

Amendment No. 230

Senate Amendment to Senate Bill No. 146	(BDR 40-462)
Proposed by: Senate Committee on Health and Human Services	
Amends: Summary: No Title: No Preamble: No Joint Sponsorship: No Digest: Yes	

ASSEMBLY ACTION		Initial and Date		SENATE ACTION		Initial and Date			
Adopted	<input type="checkbox"/>	Lost	<input type="checkbox"/>	_____	Adopted	<input type="checkbox"/>	Lost	<input type="checkbox"/>	_____
Concurred In	<input type="checkbox"/>	Not	<input type="checkbox"/>	_____	Concurred In	<input type="checkbox"/>	Not	<input type="checkbox"/>	_____
Receded	<input type="checkbox"/>	Not	<input type="checkbox"/>	_____	Receded	<input type="checkbox"/>	Not	<input type="checkbox"/>	_____

EXPLANATION: Matter in (1) *blue bold italics* is new language in the original bill; (2) variations of green bold underlining is language proposed to be added in this amendment; (3) ~~red strikethrough~~ is deleted language in the original bill; (4) ~~purple double strikethrough~~ is language proposed to be deleted in this amendment; (5) orange double underlining is deleted language in the original bill proposed to be retained in this amendment.

DAN/EWR



Date: 4/19/2023

S.B. No. 146—Revises provisions relating to health care. (BDR 40-462)



SENATE BILL NO. 146—SENATORS LANGE,
SPEARMAN; AND DONATE

FEBRUARY 14, 2023

Referred to Committee on Health and Human Services

SUMMARY—Revises provisions relating to health care. (BDR 40-462)

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

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

AN ACT relating to health care; revising provisions governing the regulation of hospitals; prohibiting a health carrier from denying certain providers of health care from entering into a contract to join the network of the health carrier under certain circumstances; and providing other matters properly relating thereto.

Legislative Counsel’s Digest:

Existing law requires the State Board of Health to adopt regulations establishing licensing standards for hospitals. (NRS 449.0302) Existing regulations require a doctor of medicine or osteopathic medicine to perform a physical examination and complete a medical history of a patient seeking admission to a hospital not more than 7 days before or more than 48 hours after the patient is admitted to the hospital. (NAC 449.358) **Section 1** of this bill requires those regulations to authorize a certified nurse-midwife to perform such a physical examination or obtain such a medical history before or after a patient is admitted to a hospital for the purpose of giving birth.

Existing law requires a health carrier to comply with certain provisions governing the network plans that the health carrier offers or issues. (NRS 687B.600-687B.850) **Section 4** of this bill prohibits a health carrier from denying a request from a provider of health care to enter into a provider network contract to join the network established by the health carrier if the provider of health care: (1) meets the terms and conditions for participation in the network plan of the health carrier; (2) is employed by or has **accepted an offer** of employment from a school of medicine or school of osteopathic medicine in this State; **(3) does not have a clinical practice already established in this State;** and ~~(3)~~ **(4)** requests to become a participating provider of health care in the network of the health carrier. **Section 4 authorizes a health carrier to deny a request from such a provider of health care to enter into such a provider network contract for certain reasons. Section 4 also clarifies that a health carrier is authorized to terminate such a provider of health care from participating in the network of the health carrier for any grounds authorized under the provider contract. Sections 6 and 7** of this bill make conforming changes to indicate the proper placement of **section 4** in the Nevada Revised Statutes. **Sections 2 and 3** of this bill require the State or a local government to comply with **section 4** if it offers a health insurance policy to its officers and employees.

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

1 **Section 1.** NRS 449.0302 is hereby amended to read as follows:

2 449.0302 1. The Board shall adopt:

3 (a) Licensing standards for each class of medical facility or facility for the
4 dependent covered by NRS 449.029 to 449.2428, inclusive, and for programs of
5 hospice care.

6 (b) Regulations governing the licensing of such facilities and programs.

7 (c) Regulations governing the procedure and standards for granting an
8 extension of the time for which a natural person may provide certain care in his or
9 her home without being considered a residential facility for groups pursuant to NRS
10 449.017. The regulations must require that such grants are effective only if made in
11 writing.

12 (d) Regulations establishing a procedure for the indemnification by the
13 Division, from the amount of any surety bond or other obligation filed or deposited
14 by a facility for refractive surgery pursuant to NRS 449.068 or 449.069, of a patient
15 of the facility who has sustained any damages as a result of the bankruptcy of or
16 any breach of contract by the facility.

