

ASSEMBLY BILL NO. 161—ASSEMBLYMEMBER EDGEWORTH

PREFILED JANUARY 30, 2025

Referred to Committee on Health and Human Services

SUMMARY—Makes revisions relating to hospice care.
(BDR 40-656)

FISCAL NOTE: Effect on Local Government: No.
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 hospice care; requiring a program of hospice care to accept payment through Medicare; prohibiting a program of hospice care from accepting new patients or transferring billing privileges under Medicare in certain circumstances; providing for the enhanced oversight of a program of hospice care during the first 2 years after initial licensure; imposing requirements governing the staffing and operation of a program of hospice care; requiring the publication of an annual report of certain information concerning programs of hospice care; and providing other matters properly relating thereto.

Legislative Counsel’s Digest:

1 Existing law: (1) requires any program of hospice care, regardless of whether
2 the program is provided by a facility for hospice care, to be licensed by the
3 Division of Public and Behavioral Health of the Department of Health and Human
4 Services; and (2) imposes certain requirements governing the operation of a
5 program of hospice care. (NRS 449.029, 449.030, 449.196) **Section 3** of this bill
6 requires a program of hospice care to: (1) accept payment through Medicare; and
7 (2) be accredited by a national accrediting agency. **Section 3** also prohibits a
8 program of hospice care from accepting new patients if any person who holds an
9 ownership interest in the program of at least 5 percent is under investigation for or
10 has been found to have committed a violation of federal, state or local law related
11 to payment for health care. Finally, **section 3** prohibits a program of hospice care
12 from transferring the billing privileges of the program under Medicare within 60
13 months after: (1) being authorized to accept payment through Medicare; or (2) a
14 change in the ownership of an interest of 50 percent or greater in the program.
15 **Sections 4 and 11** of this bill provide for the enhanced oversight of a program of
16 hospice care during the first 2 years after initial licensure.



Existing law requires a program of hospice care to have a medical director who is a licensed physician. (NRS 449.196) **Sections 8 and 14** of this bill prescribe additional required qualifications of the medical director, and **section 5** of this bill prescribes the duties of the medical director. **Section 14** requires a program of hospice care to provide certain care, and **section 17** of this bill provides that a patient of a program of hospice care has a right to such care. **Sections 17 and 18** of this bill require a program of hospice care to inform a patient of that right. **Section 15** of this bill removes provisions authorizing a facility for hospice care to provide certain care that the facility is required by **section 14** to provide. **Section 14** also requires: (1) the employees of a program of hospice care to receive certain training; and (2) a program of hospice care to obtain and document the informed, written consent of a patient or his or her representative for all treatment and all decisions regarding the care of the patient. **Section 14** establishes certain other requirements governing the operation of a program of hospice care, including a requirement that the program designate an interdisciplinary team to develop, review and revise a plan of care for each patient. **Sections 2, 7 and 8** of this bill make conforming changes so that “interdisciplinary team” is defined consistently for provisions of law regulating hospice care.

Section 11 requires the State Board of Health to adopt regulations: (1) requiring a program of hospice care to establish an independent review board to assess compliance with relevant legal requirements and ethical standards; and (2) prohibiting persons with financial conflicts of interest from determining or assisting in the determination of whether a person is eligible to receive hospice care. **Section 6** of this bill requires the Division to publish an annual report concerning the ownership and licensure of each program of hospice care and the results of inspections of such programs. **Sections 9-13 and 16** of this bill make conforming changes to establish the applicability of **sections 3-6** and provide for the enforcement of **sections 3-6**.

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 6, inclusive, of this act.

Sec. 2. *“Interdisciplinary team” means a group of persons who work collectively to meet the special needs of terminally ill patients receiving hospice care and their families and includes such persons as a physician, registered nurse, social worker, member of the clergy and trained volunteer.*

Sec. 3. 1. *Not later than 12 months after initial licensure, a program of hospice care shall enter into an agreement with the United States Secretary of Health and Human Services pursuant to 42 U.S.C. § 1395cc to accept payment through Medicare.*

2. *A program of hospice care must be accredited by a national accrediting agency acceptable to the Division.*

3. *A program of hospice care:*

(a) *Shall promptly inform the Division if any person or entity that holds an ownership interest of at least 5 percent in the*



1 *program is being investigated for a potential violation of any*
2 *federal, state or local law related to payment for health care.*

