## ASSEMBLY BILL NO. 263-ASSEMBLYMAN WATTS

## MARCH 7, 2023

### Referred to Committee on Health and Human Services

SUMMARY—Enacts provisions relating to the transmission of Legionnaires' disease by building water systems in certain health care facilities. (BDR 40-125)

FISCAL NOTE: Effect on Local Government: Increases or Newly
Provides for Term of Imprisonment in County or City
Jail or Detention Facility.
Effect on the State: Yes.

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

AN ACT relating to water; enacting provisions relating to the transmission of Legionnaires' disease by certain building water systems in covered health care facilities; providing a penalty; and providing other matters properly relating thereto.

#### Legislative Counsel's Digest:

Existing law authorizes the State Board of Health to adopt regulations governing the control of communicable diseases in this State, including regulations specifically relating to the control of such diseases in educational, medical and correctional institutions. (NRS 441A.120) Existing law also establishes requirements for: (1) a provider of health care, medical facility or laboratory director to report if a person has or is suspected of having a communicable disease; and (2) the health authority to investigate such reports. (NRS 441A.150-441A.165) This bill establishes certain requirements for the building water systems in covered health care facilities to limit the risk of the transmission of Legionnaires' disease.

**Section 5** of this bill defines the term "covered health care facility" to mean a health care facility: (1) in which a patient's stay may exceed 24 hours; (2) that contains one or more areas to house and treat patients receiving treatment for burns, chemotherapy, solid organ transplantation or bone marrow transplantation; or (3) that contains one or more areas to house and treat patients who are immunocompromised, at-risk individuals, on medications that weaken the immune system or have renal disease, diabetes or chronic lung disease.

Sections 3, 4 and 6-8 of this bill define certain other terms relating to the provisions of this bill for covered health care facilities.

**Section 9** of this bill requires each owner or operator of a covered health care facility to adopt and implement a water management plan for the building water system to minimize the risks of the transmission of Legionnaires' disease by the





building water system, which, among other requirements, must: (1) be designed by a water management team that includes persons holding certain certifications relating to water management and infection control; and (2) include provisions for sampling of the water from the building water system at certain specified locations. **Section 9** further requires the owner or operator of the covered health care facility to review the water management plan on an annual basis.

**Section 10** of this bill requires each owner or operator of a covered health care facility with a cooling tower to adopt and implement a maintenance program and plan for each cooling tower which must include a schedule for routine bacteriological culture sampling and analysis and *Legionella* culture sampling and analysis at certain intervals and upon the occurrence of certain events.

**Section 11** of this bill requires a provider of health care, medical facility or laboratory director to immediately notify the health authority upon the suspicion or positive diagnosis of Legionnaires' disease connected to a covered health care facility.

Section 12 of this bill requires the Board to adopt regulations to carry out the provisions of sections 2-14 of this bill.

**Section 13** of this bill requires the Board to submit a report to the Governor and the Director of the Legislative Counsel Bureau detailing the occurrence of Legionnaires' disease in this State.

**Section 14** of this bill provides that a covered health care facility that violates the provisions of **sections 2-14** or any regulation adopted or order issued pursuant thereto is a public nuisance and may be abated by the health authority.

As a result of the inclusion of **sections 2-14** in chapter 441A of NRS, a person who violates the provisions of **sections 2-14** is guilty of a misdemeanor.

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

- **Section 1.** Chapter 441A of NRS is hereby amended by adding thereto the provisions set forth as sections 2 to 14, inclusive, of this act.
  - Sec. 2. As used in sections 2 to 14, inclusive, of this act, unless the context otherwise requires, the words and terms defined in sections 3 to 8, inclusive, of this act, have the meanings ascribed to them in those sections.
  - Sec. 3. "ASSE Series 12000" means the ASSE/IAPMO/ANSI Series 12000-2021, <u>Professional Qualifications Standard for Water Management and Infection Control Risk Assessment for Building Systems</u>, published by ASSE International, or its successor organization.
  - Sec. 4. "Building water system" means a potable or nonpotable water system in a building or building site, including, without limitation, a water supply system, decorative water feature, evaporative cooler or condenser, whirlpool, humidification system or any other aerosolizing water feature.
- Sec. 5. "Covered health care facility" means a health care facility:
  - 1. Where a patient's length of stay may exceed 24 hours;



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2. That contains one or more areas for housing or treating patients that are receiving treatment for burns, chemotherapy, organ transplants or bone marrow transplants; or

3. That contains one or more areas for housing or treating patients that are immunocompromised, at-risk individuals, taking medications that weaken the immune system or have renal disease,

diabetes or chronic lung disease.

