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September 29, 2023

Ms. Sherry Stevens
Administrative Assistant III
Department of Health and Human Services
Division of Public and Behavioral Health
4150 Technology Way, Suite 300
Carson City, Nevada 89706

Re: LCB File No. R002-22

Dear Ms. Stevens,

A regulation adopted by the State Board of Health has been filed today with the Secretary of State pursuant to NRS 233B.067 or 233B.0675 as appropriate. As provided in NRS 233B.070, this regulation becomes effective upon filing, unless otherwise indicated.

Enclosed are two copies of the regulation bearing the stamp of the Secretary of State which indicates that it has been filed. One copy is for your records and the other is for delivery to the State Library and Archives Administrator pursuant to subsection 6 of NRS 233B.070.

Sincerely,

A handwritten signature in blue ink, appearing to read "Asher A. Killian".

Asher A. Killian
Legislative Counsel

Eric W. Robbins
Senior Principal Deputy Legislative Counsel

AAK/amh
Enclosure

Joe Lombardo
Governor



DEPARTMENT OF HEALTH AND HUMAN SERVICES



Cody Phinney,
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Administrator

Ihsan Azzam,
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Chief Medical
Officer

Richard Whitley,
MS
Director



NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

SECRETARY OF STATE
FILING DATA

**For Filing Administrative
Regulations**

LCB File No. R002-22

Agency: State Board of Health.

**FOR EMERGENCY
REGULATIONS ONLY**

Effective date.....

Expiration date.....

.....

Governor's Signature

Classification:

- PROPOSED ADOPTED BY AGENCY EMERGENCY Brief

description of action.....

The State Board of Health adopted the proposed regulation amendment(s) to NAC 441 at a public hearing held on Friday, September 1, 2023. LCB Draft of Proposed Regulations R002-22 and errata was adopted by the Board of Health without any changes.

Authority citation other than 233B §§ 1 and 3, NRS 439.200, 441A.120 and 441A.315; §§ 2 and 4-15, NRS 439.200 and 441A.120

Notice date July 14, 2023 [PT] _____
Agency _____
Hearing date September 1, 2023 _____

Date of Adoption by _____
September 1, 2023 _____

**APPROVED REGULATION OF
THE STATE BOARD OF HEALTH**

LCB File No. R002-22

Filed September 29, 2023

EXPLANATION – Matter in *italics* is new; matter in brackets [~~omitted material~~] is material to be omitted.

AUTHORITY: §§ 1 and 3, NRS 439.200, 441A.120 and 441A.315; §§ 2 and 4-15, NRS 439.200 and 441A.120.

A REGULATION relating to public health; prescribing procedures concerning testing for sexually transmitted diseases; removing certain duplicative references to acquired immune deficiency syndrome; updating references to certain publications; and providing other matters properly relating thereto.

Legislative Counsel’s Digest:

Existing law requires the State Board of Health to adopt regulations governing the control of communicable diseases which are known to be sexually transmitted. (NRS 441A.120) Existing law further requires, with certain exceptions, a physician, physician assistant, advanced practice registered nurse or midwife who provides or supervises the provision of emergency medical services in a hospital or primary care to a patient who is 15 years of age or older to: (1) consult with the patient to ascertain whether he or she wishes to be tested for sexually transmitted diseases and to determine which tests, if any, are medically indicated; and (2) to the extent practicable and that testing is medically indicated, test a patient who wishes to be tested for sexually transmitted diseases or help such a patient obtain a test. (NRS 441A.315) **Section 3** of this regulation adopts by reference certain federal guidelines concerning testing for sexually transmitted diseases and offering culturally and linguistically appropriate services. **Section 1** of this regulation requires a physician, physician assistant, advanced practice registered nurse or midwife to follow the procedures set forth in such guidelines when determining which tests for sexually transmitted diseases are medically indicated. **Section 1** requires a physician, physician assistant, advanced practice registered nurse or midwife to document in the record of the patient: (1) whether any tests were offered and, if so, which tests were offered; and (2) whether the patient agreed to the performance of each test that was offered. **Section 1** also requires a physician, physician assistant, advanced practice registered nurse or midwife to communicate with patients concerning such tests in accordance with federal guidelines concerning the

provision of culturally and linguistically appropriate services. **Sections 3, 5, 6 and 9-14** of this regulation update references to certain publications adopted by reference.