3 (b) *Shall not accept any new patients while:*

4 (1) *An investigation described in paragraph (a) is pending;*
5 *or*

6 (2) *Any person or entity who has been found in a criminal*
7 *or civil proceeding to have committed a violation of any federal,*
8 *state or local law related to payment for health care retains an*
9 *ownership interest of at least 5 percent in the program.*

10 (c) *Shall not transfer the billing privileges of the program*
11 *under Medicare to any other person or entity within 60 months*
12 *after:*

13 (1) *Initially entering into an agreement described in*
14 *subsection 1; or*

15 (2) *A change in the ownership of an interest of 50 percent*
16 *or greater in the program.*

17 **Sec. 4. 1.** *The Division shall inspect a program of hospice*
18 *care that is issued an initial license on or after January 1, 2026:*

19 (a) *For the first time, within 60 days after initial licensure;*

20 (b) *For the second time, within 6 months after initial*
21 *licensure;*

22 (c) *For the third time, within 12 months after initial licensure;*

23 (d) *For the fourth time, within 24 months after initial*
24 *licensure; and*

25 (e) *At least once every 36 months thereafter.*

26 2. *The Division shall inspect a program of hospice care that*
27 *was issued an initial license on or after January 1, 2026, at least*
28 *once every 36 months.*

29 3. *For the first 24 months after the initial licensure of a*
30 *program of hospice care that is issued an initial license on or after*
31 *January 1, 2026:*

32 (a) *The program shall submit to the Division each month all*
33 *information required to be reported to the United States Secretary*
34 *of Health and Human Services pursuant to 42 U.S.C.*
35 *§ 1395f(i)(5).*

36 (b) *The Division shall conduct enhanced oversight of the*
37 *program, which must include, without limitation, a review by the*
38 *Division of a representative portion, as defined by regulation of*
39 *the Board, of the claims for payment that the program intends to*
40 *submit before the program submits the claims.*

41 **Sec. 5. 1.** *The medical director employed by a program of*
42 *hospice care pursuant to NRS 449.196 shall:*

43 (a) *Assist each interdisciplinary team in the development,*
44 *review and revision of the plan of care required by paragraph (e)*
45 *of subsection 1 of NRS 449.196;*



1 (b) Act as a medical resource for each interdisciplinary team;
2 (c) Develop and periodically review the medical policies of the
3 program, including, without limitation, policies for:

4 (1) The delivery of services to patients by physicians
5 employed or contracted by the program;

6 (2) The orientation, training and support of physicians
7 employed or contracted by the program;

8 (3) Ensuring compliance with paragraphs (c) to (k),
9 inclusive, of subsection 1 of NRS 449.196 and subsections 2 and 3
10 of NRS 449.196; and

11 (4) Documentation to ensure compliance with the medical
12 policies;

13 (d) Consult with the attending physicians of patients
14 concerning the control of pain and symptoms and the medical
15 management of patients, as appropriate;

16 (e) Act as a liaison between the program and physicians in the
17 community;

18 (f) Ensure continuity and coordination of all medical services
19 provided to patients;

20 (g) Provide supervision, direction and oversight for all
21 physicians employed or contracted by the program; and

22 (h) Perform such other duties as are appropriate for the needs
23 of the program.

24 2. Any order for the administration of medication to a patient
25 of a program of hospice care must be written and signed by the
26 medical director of the program.

27 **Sec. 6.** 1. On or before December 31 of each year, the
28 Division shall compile and post on a publicly available Internet
29 website operated by the Division a report which includes, for each
30 program of hospice care licensed in this State:

31 (a) The date on which the program was incorporated and the
32 name of each incorporator;

33 (b) The name of each person or entity that owns at least 5
34 percent of the program;

35 (c) The name of any person or entity that is wholly or partially
36 responsible for managing the program;

37 (d) The date on which the program applied for licensure, the
38 date on which initial licensure was granted and the date on which
39 licensure was most recently renewed;

40 (e) The date on which the program came into compliance with
41 subsection 1 of section 3 of this act;

42 (f) The name of the entity that conducted the most recent
43 survey of the program pursuant to 42 C.F.R. § 488.1110;



1 (g) *The results of each inspection of the program conducted by*
2 *the Division during the 5 years immediately preceding the date of*
3 *the report, including, without limitation:*

4 (1) *Any deficiencies noted during the inspection;*

5 (2) *Requirements imposed by the Division to correct such*
6 *deficiencies; and*

7 (3) *The date on which the Division determined that the*
8 *deficiencies had been corrected; and*

9 (h) *Any other information required by subsection 2.*

10 2. *The Division shall solicit input from persons and entities*
11 *interested in the provision of hospice care, including, without*
12 *limitation, patients, families, as defined in NRS 449.0115,*
13 *advocates for patients, providers of health care and insurers, and*
14 *include in the report compiled pursuant to subsection 1*
15 *information useful to such persons and entities.*

16 **Sec. 7.** NRS 449.001 is hereby amended to read as follows:

17 449.001 As used in this chapter, unless the context otherwise
18 requires, the words and terms defined in NRS 449.0015 to
19 449.0195, inclusive, *and section 2 of this act* have the meanings
20 ascribed to them in those sections.

