

The meeting was called to order at 5:00 p.m. by Chairman Bennett with the following members and guests present:

PRESENT: Chairman Bennett
Vice Chairman Chaney
Mr. Bergevin
Mrs. Ham
Mr. Mello
Mr. Nicholas
Mr. Thompson

Please see attached guest list for guests present.

Items on the agenda and the action thereon are as follows:

A.B. 119 - Requires assistance to certain families caring for their retarded relatives at home.

Mr. Nicholas opened the discussion on this item by stating that he would like to reserve the right to comment on this bill but will abstain from voting as he is involved personally in programs of this type.

Mr. Bennett then called the first witness, Mr. Paul May, Assemblyman District #19, Clark County. Mr. May testified that this bill is the result of two years work, and the result of a disappointment of the last session. As the bill reads today, it provides for a new experiment in the State of Nevada and that is, it provides that whenever a profoundly mentally retarded person is cared for by a relative with whom he lives, the state will give a stipend of not less than \$260 per month to each person so defined. From the figures he has been able to obtain, there are approximately 123 of these people in the state. He suggests that, while the concept is new, for \$260 per month that's a great deal to ask of any family and is considerably less than the state would be liable for if that person was placed in some type of institution. He pointed out that a family having a mentally retarded person in their family must be dedicated to that person and is the logical and, perhaps, the one person that would love and care for that person within the family atmosphere.

In response to a question from Mr. Bennett, Mr. May advised the committee that the state would be required to pay approximately \$2,300.00 per month if that same person were housed in an institution.

Mr. Nicholas called attention to the discrepancy in figures where the figure of 75 is shown on the fiscal note and that mentioned by Mr. May. Mr. May explained that the figure was

given to him by a reliable source, and if you take the debt figure and multiply it by the amount of stipend projected to be paid, averages out to \$2,739.84 per family per year and multiplying that figure by 123, you would arrive at the same figure as shown in the fiscal note. Mr. Nicholas pointed out that the fiscal average of the sum expenditure was going to accrue to \$350.00 each and if you multiply that by the 123, the difference in the fiscal impact is about \$100,000.

Mrs. Ham asked if these mentally retarded people are presently in institutions - will the state save money by removing them from insitutions and placing them in private homes.

Mr. May explained that these people are presently living with families and that as the legislation is drawn, families must be found in a situation that they are not able to financially provide for the care and support that person requires.

Testifying further was Mrs. Marian Judickis who explained that she is very familiar with this problem as she has a son at home who is mentally retarded and severely physically handicapped for whom she is the sole care. She testified further that she has tried nursing homes but has found the treatment sometimes provided to be well below acceptable and for that reason, she would prefer to keep her son at home. In response to the above question by Mrs. Ham, she stated that there are some people who are presently living at home and some that are now in institutions that will come out if the means are there. According to this bill, however, unless the family is financially able to take care of the person, they will not receive this state help. She estimated there would probably be very few that would need this assistance, but it should be there when and where needed.

She quoted from the Mental Hygiene Report from the State of Nevada of 1980 Retardation Division quoting, "Services should be organized to promote consumer integration into community living in the natural home to the extent possible. Mental retardation services should be directed toward maintaining a child in the natural home or toward returning a child to his natural home...." She also quoted from the NRS Chapter 435.007, Section 3, having to do with the same concept. She concluded by advising the committee that when her son was in a nursing home, the state was paying the \$2,300.00 per month for that service.

Testifying next was Mr. Bill Lowery from the State Welfare Division who stated that they have no objection to the concept of this bill. As we are all aware it does have a fiscal note and we are creating a new welfare program for which they will assume the responsibility. The costs that they came up with (based on the 75 figure that they received from Mental Health and Retardation) shows that the foster care operation came to \$315,000: \$22,376 for one social worker, payroll costs, travel

and operating costs. He suggested that if there are 123 people involved, the fiscal note would not have to be changed drastically.

He asked if the amount of money in the bill - that is the \$260.00 per month, is in addition to other income from other agencies such as social security or S.S.I. or is that a combination of everything. He was advised by Mrs. Judickis that the figure in the bill was based on financial need taking into account the sum total income. He stated additionally that the bill speaks to "more than \$260 in some cases" and asked what the criteria was for making that determination.