Existing law provides that it is the policy of this State to avoid duplicative references to acquired immune deficiency syndrome and the human immunodeficiency virus in the Nevada Administrative Code. (NRS 233B.062) **Sections 2, 4, 7, 8 and 15** of this regulation accordingly remove such references.

Section 1. Chapter 441A of NAC is hereby amended by adding thereto a new section to read as follows:

1. When making a determination pursuant to subsection 1 of NRS 441A.315 concerning which tests for sexually transmitted diseases are medically indicated for a patient, a physician, physician assistant, advanced practice registered nurse or midwife shall follow the procedures set forth in “Chlamydia and Gonorrhea: Screening,” “Human Immunodeficiency Virus (HIV) Infection: Screening” and “Syphilis Infection in Nonpregnant Adolescents and Adults: Screening,” as adopted by reference in NAC 441A.200.

2. A physician, physician assistant, advanced practice registered nurse or midwife who performs the actions required by subsection 1 of NRS 441A.315 shall:

(a) Document in the record of the patient:

(1) Whether any tests for sexually transmitted diseases were offered to the patient and, if so, which tests were offered; and

(2) For each test offered to the patient, whether the patient agreed to the performance of the test; and

(b) Communicate with the patient concerning testing for sexually transmitted diseases in accordance with “National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care,” as adopted by reference in NAC 441A.200.

Sec. 2. NAC 441A.040 is hereby amended to read as follows:

441A.040 "Communicable disease," as defined in NRS 441A.040, includes:

1. ~~Acquired immune deficiency syndrome (AIDS).~~
- ~~2.]~~ Amebiasis.
- ~~3.]~~ 2. Animal bite from a rabies-susceptible animal.
- ~~4.]~~ 3. Anthrax.
- ~~5.]~~ 4. Botulism, foodborne.
- ~~6.]~~ 5. Botulism, infant.
- ~~7.]~~ 6. Botulism, wound.
- ~~8.]~~ 7. Botulism, other than foodborne botulism, infant botulism or wound botulism.
- ~~9.]~~ 8. Brucellosis.
- ~~10.]~~ 9. Campylobacteriosis.
- ~~11.]~~ 10. Chancroid.
- ~~12.]~~ 11. Chikungunya virus disease.
- ~~13.]~~ 12. *Chlamydia trachomatis* infection of the genital tract.
- ~~14.]~~ 13. Cholera.
- ~~15.]~~ 14. Coccidioidomycosis.
- ~~16.]~~ 15. Cryptosporidiosis.
- ~~17.]~~ 16. Dengue.
- ~~18.]~~ 17. Diphtheria.
- ~~19.]~~ 18. Ehrlichiosis/anaplasmosis.
- ~~20.]~~ 19. Encephalitis.

~~{21.} Enterobacteriaceae.~~

20. *Enterobacterales*, carbapenem-resistant (CRE), including carbapenem-resistant *Enterobacter* spp., *Escherichia coli* and *Klebsiella* spp.

~~{22.}~~ 21. Extraordinary occurrence of illness.

~~{23.}~~ 22. Foodborne disease outbreak.

~~{24.}~~ 23. Giardiasis.

~~{25.}~~ 24. Gonococcal infection.

~~{26.}~~ 25. Granuloma inguinale.

~~{27.}~~ 26. *Haemophilus influenzae* type b invasive disease.

~~{28.}~~ 27. Hansen's disease (leprosy).

~~{29.}~~ 28. Hantavirus.

~~{30.}~~ 29. Hemolytic-uremic syndrome (HUS).

~~{31.}~~ 30. Hepatitis A.

~~{32.}~~ 31. Hepatitis B.

~~{33.}~~ 32. Hepatitis C.

~~{34.}~~ 33. Hepatitis Delta.

~~{35.}~~ 34. Hepatitis E.

~~{36.}~~ 35. Hepatitis, unspecified.

~~{37.}~~ 36. Human immunodeficiency virus infection (HIV).

~~{38.}~~ 37. Influenza that is:

(a) Associated with a hospitalization or the death of a person under 18 years of age; or

(b) Known or suspected to be of a viral strain that:

(1) The Centers for Disease Control and Prevention or the World Health Organization has determined poses a risk of a national or global pandemic; or

(2) Is novel or untypeable.

