

SENATE BILL NO. 182—SENATOR NGUYEN

PREFILED FEBRUARY 3, 2025

Referred to Committee on Health and Human Services

SUMMARY—Revises provisions relating to the staffing of health care facilities. (BDR 40-33)

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

CONTAINS UNFUNDED MANDATE (§§ 5, 6, 8, 19)
(NOT REQUESTED BY AFFECTED LOCAL GOVERNMENT)

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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; requiring certain hospitals to establish staffing committees for technical and service staff; establishing requirements governing the staffing of certain health care facilities; requiring certain hospitals to keep certain records relating to staffing; requiring certain health care facilities to report and publish certain information relating to staffing; prohibiting certain health care facilities from taking certain retaliatory actions; providing for certain actions to investigate and correct certain violations relating to staffing; providing administrative penalties; and providing other matters properly relating thereto.

Legislative Counsel’s Digest:

1 Existing law requires certain hospitals in a county whose population is 100,000
2 or more (currently Clark and Washoe Counties) to establish a staffing committee,
3 which must consist, in part, of certain nurses who are on the staff of the hospital.
4 (NRS 449.242) Existing law requires a hospital and certain other health care
5 facilities in such counties to develop a documented staffing plan which must
6 include certain items, such as the number of nurses required in each unit of the
7 hospital and protocols for adequately staffing the hospital upon the occurrence of
8 certain events. (NRS 449.2421) If the health care facility is a hospital, existing law
9 requires the staffing committee established for the hospital to develop the staffing
10 plan. (NRS 442.242) **Sections 5 and 6** of this bill require each hospital that is
11 required to establish a staffing committee for nurses to additionally establish a
12 technical staffing committee and a service staffing committee, respectively, to
13 represent the technical and service workers of the hospital. **Sections 18-20** of this



14 bill make conforming changes to refer to existing staffing committees for nurses as
15 “nursing staffing committees.” **Sections 5, 6 and 18** require the technical staffing
16 committee, the service staffing committee and the nursing staffing committee to
17 collaborate to develop the documented staffing plan for the hospital. **Section 19**
18 requires a documented staffing plan to contain certain provisions relating to the
19 adequate staffing of technical and service workers. **Section 23** of this bill requires a
20 hospital that has established a technical staffing committee and a service staffing
21 committee to include the members of those committees on the hospital’s committee
22 on workplace safety, which performs certain duties relating to the prevention of
23 workplace violence at the hospital. (NRS 618.7312)

24 Existing law requires each hospital that is required to establish a nursing
25 staffing committee to report annually to the Legislature concerning the
26 establishment of the nursing staffing committee, the activities and progress of the
27 nursing staffing committee and a determination of the efficacy of the nursing
28 staffing committee. (NRS 449.242) **Sections 7 and 18** of this bill require that report
29 to additionally include such information for the technical staffing committee and
30 the service staffing committee.

31 **Section 8** of this bill establishes the maximum ratios for the number of patients
32 that may be assigned to a direct care nurse at one time in certain hospitals in a
33 county whose population is 100,000 or more (currently Clark and Washoe
34 Counties). The ratios established by **section 8** vary based on the unit of the hospital
35 to which a direct care nurse is assigned. **Section 8** also establishes the maximum
36 ratios for the number of patients that may be assigned to a certified nursing
37 assistant, in any unit, in certain hospitals in a county whose population is 100,000
38 or more (currently Clark and Washoe Counties), at one time. **Section 19** requires
39 the documented staffing plan of a hospital to provide for staffing in accordance
40 with the maximum ratios of patients to direct care nurses established by **section 8**.
41 **Section 19** also requires such a documented staffing plan to provide for additional
42 compensation for nurses who perform certain duties. **Section 9** of this bill requires
43 a hospital to maintain certain records containing information relevant for measuring
44 the compliance of the hospital with the nurse-to-patient ratios established by
45 **section 8**.

46 **Sections 12 and 13** of this bill authorize the Division of Public and Behavioral
47 Health of the Department of Health and Human Services to discipline a health care
48 facility that fails to comply with the requirements of this bill in the same manner as
49 violations of other requirements governing health care facilities. **Section 22** of this
50 bill requires the Division to establish: (1) procedures for random visits to health
51 care facilities to ensure compliance with the requirements of this bill, where
52 applicable, and certain other requirements governing the staffing of health care
53 facilities; (2) an accessible and confidential system that allows certain staff of a
54 health care facility to report a violation of those requirements; and (3) procedures
55 for timely investigating and resolving such a report. **Section 10** of this bill
56 additionally authorizes the Labor Commissioner to take certain actions to ensure
57 that a health care facility complies with the requirements of this bill, where
58 applicable, and certain other requirements relating to the staffing of health care
59 facilities. **Section 15** of this bill prohibits a health care facility from retaliating
60 against an employee of the facility for reporting a violation to the Division or the
61 Labor Commissioner.

62 Existing law requires the establishment of a system for rating certain health
63 care facilities located in a county whose population is 100,000 or more on their
64 compliance with requirements governing staffing. (NRS 449.2425) **Section 21**
65 of this bill requires the Division to assign a new rating to a facility after an inspection
66 or investigation conducted pursuant to **section 22**.

67 **Sections 2-4** of this bill define certain terms relating to the staffing of health
68 care facilities, and **section 17** of this bill establishes the applicability of those



69 definitions. **Sections 11 and 16** of this bill make conforming changes relating to the
70 applicability and enforcement of **sections 2-10**.

71 Existing law requires the operator of a facility for skilled nursing to
72 conspicuously post his or her license to operate the facility and certain information
73 relating to the management of the facility. (NRS 449.184) **Section 14** of this bill
74 additionally requires a skilled nursing facility to post on the Internet website of the
75 facility and submit to the Division a monthly report concerning the ratio of licensed
76 nurses to patients at the facility for skilled nursing.

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

1 **Section 1.** Chapter 449 of NRS is hereby amended by adding
2 thereto the provisions set forth as sections 2 to 10, inclusive, of this
3 act.