21 **Sec. 8.** NRS 449.0115 is hereby amended to read as follows:

22 449.0115 1. "Hospice care" means a centrally administered
23 program of palliative services and supportive services provided by
24 an interdisciplinary team directed by a physician ~~[-]~~ *licensed*
25 *pursuant to chapter 630 or 633 of NRS.* The program includes the
26 provision of physical, psychological, custodial and spiritual care for
27 persons who are terminally ill and their families. The care may be
28 provided in the home, at a residential facility or at a medical facility
29 at any time of the day or night. The term includes the supportive
30 care and services provided to the family after the patient dies.

31 2. As used in this section ~~[-]~~:

32 ~~—(a) "Family"[-], "family" includes the immediate family, the~~
33 ~~person who primarily cared for the patient and other persons with~~
34 ~~significant personal ties to the patient, whether or not related by~~
35 ~~blood.~~

36 ~~[-(b) "Interdisciplinary team" means a group of persons who~~
37 ~~work collectively to meet the special needs of terminally ill patients~~
38 ~~and their families and includes such persons as a physician,~~
39 ~~registered nurse, social worker, member of the clergy and trained~~
40 ~~volunteer.]~~

41 **Sec. 9.** NRS 449.029 is hereby amended to read as follows:

42 449.029 As used in NRS 449.029 to 449.240, inclusive, *and*
43 *sections 3 to 6, inclusive, of this act,* unless the context otherwise
44 requires, "medical facility" has the meaning ascribed to it in



1 NRS 449.0151 and includes a program of hospice care described in
2 NRS 449.196.

3 **Sec. 10.** NRS 449.0301 is hereby amended to read as follows:
4 449.0301 The provisions of NRS 449.029 to 449.2428,
5 inclusive, *and sections 3 to 6, inclusive, of this act* do not apply to:

6 1. Any facility conducted by and for the adherents of any
7 church or religious denomination for the purpose of providing
8 facilities for the care and treatment of the sick who depend solely
9 upon spiritual means through prayer for healing in the practice of
10 the religion of the church or denomination, except that such a
11 facility shall comply with all regulations relative to sanitation and
12 safety applicable to other facilities of a similar category.

13 2. Foster homes as defined in NRS 424.014.

14 3. Any medical facility, facility for the dependent or facility
15 which is otherwise required by the regulations adopted by the Board
16 pursuant to NRS 449.0303 to be licensed that is operated and
17 maintained by the United States Government or an agency thereof.

18 **Sec. 11.** NRS 449.0302 is hereby amended to read as follows:

19 449.0302 1. The Board shall adopt:

20 (a) Licensing standards for each class of medical facility or
21 facility for the dependent covered by NRS 449.029 to 449.2428,
22 inclusive, *and sections 3 to 6, inclusive, of this act*, and for
23 programs of hospice care.

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

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

32 (d) Regulations establishing a procedure for the indemnification
33 by the Division, from the amount of any surety bond or other
34 obligation filed or deposited by a facility for refractive surgery
35 pursuant to NRS 449.068 or 449.069, of a patient of the facility who
36 has sustained any damages as a result of the bankruptcy of or any
37 breach of contract by the facility.

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

40 (f) Regulations requiring a hospital or independent center for
41 emergency medical care to provide training to each employee who
42 provides care to victims of sexual assault or attempted sexual assault
43 concerning appropriate care for such persons, including, without
44 limitation, training concerning the requirements of NRS 449.1885.



1 (g) Any other regulations as it deems necessary or convenient to
2 carry out the provisions of NRS 449.029 to 449.2428, inclusive **H**,
3 **and sections 3 to 6, inclusive, of this act.**

4 2. The Board shall adopt separate regulations governing the
5 licensing and operation of:

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

7 (b) Residential facilities for groups,

8 ↪ which provide care to persons with Alzheimer's disease or other
9 severe dementia, as described in paragraph (a) of subsection 2 of
10 NRS 449.1845.