- ~~{39.}~~ 38. Legionellosis.
- ~~{40.}~~ 39. Leptospirosis.
- ~~{41.}~~ 40. Listeriosis.
- ~~{42.}~~ 41. Lyme disease.
- ~~{43.}~~ 42. Lymphogranuloma venereum.
- ~~{44.}~~ 43. Malaria.
- ~~{45.}~~ 44. Measles (rubeola).
- ~~{46.}~~ 45. Meningitis.
- ~~{47.}~~ 46. Meningococcal disease.
- ~~{48.}~~ 47. Mumps.
- ~~{49.}~~ 48. Pertussis.
- ~~{50.}~~ 49. Plague.
- ~~{51.}~~ 50. Poliovirus infection.
- ~~{52.}~~ 51. Psittacosis.
- ~~{53.}~~ 52. Q fever.
- ~~{54.}~~ 53. Rabies, human or animal.
- ~~{55.}~~ 54. Relapsing fever.
- ~~{56.}~~ 55. Respiratory syncytial virus infection.
- ~~{57.}~~ 56. Rotavirus infection.

- ~~{58.}~~ 57. Rubella (including congenital rubella syndrome).
- ~~{59.}~~ 58. Saint Louis encephalitis virus (SLEV).
- ~~{60.}~~ 59. Salmonellosis.
- ~~{61.}~~ 60. Severe acute respiratory syndrome (SARS).
- ~~{62.}~~ 61. Severe reaction to immunization.
- ~~{63.}~~ 62. Shiga toxin-producing *Escherichia coli*.
- ~~{64.}~~ 63. Shigellosis.
- ~~{65.}~~ 64. Smallpox (variola).
- ~~{66.}~~ 65. Spotted fever rickettsioses.
- ~~{67.}~~ 66. *Staphylococcus aureus*, vancomycin-intermediate.
- ~~{68.}~~ 67. *Staphylococcus aureus*, vancomycin-resistant.
- ~~{69.}~~ 68. Streptococcal toxic shock syndrome.
- ~~{70.}~~ 69. *Streptococcus pneumoniae* (invasive).
- ~~{71.}~~ 70. Syphilis (including congenital syphilis).
- ~~{72.}~~ 71. Tetanus.
- ~~{73.}~~ 72. Toxic shock syndrome, other than streptococcal toxic shock syndrome.
- ~~{74.}~~ 73. Trichinosis.
- ~~{75.}~~ 74. Tuberculosis.
- ~~{76.}~~ 75. Tularemia.
- ~~{77.}~~ 76. Typhoid fever.
- ~~{78.}~~ 77. Varicella (chickenpox).
- ~~{79.}~~ 78. Vibriosis.

~~{80.}~~ 79. Viral hemorrhagic fever.

~~{81.}~~ 80. West Nile virus.

~~{82.}~~ 81. Yellow fever.

~~{83.}~~ 82. Yersiniosis.

~~{84.}~~ 83. Zika virus disease.

Sec. 3. NAC 441A.200 is hereby amended to read as follows:

441A.200 1. Except as otherwise provided in subsection 2, the following recommendations, guidelines and publications are adopted by reference:

(a) The standard precautions to prevent transmission of disease by contact with blood or other body fluids as recommended by the Centers for Disease Control and Prevention in “Perspectives in Disease Prevention and Health Promotion Update: Universal Precautions for Prevention of Transmission of Human Immunodeficiency Virus, Hepatitis B Virus, and Other Bloodborne Pathogens in Health-Care Settings,” *Morbidity and Mortality Weekly Report* [37(24):377-388, June 24, 1988], published by the United States Department of Health and Human Services and available at no cost on the Internet at <http://www.cdc.gov/mmwr>, or, if that Internet website ceases to exist, from the Division.

(b) The Centers for Disease Control and Prevention’s *2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings*, published by the United States Department of Health and Human Services and available at no cost on the Internet at ~~<https://www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines.pdf>~~ <https://www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines-H.pdf>, or, if that Internet website ceases to exist, from the Division.

