SENATE BILL NO. 361–SENATOR SPEARMAN, FORD, PARKS, KIHUEN, WOODHOUSE; ATKINSON, DENIS, MANENDO AND SEGERBLOM

MARCH 16, 2015

Referred to Committee on Health and Human Services

SUMMARY—Makes various changes relating to health care facilities that employ nurses. (BDR 40-18)

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

CONTAINS UNFUNDED MANDATE (§§ 7-12, 21-23) (NOT REQUESTED BY AFFECTED LOCAL GOVERNMENT)

EXPLANATION - Matter in bolded italics is new; matter between brackets fomitted material is material to be omitted.

AN ACT relating to health care; requiring certain health care facilities to establish a staffing plan that provides adequate staffing; providing nurse-to-patient ratios for use in such a staffing plan; authorizing such a health care facility to deviate from the staffing requirements under certain circumstances; requiring certain health care facilities to develop a description of specified responsibilities, to post a notification relating to staffing and to provide specified training; revising the membership and duties of the staffing committees of certain hospitals; revising provisions relating to the training and licensing of nurses and certified nursing assistants; providing administrative penalties; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law requires hospitals, but not other health care facilities, which are located in a county whose population is 100,000 or more (currently Clark and Washoe Counties) and which are licensed to have more than 70 beds to establish a staffing committee. (NRS 449.242) Existing law also requires health care facilities, including, without limitation, hospitals, which are located in a county whose population is 100,000 or more and which are licensed to have more than 70 beds to: (1) develop and make available to the Division of Public and Behavioral Health of the Department of Health and Human Services a documented staffing plan; and (2)





establish written policies pursuant to which a licensed nurse or certified nursing assistant may refuse or object to a work assignment. (NRS 449.2421, 449.2423) As a technical matter, **section 6** of this bill moves the limiting language regarding counties whose population is 100,000 or more from the various individual sections to one location in **section 6**. This is not a substantive change.

Section 21 of this bill retains the existing requirement that hospitals, but not other health care facilities, must establish a staffing committee if the hospital is one which is located in a county whose population is 100,000 or more and which is licensed to have more than 70 beds. **Section 21** then expressly requires the other health care facilities which are located in a county whose population is 100,000 or more and which are licensed to have more than 70 beds to perform the functions which would otherwise be performed by a staffing committee. **Section 21** also: (1) revises the membership of a staffing committee; (2) revises the duties of a staffing committee; and (3) provides for the removal of personally identifying information from the information provided to a staffing committee by the Division.

Section 7 of this bill requires each health care facility in a county whose population is 100,000 or more and which is licensed to have more than 70 beds or, if applicable, its staffing committee, to develop a description of certain job responsibilities and the responsibilities of the administration of the facility relating to staffing. Section 8 of this bill requires the documented staffing plan for such a health care facility to include certain ratios of the maximum number of patients that may be assigned to a direct care nurse, licensed practical nurse or certified nursing assistant in each unit in the facility, and also allows certain of those ratios to be adjusted under certain circumstances. Section 22 of this bill allows such a health care facility or, if applicable, its staffing committee, to include in a documented staffing plan nurse-to-patient staffing ratios that are more protective of patients than those required by section 8. Section 9 of this bill requires such a health care facility to provide specified training to each licensed nurse and certified nursing assistant employed by the facility.

Section 11 of this bill allows a health care facility lawfully to give a licensed nurse or certified nursing assistant a work assignment which exceeds the ratios included in the facility's documented staffing plan under certain circumstances, which includes the consent of the affected licensed nurse or certified nursing assistant. Section 12 of this bill imposes requirements on a health care facility that gives a licensed nurse or certified nursing assistant a work assignment which exceeds the ratios included in the facility's documented staffing plan without the consent of the affected licensed nurse or certified nursing assistant.

Section 13 of this bill requires the Division to develop certain forms, including, without limitation, forms related to nurse-to-patient staffing ratios. **Sections 14 and 15** of this bill authorize the Division to impose certain administrative penalties on a health care facility that violates certain requirements relating to staffing.

Sections 25-27 of this bill require an applicant for a license as a professional nurse or practical nurse or for a certificate as a nursing assistant to provide written evidence under oath that the applicant understands his or her rights and duties to refuse or object to a work assignment. Sections 30 and 31 of this bill impose similar requirements on the renewal of such a license or certificate. Sections 28, 32 and 33 of this bill require that the standards and curricula for training programs for nursing assistants and schools of practical nursing or professional nursing prescribed by the State Board of Nursing include training relating to the rights and duties of nursing assistants or nurses to refuse or object to a work assignment. Section 29 of this bill creates grounds for disciplinary action against certain nurses who violate provisions of law relating to the staffing of health care facilities.



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

- **Section 1.** Chapter 449 of NRS is hereby amended by adding thereto the provisions set forth as sections 2 to 15, inclusive, of this act.
- Sec. 2. "Acuity system" means an established measurement system or method which:
- 1. Predicts the requirements for nursing care for a patient based on the severity of the illness of the patient, the need for specialized equipment and technology, the intensity of nursing interventions required and the complexity of clinical nursing judgment required to design, carry out and evaluate the plan for nursing care for the patient;
- 2. Details the amount of daily nursing care required both in the number of nurses and in the skill mix of nursing personnel required for each patient in a unit;
- 3. Is stated in terms that can be readily used and understood by the direct care nursing staff; and
- 4. Takes into consideration the services for nursing care provided by health care employees other than licensed nurses.
- Sec. 3. "Direct care nurse" means a registered nurse who has principal responsibility to oversee or carry out medical regimens or nursing care for one or more patients.
- Sec. 4. "Skill mix" means the totality of particular nursing skills that are necessary to provide adequate care to a patient in a unit of a health care facility.
- Sec. 5. "Staffing level" means the actual numerical nurse-topatient ratio by licensed nurse classification within a unit.
- Sec. 6. The provisions of NRS 449.241 to 449.2428, inclusive, and sections 2 to 15, inclusive, of this act apply only in a county whose population is 100,000 or more.
- Sec. 7. 1. As a condition of licensure, each health care facility which is licensed to have more than 70 beds or, if the health care facility is a hospital which is licensed to have more than 70 beds, the staffing committee of the hospital, shall develop a description of:
- (a) The general responsibilities of licensed nurses, certified nursing assistants, nurse administrators and supervisors and any other personnel of the health care facility who are directly responsible for caring for a patient;
- (b) The specific responsibilities of the employees described in paragraph (a) for each unit within the health care facility; and



