
ASSEMBLY BILL NO. 52—COMMITTEE ON
HEALTH AND HUMAN SERVICES

(ON BEHALF OF CLARK COUNTY)

PREFILED DECEMBER 6, 2008

Referred to Committee on Health and Human Services

SUMMARY—Requires hospitals in certain larger counties to provide certain types of emergency services and care. (BDR 40-448)

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 hospitals in certain larger counties to provide certain types of emergency services and care; providing an exception if a hospital has entered into a written agreement with another hospital for the transfer and treatment of patients; and providing other matters properly relating thereto.

Legislative Counsel’s Digest:

1 Hospitals in this State are required to provide emergency services and care, and
2 it is unlawful for a hospital or a physician working in a hospital emergency room to
3 refuse to accept or treat a patient in need of emergency services and care. (NRS
4 439B.410) **Section 1** of this bill requires a hospital located in a county whose
5 population is 400,000 or more (currently Clark County) to provide certain types of
6 emergency services and care if the hospital has on its medical staff a physician who
7 is privileged to practice in that type of specialty service or care or to enter into an
8 agreement with another hospital to provide the specific service or care not offered
9 by the hospital.



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

1 **Section 1.** NRS 439B.410 is hereby amended to read as
2 follows:

3 439B.410 1. Except as otherwise provided in subsection ~~4,~~
4 **5**, each hospital in this State has an obligation to provide emergency
5 services and care, including care provided by physicians and nurses,
6 and to admit a patient where appropriate, regardless of the financial
7 status of the patient.

8 2. *Except as otherwise provided in this subsection and*
9 *subsection 5, each hospital located in a county whose population*
10 *is 400,000 or more shall, to satisfy its obligation pursuant to*
11 *subsection 1, provide the following services and care if the*
12 *hospital has on its medical staff at least one physician who is*
13 *privileged to practice in the type of specialty service or care:*

- 14 (a) *Cardiology services;*
- 15 (b) *Gastroenterological services;*
- 16 (c) *General surgical services;*
- 17 (d) *Neurosurgical services;*
- 18 (e) *Ophthalmology services;*
- 19 (f) *Oral and maxillofacial surgical services;*
- 20 (g) *Orthopedic services;*
- 21 (h) *Otolaryngology services; and*
- 22 (i) *Urological services.*

23 ↪ *A hospital that does not offer a type of emergency service or*
24 *care required by this subsection shall enter into a written*
25 *agreement for the transfer and treatment of patients with another*
26 *hospital to provide that specific type of emergency service or care.*

27 3. Except as otherwise provided in subsection ~~4,~~ **5**, it is
28 unlawful for a hospital or a physician working in a hospital
29 emergency room to:

30 (a) Refuse to accept or treat a patient in need of emergency
31 services and care; or

32 (b) Except when medically necessary in the judgment of the
33 attending physician:

34 (1) Transfer a patient to another hospital or health facility
35 unless, as documented in the patient's records:

36 (I) A determination has been made that the patient is
37 medically fit for transfer;

38 (II) Consent to the transfer has been given by the
39 receiving physician, hospital or health facility;

40 (III) The patient has been provided with an explanation of
41 the need for the transfer; and



1 (IV) Consent to the transfer has been given by the patient
2 or his legal representative; or

3 (2) Provide a patient with orders for testing at another
4 hospital or health facility when the hospital from which the orders
5 are issued is capable of providing that testing.

6 ~~[3-]~~ 4. A physician, hospital or other health facility which
7 treats a patient as a result of a violation of subsection ~~[2]~~ 3 by a
8 hospital or a physician working in the hospital is entitled to recover
9 from that hospital an amount equal to three times the charges for the
10 treatment provided that was billed by the physician, hospital or other
11 health facility which provided the treatment, plus reasonable
12 attorney's fees and costs.

13 ~~[4-]~~ 5. This section does not prohibit the transfer of a patient
14 from one hospital to another:

15 (a) When the patient is covered by an insurance policy or other
16 contractual arrangement which provides for payment at the
17 receiving hospital;

18 (b) After the county responsible for payment for the care of an
19 indigent patient has exhausted the money which may be
20 appropriated for that purpose pursuant to NRS 428.050, 428.285 and
21 450.425; or

22 (c) When the hospital cannot provide the services needed by the
23 patient ~~[1-]~~ *and the hospital has entered into a written agreement
24 for the transfer and treatment of patients, if such an agreement is
25 required pursuant to subsection 2.*

26 ↪ No transfer may be made pursuant to this subsection until the
27 patient's condition has been stabilized to a degree that allows the
28 transfer without an additional risk to the patient.

29 ~~[5-]~~ 6. As used in this section:

30 (a) "Emergency services and care" means medical screening,
31 examination and evaluation by a physician or, to the extent
32 permitted by a specific statute, by a person under the supervision of
33 a physician, to determine if an emergency medical condition or
34 active labor exists and, if it does, the care, treatment and surgery by
35 a physician necessary to relieve or eliminate the emergency medical
36 condition or active labor, within the capability of the hospital. As
37 used in this paragraph:

38 (1) "Active labor" means, in relation to childbirth, labor that
39 occurs when:

40 (I) There is inadequate time before delivery to transfer the
41 patient safely to another hospital; or

42 (II) A transfer may pose a threat to the health and safety
43 of the patient or the unborn child.

44 (2) "Emergency medical condition" means the presence of
45 acute symptoms of sufficient severity, including severe pain, such



1 that the absence of immediate medical attention could reasonably be
2 expected to result in:

- 3 (I) Placing the health of the patient in serious jeopardy;
- 4 (II) Serious impairment of bodily functions; or
- 5 (III) Serious dysfunction of any bodily organ or part.

6 (b) "Medically fit" means that the condition of the patient has
7 been sufficiently stabilized so that he may be safely transported to
8 another hospital, or is such that, in the determination of the
9 attending physician, the transfer of the patient constitutes an
10 acceptable risk. Such a determination must be based upon the
11 condition of the patient, the expected benefits, if any, to the patient
12 resulting from the transfer and whether the risks to the patient's
13 health are outweighed by the expected benefits, and must be
14 documented in the patient's records before the transfer.

15 ~~[6-]~~ 7. If an allegation of a violation of the provisions of
16 subsection ~~[2]~~ 3 is made against a hospital licensed pursuant to the
17 provisions of chapter 449 of NRS, the Health Division of the
18 Department shall conduct an investigation of the alleged violation.
19 Such a violation, in addition to any criminal penalties that may be
20 imposed, constitutes grounds for the denial, suspension or
21 revocation of such a license, or for the imposition of any sanction
22 prescribed by NRS 449.163.

23 ~~[7-]~~ 8. If an allegation of a violation of the provisions of
24 subsection ~~[2]~~ 3 is made against:

25 (a) A physician licensed to practice medicine pursuant to the
26 provisions of chapter 630 of NRS, the Board of Medical Examiners
27 shall conduct an investigation of the alleged violation. Such a
28 violation, in addition to any criminal penalties that may be imposed,
29 constitutes grounds for initiating disciplinary action or denying
30 licensure pursuant to the provisions of subsection 3 of
31 NRS 630.3065.

32 (b) An osteopathic physician licensed to practice osteopathic
33 medicine pursuant to the provisions of chapter 633 of NRS, the
34 State Board of Osteopathic Medicine shall conduct an investigation
35 of the alleged violation. Such a violation, in addition to any criminal
36 penalties that may be imposed, constitutes grounds for initiating
37 disciplinary action pursuant to the provisions of subsection 1 of
38 NRS 633.131.

39 **Sec. 2.** This act becomes effective on July 1, 2009.

