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ASSEMBLY BILL NO. 348–ASSEMBLYMEN GORELOW, MUNK; ASSEFA, FLORES, MARTINEZ AND MCCURDY

MARCH 18, 2019

Referred to Committee on Commerce and Labor

SUMMARY—Makes various changes related to working conditions at certain medical facilities. (BDR 53-843)

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

> CONTAINS UNFUNDED MANDATE (§§ 14-17) (NOT REQUESTED BY AFFECTED LOCAL GOVERNMENT)

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

AN ACT relating to occupational safety and health; requiring certain medical facilities to develop and carry out a plan for the prevention of workplace violence and report incidents of workplace violence to the Division of Industrial Relations of the Department of Business and Industry; prohibiting such a medical facility from taking certain actions against an employee or other provider of care who seeks the assistance of a public safety agency in response to workplace violence or who reports workplace violence; requiring such a medical facility to maintain certain records; requiring the Division to publish an annual report concerning workplace violence at such medical facilities; revising provisions relating to staffing at certain health care facilities; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law prohibits an employer from maintaining unsafe or unhealthy places of employment. (NRS 618.385) Existing law imposes certain requirements concerning specific issues related to workplace safety, including the control of asbestos, the operation of cranes and the manufacture and use of explosives and photovoltaic system projects. (NRS 618.750-618.936) **Sections 14 and 17** of this bill require a hospital or psychiatric hospital to develop and maintain a plan for the





7 prevention of and response to workplace violence. Section 14 requires certain 8 medical facilities to establish a committee on workplace safety to assist in the 9 development of the plan. Section 14 requires such a plan to require training for 10 employees and other providers of care concerning the prevention of workplace 11 violence at certain times during employment. Section 15 of this bill requires a 12 hospital or psychiatric hospital to collaborate with the committee on workplace 13 safety in developing, reviewing and revising the training.

Section 14 additionally requires the plan to include procedures for responding to workplace violence and situations that create the potential for workplace violence. **Section 16** of this bill prescribes the required contents of those procedures. **Section 14** further requires the plan to include procedures for: (1) correcting hazards that increase the risk of workplace violence; (2) obtaining assistance from security guards and public safety agencies when appropriate; (3) responding to incidents that create the possibility of mass casualties; and (4) annually assessing the effectiveness of the plan.

21 22 23 24 25 26 Section 17 of this bill requires a hospital or psychiatric hospital to take certain actions relating to the development and implementation of the plan. Section 17 also requires a hospital or psychiatric hospital to carry out certain controls to prevent and mitigate the risk of workplace violence. Section 17 additionally requires a hospital or psychiatric hospital to document and report to the Division of Industrial 27 28 29 Relations of the Department of Business and Industry certain incidents of workplace violence. Section 17 bans a hospital or psychiatric hospital from prohibiting an employee or other provider of care from reporting an incident of 30 workplace violence or seeking the assistance of a public safety agency in response 31 to an incident of workplace violence. Section 19.3 of this bill authorizes an 32 33 34 employee who is aggrieved by such prohibited actions to file a complaint with the Division for reinstatement and reimbursement for lost wages and work benefits. Section 19.35 additionally authorizes the Division of Public and Behavioral Health 35 of the Department of Health and Human Services to take disciplinary action against 36 a medical facility that retaliates against an employee for reporting workplace 37 violence or seeking the assistance of a public safety agency in response to an 38 incident of workplace violence.

39 Section 18 of this bill requires a hospital or psychiatric hospital to maintain and 40 make available to the Division of Industrial Relations upon request certain 41 documentation, including: (1) records relating to the identification of hazards and 42 43 training sessions; and (2) a record of workplace violence. Section 18.5 of this bill requires the Division to adopt regulations to carry out certain provisions of this bill. 44 Section 19 of this bill requires the Division to annually make available copies of 45 certain reports concerning workplace violence at hospitals and psychiatric 46 hospitals. On July 1, 2021, section **19.6** of this bill makes the provisions of this bill 47 applicable to various other medical facilities to the same extent as they apply to 48 hospitals and psychiatric hospitals. Such medical facilities include certain large 49 agencies to provide nursing in the home, independent centers for emergency 50 medical care, facilities for intermediate care, facilities for skilled nursing, facilities 51 for modified medical detoxification and community triage centers.

