

**REVISED PROPOSED REGULATION OF THE  
STATE BOARD OF HEALTH**

**LCB File No. R010-22**

August 2, 2022

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

AUTHORITY: §§ 1 and 2, NRS 439.150, 439.200, 449.050 and 457.240; §§ 3 and 4, NRS 457.065 and 457.240; § 5, NRS 457.065 and 457.250; § 6, NRS 439.150, 457.065, 457.184 and 457.240; § 7, NRS 439.150, 439.200, 457.240 and 652.100.

A REGULATION relating to public health; establishing certain fees to support the system for the reporting of information on cancer and other neoplasms; revising the standards and procedure of the system for the reporting of information on cancer and other neoplasms; authorizing certain health care facilities and providers of health care to abstract or report information to the system; revising the administrative penalty for failure to correctly report information on cancer and other neoplasms; and providing other matters properly relating thereto.

**Legislative Counsel's Digest:**

Existing law requires the Chief Medical Officer, through regulations of the State Board of Health, to establish and maintain a system for the reporting of information on cancer and other neoplasms. (NRS 457.230) Existing law requires the Board to impose a fee on applicants for the issuance or renewal of certain certificates, registrations and licenses to support the system for the reporting of information on cancer and other neoplasms. (NRS 457.240) **Sections 1, 2, 6 and 7** of this regulation establish this fee.

Existing law requires hospitals, medical laboratories and other facilities that provide screening, diagnostic or therapeutic services to patients with respect to cancer or other neoplasms and providers of health care who diagnose or provide treatment for cancer or other neoplasms to report information regarding cases of cancer or other neoplasms to the system. (NRS 457.230) Existing regulations require each such facility or provider to abstract certain information concerning each case of cancer and certain other neoplasms and submit the information to the Chief Medical Officer or a designee thereof on a quarterly basis. (NAC 457.040-457.052) **Sections 3 and 4** of this regulation revise the standards adopted by reference to govern the procedure for abstracting information. **Section 4:** (1) provides that only certain hospitals that frequently treat cancer patients must abstract the required information from their records; and (2) authorizes other facilities and providers of health care to report the required information to the Chief Medical Officer on a form instead of abstracting the required information. **Section 4** also increases the time period by which a facility or provider is required to provide an abstract or

report to the Chief Medical Officer before the Division of Public and Behavioral Health of the Department of Health and Human Services abstracts the information from the facility or provider for a fee. **Section 4** additionally clarifies the types of cases for which a facility or provider is required to submit an abstract or report.

Existing regulations authorize the Division to impose an administrative penalty of not more than \$5,000 against a provider or facility that fails, after notice and a time for correction, to submit an abstract or report concerning a case of cancer or another neoplasm. (NAC 457.145) **Section 5** of this regulation provides that such penalties must not exceed \$5,000 in the aggregate in a calendar year.

**Section 1.** NAC 449.013 is hereby amended to read as follows:

449.013 1. Except as otherwise provided in NAC 449.0168, an applicant for a license to operate any of the following facilities, programs of hospice care or agencies must pay to the Division of Public and Behavioral Health the following nonrefundable fees:

(a) An ambulatory surgical center.....	\$9,784
(b) A home office or subunit agency of a home health agency .....	5,168
(c) A branch office of a home health agency .....	5,358
(d) A rural clinic.....	4,058
(e) An obstetric center.....	1,564
(f) A program of hospice care .....	7,054
(g) An independent center for emergency medical care .....	4,060
(h) A nursing pool .....	4,602
(i) A facility for treatment with narcotics .....	5,046
(j) A medication unit .....	1,200
(k) A referral agency .....	2,708
(l) A facility for refractive surgery.....	6,700
(m) A mobile unit.....	2,090

(n) An agency to provide personal care services in the home.....	1,374
(o) A facility for the care of adults during the day allowed to be occupied by not more than 50 clients at one time .....	1,164
(p) A facility for the care of adults during the day allowed to be occupied by more than 50 clients at one time .....	1,753
(q) A peer support recovery organization .....	1,000
(r) A community health worker pool .....	1,000
(s) An employment agency to provide nonmedical services .....	1,400

