Proposed Amendment to AB161

Offered by Assemblymember Edgeworth (3/26/25)

The intent of this amendment is to reduce any fiscal notes from State Agencies as well as to clean up language that goes beyond the original intent of the legislation and to focus on protecting consumers by creating a hospice patient's bill of rights.

Section 1. Chapter 449 of NRS is hereby amended by adding thereto the provisions set forth as sections 2 to 6, inclusive, of this act.

~~**Sec. 2.** *"Interdisciplinary team" means a group of persons who work collectively to meet the special needs of terminally ill patients receiving hospice care and their families and includes such persons as a physician, registered nurse, social worker, member of the clergy and trained volunteer.*~~

~~**Sec. 3.** *1. Not later than 12 months after initial licensure, a program of hospice care shall enter into an agreement with the United States Secretary of Health and Human Services pursuant to 42 U.S.C. § 1395cc to accept payment through Medicare.*~~

~~*2. A program of hospice care must be accredited by a national accrediting agency acceptable to the Division.*~~

~~*3. A program of hospice care:*~~

~~*(a) Shall promptly inform the Division if any person or entity that holds an ownership interest of at least 5 percent in the program is being investigated for a potential violation of any federal, state, or local law related to payment for health care.*~~

~~*(b) Shall not accept any new patients while:*~~

~~*(1) An investigation described in paragraph (a) is pending; or*~~

~~*(2) Any person or entity who has been found in a criminal or civil proceeding to have committed a violation of any federal, state or local law related to payment for health care retains an ownership interest of at least 5 percent in the program.*~~

~~*(c) Shall not transfer the billing privileges of the program under Medicare to any other person or entity within 60 months after:*~~

~~*(1) Initially entering into an agreement described in subsection 1; or*~~

~~*(2) A change in the ownership of an interest of 50 percent or greater in the program.*~~

~~**Sec. 4.** *1. The Division shall inspect a program of hospice care that is issued an initial license on or after January 1, 2026:*~~

~~*(a) For the first time, within 60 days after initial licensure;*~~

~~*(b) For the second time, within 6 months after initial licensure;*~~

~~*(c) For the third time, within 12 months after initial licensure;*~~

~~*(d) For the fourth time, within 24 months after initial licensure; and*~~

~~*(e) At least once every 36 months thereafter.*~~

~~*2. The Division shall inspect a program of hospice care that was issued an initial license on or after January 1, 2026, at least once every 36 months.*~~

~~*3. For the first 24 months after the initial licensure of a program of hospice care that is issued an initial license on or after January 1, 2026:*~~

~~*(a) The program shall submit to the Division each month all information required to be reported to the United States Secretary of Health and Human Services pursuant to 42 U.S.C. § 1395f(i)(5).*~~

~~*(b) The Division shall conduct enhanced oversight of the program, which must include, without limitation, a review by the Division of a representative portion, as defined by regulation of the Board, of the claims for payment that the program intends to submit before the program submits the claims*~~

~~**Sec. 5.** *1. The medical director employed by a program of hospice care pursuant to NRS 449.196 shall:*~~

~~*(a) Assist each interdisciplinary team in the development, review and revision of the plan of care required by paragraph (c) of subsection 1 of NRS 449.196;*~~

~~*(b) Act as a medical resource for each interdisciplinary team;*~~

~~*(c) Develop and periodically review the medical policies of the program, including, without limitation, policies for:*~~

~~*(1) The delivery of services to patients by physicians employed or contracted by the program;*~~

~~*(2) The orientation, training and support of physicians employed or contracted by the program;*~~

~~*(3) Ensuring compliance with paragraphs (c) to (k), inclusive, of subsection 1 of NRS 449.196 and subsections 2 and 3 of NRS 449.196; and*~~

~~*(4) Documentation to ensure compliance with the medical policies;*~~

~~*(d) Consult with the attending physicians of patients concerning the control of pain and symptoms and the medical management of patients, as appropriate;*~~

~~*(e) Act as a liaison between the program and physicians in the community;*~~

~~*(f) Ensure continuity and coordination of all medical services provided to patients;*~~

~~*(g) Provide supervision, direction and oversight for all*~~

~~*providers employed or contracted by the program; and*~~

~~*(h) Perform such other duties as are appropriate for the needs of the program.*~~

