each location at which the provider of health care performs
10 health care services, a sign which discloses to patients that their
11 health care records may be destroyed after the period set forth in
12 subsection 1.

13 ~~[3.]~~ 4. When a provider of health care performs health care
14 services for a patient for the first time, the provider of health care
15 shall deliver to the patient a written statement which discloses to the
16 patient that the health care records of the patient may be destroyed
17 after the period set forth in subsection 1.

18 ~~[4.]~~ 5. If a provider of health care fails to deliver the written
19 statement to the patient pursuant to subsection ~~[3.]~~ 4, the provider of
20 health care shall deliver to the patient the written statement
21 described in subsection ~~[3.]~~ 4 when the provider of health care next
22 performs health care services for the patient.

23 ~~[5.]~~ 6. In addition to delivering a written statement pursuant to
24 subsection ~~[3-or]~~ 4 ~~[.]~~ *or* 5, a provider of health care may deliver
25 such a written statement to a patient at any other time.

26 ~~[6.]~~ 7. A written statement delivered to a patient pursuant to
27 this section may be included with other written information
28 delivered to the patient by a provider of health care.

29 ~~[7.]~~ 8. A custodian of health care records shall not destroy the
30 health care records of a person who is less than 23 years of age on
31 the date of the proposed destruction of the records. The health care
32 records of a person who has attained the age of 23 years may be
33 destroyed in accordance with this section for those records which
34 have been retained for at least 5 years or for any longer period
35 provided by federal law.

36 ~~[8.]~~ 9. If a health care licensing board receives notification
37 from the Department of Health and Human Services pursuant to
38 NRS 439.5895 that a *high-level* provider of health care to which the
39 health care licensing board has issued a license is not in compliance
40 with the requirements of subsection 4 *or 8, as applicable*, of NRS
41 439.589, the health care licensing board may, after notice and the
42 opportunity for a hearing in accordance with the provisions of this
43 title, require corrective action or impose an administrative penalty in
44 an amount not to exceed the maximum penalty that the health care
45 licensing board is authorized to impose for other violations. The



1 health care licensing board shall not suspend or revoke a license for
2 failure to comply with the requirements of subsection 4 *or* 8 of
3 NRS 439.589.

4 ~~[9.—The provisions of this section, except for the provisions of~~
5 ~~paragraph (a) of subsection 1 and subsection 8, do not apply to a~~
6 ~~pharmacist.]~~

7 10. The State Board of Health shall adopt:

8 (a) Regulations prescribing the form, size, contents and
9 placement of the signs and written statements required pursuant to
10 this section; and

11 (b) Any other regulations necessary to carry out the provisions
12 of this section.

13 11. As used in this section:

14 (a) "Health care licensing board" means:

15 (1) A board created pursuant to chapter 630, 630A, 631, 632,
16 633, 634, 634A, 635, 636, 637, 637B, 639, 640, 640A, 640B, 640C,
17 641, 641A, 641B, 641C or 641D of NRS.

18 (2) The Division of Public and Behavioral Health of the
19 Department of Health and Human Services.

20 (3) The State Board of Health with respect to licenses issued
21 pursuant to chapter 640D or 640E of NRS.

22 (b) *"High-level provider of health care" has the meaning*
23 *ascribed to it in section 1 of this act.*

24 (c) "License" has the meaning ascribed to it in NRS 439.5895.

25 **Sec. 32.** NRS 629.053 is hereby amended to read as follows:

26 629.053 1. The State Board of Health and each board created
27 pursuant to chapter 630, 630A, 631, 632, 633, 634, 634A, 635, 636,
28 637, 637B, 640, 640A, 640B, 640C, 641, 641A, 641B, 641C or
29 641D of NRS shall post on its website on the Internet, if any, a
30 statement which discloses that:

31 (a) Pursuant to the provisions of subsection ~~[7]~~ 8 of
32 NRS 629.051:

33 (1) The health care records of a person who is less than 23
34 years of age may not be destroyed; and

35 (2) The health care records of a person who has attained the
36 age of 23 years may be destroyed for those records which have been
37 retained for at least 5 years or for any longer period provided by
38 federal law; and

39 (b) Except as otherwise provided in subsection ~~[7]~~ 8 of NRS
40 629.051 and unless a longer period is provided by federal law, the
41 health care records of a patient who is 23 years of age or older may
42 be destroyed after 5 years pursuant to subsection 1 of NRS 629.051.

