

**PROPOSED REGULATIONS OF
THE STATE BOARD OF HEALTH**

LCB File No. R010-22

The following document is the initial draft regulation proposed
by the agency.

PROPOSED NEW REGULATIONS

Italics, blue: New proposed language

~~[Red]:~~ Removed language

AUTHORITY: Assembly Bill 471 of the 81st Legislative Session (2021); NRS 439.150, 439.200; NRS 457.065, 457.240; NRS 459.201; NRS 449.0302-449.0303, 449.0305, 449.050
CHAPTER 457- CANCER

Sec. 1. NAC 457.050 is hereby amended to read as follows:

NAC 457.050 Abstracting *and Reporting* of information by provider of health care, health care facility and certain other facilities; deadlines for submission; standards for abstracting information; waiver of electronic submission. (NRS457.065, 457.240)

1. Except as otherwise provided in 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, *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, submitting that information on a quarterly basis using an electronic means approved by the Chief Medical Officer or the designee.

2. As used in this section:

(a) An “abstract” is defined as an electronic summary, synopsis, or abbreviated record that identifies pertinent cancer information about the patient, the disease, the cancer-directed treatment, and the disease process from the time of diagnosis until the patient’s death. The abstracting process is typically performed by a Certified Tumor Registrar (CTR) or a person with equivalent knowledge or training.

(b) A hospital as defined NRS 449.012 with over 50 cancer cases annually for three consecutive years based on the annual facility reports provided by the Chief Medical Officer or designee, shall abstract information in conformance with the standards for abstracting information concerning neoplasms in subsection 4. Abstracts must be submitted electronically to the Chief Medical Officer or designee in the North American Association of Central Cancer Registries (NAACCR) format.

(c) A “report” in the context of cancer reporting refers to a summary of data collected from the patient’s medical record submitted on a form as prescribed by the Chief Medical Officer or designee.

(d) Providers of health care, health care facilities and certain other facilities that lack adequate internal capabilities to complete an abstract in accordance with the requirements for

abstracting as listed in subsection 4, by a Certified Tumor Registrar (CTR) or a person with equivalent knowledge or training and/or with less than 50 cancer cases annually may report cancer case information to the Chief Medical Officer or designee.

~~[2.]~~ 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 *electronically* to the Chief Medical Officer required pursuant to subsection 1 within 6 months after a patient is admitted, ~~[initial]~~ diagnosed with or treated for cancer or another neoplasm.

~~[3]~~ 4. Except as otherwise provided in subsection ~~[4]~~ 5, each provider of health care, *health care facility, and certain other facilities* 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 are required to abstract* shall abstract information in conformance with the standards for abstracting information concerning neoplasms as 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)*~~, *Standards for Oncology Registry Entry (STORE)*, or *latest version of the standards* as adopted by reference in [NAC 457.015](#); or

(c) Report on a form as prescribed by the Chief Medical Officer or designee.

~~[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 shall abstract *or report* 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 information from its records shall cause to have abstracted and 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 ~~[3]~~90 days after the timelimit 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 certain 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 certain other facility* 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 patient's 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 certain other facility as described in subsection 1 are only required to report active or newly reportable diagnosis as defined by [NAC 457.040](#) and the primary or secondary reason for this visit or admission is related to the cancer diagnosis or treatment. If a patient subsequently develops a new primary cancer, it shall be reported separately.

(Added to NAC by Bd. Of Health, eff. 12-3-84; A 10-22-93; R075-98, 11-18-98; R057-16, 5-16-2018)

NAC 457.145 Administrative penalty for violation; appeal; single report authorized for company that operates multiple facilities; imposition of administrative penalty upon company rather than facility. ([NRS 457.065](#), [457.250](#))

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 \$5,000 against the person *per 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.