2. An applicant for the renewal of such a license must pay to the Division of Public and Behavioral Health the following nonrefundable fees:

(a) An ambulatory surgical center.....	\$4,892
(b) A home office or subunit agency of a home health agency .....	2,584
(c) A branch office of a home health agency .....	2,679
(d) A rural clinic.....	2,029
(e) An obstetric center .....	782
(f) A program of hospice care .....	3,527
(g) An independent center for emergency medical care .....	2,030
(h) A nursing pool .....	2,301
(i) A facility for treatment with narcotics .....	2,523
(j) A medication unit .....	600
(k) A referral agency .....	1,354
(l) A facility for refractive surgery .....	3,350
(m) A mobile unit.....	1,045

(n) An agency to provide personal care services in the home.....	687
(o) A facility for the care of adults during the day allowed to be occupied by not more than 50 clients at one time .....	814
(p) A facility for the care of adults during the day allowed to be occupied by more than 50 clients at one time .....	1,227
(q) A peer support recovery organization .....	500
(r) A community health worker pool .....	500
(s) An employment agency to provide nonmedical services .....	700

3. *Upon the issuance or renewal of a license to operate an ambulatory surgical center, agency to provide personal care services in the home or rural clinic, the licensee shall pay to the Division a nonrefundable fee equal to 6 percent of the renewal fee set forth in subsection 2. The Division shall use the fees collected pursuant to this subsection during the immediately following fiscal year to support the system for the reporting of information on cancer and other neoplasms.*

4. An application for a license is valid for 1 year after the date on which the application is submitted. If an applicant does not meet the requirements for licensure imposed by chapter 449 of NRS or the regulations adopted pursuant thereto within 1 year after the date on which the applicant submits his or her application, the applicant must submit a new application and pay the required fee to be considered for licensure.

**Sec. 2.** NAC 449.016 is hereby amended to read as follows:

449.016 1. Except as otherwise provided in NAC 449.0168, an applicant for a license to operate any of the following facilities must pay to the Division the following nonrefundable fees:

	Fee per facility	Fee per bed in the facility
(a) A skilled nursing facility .....	\$2,252	\$108
(b) A hospital, other than a rural hospital .....	14,606	110
(c) A rural hospital .....	9,530	62
(d) An intermediate care facility for persons with an intellectual disability or persons with a developmental disability.....	2,018	280
(e) An intermediate care facility, other than an intermediate care facility for persons with an intellectual disability or persons with a developmental disability .....	946	72
(f) Except as otherwise provided in subsection 3, a residential facility for groups.....	2,386	200
(g) A facility for the treatment of alcohol or other substance use disorders.....	782	190
(h) A facility for hospice care .....	3,988	352
(i) A home for individual residential care.....	1,764	184
(j) A facility for modified medical detoxification.....	9,960	494
(k) A community triage center .....	782	136
(l) A facility for the treatment of irreversible renal disease .....	4,178	120
(m) A halfway house for persons recovering from alcohol or other substance use disorders.....	2,800	368

	Fee per facility	bed in the facility
(n) A facility for transitional living for released offenders .....	3,990	146
(o) A psychiatric residential treatment facility.....	9,530	62
(p) A recovery center .....	946	72

2. An applicant for the renewal of such a license must pay to the Division the following nonrefundable fees:

	Fee per facility	bed in the facility
(a) A skilled nursing facility .....	\$1,126	\$54
(b) A hospital, other than a rural hospital .....	7,303	55
(c) A rural hospital .....	4,765	31
(d) An intermediate care facility for persons with an intellectual disability or persons with a developmental disability.....	1,009	140
(e) An intermediate care facility, other than an intermediate care facility for persons with an intellectual disability or persons with a developmental disability .....	473	46
(f) Except as otherwise provided in subsection 3, a residential facility for groups.....	1,193	100