Mr. Mello pointed out that that is not the responsibility of this committee; this bill was a concurrent referral to this committee and Ways and Means and the questions Mr. Lowery is asking would be appropriate during the discussion before the Ways and Means Committee.

Mr. John Vergiels, Assembly District #10, Clark County, was present and advised the committee that the sub-committee referred to as "subcommittee #1 on human resources" in Ways and Means will hear this bill and will take further testimony relative to the financial ramifications in it. They started last session when Mr. Mello was chairman to look at programs to get out of institutionalization and that's why this bill might be attractive as a way to stay away from the 24-hour care concept.

Mr. Mello then introduced a motion to recommend "do pass with rereferral to the Assembly Committee on Ways and Means;" motion seconded by Mr. Chaney and carried with six members voting "aye" and Mr. Nicholas abstaining.

A.J.R. 17 - Requests Congress to return administration of welfare to states and to provide federal support for welfare programs through system of block grants.

Mr. Ken Creighton, representing the Research Division of the Legislative Counsel Bureau, was present and gave the background of this resolution. He stated it was the product of an interim sub-committee which looked at means of employing continuous recipients of welfare; Mr. Bennett served as the Chairman of that sub-committee. Last session some members of the Assembly tried to introduce a bill which would have required work programs for some of the recipients of welfare in Nevada, and they were told that there were federal regulations that precluded us from doing that; since we accepted their money, we had to follow their guidelines. As a result, the sub-committee initially considered withdrawing the state from the A.D.C. program and they were told by the State Welfare Division that if we withdrew, we would lose all the federal money for Title XX, Child Welfare Services, Title XIX, etc. At that time there was not sufficient time to do a legal analysis to see if they would lose the money.

This is a compromise resolution in an attempt to be able to control the program administratively and still receive the federal block grants, or whatever vehicle is available. If we can administer it ourselves it would mean we could establish our own work programs; as it stands now, the states are precluded from that. Other states that have tried it have been excluded from the money and have not been able to get that money back. The legal division has done some work on whether or not we would lose additional money from A.D.C. if we were to withdraw from the program and their conclusion is that we would not. It appears that the A.D.C. program, the Title XIX and Title XX are not contingent upon us having an A.D.C. program.

Mr. Lowery stated for the record that his agency was 100% in favor of the concept of returning welfare administration back to the states, but he added that his department does not feel as though they are in a position to take a stand on this just now. Until they find out from Washington just what kind of a block grant they are talking about funding in the State of Nevada, they are hesitant to make that commitment. Governor List and Dr. DiSibio are in Washington now and should have some up-dated information upon their return.

There was no action taken on the resolution at this time.

A.B. 144 - Makes various administrative changes in provisions regarding vital statistics.

Testifying in support of this measure was Mr. Bill Moell, Administrator for the Vital Statistics within the Health Division, explaining that this is basically a housekeeping bill to clean up some of the language in the statutes. He pointed out that they had requested two bills but this is the only one that has come out; there being some flaws in this bill, he proposed an amendment and distributed copies as EXHIBIT I attached hereto. He briefly reviewed the language of the amendment and the intent of the bill.

It was pointed out by Mr. Nicholas that this bill does not have a fiscal note and, as he understands it, the reason being that they do not know at this time what that effect is going to be. Mr. Moell explained that they expect the fees collected from various certificates to go from \$46,000 this year to \$110,000 in FY 1982.

Testifying next in support of this measure was Mr. Jim Begbic, Health Analyst with the Washoe County District Health Department, who stated he has worked with Mr. Moell in drafting the bill and the proposed amendments and supports the measure.

At the conclusion of the testimony, Mr. Chaney moved that the committee forward this bill with a recommendation of: Amend and do pass. Motion seconded by Mr. Thompson and unanimously carried.

A.B. 149 - Makes various changes in law concerning health and care facilities.

