2019 Legislative Checklist

Nevada Hospital Association

Updated 10/21/2019

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2019 Legislative Checklist

AB85 – Mental Health Crisis (Involuntary Commitment) – Effective on Passage and Approval

AN ACT relating to mental health; requiring the adoption of regulations governing the involuntary administration of medication to persons with mental illness and the medical examination of a person alleged to be a person in a mental health crisis; authorizing the adoption of regulations concerning the plan for the discharge of a person admitted to a mental health facility or hospital; revising certain terminology and standardizing certain time periods relating to admission to mental health facilities; revising the authority of certain accredited agents to make certain certifications and transport persons with mental illness; revising requirements concerning notification to certain persons of the emergency admission of a person to a mental health facility; revising the procedure for proceedings for the involuntary court-ordered admission of a person to a mental health facility or a program of community-based or outpatient services; authorizing the disclosure to a provider of health care of certain information related to a person who seeks mental health services; and providing other matters properly relating thereto.

What is New?

- Defines substantial likelihood of serious harm to himself/herself or others.
- Changes "person with a mental illness" to "person in a mental health crisis".
- Applies a definition of an accredited agent of the Division of Public and Behavioral Health (DPBH) as "any person authorized by DPBH to transport to a mental health facility for those persons in need of emergency admission".
- Removes the requirement to transport to a mental health facility with at least one attendant of the same sex or a blood relative from being in attendance.
- Allows for disclosure of information contained in a record that is sealed to a provider of health care to assist with treatment provided to the consumer.

Regulations to be Adopted by the State Board of Health

- The State Board of Health shall adopt regulations governing the way a person may apply to become an accredited agent of the DPBH and how accredited agents of the DPBH will be monitored and disciplined for professional misconduct.
- The State Board of Health shall define emergency services or care and prescribe a procedure to ensure that an examination (medical clearance) is performed and to prescribe the type of medical facility that a person may be admitted to.
- The State Board of Health shall adopt regulations governing the procedure for the involuntary administration of medications to persons with mental illness.
- The State Board of Health shall adopt regulations prescribing the manner and time that each public or private mental health facility and hospital in the State shall report the number of applications for emergency admission as well as any other information determined in regulation.
- The State Board of Health may adopt regulations that require a public or private mental health facility or hospital to adopt a plan for the discharge of a person admitted to the facility or hospital.

Hospital Checklist – AB85

Once regulations are adopted by the State Board of Health, hospitals must:

- ☐ Develop policies and procedures to educate staff on the newly adopted regulations for medical clearance.
- ☐ Develop policies and procedures for the involuntary administration of medication to persons with mental illness – for inpatient psychiatric hospitals.
- ☐ Develop policies and procedures that meet the newly adopted regulations regarding the number of applications for emergency admission received by the mental health facility or hospital during the immediately preceding quarter as well as any other information determined by regulation.
- ☐ Develop policies and procedures to adopt a plan for the discharge of a person admitted to the facility or hospital.

Legislative Mandates for Hospitals Effective on Passage:

- ☐ Update policies and procedures that clarifies that the 72 hours, including weekends and holidays, is intended to start from the time the patient is deprived of their civil liberty. If the document is not timed and dated out in the field, the 72 hours would begin at the time of arrival to the emergency department.
- ☐ Update policies and procedures to **change** the requirement to immediately release a person admitted on a voluntary basis to a public or private mental health facility to instead be released within 24 hours after the request is made, unless a petition is made for the involuntary court-ordered admission.
- ☐ Update policies and procedures to clarify the time for a legal hold to be no more than 72 hours unless a petition is filed with the clerk of the district court.
- ☐ Update policies and procedures to include that personnel shall ensure that within 24 hours of an emergency admission, a person in a mental health crisis is asked to identify someone to give permission to notify a family member, friend or other person of the emergency admission, and document in the medical record. If the person is not able to give permission or refuses permission to notify, notification may be provided if the administrative officer of the facility determines it is in the best interest of the person in a mental health crisis. If the person has an appointed guardian, durable power of attorney for health care or an attorney-in-fact, notification would be promptly provided regardless of whether permission is given to notify.
- ☐ Update policies and procedures to provide a 24-hour timeframe for the release of a patient after the court determines the patient does not meet criteria for involuntary court-ordered admission rather than immediate release. This ensures that all patients who want to leave can do so within 24 hours, allowing facilities time to receive the court order and to develop plans for a safe and appropriate discharge.
- ☐ Update policies and procedures indicating that from the time the petition is received by the clerk or the motion is made, there is a change from five (5) to six (6) days to set the date and time for the hearing.
- ☐ Update policies and procedures indicating the facility now allows for the disclosure of information in the clinical record to be released to a provider of health care to assist with continuity of care and treatment provided to the consumer.