(c) The recommended guidelines for the investigation, prevention, suppression and control of communicable disease set forth by the Centers for Disease Control and Prevention in:

(1) “General Recommendations on Immunization: Recommendations of the Advisory Committee on Immunization Practices,” *Morbidity and Mortality Weekly Report* [55(RR15):1-48, December 1, 2006], published by the United States Department of Health and Human Services and available at no cost on the Internet at <http://www.cdc.gov/mmwr>, or, if that Internet website ceases to exist, from the Division; and

(2) *Manual for the Surveillance of Vaccine-Preventable Diseases*, ~~[4th edition,]~~ published by the United States Department of Health and Human Services and available at no cost on the Internet at <http://www.cdc.gov/vaccines/pubs/surv-manual/index.html>, or, if that Internet website ceases to exist, from the Division.

(d) The recommended guidelines for the investigation, prevention, suppression and control of communicable diseases contained in *Control of Communicable Diseases Manual*, ~~[20th]~~ *21st* edition, published by the American Public Health Association and available for the price of ~~[\$38.50]~~ *\$59.50* for members and ~~[\$55.00]~~ *\$85.00* for nonmembers from the American Public Health Association, 800 I Street, N.W., Washington, D.C. 20001-3710, or at the Internet address <http://www.apha.org>.

(e) The recommended guidelines for the investigation, prevention, suppression and control of communicable diseases contained in *Red Book: ~~[2015]~~ 2021 Report of the Committee on Infectious Diseases*, ~~[30th]~~ *32nd* edition, published by the American Academy of Pediatrics and available for the price of ~~[\$75.00]~~ *\$119.95* for members and \$149.95 for nonmembers from the American Academy of Pediatrics, ~~[111 Northwest Point Boulevard, Elk Grove Village, Illinois]~~

~~60007,~~ 345 Park Boulevard, Itasca, Illinois 60143, or at the Internet address

~~[http://www.aap.org.]~~ <https://shop.aap.org>.

(f) The recommendations for the testing, treatment, prevention, suppression and control of chancroid, *Chlamydia trachomatis*, gonococcal infection, granuloma inguinale, lymphogranuloma venereum, ~~[and]~~ infectious syphilis *and human immunodeficiency virus* as are specified in “Sexually Transmitted ~~[Diseases:]~~ *Infections* Treatment Guidelines, ~~[2006.]~~ *2021,*” *Morbidity and Mortality Weekly Report* ~~[55(RR11):1-94, August 4, 2006.]~~ *[70(4):1-187, July 23, 2021]*, published by the United States Department of Health and Human Services and available at no cost on the Internet at <http://www.cdc.gov/mmwr>, or, if that Internet website ceases to exist, from the Division.

(g) The recommendations for the counseling of and effective treatment for a person having active tuberculosis or tuberculosis infection as set forth in:

(1) “Controlling Tuberculosis in the United States: Recommendations from the American Thoracic Society, CDC, and the Infectious Diseases Society of America,” *Morbidity and Mortality Weekly Report* [54(RR12):1-81, November 4, 2005], published by the United States Department of Health and Human Services and available at no cost on the Internet at <http://www.cdc.gov/mmwr>, or, if that Internet website ceases to exist, from the Division;

(2) “Treatment of Tuberculosis,” *Morbidity and Mortality Weekly Report* [52(RR11):1-77, June 20, 2003], published by the United States Department of Health and Human Services and available at no cost on the Internet at <http://www.cdc.gov/mmwr>, or, if that Internet website ceases to exist, from the Division;

(3) “Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection,” *Morbidity and Mortality Weekly Report* [49(RR06):1-54, June 9, 2000], published by the United States Department of Health and Human Services and available at no cost on the Internet at <http://www.cdc.gov/mmwr>, or, if that Internet website ceases to exist, from the Division;

(4) The recommendations of the Centers for Disease Control and Prevention for preventing and controlling tuberculosis in correctional and detention facilities set forth in “Prevention and Control of Tuberculosis in Correctional and Detention Facilities: Recommendations from CDC,” *Morbidity and Mortality Weekly Report* ~~[55(RR9):1-44,]~~ [55(RR09):1-44, July 7, 2006], published by the United States Department of Health and Human Services and available at no cost on the Internet at <http://www.cdc.gov/mmwr>, or, if that Internet website ceases to exist, from the Division; and

(5) “Guidelines for the Investigation of Contacts of Persons with Infectious Tuberculosis: Recommendations from the National Tuberculosis Controllers Association and CDC,” *Morbidity and Mortality Weekly Report* [54(RR15):1-37, December 16, 2005], published by the United States Department of Health and Human Services and available at no cost on the Internet at <http://www.cdc.gov/mmwr>, or, if that Internet website ceases to exist, from the Division.