11 3. The Board shall adopt separate regulations for:

12 (a) The licensure of rural hospitals and rural emergency
13 hospitals which take into consideration the unique problems of
14 operating such a facility in a rural area.

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

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

20 4. The Board shall require that the practices and policies of
21 each medical facility or facility for the dependent provide
22 adequately for the protection of the health, safety and physical,
23 moral and mental well-being of each person accommodated in the
24 facility.

25 5. In addition to the training requirements prescribed pursuant
26 to NRS 449.093, the Board shall establish minimum qualifications
27 for administrators and employees of residential facilities for groups.
28 In establishing the qualifications, the Board shall consider the
29 related standards set by nationally recognized organizations which
30 accredit such facilities.

31 6. The Board shall adopt separate regulations regarding the
32 assistance which may be given pursuant to NRS 453.375 and
33 454.213 to an ultimate user of controlled substances or dangerous
34 drugs by employees of residential facilities for groups. The
35 regulations must require at least the following conditions before
36 such assistance may be given:

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

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

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

43 (1) Addresses possession and assistance in the administration
44 of the medication; and



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

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

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

10 7. The Board shall adopt separate regulations governing the
11 licensing and operation of residential facilities for groups which
12 provide assisted living services. The Board shall not allow the
13 licensing of a facility as a residential facility for groups which
14 provides assisted living services and a residential facility for groups
15 shall not claim that it provides "assisted living services" unless:

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

43 10. The regulations governing the licensing and operation of
44 facilities for transitional living for released offenders must provide



1 for the licensure of at least three different types of facilities,
2 including, without limitation:

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

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

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

13 ↪ The regulations must provide that if a facility was originally
14 constructed as a single-family dwelling, the facility must not be
15 authorized for more than eight beds.

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

18 (a) Except as otherwise provided in paragraph (b), require a
19 natural person responsible for the operation of a provider of
20 community-based living arrangement services and each employee of
21 a provider of community-based living arrangement services who
22 supervises or provides support to recipients of community-based
23 living arrangement services to complete training concerning the
24 provision of community-based living arrangement services to
25 persons with mental illness and continuing education concerning the
26 particular population served by the provider;

27 (b) Exempt a person licensed or certified pursuant to title 54 of
28 NRS from the requirements prescribed pursuant to paragraph (a) if
29 the Board determines that the person is required to receive training
30 and continuing education substantially equivalent to that prescribed
31 pursuant to that paragraph;

32 (c) Require a natural person responsible for the operation of a
33 provider of community-based living arrangement services to receive
34 training concerning the provisions of title 53 of NRS applicable to
35 the provision of community-based living arrangement services; and

36 (d) Require an applicant for a license to provide community-
37 based living arrangement services to post a surety bond in an
38 amount equal to the operating expenses of the applicant for 2
39 months, place that amount in escrow or take another action
40 prescribed by the Division to ensure that, if the applicant becomes
41 insolvent, recipients of community-based living arrangement
42 services from the applicant may continue to receive community-
43 based living arrangement services for 2 months at the expense of the
44 applicant.



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

4 (a) Align with the standards established by the American
5 Association of Birth Centers, or its successor organization, the
6 accrediting body of the Commission for the Accreditation of Birth
7 Centers, or its successor organization, or another nationally
8 recognized organization for accrediting freestanding birthing
9 centers; and

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

12 13. If the regulations adopted pursuant to this section require a
13 physical examination to be performed on a patient or the medical
14 history of a patient to be obtained before or after the patient is
15 admitted to a hospital, those regulations must authorize a certified
16 nurse-midwife to perform such a physical examination or obtain
17 such a medical history before or after a patient is admitted to a
18 hospital for the purpose of giving birth.

19 14. *The Board shall adopt regulations to:*

20 (a) *Establish an aggregate annual maximum amount of*
21 *payments that a program for hospice care may claim during each*
22 *of the first 2 years after initial licensure;*

23 (b) *Require a program of hospice care to establish an*
24 *independent review board to assess compliance with state, federal*
25 *and local laws and regulations and ethical standards related to*
26 *hospice care; and*

27 (c) *Prohibit persons with financial conflicts of interest from*
28 *determining or assisting in any manner with a determination of*
29 *whether a person is eligible to receive hospice care.*

30 15. As used in this section:

31 (a) "Certified nurse-midwife" means a person who is:

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

34 (2) Licensed as an advanced practice registered nurse
35 pursuant to NRS 632.237.