AB124 – Information for Sexual Assault Victims – Effective January 1, 2020

AN ACT relating to health care; requiring the development and distribution of a document consisting of information for victims of sexual assault or attempted sexual assault; requiring a hospital or independent center for emergency medical care to provide a copy of the document to each victim of sexual assault or attempted sexual assault treated by the hospital or independent center for emergency medical care; and providing other matters properly relating thereto.

What's New?

- Division of Public and Behavioral Health (DPBH) will establish a working group consisting of hospital representatives, independent centers for emergency medical care and experts in treating the effects of sexual assault and attempted sexual assault to develop a document to be provided to victims of sexual assault and attempted sexual assault.
- The document will contain information on emergency contraception and prophylactic antibiotics, contact information for law enforcement agencies and other services available to victims of sexual assault and attempted sexual assault available in his or her region.
- DPBH will distribute the document to each hospital or independent center for emergency medical care and post the document on a website maintained by DPBH.
- DPBH will update the document as needed.

Hospital Checklist – AB124

Legislative Mandates for Hospitals Effective on Passage:

- ☐ Update policies and procedures that defines the dissemination of the document which needs to include a process to provide the information orally to each victim of sexual assault or attempted sexual assault.

Nevada Hospital Association

2019 Legislative Checklist

AB239 – Opioids – Effective June 3, 2019

AN ACT relating to controlled substances; revising requirements concerning the review and investigation of a complaint concerning certain violations relating to controlled substances; requiring certain professional licensing boards that regulate prescriptions for controlled substances or practitioners who issue such prescriptions to develop and disseminate an explanation or technical advisory bulletin concerning certain requirements relating to such prescriptions; clarifying the independent authority of the State Board of Pharmacy to take disciplinary action; revising provisions concerning prescribing controlled substances for the treatment of pain; requiring a system for the maintenance of electronic health records to have certain capabilities; and providing other matters properly relating thereto.

What's New?

- Previously, the Executive Director of each licensing board was required to review and evaluate any complaint or information received from a Board of Pharmacy investigation. If the licensee was being reviewed, they previously had to attest that he or she complied with the requirements to obtain a patient utilization report from the prescription drug monitoring program, the requirements to document in the electronic health record (EHR) the reasons for prescribing such a quantity of a controlled substance, the requirements for an initial prescription, and the consideration of patient behaviors before prescribing.
- Requires the Board of Pharmacy to develop a notice with existing requirements for prescribing a controlled substance in the law and their regulations and post it on their website and disseminate educational information and guidance to each licensed physician, physician assistant, and APRN.
- Defines 'course of treatment' as "all treatment of a patient for a particular disease or symptom of a disease, including, without limitation, a new treatment initiated by any practitioner, other than a veterinarian, for a disease or symptom for which the patient was previously receiving treatment." This allows providers to adjust medication without triggering the requirements of an "initial prescription" should the medication be substituted or changed (See **NRS 639.0082**).
- For cancer, sickle cell, hospice or palliative care patients, it removes the prescribing limits on schedule II, III, and IV controlled substances (14 days/90 morphine milligram equivalents per day). However, for these patients, it requires providers to follow all other Board of Pharmacy regulations and must have a bona fide relationship with the patient and obtain informed consent to the use of controlled substances from the patient. The prescriber must also follow existing Centers for Medicare and Medicaid Services (for hospice and palliative care), American Society of Clinical Oncology or National Heart, Lung and Blood Institute guidelines for obtaining informed consent.
- For cancer, sickle cell, hospice or palliative care patients, it allows a prescriber to issue a prescription for a schedule II, III, or IV controlled substance, or a schedule V opioid, without obtaining a patient utilization report if doing so will unreasonably delay the patient's care. If this occurs the prescriber must as soon as practicable obtain the patient utilization report.
- Allows prescribers to issue a medically necessary prescription for longer than 14 days or more than 90 morphine milligram equivalents/day for a controlled substance in schedule II, III, or IV for the treatment of acute pain. "Acute pain" means pain that has an abrupt onset and is caused by injury or another cause that is not ongoing. The term does not include chronic pain or pain that is being treated as part of care for cancer, palliative care, hospice care or other end-of-life care.