4 **Sec. 2.** *“Direct care nurse” means a licensed nurse who has*
5 *principal responsibility to oversee or carry out medical regimens*
6 *or nursing care for one or more patients.*

7 **Sec. 3.** *“Service staff” means the staff of a health care*
8 *facility who:*

- 9 1. *Interact directly with patients or with other staff;*
- 10 2. *Do not provide medical care or related services to patients;*
11 *and*
- 12 3. *Are not a part of the technical staff of the health care*
13 *facility.*

14 **Sec. 4.** *“Technical staff” means the staff of a health care*
15 *facility whose primary job duties relate to servicing medical*
16 *equipment and machinery, providing information technology*
17 *support services or performing other duties which involve*
18 *technical skills and which are not related to the direct provision of*
19 *medical care to patients.*

20 **Sec. 5.** 1. *Except as otherwise provided in subsection 4,*
21 *each hospital located in a county whose population is 100,000 or*
22 *more and which is licensed to have more than 70 beds shall*
23 *establish a technical staffing committee. Each technical staffing*
24 *committee established pursuant to this subsection must consist of:*

25 (a) *Not less than one-half of the total members of the technical*
26 *staffing committee from the technical staff of the hospital. The*
27 *members described in this paragraph must consist of one member*
28 *representing each division of the technical staff of the hospital,*
29 *elected by the members of the technical staff within that division.*

30 (b) *Not less than one-half of the total members of the technical*
31 *staffing committee from the managers of the technical staff of the*
32 *hospital, appointed by the administration of the hospital.*



1 (c) One alternate member representing each division of the
2 technical staff of the hospital, elected by the members of the
3 technical staff within that division.

4 2. Each time a new technical staffing committee is formed
5 pursuant to subsection 1, the administration of the hospital shall
6 hold an election to select the members described in paragraphs (a)
7 and (c) of subsection 1. Each member of the technical staff at the
8 hospital must be allowed at least 3 days to vote for:

9 (a) The regular member described in paragraph (a) of
10 subsection 1; and

11 (b) The alternate member described in paragraph (c) of
12 subsection 1.

13 3. If a vacancy occurs in a position on a staffing committee
14 described in paragraph (a) or (c) of subsection 1, a new regular or
15 alternate member, as applicable, must be elected in the same
16 manner as his or her predecessor.

17 4. If a technical staffing committee is established for a
18 hospital described in subsection 1 through collective bargaining
19 with an employee organization representing the technical staff of
20 the hospital:

21 (a) The hospital is not required to form a technical staffing
22 committee pursuant to that subsection; and

23 (b) The technical staffing committee established pursuant to
24 the collective bargaining agreement shall be deemed to be the
25 technical staffing committee established for the hospital pursuant
26 to subsection 1.

27 5. A technical staffing committee established pursuant to
28 subsection 1 shall collaborate with the nursing staffing committee
29 established pursuant to NRS 449.242 and the service staffing
30 committee established pursuant to section 6 of this act to develop a
31 documented staffing plan as required by NRS 449.2421.

32 6. The technical staffing committee of a hospital shall meet at
33 least quarterly.

34 **Sec. 6. 1.** Except as otherwise provided in subsection 4,
35 each hospital located in a county whose population is 100,000 or
36 more and which is licensed to have more than 70 beds shall
37 establish a service staffing committee. Each service staffing
38 committee established pursuant to this subsection must consist of:

39 (a) Not less than one-half of the total members of the service
40 staffing committee from the service staff of the hospital. The
41 members described in this paragraph must consist of one member
42 representing each division of the service staff of the hospital,
43 elected by the members of the service staff within that division.



1 (b) Not less than one-half of the total members of the service
2 staffing committee from the managers of the service staff
3 appointed by the administration of the hospital.

4 (c) One alternate member representing each division of the
5 service staff of the hospital, elected by the members of the service
6 staff within that division.

7 2. Each time a new service staffing committee is formed
8 pursuant to subsection 1, the administration of the hospital shall
9 hold an election to select the members described in paragraphs (a)
10 and (c) of subsection 1. Each member of the service staff at the
11 hospital must be allowed at least 3 days to vote for:

12 (a) The regular member described in paragraph (a) of
13 subsection 1; and

14 (b) The alternate member described in paragraph (c) of
15 subsection 1.

16 3. If a vacancy occurs in a position on a service staffing
17 committee described in paragraph (a) or (c) of subsection 1, a new
18 regular or alternate member, as applicable, must be elected in the
19 same manner as his or her predecessor.

20 4. If a service staffing committee is established for a hospital
21 described in subsection 1 through collective bargaining with an
22 employee organization representing the service staff of the
23 hospital:

24 (a) The hospital is not required to form a service staffing
25 committee pursuant to that subsection; and

26 (b) The service staffing committee established pursuant to the
27 collective bargaining agreement shall be deemed to be the service
28 staffing committee established for the hospital pursuant to
29 subsection 1.

30 5. A service staffing committee established pursuant to
31 subsection 1 shall collaborate with the nursing staffing committee
32 established pursuant to NRS 449.242 and the technical staffing
33 committee established pursuant to section 5 of this act to develop a
34 documented staffing plan as required by NRS 449.2421.

35 6. The service staffing committee of a hospital shall meet at
36 least quarterly.

37 **Sec. 7.** Each hospital located in a county whose population is
38 100,000 or more and which is licensed to have more than 70 beds
39 shall prepare a written report concerning the establishment of the
40 technical staffing committee pursuant to section 5 of this act, the
41 service staffing committee pursuant to section 6 of this act and
42 the nursing staffing committee pursuant to NRS 449.242, the
43 activities and progress of those staffing committees and a
44 determination of the efficacy of those staffing committees. The
45 hospital shall submit the report on or before December 31 of each:



1 *1. Even-numbered year to the Director of the Legislative*
2 *Counsel Bureau for transmission to the next regular session of the*
3 *Legislature.*

4 *2. Odd-numbered year to the Director of the Legislative*
5 *Counsel Bureau for transmission to the Joint Interim Standing*
6 *Committee on Health and Human Services.*

7 **Sec. 8. 1. The ratios for the maximum number of patients**
8 **that may be assigned to a direct care nurse in a hospital located in**
9 **a county whose population is 100,000 or more and which is**
10 **licensed to have more than 70 beds are:**

11 (a) *A ratio of one direct care nurse to one patient in each:*

12 (1) *Operating room; or*

13 (2) *Critical care unit.*

14 (b) *In each emergency unit:*

15 (1) *A ratio of one direct care nurse for each trauma patient;*

16 (2) *An average ratio of one direct care nurse for every four*
17 *patients over each 12-hour shift, excluding direct care nurses*
18 *described in subparagraph (1); and*

19 (3) *A ratio of one direct care nurse for every five patients at*
20 *any time.*

21 (c) *In each labor and delivery unit, a ratio of:*

22 (1) *One direct care nurse for each patient who is:*

23 (I) *In active labor; or*

24 (II) *In any stage of labor and is experiencing*
25 *complications relating to the pregnancy; and*

26 (2) *One direct care nurse for every two patients not*
27 *described in subparagraph (1).*

28 (d) *A ratio of one direct care nurse for every two patients in*
29 *each:*

30 (1) *Burn unit;*

31 (2) *Intensive care unit; or*

32 (3) *Postanesthesia unit.*

33 (e) *A ratio of one direct care nurse for every three patients in*
34 *each:*

35 (1) *Cardiac telemetry unit; or*

36 (2) *Intermediate care unit.*

37 (f) *A ratio of one direct care nurse for every four patients in*
38 *each:*

39 (1) *Ambulatory care unit;*

40 (2) *Oncology unit;*

41 (3) *Pediatric unit;*

42 (4) *Medical-surgical unit;*

43 (5) *Pre-surgical unit; or*

44 (6) *Psychiatric unit.*



1 (g) A ratio of one direct care nurse for every five patients in
2 each rehabilitation unit.