52 Existing law requires certain health care facilities, including certain large 53 hospitals and psychiatric hospitals, located in certain highly populated counties to 54 establish a staffing committee to: (1) develop a written policy concerning the 55 refusal of or objection to a work assignment by a nurse or certified nursing 56 assistant; and (2) a documented staffing plan. (NRS 449.242) Section 19.4 of this 57 bill provides that, if a staffing committee is established for a health care facility 58 through collective bargaining, the health care facility is not required to appoint 59 another staffing committee. Section 14 requires a medical facility for which a 60 staffing committee has been established to include the members of the staffing 61 committee on the committee on workplace safety.





62 Existing law requires: (1) a staffing committee to include representation from 63 each unit of the facility; and (2) a documented staffing plan to include information specific to each such unit. (NRS 449.242, 449.2421) Section 18.5 requires the 64 65 Division of Industrial Relations of the Department of Business and Industry to define the term "unit" in consultation with the Division of Public and Behavioral 66 67 Health of the Department of Health and Human Services and section 19.37 of this 68 bill uses that definition for that purpose.

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

Section 1. Chapter 618 of NRS is hereby amended by adding 1 2 thereto the provisions set forth as sections 2 to 19, inclusive, of this 3 act.

4 Sec. 2. As used in sections 2 to 19, inclusive, of this act, 5 unless the context otherwise requires, the words and terms defined 6 in sections 3 to 13, inclusive, of this act have the meaning ascribed 7 to them in those sections.

Sec. 3. *"Alarm"* 8 means a mechanical or electronic 9 communication system that does not rely on the vocalization of a person to alert others to an incident of workplace violence. 10

Sec. 4. "Dangerous weapon" means an item capable of 11 12 inflicting death or serious bodily injury, regardless of whether the 13 item was designed for that purpose.

"Engineering control" means an aspect of a building, 14 Sec. 5. 15 other designed space or device that removes a hazard from the workplace or creates a barrier between an employee or other 16 provider of care and the hazard. The term includes one or more of 17 18 the following:

19 1. Electronic access controls to areas occupied by employees 20 or other providers of care;

21 Detectors for weapons, whether installed or handheld; 2.

22 3. Workstations enclosed with glass that is resistant to 23 shattering; 24

4. Deep service counters;

Separate rooms or areas for patients that pose a high risk 25 5. 26 of workplace violence;

27 6. Locks on doors;

> 7. Furniture affixed to the floor:

Opaque glass in rooms for patients that allows an 29 8. employee or other provider of care to see the location of the 30 patient before entering the room; 31

9. Closed-circuit television monitoring and video recording; 32

33 10. Devices designed to aid the sight of an employee or other provider of care; 34



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1 11. Personal alarm devices; or

12. Any other measure or device that removes a hazard from
the workplace or creates a barrier between an employee or other
provider of care and a hazard.

5 Sec. 6. "Medical facility" means:

6 1. A hospital, as defined in NRS 449.012; or

7 2. A psychiatric hospital, as defined in NRS 449.0165.

8 Sec. 7. "Patient-specific risk factor" means a factor specific 9 to a patient that may increase the likelihood or severity of an 10 incident of workplace violence. The term includes one or more of 11 the following:

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The mental health of a patient;
 The status of a patient's treatment and medication;

13 **2.** 14 **3.**

3. A history of violent acts by the patient;

4. The use of drugs or alcohol by the patient; or

16 5. Any other condition that may cause a patient to experience 17 confusion or disorientation, fail to respond to instruction or 18 behave unpredictably.