- Allows for informed consent to be obtained verbally and not solely written, which was previously required for all initial prescriptions, including new courses of treatment. The practitioner must document a verbal informed consent in the medical record, including a copy of the previously written informed consent. This allows for flexibility in group practices where informed consents can be kept on file, or when a provider may be covering for another provider.
- For the purpose of conducting an evaluation and risk assessment, the practitioner may now obtain and review a 'relevant' medical history (rather than complete) and conduct a physical examination of the patient which is "directed to the source of the patient's pain and within the scope of practice of the practitioner." Additionally, for prescriptions of a controlled substance intended to be longer than 30 days, the practitioner must make a good faith effort to obtain and review "any" medical records of the patient "that are relevant to the prescription" and document those efforts in the medical record.
- Increases authority of the Board of Pharmacy to take disciplinary action against the licensees of other boards.

Regulations to be Adopted by the State Board of Health

- Allows for the State Board of Health to adopt regulations to integrate the prescription drug monitoring program within electronic health records.

Hospital Checklist – AB239

Legislative Mandates for Hospitals:

- ☐ If policies and procedures reflect attestation, eliminate the attestation process for the licensee under review.
- ☐ If policies and procedures reflect prescribing limits on scheduled II, III, and IV controlled substances (14 days/90 morphine milligram equivalents per day), you can remove this from the policy regarding patients with “acute pain”, cancer, palliative care, hospice care or other end-of-life care.
- ☐ Develop policies or procedures that allow a prescriber to issue a prescription for a scheduled II, III, or IV controlled substance without obtaining a patient utilization report if doing so will unreasonably delay the patient’s care knowing the prescriber must as soon as practicable, obtain the report.
- ☐ Develop protocols that allow for providers to adjust medication without triggering the requirements of an “initial prescription” should the medication be substituted or changed. Removes the requirement for a prescriber to “assess whether the prescription for the controlled substance is medically necessary” upon reviewing the patient utilization report.
- ☐ If relevant, review “New Legislative Language” in the previous section to update policies and procedures, as needed.

AB254 – Reporting of Sickle Cell Disease – Effective October 1, 2019

AN ACT relating to public health; requiring the Chief Medical Officer to establish and maintain a system for reporting certain information on sickle cell disease and its variants; authorizing administrative penalties for failure to report certain information; revising requirements concerning screening infants for sickle cell disease and its variants and sickle cell trait; requiring Medicaid to cover certain supplements recommended by the Pharmacy and Therapeutics Committee; requiring a health insurer to include coverage for certain prescription drugs and services for the treatment of sickle cell disease and its variants in its policies; authorizing a prescription of certain controlled substances for the treatment of acute pain caused by sickle cell disease and its variants for a longer period than otherwise allowed; requiring a health maintenance organization or managed care organization to take certain actions with respect to certain insureds diagnosed with sickle cell disease and its variants; and providing other matters properly relating thereto.

What's New?

- The Division of Public and Behavioral Health (DPBH) will publish reports based on the information provided and make other appropriate uses of the information to report and assess trends in the usage of and access to health care services to advance research and education.
- Requires the current list of preferred prescription drugs for Medicaid recipients to include prescription drugs and a list of supplements essential for the treatment of sickle cell disease and its variants and to be covered by Medicaid.
- Requires Medicaid and all other health insurers to cover certain services for persons diagnosed with sickle cell disease and variants.
- Requires a health maintenance organization or managed care organization to establish a plan for each insured under 18 years old who has been diagnosed with sickle cell disease and its variants to transition the insured from pediatric care to adult care when the enrollee reaches 18.
- Authorizes a practitioner to issue a prescription for an amount of such a controlled substance for the treatment of acute pain caused by sickle cell disease and its variants that is intended to be used for not more than 30 days.