3 (h) A ratio of one direct care nurse for every six patients in
4 each:

5 (1) Antepartum unit;

6 (2) Postpartum unit; or

7 (3) Nursery for well babies.

8 (i) A ratio of one direct care nurse for every eight patients in
9 each mother-baby unit.

10 (j) Such other ratios, as prescribed by regulation of the Board,
11 for any units not otherwise identified in this subsection.

12 2. A hospital shall count a mother and her child as separate
13 patients when calculating any ratio for the purposes of
14 subsection 1.

15 3. A hospital shall not include a licensed nurse who does not
16 have the principal responsibility for caring for a patient,
17 including, without limitation, a nurse administrator or supervisor,
18 in the calculation of any ratio for the purposes of subsection 1.

19 4. A hospital shall adjust its staff as necessary to reflect the
20 need for additional direct care nurses to ensure that each unit
21 within the hospital is adequately staffed in accordance with the
22 requirements of subsection 1, including, without limitation, when
23 a direct care nurse takes a meal or rest break.

24 5. A hospital that includes certified nursing assistants in the
25 nursing staff of the hospital shall include in its documented
26 staffing plan the following ratios for the maximum number of
27 patients that may be assigned to a certified nursing assistant:

28 (a) During the hours of 6 a.m. until 8 p.m., a ratio of one
29 certified nursing assistant for every seven patients in any unit.

30 (b) During the hours of 8:01 p.m., until 5:59 a.m., a ratio of
31 one certified nursing assistant for every 11 patients in any unit.

32 6. A hospital may only assign a licensed nurse to a unit or a
33 clinical area and include the licensed nurse in the count of
34 assigned nursing staff for the purposes of compliance with
35 subsection 1 if:

36 (a) The licensed nurse is appropriately licensed for assignment
37 to that unit or clinical area;

38 (b) The hospital has provided orientation to the licensed nurse
39 before assigning that licensed nurse to that unit or clinical area;
40 and

41 (c) The hospital has verified that the licensed nurse is capable
42 of providing competent nursing care to the patients in that unit or
43 clinical area.

44 7. As used in this section:



1 (a) *“Intensive care unit” means a unit that provides care to*
2 *critically ill patients who require advanced treatments such as*
3 *mechanical ventilation, vasoactive infusions, continuous renal*
4 *replacement treatment or frequent assessment or monitoring.*

5 (b) *“Intermediate care unit” means a unit that provides*
6 *progressive care, intensive specialty care or step-down care.*

7 (c) *“Progressive care” means care provided to patients who*
8 *need more monitoring and assessment than patients on a general*
9 *unit but whose conditions are not so unstable that care in an*
10 *intensive care unit is required.*

11 (d) *“Step-down care” means care for patients transitioning out*
12 *of the intensive care unit who require more care and attention*
13 *than patients on a general unit.*

14 **Sec. 9. 1.** *As a condition for licensure, each hospital*
15 *located in a county whose population is 100,000 or more and*
16 *which is licensed to have more than 70 beds shall maintain*
17 *accurate daily records showing for each unit:*

18 (a) *The number of patients admitted, released and present in*
19 *the unit;*

20 (b) *The identity and duty hours of each direct care nurse in the*
21 *unit;*

22 (c) *The identity and duty hours of each certified nursing*
23 *assistant in the unit; and*

24 (d) *Any meal or rest break missed by each direct care nurse in*
25 *the unit.*

26 2. *As a condition for licensure, each hospital located in a*
27 *county whose population is 100,000 or more and which is licensed*
28 *to have more than 70 beds shall maintain daily statistics, by unit,*
29 *of mortality, morbidity, infection, accident, injury and medical*
30 *errors.*

31 3. *A hospital located in a county whose population is 100,000*
32 *or more and which is licensed to have more than 70 beds shall:*

33 (a) *Maintain all records required to be maintained by this*
34 *section, for at least 7 years after the date on which the record was*
35 *created; and*

36 (b) *Make all records required to be maintained by this section*
37 *available for inspection upon the request of the Division or the*
38 *Labor Commissioner.*

39 4. *On or before the last day of each month, a hospital located*
40 *in a county whose population is 100,000 or more and which is*
41 *licensed to have more than 70 beds shall transmit the content of*
42 *any records created pursuant to this section during the*
43 *immediately preceding month to the Division, in a format to be*
44 *determined by the Division.*



1 **Sec. 10. 1.** *The Labor Commissioner shall collaborate with*
2 *the Division to ensure compliance with the provisions of NRS*
3 *449.242 to 449.2428, inclusive, and sections 2 to 10, inclusive, of*
4 *this act. The Labor Commissioner may:*

5 *(a) Inspect a health care facility to assess compliance with*
6 *NRS 449.242 to 449.2428, inclusive, and sections 2 to 10,*
7 *inclusive, of this act;*

8 *(b) Investigate an alleged violation of NRS 449.242 to*
9 *449.2428, inclusive, and sections 2 to 10, inclusive, of this act or*
10 *assist the Division with such an investigation; and*

11 *(c) Report a violation of NRS 449.242 to 449.2428, inclusive,*
12 *and sections 2 to 10, inclusive, of this act to the Division.*

13 **2.** *Upon receiving from the Labor Commissioner pursuant to*
14 *paragraph (c) of subsection 1 a report that a health care facility*
15 *has violated NRS 449.242 to 449.2428, inclusive, and sections 2 to*
16 *10, inclusive, of this act, the Division shall initiate disciplinary*
17 *proceedings against the health care facility.*

18 **Sec. 11.** NRS 449.0301 is hereby amended to read as follows:

19 449.0301 The provisions of NRS 449.029 to 449.2428,
20 inclusive, *and sections 2 to 10, inclusive, of this act*, do not apply
21 to:

22 1. Any facility conducted by and for the adherents of any
23 church or religious denomination for the purpose of providing
24 facilities for the care and treatment of the sick who depend solely
25 upon spiritual means through prayer for healing in the practice of
26 the religion of the church or denomination, except that such a
27 facility shall comply with all regulations relative to sanitation and
28 safety applicable to other facilities of a similar category.