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- (c) The responsibilities of the administration of the health care facility relating to the documented staffing plan of the health care facility.
- 2. The description required to be developed pursuant to subsection 1 must be provided to each employee as soon as practicable after its adoption or revision, but in no event later than 30 days after adoption or revision.
- Sec. 8. 1. Except as otherwise provided in this section, subsection 3 of NRS 449.2421 or section 14 of this act, a documented staffing plan must include the following ratios of the maximum number of patients that may be assigned to a direct care nurse in each unit in the health care facility:
 - (a) A ratio of one direct care nurse to one patient in each:
 - (1) Operating room; and
 - (2) Trauma emergency unit.
 - (b) A ratio of one direct care nurse to two patients in each:
 - (1) Critical care unit;

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- (2) Intensive care unit;
- (3) Labor and delivery unit; and
- (4) Postanesthesia unit.
- (c) A ratio of one direct care nurse to three patients in each:
 - (1) Antepartum unit;
 - (2) Emergency room;
 - (3) Pediatric unit;
- (4) Intermediate unit, commonly known as a step-down unit; and
 - (5) Telemetry unit.
 - (d) A ratio of one direct care nurse to four patients in each:
 - (1) Intermediate care nursery; and
 - (2) Medical, surgical and acute care psychiatric unit.
- (e) A ratio of one direct care nurse to five patients in each rehabilitation unit.
 - (f) A ratio of one direct care nurse to six patients in each:
- (1) Postpartum unit, including units providing care to not more than three couplets; and
 - (2) Nursery for well babies.
- (g) Such other ratios, as determined by the Board, for any units not otherwise identified in this subsection, including, without limitation, psychiatric units in health care facilities other than hospitals that provide acute care.
- 2. A nurse, including, without limitation, a nurse administrator or supervisor, who does not have principal responsibility for caring for a patient, as would a direct care nurse, must not be included in the calculation of any nurse-to-patient ratios established pursuant to subsection 1.





3. A health care facility:

- (a) Shall adjust its minimum staffing ratios to provide additional direct care nurses as needed to ensure that each unit within the health care facility is adequately staffed in accordance with an acuity system approved pursuant to NRS 449.242; and
- (b) May adjust its minimum staffing ratios to provide for fewer direct care nurses if:
- (1) The reduction in the number of direct care nurses will not harm the patients assigned to the remaining direct care nurses; and
 - (2) The adjustment is made in accordance with the acuity

system approved pursuant to NRS 449.242.

- 4. A health care facility that includes a licensed practical nurse or a certified nursing assistant in the nursing staff of a unit of the health care facility must include in its documented staffing plan the following ratios for the maximum number of patients that may be assigned to a licensed practical nurse or a certified nursing assistant in the unit:
- (a) A ratio of one licensed practical nurse to six patients in any unit.
- (b) A ratio of one certified nursing assistant to eight patients in any unit.
- 5. The provisions of this section do not apply to a health care facility if:
 - (a) The documented staffing plan for the health care facility:
- (1) Is developed by a joint labor-management committee or pursuant to a collective bargaining agreement with the appropriate recognized bargaining unit; and
- (2) Includes a provision for the enforcement of the documented staffing plan and the resolution of any dispute concerning the documented staffing plan that authorizes either side to call for binding arbitration of the dispute; or
- (b) The health care facility has established a joint labormanagement committee to resolve issues related to staffing ratios pursuant to which either side is authorized to request binding arbitration or, if the joint labor-management committee is established pursuant to a collective bargaining agreement, the bargaining unit is authorized to issue a notice of intent to strike pursuant to the terms of the collective bargaining agreement in lieu of binding arbitration.
- For the purposes of this subsection, a joint labor-management committee must be composed of equal numbers of management and nonmanagement employees of the health care facility who are appointed by management and selected by the nonmanagement





employees, respectively, or selected pursuant to a collective bargaining agreement.

- Sec. 9. 1. As a condition of licensure, each health care facility which is licensed to have more than 70 beds shall post a notification describing the applicable nurse-to-patient staffing ratios for each unit:
 - (a) At the nurses' station in the unit; and
- (b) At a prominent location within the unit for viewing by licensed nurses, certified nursing assistants, patients and members of the public.
- 2. Each notification posted pursuant to this section must include contact information for the Division and for a representative of the health care facility who can answer questions and document concerns regarding the staffing ratios.
- Sec. 10. 1. Each health care facility which is licensed to have more than 70 beds shall provide annual training to each licensed nurse and certified nursing assistant employed by the health care facility concerning:
- (a) If the health care facility is a hospital, the powers and duties of the staffing committee of the hospital;
- (b) The minimum nurse-to-patient staffing ratios required by section 8 of this act and the actual staffing ratios included in the documented staffing plan for the health care facility; and
- (c) The right of the licensed nurse or certified nursing assistant to refuse or file an objection to a work assignment and how such a refusal or objection relates to his or her professional obligations pursuant to chapter 632 of NRS.
 - 2. The training required pursuant to this section must be:
 - (a) Provided in language which is easily understandable;
- (b) Provided during the paid working hours of the licensed nurses and certified nursing assistants; and
- (c) Accompanied by electronic copies of the information provided in the training.
- 3. The health care facility shall require each licensed nurse and certified nursing assistant who attends the training provided pursuant to subsection 1 to sign the form prescribed by the Division pursuant to section 13 of this act stating that he or she has been informed about the training materials, including, without limitation, the right to refuse or object to a work assignment.
- Sec. 11. 1. A health care facility may lawfully assign a licensed nurse or certified nursing assistant a work assignment that involves providing direct care for more patients than authorized by the documented staffing plan for the health care facility only if:





- (a) The provision of direct care to a greater number of patients than authorized by the documented staffing plan will not harm the patients assigned to the licensed nurse or certified nursing assistant;
- (b) The licensed nurse or certified nursing assistant consents in writing to the work assignment;
- (c) The licensed nurse or certified nursing assistant has not refused or objected to the work assignment subsequent to consenting to the work assignment, as described in subsection 5 of NRS 449.2423; and
- (d) The chief administrative nurse for the health care facility or, in his or her absence, the house supervisor or other licensed nurse responsible for the administration of nursing services, completes a form which includes, without limitation:
- (1) The name and signature of the licensed nurse or certified nursing assistant with the consent in writing required by paragraph (b);
- (2) The name and signature of the chief administrative nurse, house supervisor or other licensed nurse responsible for the administration of nursing services; and
- (3) A statement of the reason that the work assignment does not comply with the nurse-to-patient staffing ratio prescribed by the documented staffing plan.
- 2. A licensed nurse or certified nursing assistant who receives a work assignment that involves providing direct care for more patients than authorized by the documented staffing plan for the health care facility may refuse to consent to the work assignment for any reason authorized by law, including, without limitation, solely because the work assignment would require the licensed nurse or certified nursing assistant to provide direct care for more patients than authorized by the documented staffing plan.
- 3. The administration of a health care facility shall not pressure, coerce, intimidate or in any other way retaliate against a licensed nurse or certified nursing assistant who refuses to consent to a work assignment pursuant to subsection 2.
 - 4. A health care facility shall:
- (a) Ensure that its chief administrative nurse and each house supervisor or other licensed nurse responsible for the administration of nursing services follows the procedures described by this section;
- (b) Retain a copy of each form completed pursuant to this section for at least 2 years;
- (c) Make the copy of each form retained pursuant to paragraph (b) available for inspection by the Division and the State Board of Nursing upon request; and





(d) If the health care facility has established a staffing committee pursuant to NRS 449.242, provide to the staffing committee a copy of each form retained pursuant to

paragraph (b).

 Sec. 12. 1. If a health care facility assigns a licensed nurse or certified nursing assistant a work assignment that involves providing direct care for more patients than authorized by the documented staffing plan for the health care facility without obtaining the consent of the licensed nurse or certified nursing assistant pursuant to section 11 of this act, the chief administrative nurse, house supervisor or other licensed nurse responsible for the administration of nursing services who gives the work assignment shall complete a form which includes, without limitation:

(a) The date on which the work assignment was made;

(b) The name of the licensed nurse or certified nursing assistant who was given the work assignment;

- (c) The name and signature of the chief administrative nurse, house supervisor or other licensed nurse responsible for the administration of nursing services who gave the work assignment; and
- (d) A statement of the reason that the work assignment does not comply with the nurse-to-patient staffing ratio prescribed by the documented staffing plan.

2. A health care facility shall:

- (a) Ensure that its chief administrative nurse and each house supervisor or other licensed nurse responsible for the administration of nursing services follows the procedures described by this section;
- (b) Retain a copy of each form completed pursuant to this section for at least 2 years;
- (c) Make the copy of each form retained pursuant to paragraph (b) available for inspection by the Division and the State Board of Nursing upon request; and

(d) If the health care facility has established a staffing committee pursuant to NRS 449.242, provide to the staffing committee a copy of each form retained pursuant to paragraph (b).

3. When determining whether to renew the license of or impose an administrative penalty against a health care facility, the Division may consider the number of times that a health care facility has made an assignment pursuant to this section of a licensed nurse or certified nursing assistant to a work assignment that involves providing direct care for more patients than authorized by the documented staffing plan for the health care





facility without obtaining the consent of the licensed nurse or certified nursing assistant.

Sec. 13. The Division shall develop such uniform forms to carry out the provisions of NRS 449.241 to 449.2428, inclusive, and sections 2 to 15, inclusive, of this act as it determines are appropriate, including, without limitation, forms to be used by:

1. Licensed nurses and certified nursing assistants to refuse

or object to a work assignment.

- 2. Licensed nurses and certified nursing assistants to acknowledge receipt of the annual training required by section 10 of this act.
- 3. Health care facilities to document a deviation pursuant to section 11 or 12 of this act from the nurse-to-patient staffing ratios contained in its documented staffing plan.
- Sec. 14. 1. If, after an investigation, the Division determines that a health care facility has unlawfully deviated from the nurse-to-patient staffing ratios contained in its documented staffing plan six or more times within a period of 1 year, the Division shall:
- (a) Place the health care facility on probation for a period of not more than 1 year;
- (b) Closely monitor the health care facility for any additional violations of NRS 449.241 to 449.2428, inclusive, and sections 2 to 15, inclusive, of this act; and
- (c) Impose a plan to take corrective action within a time specified.
- 2. The Division may establish a nurse-to-patient staffing ratio for a health care facility that is on probation pursuant to subsection 1 which is more protective of patients than the ratio included in the documented staffing plan for the health care facility.
- Sec. 15. If the Division determines that a health care facility has violated any provision of NRS 449.241 to 449.2428, inclusive, and sections 2 to 15, inclusive, of this act, the Division may:
- 1. Suspend or revoke the license of the health care facility pursuant to NRS 449.160.
 - 2. Impose an administrative fine:
- (a) If the health care facility has violated any requirements relating to staffing set forth in NRS 449.241 to 449.2428, inclusive, and sections 2 to 15, inclusive, of this act, of \$15,000 per day, per violation, for each day that the violation occurs or continues.
- (b) If the health care facility has failed to post the notification required by section 9 of this act, of \$1,000 for each day that the notification is not posted as required.