~~*2. Any order for the administration of medication to a patient of a program of hospice care must be written and signed by the medical director a member of the interdisciplinary team authorized by their professional licensure to order medication of the program.*~~

~~**Sec. 6.** *1. On or before December 31 of each year, the Division shall compile and post on a publicly available Internet website operated by the Division a report which includes, for each program of hospice care licensed in this State:*~~

~~*(a) The date on which the program was incorporated and the name of each incorporator;*~~

~~*(b) The name of each person or entity that owns at least 5 percent of the program;*~~

~~*(c) The name of any person or entity that is wholly or partially responsible for managing the program;*~~

~~*(d) The date on which the program applied for licensure, the date on which initial licensure was granted and the date on which licensure was most recently renewed;*~~

~~*(e) The date on which the program came into compliance with subsection 1 of section 3 of this act;*~~

~~*(f) The name of the entity that conducted the most recent survey of the program pursuant to 42 C.F.R. § 488.1110;*~~

~~*(g) The results of each inspection of the program conducted by the Division during the 5 years immediately preceding the date of the report, including, without limitation:*~~

~~*(1) Any deficiencies noted during the inspection;*~~

~~*(2) Requirements imposed by the Division to correct such deficiencies; and*~~

~~*(3) The date on which the Division determined that the deficiencies had been corrected; and*~~

~~*(h) Any other information required by subsection 2.*~~

~~*2. The Division shall solicit input from persons and entities interested in the provision of hospice care, including, without limitation, patients, families, as defined in NRS 449.0115, advocates for patients, providers of health care and insurers, and include in the report compiled pursuant to subsection 1 information useful to such persons and entities.*~~

Sec. 11. NRS 449.0302 is hereby amended to read as follows:

~~*14. The Board shall adopt regulations to:*~~

~~*(a) Establish an aggregate annual maximum amount of payments that a program for hospice care may claim during each of the first 2 years after initial licensure;*~~

~~*(b) Require a program of hospice care to establish an*~~

~~*independent review board to assess compliance with state, federal and local laws and regulations and ethical standards related to hospice care; and*~~

~~*(c) Prohibit persons with financial conflicts of interest from determining or assisting in any manner with a determination of whether a person is eligible to receive hospice care.*~~

Sec. 14. NRS 449.196 is hereby amended to read as follows:

449.196 No person, state or local government or agency may represent that it provides "hospice care" unless the program of care, either directly or indirectly:

~~1.~~ ~~*: (a) Has an administrator who has at least 5 years of experience in home health, hospice, palliative medicine or related health care leadership experience;*~~

(a) Has a medical director whose ~~*who performs the*~~ responsibilities are appropriate to the needs of the program] ~~*listed in section 5 of this act*~~ and who:

(a) ~~*(I)*~~ Is a physician [,] *who:*

~~*(I) Is*~~ currently licensed ~~*pursuant to chapter 630 or 633 of NRS*~~ to practice ~~[,]~~ ~~*medicine or osteopathic medicine, as applicable;*~~

~~*(II) Has independent experience in the clinical practice of medicine or osteopathic medicine; and*~~

~~*(III) Is an employee of the person, state or local government or agency that provides the program of hospice care; and*~~

~~[(b)]~~ *(2)* On the basis of training, experience and interest, is knowledgeable about the psychosocial *,* ~~*spiritual*~~ and medical aspects of hospice; ~~[and~~

(c) Acts as a medical resource to the interdisciplinary team which provides the hospice care;

~~2.~~ *(c)* Is provided to the patient, as needed, in the patient's home, at a residential facility and at a medical facility, at any time of the day or night;

~~[3.]~~ *(d)* Includes medical, nursing, psychological and pastoral care and social services at the level required by the patient's condition ~~[;~~

~~4.~~ ~~*, including, without limitation, the following types of care:*~~

~~*(1) Routine care in the home;*~~

~~*(2) General inpatient care for the management of pain and symptoms;*~~

~~*(3) Continuous in-home care for the acute management of symptoms; and*~~

~~*(4) Care for the patient which provides a respite from the stresses and responsibilities that result from the daily care of the patient;*~~

~~*(e) Designates an interdisciplinary team for the patient to develop a plan of care for the patient and review and revise the*~~

~~*plan of care at least once every 15 days in accordance with 42 C.F.R. § 418.56;*~~