17 (e) Regulations that prescribe the specific types of discrimination prohibited by
18 NRS 449.101.

19 (f) Regulations requiring a hospital or independent center for emergency
20 medical care to provide training to each employee who provides care to victims of
21 sexual assault or attempted sexual assault concerning appropriate care for such
22 persons, including, without limitation, training concerning the requirements of NRS
23 449.1885.

24 (g) Any other regulations as it deems necessary or convenient to carry out the
25 provisions of NRS 449.029 to 449.2428, inclusive.

26 2. The Board shall adopt separate regulations governing the licensing and
27 operation of:

28 (a) Facilities for the care of adults during the day; and

29 (b) Residential facilities for groups,
30 ↳ which provide care to persons with Alzheimer's disease or other severe
31 dementia, as described in paragraph (a) of subsection 2 of NRS 449.1845.

32 3. The Board shall adopt separate regulations for:

33 (a) The licensure of rural hospitals which take into consideration the unique
34 problems of operating such a facility in a rural area.

35 (b) The licensure of facilities for refractive surgery which take into
36 consideration the unique factors of operating such a facility.

37 (c) The licensure of mobile units which take into consideration the unique
38 factors of operating a facility that is not in a fixed location.

39 4. The Board shall require that the practices and policies of each medical
40 facility or facility for the dependent provide adequately for the protection of the
41 health, safety and physical, moral and mental well-being of each person
42 accommodated in the facility.

43 5. In addition to the training requirements prescribed pursuant to NRS
44 449.093, the Board shall establish minimum qualifications for administrators and
45 employees of residential facilities for groups. In establishing the qualifications, the
46 Board shall consider the related standards set by nationally recognized
47 organizations which accredit such facilities.

48 6. The Board shall adopt separate regulations regarding the assistance which
49 may be given pursuant to NRS 453.375 and 454.213 to an ultimate user of

1 controlled substances or dangerous drugs by employees of residential facilities for
2 groups. The regulations must require at least the following conditions before such
3 assistance may be given:

4 (a) The ultimate user's physical and mental condition is stable and is following
5 a predictable course.

6 (b) The amount of the medication prescribed is at a maintenance level and does
7 not require a daily assessment.

8 (c) A written plan of care by a physician or registered nurse has been
9 established that:

10 (1) Addresses possession and assistance in the administration of the
11 medication; and

12 (2) Includes a plan, which has been prepared under the supervision of a
13 registered nurse or licensed pharmacist, for emergency intervention if an adverse
14 condition results.

15 (d) Except as otherwise authorized by the regulations adopted pursuant to NRS
16 449.0304, the prescribed medication is not administered by injection or
17 intravenously.

18 (e) The employee has successfully completed training and examination
19 approved by the Division regarding the authorized manner of assistance.

20 7. The Board shall adopt separate regulations governing the licensing and
21 operation of residential facilities for groups which provide assisted living services.
22 The Board shall not allow the licensing of a facility as a residential facility for
23 groups which provides assisted living services and a residential facility for groups
24 shall not claim that it provides "assisted living services" unless:

25 (a) Before authorizing a person to move into the facility, the facility makes a
26 full written disclosure to the person regarding what services of personalized care
27 will be available to the person and the amount that will be charged for those
28 services throughout the resident's stay at the facility.

29 (b) The residents of the facility reside in their own living units which:

30 (1) Except as otherwise provided in subsection 8, contain toilet facilities;

31 (2) Contain a sleeping area or bedroom; and

32 (3) Are shared with another occupant only upon consent of both occupants.

33 (c) The facility provides personalized care to the residents of the facility and
34 the general approach to operating the facility incorporates these core principles:

35 (1) The facility is designed to create a residential environment that actively
36 supports and promotes each resident's quality of life and right to privacy;

37 (2) The facility is committed to offering high-quality supportive services
38 that are developed by the facility in collaboration with the resident to meet the
39 resident's individual needs;

40 (3) The facility provides a variety of creative and innovative services that
41 emphasize the particular needs of each individual resident and the resident's
42 personal choice of lifestyle;

43 (4) The operation of the facility and its interaction with its residents
44 supports, to the maximum extent possible, each resident's need for autonomy and
45 the right to make decisions regarding his or her own life;

46 (5) The operation of the facility is designed to foster a social climate that
47 allows the resident to develop and maintain personal relationships with fellow
48 residents and with persons in the general community;

49 (6) The facility is designed to minimize and is operated in a manner which
50 minimizes the need for its residents to move out of the facility as their respective
51 physical and mental conditions change over time; and

1 (7) The facility is operated in such a manner as to foster a culture that
2 provides a high-quality environment for the residents, their families, the staff, any
3 volunteers and the community at large.