(h) The recommendations of the Centers for Disease Control and Prevention for preventing the transmission of tuberculosis in facilities providing health care set forth in “Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005,” *Morbidity and Mortality Weekly Report* [54(RR17):1-141, December 30, 2005], published by the United States Department of Health and Human Services and available at no cost on the Internet at <http://www.cdc.gov/mmwr>, or, if that Internet website ceases to exist, from the Division.

(i) “Case Definitions for Infectious Conditions Under Public Health Surveillance,” *Morbidity and Mortality Weekly Report* [46(RR10):1-55, May 2, 1997], published by the United States Department of Health and Human Services and available at no cost on the Internet at <http://www.cdc.gov/mmwr>, or, if that Internet website ceases to exist, from the Division.

(j) “Recommended Antimicrobial Agents for Treatment and Postexposure Prophylaxis of Pertussis: 2005 CDC Guidelines,” *Morbidity and Mortality Weekly Report* [54(RR14):1-16, December 9, 2005], published by the United States Department of Health and Human Services and available at no cost on the Internet at <http://www.cdc.gov/mmwr>, or, if that Internet website ceases to exist, from the Division.

(k) “Updated Recommendations for Isolation of Persons with Mumps,” *Morbidity and Mortality Weekly Report* [57(40):1103-1105, October 10, 2008], published by the United States Department of Health and Human Services and available at no cost on the Internet at <http://www.cdc.gov/mmwr>, or, if that Internet website ceases to exist, from the Division.

(l) “Recommendations for Partner Services Programs for HIV Infection, Syphilis, Gonorrhea, and Chlamydial Infection,” *Morbidity and Mortality Weekly Report* [57(RR09):1-83, November 7, 2008], published by the United States Department of Health and Human Services and available at no cost on the Internet at <http://www.cdc.gov/mmwr>, or, if that Internet website ceases to exist, from the Division.

(m) “Facility Guidance for Control of Carbapenem-resistant ~~Enterobacteriaceae~~ Enterobacteriaceae (CRE),” published by the United States Department of Health and Human Services and available at no cost from the Centers for Disease Control and Prevention ~~of the United States Department of Health and Human Services~~ on the Internet at

~~<https://www.cdc.gov/hai/organisms/ere/ere-toolkit/index.html>~~

<https://www.cdc.gov/hai/pdfs/cre/CRE-guidance-508.pdf>, or, if that Internet website ceases to exist, from the Division.

(n) “Interim ~~[guidance]~~ *Guidance* for a *Public* Health Response to Contain Novel or Targeted Multidrug-resistant Organisms ~~[(MRDOs),”]~~ (*MDROs*),” published by the United States Department of Health and Human Services and available at no cost from the Centers for Disease Control and Prevention ~~[of the United States Department of Health and Human Services]~~ on the Internet at ~~<https://www.cdc.gov/hai/outbreaks/does/Health-Response-Contain-MDRO.pdf>~~ <https://www.cdc.gov/hai/pdfs/containment/Health-Response-Contain-MDRO-H.pdf>, or, if that Internet website ceases to exist, from the Division.

(o) The guidelines for the prevention, postexposure management and control of rabies as specified in the “Compendium of Animal Rabies Prevention and Control, 2016,” published by the National Association of State Public Health Veterinarians and available at no cost on the Internet at <http://nasphv.org/documentsCompendiaRabies.html>, or, if that Internet website ceases to exist, from the Division.

(p) “Carbapenemase Producing Carbapenem-Resistant Enterobacteriaceae (CP-CRE) 2018 Case Definition,” published by the United States Department of Health and Human Services and available at no cost on the Internet at ~~<https://www.cdc.gov/nndss/conditions/carbapenemase-producing-carbapenem-resistant-enterobacteriaceae/case-definition/2018/>~~ <https://ndc.services.cdc.gov/case-definitions/carbapenemase-producing-carbapenem-resistant-enterobacteriaceae-2018/>, or, if that Internet website ceases to exist, from the Division.