(g) A facility for the treatment of alcohol or other substance use disorders.....	391	95
(h) A facility for hospice care .....	1,994	176
(i) A home for individual residential care .....	500	92
(j) A facility for modified medical detoxification.....	4,980	247
(k) A community triage center .....	391	68
(l) A facility for the treatment of irreversible renal disease .....	2,089	60
(m) A halfway house for persons recovering from alcohol or other substance use disorders.....	1,400	184
(n) A facility for transitional living for released offenders .....	1,995	73
(o) A psychiatric residential treatment facility.....	4,765	31
(p) A recovery center .....	473	46

3. An applicant for a license or for the renewal of a license for a residential facility for groups shall pay a fee of \$35 for each bed in the facility if the facility is paid less than \$1,000 per month for services provided to each bed in the facility.

4. An application for a license is valid for 1 year after the date on which the application is submitted. If an applicant does not meet the requirements for licensure imposed by chapter 449 of NRS or the regulations adopted pursuant thereto within 1 year after the date on which he or she submits his or her application, the applicant must submit a new application and pay the required fee to be considered for licensure.

5. *Upon the issuance or renewal of a license to operate a facility for the treatment of irreversible renal disease, facility for hospice care, program of hospice care, hospital, facility for intermediate care or facility for skilled nursing, the licensee shall pay to the Division a*

*nonrefundable fee equal to 6 percent of the renewal fee set forth in subsection 2. The Division shall use the fees collected pursuant to this subsection during the immediately following fiscal year to support the system for the reporting of information on cancer and other neoplasms.*

6. Pursuant to NRS 449.050, if an application for a license to operate a facility for transitional living for released offenders or the renewal of such a license is denied, any amount of a fee paid pursuant to paragraph (n) of subsection 1 or paragraph (n) of subsection 2 that exceeds the expenses and costs incurred by the Division must be refunded to the applicant.

**Sec. 3.** NAC 457.015 is hereby amended to read as follows:

457.015 1. The State Board of Health hereby adopts by reference the most current version of:

(a) The following volumes in the *Standards for Cancer Registries* published by the North American Association of Central Cancer Registries:

- (1) Volume I, *Data Exchange Standards and Record Descriptions*;
- (2) Volume II, *Data Standards and Data Dictionary*;
- (3) Volume III, *Standards for Completeness, Quality, Analysis, Management, Security, and Confidentiality of Data*;
- (4) Volume IV, *Standard Data EDITS*; and
- (5) Volume V, *Pathology Laboratory Electronic Reporting*.

➔ A copy of each volume adopted by reference may be obtained, free of charge, from the North American Association of Central Cancer Registries at the Internet address

**<https://www.naaccr.org>.**

(b) The *International Classification of Diseases for Oncology*, published by the World Health Organization. A copy of this publication may be obtained, free of charge, from the World Health Organization at the Internet address <http://codes.iarc.fr/usingicdo.php>.

(c) The ~~[Facility Oncology Registry Data Standards (FORDS),]~~ [Standards for Oncology Registry Entry \(STORE\)](#) published by ~~[the Commission on Cancer of]~~ the American College of Surgeons. A copy of this publication may be obtained, free of charge, from the American College of Surgeons at the Internet address ~~[<https://www.facs.org/quality-programs/cancer/ncdb/registrymanuals/cocmanuals>.]~~ <https://www.facs.org/quality-programs/cancer-programs/national-cancer-database/ncdb-call-for-data/cocmanuals>.

2. If a publication adopted by reference in subsection 1 is revised, the Chief Medical Officer shall review the revision to determine its suitability for this State. If the Chief Medical Officer determines that the revision is not suitable for this State, the Chief Medical Officer shall file an objection to the revision with the State Board of Health within 30 days after the standards are revised. If the Chief Medical Officer does not file such an objection, the revision becomes part of the publication adopted by reference pursuant to subsection 1. If the Board determines that the revision is not suitable for this State, it will hold a public hearing to review its determination and give notice of that hearing within 6 months after the date of the publication of the revision. If, after the hearing, the Board does not revise its determination, the Board will give notice that the revision is not suitable for this State within 30 days after the hearing. If the Board does not give such notice, the revision becomes part of the publication adopted by reference pursuant to subsection 1.

