



Nevada  
Hospital  
Association

2023



# Healthcare & the 82nd Legislative Session

OUTCOMES FOR NEVADA HOSPITALS

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(NHA Priority bills are marked with an asterisk\*)

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## Final Update – 82<sup>nd</sup> Legislative Session



During the 82<sup>nd</sup> legislative session, over 1,000 bills were introduced! Of those, the Nevada Hospital Association tracked more than 185.

The Democratic party controlled both houses of the legislature with a supermajority in the Assembly and one seat short of a supermajority in the Senate. Despite these overwhelming numbers, Republican Governor Lombardo’s election returned divided government to the Silver State. Tensions between the Legislative and Executive branches ran high, and many financial bills were stalled because of that. Fortunately, many of them ultimately passed.

The Nevada Justice Association and the Health Services Coalition proved to be worthy adversaries throughout the session. Both groups had great success in getting their bills passed. Significantly, the Culinary Union received \$21 million in state funds for capital improvements at the Culinary Academy and \$4 million for the development of an outreach program to enroll persons into “accredited hospitality programs with in-house support.” Their influence and presence were felt on many pieces of legislation.

Overall, hospitals fared well in the legislative session. The NHA and NRHP had a great team of lobbyists advancing the interests of Nevada hospitals. Medical malpractice was resolved for the next ten years, key legislation for the Private Hospital Medicaid Provider Fee Program was advanced, and the stage was set for nursing programs to expand. The certified mail requirement for debt collection was eliminated, and many harmful initiatives were averted. Critical Access Hospitals received much needed financial relief and financial incentives for healthcare providers to practice in rural areas also passed.

This document provides an overview of key bills the NHA tracked or addressed during the session. We will provide follow-up information to members in the form of a “legislative checklist” and the *Nevada Hospital Law Manual*.

The summaries below are for general information purposes only. We encourage you to review the entire text of the bills closely with your legal counsel before acting.

A handwritten signature in black ink, appearing to read 'Patrick D. Kelly', written in a cursive style.

Patrick D. Kelly  
President and CEO  
Nevada Hospital Association

## I. Assembly bills that became law

### AB7 – Health Information Exchange and Interoperability

AB7 was originally proposed by the Patient Protection Commission. It establishes standards for networks and technologies used to maintain, transmit, and exchange health information. It also requires the networks and technologies to be interoperable. The bill specifically requires that patients have the ability to access and forward their records and that health information exchanges obtain affirmative consent from the patient before retrieving a patient's healthcare records, except under certain circumstances.

AB7 sets time frames for compliance with the new law. Entities must maintain, transmit, and exchange health information electronically in accordance with the standards by:

- July 1, 2024 – hospitals and large physician groups
- July 1, 2025 – government entities, other large healthcare practices, insurers, pharmacy benefit managers, and other insurance administrators
- January 1, 2030 – small physician group practices and other small healthcare practices.

The bill authorizes the Director of Health and Human Resources to contract with multiple health information exchanges to perform the functions set forth in the bill.

The bill also establishes penalties and immunity for healthcare providers in certain circumstances.

SB419 contains many of the same provisions.

**Sponsor: Assembly Committee on Health and Human Services**

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### AB37 – Behavioral Health Workforce Development Center of Nevada

AB37 provides funds for a Behavioral Health Workforce Development Center at one or more institutions within the Nevada System of Higher Education (NSHE) to strengthen the behavioral health workforce in Nevada. The center will have a hub and spoke model with the main hub located at an NSHE institution and regional hubs in each of the five behavioral health regions.

The Center will be tasked with developing and implementing a strategic plan for the recruitment, education, and retention of a qualified, diverse, and evolving behavioral health workforce in the State.

**Sponsor: Assembly Committee on Education**

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### [AB45](#) – Program to repay the student education loans of certain healthcare providers

AB45 creates the “Account for Student Loan Repayment for Providers of Health Care in Underserved Communities Program” to repay student loans of qualified healthcare providers serving in underserved communities. The State Treasurer oversees creating, administering, promoting, and staffing the program.

**Sponsor: Assembly Committee on Government Affairs**

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### [AB107](#) – Out-of-State pharmacies

AB107 pertains to the licensing of certain out-of-state pharmacists. Any pharmacist who is employed by an off-site pharmaceutical service provider to provide remote chart order processing services to a hospital or correctional institution must register to practice pharmacy in this State.

**Sponsor: Assembly Committee on Commerce and Labor**

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### [AB110](#) – Dialysate drugs and devices used to perform dialysis

AB110 authorizes a manufacturer or wholesaler to dispense certain dialysate drugs and deliver the devices necessary to administer dialysis at a residence after satisfying certain requirements to a: (1) patient with irreversible renal disease, or his or her designee; (2) provider of healthcare; or (3) hospital or facility for the treatment of irreversible renal disease. Section 6 of the bill requires a manufacturer or wholesaler that dispenses dialysate drugs to maintain certain records relating to dangerous drugs in the same manner as a pharmacy, hospital, or practitioner that furnishes dangerous drugs.

**Sponsor: Assembly Committee on Commerce and Labor**

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### [AB116](#) – Down syndrome

AB116 requires healthcare providers of prenatal care or pediatric care to provide certain information concerning Down syndrome and support services in the community for persons with Down syndrome. The information must be given to: (1) a person who is pregnant and has received a positive test result from a prenatal test for Down syndrome if the person requests such information; or (2) the parent or guardian of a child with Down syndrome. This bill also requires the provider to refer such a person to appropriate support services in the community

when necessary. The Department of Health and Human Services must post on a website maintained by the Department a list of such support services available in different areas of the State.