Regulations to be Adopted by the State Board of Health

- Establishes a "sickle cell registry" similar to the state's Cancer Registry that will require hospitals, medical laboratories, certain other facilities and providers of health care to report information prescribed by the State Board of Health concerning each case of sickle cell disease and its variants to the registry. The Department of Health and Human Services (DHHS) will develop regulations for the registry and reporting requirements that must include:
    - Name, address, age and ethnicity of the patient;
    - Variant of sickle cell disease with which the person has been diagnosed;
    - Treatment method, including, without limitation, any opioid prescribed for the patient and whether the patient has adequate access to that opioid;
    - Any other diseases from which the patient suffers, including, without limitation, pneumonia, asthma and gall bladder disease;
    - Information concerning the usage of and access to health care services by the patient; and,
    - If a patient diagnosed with sickle cell disease and its variants dies, his or her age at death.

- In addition to the current regulations governing examinations and tests required for the discovery in infants of preventable or inheritable disorders, AB254 requires regulations to define the tests to be added to determine the presence of sickle cell disease and its variants in newborns. This will also include screening for the biological parents of a child who tests positive. If the parents or guardians object, they may opt out in writing.
- DPBH shall establish regulations to develop a protocol, preserving the confidentiality of the records of patients, to abstract from the records of a health care facility or require a health care facility to abstract from their records the information required by the State Board of Health.
- As with the state's Cancer Registry, there may be a fee to abstract information in order to be report as well as sanctions for not reporting.

Hospital Checklist – AB254

Once regulations are adopted by the State Board of Health, hospitals must:

- ☐ Update policies and procedures to reflect the additional examinations and tests required for the discovery of preventable or inheritable disorders in infants to include screening for the presence of sickle cell disease and its variants in newborns and the newborns' parents or guardian.
- ☐ Provide for a process to allow for parents or guardians of the newborn to opt out.
- ☐ Update policies and procedures to include a process for reporting the requirements outlined in regulation into the system established by the Chief Medical Officer at DHHS.
- ☐ Update the current list of preferred prescription drugs for Medicaid recipients to include prescription drugs and a list of supplements essential for the treatment of sickle cell disease and its variants.

AB310 – E-Prescribing – Effective January 1, 2021

AN ACT relating to prescriptions; requiring a prescription to be given to a pharmacy by electronic transmission in certain circumstances; providing certain exemptions; authorizing professional discipline and administrative penalties against a practitioner who violates that requirement; authorizing a written prescription to be given indirectly; and providing other matters properly relating thereto.

What is New?

- Aligns with a federal requirement in Medicare mandating e-prescribing for controlled substances.
- Exemptions and authority for waivers include:
  - When a prescription is issued under circumstances prescribed by regulation of the Board where:
    1. Electronic transmission is unavailable due to technologic or electronic failure, or
    2. The drug will be dispensed at an out-of-state pharmacy;
  - When the prescription is issued by a practitioner who will also dispense the drug;
  - When a prescription includes, without limitation, information that is not supported by the program for electronically transmitting prescriptions prescribed by the National Council for Prescription Drug Programs or its successor organization;
  - If a prescription cannot be electronically prescribed as it is prohibited by federal law;
  - If a prescription is not issued for a specific patient.
  - If it is a prescription issued pursuant to a protocol for research.
  - If it is issued by a practitioner who has received a waiver from the Board, the practitioner preserves the right to use a fax, written or phoned-in prescription.
    1. Allows the Board of Pharmacy to grant waivers from the mandate to practitioners in one-year increments, for either technological factors not in control of the practitioner (such as rural broadband accessibility),
    2. Allows waivers for economic hardship or other "exceptional circumstances" that is likely to be developed in regulations.
  - If the prescription is issued under circumstances in which the practitioner determines that:
    1. The patient is unable to obtain the drug in a timely manner if the prescription is provided by electronic transmission; and
    2. A delay will adversely affect the patient's medical condition.

Regulations to be Adopted by the State Board of Health

- Regulations may be developed to more clearly define the waivers for either technological factors not in control of the practitioner, economic hardship or other "exceptional circumstances" to e-prescribing.

Hospital Checklist – AB310

Once regulations are adopted by the State Board of Health, hospitals must:

- ☐ Develop a process for practitioners to comply with e-prescribing as defined in regulations.