Mr. Bennett advised the committee that he has received several requests for amendments to this measure (distributed and attached as EXHIBIT II a and b) and suggested the committee not take testimony on this measure until the amendments can be incorporated into the bill. Mr. Mello pointed out that the most expeditious manner in which to handle this would be to amend the bill and rerefer it back to this committee for further review.

Messrs. Paul Cohen and Dr. George Reynold with the State Health Division were present and stated that they feel this is an important bill and are anxious to assist the committee in any way possible in order to assure its receiving the action it requires. Mr. Cohen reminded the committee that at a previous meeting we tabled A.B. 107 and we have also been looking at a bill for Miss Nygren of Health Planning Resources; he suggested that we wait until those resurface and consider them at one time as they do link together.

Mr. Mello asked if everyone involved was familiar with the suggested amendments and was advised that, for the most part, they are. At that time Mr. Mello moved that A.B. 149 be amended and rereferred back to the Assembly Health and Welfare Committee. The motion was seconded by Mr. Nicholas and carried unanimously.

S.B. 82 - Provides exemption from requirement of continuing education for nurses and provides for certain fees.

The hearing on this bill was opened by Chairman Bennett with testimony being presented by Mrs. Georganne Green, Assistant Executive Secretary for the State Board of Nursing. She explained that she administers the continuing education for the State Board. This bill exempts student nurses once they graduate and get their license; on the first renewal they would not be expected to get their 30-hours of continuing education. It also provides fees for reviewing and approving continuing education courses and cleans up some language on other fees, as well as providing for renewal of the recognition for nurse practitioners.

There was brief discussion on the bill after which a motion was introduced by Mr. Bergevin, seconded by Mr. Nicholas that the bill be forwarded from the committee with a recommendation for a "do pass". Motion carried unanimously.

There being no further business, the meeting was adjourned.

Respectfully submitted,

Nykki Kinsley
Nykki Kinsley, Committee Secretary

(Committee Minutes)

ASSEMBLY

AGENDA FOR COMMITTEE ON Health and Welfare

Date Wed., Feb. 25, 1980 Time 5:00 pm Room 316

Bills or Resolutions
to be considered

Subject

Counsel
requested*

THE MEETINGS OF THE HEALTH AND WELFARE COMMITTEE WILL BEGIN PROMPTLY AT 5:00 PM. PLEASE ARRANGE YOUR SCHEDULES ACCORDINGLY.

- A.B. 119- Requires assistance to certain families caring for their retarded relatives at home. (BDR 39-356)
- A.B. 144- Makes various administrative changes in provisions regarding vital statistics. (BDR 40-211)
- A.B. 149 - Makes various changes in law concerning health and care facilities. (BDR 40-252)
- A.J.R. 17 - Requests Congress to return administration of welfare to states and to provide federal support for welfare programs through system of block grants. (BDR 113)
- S,B. 82 Provides exemption from requirement of continuing education for nurses and provides for certain fees. (BDR 54-160)

GUEST LIST

PLEASE PRINT!

Date: July 25, 1968

| PLEASE PRINT YOUR NAME | PLEASE PRINT WHO YOU REPRESENT | I WISH TO SPEAK | | |
|---------------------------|-----------------------------------|-----------------|---------|----------|
| | | FOR | AGAINST | BILL NO. |
| COHEN, PAUL | Health Division | ✓ | | 119 AB |
| Keynolds, George | Health Division | | | 119 AB |
| PAT GOTHBERG | ASSOCIATION | | | |
| SARAH M. HAASE | | ✓ | | 119 AB |
| Dem Payne | MR/MR | ✓ | | 119 AB |
| Edith Ernst | | | | |
| Mary Howard | | | | |
| Fred Schaefer | | | | |
| Al Solano | U.S. Dept. of HHS - S.F., Ca. | | | |
| V. Paradise | | | | 119 |
| Meryl Kupper | Health Planning & Resources | | | |
| Joni DeGibic | Health Div Health | ✓ | | 114 |
| Bill Moell | Vital Statistics - Human Division | ✓ | | 114 |
| Marion Judickis | Marion Judickis | ✓ | | 119 |
| Jan M. [unclear] | 119 | ✓ | | 119 |