**Sponsors: Assemblywoman Tracy Brown-May and 9 co-sponsors**

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#### [AB140](#) – Juneteenth

AB140 makes Juneteenth Day a legal holiday in Nevada.

**Sponsors: Assemblywomen Clara Thomas, Daniele Monroe-Moreno, Elaine Marzola and Selena Torres; Assemblyman Cameron Miller; Senators Pat Spearman, Dina Neal, Lisa Krasner, Nicole Cannizzaro, and Rochelle Nguyen; 25 co-sponsors**

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#### [AB147](#) – Nontraumatic dental injuries in the ER

AB147 pertains to the practice of dentistry but it has provisions related to hospitals.

HMOs and MCOS that provide medical services to Medicaid recipients must submit quarterly a list of dental providers included in their networks who offer services through teledentistry to hospital emergency departments. If a Medicaid recipient presents in the emergency department of a hospital with a nontraumatic dental injury, the hospital must notify the Medicaid patient of dentists included in the network of each HMO or MCO that provides services through teledentistry to Medicaid recipients.

The hospital shall provide such notice by: (1) Posting signs on the premises of the hospital that include the list of providers who offer services through teledentistry submitted to the hospital or which direct patients to a website on which such lists are available; or (2) Making available to patients a pamphlet or other written document that includes the list of providers who offer services through teledentistry, or which directs patients to an Internet website on which those lists are available.

**Sponsor: Assemblywoman Elaine Marzola**

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#### [AB153](#) – Naprapathy

AB153 required the State Board of Health and the Division of Public and Behavioral Health to regulate the practice of naprapathy. “Naprathy” means the diagnosis and treatment of contractures, muscle spasms, inflammation, scars, adhesions, lesions, laxity, hypotonicity, rigidity, structural imbalances, bruises, contusions, muscular atrophy, partial separation of connective tissue fibers, and other connective tissue disorders through the use of techniques,

including, without limitation: (a) Reviewing case history; (b) The manipulation of connective tissue for examination and treatment; (c) Therapeutic and rehabilitative exercise; (d) Postural and nutritional counseling; and (e) The application of heat, cold, light, water, radiant energy, electricity, sound, air, and assistive devices for the purpose of preventing, correcting, or alleviating a physical disability.

**Sponsor: Assemblywoman Elaine Marzola**

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### [AB154](#) – Living donation of birth tissue

AB154 requires the Division of Public and Behavioral Health to publish on an Internet website a list of entities that accept living donations of birth tissue. Hospitals or physicians practicing in the area of obstetrics and gynecology must provide a patient who is pregnant with a link to that Internet website or a printed copy of the list.

**Sponsors: Assemblywoman Sarah Peters, Assemblyman David Orentlicher, and 4 co-sponsors**

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### [AB156](#) – Substance Use Disorders

AB156 authorizes the Division of Public and Behavioral Health to create an account to accept gifts, grants, donations, and bequests for the purpose of funding bulk purchases of opioid antagonists and distributing the opioid antagonists.

The bill requires any treatment provider, healthcare provider or program for the treatment of alcohol or other substance use disorders, funded in whole or in part by federal or state money, to prioritize persons receiving services in the following order: (1) pregnant injecting drug users; (2) pregnant persons with a substance use disorder; (3) other injecting drug users; and (4) all others.

The bill requires the Board of Pharmacy to prescribe a protocol to allow a pharmacist who registers with the Board to: (1) assess a patient to determine whether the patient has an opioid use disorder and medication-assisted treatment would be appropriate for the patient; and (2) prescribe and dispense a drug for medication-assisted treatment. The Board is authorized to suspend or revoke the registration of a pharmacist who orders or assesses a patient or prescribes or dispenses drugs under the protocol without complying with the provisions of the protocol.

The bill requires public and private health plans, including Medicaid managed care organizations and health plans for state and local government employees, to: (1) cover drugs approved by the Food and Drug Administration for medication-assisted treatment; and (2) reimburse assessment, prescribing and dispensing by a pharmacist at a rate equal



to that provided to a physician, physician assistant or advanced practice registered nurse for similar services.

The coverage required in this bill is in addition to the coverage for the treatment of substance use disorder that certain insurers are required by existing law to provide. The Commissioner of Insurance is authorized to suspend or revoke the certificate of a health maintenance organization or insurer that fails to comply with the requirements of the bill.

The bill requires a physician, physician assistant, advanced practice registered nurse, osteopathic physician or certain providers of behavioral health care who diagnose a patient with an opioid use disorder to counsel and provide information to the patient concerning evidence-based treatment for opioid use disorder, including medication-assisted treatment. If the patient requests medication-assisted treatment: (1) a physician, physician assistant, advanced practice registered nurse or osteopathic physician who is authorized under federal and state law to prescribe such treatment must offer to issue such a prescription; and (2) all other physicians, physician assistants, advanced practice registered nurses, osteopathic physicians and certain providers of behavioral health care must refer the patient to a physician, physician assistant, advanced practice registered nurse, osteopathic physician or pharmacist who is authorized to issue such a prescription.

The bill requires the Department of Corrections, in collaboration with the Department of Health and Human Services, and each county, city or town that maintains a jail or detention facility to study during the 2023-2024 interim certain issues relating to the provision of medication-assisted treatment to incarcerated persons.

**Sponsor: Assembly Committee on Health and Human Services**

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### [AB158](#) – EMS Licensure Compact

AB158 ratifies the Recognition of Emergency Medical Services Personnel Licensure Interstate Compact. The Compact authorizes: (1) emergency medical service personnel who are certified in this State to perform their professional duties in any other state that has ratified the Compact; and (2) emergency medical service personnel who are certified in another state that has ratified the Compact to perform their professional duties in this State. The bill further provides that a person who is authorized to practice as an emergency medical technician, advanced emergency medical technician, or paramedic under the Compact is not eligible for an endorsement to provide community paramedicine services.