36 (b) "Living unit" means an individual private accommodation
37 designated for a resident within the facility.

38 **Sec. 12.** NRS 449.160 is hereby amended to read as follows:

39 449.160 1. The Division may deny an application for a
40 license or may suspend or revoke any license issued under the
41 provisions of NRS 449.029 to 449.2428, inclusive, *and sections 3 to*
42 *6, inclusive, of this act* upon any of the following grounds:

43 (a) Violation by the applicant or the licensee of any of the
44 provisions of NRS 439B.410, 449.029 to 449.245, inclusive, *and*
45 *sections 3 to 6, inclusive, of this act*, or 449A.100 to 449A.124,



1 inclusive, *and section 17 of this act* and 449A.270 to 449A.286,
2 inclusive, or of any other law of this State or of the standards, rules
3 and regulations adopted thereunder.

4 (b) Aiding, abetting or permitting the commission of any illegal
5 act.

6 (c) Conduct inimical to the public health, morals, welfare and
7 safety of the people of the State of Nevada in the maintenance and
8 operation of the premises for which a license is issued.

9 (d) Conduct or practice detrimental to the health or safety of the
10 occupants or employees of the facility.

11 (e) Failure of the applicant to obtain written approval from the
12 Director of the Department of Health and Human Services as
13 required by NRS 439A.100 or 439A.102 or as provided in any
14 regulation adopted pursuant to NRS 449.001 to 449.430, inclusive,
15 *and sections 3 to 6, inclusive, of this act* and 449.435 to 449.531,
16 inclusive, and chapter 449A of NRS if such approval is required,
17 including, without limitation, the closure or conversion of any
18 hospital in a county whose population is 100,000 or more that is
19 owned by the licensee without approval pursuant to NRS 439A.102.

20 (f) Failure to comply with the provisions of NRS 441A.315 and
21 any regulations adopted pursuant thereto or NRS 449.2486.

22 (g) Violation of the provisions of NRS 458.112.

23 (h) Failure to comply with the provisions of NRS 449A.170 to
24 449A.192, inclusive, and any regulation adopted pursuant thereto.

25 (i) Violation of the provisions of NRS 629.260.

26 2. In addition to the provisions of subsection 1, the Division
27 may revoke a license to operate a facility for the dependent if, with
28 respect to that facility, the licensee that operates the facility, or an
29 agent or employee of the licensee:

30 (a) Is convicted of violating any of the provisions of
31 NRS 202.470;

32 (b) Is ordered to but fails to abate a nuisance pursuant to NRS
33 244.360, 244.3603 or 268.4124; or

34 (c) Is ordered by the appropriate governmental agency to correct
35 a violation of a building, safety or health code or regulation but fails
36 to correct the violation.

37 3. The Division shall maintain a log of any complaints that it
38 receives relating to activities for which the Division may revoke the
39 license to operate a facility for the dependent pursuant to subsection
40 2. The Division shall provide to a facility for the care of adults
41 during the day:

42 (a) A summary of a complaint against the facility if the
43 investigation of the complaint by the Division either substantiates
44 the complaint or is inconclusive;



1 (b) A report of any investigation conducted with respect to the
2 complaint; and

3 (c) A report of any disciplinary action taken against the facility.

4 ➔ The facility shall make the information available to the public
5 pursuant to NRS 449.2486.

6 4. On or before February 1 of each odd-numbered year, the
7 Division shall submit to the Director of the Legislative Counsel
8 Bureau a written report setting forth, for the previous biennium:

9 (a) Any complaints included in the log maintained by the
10 Division pursuant to subsection 3; and

11 (b) Any disciplinary actions taken by the Division pursuant to
12 subsection 2.

13 **Sec. 13.** NRS 449.163 is hereby amended to read as follows:

14 449.163 1. In addition to the payment of the amount required
15 by NRS 449.0308, if a medical facility, facility for the dependent or
16 facility which is required by the regulations adopted by the Board
17 pursuant to NRS 449.0303 to be licensed violates any provision
18 related to its licensure, including any provision of NRS 439B.410 or
19 449.029 to 449.2428, inclusive, *and sections 3 to 6, inclusive, of*
20 *this act* or any condition, standard or regulation adopted by the
21 Board, the Division, in accordance with the regulations adopted
22 pursuant to NRS 449.165, may:

23 (a) Prohibit the facility from admitting any patient until it
24 determines that the facility has corrected the violation;

