

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Division of Public and Behavioral Health



Helping people. It's who we are and what we do.

Proposed Regulations & Small Business Impact Questionnaire

Proposed Regulation of the Division of Public and Behavioral Health of the Department of Health and Human Services: Legislative Counsel No. R181-18

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 that 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, consult with owners and officers of affected small businesses,
- 2. Consider methods to reduce the impact of the proposed regulation, and
- 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 review the enclosed copy or go the following website: http://dpbh.nv.gov/Programs/Clinical_Services - Administrative Health/ or call our Reno Office at 775-688-6654 for information.

Please answer each of the questions that apply and add any qualifying remarks that may help us to understand your position. **Mail, fax or email your completed form on or prior to July 30, 2020** to:

Janet Ashby, Administrative Assistant IV
Lake's Crossing Center, Division of Public and Behavioral Health
500 Galletti Way
Sparks, Nevada 89431
Phone Number: 775-688-6654 or 775-848-9840

Fax: 775-688-1909

Thank you for your time and input.

Sincerely,

Elizabeth Neighbors, Ph.D., ABPP
Statewide Forensic Program Director
Division of Public and Behavioral Health

July 10, 2020

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 employ | ees are curre | ently employed | by your bi | usiness? | | If more than 15 | 50, you will |
|--------------------------|-----------------|----------------|-------------------|-------------|---------------|----------------|---|--------------|
| not no | eed to answe | r the rest of | the questions b | ut you ma | y provide fee | edback on how | the proposed reg | gulations |
| may i | impact you by | emailing: Ja | anet Ashby at ja | shby@hea | alth.nv.gov | | | |
| If less than 15 address. | 50, please con | itinue with th | ne remaining qu | uestions. F | Please MAIL, | EMAIL or FAX o | questionnaire to t | he above |
| • | t(s) you belie | ve the adopt | ed regulations v | • | • | • | se indicate the es vith a brief explan | |
| Yes | No | Explain: Ple | ease list each re | gulation a | nd explain th | ie impact. | | |
| | | | | | | | | |
| | | | | | | | | |
| | | • | • | • | | • | any cost savings unt if applicable. | you believe |
| Yes | No | | | | | | | |
| Explain: | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 3. Do you ant | ticipate any ir | ndirect adver | se effects upon | your busi | ness? | | | |
| Yes | No | | | | | | | |
| Explain: | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 4. Do you ant | icipate any in | direct benefi | icial effects upo | n your bus | siness? | | | |
| Yes | No | | | | | | | |
| Explain: | | | | | | | | |