NEVADA STATE DIVISION OF HEALTH
SECTION OF VITAL STATISTICS
CAPITOL COMPLEX
ROOM 102, KINKEAD BUILDING
505 EAST KING STREET
CARSON CITY, NEVADA 89710

(702) 885-4480

Agency Request

February 24, 1981

A.B. 144

PROPOSED AMENDMENT TO NRS440.380

440.380 Medical Certificate: Signature; Contents.

1. The medical certificate of the death shall be signed by the physician, if any, last in attendance on the deceased, or pursuant to regulations which may be issued by the board, it may be signed by the attending physician's associate physician, the chief medical officer of a hospital or institution in which death occurred, or the pathologist who performed an autopsy upon the deceased. The person who signs the medical certificate of death shall specify:

[(a)] The time in attendance.

(b) The time he last saw the deceased alive.

[(c)] (a) The hour [of] and the day at which death occurred.

[(d)] (b) The cause of death, so as to show the cause of disease or sequence of causes resulting in death, giving first the name of the disease causing death (primary cause), and the contributory (secondary) cause, if any, and the duration of each.

E. L. ... I

ATTACHMENT B (AMENDED)

AMENDMENT OF AB149

If the existing AB 149 were amended the following changes would be necessary:

1. Sections 1 & 2 would remain the same.
2. Section 3 - page 1, lines 4 through 8 would be moved to Section 12 as follows:

Section 12. NRS 449.012 is hereby amended to read as follows:

449.012 "Hospital means an establishment (staffed and equipped to provide for diagnosis, care and treatment of all stages of human illness, and which provides 24-hour professional nursing service under the direction of physicians) organized, maintained and operated for the diagnosis, care and treatment of human illness, which may include care during and after pregnancy, that has a governing body with overall administrative and professional responsibility, and an organized medical staff and which provides 24-hour inpatient care, including medical, nursing, laboratory, radiological, dietary and pharmacy services.

3. Section 4, page 1, lines 9 through 14 would be Section 13 as follows:

Section 13. NRS 449 of NRS is hereby amended by adding 449.013 as follows:

449.013 "Psychiatric Hospital" means an establishment organized, maintained and operated for the diagnosis, care and treatment of human mental illness that has a governing body with overall administrative and professional responsibility, and organized medical staff and which provides 24-hour inpatient care for mentally disordered, or incompetent patients including medical, nursing, rehabilitative, psychiatric, dietary and pharmacy services.

4. Section 5 would become Section 3.

5. Section 6 would become Section 4.

6. Section 5 would be:

NRS 449.002 is hereby amended to read as follows:

449.002 "Alcohol or drug treatment facility" means any public or private (institution except an educational institution which is engaged in education concerning alcohol or drug abuse prevention or the abuse and treatment) establishment which provides residential treatment, including mental and physical restoration, of alcohol and drug abusers, which is certified by the bureau of alcohol and drug abuse, in the rehabilitation division of the department of human resources, pursuant to subsection 3 of NRS 458.025. (The term "alcohol or drug treatment facility" does not include services offered by volunteers or voluntary organizations.)

7. Section 7 would become Section 6.

8. Section 8 would become Section 7.

9. Section 8 would then be:

NRS 449.006 is hereby amended to read as follows:

449.006 "End-stage renal disease treatment facility" defined. "End-stage renal disease facility" means a facility that is not part of a hospital but which provides peritoneal dialysis or hemodialysis or trains persons with permanent irreversible renal impairment to perform dialysis for themselves.

10. Section 9 would remain Section 9 with the following changes:

#9 would be a psychiatric hospital.

#10 would be-An end-stage renal disease treatment facility.

#11 would be-A rural health clinic.

11. Section 10 would be:

SECTION 10. "Rural health clinic" defined. Rural health clinic" means a facility at which medical services are provided by a nurse practitioner or physicians assistant under the supervision of a physician and which is located in an area not designated as an urbanized area by the Bureau of the Census of the United States Department of Commerce and which area is designated by the United States Department of Health and Human Services as having a shortage of medical services or manpower for primary medical care.

