SENATE BILL NO. 186-SENATOR STONE

Prefiled February 3, 2025

Referred to Committee on Health and Human Services

SUMMARY—Imposes requirements concerning the use of artificial intelligence in health care. (BDR 40-780)

FISCAL NOTE: Effect on Local Government: No.

Effect on the State: No.

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

AN ACT relating to health care; requiring a medical facility or a provider of health care who uses generative artificial intelligence to generate certain communications to ensure that those communications include certain information; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law provides for the licensure and regulation of medical facilities and providers of health care in this State. (Chapters 449, 450B, 629-637B, 639-640B and 640D-641D of NRS) Sections 1 and 7 of this bill require a medical facility or provider of health care who uses generative artificial intelligence to generate a written or verbal communication with a patient relating to his or her clinical information to ensure that the communication includes: (1) a disclaimer stating that the communication was generated by generative artificial intelligence; and (2) clear instructions describing how the patient may contact certain persons for further assistance. Sections 1 and 7 exempt from this requirement a written communication that is read and reviewed by a provider of health care. Sections 2-6 and 8 of this bill make conforming changes to provide for the administration and enforcement of the requirements of section 1 in the same manner as other requirements imposed on medical facilities by existing law. Section 7 authorizes the imposition of disciplinary action against a provider of health care who fails to comply with the requirements of section 7.





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

Section 1. Chapter 449 of NRS is hereby amended by adding thereto a new section to read as follows:

- 1. Except as otherwise provided in subsection 3, a medical facility that uses generative artificial intelligence to generate a written or verbal communication with a patient relating to his or her clinical information shall ensure that the communication includes:
- (a) A disclaimer stating that the communication was generated by generative artificial intelligence; and
- (b) Clear instructions describing how the patient may contact a provider of health care, employee of the medical facility or other appropriate person who can provide any assistance the patient may need with respect to the information in the communication.
 - 2. The disclaimer provided pursuant to subsection 1:
- (a) For written communications, including, without limitation, letters, electronic mail and other written messages, must appear prominently at the beginning of each communication.
- (b) For written communications involving continuous interactions over the Internet, including, without limitation, chatbased telehealth, must be prominently displayed throughout the interaction.
- (c) For audio communications, must be provided verbally at the beginning and the end of the interaction.
- (d) For video communications, must be prominently displayed throughout the interaction.
- 3. The requirements of this section do not apply to a written communication that is generated by generative artificial intelligence if the written communication is read and reviewed by a provider of health care before being provided to a patient.
 - 4. As used in this section:
- (a) "Artificial intelligence" means an engineered or machine-based system that varies in its level of autonomy and that can, for explicit or implicit objectives, infer from the input it receives how to generate outputs that can influence physical or virtual environments.
- (b) "Generative artificial intelligence" means artificial intelligence that can generate derived synthetic content, including images, videos, audio, text and other digital content.
- (c) "Telehealth" has the meaning ascribed to it in NRS 629.515.





Sec. 2. NRS 449.029 is hereby amended to read as follows:

449.029 As used in NRS 449.029 to 449.240, inclusive, *and* section 1 of this act, unless the context otherwise requires, "medical facility" has the meaning ascribed to it in NRS 449.0151 and includes a program of hospice care described in NRS 449.196.

- **Sec. 3.** NRS 449.0301 is hereby amended to read as follows: 449.0301 The provisions of NRS 449.029 to 449.2428, inclusive, *and section 1 of this act* do not apply to:
- 1. Any facility conducted by and for the adherents of any church or religious denomination for the purpose of providing facilities for the care and treatment of the sick who depend solely upon spiritual means through prayer for healing in the practice of the religion of the church or denomination, except that such a facility shall comply with all regulations relative to sanitation and safety applicable to other facilities of a similar category.
 - 2. Foster homes as defined in NRS 424.014.
- 3. Any medical facility, facility for the dependent or facility which is otherwise required by the regulations adopted by the Board pursuant to NRS 449.0303 to be licensed that is operated and maintained by the United States Government or an agency thereof.
 - **Sec. 4.** NRS 449.160 is hereby amended to read as follows:
- 449.160 1. The Division may deny an application for a license or may suspend or revoke any license issued under the provisions of NRS 449.029 to 449.2428, inclusive, *and section 1 of this act* upon any of the following grounds:
- (a) Violation by the applicant or the licensee of any of the provisions of NRS 439B.410, 449.029 to 449.245, inclusive, *and section 1 of this act* or 449A.100 to 449A.124, inclusive, and 449A.270 to 449A.286, inclusive, or of any other law of this State or of the standards, rules and regulations adopted thereunder.
- (b) Aiding, abetting or permitting the commission of any illegal act.
- (c) Conduct inimical to the public health, morals, welfare and safety of the people of the State of Nevada in the maintenance and operation of the premises for which a license is issued.
- (d) Conduct or practice detrimental to the health or safety of the occupants or employees of the facility.
- (e) Failure of the applicant to obtain written approval from the Director of the Department of Health and Human Services as required by NRS 439A.100 or 439A.102 or as provided in any regulation adopted pursuant to NRS 449.001 to 449.430, inclusive, and section 1 of this act and 449.435 to 449.531, inclusive, and chapter 449A of NRS if such approval is required, including, without limitation, the closure or conversion of any hospital in a





county whose population is 100,000 or more that is owned by the licensee without approval pursuant to NRS 439A.102.