19 Sec. 8. "Public safety agency" means:

20 1. A public fire department, fire protection district or other 21 agency of this State or a political subdivision of this State, the 22 primary functions of which are to control, extinguish and suppress 23 fires;

24 2. A law enforcement agency as defined in NRS 277.035; or

3. An emergency medical service.

26 Sec. 9. "Security guard" has the meaning ascribed to it in 27 NRS 648.016.

28 Sec. 10. *"Threat of violence" means a statement or conduct* 29 *that:*

1. Results in a reasonable person fearing for his or her safety because of the likelihood of physical injury; and

32 2. Has no legitimate purpose.

33 Sec. 11. (Deleted by amendment.)

34 Sec. 12. "Work practice control" means a procedure or rule 35 that is used to reduce the risk of workplace violence, including, 36 without limitation:

1. Assigning and placing staff in a manner that reduces patient-specific risk factors;

39 2. Employing or contracting with security guards when 40 applicable; and

41 **3.** Providing training on methods to prevent workplace 42 violence and respond to incidents of workplace violence.

43 Sec. 13. "Workplace violence" means any act of violence or 44 threat of violence that occurs at a medical facility, except for a





1 lawful act of self-defense or defense of another person. The term 2 includes, without limitation:

3 1. The use or threatened use of physical force against an 4 employee or other provider of care, regardless of whether the 5 employee or other provider of care is physically or psychologically 6 injured; and

7 2. An incident involving the use or threatened use of a 8 firearm or other dangerous weapon, regardless of whether an 9 employee or other provider of care is physically or psychologically 10 injured.

11 Sec. 14. 1. A medical facility shall:

12 (a) Establish a committee on workplace safety, which must 13 consist of:

14 (1) If a staffing committee has been established for the 15 medical facility pursuant to NRS 449.242 or an applicable 16 collective bargaining agreement:

(I) The members of the staffing committee; and

(II) Employees of the medical facility who work in areas
 of the medical facility other than those represented on the staffing
 committee, appointed by the operator of the medical facility.

21 (2) If a staffing committee has not been established for the 22 medical facility pursuant to NRS 449.242 or an applicable 23 collective bargaining agreement, employees of the medical facility 24 appointed by the operator of the medical facility. Such employees 25 must include, without limitation, employees who work in all major 26 areas of the medical facility.

(b) Develop and maintain a plan for the prevention of and
response to workplace violence. The plan must:

29 (1) Be in writing;

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30 (2) Be in effect at all times;

(3) Be available to be viewed by each employee of the medical
facility or other provider of care at the medical facility at all times;
(4) Be specific for each unit, area and location maintained by
the medical facility; and

35 (5) Be developed in collaboration with the committee on 36 workplace safety established pursuant to paragraph (a).

2. The plan developed pursuant to paragraph (b) of subsection 1 must include, without limitation:

39 (a) A requirement that all employees of the medical facility 40 and other providers of care at the medical facility receive the 41 training described in section 15 of this act concerning the 42 prevention of workplace violence:

43 (1) Upon the adoption of a new plan for the prevention of 44 workplace violence;





1 (2) Upon commencing employment and annually 2 thereafter;

3 (3) Upon commencing new job duties in a new location of 4 the medical facility or a new assignment in a new location of the 5 medical facility; and

6 (4) When a previously unrecognized hazard is identified or 7 there is a material change in the facility requiring a change to the 8 plan.

9 (b) Procedures that meet the requirements of section 16 of this 10 act for responding to and investigating incidents of workplace 11 violence.

12 (c) Procedures that meet the requirements of the regulations 13 adopted pursuant to section 18.5 of this act for assessing and 14 responding to situations that create the potential for workplace 15 violence.

16 (d) Procedures for correcting hazards that increase the risk of 17 workplace violence, including, without limitation, using 18 engineering controls that are feasible and applicable to the 19 medical facility and work practice controls to eliminate or 20 minimize exposure of employees and other providers of care to 21 such hazards.

(e) Procedures for obtaining assistance from security guards
 or public safety agencies when appropriate.

24 (f) Procedures for responding to incidents involving an active 25 shooter and other threats of mass casualties through the use of 26 plans for evacuation and sheltering that are feasible and 27 appropriate for the medical facility.