12. Section 10 would become Section 11 with the following:

SECTION 11. NRS 449.0095 is hereby amended to read as follows:

449.0095 "Home health agency" means an agency operated by any person or any agency or state or local government which provides in the home (, through its employees,) skilled nursing services and assistance (and) or training in health (and) or homemaker skills (.) and one other service including but not limited to:

1. Physical therapy;
2. Speech therapy;
3. Occupational therapy;
4. Homemaker services;
5. Nutritional guidance;
6. Medical social services;
7. Pharmaceutical services;
8. Appliances or equipment; and
9. Vocational guidance;

13. Section 11 would become Section 14.

14. Section 12 would remain Section 12 as changed in item one.

15. Section 4 would become Section 13 as changed in item two.

16. Section 13 would become Section 15.

17. Section 14 would become Section 16.

18. Section 15 would become Section 17 with the following changes:

a. delete #5 and change numbers accordingly

b. in #6 delete "or its office of health planning and resources"

19. Section 16 would become Section 18.

20. Section 17 would become Section 19.
21. Section 18 would become Section 20.
22. Section 19 would become Section 21.
23. Section 20 would become Section 22 with the following change:
Insert, "excluding the cost of service, "between complaint and against;
on line 5.
24. Section 21 would become Section 23 with the following change:
subsection #1 would include
unless the public health safety or welfare imperatively requires emergency
action, in which case summary suspension of a license may be ordered in
accordance with NRS 233B.127 subsection 3.
25. Section 22 would become Section 24.
26. Section 23 would become Section 25.

1 SEC. 1. Chapter 449 of NRS is hereby amended by adding thereto the
2 provisions set forth as sections 2 to 3, inclusive, of this act.

3 SEC. 2. "Board" means the state board of health.

4 SEC. 3. The board may by regulation require the licensing of a facility
5 other than those listed in NRS 449.001 to 449.240, inclusive, if the facility
6 provides any type of medical care or treatment of human beings and the regula-
7 tion is necessary to protect the health, morals, welfare and safety of the
8 people of the state.

9 SEC. 4. NRS 449.001 is hereby amended to read as follows:

10 449.001 As used in NRS 449.001 to (449.248, inclusive,) 449.245, inclusive,
11 and sections 2 to 5, inclusive, of this act, unless the context otherwise re-
12 quires, the words and terms defined in NRS 449.002 to 449.018, inclusive, have
13 the meanings ascribed to them in those sections.

14 SEC. 5 NRS 449.002 is hereby amended to read as follows:

15 449.002 "Alcohol or drug treatment facility" means any public or private
16 (institution except an educational institution which is engaged in education
17 concerning alcohol or drug abuse prevention or the abuse and treatment)
18 establishment which provides residential treatment, including mental and phys-
19 ical restoration, of alcohol and drug abusers, which is certified by the bureau
20 of alcohol and drug abuse, in the rehabilitation division of the department of
21 human resources, pursuant to subsection 3 of NRS 458.025. (The term "alcohol
22 or drug treatment facility" does not include services offered by volunteers or
23 voluntary organizations.)

24 SEC. 6. NRS 449.0022 is hereby amended to read as follows:

25 449.0022 "Ambulatory surgical center" means a facility (without) that is
26 not part of a hospital and does not have inpatient beds but (with) does have
27 limited hospital services available for diagnosis or treatment of patients by
28 surgery under anesthesia, where the patients' recovery, in the concurring
29 opinions of the surgeon and anesthesiologist, will not require inpatient care.

30 SEC. 7. NRS 449.005 is hereby amended to read as follows:

31 449.005 "Group care facility" means an establishment operated and maintained
32 for the purpose of furnishing food, shelter and personal care or services other

1 than nursing care to (:

2 1. Four) four or more ambulatory aged, infirm, mentally retarded or handi-
3 capped persons unrelated to the person operating the facility. (; or

4 2. Four or more females during pregnancy or after delivery, who are un-
5 related to the person operating the facility.)