Legislative Mandates for Hospitals:

- ☐ Requires a prescription for a controlled substance to be provided to a pharmacy by electronic transmission. However, under Section 7, subsection 4 of the bill, it states that nothing in the bill should be construed to force the pharmacist to verify that any other form of prescription is done pursuant to an exemption or waiver (they will not be surveying to this mandate).

AB348 – Workplace Violence – Effective July 1, 2020, for hospitals and psychiatric hospitals; Effective July 1, 2021, for an independent center for emergency medical care, a facility for intermediate care, a facility for skilled nursing, a facility for medical detoxification and a community triage center.

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

What is New?

- Establish a committee on workplace safety. Appoint members of:
  - A staffing committee, if a staffing committee is mandated (Pursuant to **NRS449.242** or an applicable collective bargaining agreement).
  - All major areas of the facility (other than those represented by the staffing committee, if required).

Regulations to be adopted by the Occupational Safety and Health Administration (OSHA) in consultation with Division of Public and Behavioral Health (DPBH) under NRS618

- To define the term "unit" for the purposes of the plan.

In addition to the regulations adopted, to define "unit", OSHA shall develop regulations that:

- Prescribe the minimum requirements for engineering controls, work practice controls and other appropriate measures to prevent and mitigate the risk of workplace violence carried out
- Prescribe the required contents of a record of workplace violence required to be maintained
- Establishment of regulations that define the plan to implement the procedures on assessing and responding to situations that create the potential for workplace violence.

Hospital Checklist – AB348

Once regulations get adopted by OSHA, hospitals will be required to comply with the following:

- ☐ Provide for the minimum requirements for engineering controls, work practice controls and other appropriate measures to prevent and mitigate the risk of workplace violence carried out.
- ☐ Policies and Procedures that prescribe the required contents of a record of workplace violence required to be maintained.
- ☐ A plan that includes procedures to meet the DPBH regulations on assessing and responding to situations that create the potential for workplace violence.

Legislative Mandates:

The Plan

- ☐ Develop a plan for the prevention of and response to workplace violence that includes the following:
  - ☐ The plan is in writing.
  - ☐ The plan is in effect at all times.
  - ☐ The plan is available to be viewed by each employee of the facility at all times.
  - ☐ The plan is specific to each unit and each location is maintained by the facility.
  - ☐ The plan is developed in collaboration with the committee on workplace safety.
  - ☐ The plan includes the training requirements.
  - ☐ The plan includes procedures to investigate and respond to incidents of workplace violence.
  - ☐ The plan includes procedures to correct hazards that increase the risk of workplace violence. (Including using feasible/applicable engineering controls, and work practice controls to eliminate or minimize exposure of employees or other providers of care)
  - ☐ The plan includes procedures for obtaining assistance from security guards or public safety agencies when appropriate.
  - ☐ The plan includes procedures for responding to incidents involving an active shooter or other threats of mass casualties through the use of plans for evacuation and sheltering that are feasible and appropriate.
  - ☐ The plan includes procedures for annually assessing the effectiveness of the plan, in collaboration with the committee of workplace safety.
  - ☐ The facility has a process in place to maintain the plan.

Training

- ☐ Develop policies and protocols that require all employees of the facility and other providers of care at the facility to receive training concerning the prevention of workplace violence:
  - ☐ Upon the adoption of a new plan for the prevention of workplace violence.
  - ☐ Upon employment and annually thereafter.
  - ☐ Upon commencing new job duties/assignment in a new location of the facility.
  - ☐ When an unrecognized hazard is identified or when a material change to the facility requires a change to the plan.
- ☐ The training must address/include the risks of workplace violence that an employee/other provider of care may reasonably anticipate encountering on his or her job and instruction to include:

- ☐ An explanation of the plan, the manner in which the medical facility plans to address incidents of workplace violence,
- ☐ The manner in which an employee may participate in reviewing and revising the plan and any information necessary for employees and other providers of care to perform the duties that may be required of each employee or other provider of care under the plan;
- ☐ Situations that may result in workplace violence;
- ☐ When and how to respond to and seek assistance in preventing or responding to workplace violence;
- ☐ Reporting incidents of workplace violence to the medical facility and public safety agencies when appropriate;
- ☐ Resources available to employees and other providers of care in coping with incidents of workplace violence, including, without limitation, debriefing processes established by the medical facility for use after an incident of workplace violence and available programs to assist employees and other providers of care in recovering from incidents of workplace violence;
    - ☐ For each employee or other provider of care who has contact with patients, training concerning verbal intervention and de-escalation techniques that:
        (1) Allows the employee or other provider of care to practice those techniques with other employees and other providers of care with whom he or she works; and
        (2) Includes a meeting to debrief each practice session

☐ Collaboration with the committee on workplace safety in developing, reviewing and revising the training provided under the plan and any curricula or materials used in that training.

Procedures

☐ Implement policies and procedures for responding to and investigating incidents of workplace violence that must include procedures to:

- ☐ Maintain and use alarms or other communications systems to allow employees and other providers of care to seek immediate assistance during an incident of workplace violence;
- ☐ Ensure an effective response to each incident of workplace violence, including, without limitation, by ensuring that members of the staff of the medical facility are trained to address such incidents and designated to be available to immediately assist in the response to such an incident without interrupting patient care;
- ☐ Provide timely medical care or first aid to employees or other providers of care who have been injured in an incident of workplace violence;
- ☐ Identify each employee or other provider of care involved in an incident of workplace violence;
- ☐ Offer counseling to each employee and other provider of care affected by an incident of workplace violence;
- ☐ Offer the opportunity for each employee and other provider of care, including, without limitation, supervisors and security guards, involved in an incident of workplace violence to debrief as soon as possible after the incident at a time and place that is convenient for the employee or other provider of care;
- ☐ Review any patient-specific risk factors and any measures specified to reduce those factors;
- ☐ Review the implementation and effectiveness of corrective measures taken under the plan; and

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

Reporting

- ☐ Develop processes to encourage employees and other providers of care to report incidents of workplace violence and concerns about workplace violence
- ☐ Develop process and procedures to report to the Division of Industrial Relations of the Department of Business and Industry on the following:
  - ☐ Any incident that Involves the use of physical force against an employee or other provider of care by a patient or a person accompanying a patient
  - ☐ Any incident that involves the use of a firearm or other dangerous weapon
  - ☐ Any incident that presents a realistic possibility of death or serious physical harm to an employee or other provider of care
- ☐ Develop policies and procedures for a medical facility to submit to the Division of Industrial Relations the most current annual summary of workplace injuries and illnesses compiled pursuant **to 29 C.F.R. § 1904.32**

AB456 – Minimum Wage Increase – Effective July 1, 2019

AN ACT relating to wages; increasing the minimum wage paid to employees in private employment in this State; revising provisions governing the administration and enforcement of the minimum wage provisions; and providing other matters properly relating thereto.

Immediately removes the minimum wage at its current level out of our state Constitution. (Nevada's minimum wage is currently $7.25/hour if the employer pays health benefits, and $8.25/hour if the employer does not pay health benefits, and places it into statute.)

What is New?

- Proposes a gradual wage increase over five years, increasing the minimum wage up to $12.00 /hour by June 30, 2024, and $11.00/hour if the employer provides health insurance.
- The wage increases will begin on July 1, 2020, increasing the wage to $9.00/hour if the employer does not cover health insurance, and $8.00/hour if the employer does offer health insurance.
- The wage will then increase by $0.75 cents an hour on each July 1, until the wage reaches $12.00/hour in 2024.

Hospital Checklist – AB456

Legislative Mandates:

- ☐ Ensure a process is established for wages to increase, as of July 1, 2019, to the minimum wage requirement of $9.00/hour if the employer does not cover health insurance, and $8.00/hour if the employer does offer health insurance.
- ☐ Ensure a process is established to increase wages by $0.75 cents an hour on July 1 until the wage reaches $12.00/hour in 2024.

SB95 – Allows Certain Medical Facilities to Grant Clinical Privileges Dietitians – Effective July 1, 2019

AN ACT relating to health care; requiring certain medical facilities to adhere to a diet that is ordered or prescribed for a patient; authorizing a hospital to grant clinical privileges to a dietitian; authorizing a dietitian to order a special diet or nutritional supplement for a patient in certain circumstances; and providing other matters properly relating thereto.

