

Small Business Impact Questionnaire

Emergency Medical Systems Agencies

Nevada Administrative Code 450B LCB File No. R068-16

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 Division of Public and Behavioral Health 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 go the following website: <http://dpbh.nv.gov/Reg/EMS/EMS-home/> or for a copy call Minden Hall, (775) 684-5948.

Please answer each of the questions that apply and add any qualifying remarks that may help us to understand your position. **Mail, email or fax your completed form on or prior to June 17, 2016 to:**

Division of Public and Behavioral Health
Attn: Minden Hall
4150 Technology Way, Suite 200
Carson City, NV 89706
(775) 684-5948
Email: mihall@health.nv.gov
Fax: (775) 684-3222

Your Name _____

Agency/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. Please MAIL or FAX questionnaire to the above address. If less than 150, please continue with the remaining questions.

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:

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

Yes_____ No_____

Explain:

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

Yes_____ No_____

Explain:

A small business impact statement must be prepared. "Small Business" is defined by NRS 233B.0382 as a business conducted for profit which employs fewer than 150 full-time or part-time employees. If your business meets these criteria, it is requested that you complete the enclosed questionnaire. The comments will be compiled into a small business impact statement which will be available during the public workshops. The comments for small business impact must be received no later than June 17, 2016, to be considered. If you have any question or comments, please contact Minden Hall at (775) 684-5948.