6 SEC. 8. NRS 449.006 is hereby amended to read as follows:

7 449.006 "End-stage renal disease treatment facility" defined. "End-stage
8 renal disease facility" means a facility that is not part of a hospital but
9 which provides peritoneal dialysis or hemodialysis or trains persons with
10 permanent irreversible renal impairment to perform dialysis for themselves.

11 SEC. 9. NRS 449.007 is hereby amended to read as follows:

12 449.007 "Health and care facility" includes: (alcohol or drug treatment
13 facility, ambulatory surgical center, group care facility, home health agency,
14 intermediate care facility, skilled nursing facility, hospice and hospital.)

15 1. An alcohol or drug treatment facility;

16 2. An ambulatory surgical center;

17 3. A group care facility;

18 4. A home health agency;

19 5. An intermediate care facility;

20 6. A skilled nursing facility;

21 7. A hospice;

22 8. A hospital;

23 9. A psychiatric hospital;

24 10. An end-stage renal disease treatment facility;

25 11. A rural health clinic.

26 SEC. 10. "Rural Health Clinic" defined. "Rural health clinic" means a
27 facility at which medical services are provided by a nurse practitioner or
28 physician's assistant under the supervision of a physician and which is located
29 in an area not designated as an urbanized area by the Bureau of the Census of
30 the United States Department of Commerce and which area is designated by the
31 United States Department of Health and Human Services as having a shortage of
32 medical services or manpower for primary medical care.

1 SEC. 11. NRS 449.0095 is hereby amended to read as follows:

2 449.0095 "Home health agency" means an agency operated by any person or
3 any agency of state or local government which provides in the home (, through
4 its employees,) skilled nursing services and assistance (and) or training in
5 health (and) or homemaker skills (.) and one other service including but not
6 limited to:

- 7 1. Physical therapy;
- 8 2. Speech therapy;
- 9 3. Occupational therapy;
- 10 4. Homemaker services;
- 11 5. Nutritional guidance;
- 12 6. Medical social services;
- 13 7. Pharmaceutical services;
- 14 8. Appliances or equipment; and
- 15 9. Vocational guidance.

16 SEC. 12. NRS 449.012 is hereby amended to read as follows:

17 449.012 "Hospital means an establishment (staffed and equipped to provide
18 for diagnosis, care and treatment of all stages of human illness, and which
19 provides 24-hour professional nursing service under the direction of physicians)
20 organized, maintained and operated for the diagnosis, care and treatment of
21 human illness, which may include care during and after pregnancy, that has
22 a governing body with overall administrative and professional responsibility,
23 and an organized medical staff and which provides 24-hour inpatient care,
24 including medical, nursing, laboratory, radiological, dietary and pharmacy
25 services.

26 SEC. 13. NRS 449 of NRS is hereby amended by adding 449.013 as follows:

27 449.013 "Psychiatric Hospital" means an establishment organized, maintained
28 and operated for the diagnosis, care and treatment of human mental illness that
29 has a governing body with overall administrative and professional responsibility,
30 and organized medical staff and which provides 24-hour inpatient care for
31 mentally disordered, or incompetent patients including medical, nursing, rehab-
32 ilitative, psychiatric, dietary and pharmacy services.

1
2
3 SEC. 14. NRS 449.0115 is hereby amended to read as follows:

4 449.0115 "Hospice" means an establishment which is staffed and equipped to:

5 1. Provide care, either in the home or in a facility, or both, for persons
6 who are terminally ill and do not (require) desire the full services of a hos-
7 pital or skilled nursing facility;

8 2. Offer medical services under the direction of a physician and a 24-hour
9 professional nursing staff; and

10 3. Provide, directly or by arrangement, social, psychological or spiritual
11 services for the patient and his family.

12 SEC. 15. NRS 449.018 is hereby amended to read as follows:

13 449.018 1. "Skilled nursing facility" means an establishment with con-
14 tinuous skilled nursing (service,) care and supportive care, under medical
15 direction as prescribed, by a physician (, which provides inpatient care) to
16 convalescent patients (not in an acute episode of illness.

17 2. "Skilled nursing facility" includes those facilities referred to as
18 "extended care facilities."

19 3.) whose primary need is for availability of such care on a continuing
20 basis.