**Sponsors: Assemblymen Philip P.K. O'Neill and Ken Gray, Assemblywoman Heidi Kasama and 7 co-sponsors**

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### [AB202](#) – Electronic communication devices in Skilled Nursing Facilities

AB202 authorizes a skilled nursing patient to request the installation and use of an electronic communication device in his or her living quarters under certain circumstances. The bill requires the patient to waive his or her right to privacy and to obtain the consent of the patient's roommate. The bill further regulates the use of the device and the recordings.

**Sponsor: Assemblywoman Shondra Summers-Armstrong**

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### [AB244](#) – Rights of a person compelled to submit to mental / physical exams

AB244 provides that, with certain exceptions, a person compelled to submit to a mental or physical examination pursuant to a court order, a contractual obligation, or any other type of obligation has the right to: (1) receive notice of the examination at least 21 days before the date of the examination; (2) have an interpreter and certain observers present throughout the examination; (3) take notes or appoint an observer to take notes during the examination; and (4) after providing notice to the examiner, make certain recordings of the examination.

The bill authorizes a person compelled to submit to a mental or physical examination to bring an action against a person who has violated these rights, if notice of the alleged violation is provided to that person not later than 7 days before the action is commenced. The person compelled to submit to a mental or physical examination may obtain certain remedies in that action, including: (1) attorney's fees; (2) actual damages or a fine of \$1,500, whichever is greater; (3) injunctive and protective relief; and (4) an order prohibiting the use of any information gathered during the examination in any judicial or administrative proceeding.

**Sponsor: Assemblywoman Selena Torres**

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### [AB267](#) – Cultural competency training

AB267 revises cultural competency training in healthcare facilities. It requires the State Board of Health to establish regulations regarding the frequency of training. Employees or agents required to receive cultural competency training include those: (1) who provide clinical, administrative or support services and regularly have direct patient contact as part of their regular job duties or (2) who oversee such agents and employees.

A healthcare facility is not required to provide cultural competency training to an agent or employee who has successfully completed a course of cultural competency as a part of the continuing education requirements for the agent or employee's renewal of his or her professional license, registration, or certificate.

The Office of Minority Health and Equity of DHHS must establish and maintain a list of approved courses on cultural competency training, make the list available on the Internet, and ensure that it is distributed to healthcare facilities. Additionally, a healthcare facility may apply to the Department for approval of a program they wish to offer. The Department must report annually the average length of time it takes to approve training programs.

The bill sets forth the training requirements for various licensed health care providers.

- Nurse – 4 hours biennially
- Psychologist, marriage and family therapist, social worker, clinical professional counselor, or social worker – 6 hours biennially
- Alcohol and drug counselor or problem gambling counselor – 3 hours annually
- Behavior analysts and assistant behavioral analysts – 6 hours biennially

**Sponsors: Assemblywoman Selena Torres, Senator Fabian Donate, Senator Edgar Flores and 6 co-sponsors**

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#### [AB270](#) – Licensure of anesthesiologist assistants

AB270 provides for the licensure of anesthesiologist assistants by the Board of Medical Examiners and the State Board of Osteopathic Medicine and prescribes the qualifications necessary for licensure.

**Sponsor: Assemblywoman Elaine Marzola**

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#### [AB277](#) – Rural emergency hospitals

AB277 creates a new licensure category for rural emergency hospitals. It permits a rural emergency hospital that meets certain requirements to receive an endorsement as a Crisis Stabilization Center. Additionally, it requires the Department of Health and Human Services to take certain measures to increase reimbursement under Medicaid for certain services provided by rural emergency hospitals.

**Sponsors: Assemblymen Gregory Koenig, Toby Yurek, Ken Gray, Bert Gurr, and 15 co-sponsors**

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#### [AB311](#) – Military healthcare providers

Existing law allows a hospital to enter into an agreement with the Armed Forces to authorize a medical officer to provide medical care in the hospital if: (1) the medical officer holds a valid

license in the District of Columbia or any state or territory of the United States; and (2) the medical care is provided as part of a training or educational program for the medical officer.

AB311 additionally authorizes a hospital to enter into an agreement with the Armed Forces of the United States to authorize an unlicensed person who provides care under authority granted by the Federal Government to provide such care in the hospital: (1) in his or her official capacity and within the scope of practice authorized by the Federal Government; and (3) as part of a training or educational program.

**Sponsors: Assemblywoman Shannon Bilbray-Axelrod and 3 co-sponsors**

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#### [AB364](#) – Board of Medical Examiners

AB364 adds a physician assistant and respiratory care practitioner to the Board of Medical examiners.

**Sponsor: Assemblywoman Lesley Cohen and 6 co-sponsors**

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#### [AB401](#) – Ratio of faculty to students in nursing schools

AB401 allows nursing programs to increase the nursing faculty to student ratio from 1:8 to 1:12.

**Sponsor: Assemblywoman Sandra Jauregui**

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#### \*[AB404](#) – Medical malpractice

AB404 is a compromise reached between healthcare providers, the Nevada Justice Association, Legislative Leadership, and the Governor's office. The bill authorizes the following:

1. An increase in the cap on noneconomic damages in medical malpractice cases from \$350,000 to \$750,000 over a five-year period (2024-2028) with annual increases of \$80,000 per year. Beginning January 1, 2029, the noneconomic damages cap will increase 2.1% annually for twenty years.
2. An increase in the statute of limitations from 1 year to 2 years from the date the injured person discovered the injury, but the statute of repose remains at 3 years from the date of the injury.
3. A change in the cap on attorney fees. The cap will go from a tiered cap (ranging from 15% to 40%) to a flat cap of 35% on all recovered amounts.