- (c) If the health care facility has violated any provision of NRS 449.2423, of \$15,000 per violation.
 - **Sec. 16.** NRS 449.030 is hereby amended to read as follows:
- 449.030 1. No person, state or local government or agency thereof may operate or maintain in this State any medical facility or facility for the dependent without first obtaining a license therefor as provided in NRS 449.030 to 449.2428, inclusive [...], and sections 2 to 15, inclusive, of this act.
- 2. Unless licensed as a facility for hospice care, a person, state or local government or agency thereof shall not operate a program of hospice care without first obtaining a license for the program from the Board.
- **Sec. 17.** NRS 449.0301 is hereby amended to read as follows: 449.0301 The provisions of NRS 449.030 to 449.2428, inclusive, *and sections 2 to 15, inclusive, of this act* do not apply to:
- 1. Any facility conducted by and for the adherents of any church or religious denomination for the purpose of providing facilities for the care and treatment of the sick who depend solely upon spiritual means through prayer for healing in the practice of the religion of the church or denomination, except that such a facility shall comply with all regulations relative to sanitation and safety applicable to other facilities of a similar category.
 - 2. Foster homes as defined in NRS 424.014.
- 3. Any medical facility or facility for the dependent operated and maintained by the United States Government or an agency thereof.
 - **Sec. 18.** NRS 449.160 is hereby amended to read as follows:
- 449.160 1. The Division may deny an application for a license or may suspend or revoke any license issued under the provisions of NRS 449.030 to 449.2428, inclusive, *and sections 2 to 15, inclusive, of this act* upon any of the following grounds:
- (a) Violation by the applicant or the licensee of any of the provisions of NRS 439B.410 or 449.030 to 449.245, inclusive, *and sections 2 to 15, inclusive, of this act*, or of any other law of this State or of the standards, rules and regulations adopted thereunder.
- (b) Aiding, abetting or permitting the commission of any illegal act.
- (c) Conduct inimical to the public health, morals, welfare and safety of the people of the State of Nevada in the maintenance and operation of the premises for which a license is issued.
- (d) Conduct or practice detrimental to the health or safety of the occupants or employees of the facility.
- (e) Failure of the applicant to obtain written approval from the Director of the Department of Health and Human Services as required by NRS 439A.100 or as provided in any regulation adopted





pursuant to NRS 449.001 to 449.430, inclusive, *and sections 2 to 15, inclusive, of this act* and 449.435 to 449.965, inclusive, if such approval is required.

(f) Failure to comply with the provisions of NRS 449.2486.

- 2. In addition to the provisions of subsection 1, the Division may revoke a license to operate a facility for the dependent if, with respect to that facility, the licensee that operates the facility, or an agent or employee of the licensee:
- (a) Is convicted of violating any of the provisions of NRS 202.470;
- (b) Is ordered to but fails to abate a nuisance pursuant to NRS 244.360, 244.3603 or 268.4124; or
- (c) Is ordered by the appropriate governmental agency to correct a violation of a building, safety or health code or regulation but fails to correct the violation.
- 3. The Division shall maintain a log of any complaints that it receives relating to activities for which the Division may revoke the license to operate a facility for the dependent pursuant to subsection 2. The Division shall provide to a facility for the care of adults during the day:
- (a) A summary of a complaint against the facility if the investigation of the complaint by the Division either substantiates the complaint or is inconclusive;
- (b) A report of any investigation conducted with respect to the complaint; and
 - (c) A report of any disciplinary action taken against the facility.
- → The facility shall make the information available to the public pursuant to NRS 449.2486.
- 4. On or before February 1 of each odd-numbered year, the Division shall submit to the Director of the Legislative Counsel Bureau a written report setting forth, for the previous biennium:
- (a) Any complaints included in the log maintained by the Division pursuant to subsection 3; and
- (b) Any disciplinary actions taken by the Division pursuant to subsection 2.
 - **Sec. 19.** NRS 449.163 is hereby amended to read as follows:
- 449.163 1. In addition to the payment of the amount required by NRS 449.0308, if a medical facility or facility for the dependent violates any provision related to its licensure, including any provision of NRS 439B.410 or 449.030 to 449.2428, inclusive, *and sections 2 to 15, inclusive, of this act* or any condition, standard or regulation adopted by the Board, the Division, in accordance with the regulations adopted pursuant to NRS 449.165, may:
- (a) Prohibit the facility from admitting any patient until it determines that the facility has corrected the violation;





- (b) Limit the occupancy of the facility to the number of beds occupied when the violation occurred, until it determines that the facility has corrected the violation;
- (c) If the license of the facility limits the occupancy of the facility and the facility has exceeded the approved occupancy, require the facility, at its own expense, to move patients to another facility that is licensed;
- (d) [Impose] Except as otherwise provided in section 15 of this act, impose an administrative penalty of not more than \$1,000 per day for each violation, together with interest thereon at a rate not to exceed 10 percent per annum; and
- (e) Appoint temporary management to oversee the operation of the facility and to ensure the health and safety of the patients of the facility, until:
- (1) It determines that the facility has corrected the violation and has management which is capable of ensuring continued compliance with the applicable statutes, conditions, standards and regulations; or
 - (2) Improvements are made to correct the violation.
- 2. Except as otherwise provided in section 15 of this act, if a violation by a medical facility or facility for the dependent relates to the health or safety of a patient, an administrative penalty imposed pursuant to paragraph (d) of subsection 1 must be in a total amount of not less than \$1,000 and not more than \$10,000 for each patient who was harmed or at risk of harm as a result of the violation.
- 3. If the facility fails to pay any administrative penalty imposed pursuant to paragraph (d) of subsection 1, the Division may:
- (a) Suspend the license of the facility until the administrative penalty is paid; and
- (b) Collect court costs, reasonable attorney's fees and other costs incurred to collect the administrative penalty.
- 4. The Division may require any facility that violates any provision of NRS 439B.410 or 449.030 to 449.2428, inclusive, *and sections 2 to 15, inclusive, of this act* or any condition, standard or regulation adopted by the Board to make any improvements necessary to correct the violation.
- 5. Any money collected as administrative penalties pursuant to paragraph (d) of subsection 1 must be accounted for separately and used to administer and carry out the provisions of NRS 449.001 to 449.430, inclusive, *and sections 2 to 15, inclusive, of this act* and 449.435 to 449.965, inclusive, and to protect the health, safety, wellbeing and property of the patients and residents of facilities in accordance with applicable state and federal standards.





Sec. 20. NRS 449.241 is hereby amended to read as follows:

449.241 As used in NRS 449.241 to 449.2428, inclusive, *and sections 2 to 15, inclusive, of this act*, unless the context otherwise requires, the words and terms defined in NRS 449.2413 to 449.2418, inclusive, *and sections 2 to 5, inclusive, of this act* have the meanings ascribed to them in those sections.