(Added to NAC by Bd. of Health by R057-16, eff. 5-16-2018)

NAC 457.150 Fees. ([NRS 439.150](#), [457.065](#), [457.250](#), [457.260](#)) The Chief Medical Officer shall charge and collect from:

1. A provider of health care who is required to report information on cases of cancer and other neoplasms pursuant to [NRS 457.230](#) or a health care facility or other facility that provides

screening, diagnostic or therapeutic services to patients with respect to cancer and other neoplasms, a fee of \$250 for each abstract prepared by the Division from the records of the provider of health care or the health care facility or other facility.

2. A provider of health care, health care facility or certain other facilities that do not meet the requirements for submitting an abstract and/or have less than 50 cancer cases annually, which then fail to provide the required report as defined by NAC 457.050. The reporting entity will be subject to a non-reporting fine which directly translates to the equivalent of \$250 for each abstract prepared by the Division.

~~2.~~ 3. A medical researcher who obtains data from the registry, a fee of \$200 or the actual cost of providing the data, whichever is more.

(Added to NAC by Bd. of Health, eff. 12-3-84; A 8-31-89; 10-22-93; R075-98, 11-18-98; R057-16, 5-16-2018)

CHAPTER 459- HAZERDOUS MATERIALS

Sec. 4. NAC 459.161 is hereby amended as follows:

NAC 459.161 Fees; failure to submit fee; refund of fee paid in error. ([NRS 439.150](#), [459.201](#))

1. Except as otherwise provided in subsection 6, an application for the registration of a radiation machine submitted pursuant to [NAC 459.154](#) must be accompanied by a nonrefundable fee for each X-ray tube, electron source or source of ionizing radiation which is installed in the radiation machine, as follows:

- (a) Medical use, ~~other than~~*including* mammography, \$500.
- (b) Veterinary use, \$150.
- (c) Dental use, \$140.
- (d) Industrial use, \$200.
- (e) Academic use, \$150.
- (f) Accelerator, \$550.

2. Except as otherwise provided in subsections ~~3~~*4* and ~~6~~*7*, if the Division issues a registration certificate pursuant to [NAC 459.156](#), the registrant must, for each year the certificate is valid, submit to the Division a nonrefundable renewal fee in an amount equal to the appropriate fee set forth in subsection 1.

3. Pursuant to section 5 of Assembly Bill 471 of the 81st (2021) legislative session an applicant for a renewal of a radiation machine must include a minimum of 6% of the fee set forth in subsection 1 and not to exceed 8% of the fee for the renewal of the applicable license, certificate, or registration, to be paid upon the renewal of a license pursuant to [NAC 459.154](#) to support the system for reporting of information on cancer and other neoplasms established pursuant to [NRS 457.230](#). The fee collected pursuant to this section to support the system for reporting of information on cancer and other neoplasms will be implemented the following fiscal year to support the systems.

~~3~~*4*. The renewal fee must be received by the Division not later than the date on which the registration expires. If the fee is not received by that date, the registrant shall:
Stop operating the radiation machine which does not have a valid registration on or before the date the registration expires; or

- (a) Stop operating the radiation machine which does not have a valid registration on or before the date the registration expires; or
- (b) 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.

~~[4.]~~ 5. Any application for registration or renewal of registration which is not accompanied by the appropriate fees will not be acted upon by the Division until such fees are paid.

~~[5.]~~ 6. Except as otherwise provided in subsection 6, an application for a certificate of authorization for a radiation machine must be accompanied by a nonrefundable fee for each machine as required pursuant to [NAC 457.295](#).

~~[6.]~~ 7. If a payment was made in error, the Division will refund the fee collected pursuant to this section, after deducting an amount calculated to cover the administrative costs directly related to issuing the refund.