4 8. The Division may grant an exception from the requirement of subparagraph
5 (1) of paragraph (b) of subsection 7 to a facility which is licensed as a residential
6 facility for groups on or before July 1, 2005, and which is authorized to have 10 or
7 fewer beds and was originally constructed as a single-family dwelling if the
8 Division finds that:

9 (a) Strict application of that requirement would result in economic hardship to
10 the facility requesting the exception; and

11 (b) The exception, if granted, would not:

12 (1) Cause substantial detriment to the health or welfare of any resident of
13 the facility;

14 (2) Result in more than two residents sharing a toilet facility; or

15 (3) Otherwise impair substantially the purpose of that requirement.

16 9. The Board shall, if it determines necessary, adopt regulations and
17 requirements to ensure that each residential facility for groups and its staff are
18 prepared to respond to an emergency, including, without limitation:

19 (a) The adoption of plans to respond to a natural disaster and other types of
20 emergency situations, including, without limitation, an emergency involving fire;

21 (b) The adoption of plans to provide for the evacuation of a residential facility
22 for groups in an emergency, including, without limitation, plans to ensure that
23 nonambulatory patients may be evacuated;

24 (c) Educating the residents of residential facilities for groups concerning the
25 plans adopted pursuant to paragraphs (a) and (b); and

26 (d) Posting the plans or a summary of the plans adopted pursuant to paragraphs
27 (a) and (b) in a conspicuous place in each residential facility for groups.

28 10. The regulations governing the licensing and operation of facilities for
29 transitional living for released offenders must provide for the licensure of at least
30 three different types of facilities, including, without limitation:

31 (a) Facilities that only provide a housing and living environment;

32 (b) Facilities that provide or arrange for the provision of supportive services for
33 residents of the facility to assist the residents with reintegration into the community,
34 in addition to providing a housing and living environment; and

35 (c) Facilities that provide or arrange for the provision of programs for alcohol
36 and other substance use disorders, in addition to providing a housing and living
37 environment and providing or arranging for the provision of other supportive
38 services.

39 ➤ The regulations must provide that if a facility was originally constructed as a
40 single-family dwelling, the facility must not be authorized for more than eight beds.

41 11. The Board shall adopt regulations applicable to providers of community-
42 based living arrangement services which:

43 (a) Except as otherwise provided in paragraph (b), require a natural person
44 responsible for the operation of a provider of community-based living arrangement
45 services and each employee of a provider of community-based living arrangement
46 services who supervises or provides support to recipients of community-based
47 living arrangement services to complete training concerning the provision of
48 community-based living arrangement services to persons with mental illness and
49 continuing education concerning the particular population served by the provider;

50 (b) Exempt a person licensed or certified pursuant to title 54 of NRS from the
51 requirements prescribed pursuant to paragraph (a) if the Board determines that the
52 person is required to receive training and continuing education substantially
53 equivalent to that prescribed pursuant to that paragraph;

1 (c) Require a natural person responsible for the operation of a provider of
2 community-based living arrangement services to receive training concerning the
3 provisions of title 53 of NRS applicable to the provision of community-based living
4 arrangement services; and

5 (d) Require an applicant for a license to provide community-based living
6 arrangement services to post a surety bond in an amount equal to the operating
7 expenses of the applicant for 2 months, place that amount in escrow or take another
8 action prescribed by the Division to ensure that, if the applicant becomes insolvent,
9 recipients of community-based living arrangement services from the applicant may
10 continue to receive community-based living arrangement services for 2 months at
11 the expense of the applicant.

12 12. The Board shall adopt separate regulations governing the licensing and
13 operation of freestanding birthing centers. Such regulations must:

14 (a) Align with the standards established by the American Association of Birth
15 Centers, or its successor organization, the accrediting body of the Commission for
16 the Accreditation of Birth Centers, or its successor organization, or another
17 nationally recognized organization for accrediting freestanding birthing centers; and

18 (b) Allow the provision of supervised training to providers of health care, as
19 appropriate, at a freestanding birthing center.