Sec. 6. "Health care facility" means any facility licensed pursuant to chapter 449 of NRS.

Sec. 7. "Legionnaires' disease" means a pulmonary disease caused by the Legionella bacterium.

- Sec. 8. "Standard 188" means ANSI/ASHRAE Standard 188-2018, Legionellosis: Risk Management for Building Water Systems, published by the American Society of Heating, Refrigerating and Air-Conditioning Engineers, or its successor organization.
- **Sec. 9.** 1. Each owner or operator of a covered health care facility shall adopt and implement a water management program to minimize the growth and transmission of <u>Legionella</u> bacteria in the building water system in accordance with the provisions of sections 2 to 14, inclusive, of this act and any regulations adopted pursuant thereto.
- 2. The water management program required pursuant to subsection 1 must, without limitation:
  - (a) Be consistent with the most recent version of Standard 188;
- (b) Be designed by a water management team that includes, without limitation:
- (1) At least one person who holds the Water Quality Program Certification for Employers and Designated Representatives, ASSE 12060;
- (2) At least one person who holds the <u>Legionella</u> Water Safety and Management Personnel Certification, ASSE 12080;
- (c) Require that any work or services necessary to administer the water management program including, without limitation, testing, culture sampling and analysis, cleaning, flushing, disinfecting, testing, prevention, control or remediation measures, are performed by persons and organizations that have been certified in accordance with the most recent edition of ASSE Series 12000;
- (d) Establish procedures to confirm, as an initial matter and on an ongoing basis, that the water management plan has been implemented as designed and that the program is effectively controlling any hazardous conditions throughout the building water system; and





- (e) Establish procedures to conduct sampling and analysis of the building water system in accordance with subsection 3 and any regulations adopted by the Board pursuant to section 12 of this act.
- 3. A water management program adopted pursuant to this section must set forth requirements to sample the building water system for the presence of <u>Legionella</u> bacteria at the following locations, as applicable:
- (a) At least one sample of the inlet cold water supply at the first available tap;
- (b) One sample from the return piping of the circulated potable water system;
  - (c) One sample from the outlet of a heating system;
- (d) Except as otherwise provided in paragraph (e), at least three samples collected from each floor as follows:
- (1) One sample from the tap closest to first delivery of hot water from the riser;
  - (2) One sample from the middle of the water system; and
- (3) One sample from the last outlet before the water returns to the piping that conveys water back to the heater;
- (e) If there are extensive lengths of piping and complex paths, one additional sample collected from each floor in accordance with paragraph (d);
- (f) During an investigation of an occurrence or potential occurrence of Legionnaires' disease, at least one sample from any portion of the building water system that serves a location in the covered health care facility that houses affected patients or residents:
- (g) If risers supply multiple circulation loops with each loop providing water to a group of rooms, samples from locations served by each loop; and
- (h) During an initial assessment of a covered health care facility, a surface sample at locations representing the middle or end of the hot water line on each floor.
- 4. The owner or operator of a covered health care facility shall:
- (a) Except as otherwise provided in this paragraph, review the water management program and the sampling and analysis of the building water system conducted in accordance with the program on an annual basis. The owner or operator shall conduct an additional review of the water management program and sampling and analysis of the building water system if:
- (1) One or more cases of Legionnaires' disease are or may be associated with the covered health care facility;





(2) Construction, modification or repair work has been completed which may affect the building water system;

(3) The hematopoietic stem cell transplant and solid organ

transplant units, if present, are expanded or relocated; or

(4) Any other event determined by the Board that requires additional review.

(b) Maintain records of the water management program and all sampling details and results for at least 3 years. Such records must be made available for inspection by the Board or health authority upon request.

Sec. 10. 1. In addition to the requirements set forth in section 9 of this act, the owner or operator of a covered health care facility with a cooling tower system shall adopt and operate a maintenance program and plan for each cooling tower that has been developed in accordance with Standard 188, which must, without limitation:

(a) Establish a schedule for:

(1) Routine bacteriological culture sampling and analysis to assess microbiological activity at intervals not to exceed 30 days while the cooling tower is in use, which must include, without limitation, additional bacteriological culture sampling and analysis as needed to validate process adjustments.