(q) *The recommendations for offering culturally and linguistically appropriate services set forth in “National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care,” published by the United States Department of Health and Human Services and available at no cost on the Internet at <https://thinkculturalhealth.hhs.gov/clas>, or, if that Internet website ceases to exist, from the Division.*

(r) *“Human Immunodeficiency Virus (HIV) Infection: Screening,” published by the United States Preventive Services Task Force and available at no cost on the Internet at <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/human-immunodeficiency-virus-hiv-infection-screening>, or, if that Internet website ceases to exist, from the Division.*

(s) *“Syphilis Infection in Nonpregnant Adolescents and Adults: Screening,” published by the United States Preventive Services Task Force and available at no cost on the Internet at <https://uspreventiveservicestaskforce.org/uspstf/recommendation/syphilis-infection-nonpregnant-adults-adolescents-screening>, or, if that Internet website ceases to exist, from the Division.*

(t) *“Chlamydia and Gonorrhea: Screening,” published by the United States Preventive Services Task Force and available at no cost on the Internet at <https://uspreventiveservicestaskforce.org/uspstf/recommendation/chlamydia-and-gonorrhea-screening>, or, if that Internet website ceases to exist, from the Division.*

2. Except as otherwise provided in this subsection, the most current version of a recommendation, guideline or publication adopted by reference pursuant to subsection 1 which is published will be deemed to be adopted by reference. If both the state and local health authorities

determine that an update of or revision to a recommendation, guideline or publication described in subsection 1 is not appropriate for use in the State of Nevada, the Chief Medical Officer will present this determination to the Board and the update or revision, as applicable, will not be adopted. If the agency or other entity that publishes a recommendation, guideline or publication described in subsection 1 ceases to publish the recommendation, guideline or publication:

(a) The last version of the recommendation, guideline or publication that was published before the agency or entity ceased to publish the recommendation, guideline or publication shall be deemed to be the current version; and

(b) The recommendation, guideline or publication will be made available on an Internet website maintained by the Division.

Sec. 4. NAC 441A.252 is hereby amended to read as follows:

441A.252 1. Each insurer who requires or requests an applicant for a policy of life insurance or any other person to be examined or subjected to any medical, clinical or laboratory test that produces evidence consistent with the presence of:

- (a) ~~Acquired immune deficiency syndrome (AIDS);~~
- ~~(b)~~ Hepatitis A;
- ~~(e)~~ (b) Hepatitis B;
- ~~(d)~~ (c) Hepatitis C;
- ~~(e)~~ (d) Human immunodeficiency virus (HIV);
- ~~(f)~~ (e) Syphilis, including congenital syphilis; or
- ~~(g)~~ (f) Tuberculosis,

↳ shall, within 10 business days after the insurer is notified of the results of the examination or test, report the results of the test to the Chief Medical Officer or a representative thereof.

2. The report must include:

- (a) The name and description of the examination or test performed;
- (b) The name of the communicable disease or suspected communicable disease;
- (c) The date and result of the examination or test performed;
- (d) The name, address and telephone number of the insurer who required or requested the examination or test;
- (e) The name, address and, if available, telephone number, and the age or date of birth of the person who was examined or tested;
- (f) The name, address and telephone number of the person who performed the examination or ordered the test;
- (g) The name, address and telephone number of the medical laboratory that performed the test; and
- (h) Any other information the Chief Medical Officer or the representative may request.

3. The insurer shall submit the report to the Chief Medical Officer or the representative by telephone or any other method of electronic communication.

Sec. 5. NAC 441A.290 is hereby amended to read as follows:

441A.290 1. A district health officer who knows, suspects or is informed of the existence within his or her jurisdiction of a communicable disease shall:

(a) Use as a guideline for the investigation, prevention, suppression and control of the communicable disease, the recommended guidelines for the investigation, prevention, suppression and control of communicable disease set forth in:

(1) “General Recommendations on Immunization: Recommendations of the Advisory Committee on Immunization Practices,” adopted by reference pursuant to NAC 441A.200;

(2) *Manual for the Surveillance of Vaccine-Preventable Diseases*, adopted by reference pursuant to NAC 441A.200;

(3) *Control of Communicable Diseases Manual*, adopted by reference pursuant to NAC 441A.200; and

(4) *Red Book: ~~2015~~ 2021 Report of the Committee on Infectious Diseases*, adopted by reference pursuant to NAC 441A.200; and

(b) Carry out the measures for the investigation, prevention, suppression and control of the communicable disease specified in this chapter.