20 13. *If the regulations adopted pursuant to this section require a physical*
21 *examination to be performed on a patient or the medical history of a patient to be*
22 *obtained before or after the patient is admitted to a hospital, those regulations*
23 *must authorize a certified nurse-midwife to perform such a physical examination*
24 *or obtain such a medical history before or after a patient is admitted to a hospital*
25 *for the purpose of giving birth.*

26 14. As used in this section ~~[-“living”]~~:

27 (a) *“Certified nurse-midwife” means a person who is:*

28 (1) *Certified as a Certified Nurse-Midwife by the American Midwifery*
29 *Certification Board, or its successor organization; and*

30 (2) *Licensed as an advanced practice registered nurse pursuant to NRS*
31 *632.237.*

32 (b) *“Living unit” means an individual private accommodation designated for a*
33 *resident within the facility.*

34 **Sec. 2.** NRS 287.010 is hereby amended to read as follows:

35 287.010 1. The governing body of any county, school district, municipal
36 corporation, political subdivision, public corporation or other local governmental
37 agency of the State of Nevada may:

38 (a) Adopt and carry into effect a system of group life, accident or health
39 insurance, or any combination thereof, for the benefit of its officers and employees,
40 and the dependents of officers and employees who elect to accept the insurance and
41 who, where necessary, have authorized the governing body to make deductions
42 from their compensation for the payment of premiums on the insurance.

43 (b) Purchase group policies of life, accident or health insurance, or any
44 combination thereof, for the benefit of such officers and employees, and the
45 dependents of such officers and employees, as have authorized the purchase, from
46 insurance companies authorized to transact the business of such insurance in the
47 State of Nevada, and, where necessary, deduct from the compensation of officers
48 and employees the premiums upon insurance and pay the deductions upon the
49 premiums.

50 (c) Provide group life, accident or health coverage through a self-insurance
51 reserve fund and, where necessary, deduct contributions to the maintenance of the
52 fund from the compensation of officers and employees and pay the deductions into
53 the fund. The money accumulated for this purpose through deductions from the

1 compensation of officers and employees and contributions of the governing body
2 must be maintained as an internal service fund as defined by NRS 354.543. The
3 money must be deposited in a state or national bank or credit union authorized to
4 transact business in the State of Nevada. Any independent administrator of a fund
5 created under this section is subject to the licensing requirements of chapter 683A
6 of NRS, and must be a resident of this State. Any contract with an independent
7 administrator must be approved by the Commissioner of Insurance as to the
8 reasonableness of administrative charges in relation to contributions collected and
9 benefits provided. The provisions of NRS 686A.135, 687B.352, 687B.408,
10 687B.723, 687B.725, 689B.030 to 689B.050, inclusive, 689B.265, 689B.287 and
11 689B.500 **and section 4 of this act** apply to coverage provided pursuant to this
12 paragraph, except that the provisions of NRS 689B.0378, 689B.03785 and
13 689B.500 only apply to coverage for active officers and employees of the
14 governing body, or the dependents of such officers and employees.

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

20 2. If a school district offers group insurance to its officers and employees
21 pursuant to this section, members of the board of trustees of the school district must
22 not be excluded from participating in the group insurance. If the amount of the
23 deductions from compensation required to pay for the group insurance exceeds the
24 compensation to which a trustee is entitled, the difference must be paid by the
25 trustee.

26 3. In any county in which a legal services organization exists, the governing
27 body of the county, or of any school district, municipal corporation, political
28 subdivision, public corporation or other local governmental agency of the State of
29 Nevada in the county, may enter into a contract with the legal services organization
30 pursuant to which the officers and employees of the legal services organization, and
31 the dependents of those officers and employees, are eligible for any life, accident or
32 health insurance provided pursuant to this section to the officers and employees,
33 and the dependents of the officers and employees, of the county, school district,
34 municipal corporation, political subdivision, public corporation or other local
35 governmental agency.