(Added to NAC by Bd. of Health, eff. 9-1-89; A 1-24-92; 11-1-95; R149-03, 12-3-2003; R085-06, 11-13-2006; R149-07, 1-30-2008; R144-13, 10-13-2016)

CHAPTER 449 – MEDICAL FACILITIES AND OTHER RELATED ENTITIES

Sec. 5. NAC 449.013 is hereby amended as follows:

NAC 449.013 License and renewal fees to operate ambulatory surgical center, home office or subunit agency of home health agency, branch office of home health agency, rural clinic, obstetric center, program of hospice care, independent center for emergency medical care, nursing pool, facility for treatment with narcotics, medication unit, referral agency, facility for refractive surgery, mobile unit, agency to provide personal care services in the home, facility for the care of adults during day, peer support recovery organization and community health worker pool; expiration of application for license. ([NRS 439.150](#), [439.200](#), [449.0302](#), [449.0303](#), [449.0305](#), [449.050](#))

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 50clients at one time	1,164
(p) A facility for the care of adults during the day allowed to be occupied by more than 50clients at one time	1,753
(q) A peer support recovery organization	1,000
(r) A community health worker pool	1,000

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	50

3. Pursuant to section 5 of Assembly Bill 471 of the 81st (2021) legislative session an applicant for a renewal of a surgical center for ambulatory patients, agency to provide personal care services in the home or rural clinic must include a minimum 6% of the licensure renewal fee pursuant to subsection 2 and not to exceed 8% of the fee for the renewal of the applicable license, certificate or registration, to be paid upon the renewal of the license pursuant to NAC 449.0116 to support the system for reporting of information on cancer and other neoplasms established pursuant to NRS 457.230. The fee collected pursuant to this section to support the system for the reporting of information on cancer and other neoplasms will be implemented the following fiscal year to support the systems.

Sec. 6. NAC 449.016 is hereby amended as follows:

NAC 449.016 License and renewal fees to operate skilled nursing facility, hospital, rural hospital, intermediate care facility, residential facility for groups, facility for treatment of alcohol or other substance use disorders, facility for hospice care, home for individual residential care, facility for modified medical detoxification, community triage center, facility for treatment of irreversible renal disease, halfway house for persons recovering from alcohol or other substance use disorders, facility for transitional living for released offenders, psychiatric residential treatment facility and recovery center; expiration of application for

license; refund of certain fees. ([NRS 439.150](#), [439.200](#), [449.0302](#), [449.050](#))

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
(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	46

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

	Fee per facility	Fee per 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 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.

4. 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.

5. Pursuant to section 5 of Assembly Bill 471 of the 81st (2021) legislative session an applicant for a renewal of a license to operate facility for the treatment of irreversible renal disease, facility for hospice care, program of hospice care, hospital, facility for intermediate care, facility for skilled nursing must include a minimum fee of 6% of the licensure renewal fee per facility pursuant to subsection 2 and not to exceed 8% of the fee for renewal of the applicable license, certificate or registration, to be paid upon the renewal of a license pursuant to [NAC 449.0116](#) to support the system for reporting of information on cancer and other neoplasms established pursuant to [NRS 457.230](#). The fee collected pursuant to this section to support the system for reporting of information on cancer and other neoplasms will be implemented the following fiscal year to support the systems.

CHAPTER 652 – MEDICAL LABORATORIES

Sec. 7. NAC 652.488 is hereby amended as follows:

NAC 652.488 Fees; assessed expenses. ([NRS 439.150](#), [439.200](#), [652.100](#), [652.125](#))

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
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
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Biennial

renewal.....	150
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(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. Pursuant to section 5 of Assembly Bill 471 of the 81st (2021) legislative session an applicant for each renewal of a license to medical laboratory, other than a laboratory in which the only test performed is a test for the detection of the human immunodeficiency virus that is classified as a waived test pursuant to Subpart A of Part 493 of Title 42 of the Code of Federal Regulations, must include a minimum fee of 6% of the licensure renewal fee pursuant to subsection 1, and not to exceed 8% of the fee for the renewal of the applicable license, certificate or registration, to be paid upon the renewal of a license pursuant to [NRS. 652.080](#) to support the system for reporting of information on cancer and other neoplasm established pursuant to [NRS 457.230](#). The fee collected pursuant to this section to support the system for the

reporting of information on cancer and other neoplasms will be implemented the following fiscal year to support the systems.

~~[5.]~~ 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](#)
- (a) “Permit” has the meaning ascribed to it in [NRS 450B.100](#)

