

Amendment No. 128

Senate Amendment to Senate Bill No. 196

(BDR 40-84)

Proposed by: Senate Committee on Health and Human Services**Amends:** Summary: No Title: No Preamble: No Joint Sponsorship: No Digest: Yes

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

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

EWR/RBL



Date: 4/6/2015

S.B. No. 196—Makes various changes concerning health care. (BDR 40-84)



SENATE BILL NO. 196—COMMITTEE ON
HEALTH AND HUMAN SERVICES

FEBRUARY 26, 2015

Referred to Committee on Health and Human Services

SUMMARY—Makes various changes concerning health care. (BDR 40-84)

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

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

AN ACT relating to health care; requiring the Division of Public and Behavioral Health of the Department of Health and Human Services to establish the Stroke Registry; providing for the inclusion of comprehensive stroke centers on the list of stroke centers maintained by the Division; requiring a hospital on the list of stroke centers to report certain data to the Registry; revising provisions governing continuing education requirements for certain providers of health care; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Section 6 of this bill requires the Division of Public and Behavioral Health of the Department of Health and Human Services to establish and maintain the Stroke Registry to compile information and statistics concerning the treatment of patients who suffer from strokes. **Section 7** of this bill requires the Division to encourage and facilitate the sharing of information and data concerning the treatment of patients who suffer from strokes. **Section 8** of this bill requires the Division to: (1) adopt and carry out procedures for using the Registry to improve the quality of care provided to patients who suffer from strokes in this State; and (2) compile an annual report concerning the Registry and, on or before June 1 of each year, post the report on the Division's Internet website and submit the report to the Governor and the Legislative Committee on Health Care.

Existing law requires any provision that adds or revises a requirement to submit a report to the Legislature to: (1) expire by limitation after 5 years; or (2) contain a statement by the Legislature setting forth the justification for continuing the requirement for more than 5 years. (NRS 218D.380) To comply with this requirement, **section 11** of this bill provides for the expiration by limitation after 5 years of the requirement that the Division submit the report concerning the Registry to the Legislative Committee on Health Care.

Existing law requires the Division to establish a list of hospitals that are certified as primary stroke centers by the Joint Commission. (NRS 449.203) **Section 9** of this bill provides for this list to include hospitals that are certified as comprehensive stroke centers by the Joint Commission as well. **Section 9** also requires each hospital included on this list to report to the Registry *certain data* ~~prescribed by the Division~~ concerning treatment of patients who suffer from strokes.

Section 10 of this bill authorizes a provider of health care to use credit earned for continuing education relating to Alzheimer's disease in place of not more than 2 hours each year of the requirements for continuing education, other than any requirements for continuing

education relating to ethics. **Section 10** also provides an exception for a specific statute or regulation that requires or authorizes a provider of health care to use a greater number of credits earned for continuing education relating to Alzheimer's disease to satisfy such requirements.

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

Section 1. Chapter 439 of NRS is hereby amended by adding thereto the provisions set forth as sections 2 to 8, inclusive, of this act.

Sec. 2. *As used in sections 2 to 8, inclusive, of this act, unless the context otherwise requires, the words and terms defined in sections 3, 4 and 5 of this act have the meanings ascribed to them in those sections.*

Sec. 3. *"Provider of emergency medical services" means each operator of an ambulance or air ambulance and each fire-fighting agency that has a permit to operate pursuant to chapter 450B of NRS and provides transportation to hospitals for persons in need of emergency services and care.*

Sec. 4. *"Provider of health care" has the meaning ascribed to it in NRS 629.031.*

Sec. 5. *"Registry" means the Stroke Registry established pursuant to section 6 of this act.*

Sec. 6. 1. The Division shall:

(a) *Establish and maintain the Stroke Registry to compile information and statistics concerning the treatment of patients who suffer from strokes. The information and statistics must align with the ~~stroke~~ consensus ~~metrics developed and approved by the American Heart Association, the Centers for Disease Control and Prevention and~~ measures prescribed by the Paul Coverdell National Acute Stroke Registry of the Centers for Disease Control and Prevention of the United States Department of Health and Human Services, the Joint Commission ~~+~~, the American Heart Association and the American Stroke Association. The Division may request the input, advice and assistance of the Advisory Council on the State Program for Wellness and the Prevention of Chronic Disease established pursuant to NRS 439.518 concerning the establishment and maintenance of the Registry.*

(b) *Use, as the data platform for the Registry, the Get With The Guidelines-Stroke data management platform established by the American Heart Association and American Stroke Association or a similar data management platform with substantially equivalent security standards for data.*

(c) *To the extent practicable to avoid redundancy, coordinate with nonprofit organizations involved in stroke treatment and research concerning the collection and maintenance of data in the Registry.*

(d) *Encourage the reporting of data to the Registry by medical facilities, including, without limitation, hospitals certified as acute stroke-ready hospitals by the Joint Commission, providers of health care and providers of emergency medical services that treat patients who suffer from strokes, including, without limitation, those that are not required to submit information to the Registry pursuant to NRS 449.203.*

(e) *Using guidelines prescribed by a nationally recognized organization involved in stroke treatment and research, ~~adopt regulations setting forth the types of~~ determine which data ~~that~~ may be reported to the Registry, ~~and the manner in which that data must be reported.~~ Such data must include, without*

limitation, the consensus measures prescribed by the Paul Coverdell National Acute Stroke Registry of the Centers for Disease Control and Prevention of the United States Department of Health and Human Services, the Joint Commission, the American Heart Association and the American Stroke Association.