29 2. Foster homes as defined in NRS 424.014.

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

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

35 449.160 1. The Division may deny an application for a
36 license or may suspend or revoke any license issued under the
37 provisions of NRS 449.029 to 449.2428, inclusive, *and sections 2 to*
38 *10, inclusive, of this act* upon any of the following grounds:

39 (a) Violation by the applicant or the licensee of any of the
40 provisions of NRS 439B.410, 449.029 to 449.245, inclusive, *and*
41 *sections 2 to 10, inclusive, of this act*, or 449A.100 to 449A.124,
42 inclusive, and 449A.270 to 449A.286, inclusive, or of any other law
43 of this State or of the standards, rules and regulations adopted
44 thereunder.



1 (b) Aiding, abetting or permitting the commission of any illegal
2 act.

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

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

8 (e) Failure of the applicant to obtain written approval from the
9 Director of the Department of Health and Human Services as
10 required by NRS 439A.100 or 439A.102 or as provided in any
11 regulation adopted pursuant to NRS 449.001 to 449.430, inclusive,
12 **and sections 2 to 10, inclusive, of this act**, and 449.435 to 449.531,
13 inclusive, and chapter 449A of NRS if such approval is required,
14 including, without limitation, the closure or conversion of any
15 hospital in a county whose population is 100,000 or more that is
16 owned by the licensee without approval pursuant to NRS 439A.102.

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

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

20 (h) Failure to comply with the provisions of NRS 449A.170 to
21 449A.192, inclusive, and any regulation adopted pursuant thereto.

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

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

27 (a) Is convicted of violating any of the provisions of
28 NRS 202.470;

29 (b) Is ordered to but fails to abate a nuisance pursuant to NRS
30 244.360, 244.3603 or 268.4124; or

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

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

39 (a) A summary of a complaint against the facility if the
40 investigation of the complaint by the Division either substantiates
41 the complaint or is inconclusive;

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

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



1 ↪ The facility shall make the information available to the public
2 pursuant to NRS 449.2486.

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

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

8 (b) Any disciplinary actions taken by the Division pursuant to
9 subsection 2.

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

11 449.163 1. In addition to the payment of the amount required
12 by NRS 449.0308, if a medical facility, facility for the dependent or
13 facility which is required by the regulations adopted by the Board
14 pursuant to NRS 449.0303 to be licensed violates any provision
15 related to its licensure, including any provision of NRS 439B.410 or
16 449.029 to 449.2428, inclusive, *and sections 2 to 10, inclusive, of*
17 *this act*, or any condition, standard or regulation adopted by the
18 Board, the Division, in accordance with the regulations adopted
19 pursuant to NRS 449.165, may:

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

22 (b) Limit the occupancy of the facility to the number of beds
23 occupied when the violation occurred, until it determines that the
24 facility has corrected the violation;

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

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

33 (e) Appoint temporary management to oversee the operation of
34 the facility and to ensure the health and safety of the patients of the
35 facility, until:

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

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

41 2. If an off-campus location of a hospital fails to obtain a
42 national provider identifier that is distinct from the national provider
43 identifier used by the main campus and any other off-campus
44 location of the hospital in violation of NRS 449.1818, the Division
45 may impose against the hospital an administrative penalty of not



1 more than \$10,000 for each day of such failure, together with
2 interest thereon at a rate not to exceed 10 percent per annum, in
3 addition to any other action authorized by this chapter.

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

7 (a) Suspend the license of the facility until the administrative
8 penalty is paid; and

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

11 4. The Division may require any facility that violates any
12 provision of NRS 439B.410 or 449.029 to 449.2428, inclusive, *and*
13 *sections 2 to 10, inclusive, of this act* or any condition, standard or
14 regulation adopted by the Board to make any improvements
15 necessary to correct the violation.

16 5. Any money collected as administrative penalties pursuant to
17 paragraph (d) of subsection 1 or subsection 2 must be accounted for
18 separately and used to administer and carry out the provisions of
19 NRS 449.001 to 449.430, inclusive, *and sections 2 to 10, inclusive,*
20 *of this act*, 449.435 to 449.531, inclusive, and chapter 449A of NRS
21 to protect the health, safety, well-being and property of the patients
22 and residents of facilities in accordance with applicable state and
23 federal standards or for any other purpose authorized by the
24 Legislature.

25 **Sec. 14.** NRS 449.184 is hereby amended to read as follows:

26 449.184 1. A person who operates a residential facility for
27 groups shall:

28 (a) Post his or her license to operate the residential facility for
29 groups;

30 (b) Post the rates for services provided by the residential facility
31 for groups; and

32 (c) Post contact information for the administrator and the
33 designated representative of the owner or operator of the facility,
34 ↪ in a conspicuous place in the residential facility for groups.

35 2. A person who operates a facility for intermediate care or
36 facility for skilled nursing shall:

37 (a) Post his or her license to operate the facility;

38 (b) Post the organizational structure of the management of the
39 facility; and

40 (c) Post contact information for the administrator and the
41 designated representative of the owner or operator of the facility,

42 ↪ in a conspicuous place in the facility for intermediate care or
43 facility for skilled nursing.

44 3. *Except as otherwise provided in subsection 4, on or before*
45 *the last day of each month, a facility for skilled nursing shall post*



1 *on an Internet website maintained by the facility for skilled*
2 *nursing and submit to the Division the average ratios of licensed*
3 *nurses for each patient at the facility during the immediately*
4 *preceding month and the immediately preceding 12 months.*

5 *4. If a facility for skilled nursing does not maintain an*
6 *Internet website, the facility for skilled nursing shall make the*
7 *information described in subsection 3 available to any person*
8 *upon request at all times in lieu of posting on an Internet website.*

9 *5. As used in this section, "licensed nurse" means a person*
10 *licensed pursuant to chapter 632 of NRS to practice nursing,*
11 *including, without limitation, a licensed practical nurse. The term*
12 *does not include a certified nursing assistant or a medication*
13 *aide - certified.*

14 **Sec. 15.** NRS 449.205 is hereby amended to read as follows:

15 449.205 1. A medical facility or any agent or employee
16 thereof shall not retaliate or discriminate unfairly against:

17 (a) An employee of the medical facility or a person acting on
18 behalf of the employee who in good faith:

19 (1) Reports to the Board of Medical Examiners or the State
20 Board of Osteopathic Medicine, as applicable, information relating
21 to the conduct of a physician which may constitute grounds for
22 initiating disciplinary action against the physician or which
23 otherwise raises a reasonable question regarding the competence of
24 the physician to practice medicine with reasonable skill and safety
25 to patients;

26 (2) Reports a sentinel event to the Division pursuant to NRS
27 439.835; ~~or~~

28 (3) Cooperates or otherwise participates in an investigation
29 or proceeding conducted by the Board of Medical Examiners, the
30 State Board of Osteopathic Medicine or another governmental entity
31 relating to conduct described in subparagraph (1) or (2); *or*

32 *(4) Reports to the Division or the Labor Commissioner any*
33 *information concerning a potential or actual violation of the*
34 *provisions of NRS 449.242 to 449.2428, inclusive, and sections 2*
35 *to 10, inclusive, of this act;*

36 (b) A registered nurse, licensed practical nurse, nursing assistant
37 or medication aide - certified who is employed by or contracts to
38 provide nursing services for the medical facility and who:

39 (1) In accordance with the policy, if any, established by the
40 medical facility:

41 (I) Reports to his or her immediate supervisor, in writing,
42 that he or she does not possess the knowledge, skill or experience to
43 comply with an assignment to provide nursing services to a patient;
44 and



1 (II) Refuses to provide to a patient nursing services for
2 which, as verified by documentation in the personnel file of the
3 registered nurse, licensed practical nurse, nursing assistant or
4 medication aide - certified concerning his or her competence to
5 provide various nursing services, he or she does not possess the
6 knowledge, skill or experience to comply with the assignment to
7 provide nursing services to the patient, unless the refusal constitutes
8 unprofessional conduct as set forth in chapter 632 of NRS or any
9 regulations adopted pursuant thereto;

10 (2) In accordance with a policy adopted pursuant to NRS
11 449.2423, requests to be relieved of, refuses or objects to a work
12 assignment;

13 (3) In good faith, reports to the medical facility, the Board of
14 Medical Examiners, the State Board of Osteopathic Medicine, the
15 State Board of Nursing, the Legislature or any committee thereof or
16 any other governmental entity:

17 (I) Any information concerning the willful conduct of
18 another registered nurse, licensed practical nurse, nursing assistant
19 or medication aide - certified which violates any provision of
20 chapter 632 of NRS or which is required to be reported to the State
21 Board of Nursing;

22 (II) Any concerns regarding patients who may be exposed
23 to a substantial risk of harm as a result of the failure of the medical
24 facility or any agent or employee thereof to comply with minimum
25 professional or accreditation standards or applicable statutory or
26 regulatory requirements; or

27 (III) Any other concerns regarding the medical facility,
28 the agents and employees thereof or any situation that reasonably
29 could result in harm to patients; or

30 (4) Refuses to engage in conduct that would violate the duty
31 of the registered nurse, licensed practical nurse, nursing assistant or
32 medication aide - certified to protect patients from actual or
33 potential harm, conduct which would violate any provision of
34 chapter 632 of NRS or conduct which would subject the registered
35 nurse, licensed practical nurse, nursing assistant or medication aide -
36 certified to disciplinary action by the State Board of Nursing; or

37 (c) An employee or other provider of care who takes an action
38 described in subsection 3 of NRS 618.7315.

39 2. A medical facility or any agent or employee thereof shall not
40 retaliate or discriminate unfairly against an employee of the medical
41 facility or a registered nurse, licensed practical nurse, nursing
42 assistant or medication aide - certified who is employed by or
43 contracts to provide nursing services for the medical facility because
44 the employee, registered nurse, licensed practical nurse, nursing



1 assistant or medication aide - certified has taken an action described
2 in subsection 1.

3 3. A medical facility or any agent or employee thereof shall not
4 prohibit, restrict or attempt to prohibit or restrict by contract, policy,
5 procedure or any other manner the right of an employee of the
6 medical facility or a registered nurse, licensed practical nurse,
7 nursing assistant or medication aide - certified who is employed by
8 or contracts to provide nursing services for the medical facility to
9 take an action described in subsection 1.

10 4. As used in this section:

11 (a) "Good faith" means honesty in fact in the reporting of the
12 information or in the cooperation in the investigation concerned.

13 (b) "Physician" means a person licensed to practice medicine
14 pursuant to chapter 630 or 633 of NRS.

15 (c) "Retaliate or discriminate":

16 (1) Includes, without limitation, any of the following actions
17 if taken solely because the employee, registered nurse, licensed
18 practical nurse, nursing assistant or medication aide - certified took
19 an action described in subsection 1:

20 (I) Frequent or undesirable changes in the location where
21 the person works;

22 (II) Frequent or undesirable transfers or reassignments;

23 (III) The issuance of letters of reprimand, letters of
24 admonition or evaluations of poor performance;

25 (IV) A demotion;

26 (V) A reduction in pay;

27 (VI) The denial of a promotion;

28 (VII) A suspension;

29 (VIII) A dismissal;

30 (IX) A transfer; or

31 (X) Frequent changes in working hours or workdays.

32 (2) Does not include an action described in sub-
33 subparagraphs (I) to (X), inclusive, of subparagraph (1) if the action
34 is taken in the normal course of employment or as a form of
35 discipline.

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

37 449.240 The district attorney of the county in which the facility
38 is located shall, upon application by the Division, institute and
39 conduct the prosecution of any action for violation of any provisions
40 of NRS 449.029 to 449.245, inclusive ~~and~~ *and sections 2 to 10,*
41 *inclusive, of this act.*

42 **Sec. 17.** NRS 449.241 is hereby amended to read as follows:

43 449.241 As used in NRS 449.241 to 449.2428, inclusive, *and*
44 *sections 2 to 10, inclusive, of this act,* unless the context otherwise
45 requires, the words and terms defined in NRS 449.2413 to



1 449.2418, inclusive, *and sections 2, 3 and 4 of this act* have the
2 meanings ascribed to them in those sections.

3 **Sec. 18.** NRS 449.242 is hereby amended to read as follows:

4 449.242 1. Except as otherwise provided in subsection 4,
5 each hospital located in a county whose population is 100,000 or
6 more and which is licensed to have more than 70 beds shall
7 establish a *nursing* staffing committee . ~~{to develop a written policy~~
8 ~~as required pursuant to NRS 449.2423 and a documented staffing~~
9 ~~plan as required pursuant to NRS 449.2421.}~~ Each *nursing* staffing
10 committee established pursuant to this subsection must consist of:

11 (a) Not less than one-half of the total regular members of the
12 *nursing* staffing committee from the licensed nursing staff and
13 certified nursing assistants who are providing direct patient care at
14 the hospital. The members described in this paragraph must consist
15 of:

16 (1) One member representing each unit of the hospital who is
17 a licensed nurse who provides direct patient care on that unit,
18 elected by the licensed nursing staff who provide direct patient care
19 on the unit that the member will represent.