A verbal agreement was made between the Governor, the Speaker of the House, the Senate Majority Leader, and all major stakeholders that this compromise will preclude any changes to Nevada’s medical malpractice statutes for ten years.

**Sponsor: Assembly Committee on Judiciary**

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[AB414](#) – Advance Health Care Directives

AB414 creates a new advance healthcare directive form that addresses:

- Naming agents
- Instructions for life-sustaining treatment
- Special powers that may be granted to an agent
- Organ donation
- Information for agents

The bill also changes certain requirements related to a power of attorney for healthcare.

**Sponsor: Assemblywoman Shea Backus**

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[AB434](#) – Prescription drugs – 340B Program

Existing law creates the 340B program whereby certain hospitals and other healthcare facilities that provide healthcare to low-income patients can purchase certain drugs at discounted rates. This bill prohibits certain pharmacy benefit managers and health carriers, including governmental entities that provide coverage for employees, from: (1) discriminating against a covered entity that participates in the 340B program to purchase drugs at a discounted rate or a pharmacy that contracts with such an entity with regard to reimbursement (2) taking actions to limit the ability of such an entity to receive the full benefit of participating in that program (3) excluding such an entity from an insurance network because the entity participates in that program (4) restricting the ability of a person to receive a 340B drug, or (5) taking other actions to limit the participation of an entity in the program. Pharmacy benefit managers that manage prescription drug benefits under Medicaid where reimbursement is provided on a fee-for-service basis are exempt from those prohibitions.

Existing law authorizes DHHS to administer a program pursuant to federal law to provide therapeutics to treat those diagnosed with the human immunodeficiency virus (HIV). This bill requires the program to take certain actions to ensure that a covered provider that participates in the 340B program or a pharmacy that contracts with such a provider receives the full benefit of participating in the program. The program is prohibited from: (1) denying a request from such a covered provider or contract pharmacy to participate in the network of the program in certain



circumstances; or (2) engaging in certain discrimination against a covered provider or contract pharmacy.

**Sponsor: Assembly Committee on Health and Human Services**

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[AB443](#) – Millennium Scholarship

AB443 expands the Governor Guinn Millennium Scholarship to students enrolled in clinical programs at several more Nevada colleges and universities.

**Sponsor: Assembly Committee on Commerce and Labor**

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## II. Senate bills that became law

### [SB2](#) – Emergency Management

SB2 requires Nevada healthcare providers to submit a report to the State Disaster Identification Coordination Committee identifying any person who was treated for injured, killed, or contracted an illness during a state of emergency, declaration of disaster, or public health emergency for purposes of reunification of victims and families. The Committee will coordinate the sharing of information among state, local, and tribal governmental agencies.

**Sponsor: Senate Committee on Government Affairs**

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### [SB42](#) – Funding of medical assistance to the indigent

SB42 authorizes a county commission in a large county to allocate money from the indigent persons fund, if authorized under any supplemental payment program, to: (1) provide an enhanced reimbursement rate to any public hospital in the county for hospital care that is provided to Medicaid recipients; or (2) make supplemental payments to any public hospital in the county through increased federal financial participation.

**Sponsor: Senate Committee on Health and Human Services**

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### [SB45](#) – Personal needs allowance for Medicaid recipients

SB45 requires the Director of HHS to include in the State Plan for Medicaid a requirement that the monthly personal needs allowance for skilled nursing residents must not be less than the monthly personal needs allowance provided for residents of group residential facilities who receive home and community-based services.

**Sponsor: Senate Committee on Health and Human Services**

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### [SB119](#) – Telehealth pay parity

A third party payer, who is not an industrial insurer, must provide reimbursement for services provided to an insured through telehealth to the same extent as services provided in person or by other means if the services are received at an originating site described in U.S.C. Section 1395m(m)(4)(C), furnished by a federally qualified health center or a rural health clinic, or are audio-only interactions relating to treatment of a mental health condition or a substance use

disorder. Third party payers who are not industrial insurers are not required to provide reimbursement for other non-mental health related audio-only interactions.

**Sponsor: Senate Committee on Health and Human Services**

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**[SB146](#) – Expands scope of nursing midwives / faculty on insurance networks**

SB146 addresses two separate changes in the law. The first change allows certified nurse-midwives to perform a physical exam of a patient and complete a medical history of a patient seeking admission to a hospital not more than 7 days before or more than 48 hours after the patient is admitted to the hospital. Only a physician may perform these functions under current law.

The second change involves medical school faculty. Medical school faculty may join an insurance company provider network if the faculty member meets the following criteria.

- (1) The physician meets and accepts the terms and conditions for participation in the network plan of the carrier,
- (2) The physician is employed by or has accepted an offer of employment from a school of medicine or osteopathic medicine in Nevada and spends at least 50% of his/her time performing duties for the school,
- (3) The physician doesn't already have an established clinical practice in the State, and
- (4) The physician requests to become a participating provider of healthcare in the network of the carrier.

A carrier may deny a request or terminate a healthcare provider for specific reasons set forth in the law.

**Sponsors: Senators Roberta Lange and Pat Spearman and 1 co-sponsor**

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**[SB167](#) – Step therapy protocols**

SB167 prohibits private insurers, voluntary purchasing groups, insurance plans for state, local and private employees, and Medicaid from imposing a step therapy protocol for a drug that is approved by the Food and Drug Administration or that medical or scientific evidence establishes may be used to treat a psychiatric condition if: (1) a practitioner who meets certain requirements prescribes the drug: and (2) that practitioner reasonably expects each drug that is required to be dispensed according to the step therapy protocol to be ineffective.