43 2. The State Board of Health shall adopt regulations
44 prescribing the contents of the statements required pursuant to this
45 section.



1 **Sec. 33.** NRS 629.062 is hereby amended to read as follows:

2 629.062 1. If a person who is authorized to request a copy of
3 health care records of a patient pursuant to NRS 629.061 requests
4 that a copy of such records be furnished electronically, the custodian
5 of health care records must electronically transmit a copy of the
6 requested records to the person or, if the patient has provided
7 written authorization for records to be furnished to another person or
8 entity, to that person or entity. Such records must be furnished in an
9 electronic format using a method of secure electronic transmission
10 that complies with applicable federal and state law. *If a patient*
11 *requests that a copy his or her health care records be furnished*
12 *electronically to the patient or any other person or entity, the*
13 *custodian of health records shall furnish the copy not later than*
14 *the end of the second business day after the request is made.*

15 2. Except as otherwise provided in *this subsection and*
16 *subsections 3 and 4, if a custodian of health care records maintains*
17 *health care records electronically, any fee to furnish those records*
18 *electronically pursuant to subsection 1 must not exceed \$40 or the*
19 *amount per page prescribed by NRS 629.061, whichever is less. A*
20 *custodian of health care records shall not charge a fee to furnish*
21 *health care records to a patient or, if the patient has requested a*
22 *copy of his or her health care records to be furnished to another*
23 *person or entity, to that person or entity.*

24 3. If the total amount of the fee chargeable pursuant to
25 subsection 2 for the furnishing of health care records electronically
26 is less than \$5, a custodian of health care records, other than a
27 custodian of the health care records of a state or local governmental
28 entity, may charge a fee of \$5 for the furnishing of those health care
29 records.

30 4. ~~FA~~ *Except as otherwise provided in subsection 2, a*
31 *custodian of health care records, other than a custodian of the health*
32 *care records of a state or local governmental entity, may charge the*
33 *following fees to furnish health care records electronically, in*
34 *addition to the total amount of the fee charged pursuant to*
35 *subsection 2 or 3:*

36 (a) A fee of \$5 for written confirmation that no health care
37 records were found.

38 (b) A fee of \$5 for furnishing a copy of a certificate of the
39 custodian of health care records.

40 (c) A fee of \$20 for a copy of a printed film sheet.

41 (d) A fee of \$25 for furnishing a copy of radiologic images in
42 any form other than a printed film sheet.

43 5. As used in this section:

44 (a) "Custodian of health care records" has the meaning ascribed
45 to it in NRS 629.016 and additionally includes a covered entity or



1 business associate, as those terms are defined in 45 C.F.R. §
2 160.103.

3 (b) "Health care records" has the meaning ascribed to it in NRS
4 629.021 and additionally includes individually identifiable health
5 information, as defined in 45 C.F.R. § 160.103.

6 (c) "Secure electronic transmission" means the sending of
7 information from one computer system to another computer system
8 in such a manner as to ensure that:

9 (1) No person other than the intended recipient receives the
10 information;

11 (2) The identity and signature of the sender of the
12 information can be authenticated; and

13 (3) The information which is received by the intended
14 recipient is identical to the information that was sent.

15 **Sec. 34.** NRS 686A.315 is hereby amended to read as follows:

16 686A.315 1. If a hospital *or independent center for*
17 *emergency medical care* submits to an insurer the form prescribed
18 by the Director of the Department of Health and Human Services
19 pursuant to NRS 449.485, that form must contain or be
20 accompanied by a statement that reads substantially as follows:

21
22 Any person who misrepresents or falsifies essential
23 information requested on this form may, upon conviction, be
24 subject to a fine and imprisonment under state or federal law,
25 or both.

26
27 2. If a person who is licensed to practice one of the health
28 professions regulated by title 54 of NRS submits to an insurer the
29 form commonly referred to as the "HCFA-1500" for a patient who
30 is not covered by any governmental program which offers insurance
31 coverage for health care, the form must be accompanied by a
32 statement that reads substantially as follows:

33
34 Any person who knowingly files a statement of claim
35 containing any misrepresentation or any false, incomplete or
36 misleading information may be guilty of a criminal act
37 punishable under state or federal law, or both, and may be
38 subject to civil penalties.