20 (2) One member representing each unit of the hospital who is
21 a certified nursing assistant who provides direct patient care on that
22 unit, elected by the certified nursing assistants who provide direct
23 patient care on the unit that the member will represent.

24 (b) Not less than one-half of the total regular members of the
25 *nursing* staffing committee appointed by the administration of the
26 hospital.

27 (c) One alternate member representing each unit of the hospital
28 who is a licensed nurse or certified nursing assistant who provides
29 direct patient care on that unit, elected by the licensed nursing staff
30 and certified nursing assistants who provide direct patient care on
31 the unit that the member represents.

32 2. Each time a new *nursing* staffing committee is formed
33 pursuant to subsection 1, the administration of the hospital shall
34 hold an election to select the members described in paragraphs (a)
35 and (c) of subsection 1. Each licensed nurse and certified staffing
36 assistant who provides direct patient care at the hospital must be
37 allowed at least 3 days to vote for:

38 (a) The regular member described in paragraph (a) of subsection
39 1 who will represent his or her unit and profession; and

40 (b) The alternate member described in paragraph (c) of
41 subsection 1 who will represent his or her unit.

42 3. If a vacancy occurs in a position on a *nursing* staffing
43 committee described in paragraph (a) or (c) of subsection 1, a new
44 regular or alternate member, as applicable, must be elected in the
45 same manner as his or her predecessor.



1 4. If a *nursing* staffing committee is established for a health
2 care facility described in subsection 1 through collective bargaining
3 with an employee organization representing the licensed nursing
4 staff and certified nursing assistants of the health care facility:

5 (a) The health care facility is not required to form a *nursing*
6 staffing committee pursuant to that subsection; and

7 (b) The *nursing* staffing committee established pursuant to the
8 collective bargaining agreement shall be deemed to be the *nursing*
9 staffing committee established for the health care facility pursuant to
10 subsection 1.

11 5. In developing the written policy and the staffing plan, the
12 *nursing* staffing committee shall consider, without limitation, the
13 information received pursuant to paragraph (b) of subsection 5 of
14 NRS 449.2423 regarding requests to be relieved of a work
15 assignment, refusals of a work assignment and objections to a work
16 assignment.

17 6. *The nursing staffing committee shall:*

18 (a) *Collaborate with the technical staffing committee*
19 *established pursuant to section 5 of this act and the service*
20 *staffing committee established pursuant to section 6 of this act to*
21 *develop a documented staffing plan as required by NRS 449.2421;*
22 *and*

23 (b) *Develop a written policy as required by NRS 449.2423.*

24 7. The *nursing* staffing committee of a hospital shall meet at
25 least quarterly.

26 ~~[7. Each hospital that is required to establish a staffing~~
27 ~~committee pursuant to this section shall prepare a written report~~
28 ~~concerning the establishment of the staffing committee, the~~
29 ~~activities and progress of the staffing committee and a determination~~
30 ~~of the efficacy of the staffing committee. The hospital shall submit~~
31 ~~the report on or before December 31 of each:~~

32 ~~—(a) Even-numbered year to the Director of the Legislative~~
33 ~~Counsel Bureau for transmission to the next regular session of the~~
34 ~~Legislature.~~

35 ~~—(b) Odd-numbered year to the Joint Interim Standing Committee~~
36 ~~on Health and Human Services.]~~

37 **Sec. 19.** NRS 449.2421 is hereby amended to read as follows:

38 449.2421 1. As a condition of licensing, a health care facility
39 located in a county whose population is 100,000 or more and which
40 is licensed to have more than 70 beds shall make available to the
41 Division a written policy adopted pursuant to NRS 449.2423, a
42 documented staffing plan and a written certification that the written
43 policy and the documented staffing plan are adequate to meet the
44 needs of the patients of the health care facility. If the health care
45 facility is a hospital ~~[, the]~~:



1 (a) ~~The~~ written policy ~~[and the documented staffing plan]~~ must:
2 ~~[(a)]~~ (1) Be signed by each member of the *nursing* staffing
3 committee of the hospital established pursuant to NRS 449.242 to
4 indicate that the member has received a copy of the written policy
5 ~~[and the staffing plan]~~ and, if applicable, actively participated in the
6 development of the written policy ; ~~[and the staffing plan;]~~ and

7 ~~[(b)]~~ (2) Include a place where a member of the *nursing* staffing
8 committee may note any objections to the written policy . ~~[or the~~
9 ~~staffing plan.]~~

10 (b) *The documented staffing plan must:*

11 (1) *Be signed by each member of the staffing committees of*
12 *the hospital established pursuant to NRS 449.242 and sections 5*
13 *and 6 of this act to indicate that the member has received a copy of*
14 *the staffing plan and, if applicable, actively participated in the*
15 *development of the staffing plan; and*

16 (2) *Include a place where a member of a staffing committee*
17 *may note any objections to the staffing plan.*

18 2. The documented staffing plan must include, without
19 limitation:

20 (a) A detailed written plan setting forth:

21 (1) The number, skill mix and classification of licensed
22 nurses required in each unit in the health care facility, which must
23 ~~[take]~~ :

24 (I) *Take* into account the experience of the clinical and
25 nonclinical support staff with whom the licensed nurses collaborate,
26 supervise or otherwise delegate assignments; and

27 (II) *If the health care facility is a hospital, conform to*
28 *the maximum ratios prescribed in section 8 of this act; and*

29 (2) The number of certified nursing assistants required in
30 each unit in the health care facility ~~[;]~~ , *which must conform to the*
31 *maximum ratios prescribed in section 8 of this act if the health*
32 *care facility is a hospital;*

33 (b) A description of the types of patients who are treated in each
34 unit, including, without limitation, the type of care required by the
35 patients;

36 (c) A description of the activities in each unit, including, without
37 limitation, discharges, transfers and admissions;

38 (d) A description of the size and geography of each unit;

39 (e) A description of any specialized equipment and technology
40 available for each unit;

41 (f) Any foreseeable changes in the size or function of each unit;
42 ~~[and]~~

43 (g) Protocols for adequately staffing the health care facility:



1 (1) In the event of an emergency, including, without
2 limitation, mass casualties and a significant change in the acuity or
3 number of patients;

4 (2) If applicable, in circumstances when a significant number
5 of patients are diverted from another facility; and

6 (3) If a licensed nurse or certified nursing assistant is absent
7 or refuses a work assignment pursuant to NRS 449.2423 ~~H~~;

8 *(h) If the health care facility is a hospital, policies to provide
9 additional compensation for licensed nurses who:*

10 *(1) Are assigned to float between units;*

11 *(2) Perform duties that involve unusual hazards; or*

12 *(3) Serve as preceptors; and*

13 *(i) A plan for maintaining adequate staffing levels for the
14 technical and service staff of the health care facility as necessary
15 for the facility to:*

16 *(1) Minimize or reduce the potential for any disruption of
17 the physical or technical capabilities of the health care facility, for
18 which the availability of such capabilities are necessary to safely
19 and efficiently provide care to patients; and*

20 *(2) Ensure the efficient admission of patients and the timely
21 administration of care to patients.*

22 3. A documented staffing plan must provide sufficient
23 flexibility to allow for adjustments based upon changes in a unit of
24 the health care facility.