**Sec. 4.** NAC 457.050 is hereby amended to read as follows:

457.050 1. Except as otherwise provided in *this section and* NAC 457.052, each provider of health care who is required to report information on cases of cancer and other neoplasms pursuant to NRS 457.230 and each health care facility and other facility that provides screening, diagnostic or therapeutic services to patients with respect to cancer and other neoplasms shall provide to the Chief Medical Officer information concerning such neoplasms by:

(a) Abstracting ~~[7]~~ *or reporting*, at a minimum, the information described in NAC 457.052 on a form prescribed by the Chief Medical Officer or a designee thereof; and

(b) Except as otherwise provided in subsection ~~[7]~~ *8*, submitting that information on a quarterly basis using an electronic means approved by the Chief Medical Officer or the designee.

2. *A hospital, as defined in NRS 449.012, that has reported providing screening, diagnostic or therapeutic services to more than 50 patients with cancer each year for 3 consecutive years shall fulfill the requirements of subsection 1 by abstracting the information described in NAC 457.052.*

3. Each:

(a) Provider of health care described in subsection 1 shall provide the information to the Chief Medical Officer required pursuant to subsection 1:

(1) For any ~~[initial]~~ diagnosis made or treatment initiated for cancer or other neoplasms in the first quarter of a calendar year, on or before June 30 of the same calendar year;

(2) For any ~~[initial]~~ diagnosis made or treatment initiated for cancer or other neoplasms in the second quarter of a calendar year, on or before September 30 of the same calendar year;

(3) For any ~~[initial]~~ diagnosis made or treatment initiated for cancer or other neoplasms in the third quarter of a calendar year, on or before December 30 of the same calendar year; and

(4) For any ~~initial~~ diagnosis made or treatment initiated for cancer or other neoplasms in the fourth quarter of a calendar year, on or before March 30 of the subsequent calendar year; and

(b) Health care facility and other facility that provides screening, diagnostic or therapeutic services to patients with respect to cancer and other neoplasms shall provide the information to the Chief Medical Officer required pursuant to subsection 1 within 6 months after a patient is admitted, initially diagnosed with or treated for cancer or another neoplasm.

~~{3.}~~ 4. Except as otherwise provided in subsection ~~{4.}~~ 5, each provider of health care described in subsection 1 and each health care facility and other facility that provides screening, diagnostic or therapeutic services to patients with respect to cancer and other neoplasms *who abstracts information pursuant to subsection 1 or 2* shall abstract *the* information in conformance with the standards for abstracting information concerning neoplasms set forth in ~~{:~~ ~~—(a)}~~ Volumes I to V, inclusive, of the *Standards for Cancer Registries* ~~[, as adopted by reference in NAC 457.015; and~~ ~~—(b) The Facility Oncology Registry Data Standards (FORDS),]~~ and the *Standards for Oncology Registry Entry (STORE)*, as adopted by reference in NAC 457.015.

~~{4.}~~ 5. Ninety days after a publication specified in subsection ~~{3.}~~ 4 is revised, a provider of health care described in subsection 1 and a health care facility or other facility that provides screening, diagnostic or therapeutic services to patients with respect to cancer and other neoplasms *who abstracts information pursuant to subsection 1 or 2* shall abstract *the* information in conformance with the revision unless the Chief Medical Officer files an objection to the revision pursuant to NAC 457.015.

~~{5.}~~ 6. A provider of health care described in subsection 1 and a health care facility or other facility that provides screening, diagnostic or therapeutic services to patients with respect to

cancer and other neoplasms which does not use the staff of the Division to abstract *or report* information from its records shall cause to have abstracted ~~[and]~~ *or* reported to the Division the neoplasms described in NAC 457.040 in the manner required by this section.