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

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

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

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

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

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

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

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

1 **Sec. 3.** NRS 287.04335 is hereby amended to read as follows:

2 287.04335 If the Board provides health insurance through a plan of self-
3 insurance, it shall comply with the provisions of NRS 686A.135, 687B.352,
4 687B.409, 687B.723, 687B.725, 689B.0353, 689B.255, 695C.1723, 695G.150,
5 695G.155, 695G.160, 695G.162, 695G.1635, 695G.164, 695G.1645, 695G.1665,
6 695G.167, 695G.1675, 695G.170 to 695G.174, inclusive, 695G.176, 695G.177,
7 695G.200 to 695G.230, inclusive, 695G.241 to 695G.310, inclusive, and 695G.405,
8 *and section 4 of this act*, in the same manner as an insurer that is licensed pursuant
9 to title 57 of NRS is required to comply with those provisions.

10 **Sec. 4.** Chapter 687B of NRS is hereby amended by adding thereto a new
11 section to read as follows:

12 1. A health carrier which offers or issues a network plan may not deny a
13 request from a provider of health care to enter into a provider network contract
14 with the health carrier if the provider of health care:

15 ~~##~~ (a) Meets the terms and conditions for participation in the network of
16 the health carrier ~~##~~

17 ~~##~~ , including, without limitation:

18 (1) Meeting any credentialing requirement of the health carrier;

19 (2) Agreeing to all provisions of the provider network contract, including,
20 without limitation, provisions setting forth the grounds and procedures for
21 terminating providers of health care from participation in the network; and

22 (3) Agreeing to participate in a review of the performance and
23 experience of the provider of health care at least once each year or as otherwise
24 required by the health carrier;

25 (b) Is employed by or has accepted an ~~open~~ offer of employment from a
26 school of medicine or school of osteopathic medicine in this State ~~##~~ to serve in a
27 position where the provider of health care teaches students studying to become
28 providers of health care or resident physicians at least 50 percent of the time the
29 provider of health care is performing his or her duties for the school;

30 (c) Does not have a clinical practice already established in this State at the
31 time the request to enter into a provider network contract is made; and

32 ~~##~~ (d) Requests to be a participating provider of health care in the network
33 of the health carrier.

34 2. A health carrier which offers or issues a network plan may deny a
35 request from a provider of health care to enter into a provider network contract
36 with the health carrier if:

37 (a) The health carrier contracts with a third party for the delivery of services
38 to covered persons;

39 (b) Participating providers of health care are paid through capitation
40 agreements; or

41 (c) Accepting the provider of health care into the network plan would disrupt
42 existing provider network contracts.

43 3. A health carrier may terminate a provider network contract entered into
44 pursuant to subsection 1 for any grounds authorized under the contract. Such
45 grounds may include, without limitation, issues of inconsistency with other
46 participating providers of health care with regard to:

47 (a) Access for covered persons to the services of the provider of health care;

48 (b) The cost of the services of the provider of health care;

49 (c) The quality of care provided by the provider of health care; or

50 (d) Other issues relating to the utilization of the services of the provider of
51 health care.

1 **Sec. 5.** NRS 687B.600 is hereby amended to read as follows:

2 687B.600 As used in NRS 687B.600 to 687B.850, inclusive, *and section 4 of*
3 *this act*, unless the context otherwise requires, the words and terms defined in NRS
4 687B.602 to 687B.665, inclusive, have the meanings ascribed to them in those
5 sections.

6 **Sec. 6.** NRS 687B.670 is hereby amended to read as follows:

7 687B.670 If a health carrier offers or issues a network plan, the health carrier
8 shall, with regard to that network plan:

9 1. Comply with all applicable requirements set forth in NRS 687B.600 to
10 687B.850, inclusive ~~§~~, *and section 4 of this act*;

11 2. As applicable, ensure that each contract entered into for the purposes of the
12 network plan between a participating provider of health care and the health carrier
13 complies with the requirements set forth in NRS 687B.600 to 687B.850, inclusive
14 ~~§~~, *and section 4 of this act*; and

15 3. As applicable, ensure that the network plan complies with the requirements
16 set forth in NRS 687B.600 to 687B.850, inclusive ~~§~~, *and section 4 of this act*.

17 **Sec. 7.** 1. This section becomes effective upon passage and approval.

18 2. Sections 1 to 6, inclusive, of this act become effective:

19 (a) Upon passage and approval for the purpose of adopting any regulations and
20 performing any other preparatory administrative tasks that are necessary to carry
21 out the provisions of this act; and

22 (b) On October 1, 2023, for all other purposes.