25 4. The health care facility shall ensure that it is staffed in
26 accordance with the documented staffing plan.

27 **Sec. 20.** NRS 449.2423 is hereby amended to read as follows:

28 449.2423 1. As a condition of licensure, a health care facility
29 which is located in a county whose population is 100,000 or more
30 and which is licensed to have more than 70 beds must adopt and
31 disseminate to each licensed nurse and certified nursing assistant
32 employed by the health care facility a written policy that sets forth
33 the circumstances under which a licensed nurse or certified nursing
34 assistant may refuse or object to a work assignment.

35 2. The written policy concerning work assignments must, at a
36 minimum, allow a licensed nurse or certified nursing assistant to:

37 (a) Refuse a work assignment for any reason for refusal set forth
38 in paragraph (b) of subsection 1 of NRS 449.205; and

39 (b) File an objection to a work assignment if the work
40 assignment violates any provision of NRS 449.241 to 449.2428,
41 inclusive ~~H~~, and sections 2 to 10, inclusive, of this act.

42 3. For the purposes of refusing a work assignment pursuant to
43 paragraph (a) of subsection 2, the written policy concerning work
44 assignments must contain:



1 (a) Reasonable requirements for prior notice to the supervisor of
2 the licensed nurse or certified nursing assistant of the request by the
3 licensed nurse or certified nursing assistant to be relieved of the
4 work assignment, including, without limitation, the reasons
5 supporting the request;

6 (b) Reasonable requirements which provide, if feasible, an
7 opportunity for the supervisor to review a request by the licensed
8 nurse or certified nursing assistant to be relieved of the work
9 assignment, including any specific conditions supporting the
10 request, and based upon that review:

11 (1) Relieve the licensed nurse or certified nursing assistant of
12 the work assignment as requested; or

13 (2) Deny the request; and

14 (c) A process pursuant to which a licensed nurse or certified
15 nursing assistant may exercise his or her right to refuse a work
16 assignment if the supervisor does not approve the request to be
17 relieved of the work assignment if:

18 (1) The supervisor failed to approve the request without
19 proposing a remedy or, if a remedy is proposed, the proposed
20 remedy would be inadequate or untimely;

21 (2) The process for filing a complaint with the Division or
22 any other appropriate regulatory entity, including any investigation
23 that would be required, would be untimely to address the concerns
24 of the licensed nurse or certified nursing assistant in refusing a work
25 assignment; and

26 (3) The licensed nurse or certified nursing assistant in good
27 faith believes that the work assignment meets the conditions
28 established in the written policy justifying refusal.

29 4. For the purposes of objecting to a work assignment pursuant
30 to paragraph (b) of subsection 2, the written policy concerning work
31 assignments must contain:

32 (a) A process for a licensed nurse or certified nursing assistant
33 to file an objection with the health care facility, but still accept the
34 work assignment despite the objection; and

35 (b) A requirement that the health care facility respond to the
36 objection as soon as practicable, but not later than 45 days after
37 receiving the objection.

38 5. The health care facility shall:

39 (a) Maintain records for at least 2 years of each request to be
40 relieved of a work assignment, each refusal of a work assignment
41 and each objection to a work assignment that is filed with the health
42 care facility pursuant to the written policy adopted pursuant to this
43 section;



1 (b) If the health care facility has established a *nursing* staffing
2 committee pursuant to NRS 449.242, provide to the *nursing* staffing
3 committee:

4 (1) The number of requests to be relieved of a work
5 assignment and refusals of a work assignment made by a licensed
6 nurse or a certified nursing assistant at the health care facility
7 pursuant to this section;

8 (2) The number of objections to a work assignment filed by a
9 licensed nurse or a certified nursing assistant at the health care
10 facility pursuant to this section; and

11 (3) An explanation of how the health care facility addressed
12 the requests, refusals and objections; and

13 (c) Ensure that the health care facility complies with the written
14 policy adopted pursuant to this section.

15 **Sec. 21.** NRS 449.2425 is hereby amended to read as follows:
16 449.2425 1. The Division shall adopt regulations
17 establishing:

18 (a) A system for rating each health care facility located in a
19 county whose population is 100,000 or more and which is licensed
20 to have more than 70 beds on the compliance by the facility with the
21 provisions of this section and NRS 449.241 to 449.2428, inclusive,
22 *and sections 2 to 10, inclusive, of this act*, including, without
23 limitation, the number of resolved and unresolved violations and the
24 severity of those violations. The rating system must provide for the
25 assignment of a star rating of not more than five stars and not less
26 than one star to each such facility after:

27 (1) Each inspection conducted by the Division pursuant to
28 NRS 449.132 ~~§~~ and *449.2428*.

29 (2) Each investigation conducted by the Division pursuant to
30 NRS 449.0307 *and 449.2428* concerning a complaint that alleges a
31 violation of the provisions of this section and NRS 449.241 to
32 449.2428, inclusive ~~§~~, *and sections 2 to 10, inclusive, of this act*.

33 (b) Procedures by which a health care facility located in a
34 county whose population is 100,000 or more and which is licensed
35 to have more than 70 beds may, not later than 30 days after an
36 investigation or inspection, appeal a finding concerning a violation
37 of the provisions of this section and NRS 449.241 to 449.2428,
38 inclusive, *and sections 2 to 10, inclusive, of this act* or request a
39 follow-up inspection.

40 2. A star rating assigned pursuant to subsection 1 becomes
41 final:

42 (a) Thirty days after the investigation or inspection on which the
43 star rating is based; or



1 (b) After the completion of any follow-up inspection or the final
2 determination of any appeal pursuant to subsection 1,
3 ↪ whichever is later.