Sec. 21. NRS 449.242 is hereby amended to read as follows:

449.242 1. Each hospital [located in a county whose population is 100,000 or more and] which is licensed to have more than 70 beds shall establish a staffing committee to develop a written policy as required pursuant to NRS 449.2423, the descriptions as required pursuant to section 7 of this act and a documented staffing plan as required pursuant to NRS 449.2421. The hospital shall determine the number of members of the staffing committee [must consist of:], which must be apportioned as follows:

(a) [Not less than one half] One-third of the total members of the staffing committee [from the] must be employed as licensed nursing staff [and] who provide direct patient care at the hospital and are selected by the licensed nursing staff who provide direct patient care at the hospital;

(b) One-third of the total members of the staffing committee must be employed as certified nursing assistants or mental health technicians, if applicable, who [are providing] provide direct patient care at the hospital [;] and are selected by the certified nursing assistants and mental health technicians, if applicable, who provide direct patient care at the hospital; and

(b) Not less than one-half

(c) One-third of the total members of the staffing committee must be appointed by the administration of the hospital.

- 2. In developing the written policy as required pursuant to NRS 449.2423, the descriptions as required pursuant to section 7 of this act and the documented staffing plan [,] as required pursuant to NRS 449.2421, the staffing committee shall obtain and consider [, without limitation, the] all applicable information available to the staffing committee. Specifically, the staffing committee shall obtain and consider:
- (a) The information, if any, received pursuant to paragraph (b) of subsection [5] 6 of NRS 449.2423 regarding requests to be relieved of a work assignment, refusals of a work assignment and objections to a work assignment [-];
- (b) The information, if any, received pursuant to paragraph (d) of subsection 4 of section 11 of this act regarding lawful deviations from the staffing plan;





(c) The information, if any, received pursuant to paragraph (d) of subsection 2 of section 12 of this act regarding deviations from the staffing plan without the consent of the licensed nurse or certified nursing assistant; and

(d) From the Division, any information not otherwise described in this subsection regarding deficiencies in staffing at

the hospital or complaints regarding staffing at the hospital.

3. As part of developing the documented staffing plan pursuant to subsection 2, the staffing committee shall approve an acuity system for use in adjusting staffing ratios pursuant to subsection 3 of section 8 of this act.

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

[4.] The meetings of the staffing committee must be scheduled at times which are convenient for a majority of each group of members of the staffing committee selected or appointed pursuant to subsection 1.

- 5. At least once per year, the staffing committee shall obtain and consider all applicable information available to the staffing committee, including, without limitation, the information described in subsection 2 and use the information to reconsider and revise, as appropriate, the written policy, the descriptions and the documented staffing plan developed pursuant to subsection 2, including, without limitation, the acuity system approved pursuant to subsection 3. As part of this reconsideration, the staffing committee shall determine whether there are any systemic problems relating to staffing at the hospital and whether any such problems are being addressed by the hospital.
- 6. The Division shall provide to a staffing committee the information requested by the staffing committee in accordance with this section, except that the Division shall remove from that information any personally identifying information.
- 7. Each hospital that is required to establish a staffing committee pursuant to this section shall prepare a written report concerning the establishment of the staffing committee, the activities and progress of the staffing committee and a determination of the efficacy of the staffing committee. The hospital shall submit the report on or before December 31 of each:
- (a) Even-numbered year to the Director of the Legislative Counsel Bureau for transmission to the next regular session of the Legislature.
- 42 (b) Odd-numbered year to the Legislative Committee on Health 43 Care.
 - 8. Each health care facility which is licensed to have more than 70 beds and which is not a hospital shall develop a written





policy as required pursuant to NRS 449.2423, the descriptions as required pursuant to section 7 of this act and a documented staffing plan as required pursuant to NRS 449.2421, and perform all other functions required of a staffing committee pursuant to this section. As part of developing the staffing plan, the health care facility shall approve an acuity system for use in adjusting staffing ratios pursuant to subsection 3 of section 8 of this act.

Sec. 22. NRS 449.2421 is hereby amended to read as follows:

449.2421 1. As a condition of [licensing,] licensure, a health care facility [located in a county whose population is 100,000 or more and] which is licensed to have more than 70 beds shall make available to the Division a written policy adopted pursuant to NRS 449.2423, the descriptions as required pursuant to section 7 of this act, a documented staffing plan and a written certification that the written policy and the documented staffing plan are adequate to meet the needs of the patients of the health care facility. The documented staffing plan must include, without limitation:

(a) A detailed written plan setting forth:

- (1) The number, skill mix and classification of licensed nurses required in each unit in the health care facility, which must take into account the experience of the clinical and nonclinical support staff with whom the licensed nurses collaborate, supervise or otherwise delegate assignments; and
- (2) The number of certified nursing assistants required in each unit in the health care facility;
- (b) A description of the types of patients who are treated in each unit, including, without limitation, the type of care required by the patients;
- (c) A description of the activities in each unit, including, without limitation, discharges, transfers and admissions;
 - (d) A description of the size and geography of each unit;
- (e) A description of any specialized equipment and technology available for each unit;
- (f) Any foreseeable changes in the size or function of each unit; and
 - (g) Protocols for adequately staffing the health care facility:
- (1) In the event of an emergency, including, without limitation, mass casualties and a significant change in the acuity or number of patients;
- (2) If applicable, in circumstances when a significant number of patients are diverted from another facility; and
- (3) If a licensed nurse or certified nursing assistant is absent or refuses a work assignment pursuant to NRS 449.2423.





- 2. A documented staffing plan must provide sufficient flexibility to allow for adjustments based upon changes in a unit of the health care facility.
- 3. A documented staffing plan must include either the nurse-to-patient staffing ratios described in section 8 of this act or nurse-to-patient staffing ratios which have more nurses per patient and are more protective of patients than described in section 8 of this act.
- 4. The health care facility shall ensure that it is staffed in accordance with the documented staffing plan.
- 5. The administration of the health care facility shall review its documented staffing plan with all affected staff on a quarterly basis. The health care facility must maintain a record of each review for at least 7 years and make the records available upon request to the Division.
 - **Sec. 23.** NRS 449.2423 is hereby amended to read as follows:
- 449.2423 1. As a condition of licensure, a health care facility [which is located in a county whose population is 100,000 or more and] which is licensed to have more than 70 beds must adopt and disseminate to each licensed nurse and certified nursing assistant employed by the health care facility a written policy that sets forth the circumstances under which a licensed nurse or certified nursing assistant may refuse or object to a work assignment.
- 2. The written policy concerning work assignments must, at a minimum, allow a licensed nurse or certified nursing assistant to:
- (a) Refuse a work assignment for any reason for refusal set forth in paragraph (b) of subsection 1 of NRS 449.205; and
- (b) File an objection to a work assignment if the work assignment violates any provision of NRS 449.241 to 449.2428, inclusive ..., and sections 2 to 15, inclusive, of this act.
- 3. For the purposes of refusing a work assignment pursuant to paragraph (a) of subsection 2, the written policy concerning work assignments must contain:
- (a) Reasonable requirements for prior notice to the supervisor of the licensed nurse or certified nursing assistant of the request by the licensed nurse or certified nursing assistant to be relieved of the work assignment, including, without limitation, the reasons supporting the request;
- (b) Reasonable requirements which provide, if feasible, an opportunity for the supervisor to review a request by the licensed nurse or certified nursing assistant to be relieved of the work assignment, including any specific conditions supporting the request, and based upon that review:
- (1) Relieve the licensed nurse or certified nursing assistant of the work assignment as requested; or