- (2) Routine <u>Legionella</u> culture sampling and analysis beginning not less than 14 days after the first day of the beginning of the seasonal use of the cooling tower and proceeding at intervals of not more than 90 days while the cooling tower is in use. If the cooling tower is used year-round, the schedule must require sampling and analysis at intervals of not more than 90 days and within 14 days following any maintenance that requires restarting the cooling tower.
- (b) Establish requirements for immediate <u>Legionella</u> culture sampling and analysis:
- (I) In the event of power failure of sufficient duration to allow for the growth of bacteria;

(2) In the event of the loss of biocide treatment of sufficient duration to allow for the growth of bacteria;

(3) In the event of the failure of conductivity control or any other control method to maintain proper cycles of concentration;

- (4) If the Board or health authority determines, based on epidemiologic data or laboratory testing, that one or more cases of Legionnaires' disease is or may be associated with the cooling tower; or
- (5) If any other event occurs that requires immediate sampling and analysis as determined by the Board.





- (c) Include a shutdown and disinfection plan for removing or permanently discontinuing the use of the cooling tower;
- (d) Require the treatment and manual or automated flushing of any piping, basin, sump or wetted surface in idle conditions; and
- (e) Require the cleaning and disinfection of the cooling tower before start-up if the cooling tower has been shut down without treatment and recirculation for more than 5 consecutive days.
- 2. The operator or owner of the covered health care facility with a cooling tower shall ensure that any work or services for the cooling tower required by Standard 188 or the maintenance program and plan adopted pursuant to subsection 1, including, without limitation, testing, culture sampling and analysis, cleaning, flushing, disinfecting, testing, prevention, control or remediation measures, are performed by persons and organizations that have been certified in accordance with the most recent edition of ASSE Series 12000.
- Sec. 11. Pursuant to NRS 441A.150, a provider of health care, medical facility or a laboratory director shall, in the manner prescribed by the Board, immediately notify the health authority upon a suspicion or positive diagnosis of Legionnaires' disease in a covered health care facility. The health authority shall investigate the matter pursuant to NRS 441A.160 or 441A.163, as applicable.
- Sec. 12. The Board shall adopt regulations to carry out the provisions of sections 2 to 14, inclusive, of this act, including, without limitation, requirements for sampling sites, monitoring and testing for <u>Legionella</u> bacteria in the building water system of a covered health care facility. For potable water systems, such regulation must include, without limitation:
  - 1. <u>Legionella</u> culture sampling sites; and
- 2. Provisions requiring <u>Legionella</u> culture sampling and analysis:
- (a) At intervals of not more than 90 days for the first year following the adoption of a sampling and management plan by the owner or operator of a covered health care facility;
- (b) Except as otherwise provided in paragraph (c), after the first year following the adoption of a sampling and management plan, at least annually; and
- (c) If a potable water system will serve a covered health care facility for hematopoietic stem cell transplants or solid organ transplants, at intervals of not more than 90 days.
  - Sec. 13. On or before January 31 of each year, the Board shall prepare and submit to the Governor and the Director of the Legislative Counsel Bureau for transmittal to the next regular





session of the Legislature or, if the Legislature is not in session, to the Joint Interim Standing Committee on Health and Human Services, a report detailing the occurrence of Legionnaires' disease in this State which must include, without limitation:

- 1. The number of cases of Legionnaires' disease in this State for each of the previous 10 years;
- 2. The number of positive <u>Legionella</u> culture test results reported to the Board for the previous year;
- 3. The number and types of violations of the provisions of sections 2 to 14, inclusive, of this act; and
- 4. Any recommendations of the Board for legislation necessary to further control <u>Legionella</u> bacteria in the water systems of covered health care facilities.
- Sec. 14. Any covered health care facility in violation of the provisions of sections 2 to 14, inclusive, of this act, or any regulation adopted or order issued pursuant thereto, is hereby declared to be a public nuisance. Such nuisance may be abated or enjoined in an action brought by the health authority. The health authority may recover the costs of abating the public nuisance.
- **Sec. 15.** The provisions of subsection 1 of NRS 218D.380 do not apply to any provision of this act which adds or revises a requirement to submit a report to the Legislature.
- **Sec. 16.** 1. This section and section 15 of this act become effective upon passage and approval.
  - 2. Sections 1 to 14, 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, 2024, for all other purposes.