- (f) Failure to comply with the provisions of NRS 441A.315 and any regulations adopted pursuant thereto or NRS 449.2486.
 - (g) Violation of the provisions of NRS 458.112.
- (h) Failure to comply with the provisions of NRS 449A.170 to 449A.192, inclusive, and any regulation adopted pursuant thereto.
 - (i) Violation of the provisions of NRS 629.260.
- 2. In addition to the provisions of subsection 1, the Division may revoke a license to operate a facility for the dependent if, with respect to that facility, the licensee that operates the facility, or an agent or employee of the licensee:
- (a) Is convicted of violating any of the provisions of NRS 202.470:
- (b) Is ordered to but fails to abate a nuisance pursuant to NRS 244.360, 244.3603 or 268.4124; or
- (c) Is ordered by the appropriate governmental agency to correct a violation of a building, safety or health code or regulation but fails to correct the violation.
- 3. The Division shall maintain a log of any complaints that it receives relating to activities for which the Division may revoke the license to operate a facility for the dependent pursuant to subsection 2. The Division shall provide to a facility for the care of adults during the day:
- (a) A summary of a complaint against the facility if the investigation of the complaint by the Division either substantiates the complaint or is inconclusive;
- (b) A report of any investigation conducted with respect to the complaint; and
- (c) A report of any disciplinary action taken against the facility. → The facility shall make the information available to the public pursuant to NRS 449.2486.
- 4. On or before February 1 of each odd-numbered year, the Division shall submit to the Director of the Legislative Counsel Bureau a written report setting forth, for the previous biennium:
- (a) Any complaints included in the log maintained by the Division pursuant to subsection 3; and
- (b) Any disciplinary actions taken by the Division pursuant to subsection 2.
 - **Sec. 5.** NRS 449.163 is hereby amended to read as follows:
 - 449.163 1. In addition to the payment of the amount required by NRS 449.0308, if a medical facility, facility for the dependent or facility which is required by the regulations adopted by the Board pursuant to NRS 449.0303 to be licensed violates any provision related to its licensure, including any provision of NRS 439B.410 or





449.029 to 449.2428, inclusive, *and section 1 of this act* or any condition, standard or regulation adopted by the Board, the Division, in accordance with the regulations adopted pursuant to NRS 449.165, may:

- (a) Prohibit the facility from admitting any patient until it determines that the facility has corrected the violation;
- (b) Limit the occupancy of the facility to the number of beds occupied when the violation occurred, until it determines that the facility has corrected the violation;
- (c) If the license of the facility limits the occupancy of the facility and the facility has exceeded the approved occupancy, require the facility, at its own expense, to move patients to another facility that is licensed;
- (d) Except where a greater penalty is authorized by subsection 2, impose an administrative penalty of not more than \$5,000 per day for each violation, together with interest thereon at a rate not to exceed 10 percent per annum; and
- (e) Appoint temporary management to oversee the operation of the facility and to ensure the health and safety of the patients of the facility, until:
- (1) It determines that the facility has corrected the violation and has management which is capable of ensuring continued compliance with the applicable statutes, conditions, standards and regulations; or
 - (2) Improvements are made to correct the violation.
- 2. If an off-campus location of a hospital fails to obtain a national provider identifier that is distinct from the national provider identifier used by the main campus and any other off-campus location of the hospital in violation of NRS 449.1818, the Division may impose against the hospital an administrative penalty of not more than \$10,000 for each day of such failure, together with interest thereon at a rate not to exceed 10 percent per annum, in addition to any other action authorized by this chapter.
- 3. If the facility fails to pay any administrative penalty imposed pursuant to paragraph (d) of subsection 1 or subsection 2, the Division may:
- (a) Suspend the license of the facility until the administrative penalty is paid; and
- (b) Collect court costs, reasonable attorney's fees and other costs incurred to collect the administrative penalty.
- 4. The Division may require any facility that violates any provision of NRS 439B.410 or 449.029 to 449.2428, inclusive, *and section 1 of this act* or any condition, standard or regulation adopted by the Board to make any improvements necessary to correct the violation.