28 (g) Procedures for annually assessing, in collaboration with 29 the committee on workplace safety established pursuant to 30 paragraph (a) of subsection 1, the effectiveness of the plan.

Sec. 15. 1. The training provided under the plan developed pursuant to paragraph (b) of subsection 1 of section 14 of this act must address the risks of workplace violence that an employee or other provider of care may be reasonably anticipated to encounter on his or her job and must include, without limitation, instruction concerning:

(a) An explanation of the plan, the manner in which the
medical facility plans to address incidents of workplace violence,
the manner in which an employee may participate in reviewing
and revising the plan and any information necessary for
employees and other providers of care to perform the duties that
may be required of each employee or other provider of care under
the plan;

44 (b) Recognizing situations that may result in workplace 45 violence;





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1 (c) When and how to respond to and seek assistance in 2 preventing or responding to workplace violence;

3 (d) Reporting incidents of workplace violence to the medical 4 facility and public safety agencies when appropriate;

5 (e) Resources available to employees and other providers of 6 care in coping with incidents of workplace violence, including, 7 without limitation, debriefing processes established by the medical 8 facility for use after an incident of workplace violence and 9 available programs to assist employees and other providers of care 10 in recovering from incidents of workplace violence; and

11 (f) For each employee or other provider of care who has 12 contact with patients, training concerning verbal intervention and 13 de-escalation techniques that:

14 (1) Allows the employee or other provider of care to 15 practice those techniques with other employees and other 16 providers of care with whom he or she works; and

17 (2) Includes a meeting to debrief each practice session 18 conducted pursuant to subparagraph (1).

19 2. A medical facility shall collaborate with the committee on 20 workplace safety established pursuant to paragraph (a) of 21 subsection 1 of section 14 of this act in developing, reviewing and 22 revising the training provided under the plan developed pursuant 23 to paragraph (b) of subsection 1 of section 14 of this act and any 24 curricula or materials used in that training.

25 Sec. 16. The procedures for responding to and investigating 26 incidents of workplace violence included in the plan adopted 27 pursuant to paragraph (b) of subsection 1 of section 14 of this act 28 must include, without limitation, procedures to:

1. Maintain and use alarms or other communications systems to allow employees and other providers of care to seek immediate assistance during an incident of workplace violence;

2. Ensure an effective response to each incident of workplace violence, including, without limitation, by ensuring that members of the staff of the medical facility are trained to address such incidents and designated to be available to immediately assist in the response to such an incident without interrupting patient care;

37 3. Provide timely medical care or first aid to employees or 38 other providers of care who have been injured in an incident of 39 workplace violence;

40 **4.** Identify each employee or other provider of care involved 41 in an incident of workplace violence;

42 5. Offer counseling to each employee and other provider of 43 care affected by an incident of workplace violence;

44 6. Offer the opportunity for each employee and other provider 45 of care, including, without limitation, supervisors and security



1 guards, involved in an incident of workplace violence to debrief as

2 soon as possible after the incident at a time and place that is
3 convenient for the employee or other provider of care;

4 7. Review any patient-specific risk factors and any measures 5 specified to reduce those factors;

6 8. Review the implementation and effectiveness of corrective 7 measures taken under the plan; and

8 9. Solicit the feedback of each employee or other provider of 9 care involved in an incident of workplace violence concerning the 10 precipitating factors of the incident and any measures that may 11 have assisted in preventing the incident.

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Sec. 17. 1. A medical facility shall:

(a) Ensure that the plan developed pursuant to paragraph (b)
of subsection 1 of section 14 of this act is effectively implemented
at all times and in all units, areas and locations of the medical
facility.

17 (b) Coordinate risk assessment and development and 18 implementation of the plan developed pursuant to paragraph (b) 19 of subsection 1 of section 14 of this act with employees who 20 provide care in the medical facility.