~~[6.]~~ 7. If a provider of health care or a health care facility or other facility that provides screening, diagnostic or therapeutic services to patients with respect to cancer and other neoplasms fails to comply with subsection ~~[5.]~~ 6, the Division shall give the provider of health care or the health care facility or other facility that provides screening, diagnostic or therapeutic services to patients with respect to cancer and other neoplasms at least ~~[30]~~ 90 days after the time limit set forth in subsection ~~[2]~~ 3 to comply with subsection ~~[5]~~ 6 before the Division abstracts information from the records of the provider of health care or the health care facility or other facility that provides screening, diagnostic or therapeutic services to patients with respect to cancer and other neoplasms and the Chief Medical Officer charges the *abstracting* fee set forth in NAC 457.150.

~~[7.]~~ 8. The Chief Medical Officer may waive the requirement of submitting the information by electronic means pursuant to subsection 1 if the Chief Medical Officer determines that such a waiver is in the best interests of the general public.

~~[8.]~~ 9. If a provider of health care , *health care facility or other facility* described in subsection 1 ~~[initially]~~ diagnoses , *provides treatment or refers for consultation, review or further action related to the diagnosis or treatment of* a case of cancer or another neoplasm, the provider of health care , *health care facility or other facility, as applicable,* is required to provide the information set forth in NAC 457.052 with regard to the ~~[initial diagnosis of]~~ cancer or other neoplasm. ~~[If the provider of health care does not provide treatment for the cancer or~~

~~other neoplasm, the provider of health care's responsibility to report information on that case of cancer or other neoplasm pursuant to this section and NRS 457.230 ends.~~

~~9. As used in this section, "initial diagnosis" or "initially diagnosed" means that the provider of health care or the health care facility or other facility that provides screening, diagnostic or therapeutic services to patients with respect to cancer and other neoplasms was the first provider of health care or the health care facility or other facility to designate a cancer code in the medical record of the patient and to inform the patient of his or her diagnosis. The term does not include the preparation of a diagnostic tool, including, without limitation, an image, if that diagnostic tool will be interpreted by another provider of health care or another health care facility or other facility that provides screening, diagnostic or therapeutic services to patients with respect to cancer and other neoplasms for the purpose of diagnosing cancer or another neoplasm.]~~

*10. A provider of health care, health care facility or other facility described in subsection 1 is not required to submit an abstract or report for a patient pursuant to subsection 1 unless the diagnosis of the patient is active or newly reportable and the primary or secondary reason for the visit or admission is related to the diagnosis or treatment of the cancer or other neoplasm. If a patient subsequently develops a new or primary cancer or other neoplasm, the new or primary cancer or other neoplasm must be abstracted or reported separately.*

*11. As used in this section:*

*(a) "Abstract" means to create an electronic summary, synopsis or abbreviated record that identifies pertinent information about the patient, disease, treatment for the disease and the process of the disease from the time of diagnosis until the death of the patient.*

*(b) "Report" means to submit a summary of data from the medical record of a patient.*

**Sec. 5.** NAC 457.145 is hereby amended to read as follows:

457.145 1. Before imposing an administrative penalty pursuant to this section, the Division shall give notice in the manner set forth in NAC 439.345 which includes, without limitation, a time determined by the Chief Medical Officer within which the person must correct the violation of NRS 457.250. The Division may, for good cause shown, extend the time within which the person must correct the violation.

2. If a person fails to correct an alleged violation of NRS 457.250 for which a notice of violation has been issued pursuant to subsection 1 within the time allowed for correction, the Division may impose an administrative penalty ~~[of not more than]~~ *against the person. Such administrative penalties must not exceed* \$5,000 ~~[against the person.]~~ *in the aggregate in a calendar year.*

3. If a person is aggrieved by a decision of the Division relating to the imposition of an administrative penalty pursuant to this section, the aggrieved person may appeal the decision pursuant to the procedures set forth in NAC 439.300 to 439.395, inclusive.