2. Upon receiving a report from a medical laboratory pursuant to NAC 441A.235, the district health officer shall notify the health care provider who ordered the test or examination and discuss the circumstances of the case or suspected case before initiating an investigation or notifying the case or suspected case. If, after a reasonable effort, the district health officer is unable to notify the health care provider who ordered the test or examination before the time an investigation must be initiated to protect the public health, the district health officer may proceed with the investigation, including notifying the case or suspected case, and may carry out measures for the prevention, suppression and control of the communicable disease.

3. The district health officer shall notify the Chief Medical Officer, or a representative thereof, as soon as possible of any case reported in his or her jurisdiction:

(a) Having anthrax, foodborne botulism, botulism other than foodborne botulism, infant botulism or wound botulism, cholera, diphtheria, extraordinary occurrence of illness, measles, plague, rabies, rubella, severe acute respiratory syndrome (SARS), smallpox (variola), tularemia or typhoid fever;

(b) That is part of a foodborne disease outbreak; or

(c) That is known or suspected to be related to an act of intentional transmission or biological terrorism.

4. The district health officer shall prepare a case report for each case reported in his or her jurisdiction pursuant to the provisions of this chapter. The report must be made on a form approved or provided by the Division and be submitted to the Chief Medical Officer, or the representative, within 7 days after completing the investigation of the case. The district health officer shall provide all available information requested by the Chief Medical Officer, or the representative, for each case reported, unless the provision of that information is prohibited by federal law.

5. If the district health officer suspects that there may be an association between two or more cases infected with the same communicable disease, the district health officer shall:

(a) Conduct an investigation to determine whether the cases share a common source of infection; and

(b) If he or she identifies a common source of infection that poses a threat to the public health:

- (1) Inform the public of the common source of infection;
- (2) Provide education to the public concerning the risk, transmission, prevention and control of the communicable disease; and
- (3) Notify the Chief Medical Officer.

6. The district health officer shall inform persons within his or her jurisdiction who are subject to the provisions of this chapter of the requirements of this chapter.

7. The district health officer may require, in his or her jurisdiction, the reporting of an infectious disease not specified in NAC 441A.040 as a communicable disease.

Sec. 6. NAC 441A.295 is hereby amended to read as follows:

441A.295 1. If the Chief Medical Officer knows, suspects or is informed of the existence within his or her jurisdiction of a communicable disease, he or she shall:

(a) Use as a guideline for the investigation, prevention, suppression and control of the communicable disease, the recommended guidelines for the investigation, prevention, suppression and control of the communicable disease set forth in:

(1) "General Recommendations on Immunization: Recommendations of the Advisory Committee on Immunization Practices," adopted by reference pursuant to NAC 441A.200;

(2) *Manual for the Surveillance of Vaccine-Preventable Diseases*, adopted by reference pursuant to NAC 441A.200;

(3) *Control of Communicable Diseases Manual*, adopted by reference pursuant to NAC 441A.200; and

(4) *Red Book: ~~2015~~ 2021 Report of the Committee on Infectious Diseases*, adopted by reference pursuant to NAC 441A.200; and

(b) Carry out the measures for the investigation, prevention, suppression and control of the communicable disease specified in the provisions of this chapter.

2. Upon receiving a report from a medical laboratory pursuant to NAC 441A.235, the Chief Medical Officer shall contact the health care provider who ordered the test or examination and discuss the circumstances of the case or suspected case before initiating an investigation or contacting the case or suspected case. If, after a reasonable effort, the Chief Medical Officer is unable to contact the health care provider who ordered the test or examination before the time when an investigation must be initiated to protect the public health, the Chief Medical Officer may proceed with the investigation, including contacting the case or suspected case, and may carry out measures for the prevention, suppression and control of the communicable disease.

3. If the Chief Medical Officer suspects that there may be an association between two or more cases infected with the same communicable disease, the Chief Medical Officer shall:

(a) Conduct an investigation to determine whether the cases share a common source of infection; and

(b) If he or she identifies a common source of infection that poses a threat to the public health:

(1) Inform the public of the common source of infection; and

(2) Provide education to the public concerning the risk, transmission, prevention and control of the communicable disease.

4. The Chief Medical Officer shall inform persons within his or her jurisdiction who are subject to the provisions of this chapter of the requirements of this chapter.