**Sponsors: Senators Dondero-Loop and Pat Spearman and 10 co-sponsors**

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### [SB172](#) – Consent by a minor

SB172 clarifies that a minor must consent to an examination related to sexually transmitted diseases. It also authorizes a minor to give consent, without parental or guardian notification or consent, to services for the prevention of sexually transmitted diseases or the prescribing, dispensing or administration of a contraceptive drug or device. The law provides special provisions for family resource centers.

**Sponsors: Senators Dallas Harris, Melanie Scheible, and Fabian Donate along with 2 co-sponsors**

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### [SB191](#) – Behavior analysts

SB191 requires the Director of DHHS to provide Medicaid coverage for the cost of services provided by behavior analysts, assistant behavior analysts, and registered behavior technicians to Medicaid recipients who are less than 27 years of age. The law also increases the initial licensure fee for behavior analysts and assistant behavior analysts.

**Sponsor: Senator Heidi Seevers Gansert**

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### [SB192](#) – Public hospital board meetings

SB192 authorizes a public hospital board to conduct closed meetings on certain topics and make public minutes from those meetings no later than 5 years from the date of the meeting. The bill also permits public hospitals to employ dentists and fix their compensation.

**Sponsor: Senate Committee on Health and Human Services**

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### [SB194](#) – Exemptions to step therapy

SB194 requires certain private-sector insurers to establish a process by which an insured and his or her attending practitioner may: (1) request an exemption from a step therapy protocol that applies to prescription drugs; and (2) appeal a decision concerning such a request. The bill requires an insurer to use guidelines based on medical or scientific evidence when developing a step therapy protocol. The Commissioner of Insurance has power to administer certain penalties for violations. Some provisions of the bill do not apply to Medicaid managed care organizations, health maintenance organizations, and managed care organizations that provide services to members of the Public Employees' Benefits Program.

**Sponsors: Senators James Ohrenschall, Edgar Flores, and Lisa Krasner and 3 co-sponsors**

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### [SB221](#) – Reimbursement for cancer and rare diseases

SB221 requires the Division of Health Care Financing and Policy to create a specific Medicaid reimbursement category for clinics that provide services primarily to children with cancer and rare diseases and to establish billing guidelines and a rate methodology for these clinics.

**Sponsors: Senators Fabian Donate, Jeff Stone and Carrie Buck**

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### [SB226](#) – Public works / Prevailing wages

SB226 sets forth the legislature’s intent regarding the payment of prevailing wages. The legislature finds that: (1) the payment of prevailing wages to workers on public works projects that are funded in whole or in part by public money is essential to the economic well-being of this state and for increasing the number of skilled construction workers in it, enhancing the workforce of this State and increasing the number of skilled construction workers; (2) careful scrutiny of novel leasing and financing arrangements entered into or incentives offered by public bodies for the construction of public works is necessary to ensure that workers on public works projects are paid prevailing wages. The Labor Commissioner must issue regulations consistent with this legislative intent.

The law authorizes an organization to partner with a state or local government and provide private financing for the construction of a hospital, medical education building or medical research building in this State under certain circumstances.

The new law also addresses lease purchase agreements. If a local government uses such an agreement or leases for the construction, alteration, repair or remodeling of an improvement, workers must be paid at prevailing wages.

Legal counsel should be consulted before starting construction on a hospital or a medical facility involving a state for local government.

**Sponsors: Senator Nicole Cannizzaro and Assemblyman Steve Yeager**

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### [SB232](#) – Medicaid coverage for post-partum services

SB232 requires Medicaid coverage for postpartum care services provided to a Medicaid recipient for 12 months following the end of pregnancy.

**Sponsors: Senators Nicole Cannizzaro, Melanie Scheible, Edgar Flores, Roberta Lange, and Fabian Donate; Assemblywoman Michelle Gorelow; and 8 co-sponsors**

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### [\\*SB241](#) – Medicaid coverage for outpatient services at Critical Access Hospitals

SB241 requires Medicaid, to the extent federal financial participation is available, to provide cost-based reimbursement to Critical Access Hospitals (CAH) for outpatient and swing bed services.

CAHs are currently cost-based reimbursed for inpatient services. This bill allows CAHs to be cost based reimbursed for outpatient services and swing-bed services.

**Sponsors: Senators Robin Titus, Pete Goicochea, Ira Hansen, Fabian Donate, Assemblyman Gregory Hafen and 5 co-sponsors**

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### [SB280](#) – Contraception after childbirth

SB280 requires hospitals to provide for the insertion or injection of certain long-acting reversible contraception (LARC) if requested by a patient giving birth at a hospital. The bill also limits the amount a hospital or healthcare provider may charge an insurer for the LARC under such circumstances and prohibits an insurer from refusing to cover the insertion or injection of a LARC at the hospital immediately after an insured gives birth.

**Sponsor: Senator Rochelle Nguyen**

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### [\\*SB283](#) – Production of electronic medical records / Genetic testing / Medical debt collection / Individualized investigational treatment

SB283 is a “catch all” bill that addresses four different healthcare topics - charges for producing electronic medical records, disclosing the identity of a person who was the subject of genetic testing, medical debt collection, and investigational drugs and products.

#### ***Charges for producing electronic medical records***

The bill limits the amount a custodian of electronic health records may charge for transmitting the records of a patient. The limitations do not apply to a state or local government entity.