What is New?

- A medical facility shall take any actions to ensure that patients are provided with any special diets as ordered by a licensed dietitian or prescribed by any provider of care including physicians, APRNs, podiatric physicians, physician assistants, and dentists. This may include the purchasing of food or beverages to comply.
- Facilities must document compliance and provide documentation to the Division of Public and Behavioral Health (DPBH) upon request to demonstrate compliance.
- This bill allows facilities to grant clinical privileges to licensed dietitians for the purpose of ordering special diets, any lab tests to monitor the effectiveness of the special diet or dietary plan, and modify the diet based on lab results.

Hospital Checklist – SB95

Legislative Mandates:

- ☐ If the medical facility determines that they want to grant clinical privileges to licensed dietitians to allow them to order special diets and lab tests to monitor the effectiveness of the special diet or dietary plan and modify the diet based on lab results, they need to create processes that would allow that.

SB192 – Notice of Patient Rights and Health Benefits – Effective January 1, 2020

AN ACT relating to health care; prescribing certain requirements for health benefits for the purpose of determining the minimum wage required to be paid to employees in private employment in this State; requiring a hospital to provide notice to a patient of certain rights; and providing other matters properly relating thereto.

Hospital Checklist – SB192

Legislative Mandates:

- ☐ Mandates that hospitals provide information to the patient or the patient's legal representative about the patient's rights and responsibilities, which include:
  - ☐ The right of the patient to designate a caregiver (**NRS 449A.300 to 449A.330**).
  - ☐ The right to express complaints and grievances.
- ☐ The hospital will provide instructions for filing a complaint with:
  - ☐ The patient representative or hospital social worker.
  - ☐ The name and contact information of any entity responsible for accrediting the hospital.
  - ☐ The Division of Public and Behavioral Health.
  - ☐ Contact information for any other state or local entity that investigates complaints concerning the abuse or neglect of patients.

SB291 – Testing of Infants for Preventable or Inheritable Disorders – Effective January 1, 2020

AN ACT relating to public health; requiring the testing of infants for certain preventable or inheritable disorders; requiring the State Public Health Laboratory to report during a hearing about the reasons for any increased charges for performing such tests; repealing a provision requiring the Division of Public and Behavioral Health of the Department of Health and Human Services to enter into a contract for the provision of certain services of a laboratory; and providing other matters properly relating thereto.

Regulations to be Adopted by the State Board of Health

- Requires hospitals to screen for all Health Resources and Services Administration-recommended disorders, not later than four years after the recommendation is published.
- Any examination or test required by regulations must be performed by a laboratory and sent to the State Public Health Laboratory.
- If the State Public Health Laboratory increases the amount charged for performing such an examination or test pursuant to **NRS439.240**, the Division of Public and Behavioral Health (DPBH) shall hold a public hearing during which the State Public Health Laboratory shall provide to DPBH a written and verbal fiscal analysis of the reasons for the increased charges.
- The Chief Medical Officer or the person in charge of the State Public Health Laboratory may authorize an exclusion from the required testing based on:
    - Insufficient funding to conduct the testing.
    - Insufficient resources to address the results of the examination.

Hospital Checklist – SB291

Once regulations get adopted, hospitals will be required to comply with the following:

- The required examination and tests to be performed by a lab and sent to the State Public Health Laboratory.

SB312 – Requires a Private Employer to Provide Paid Leave to Employees – Effective January 1, 2020

AN ACT relating to employment; requiring an employer in private employment to provide paid leave to each employee of the employer under certain circumstances; providing certain exceptions; providing a penalty; and providing other matters properly relating thereto.

What is New?

- Requires an employer who has 50 or more employees in Nevada to provide employees with 0.01923 hours of paid leave for each hour worked (approximately 40 hours per year) that may be used by an employee beginning on the 90th calendar day of employment.
- Provides that an employee use their paid leave without having to provide a reason to his or her employer for such use.
- Provides that an employee may use accrued paid sick leave:
  - ✓ For obtaining health care for himself/herself or for his or her family;
  - ✓ To obtain counseling, assistance or to attend a court proceeding related to domestic violence, sexual assault, stalking or harassment; or
  - ✓ If the business of the employer or the school which a member of the employee's family or household attends closes as a result of a public health concern.
- Allows an employer to limit the use of paid leave to 40 hours per year and limit the accrual of paid sick leave to a maximum of 48 hours per year.
- Requires employers to maintain a record of the receipt or accrual and use of paid leave for a one-year period, and upon request, shall make those records available for inspection by the Labor Commission.
- Outlines sanctions/penalties for each violation.