(c) Implement engineering controls, work practice controls and other appropriate measures, as applicable, to prevent and mitigate the risk of workplace violence in all units, areas and locations of the facility. Such controls must meet the requirements prescribed in the regulations adopted pursuant to section 18.5 of this act.

2. A medical facility shall:

(a) Encourage employees and other providers of care to report
incidents of workplace violence and concerns about workplace
violence and seek the assistance of a public safety agency in
accordance with the plan developed pursuant to paragraph (b) of
subsection 1 of section 14 of this act to respond to an incident of
workplace violence; and

34 (b) Report to the Division any incident of workplace violence 35 that:

(1) Involves the use of physical force against an employee
or other provider of care by a patient or a person accompanying a
patient;

39 (2) Involves the use of a firearm or other dangerous 40 weapon; or

41 (3) Presents a realistic possibility of death or serious 42 physical harm to an employee or other provider of care.

43 3. A medical facility shall not prohibit an employee or other 44 provider of care from reporting incidents of workplace violence or 45 concerns about workplace violence or seeking the assistance of a





1 public safety agency to respond to an incident of workplace 2 violence in accordance with the plan developed pursuant to 3 paragraph (b) of subsection 1 of section 14 of this act.

4 Sec. 18. 1. A medical facility shall maintain and make 5 available to the Division upon request records related to incidents 6 of workplace violence and actions taken in compliance with 7 sections 14 to 18.5, inclusive, of this act and the regulations 8 adopted pursuant thereto. Such records must include, without 9 limitation:

10 (a) Records of the identification, evaluation and correction of 11 hazards that increase the risk of workplace violence.

12 (b) A record of workplace violence which meets the 13 requirements prescribed by the regulations adopted pursuant to 14 section 18.5 of this act.

(c) A record of each training session provided under the plan
developed pursuant to paragraph (b) of subsection 1 of section 14
of this act.

18 (d) A record of each report to the Division pursuant to 19 paragraph (b) of subsection 2 of section 17 of this act.

20 (e) Any additional information required by regulation of the 21 Division.

22 Records maintained pursuant to sections 14 to 18.5, 2. 23 inclusive, of this act and the regulations adopted pursuant thereto 24 must not include the personally identifiable information of any 25 patient, employee of the medical facility or other provider of care at the medical facility. Such records must not be maintained or 26 27 disclosed in a manner that violates NRS 449A.112 or the Health 28 Insurance Portability and Accountability Act of 1996, Public Law 29 104-191, and any regulations adopted pursuant thereto.

30 Sec. 18.5. 1. The Division shall, in consultation with the 31 Division of Public and Behavioral Health of the Department of 32 Health and Human Services, define by regulation the term "unit" 33 for the purposes of sections 2 to 19, inclusive, of this act.

34 **2.** In addition to the regulations adopted pursuant to 35 subsection 1, the Division shall adopt regulations that:

(a) Prescribe minimum requirements for the procedures for
assessing and responding to situations that create the potential for
workplace violence included in the plan adopted pursuant to
paragraph (b) of subsection 1 of section 14 of this act.

40 (b) Prescribe minimum requirements for the engineering 41 controls, work practice controls and other appropriate measures to 42 prevent and mitigate the risk of workplace violence carried out 43 pursuant to section 17 of this act.

(c) Prescribe the required contents of a record of workplace
violence maintained pursuant to section 18 of this act.





1 Sec. 19. 1. A medical facility shall submit to the Division 2 the most current annual summary of workplace injuries and 3 illnesses compiled pursuant to 29 C.F.R. § 1904.32.

4 2. The Division shall make available on an Internet website 5 maintained by the Division a copy of the most recent:

6 (a) Annual summary submitted by each medical facility in this
7 State pursuant to subsection 1;

8 (b) Reports prepared by the Division of Public and Behavioral 9 Health of the Department of Health and Human Services 10 pursuant to NRS 439.840 and 439.845; and

11 (c) Sentinel Event Data Summary published by The Joint 12 Commission or its successor organization or, if that summary 13 ceases to be published, a similar report selected by the Division.