The custodian of electronic health records may charge:

- \$0.60 per page up to \$40.00
- If the total amount of the fee is less than \$5.00, the custodian may charge \$5.00 for the healthcare records.
- An additional fee of:
  - \$5.00 for written confirmation that no healthcare records were found.
  - \$5.00 to furnish a copy of a certificate of the custodian of healthcare records.
  - A fee of \$20 for a copy of a printed film sheet

- A fee of \$25 for a copy of radiologic images in any form other than a printed film sheet

If an injured employee requests healthcare records from an insurer, third party administrator or employer, they may furnish the records in an electronic format. Any fees for the electronic format must not exceed:

- \$15 for records delivered by electronic mail; or
- \$25 for records delivered using a secure electronic method of file sharing.

Any fee to furnish healthcare records in a form that is not electronic must not exceed \$0.30 per page.

### ***Genetic testing information***

Existing law prohibits a person from disclosing the identity of a person who was the subject of genetic test without the informed consent of the person. This bill creates an exception when the disclosure is permitted by the Health Insurance Portability and Accountability Act of 1996 and its regulations.

### ***Individualized investigational treatment***

In addition, this bill addresses experimental treatments. The bill authorizes physicians to prescribe or recommend and manufacturers to provide individualized investigational treatments and investigational drugs, biological products, and devices, and authorizes a manufacturer of an individualized investigational treatment to a patient who has been diagnosed with a life-threatening or severely debilitating disease or condition under certain circumstances.

### ***Medical debt collection***

The bill also addresses medical debt collection. It removes the requirement for sending written notification by **registered or certified** mail before taking any action to collect a medical debt. (Effective October 1, 2023)

**Sponsors: Senators Julie Pazina and Fabian Donate**

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### ***\*[SB289](#) – Workplace violence against healthcare workers***

SB289 expands the enhanced penalties for assault or battery against a healthcare provider on the premises of a hospital to a larger group of individuals. The law now applies to behavior analysts, assistant behavior analysts, registered behavior technicians, mental health technicians, public safety officers, participants in training programs to provide emergency medical services, individuals who provide healthcare services in the home for compensation, or any person who is employed by or volunteers at a healthcare facility and meets certain other requirements.

**Sponsor: Senator Rochelle Nguyen**

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### [SB330](#) – Breast cancer

SB330 requires most health insurance plans which provide coverage for mammograms to provide coverage for imaging tests to screen for breast cancer and diagnostic imaging tests for breast cancer for certain covered persons without requiring any deductible, copayment, coinsurance, or any other form of cost sharing. Some exceptions do exist. This bill does not apply to the Public Employees' Benefits Program and self-insurance plans of local governments.

**Sponsor: Senator Roberta Lange**

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### \*[SB336](#) – CRNAs in rural hospitals

SB336 authorizes a certified registered nurse anesthetist (CRNA), working under the supervision of a physician licensed to practice medicine or osteopathic medicine in Nevada, to order, prescribe, possess, and administer controlled substances, poisons, dangerous drugs, and devices to treat a person under the care of a licensed physician in a critical access hospital before, during, and after surgery or childbirth.

The bill also allows healing arts practitioners to function at the scope of their practice.

**Sponsors: Senators James Ohrenschall and Jeff Stone**

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### [SB348](#) – Closing a hospital / converting to a different type of healthcare facility / FSEDs

SB348 addresses three issues - the closure of a hospital and transactions involving certain physician group practices, the use of national provider identification numbers and notices to be given at off campus emergency medical centers.

#### ***Hospital closure and physician group practice transactions***

The bill prohibits a person from closing a hospital in a county whose population is 100,000 or more or converting a hospital to a different type of health facility without first obtaining written approval of the Director of the Department of HHS. This does not apply to any person who ceases to operate a hospital in the state. A hospital that fails to provide timely notice is subject to an administrative penalty of not more than \$5,000 per day.

The bill also places restrictions on certain transactions involving physician group practices. Violators will be referred to their licensing boards for investigation and implementation of penalties if found to be in violation.

#### ***National Provider Identifiers (NPI)***

The bill requires an off-campus location of a hospital to obtain a national provider identifier (NPI) that is distinct from the NPI used by the main campus of the hospital. A \$10,000 a day penalty, plus interest, will be imposed for failure to have a distinct NPI.

Hospitals may place the hospital's NPI and the off-campus location's NPI on a claim as long as the identifiers clearly identify which NPI corresponds to the main campus and to the off-campus location.

Independent centers for emergency medical care must also place their NPI on their claim for reimbursement.

### ***Notices in off-campus emergency medical facilities***

The bill requires off-campus emergency medical facilities to provide three notices to patients:

1. A posted sign (in English and Spanish) where patients are admitted and registered stating:

#### NOTICE

This is an emergency medical facility that treats emergency medical conditions. You will be charged for a visit to an emergency room and not for a visit to an urgent care center.

2. A prescribed document titled "Patient Information" upon registration.
3. A detailed written notice after a medical screening that does not reveal an emergency condition or after stabilizing the patient that provides specific information required by statute.

**Important Note:** Existing Nevada law requires each off-campus location of a hospital to use a national provider identifier on all claims for reimbursement or payment for healthcare services of claims that is distinct from the national provider identifier used by the main campus and other off-campus locations. NRS 449.1818. During the session, we learned that some off-campus locations do not have separate and distinct national provider identifiers and they are not used on billing statements. Please check to ensure that you have separate and distinct identifiers and those identifiers appear on the bills you send to patients and third parties.