39
40 3. The failure to provide any of the statements required by this
41 section is not a defense in a prosecution for insurance fraud pursuant
42 to NRS 686A.291.



1 **Sec. 35.** NRS 719.200 is hereby amended to read as follows:
2 719.200 1. Except as otherwise provided in subsection 2, the
3 provisions of this chapter apply to electronic records and electronic
4 signatures relating to a transaction.

5 2. The provisions of this chapter do not apply to a transaction
6 to the extent it is governed by:

7 (a) Except as otherwise specifically provided by law, a law
8 governing the creation and execution of wills, codicils or
9 testamentary trusts;

10 (b) The Uniform Commercial Code other than NRS 104.1306,
11 104.2101 to 104.2725, inclusive, and 104A.2101 to 104A.2532,
12 inclusive; or

13 (c) The provisions of NRS 439.581 to 439.597, inclusive, *and*
14 *section 1 of this act* and the regulations adopted pursuant thereto.

15 3. The provisions of this chapter apply to an electronic record
16 or electronic signature otherwise excluded from the application of
17 this chapter under subsection 2 to the extent it is governed by a law
18 other than those specified in subsection 2.

19 4. A transaction subject to the provisions of this chapter is also
20 subject to other applicable substantive law.

21 **Sec. 36.** NRS 720.140 is hereby amended to read as follows:

22 720.140 1. Except as otherwise provided in this subsection,
23 the provisions of this chapter apply to any transaction for which a
24 digital signature is used to sign an electronic record. The provisions
25 of this chapter do not apply to a digital signature that is used to sign
26 an electronic health record in accordance with NRS 439.581 to
27 439.597, inclusive, *and section 1 of this act* and the regulations
28 adopted pursuant thereto.

29 2. As used in this section, “electronic record” has the meaning
30 ascribed to it in NRS 719.090.

31 **Sec. 37.** 1. Notwithstanding the amendatory provisions of
32 section 14 of this act, an independent center for emergency medical
33 care that is owned or operated by, or otherwise part of, a hospital
34 may continue to operate without obtaining a license separate from
35 the license of the hospital pursuant to NRS 449.080 until July 1,
36 2026.

37 2. Notwithstanding the amendatory provisions of section 17 of
38 this act, the Division of Public and Behavioral Health of the
39 Department of Health and Human Services shall issue a license to
40 operate an independent center for emergency medical care that is
41 owned or operated by, or otherwise part of, a hospital, is operating
42 on January 1, 2026, and is located within 5 miles of another
43 independent center for emergency medical care if the independent
44 center for emergency medical care otherwise qualifies for licensure
45 pursuant to NRS 449.080.



1 3. As used in this section, “independent center for emergency
2 medical care” has the meaning ascribed to it in NRS 449.013, as
3 amended by section 14 of this act.

4 **Sec. 38.** The provisions of subsection 1 of NRS 218D.380 do
5 not apply to any provision of this act which adds or revises a
6 requirement to submit a report to the Legislature.

7 **Sec. 39.** The provisions of NRS 354.599 do not apply to any
8 additional expenses of a local government that are related to the
9 provisions of this act.

10 **Sec. 40.** NRS 450B.215 is hereby repealed.

11 **Sec. 41.** 1. This section and sections 1 to 4, inclusive, 6, 21,
12 22, 24 to 32, inclusive, 35, 36 and 40 of this act become effective
13 upon passage and approval.

14 2. Sections 5, 7 to 20, inclusive, 23, 33, 34, 37, 38 and 39 of
15 this act become effective:

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

19 (b) On January 1, 2026, for all other purposes.

TEXT OF REPEALED SECTION

450B.215 Administrative sanctions for failure to comply with requirements concerning electronic health information.

1. If the health authority receives notification from the Department of Health and Human Services pursuant to NRS 439.5895 that the holder of a permit to operate an ambulance, air ambulance or vehicle of a fire-fighting agency is not in compliance with the requirements of subsection 4 of NRS 439.589, the health authority may, after notice and the opportunity for a hearing in accordance with the provisions of this chapter, require corrective action or impose an administrative penalty in an amount established by regulation of the board.

2. The health authority shall not suspend or revoke a permit for failure to comply with the requirements of subsection 4 of NRS 439.589.