(f) Make aggregated data from the Registry available to each medical facility, provider of health care and provider of emergency medical services that treats patients who suffer from strokes in this State.

2. The Division may apply for and accept any gift, donation, bequest, grant or other source of money to carry out the provisions of sections 2 to 8, inclusive, of this act.

3. As used in this section, "data management platform" means a centralized computing system for collecting, integrating and managing data.

Sec. 7. The Division shall:

1. Encourage medical facilities, providers of health care and providers of emergency medical services to share information and data concerning the treatment of patients who suffer from strokes to improve the quality of care for those patients in this State; and

2. Facilitate the sharing and analysis of the information and data specified in subsection 1.

Sec. 8. 1. The Division shall adopt and carry out procedures for using the Registry. The procedures must include, without limitation:

(a) Analyzing data in the Registry concerning the response to and treatment of strokes; and

(b) Identifying potential solutions for improving the treatment of patients who have suffered strokes in particular geographic areas of this State and in this State as a whole.

2. The Division shall compile an annual report concerning the operation and use of the Registry and the data collected by the Registry. On or before June 1 of each year, the Division shall post the report on its Internet website, if any, and submit the report to the Governor and the Director of the Legislative Counsel Bureau for transmittal to the Legislative Committee on Health Care. The report must include, without limitation:

(a) Aggregated data from the Registry; and

(b) Any recommendations for legislation designed to improve the quality of care provided to patients who suffer from strokes in this State.

Sec. 9. NRS 449.203 is hereby amended to read as follows:

449.203 1. A hospital licensed pursuant to NRS 449.030 to 449.2428, inclusive, may submit to the Division proof that the hospital is certified as a *comprehensive or* primary stroke center by the Joint Commission, its successor organization or an equivalent organization approved by the Division. Upon receiving proof that a hospital is certified as a *comprehensive or* primary stroke center, the Division shall include the hospital on the list established pursuant to subsection 2.

2. On or before July 1 of each year, the Division shall post a list of the hospitals designated as *comprehensive or* primary stroke centers on an Internet website maintained by the Division.

3. If a hospital wishes to be included as a *comprehensive or* primary stroke center on the list established pursuant to subsection 2, the hospital must annually resubmit the proof required pursuant to this section.

4. The Division may remove a hospital from the list established pursuant to subsection 2 if the certificate recognizing the hospital as a *comprehensive or* primary stroke center issued by the Joint Commission, its successor organization or an equivalent organization, as applicable, is suspended or revoked.

5. A hospital that is not included on the list established pursuant to subsection 2 as a *comprehensive or* primary stroke center shall not represent, advertise or imply that the hospital is designated as a *comprehensive or* primary stroke center.

6. *A hospital that is included on the list established pursuant to subsection 2 as a comprehensive or primary stroke center shall report to the Stroke Registry all ~~data prescribed in the regulations adopted pursuant to section 6 of this act.~~ consensus measures prescribed by the Paul Coverdell National Acute Stroke Registry of the Centers for Disease Control and Prevention of the United States Department of Health and Human Services, the Joint Commission, the American Heart Association and the American Stroke Association.*

7. The provisions of this section do not prohibit a hospital that is licensed pursuant to NRS 449.030 to 449.2428, inclusive, from providing care to a victim of stroke if the hospital does not have a designation as a *comprehensive or* primary stroke center.

~~7.8.~~ 8. The Board may adopt regulations to carry out the provisions of this section and to designate hospitals with similar certifications which are recognized by the Joint Commission, its successor organization or an equivalent organization.

9. *As used in this section, "Stroke Registry" means the Stroke Registry established pursuant to section 6 of this act.*

Sec. 10. Chapter 629 of NRS is hereby amended by adding thereto a new section to read as follows:

Unless a specific statute or regulation requires or authorizes a greater number of hours, a provider of health care may use credit earned for continuing education relating to Alzheimer's disease in place of not more than 2 hours each year of the continuing education that the provider of health care is required to complete, other than any continuing education relating to ethics that the provider of health care is required to complete.

Sec. 11. Section 8 of this act is hereby amended to read as follows:

Sec. 8. 1. The Division shall adopt and carry out procedures for using the Registry. The procedures must include, without limitation:

(a) Analyzing data in the Registry concerning the response to and treatment of strokes; and

(b) Identifying potential solutions for improving the treatment of patients who have suffered strokes in particular geographic areas of this State and in this State as a whole.

2. The Division shall compile an annual report concerning the operation and use of the Registry and the data collected by the Registry. On or before June 1 of each year, the Division shall post the report on its Internet website, if any, and submit the report to the Governor. ~~and the Director of the Legislative Counsel Bureau for transmittal to the Legislative Committee on Health Care.~~ The report must include, without limitation:

(a) Aggregated data from the Registry; and

(b) Any recommendations for legislation designed to improve the quality of care provided to patients who suffer from strokes in this State.

Sec. 12. 1. This section and sections 1 to 10, inclusive, of this act become effective:

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

(b) On January 1, 2016, for all other purposes.

2. Section 11 of this act becomes effective on January 1, 2021.