25 (b) Limit the occupancy of the facility to the number of beds
26 occupied when the violation occurred, until it determines that the
27 facility has corrected the violation;

28 (c) If the license of the facility limits the occupancy of the
29 facility and the facility has exceeded the approved occupancy,
30 require the facility, at its own expense, to move patients to another
31 facility that is licensed;

32 (d) Except where a greater penalty is authorized by subsection 2,
33 impose an administrative penalty of not more than \$5,000 per day
34 for each violation, together with interest thereon at a rate not to
35 exceed 10 percent per annum; and

36 (e) Appoint temporary management to oversee the operation of
37 the facility and to ensure the health and safety of the patients of the
38 facility, until:

39 (1) It determines that the facility has corrected the violation
40 and has management which is capable of ensuring continued
41 compliance with the applicable statutes, conditions, standards and
42 regulations; or

43 (2) Improvements are made to correct the violation.

44 2. If an off-campus location of a hospital fails to obtain a
45 national provider identifier that is distinct from the national provider



1 identifier used by the main campus and any other off-campus
2 location of the hospital in violation of NRS 449.1818, the Division
3 may impose against the hospital an administrative penalty of not
4 more than \$10,000 for each day of such failure, together with
5 interest thereon at a rate not to exceed 10 percent per annum, in
6 addition to any other action authorized by this chapter.

7 3. If the facility fails to pay any administrative penalty imposed
8 pursuant to paragraph (d) of subsection 1 or subsection 2, the
9 Division may:

10 (a) Suspend the license of the facility until the administrative
11 penalty is paid; and

12 (b) Collect court costs, reasonable attorney's fees and other
13 costs incurred to collect the administrative penalty.

14 4. The Division may require any facility that violates any
15 provision of NRS 439B.410 or 449.029 to 449.2428, inclusive, *and*
16 *sections 3 to 6, inclusive, of this act* or any condition, standard or
17 regulation adopted by the Board to make any improvements
18 necessary to correct the violation.

19 5. Any money collected as administrative penalties pursuant to
20 paragraph (d) of subsection 1 or subsection 2 must be accounted for
21 separately and used to administer and carry out the provisions of
22 NRS 449.001 to 449.430, inclusive, *and sections 3 to 6, inclusive,*
23 *of this act*, 449.435 to 449.531, inclusive, and chapter 449A of NRS
24 to protect the health, safety, well-being and property of the patients
25 and residents of facilities in accordance with applicable state and
26 federal standards or for any other purpose authorized by the
27 Legislature.

28 **Sec. 14.** NRS 449.196 is hereby amended to read as follows:

29 449.196 1. No person, state or local government or agency
30 may represent that it provides "hospice care" unless the program of
31 care ~~is, either directly or indirectly:~~
32 ~~—1.;~~

33 (a) *Has an administrator who has at least 5 years of*
34 *experience in hospice or palliative medicine;*

35 (b) Has a medical director ~~[whose]~~ *who performs the*
36 *responsibilities [are appropriate to the needs of the program] listed*
37 *in section 5 of this act* and who:

38 ~~[(a)]~~ (I) Is a physician ~~[]~~ *who:*

39 (I) *Is currently licensed pursuant to chapter 630 or 633*
40 *of NRS to practice [] medicine or osteopathic medicine, as*
41 *applicable;*

42 (II) *Has at least 5 years of independent experience in*
43 *the clinical practice of medicine or osteopathic medicine; and*



1 (III) *Is an employee of the person, state or local*
2 *government or agency that provides the program of hospice care;*
3 *and*

4 ~~[(b)]~~ (2) On the basis of training, experience and interest, is
5 knowledgeable about the psychosocial , *spiritual* and medical
6 aspects of hospice; ~~and~~

7 ~~—(c) Acts as a medical resource to the interdisciplinary team~~
8 ~~which provides the hospice care;~~

9 ~~—2.]~~ (c) Is provided to the patient, as needed, in the patient's
10 home, at a residential facility and at a medical facility, at any time of
11 the day or night;

12 ~~[3.]~~ (d) Includes medical, nursing, psychological and pastoral
13 care and social services at the level required by the patient's
14 condition ~~;~~

15 ~~—4.]~~ , including, without limitation, the following types of care:

16 (1) *Routine care in the home;*

17 (2) *General inpatient care for the management of pain and*
18 *symptoms;*

19 (3) *Continuous in-home care for the acute management of*
20 *symptoms; and*

21 (4) *Care for the patient which provides a respite from the*
22 *stresses and responsibilities that result from the daily care of the*
23 *patient;*