4. A company that owns and operates multiple health care facilities may satisfy the requirement set forth in subsection 1 of NRS 457.250 for all such health care facilities in one report without segregating by health care facility, or by provider of health care, the records subject to reporting.

5. If a company chooses to make the records subject to reporting available to the Chief Medical Officer or the Chief Medical Officer's representative for multiple health care facilities owned or operated by the company in the manner described in subsection 4, any administrative penalty imposed by the Board pursuant to this section for the failure of any health care facility owned or operated by the company to comply with subsection 1 of NRS 457.250 will be imposed upon the company rather than the health care facility.

**Sec. 6.** NAC 457.295 is hereby amended to read as follows:

457.295 1. Except as otherwise provided in subsection ~~2~~ 3, the Division shall charge and collect the following nonrefundable fees:

- (a) For the issuance or renewal of a certificate for a machine, \$551.
- (b) For the issuance or renewal of a mammographer's certificate, \$200.
- (c) For the issuance of a duplicate mammographer's certificate for posting at multiple facilities for mammography pursuant to NAC 457.360, \$25.
- (d) For the issuance or renewal of a certificate to provide training to mammographers pursuant to NAC 457.357, \$100.

2. *Upon the issuance or renewal of a certificate for a machine, the holder of the certificate shall pay to the Division a fee equal to 6 percent of the renewal fee set forth in subsection 1. Except as otherwise provided in subsection 3, such a fee is nonrefundable. The Division shall use the fees collected pursuant to this subsection during the immediately following fiscal year to support the system for the reporting of information on cancer and other neoplasms.*

3. If a payment was made in error, the Division will refund the fee collected pursuant to subsection 1 ~~or~~ 2, after deducting an amount calculated to cover the administrative costs directly related to issuing the refund.

~~3~~ 4. A mammographer's certificate expires 3 years after the date on which it was issued unless it is renewed before that date. If the fee for renewal of a mammographer's certificate that is charged pursuant to subsection 1 is not received before the date on which the mammographer's certificate expires, the person whose mammographer's certificate expired shall:

- (a) Stop operating the radiation machine for mammography on the date his or her mammographer's certificate expires; or
- (b) Submit to the Division not later than 5 days after his or her mammographer's certificate expires:
  - (1) An application for a renewal of his or her mammographer's certificate;
  - (2) The fee for renewal of a mammographer's certificate that is charged pursuant to subsection 1; and
  - (3) A fee for late payment of \$100 per mammographer's certificate.

~~4.1~~ **5.** The renewal fee must be postmarked or electronically received by the Division not later than the date on which the certificate expires. If the fee is not postmarked or electronically received by that date, the registrant shall:

- (a) Submit to the Division within 5 days after the registration expires:
  - (1) An application for renewal of the registration;
  - (2) A fee in an amount that is equal to the appropriate fee set forth in subsection 1; and
  - (3) A fee for late payment of \$56 per registration; and
- (b) Stop operating the machine to which the certificate applies until the fees required by paragraph (a) *and subsection 2* are paid.

**Sec. 7.** NAC 652.488 is hereby amended to read as follows:

652.488 1. Except as otherwise provided in this section, the following fees will be charged:

- (a) Licensure of laboratory not described in paragraph (b) or (c)

Initial:

Annual test volume less than 25,000.....\$1,100

Annual test volume at least 25,000 but less than 100,000 .....	3,000
Annual test volume 100,000 or more .....	4,000

Biennial renewal:

Annual test volume less than 25,000.....	800
Annual test volume at least 25,000 but less than 100,000 .....	2,500
Annual test volume 100,000 or more .....	3,500

Reinstatement:

Annual test volume less than 25,000.....	1,100
Annual test volume at least 25,000 but less than 100,000 .....	3,000
Annual test volume 100,000 or more .....	4,000

(b) Licensure of laboratory operated by health district, district board of

health, county board of health or city or town board of health, or the State

Public Health Laboratory

Initial:

Annual test volume less than 25,000.....	\$550
Annual test volume at least 25,000 but less than 100,000 .....	800
Annual test volume 100,000 or more .....	1,150

Biennial renewal:

Annual test volume less than 25,000.....	400
Annual test volume at least 25,000 but less than 100,000 .....	600
Annual test volume 100,000 or more .....	800

Reinstatement:

Annual test volume less than 25,000.....	550
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Annual test volume at least 25,000 but less than 100,000 .....	800
Annual test volume 100,000 or more .....	1,150
(c) Licensure of HIV testing laboratory	
Initial .....	\$150
Biennial renewal .....	150
(d) Licensure of director pursuant to paragraph (b) of subsection 3 of NAC 652.175 or NAC 652.380 to 652.395, inclusive	
Initial .....	\$500
Biennial renewal .....	300
Reinstatement.....	500
(e) Registration of laboratory operated pursuant to NRS 652.072 which is nonexempt pursuant to NAC 652.155	
Initial .....	\$1,500
Biennial renewal .....	900
Reinstatement.....	1,500
(f) Registration of laboratory operated pursuant to NRS 652.072 which is exempt pursuant to NAC 652.155	
Initial .....	\$500
Biennial renewal .....	300
(g) Certification of personnel	
Initial:	
General supervisor .....	\$225
Technologist.....	113

Technician .....	113
Pathologist's assistant .....	113
Point-of-care test analyst.....	75
Laboratory, blood-gas or office laboratory assistant.....	60
Biennial renewal:	
General supervisor .....	150
Technologist.....	75
Technician .....	75
Pathologist's assistant .....	75
Point-of-care test analyst.....	60
Laboratory, blood-gas or office laboratory assistant.....	45
Reinstatement:	
General supervisor .....	225
Technologist.....	113
Technician .....	113
Pathologist's assistant .....	113
Point-of-care test analyst.....	75
Laboratory, blood-gas or office laboratory assistant.....	60
(h) Placement of license or certificate in inactive status .....	\$50
(i) Issuance of original duplicate license or certificate.....	\$50
(j) Permit to operate laboratory at temporary location .....	\$300
(k) Change of location of laboratory .....	\$300
(l) Change of director of laboratory.....	\$300

(m) Change of name of laboratory .....	\$300
(n) Inspection following receipt of an application to perform additional tests at a laboratory (per application) .....	\$300
(o) Inspection of an outpatient center of a laboratory (per site)	
Initial inspection.....	\$300
Inspection at time of biennial renewal .....	150

2. If the Division conducts an inspection of a laboratory that is located outside of this State, the Division shall assess the expenses that the Division incurs as a result of the inspection to the laboratory. The laboratory shall reimburse the Division for the expenses assessed pursuant to this subsection.

3. The Division shall not charge or collect a fee set forth in paragraph (k), (l) or (m) of subsection 1 to an HIV testing laboratory.

4. The holder of or an applicant for a license or certificate issued pursuant to chapter 652 of NRS, or an applicant for a permit to operate a laboratory at a temporary location issued pursuant to NAC 652.195, shall be deemed to have paid any fee otherwise required pursuant to subsection 1 if the holder or applicant:

(a) Is, or is employed by, a medical laboratory that is operated by a person, governmental entity or fire-fighting agency that holds a permit issued by a health authority pursuant to NRS 450B.200; and

(b) Has paid the fee for the permit established by a board pursuant to NRS 450B.200.

5. *Upon the renewal of a license to operate a laboratory, other than an HIV testing laboratory, the licensee shall pay to the Division a fee equal to 6 percent of the biennial renewal fee set forth in subsection 1. The Division shall use the fees collected pursuant to this*

*subsection during the immediately following fiscal year to support the system for the reporting of information on cancer and other neoplasms.*

**6.** As used in this section:

- (a) “Board” has the meaning ascribed to it in NRS 450B.060.
- (b) “Health authority” has the meaning ascribed to it in NRS 450B.077.
- (c) “Permit” has the meaning ascribed to it in NRS 450B.100.