(2) Deny the request; and

- (c) A process pursuant to which a licensed nurse or certified nursing assistant may exercise his or her right to refuse a work assignment if the supervisor does not approve the request to be relieved of the work assignment if:
- (1) The supervisor failed to approve the request without proposing a remedy or, if a remedy is proposed, the proposed remedy would be inadequate or untimely;
- (2) The process for filing a complaint with the Division or any other appropriate regulatory entity, including any investigation that would be required, would be untimely to address the concerns of the licensed nurse or certified nursing assistant in refusing a work assignment; and
- (3) The licensed nurse or certified nursing assistant in good faith believes that the work assignment meets the conditions established in the written policy justifying refusal.
- 4. For the purposes of objecting to a work assignment pursuant to paragraph (b) of subsection 2, the written policy concerning work assignments must contain:
- (a) A process for a licensed nurse or certified nursing assistant to file an objection with the health care facility, but still accept the work assignment despite the objection; and
- (b) A requirement that the health care facility respond to the objection as soon as practicable, but not later than 45 days after receiving the objection.
- 5. In addition to the requirements of subsections 3 and 4, the written policy concerning work assignments must contain an additional process to allow a licensed nurse or certified nursing assistant, in an expedited manner, to refuse a work assignment or file an objection to a work assignment, whichever the licensed nurse or certified nursing assistant decides is appropriate, when the licensed nurse or certified nursing assistant previously accepted the assignment and, as a result of a change in circumstances, the licensed nurse or certified nursing assistant subsequently has a valid reason to refuse or object to the work assignment pursuant to subsection 2.
 - **6.** The health care facility shall:
- (a) Maintain records for at least 2 years of each request to be relieved of a work assignment, each refusal of a work assignment and each objection to a work assignment that is filed with the health care facility pursuant to the written policy adopted pursuant to this section;
- (b) If the health care facility has established a staffing committee pursuant to NRS 449.242, provide to the staffing committee:





- (1) The number of requests to be relieved of a work assignment and refusals of a work assignment made by a licensed nurse or a certified nursing assistant at the health care facility pursuant to this section;
- (2) The number of objections to a work assignment filed by a licensed nurse or a certified nursing assistant at the health care facility pursuant to this section; and
- (3) An explanation of how the health care facility addressed the requests, refusals and objections; and
- (c) Ensure that the health care facility complies with the written policy adopted pursuant to this section.
- 7. The Division may investigate any claim of retaliation against a licensed nurse or certified nursing assistant for refusing or objecting to a work assignment.
- 8. The Division shall adopt any regulations determined by the Division to be necessary to specify additional requirements for a written policy adopted pursuant to this section.
 - **Sec. 24.** NRS 449.2428 is hereby amended to read as follows:
- 449.2428 For each health care facility [which is located in a county whose population is 100,000 or more and] which is licensed to have more than 70 beds, the Division shall:
- 1. Ensure the general compliance of the health care facility with the provisions of NRS 449.241 to 449.2428, inclusive, *and sections 2 to 15, inclusive, of this act,* including, without limitation, those provisions relating to documented staffing plans and written policies adopted pursuant to NRS 449.2423; and
- 2. Adopt such regulations as are necessary or appropriate to carry out the provisions of this section.
 - **Šec. 25.** NRS 632.140 is hereby amended to read as follows:
- 632.140 1. Every applicant for a license to practice as a professional nurse in the State of Nevada must submit to the Board written evidence under oath that the applicant:
 - (a) Is of good moral character.
 - (b) Is in good physical and mental health.
 - (c) Has completed a course of study in:
- (1) An accredited school of professional nursing and holds a diploma therefrom; or
- (2) An approved school of professional nursing in the process of obtaining accreditation and holds a diploma therefrom.
- (d) Understands his or her rights and duties to refuse or object to a work assignment.
- (e) Meets such other reasonable preliminary qualification requirements as the Board may from time to time prescribe.





- 2. Each applicant must remit the fee required by this chapter with the application for a license to practice as a professional nurse in this State.
 - **Sec. 26.** NRS 632.270 is hereby amended to read as follows:
- 632.270 Each applicant for a license to practice as a practical nurse must submit to the Board written evidence, under oath, that the applicant:
 - 1. Is of good moral character.
- 2. Has a high school diploma or its equivalent as determined by the State Board of Education.
 - 3. Is at least 18 years of age.
 - 4. Has:

- (a) Successfully completed the prescribed course of study in an accredited school of practical nursing or an accredited school of professional nursing, and been awarded a diploma by the school;
- (b) Successfully completed the prescribed course of study in an approved school of practical nursing in the process of obtaining accreditation or an approved school of professional nursing in the process of obtaining accreditation, and been awarded a diploma by the school: or
- (c) Been registered or licensed as a registered nurse under the laws of another jurisdiction.
- 5. Understands his or her rights and duties to refuse or object to a work assignment.
- **6.** Meets any other qualifications prescribed in regulations of the Board.
 - **Sec. 27.** NRS 632.2852 is hereby amended to read as follows:
- 632.2852 1. An applicant for a certificate to practice as a nursing assistant must submit to the Board written evidence under oath that the applicant:
 - (a) Is of good moral character;
 - (b) Is in good physical and mental health;
 - (c) Is at least 16 years of age; [and]
- (d) Understands his or her rights and duties to refuse or object to a work assignment; and
- (e) Meets such other reasonable requirements as the Board prescribes.
- 2. An applicant may be certified by examination if the applicant:
- (a) Submits a completed written application and the fee required by this chapter;
- (b) Completes a training program approved by the Board and supplies a certificate of completion from the program;
- (c) Passes the certification examination approved by the Board; and