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Sec. 19.3. NRS 618.445 is hereby amended to read as follows:

15 618.445 1. A person shall not discharge or in any manner 16 discriminate against any employee because the employee has filed any complaint or instituted or caused to be instituted any proceeding 17 under or related to this chapter, [or] has testified or is about to 18 19 testify in any such proceeding, has performed an action described 20 in subsection 3 of section 17 of this act or because of the exercise 21 by the employee on behalf of himself, herself or others of any right 22 afforded by this chapter.

23 2. Any employee aggrieved by a violation of subsection 1 may 24 file a complaint for the relief afforded under subsection 3 with the 25 Division. Any complaint must be filed with the Division within 30 26 days after the violation has occurred and must set forth in writing 27 the facts constituting the violation.

3. Upon receipt of the complaint by the Division, the Administrator shall cause such investigation to be made as the Administrator deems appropriate. If upon investigation, the Administrator determines that the provisions of subsection 1 have been violated, the Administrator shall bring an action in the name of the Administrator in any appropriate district court against the person who has committed the violation.

4. If the court finds that the employee was discharged or
discriminated against in violation of subsection 1, the employee is
entitled to reinstatement and reimbursement for lost wages and work
benefits.

5. Any decision reached by the Administrator relating to the
filing of an action pursuant to this section must be made available to
the complaining employee within 90 days after the Division's
receipt of the complaint.





1 Sec. 19.35. NRS 449.205 is hereby amended to read as 2 follows:

3 449.205 1. A medical facility or any agent or employee 4 thereof shall not retaliate or discriminate unfairly against:

5 (a) An employee of the medical facility or a person acting on 6 behalf of the employee who in good faith:

7 (1) Reports to the Board of Medical Examiners or the State 8 Board of Osteopathic Medicine, as applicable, information relating 9 to the conduct of a physician which may constitute grounds for 10 initiating disciplinary action against the physician or which 11 otherwise raises a reasonable question regarding the competence of 12 the physician to practice medicine with reasonable skill and safety 13 to patients;

14 (2) Reports a sentinel event to the Division pursuant to NRS15 439.835; or

(3) Cooperates or otherwise participates in an investigation
or proceeding conducted by the Board of Medical Examiners, the
State Board of Osteopathic Medicine or another governmental entity
relating to conduct described in subparagraph (1) or (2); [or]

(b) A registered nurse, licensed practical nurse, nursing assistant
 or medication aide - certified who is employed by or contracts to
 provide nursing services for the medical facility and who:

(1) In accordance with the policy, if any, established by themedical facility:

(I) Reports to his or her immediate supervisor, in writing,
 that he or she does not possess the knowledge, skill or experience to
 comply with an assignment to provide nursing services to a patient;
 and

29 (II) Refuses to provide to a patient nursing services for 30 which, as verified by documentation in the personnel file of the registered nurse, licensed practical nurse, nursing assistant or 31 32 medication aide - certified concerning his or her competence to 33 provide various nursing services, he or she does not possess the knowledge, skill or experience to comply with the assignment to 34 35 provide nursing services to the patient, unless the refusal constitutes unprofessional conduct as set forth in chapter 632 of NRS or any 36 37 regulations adopted pursuant thereto;

(2) In accordance with a policy adopted pursuant to NRS
449.2423, requests to be relieved of, refuses or objects to a work
assignment;

41 (3) In good faith, reports to the medical facility, the Board of 42 Medical Examiners, the State Board of Osteopathic Medicine, the 43 State Board of Nursing, the Legislature or any committee thereof or 44 any other governmental entity:





1 (I) Any information concerning the willful conduct of 2 another registered nurse, licensed practical nurse, nursing assistant 3 or medication aide - certified which violates any provision of 4 chapter 632 of NRS or which is required to be reported to the State 5 Board of Nursing;

6 (II) Any concerns regarding patients who may be exposed 7 to a substantial risk of harm as a result of the failure of the medical 8 facility or any agent or employee thereof to comply with minimum 9 professional or accreditation standards or applicable statutory or 10 regulatory requirements; or