- 5. Any money collected as administrative penalties pursuant to paragraph (d) of subsection 1 or subsection 2 must be accounted for separately and used to administer and carry out the provisions of NRS 449.001 to 449.430, inclusive, *and section 1 of this act*, 449.435 to 449.531, inclusive, and chapter 449A of NRS to protect the health, safety, well-being and property of the patients and residents of facilities in accordance with applicable state and federal standards or for any other purpose authorized by the Legislature.
 - **Sec. 6.** NRS 449.240 is hereby amended to read as follows:
- 449.240 The district attorney of the county in which the facility is located shall, upon application by the Division, institute and conduct the prosecution of any action for violation of any provisions of NRS 449.029 to 449.245, inclusive [...], and section 1 of this act.
- **Sec. 7.** Chapter 629 of NRS is hereby amended by adding thereto a new section to read as follows:
- 1. Except as otherwise provided in subsection 3, a provider of health care who uses generative artificial intelligence to generate a written or verbal communication with a patient relating to his or her clinical information shall ensure that the communication includes:
- (a) A disclaimer stating that the communication was generated by generative artificial intelligence; and
- (b) Clear instructions describing how the patient may contact a provider of health care, employee of the provider of health care or other appropriate person who can provide any assistance the patient may need with respect to the information in the communication.
 - 2. The disclaimer provided pursuant to subsection 1:
- (a) For written communications, including, without limitation, letters, electronic mail and other written messages, must appear prominently at the beginning of each communication.
- (b) For written communications involving continuous interactions over the Internet, including, without limitation, chatbased telehealth, must be prominently displayed throughout the interaction.
- (c) For audio communications, must be provided verbally at the beginning and the end of the interaction.
- (d) For video communications, must be prominently displayed throughout the interaction.
- 3. The requirements of this section do not apply to a written communication that is generated by generative artificial intelligence if the communication is read and reviewed by a provider of health care before being provided to a patient.
- 4. A provider of health care who violates any provision of this section is guilty of unprofessional conduct and is subject to





disciplinary action by the board, agency or other entity in this State by which he or she is licensed, certified or regulated.

5. As used in this section:

- (a) "Artificial intelligence" means an engineered or machinebased system that varies in its level of autonomy and that can, for explicit or implicit objectives, infer from the input it receives how to generate outputs that can influence physical or virtual environments.
- (b) "Generative artificial intelligence" means artificial intelligence that can generate derived synthetic content, including images, videos, audio, text and other digital content.
- (c) "Telehealth" has the meaning ascribed to it in NRS 629.515.
 - **Sec. 8.** NRS 654.190 is hereby amended to read as follows:
- 654.190 1. The Board may, after notice and an opportunity for a hearing as required by law, impose an administrative fine of not more than \$10,000 for each violation on, recover reasonable investigative fees and costs incurred from, suspend, revoke, deny the issuance or renewal of or place conditions on the license of, and place on probation or impose any combination of the foregoing on any licensee who:
- (a) Is convicted of a felony relating to the practice of administering a facility for skilled nursing or facility for intermediate care or residential facility for groups or of any offense involving moral turpitude.
 - (b) Has obtained his or her license by the use of fraud or deceit.
 - (c) Violates any of the provisions of this chapter.
- (d) Aids or abets any person in the violation of any of the provisions of NRS 449.029 to 449.2428, inclusive, *and section 1 of this act* or 449A.100 to 449A.124, inclusive, and 449A.270 to 449A.286, inclusive, as those provisions pertain to a facility for skilled nursing, facility for intermediate care or residential facility for groups.
- (e) Violates any regulation of the Board prescribing additional standards of conduct for licensees, including, without limitation, a code of ethics.
- (f) Engages in conduct that violates the trust of a patient or resident or exploits the relationship between the licensee and the patient or resident for the financial or other gain of the licensee.
- 2. If a licensee requests a hearing pursuant to subsection 1, the Board shall give the licensee written notice of a hearing pursuant to NRS 233B.121 and 241.0333. A licensee may waive, in writing, his or her right to attend the hearing.
- 3. The Board may compel the attendance of witnesses or the production of documents or objects by subpoena. The Board may





adopt regulations that set forth a procedure pursuant to which the Chair of the Board may issue subpoenas on behalf of the Board. Any person who is subpoenaed pursuant to this subsection may request the Board to modify the terms of the subpoena or grant additional time for compliance.

4. An order that imposes discipline and the findings of fact and

conclusions of law supporting that order are public records.

5. The expiration of a license by operation of law or by order or decision of the Board or a court, or the voluntary surrender of a license, does not deprive the Board of jurisdiction to proceed with any investigation of, or action or disciplinary proceeding against, the licensee or to render a decision suspending or revoking the license.