21 2. "Skilled nursing facility" does not include a facility which meets the
22 requirements of a general or any other special hospital pursuant to NRS 449.021.

23 SEC. 16. NRS 449.037 is hereby amended to read as follows:

24 449.037 1. The (state board of health) board shall adopt:

25 (a) Licensing standards for each class of health and care facility covered
26 by NRS 449.001 to 449.240, inclusive. (, after considering any recommendations
27 the health facilities advisory council may make.

28 (b) Rules and regulations) (b) Regulations governing the licensing of such
29 institutions. (, after considering any recommendations the health facilities
30 advisory council may make.)

31 (c) Such other (rules and) regulations as it deems necessary or convenient

32 to carry out the provisions of NRS 449.001 to 449.240, inclusive.

1 2. The (state board of health) board shall require that the practices and
2 policies of each health and care facility must provide adequately for the pro-
3 tection of the health, safety, and physical, moral and mental well-being of
4 each(individual) person accommodated in the facility.

5 SEC. 17. NRS 449.040 is hereby amended to read as follows:

6 449.040 Any person, state or local government unit or agency thereof
7 desiring a license under the provisions of NRS 449.001 to 449.240, inclusive
8 (shall) must file with the health division an application on a form prescribed,
9 prepared and furnished by the health division, containing:

10 1. The name of the applicant and, if (an individual,) a natural person,
11 whether the applicant has attained the age of 21 years.

12 2. The type of facility to be operated.

13 3. The location of the facility.

14 4. In specific terms, the nature of services and type of care to be
15 offered, as defined in the licensing regulations.

15a (5. The service delivery capacity.)

16 5. The number of beds authorized (.) by the director of the department of
17 human resources where authorization is required.

18 6. The name of the person in charge of the facility.

19 7. Such other information as may be required by the health division for
20 the proper administration and enforcement of NRS 449.001 to 449.240, inclusive.

21 8. Evidence satisfactory to the health division that the applicant is of
22 reputable and responsible character. If the applicant is a firm, association,
23 organization, partnership, business trust, corporation or company, like evidence
24 (shall) must be submitted as to the members thereof, and the person in charge
25 of the facility for which the application for license is made. If the appli-
26 cant is a political subdivision of the state or other governmental agency, like
27 evidence (shall) must be submitted as to the person in charge of the institu-
28 tion for which application is made.

29 9. Evidence satisfactory to the health division of the ability of the
30 applicant to comply with the provisions of NRS 449.001 to 449.240, inclusive,
31 and of(standards, rules and regulations promulgated thereunder) regulations
32 adopted by the Health Division.

1 SEC. 18. NRS 449.060 is hereby amended to read as follows:

2 449.060 Each license issued under NRS 449.001 to 449.240, inclusive,
3 (shall expire 1 year from the date of its issuance and shall be renewed)
4 expires at midnight on December 31 following its issuance and is renewed for
5 a period (not to exceed) of 1 year (from the date of expiration,) upon
6 reapplication and (determination by) payment of the fee provided for in
7 NRS 449.040 and 449.050, unless the health division (of satisfactory compliance)
8 finds, after an investigation, that the facility has not satisfactorily com-
9 plied with the provisions of NRS 449.001 to 449.240, inclusive, (and) or with
10 the (standards, rules and regulations promulgated thereunder.) regulations
11 adopted pursuant to those sections.

12 SEC. 19. NRS 449.070 is hereby amended to read as follows:

13 449.070 The provisions of NRS 449.001 to 449.240, inclusive, do not
14 apply to:

15 1. Any facility conducted by and for the adherents of any church or
16 religious denomination for the purpose of providing facilities for the care
17 and treatment of the sick who depend solely upon spiritual means through
18 prayer for healing in the practice of the religion of the church or denomina-
19 tion, but such a facility must comply with all regulations relative to sani-
20 tation and safety applicable to other facilities of similar category.

21 2. (Foster homes as defined in NRS 424.010

22 3.) Any health and care facility operated and maintained by the United
23 States Government or (a duly authorized) an agency thereof.