11 (III) Any other concerns regarding the medical facility, 12 the agents and employees thereof or any situation that reasonably 13 could result in harm to patients; or

14 (4) Refuses to engage in conduct that would violate the duty 15 of the registered nurse, licensed practical nurse, nursing assistant or 16 medication aide - certified to protect patients from actual or 17 potential harm, conduct which would violate any provision of 18 chapter 632 of NRS or conduct which would subject the registered 19 nurse, licensed practical nurse, nursing assistant or medication aide -20 certified to disciplinary action by the State Board of Nursing [-]; or

(c) An employee or other provider of care who takes an action
 described in subsection 3 of section 17 of this act.

23 A medical facility or any agent or employee thereof shall not 2. 24 retaliate or discriminate unfairly against an employee of the medical 25 facility or a registered nurse, licensed practical nurse, nursing 26 assistant or medication aide - certified who is employed by or 27 contracts to provide nursing services for the medical facility because 28 the employee, registered nurse, licensed practical nurse, nursing 29 assistant or medication aide - certified has taken an action described 30 in subsection 1.

31 3. A medical facility or any agent or employee thereof shall not 32 prohibit, restrict or attempt to prohibit or restrict by contract, policy, 33 procedure or any other manner the right of an employee of the 34 medical facility or a registered nurse, licensed practical nurse, 35 nursing assistant or medication aide - certified who is employed by 36 or contracts to provide nursing services for the medical facility to 37 take an action described in subsection 1.

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4. As used in this section:

(a) "Good faith" means honesty in fact in the reporting of theinformation or in the cooperation in the investigation concerned.

41 (b) "Physician" means a person licensed to practice medicine 42 pursuant to chapter 630 or 633 of NRS.

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(c) "Retaliate or discriminate":

44 (1) Includes, without limitation, any of the following actions 45 if taken solely because the employee, registered nurse, licensed





3 (I) Frequent or undesirable changes in the location where 4 the person works; 5 (II) Frequent or undesirable transfers or reassignments; 6 (III) The issuance of letters of reprimand, letters of 7 admonition or evaluations of poor performance; 8 (IV) A demotion; (V) A reduction in pay; 9 10 (VI) The denial of a promotion; 11 (VII) A suspension; 12 (VIII) A dismissal; 13 (IX) A transfer; or 14 (X) Frequent changes in working hours or workdays. 15 (2) Does not include an action described in sub-16 subparagraphs (I) to (X), inclusive, of subparagraph (1) if the action 17 is taken in the normal course of employment or as a form of 18 discipline. Sec. 19.37. NRS 449.2418 is hereby amended to read as 19 20 follows: 449.2418 "Unit" [means a component within a health care 21 22 facility for providing patient care.] has the meaning ascribed to it 23 by regulation of the Division. 24 Sec. 19.4. NRS 449.242 is hereby amended to read as follows: 25 449.242 1. **Each** Except as otherwise provided in 26 subsection 4, each hospital located in a county whose population is 27 100,000 or more and which is licensed to have more than 70 beds 28 shall establish a staffing committee to develop a written policy as 29 required pursuant to NRS 449.2423 and a documented staffing plan as required pursuant to NRS 449.2421. [The] Each staffing 30

30 as required pursuant to INKS 449.2421. [File] Each starting 31 committee established pursuant to this subsection must consist of:

32 (a) Not less than one-half of the total regular members of the 33 staffing committee from the licensed nursing staff and certified 34 nursing assistants who are providing direct patient care at the 35 hospital. The members described in this paragraph must consist of:

(1) One member representing each unit of the hospital who is
a licensed nurse who provides direct patient care on that unit,
elected by the licensed nursing staff who provide direct patient care
on the unit that the member will represent.

40 (2) One member representing each unit of the hospital who is 41 a certified nursing assistant who provides direct patient care on that 42 unit, elected by the certified nursing assistants who provide direct 43 patient care on the unit that the member will represent.