- (d) Has not committed any acts which would be grounds for disciplinary action if committed by a nursing assistant, unless the Board determines that sufficient restitution has been made or the act was not substantially related to nursing.
- 3. An applicant who is licensed or certified as a nursing assistant in another state may be certified by endorsement if the applicant:
- (a) Submits a completed written application and the fee required by this chapter;
- (b) Submits proof of successful completion of a training program approved by the appropriate agency of another state;
- (c) Has passed a certification examination approved by the Board to be equivalent to the examination required in this State; and
- (d) Has not committed any acts which would be grounds for disciplinary action if committed by a nursing assistant, unless the Board determines that sufficient restitution has been made or the act was not substantially related to nursing.
- 4. The Board shall issue a certificate to practice as a nursing assistant to each applicant who meets the requirements of this section.
 - **Sec. 28.** NRS 632.2856 is hereby amended to read as follows:
- 632.2856 1. The training program required for certification as a nursing assistant must consist of 75 hours of instruction. The program must include no less than 60 hours of theory and learning skills in a laboratory setting.
- 2. Except as otherwise provided in this subsection, the instructor of the program must be a registered nurse with:
- (a) Three years of nursing experience which includes direct care of patients and supervision and education of members of the staff; and
- (b) Proof of successful completion of training for instructors which has been approved by the Board.
- → The Board may approve a licensed practical nurse as an instructor if the Board determines that requiring instruction by a registered nurse would create a hardship.
- 3. Except as otherwise provided in NRS 622.090, upon completion of the program, a nursing assistant trainee must pass a test in theory with an overall score of 80 percent and a test of skills on a pass or fail basis. The test of skills must be given by a registered nurse. If the nursing assistant trainee fails either of the tests, the nursing assistant trainee must repeat the training in the areas in which he or she was deficient before taking the certification examination.
- 4. In a program which is based in a facility, a nursing assistant trainee may only perform those tasks he or she has successfully





completed in the training program, and must perform those tasks under the direct supervision of a registered nurse or a licensed practical nurse.

- 5. The Board shall adopt regulations not inconsistent with law:
- (a) Specifying the scope of the training program and the required components of the program [;], which must include, without limitation, training relating to the rights and duties of a nursing assistant to refuse or object to a work assignment;
- (b) Establishing standards for the approval of programs and instructors; and
- (c) Designating the basic nursing services which a nursing assistant may provide upon certification.
- 6. Any medical facility, educational institution or other organization may provide a training program if the program meets the requirements set forth in this chapter and in the regulations of the Board, and is approved by the Board. Such a program must be administered through:
 - (a) The Nevada System of Higher Education;
- (b) A program for career and technical education approved by the State Board for Career and Technical Education;
 - (c) A public school in this State; or
- (d) Any other nationally recognized body or agency authorized by law to accredit or approve such programs.
- 7. An educational institution or agency that administers a training program shall:
- (a) Develop or approve the curriculum for training provided in its service district;
 - (b) Manage the training program; and
- (c) Work with medical and other facilities to carry out the requirements of paragraphs (a) and (b).
 - Sec. 29. NRS 632.320 is hereby amended to read as follows:
- 632.320 1. The Board may deny, revoke or suspend any license or certificate applied for or issued pursuant to this chapter, or take other disciplinary action against a licensee or holder of a certificate, upon determining that the licensee or certificate holder:
- (a) Is guilty of fraud or deceit in procuring or attempting to procure a license or certificate pursuant to this chapter.
 - (b) Is guilty of any offense:
 - (1) Involving moral turpitude; or
- 40 (2) Related to the qualifications, functions or duties of a licensee or holder of a certificate,
 42 in which case the record of conviction is conclusive evidence.
 - in which case the record of conviction is conclusive evidence thereof.





- (c) Has been convicted of violating any of the provisions of NRS 616D.200, 616D.220, 616D.240 or 616D.300 to 616D.440, inclusive.
- (d) Is unfit or incompetent by reason of gross negligence or recklessness in carrying out usual nursing functions.
- (e) Uses any controlled substance, dangerous drug as defined in chapter 454 of NRS, or intoxicating liquor to an extent or in a manner which is dangerous or injurious to any other person or which impairs his or her ability to conduct the practice authorized by the license or certificate.
 - (f) Is a person with mental incompetence.
- (g) Is guilty of unprofessional conduct, which includes, but is not limited to, the following:
- (1) Conviction of practicing medicine without a license in violation of chapter 630 of NRS, in which case the record of conviction is conclusive evidence thereof.
- (2) Impersonating any applicant or acting as proxy for an applicant in any examination required pursuant to this chapter for the issuance of a license or certificate.
- (3) Impersonating another licensed practitioner or holder of a certificate.
- (4) Permitting or allowing another person to use his or her license or certificate to practice as a licensed practical nurse, registered nurse, nursing assistant or medication aide certified.
- (5) Repeated malpractice, which may be evidenced by claims of malpractice settled against the licensee or certificate holder.
 - (6) Physical, verbal or psychological abuse of a patient.
- (7) Conviction for the use or unlawful possession of a controlled substance or dangerous drug as defined in chapter 454 of NRS.
- (h) Has willfully or repeatedly violated the provisions of this chapter. The voluntary surrender of a license or certificate issued pursuant to this chapter is prima facie evidence that the licensee or certificate holder has committed or expects to commit a violation of this chapter.
- (i) Is guilty of aiding or abetting any person in a violation of this chapter.
- (j) Has falsified an entry on a patient's medical chart concerning a controlled substance.
- (k) Has falsified information which was given to a physician, pharmacist, podiatric physician or dentist to obtain a controlled substance.
- (l) Has knowingly procured or administered a controlled substance or a dangerous drug as defined in chapter 454 of NRS that





is not approved by the United States Food and Drug Administration, unless the unapproved controlled substance or dangerous drug:

