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Governor

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Director



DEPARTMENT OF  
HEALTH AND HUMAN SERVICES  
Division of Public and Behavioral Health  
*Helping people. It's who we are and what we do.*



Lisa Sherych  
Administrator

Ihsan Azzam, Ph.D., M.D.  
Chief Medical Officer

**Proposed Regulations & Small Business Impact Questionnaire**

**R046-20I: Revises provisions relating to immunizations**

The following questions pertain to how the changes in the Nevada Administrative Code presented in the enclosure will affect your business. If it is determined the proposed regulation is likely to impose a direct and significant economic burden upon a small business; or directly restrict the formation, operation, or expansion of a small business; then the agency will take any or all of the following actions:

1. Insofar as practicable, will consult with owners and officers of affected small businesses,
2. Consider methods to reduce the impact of the proposed regulation, and/or
3. Prepare a small business impact statement and make copies of the statement available to the public at the workshop conducted and the public hearing held pursuant to NRS 233B.061.

To review the proposed regulations please visit the following website:

<https://www.leg.state.nv.us/Register/2020Register/R046-20RP1.pdf> or call our Carson City office at: 775-684-2225.

Please answer each question that applies to your business and add any qualifying remarks that may help us understand your position. **E-mail or mail your completed form on or prior to August 4, 2020** to:

Shannon Bennett, Manager  
Nevada State Immunization Program  
[sbennett@health.nv.gov](mailto:sbennett@health.nv.gov)

Bureau of Child, Family, and Community Wellness  
Nevada Division of Public & Behavioral Health  
4150 Technology Way, Suite 210  
(775) 350-5261

Your Name \_\_\_\_\_

Organization \_\_\_\_\_

Date \_\_\_\_\_

**NRS 233B.0382 “Small Business defined.”** “Small business” means a business conducted for profit, which employs fewer than 150 full-time or part-time employees.

1. How many employees are currently employed by your business? \_\_\_\_\_

If more than 150, you will not need to answer the rest of the questions but you may provide feedback on how the proposed regulations may impact you by e-mailing [sbennett@health.nv.gov](mailto:sbennett@health.nv.gov).

If less than 150, please continue with the remaining questions. Please E-MAIL or MAIL your completed questionnaire using the contact information above.

2. Will a specific regulation have an adverse economic effect upon your business? If so, please indicate the estimated dollar amount(s) you believe the adopted regulations will cost you over one calendar year with a brief explanation as to how the dollar amount was calculated.

Yes\_\_\_\_\_ No\_\_\_\_\_ Explain: Please list each regulation and explain the impact.

3. Will the regulation(s) have any beneficial effect upon your business? If so, please include any cost savings you believe the adopted regulations will save you over one calendar year with an estimated dollar amount if applicable.

Yes\_\_\_\_\_ No\_\_\_\_\_ Explain: Please list each regulation and explain the impact.

4. Do you anticipate any indirect adverse effects upon your business?

Yes\_\_\_\_\_ No\_\_\_\_\_ Explain: Please list each regulation and explain the impact.

5. Do you anticipate any indirect beneficial effects upon your business?

Yes\_\_\_\_\_ No\_\_\_\_\_ Explain: Please list each regulation and explain the impact.