24 (e) *Designates an interdisciplinary team for the patient to*
25 *develop a plan of care for the patient and review and revise the*
26 *plan of care at least once every 15 days in accordance with 42*
27 *C.F.R. § 418.56;*

28 (f) *Requires each person who provides care to a patient to*
29 *adhere to the plan of care developed pursuant to paragraph (e);*

30 (g) *Provides for the visitation of the patient by a member of the*
31 *interdisciplinary team of the patient at least once each week, and*
32 *more frequently if required by the plan of care;*

33 (h) *Has a physician on call 24 hours each day, 7 days each*
34 *week to respond to the needs of patients;*

35 (i) *Has entered into contracts with other facilities and*
36 *providers of health care as necessary to allow the transfer of a*
37 *patient if the patient requires care with respect to the management*
38 *of pain or symptoms that the program is unable to provide;*

39 (j) Provides supportive services for the patient's immediate
40 family and other persons with significant personal ties to the patient,
41 whether or not related by blood, including ~~;~~

42 ~~—(a) Care for the patient which provides a respite from the~~
43 ~~stresses and responsibilities that result from the daily care of the~~
44 ~~patient; and~~



1 ~~—(b) Emotional~~ *emotional* support and other care after the
2 patient dies; and

3 ~~[5.]~~ *(k)* Includes the services of trained volunteers.

4 *2. Each employee of a program of hospice care must:*

5 *(a) Before beginning his or her employment, receive training*
6 *on compliance with federal laws and regulations relating to*
7 *hospice care and relevant requirements of the Centers for*
8 *Medicare and Medicaid Services of the United States Department*
9 *of Health and Human Services; and*

10 *(b) Receive at least 40 hours of training annually concerning*
11 *the elements of hospice care related to the role of the employee*
12 *which must include, without limitation, training in ethics.*

13 *3. A program of hospice care shall:*

14 *(a) Obtain the informed, written consent of the patient or his*
15 *or her representative for all treatment and all decisions*
16 *concerning the care of the patient; and*

17 *(b) Maintain each document upon which written consent is*
18 *provided pursuant to paragraph (a) for at least 5 years after the*
19 *patient ceases receiving care from the program.*

20 **Sec. 15.** NRS 449.197 is hereby amended to read as follows:

21 449.197 ~~[1.]~~ A licensed facility for hospice care may provide
22 any of the following levels of care for terminally ill patients:

23 ~~[(a)]~~ *1.* Medical care for a patient who is in an acute episode of
24 illness;

25 ~~[(b)]~~ *2.* Skilled nursing care;

26 ~~[(c)]~~ *3.* Intermediate care;

27 ~~[(d)]~~ *4.* Custodial care; and

28 ~~[(e)]~~ *5.* Palliative services.

29 ~~[2.—A licensed facility for hospice care may provide direct~~
30 ~~supportive services to a patient's family and persons who provide~~
31 ~~care for the patient, including services which provide care for the~~
32 ~~patient during the day and other services which provide a respite~~
33 ~~from the stresses and responsibilities that result from the daily care~~
34 ~~of the patient.]~~

35 **Sec. 16.** NRS 449.240 is hereby amended to read as follows:

36 449.240 The district attorney of the county in which the facility
37 is located shall, upon application by the Division, institute and
38 conduct the prosecution of any action for violation of any provisions
39 of NRS 449.029 to 449.245, inclusive ~~[1.]~~ , and sections 3 to 6,
40 *inclusive, of this act.*

41 **Sec. 17.** Chapter 449A of NRS is hereby amended by adding
42 thereto a new section to read as follows:

43 *1. Every patient of a program of hospice care has the right to*
44 *receive the care specified in paragraph (d) of subsection 1 of*
45 *NRS 449.196.*



1 2. *Not later than 15 days after a patient elects to receive care*
2 *from a program of hospice care, the program of hospice care shall*
3 *provide to the patient or the patient's legal representative an*
4 *explanation of the services available through the program. The*
5 *explanation must include, without limitation, a statement of the*
6 *rights prescribed by subsection 1.*

7 3. *As used in this section, "program of hospice care" means a*
8 *program of hospice care described in NRS 449.196.*

9 **Sec. 18.** NRS 449A.118 is hereby amended to read as follows:

10 449A.118 1. Every medical facility and facility for the
11 dependent shall inform each patient or the patient's legal
12 representative, upon the admission of the patient to the facility, of
13 the patient's rights as listed in NRS 449A.100 and 449A.106 to
14 449A.115, inclusive ~~H~~, and section 17 of this act.