44 (b) Not less than one-half of the total regular members of the 45 staffing committee appointed by the administration of the hospital.



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practical nurse, nursing assistant or medication aide - certified took

an action described in subsection 1:

1 (c) One alternate member representing each unit of the hospital 2 who is a licensed nurse or certified nursing assistant who provides 3 direct patient care on that unit, elected by the licensed nursing staff 4 and certified nursing assistants who provide direct patient care on 5 the unit that the member represents.

6 2. Each time a new staffing committee is formed [,] *pursuant* 7 *to subsection 1*, the administration of the hospital shall hold an 8 election to select the members described in paragraphs (a) and (c) of 9 subsection 1. Each licensed nurse and certified staffing assistant 10 who provides direct patient care at the hospital must be allowed at 11 least 3 days to vote for:

(a) The regular member described in paragraph (a) of subsection
1 who will represent his or her unit and profession; and

14 (b) The alternate member described in paragraph (c) of 15 subsection 1 who will represent his or her unit.

16 3. If a vacancy occurs in a position on a staffing committee 17 described in paragraph (a) or (c) of subsection 1, a new regular or 18 alternate member, as applicable, must be elected in the same manner 19 as his or her predecessor.

4. If a staffing committee is established for a health care facility described in subsection 1 through collective bargaining with an employee organization representing the licensed nursing staff and certified nursing assistants of the health care facility:

(a) The health care facility is not required to form a staffing
 committee pursuant to that subsection; and

26 (b) The staffing committee established pursuant to the 27 collective bargaining agreement shall be deemed to be the staffing 28 committee established for the health care facility pursuant to 29 subsection 1.

5. In developing the written policy and the staffing plan, the staffing committee shall consider, without limitation, the information received pursuant to paragraph (b) of subsection 5 of NRS 449.2423 regarding requests to be relieved of a work assignment, refusals of a work assignment and objections to a work assignment.

36 **[5.] 6.** The staffing committee of a hospital shall meet at least 37 quarterly.

38 [6.] 7. Each hospital that is required to establish a staffing 39 committee pursuant to this section shall prepare a written report 40 concerning the establishment of the staffing committee, the 41 activities and progress of the staffing committee and a determination 42 of the efficacy of the staffing committee. The hospital shall submit 43 the report on or before December 31 of each:





(a) Even-numbered year to the Director of the Legislative 1 2 Counsel Bureau for transmission to the next regular session of the 3 Legislature. (b) Odd-numbered year to the Legislative Committee on Health 4 5 Care. 6 **Sec. 19.6.** Section 6 of this bill is hereby amended to read as 7 follows: 8 Sec. 6. "Medical facility" means: A hospital, as defined in NRS 449.012; [or] 9 1. 2. A psychiatric hospital, as defined in NRS 449.0165 10 11 ; 12 An agency to provide nursing in the home, as 3. 13 defined in NRS 449.0015, that has at least 50 employees; 4. An independent center for emergency medical care, 14 15 as defined in NRS 449.013; 16 5. A facility for intermediate care, as defined in NRS 449.0038; 17 18 6. A facility for skilled nursing, as defined in 19 NRS 449.0039; 20 7. A facility for modified medical detoxification, as 21 defined in NRS 449.00385: or 22 defined 8. A community triage center, as in 23 NRS 449.0031. 24 Sec. 20. The provisions of NRS 354.599 do not apply to any additional expenses of a local government that are related to the 25 26 provisions of this act. 27 Sec. 21. 1. This section and sections 1 to 19.4, inclusive, and 28 20 of this act become effective: 29 (a) Upon passage and approval for the purpose of adopting any 30 regulations and performing any other preparatory administrative tasks that are necessary to carry out the provisions of this act; and 31 32 (b) On July 1, 2020, for all other purposes. 33 2. Section 19.6 of this act becomes effective: (a) Upon passage and approval for the purpose of adopting any 34 regulations and performing any other preparatory administrative 35 tasks that are necessary to carry out the provisions of this act; and 36 (b) On July 1, 2021, for all other purposes. 37