24 SEC. 20. NRS 449.080 is hereby amended to read as follows:

25 449.080 1. If, after investigation, the health division finds that the
26 applicant is in full compliance with the provisions of NRS 449.001 to 449.240,
27 inclusive, and in substantial compliance with the (standards, rules and regula-
28 tions promulgated thereunder,) regulations adopted pursuant to those sections,
29 the division shall issue to the applicant the license applied for.

30 2. (A license so issued shall be in effect for 1 year from the date of
31 issuance.

32 3.) A license (shall apply only) only applies to the (person) facility

1 named therein and (shall be valid only) is only valid for the premises des-
2 cribed therein, and (shall not be) is not transferable.

3 SEC. 21. NRS 449.091 is hereby amended to read as follows:

4 449.091 1. The health division may cancel an existing license and
5 issue a provisional license, effective for a period (of time not exceeding
6 1 year,) determined by the division, to a health and care facility which (:

7 (a) Is) is in operation at the time of (promulgation of standards, rules
8 and) adoption of regulations pursuant to the provisions of NRS 449.001 to
9 449.240, inclusive, if the division determines that the facility requires a
10 reasonable time under the particular circumstances (, not to exceed 1 year
11 from the date of such promulgation,) within which to comply with (such
12 standards, rules and regulations; or

13 (b) Has failed to comply with such standards, rules and regulations, if
14 the division determines that the facility is in the process of making the
15 necessary changes or has agreed to effect such changes within a reasonable
16 time.) the regulations.

17 2. The provisions of subsection 1 do not require the issuance of a license
18 or prevent the health division from refusing to renew or from revoking or sus-
19 pending any license in any instance where the health division deems such
20 actions necessary for the health and safety of the occupants of (any such)
21 the facility.

22 SEC. 22. NRS 449.150 is hereby amended to read as follows:

23 449.150 The health division may:

24 1. Upon receipt of an application for a license, conduct an investigation
25 into the premises, facilities, qualifications of personnel, methods of operation,
26 policies and purposes of any person proposing to engage in the operation of a
27 health and care facility. (Such) The facility is subject to inspection and
28 approval as to fire safety standards, on behalf of the health division, by the
29 state fire marshal. (or his designate.)

30 2. Upon receipt of a complaint, excluding the cost of services, against
31 a facility, conduct an investigation into the premises, facilities, qualifica-
32 tions of personnel, methods of operation, policies, procedures and records of

1 that facility or any other health and care facility which may have information
2 pertinent to the complaint.

3 3. Employ such professional, technical and clerical assistance as it
4 deems necessary to carry out the provisions of NRS 449.001 to 449.245,
5 inclusive.

6 SEC. 23. NRS 449.177 is hereby amended to read as follows:

7 449.170 1. When the health division (denies, suspends or revokes)
8 intends to deny, suspend or revoke a health and care facility license, the
9 division shall (afford) give reasonable notice to all parties by certified
10 mail (which notice shall contain) containing the legal authority, jurisdiction
11 and reason for the action taken, unless the public health safety or welfare
12 imperatively requires emergency action, in which case summary suspension of a
13 license may be ordered in accordance with NRS 233B.127 subsection 3.

14 2. (The aggrieved person may file notice of appeal with the state health
15 officer within 10 calendar days after receipt of notice of action of the health
16 division.

17 3. Within 20 calendar days after the receipt of the notice of appeal by
18 the state health officer, the health division shall hold a hearing.

19 4. Notice of the hearing shall be given no less than 5 days prior to the
20 date set for the hearing.) The person affected by the notice shall file a
21 notice of appeal if he intends to contest the action. The health division may
22 by regulation provide the manner in which the person affected is to give notice

23 3. Upon receiving the notice of appeal, the health division shall hold a
24 hearing.

25 SEC. 24. NRS 449.230 is hereby amended to read as follows:

26 449.230 Any (duly) authorized member or employee of the health division
27 may enter and inspect any building or premises at any time to determine whether
28 the establishment is a health and care facility or to secure compliance with or
29 prevent a violation of any provision of NRS 449.001 to 449.245, inclusive.

30 SEC. 25. NRS 449.248 is hereby repealed.