4 3. Not later than 5 days after a star rating becomes final
5 pursuant to subsection 2, the Division shall post on an Internet
6 website maintained by the Division a report which must include:

7 (a) The final star rating assigned to the facility pursuant to
8 subsection 1; and

9 (b) A report of each unresolved violation of an applicable statute
10 or regulation and all proposed actions to correct the violation.

11 4. A health care facility located in a county whose population
12 is 100,000 or more and which is licensed to have more than 70 beds
13 shall post the final star rating assigned to the facility pursuant to
14 subsection 1 after the most recent investigation or inspection in a
15 conspicuous place near each entrance to the facility that is regularly
16 used by the public and, if the facility maintains an Internet website
17 that is accessible to the public, on that Internet website.

18 **Sec. 22.** NRS 449.2428 is hereby amended to read as follows:

19 449.2428 For each health care facility which is located in a
20 county whose population is 100,000 or more and which is licensed
21 to have more than 70 beds, the Division shall:

22 1. Ensure the general compliance of the health care facility
23 with the provisions of NRS 449.241 to 449.2428, inclusive, *and*
24 *sections 2 to 10, inclusive, of this act*, including, without limitation,
25 those provisions relating to documented staffing plans and written
26 policies adopted pursuant to NRS *449.2421 and 449.2423* ~~§~~ ,
27 *respectively*; and

28 2. Adopt such regulations as are necessary or appropriate to
29 carry out the provisions of this section. *The regulations must*
30 *provide:*

31 (a) *For unannounced, random visits at a health care facility to*
32 *determine whether the facility is in compliance with NRS 449.241*
33 *to 449.2428, inclusive, and sections 2 to 10, inclusive, of this act.*

34 (b) *An accessible and confidential system pursuant to which*
35 *the nursing, technical and service staff of a hospital may report*
36 *the failure of a health care facility to comply with the provisions of*
37 *NRS 449.241 to 449.2428, inclusive, and sections 2 to 10,*
38 *inclusive, of this act.*

39 (c) *Procedures for timely investigating and resolving a report*
40 *received pursuant to the system described in paragraph (b). The*
41 *procedures must include, without limitation, a requirement that*
42 *the Division:*

43 (1) *Investigate and resolve a report within 7 business days*
44 *after receiving the report, unless the applicable circumstances of*
45 *an investigation require additional time; and*



1 (2) *Take appropriate disciplinary action pursuant to NRS*
2 *449.160 or 449.163, as appropriate, against a health care facility*
3 *that is found to have violated the provisions of NRS 449.241 to*
4 *449.2428, inclusive, and sections 2 to 10, inclusive, of this act*
5 *pursuant to an investigation completed pursuant to the procedures*
6 *described in this paragraph.*

7 (d) *A systematic means for investigating and correcting*
8 *violations of any provision of NRS 449.241 to 449.2428, inclusive,*
9 *and sections 2 to 10, inclusive, of this act.*

10 **Sec. 23.** NRS 618.7312 is hereby amended to read as follows:

11 618.7312 1. A medical facility shall:

12 (a) Establish a committee on workplace safety, which must
13 consist of:

14 (1) If ~~[a]~~ staffing ~~[committee-has]~~ *committees have* been
15 established for the medical facility pursuant to NRS 449.242 *and*
16 *sections 5 and 6 of this act* or an applicable collective bargaining
17 agreement:

18 (I) The members of ~~[the]~~ *each* staffing committee; and

19 (II) Employees of the medical facility who work in areas
20 of the medical facility other than those represented on the staffing
21 ~~[committee,]~~ *committees*, appointed by the operator of the medical
22 facility.

23 (2) If ~~[a staffing committee-has]~~ *staffing committees have*
24 not been established for the medical facility pursuant to NRS
25 449.242 *or sections 5 or 6 of this act* or an applicable collective
26 bargaining agreement, employees of the medical facility appointed
27 by the operator of the medical facility. Such employees must
28 include, without limitation, employees who work in all major areas
29 of the medical facility.

30 (b) Develop and maintain a plan for the prevention of and
31 response to workplace violence. The plan must:

32 (1) Be in writing;

33 (2) Be in effect at all times;

34 (3) Be available to be viewed by each employee of the
35 medical facility or other provider of care at the medical facility at all
36 times;

37 (4) Be specific for each unit, area and location maintained by
38 the medical facility; and

39 (5) Be developed in collaboration with the committee on
40 workplace safety established pursuant to paragraph (a).

41 2. The plan developed pursuant to paragraph (b) of subsection
42 1 must include, without limitation:

43 (a) A requirement that all employees of the medical facility and
44 other providers of care at the medical facility receive the training



1 described in NRS 618.7313 concerning the prevention of workplace
2 violence:

3 (1) Upon the adoption of a new plan for the prevention of
4 workplace violence;

5 (2) Upon commencing employment and annually thereafter;

6 (3) Upon commencing new job duties in a new location of the
7 the medical facility or a new assignment in a new location of the
8 medical facility; and

9 (4) When a previously unrecognized hazard is identified or
10 there is a material change in the facility requiring a change to the
11 plan.

12 (b) Procedures that meet the requirements of NRS 618.7314 for
13 responding to and investigating incidents of workplace violence.

14 (c) Procedures that meet the requirements of the regulations
15 adopted pursuant to NRS 618.7317 for assessing and responding to
16 situations that create the potential for workplace violence.

17 (d) Procedures for correcting hazards that increase the risk of
18 workplace violence, including, without limitation, using engineering
19 controls that are feasible and applicable to the medical facility and
20 work practice controls to eliminate or minimize exposure of
21 employees and other providers of care to such hazards.

22 (e) Procedures for obtaining assistance from security guards or
23 public safety agencies when appropriate.

24 (f) Procedures for responding to incidents involving an active
25 shooter and other threats of mass casualties through the use of plans
26 for evacuation and sheltering that are feasible and appropriate for
27 the medical facility.

28 (g) Procedures for annually assessing, in collaboration with the
29 committee on workplace safety established pursuant to paragraph
30 (a) of subsection 1, the effectiveness of the plan.

31 **Sec. 24.** The provisions of NRS 354.599 do not apply to any
32 additional expenses of a local government that are related to the
33 provisions of this act.

34 **Sec. 25.** The provisions of subsection 1 of NRS 218D.380 do
35 not apply to any provision of this act which adds or revises a
36 requirement to submit a report to the Legislature.

37 **Sec. 26.** 1. This section becomes effective upon passage and
38 approval.

39 2. Sections 1 to 25, inclusive, of this act become effective:

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

43 (b) On October 1, 2025, for all other purposes.