**Sponsors: Senators Fabian Donate, James Ohrenschall, and Assemblywoman Cecelia Gonzalez and 5 co-sponsors**

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### **[SB350](#) – Graduate Medical Education grant program**

SB350 addresses the shortage of medical professionals in Nevada. The Office of Science, Innovation and Technology must establish a Graduate Medical Education Grant Program for the purpose of awarding grants to institutions seeking to create, expand, or retain accredited programs for residency training and postdoctoral fellowships for physicians. The Office is required to give priority to grant applications made for the purpose of retaining programs and postdoctoral fellowships when federal funding expires.

The bill also creates the Advisory Council on Graduate Medical Education. Its members include the dean of each medical school, two physicians, two hospital representatives (from a large and a small county), a representative of a Medical Corp of the Armed Forces, a representative of DHHS, and a representative of the Office of Economic Development. The Council is tasked with evaluating and making recommendations on grant applications and studying and making recommendations to the Office of Science, Innovation and Technology, the Governor, and the Legislature related to graduate medical education.

**Sponsors: Senators Julie Pazina, Marilyn Dondero Loop, Roberta Lange, Lisa Krasner and Fabian Donate along and 11 co-sponsors**

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### [SB370](#) – Consumer health data and privacy

SB370 prescribes various protections for consumer health data related to the collection, sharing, and selling of the data. It also prohibits a person from implementing a geofence within 1,750 feet of any person or entity that provides in-person healthcare services or products in most circumstances.

The new law **does not apply** to any person or entity that is subject to the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, and the regulations adopted pursuant thereto.

**Sponsors: Senators Nicole Cannizzaro, Rochelle Nguyen, Fabian Donate and 6 co-sponsors**

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### [\\*SB375](#) – Undergraduate and graduate nursing program expansion

SB375 provides \$10 million in funding for State’s fiscal year 2023-2024 and for state fiscal year 2024-2025 for the development of nursing programs. The Board of Regents of the Nevada System of Higher Education is directed to develop a grant program to expand undergraduate and graduate nursing programs.

The board may use the grants for operating costs associated with expanding the nursing programs including costs related to faculty, staff, and equipment, but may not be used for the construction of new facilities.

**Sponsors: Senators Heidi Seevers Gansert and Nicole Cannizzaro and Assemblymen Steve Yeager and Philip P.K. O’Neill**

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### [SB385](#) – Hospital dieticians

SB385 requires a hospital to ensure that a patient or the person with primary responsibility for the care of the patient meets or knows how to contact the dietician assigned to the patient’s care team if the patient is discharged to home or a rehabilitation center. The bill also requires agencies that provide care to patients at home to consult with a dietician to address the dietary needs of the patient, and it provides Medicaid coverage for polycarbonate lenses and certain dental services.

**Sponsor: Senator Dina Neal**

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### [SB390](#) – Neurodegenerative diseases

SB390 authorizes the Department of Brain Health at the University of Nevada, Las Vegas, to create a registry for neurodegenerative diseases such as Parkinson’s, Alzheimer’s, and Multiple Sclerosis. Patients must “opt in” to participate in the collection of their information.

Senator Scheible is collaborating with the Michael J. Fox Foundation, which is working to create a nationwide registry to identify trends and patterns and to enhance research.

**Sponsors: Senators Melanie Scheible and Dina Neil and 3 co-sponsors**

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### \*[SB435](#) – Medicaid Provider Fee

SB435 relates to the proposed Private Hospital Medicaid Provider Fee Program. The bill allows the state to use money generated by the provider fee program to compensate public hospitals if their supplemental payment programs are adversely affected by the provider fee program.

Additionally, SB435 sets aside 15% of revenues collected from the provider fee program for two purposes:

- (1) to cover the State’s share of the premium tax and cost to administer the program and
- (2) to support the State’s efforts to improve community access to community based behavioral health services and reduce the burden on Hospital Emergency Rooms by intervening early and, thereby, reducing facility-based care.

The bill states further that if the program voted upon is changed, hospitals will have the opportunity to vote to continue or modify the program.

**Sponsor: Senate Committee on Health and Human Services**

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### III. Legislation that died during the legislative process

#### \*[AB6](#) – Cost Growth Benchmark

AB6 established a healthcare cost growth benchmark program for Nevada and codified the benchmark targets set forth in Governor Sisolak’s Executive Order. The bill was recommended by the Patient Protection Commission.

**Sponsor: Assembly Committee on Health and Human Services**

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#### [AB69](#) – Loan repayment program to include behavioral healthcare providers

AB69 expanded Nevada Health Service Corps loan repayment program to include providers of behavioral healthcare.

**Sponsor: Assembly Committee on Education**

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#### [AB85](#) – Hospital rate setting

AB85 created the Independent Commission on Rates for Health Care Services to set rates charged by hospitals, independent centers for emergency medical care, and surgical centers for ambulatory patients.

**Sponsor: Assemblyman David Orentlicher**

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#### [AB103](#), [SB130](#), and [SB136](#) – Limiting Governor’s authority during states of emergency

AB103, SB130, and SB136 each limited the length of time that a Governor’s declaration of a state of emergency or declaration of disaster could remain in effect without Legislative approval.

**Sponsors (AB103): Assemblywoman Jill Dickman and Senator Robin Titus**

**Sponsors (SB130): Senators Robin Titus, Carrie Buck, and Lisa Krasner and 2 co-sponsors**

**Sponsors (SB136): Senators Lisa Krasner, Pete Goicoechea, Robin Titus, Carrie Buck, and Ira Hansen**

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### [AB108](#) – Nursing Licensure Compact

AB108 enacted the Nurse Licensure Compact.