~~*(f) Requires each person who provides care to a patient to adhere to the plan of care developed pursuant to paragraph (e);*~~

~~*(g) Provides for the visitation of the patient by a member of the interdisciplinary team of the patient physician, advance practice provider or registered nurse who is a member of the interdisciplinary team at least once each week, and more frequently if required by the plan of care unless declined by the patient;*~~

~~*(h) Has a physician or an advance practice provider on call 24 hours each day, 7 days each week to respond to the needs of patients;*~~

~~*(i) Has entered into contracts with other facilities and providers of health care as necessary to allow the transfer of a patient if the patient requires care with respect to the management of pain or symptoms that the program is unable to provide;*~~

(j) Provides supportive services for the patient's immediate family and other persons with significant personal ties to the patient, whether or not related by blood, including ~~[~~:

(a) Care for the patient which provides a respite from the stresses and responsibilities that result from the daily care of the (b) Emotional ~~*emotional*~~ support and other care after the patient dies; and

~~[~~5.~~]~~ Includes the services of trained volunteers.

~~*2. Each employee of a program of hospice care must:*~~

~~*(a) Before beginning his or her employment, receive training on compliance with federal laws and regulations relating to hospice care and relevant requirements of the Centers for Medicare and Medicaid Services of the United States Department of Health and Human Services; and*~~

~~*(b) Receive at least 40 hours of training annually based on CMS and Joint Commission guidelines concerning the elements of hospice care related to the role of the employee which much include, without limitation, training in ethics. A physician can be exempt from the training if they can verify the requisite experience in hospice care.*~~

3. A program of hospice care shall:

(a) Obtain the informed, written consent of the patient or his or her representative for all treatment and all decisions concerning the care of the patient,

(b) Must notify the patient or his or her representative when the program of hospice care has initiated filing claims for benefits on their behalf,

(c) Must provide written notification to the patient or his or her representative of all of the contact information for the provider of hospice care and when they can be reached;

(d) If a program of hospice chooses to terminate care, then they must

provide a minimum of 7 days' notice to the patient or his or her representative so that the patient can arrange for continuity of care;
(e) provide the patient or his or her representative with information as to how a complaint against the program of hospice can be filed with the Division; and
(f) Maintain each document upon which written consent is provided pursuant to paragraph (a) for at least 5 years after the patient ceases receiving care from the program.

Sec. 15. NRS 449.197 is hereby amended to read as follows:

449.197 ~~[1.]~~ A licensed facility for hospice care may provide any of the following levels of care for terminally ill patients:

~~(a)~~ ***1.*** Medical care for a patient who is in an acute episode of illness;

~~(b)~~ ***2.*** Skilled nursing care;

(c) ***3.*** Intermediate care;

(d) ***4.*** Custodial care; and

(e) ***5.*** Palliative services.

2. A licensed facility for hospice care may provide direct supportive services to a patients family, including services which provide care for patient during the day and other services which provide a respite from the stresses and responsibilities that result from the daily care of the patient.

Sec. 17. Chapter 449A of NRS is hereby amended by adding thereto a new section to read as follows:

1. Every patient of a program of hospice care has the right to receive the care specified in paragraph (d) of subsection 1 of NRS 449.196.

2. Not later than 15 days after a patient elects to receive care from a program of hospice care, the program of hospice care shall provide to the patient or the patient's legal representative an explanation of the services available through their program. The explanation must include, without limitation, a statement of the rights prescribed by subsection 1.

3. As used in this section, "program of hospice care" means a program of hospice care described in NRS 449.196.

Sec. 19. 1. A program of hospice care operating in this State on January 1, 2026, is exempt from the requirements of subsections 1 and 2 of section 3 of this act until July 1, 2026.

~~2. A program of hospice care that holds a valid license to operate in this State on January 1, 2026, is not subject to the requirements of paragraph (a) of subsection 14 of NRS 449.0302, as amended by section 11 of this act, and any regulations adopted pursuant thereto.~~

3. As used in this section, "hospice care" has the meaning ascribed to it in NRS 449.0115.

Sec. 20. 1. This section becomes effective upon passage and approval.

2. Sections 1 to 19, inclusive, of this act become effective:

(a) Upon passage and approval for the purpose of adopting any regulations and performing any other preparatory administrative tasks that are necessary to carry out the provisions of this act; and

(b) On January 1, 2026, for all other purpose