- (1) Was procured through a retail pharmacy licensed pursuant to chapter 639 of NRS;
- (2) Was procured through a Canadian pharmacy which is licensed pursuant to chapter 639 of NRS and which has been recommended by the State Board of Pharmacy pursuant to subsection 4 of NRS 639.2328; or
- (3) Is marijuana being used for medical purposes in accordance with chapter 453A of NRS.
- (m) Has been disciplined in another state in connection with a license to practice nursing or a certificate to practice as a nursing assistant or medication aide certified, or has committed an act in another state which would constitute a violation of this chapter.
- (n) Has engaged in conduct likely to deceive, defraud or endanger a patient or the general public.
- (o) Has willfully failed to comply with a regulation, subpoena or order of the Board.
 - (p) Has operated a medical facility at any time during which:
 - (1) The license of the facility was suspended or revoked; or
- (2) An act or omission occurred which resulted in the suspension or revocation of the license pursuant to NRS 449.160.
- → This paragraph applies to an owner or other principal responsible for the operation of the facility.
- (q) Has, while serving as a chief administrative nurse, house supervisor or other licensed nurse responsible for the administration of nursing services in a health care facility:
- (1) Given a work assignment that unlawfully exceeds the nurse-to-patient staffing ratio required for the appropriate unit of the health care facility; or
- (2) Failed to follow the requirements of section 11 or 12 of this act.
- 2. For the purposes of this section, a plea or verdict of guilty or guilty but mentally ill or a plea of nolo contendere constitutes a conviction of an offense. The Board may take disciplinary action pending the appeal of a conviction.
- 3. A licensee or certificate holder is not subject to disciplinary action solely for administering auto-injectable epinephrine pursuant to a valid order issued pursuant to NRS 630.374 or 633.707.
- 4. As used in this section, "health care facility" has the meaning ascribed to it in NRS 449.2414.
 - **Sec. 30.** NRS 632.341 is hereby amended to read as follows:
- 632.341 1. Every nurse licensed under the provisions of this chapter must renew his or her license biennially on a date or according to a schedule of dates prescribed by regulation of the





Board. If the date or schedule is changed, the Board may prorate the required fee.

- 2. A licensee who applies for the renewal of his or her licensee must submit a signed statement acknowledging that the licensee understands his or her rights and duties to refuse or object to a work assignment.
- 3. A licensee who fails to renew a license may have the license reinstated by completing an application for renewal, submitting payment of the reinstatement fee in addition to the renewal fee and submitting all information required to complete the reinstatement.
- [3.] 4. Upon written request to the Board, a licensee in good standing may cause his or her name and license to be transferred to an inactive list, and the licensee may not practice nursing during the time the license is inactive and no renewal fee accrues. If an inactive licensee desires to resume the practice of nursing, the Board, except as otherwise provided in subsection [4.] 5, shall renew the license upon demonstration, if deemed necessary by the Board, that the licensee is then qualified and competent to practice, and upon completion of an application and payment of the current fee for biennial renewal of the license.

[4.] 5. The Board may:

- (a) Issue a temporary license to an applicant for the renewal or reinstatement of a license pending final action by the Board upon the application.
- (b) After a hearing, refuse to renew or reinstate the license of any person who, at any time since the most recent renewal of the license or the issuance of the original license if it has not been renewed, has been out of compliance with the requirements of this chapter.
 - Sec. 31. NRS 632.342 is hereby amended to read as follows:
- 632.342 1. The certificate of a nursing assistant or medication aide certified must be renewed biennially on the date of the certificate holder's birthday.
 - 2. The Board shall renew a certificate if the applicant:
- (a) Submits a completed written application and the fee required by this chapter;
- (b) Submits documentation of completion of continuing training, as required by the Board, in the previous 24 months;
- (c) Has not committed any acts which are grounds for disciplinary action, unless the Board determines that sufficient restitution has been made or the act was not substantially related to nursing;
- (d) Submits documentation of employment as a nursing assistant or medication aide certified during the 2 years immediately preceding the date of the renewal; [and]





- (e) If the applicant holds a certificate as a nursing assistant, submits a signed statement acknowledging that the applicant understands his or her rights and duties to refuse or object to a work assignment; and
 - (f) Submits all information required to complete the renewal.
- → The training program completed pursuant to paragraph (b) must be approved by the Board.
- 3. Failure to renew the certificate results in forfeiture of the right to practice unless the nursing assistant or medication aide certified qualifies for the issuance of a new certificate.
- 4. Renewal of a certificate becomes effective on the date on which:
 - (a) The application is filed;
 - (b) The renewal fee is paid; or
- (c) All information required to complete the renewal is submitted,
- → whichever occurs latest.

Sec. 32. NRS 632.430 is hereby amended to read as follows:

632.430 1. [The] Except as otherwise provided in this subsection, the Board may prescribe standards and curricula for schools of practical nursing, visit, survey and approve those schools, and remove those schools from a list of approved schools of nursing for just cause. The Board must require that the standards and curricula of each approved school include training relating to the rights and duties of a practical nurse to refuse or object to a work assignment.

- 2. A school of practical nursing in this State must be:
- (a) An accredited school of practical nursing; or
- (b) An approved school of practical nursing in the process of obtaining accreditation.

Sec. 33. NRS 632.440 is hereby amended to read as follows:

632.440 1. The Board shall prescribe curricula and standards for schools and courses of professional nursing [.], which must include, without limitation, training relating to the rights and duties of a nurse to refuse or object to a work assignment. The Board shall provide for surveys of such schools and courses at such times as it may deem necessary. It shall approve such schools and courses as meet the requirements of this chapter and of the Board. It shall evaluate and approve courses for affiliation with approved schools of nursing in this State or with schools of nursing which have applied for such approval.

- 2. A school of professional nursing in this State must be:
- (a) An accredited school of professional nursing; or
- (b) An approved school of professional nursing in the process of obtaining accreditation.





- **Sec. 34.** The provisions of subsection 1 of NRS 218D.380 do not apply to any provision of this act which adds or revises a requirement to submit a report to the Legislature.
- **Sec. 35.** The provisions of NRS 354.599 do not apply to any additional expenses of a local government that are related to the provisions of this act.

Sec. 36. This act becomes effective:

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- 1. Upon passage and approval for the purposes of adopting regulations and performing any other preparatory administrative tasks necessary to carry out the provisions of this act; and
 - 2. On October 1, 2015, for all other purposes.