**Sponsor: Assembly Committee on Commerce and Labor**

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### [AB198](#) – CRNAs

AB198 allowed a CRNA, who is under the supervision of a licensed physician, to order, prescribe, possess, and administer controlled substances in a critical access hospital. (See SB336)

**Sponsor: Assemblyman Orentlicher**

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### [AB199](#) – Chiropractors

AB199 authorized a chiropractic physician to evaluate and treat a person who sustained a head injury.

**Sponsors: Assemblywoman Bea Duran and 6 co-sponsors**

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### [AB209](#) – Medical malpractice

AB209 repealed numerous medical malpractice tort reforms and was replaced by AB404 which passed.

**Sponsors: Assemblywoman Cecelia Gonzalez and 5 co-sponsors**

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### [AB263](#) – Water management program for Legionnaire’s Disease

AB263 required certified inspectors to design water management plans for intermediate care facilities, skilled nursing facilities, and hospitals.

**Sponsor: Assemblyman Howard Watts**

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[AB406](#) – Discharge regulations for homeless persons

AB406 required the State Board of Health to adopt regulations relating to the discharge from a hospital of persons who are homeless or who are at an elevated risk of becoming homeless.

**Sponsor: Assemblywoman Michelle Gorelow**

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\*[AB411](#) – Medical use of cannabis by terminally ill patients in hospitals

AB411 allowed terminally ill patients to utilize non-smoking/vaping forms of cannabis for symptom relief in nursing homes, hospice, and hospitals.

**Sponsor: Assembly Committee on the Judiciary**

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[AB490](#) – Academic Medical Districts

AB490 sought to create an academic medical district to facilitate economic development and to improve access to quality health care for the residents of Nevada.

**Sponsor: Assemblyman Steve Yeager**

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[SB142](#) – Homeless Persons' Bill of Rights

SB142 created and enacted a homeless person's bill of rights.

**Sponsors: Senators Dallas Harris, Melanie Scheible, Edgar Flores, Fabian Donate, and James Ohrenschall and 2 co-sponsors**

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[SB202](#) – Accurate record of medication for certain high-risk patients admitted to hospitals

SB202 required a pharmacist at a hospital with 100 or more beds to prepare an accurate record of a high-risk patient's medications.

**Sponsor: Senator Jeff Stone**

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### [SB324](#) – School of nursing provisions

SB324 increased the nursing faculty to student ratio to 1:10. It also required the Board to establish requirements governing the supervision of adjunct faculty members who are not an employee of the school.

**Sponsors: Senators Heidi Seevers Gansert, Robin Titus, Jeff Stone, Lisa Krasner, and Carrie Buck and 2 co-sponsors**

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### [SB73](#) – COVID-19 liability immunity

SB73 provided medical facilities and independent contractors with immunity from civil liability claims related to COVID-19.

**Sponsor: Senator Robin Titus**

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### [SB201](#) – Practice of pharmacists

SB201 authorized a pharmacist to collect a specimen using any method available. Currently, a pharmacist may only use a fingerstick or oral or nasal swab to collect a specimen.

**Sponsors: Senators Jeff Stone, Pete Goicoechea, and Ira Hansen**

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### [SB392](#) – Kitchen exhaust systems

SB392 required the owner or operator of a building with a kitchen hood exhaust system to have the system inspected by a technician with certain qualifications.

**Sponsors: Senator Dallas Harris and 9 co-sponsors**

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## IV. Legislation Vetoed by the Governor

### \*[AB11](#) – Employment of physicians

AB11 prohibited private hospitals from employing physicians and placed restrictions on hospital contracts with physicians. The bill was recommended by the Patient Protection Committee.

**Sponsor: Assembly Committee on Health and Human Services**

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### [AB201](#) – Behavioral health

AB201 addressed several aspects of behavioral health. It required the Department of HHS to track the saving that would have occurred through the expenditure of federal and state money on the children's behavioral health system of care; required multiple reports, a strategic plan and review of such plan; allowed the Board of Health to license facilities providing behavioral healthcare or treatment; and required an interim study on the feasibility of formulating and operating a comprehensive plan to provide behavioral health services in Nevada.

**Sponsor: Assembly Committee on Health and Human Services**

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### [AB250](#) – Maximum Fair Pricing

AB250 attempted to mimic the federal government's program for maximum fair pricing for certain drugs.

**Sponsor: Assemblywomen Venicia Considine and Natha Anderson**

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### [AB437](#) – Charges for leave of absence forms

AB437 prohibited healthcare providers from charging a person a fee to complete an unpaid leave of absence form in certain circumstances.

**Sponsor: Assembly Committee on Commerce and Labor**

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### [SB239](#) – Self administration of life ending medication

SB239 allowed physicians and APRNs to prescribe medications designed to end the life of a patient under certain circumstances.

**Sponsors: Senators Edgar Flores, Dallas Harris, Pat Spearman, Nicole Cannizzaro; Assemblywomen Selena Torres, Cecilia Gonzalez, and Michelle Gorelow; Assemblymen Duy Nguyen and Howard Watts; 10 co-sponsors**

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**[SB419](#) – HOPES Act**

SB419 addressed the transmittal of electronic medical records; the coverage of prenatal, labor, and delivery care for undocumented individuals; and several other healthcare issues.

**Sponsor: Senate Committee on Health and Human Services**

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**[SB433](#) – Prevailing wages**

SB433 required the Labor Commissioner to adopt regulations establishing the factors to be considered when determining whether prevailing wages must be paid on a project and provided that : (1) the Labor Commissioner is not bound by any determination or finding of a public body relating to the applicability of the requirements for the payment of prevailing wages; and (2) any determination made by the Labor Commissioner is a final order for purposes of judicial review.

**Sponsor: Senator Skip Daly**

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