Exemptions

- **Temporary, seasonal and on-call employees are exempt.**

NOTE: There is concern by the Senate Caucus staff with codifying a "per diem" exemption, noting it may be abused in other sectors. Nevada Hospital Association (NHA) lobbyist Jim Wadhams is aware of the issue and will continue to monitor should this be a problem. He believes we could seek clarification at the regulatory level.

Hospital Checklist – SB312

Legislative Mandates:

- ☐ For NHA member hospitals to be exempt, all policies regarding employee types need to be updated to reflect how per diem employees are used. Per diem staff are used to meet temporary or seasonal fluctuations.
- ☐ Payroll systems need to be updated to reflect the same classifications of hospital staff.

SB364 - Protects Vulnerable Persons From Discrimination – Effective January 1, 2020 for the State Board of Health to adopt regulations to adapt electronic records to reflect gender identities or expressions of patients or residents with diverse sexual orientations and gender identities or expressions; Effective July 1, 2021, for a medical facility or facility for the dependent to comply with the adopted regulations; Effective January 1, 2020, for all other purposes.

AN ACT relating to the protection of vulnerable persons; prohibiting a medical facility, facility for the dependent and certain other facilities from engaging in certain discriminatory actions; requiring employees and agents of such facilities to receive certain training relating to cultural competency; requiring such facilities to take certain measures to protect the privacy of persons receiving care from the facilities and adapt electronic records to reflect certain information concerning patients or residents; and providing other matters properly relating thereto.

What is New?

- Medical facilities must prominently post in the facility and on the internet website, including documented marketing materials, an antidiscrimination statement (set forth in Section 2, Subsection (b)) indicating that the facility does not discriminate and does not permit discrimination.
- Medical facilities must develop policies and procedures that prohibits employees or independent contractors who are not performing a physical exam or who are not directly providing care, from being present during a physical examination or for a purpose that is purely educational rather than therapeutic, unless the patient or resident provides permission.

Regulations to be adopted by the State Board of Health

- Regulations that prescribe the specific types of discrimination prohibited to ensure certain rights and protections for vulnerable persons are addressed.
- Regulations to outline procedures to keep a patient's sexual orientation or HIV status confidential.
- The State Board of Health shall develop regulations requiring a facility to conduct training related specifically to cultural competency for any agent or employee of the facility who provides care to a patient or resident of the facility to better understand patients or residents who have different cultural backgrounds.
- Training related specifically to cultural competency conducted by a medical facility, facility for the dependent or other facility as defined by regulations must be approved by the Department of Health and Human Services.

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Once regulations are adopted by the State Board of Health, hospitals must:

- ☐ Develop policies to ensure that a patient or resident is addressed by his or her preferred name in accordance with his or her gender identity.
- ☐ If the facility is a medical facility, ensure electronic records meet the medical needs of the patients or residents to reflect gender identities or expressions.
- ☐ If the facility is a facility for the dependent or other residential facility, ensure that electronic records include:
  - ☐ The preferred name and pronoun and gender identity or expression of a resident; and,
  - ☐ Any other information prescribed by regulation.
- ☐ Develop processes and policies to provide the training approved by regulations specifically for cultural competency to those that provide care to a patient or resident in a facility.

SB470 – Culturally Competency Training – Effective July 1, 2019

AN ACT relating to health care; requiring the State Board of Health to require a medical facility, facility for the dependent or facility which is otherwise required to be licensed by regulations adopted by the Board to conduct training relating specifically to cultural competency for certain agents and employees of such a facility; and providing other matters properly relating thereto.

Regulations to be Adopted by the State Board of Health

- Require a medical facility, facility for the dependent or other type of facility as determined by regulations adopted by the State Board of Health, to conduct training related specifically to cultural competency to anyone providing care to a patient or resident of that facility.
- Requires that such training be provided through a course or program that is approved by the Department of Health and Human Services (DHHS).