15 2. In addition to the requirements of subsection 1, if a person
16 with a disability is a patient at a facility, as that term is defined in
17 NRS 449A.218, the facility shall inform the patient of his or her
18 rights pursuant to NRS 449A.200 to 449A.263, inclusive.

19 3. In addition to the requirements of subsections 1 and 2, every
20 hospital shall, upon the admission of a patient to the hospital,
21 provide to the patient or the patient's legal representative:

22 (a) Notice of the right of the patient to:

23 (1) Designate a caregiver pursuant to NRS 449A.300 to
24 449A.330, inclusive; and

25 (2) Express complaints and grievances as described in
26 paragraphs (b) to (f), inclusive;

27 (b) The name and contact information for persons to whom such
28 complaints and grievances may be expressed, including, without
29 limitation, a patient representative or hospital social worker;

30 (c) Instructions for filing a complaint with the Division;

31 (d) The name and contact information of any entity responsible
32 for accrediting the hospital;

33 (e) A written disclosure approved by the Director of the
34 Department of Health and Human Services, which written
35 disclosure must set forth:

36 (1) Notice of the existence of the Bureau for Hospital
37 Patients created pursuant to NRS 232.462;

38 (2) The address and telephone number of the Bureau; and

39 (3) An explanation of the services provided by the Bureau,
40 including, without limitation, the services for dispute resolution
41 described in subsection 3 of NRS 232.462; and

42 (f) Contact information for any other state or local entity that
43 investigates complaints concerning the abuse or neglect of patients.

44 4. In addition to the requirements of subsections 1, 2 and 3,
45 every hospital shall, upon the discharge of a patient from the



1 hospital, provide to the patient or the patient’s legal representative a
2 written disclosure approved by the Director, which written
3 disclosure must set forth:

4 (a) If the hospital is a major hospital:

5 (1) Notice of the reduction or discount available pursuant to
6 NRS 439B.260, including, without limitation, notice of the criteria a
7 patient must satisfy to qualify for a reduction or discount under that
8 section; and

9 (2) Notice of any policies and procedures the hospital may
10 have adopted to reduce charges for services provided to persons or
11 to provide discounted services to persons, which policies and
12 procedures are in addition to any reduction or discount required to
13 be provided pursuant to NRS 439B.260. The notice required by this
14 subparagraph must describe the criteria a patient must satisfy to
15 qualify for the additional reduction or discount, including, without
16 limitation, any relevant limitations on income and any relevant
17 requirements as to the period within which the patient must arrange
18 to make payment.

19 (b) If the hospital is not a major hospital, notice of any policies
20 and procedures the hospital may have adopted to reduce charges for
21 services provided to persons or to provide discounted services to
22 persons. The notice required by this paragraph must describe the
23 criteria a patient must satisfy to qualify for the reduction or
24 discount, including, without limitation, any relevant limitations on
25 income and any relevant requirements as to the period within which
26 the patient must arrange to make payment.

27 ➤ As used in this subsection, “major hospital” has the meaning
28 ascribed to it in NRS 439B.115.

29 5. In addition to the requirements of subsections 1 to 4,
30 inclusive, every hospital shall post in a conspicuous place in each
31 public waiting room in the hospital a legible sign or notice in 14-
32 point type or larger, which sign or notice must:

33 (a) Provide a brief description of any policies and procedures the
34 hospital may have adopted to reduce charges for services provided
35 to persons or to provide discounted services to persons, including,
36 without limitation:

37 (1) Instructions for receiving additional information
38 regarding such policies and procedures; and

39 (2) Instructions for arranging to make payment;

40 (b) Be written in language that is easy to understand; and

41 (c) Be written in English and Spanish.

42 **Sec. 19.** 1. A program of hospice care operating in this State
43 on January 1, 2026, is exempt from the requirements of subsections
44 1 and 2 of section 3 of this act until July 1, 2026.



1 2. A program of hospice care that holds a valid license to
2 operate in this State on January 1, 2026, is not subject to the
3 requirements of paragraph (a) of subsection 14 of NRS 449.0302, as
4 amended by section 11 of this act, and any regulations adopted
5 pursuant thereto.

6 3. As used in this section, "hospice care" has the meaning
7 ascribed to it in NRS 449.0115.

8 **Sec. 20.** 1. This section becomes effective upon passage and
9 approval.

10 2. Sections 1 to 19, inclusive, of this act become effective:

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

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