Sec. 7. NAC 441A.305 is hereby amended to read as follows:

441A.305 1. Pursuant to subsection 10 of NRS 441A.220, the health authority shall disclose information of a personal nature:

(a) Provided by a person making a report of a case or suspected case or provided by the person having a communicable disease; or

(b) Determined by investigation of the health authority,
↳ to a firefighter, police officer or person providing emergency medical services if the information relates to a communicable disease significantly related to that occupation. The communicable diseases which are significantly related to the occupation of a firefighter, police officer or person providing emergency medical services are ~~acquired immune deficiency syndrome (AIDS).~~ human immunodeficiency virus infection (HIV), diphtheria, hepatitis B, hepatitis C, hepatitis delta, measles, meningococcal disease, plague, rabies and tuberculosis.

2. Information of a personal nature must not be disclosed to a firefighter, police officer or person providing emergency medical services pursuant to subsection 1 unless the health authority has determined that the person has been exposed, in a manner likely to cause transmission of a communicable disease specified in subsection 1, to blood, semen, vaginal secretions, saliva, urine, feces, respiratory secretions or other body fluids which are known, through laboratory confirmation, or reasonably suspected by the health authority to contain the causative agent of a communicable disease specified in subsection 1.

3. A firefighter, police officer or person providing emergency medical services shall report to his or her employing agency any exposure to blood, semen, vaginal secretions, saliva, urine, feces, respiratory secretions or other body fluids in a manner likely to have allowed transmission of a communicable disease. Upon receiving the report, the employing agency shall immediately

make available to the exposed employee a confidential medical evaluation and follow-up, in accordance with the postexposure evaluation and follow-up described in the relevant portions of 29 C.F.R. 1910.1030(f).

4. The health authority making a disclosure pursuant to subsection 1 may disclose only that information of a personal nature which is necessary for the protection of the exposed firefighter, police officer or person providing emergency medical services.

5. The health authority shall not order a medical test or examination solely for the purpose of determining the exposure of a firefighter, police officer or person providing emergency medical services to a carrier of a communicable disease.

Sec. 8. NAC 441A.450 is hereby amended to read as follows:

441A.450 1. The health authority shall investigate each report of a case having ~~†~~
~~— (a) Acquired immune deficiency syndrome (AIDS); or~~
~~— (b) A] a~~ human immunodeficiency virus infection (HIV), as identified by a confirmed positive human immunodeficiency virus infection (HIV) blood test administered by a medical laboratory,
~~†~~ to confirm the diagnosis and identify each person with whom the case has had sexual relations and each person with whom the case has shared a needle. The health authority shall notify each person so identified of his or her potential exposure and of the availability of counseling and of testing for the presence of human immunodeficiency virus infection (HIV). If a person notified pursuant to this section is unable to obtain counseling as set forth in NRS 441A.336, the health authority shall provide, or ensure the provision of, the counseling.

2. If a case reported pursuant to subsection 1 has donated or sold blood, plasma, sperm or other bodily tissues during the year preceding the diagnosis, the health authority shall make reasonable efforts to notify the recipient of his or her potential exposure to the human immunodeficiency virus infection (HIV). ~~for acquired immune deficiency syndrome (AIDS).~~

3. If a case is reported pursuant to subsection 1 because of a sexual offense, the health authority shall seek the identity and location of the victim and make reasonable efforts to notify the victim of his or her possible exposure and to advise him or her of the availability of counseling and testing for human immunodeficiency virus infection (HIV).

4. If a case reported pursuant to subsection 1 has active tuberculosis or tuberculosis infection, the health authority shall make reasonable efforts to ensure that appropriate remedial and medical treatment of the tuberculosis or infection is provided.

5. If, at any time, a case reported pursuant to subsection 1 requests assistance from the health authority for notifying and counseling persons with whom the case has had sexual relations or persons with whom the case has shared a needle, the health authority shall provide that service.

6. If a case reported pursuant to subsection 1 is in a medical facility, the medical facility shall provide care to the case in accordance with blood and body fluid precautions and, if another communicable disease is present, universal precautions or the appropriate disease specific precautions.

Sec. 9. NAC 441A.485 is hereby amended to read as follows:

441A.485 1. The health authority shall investigate each report of a case having chancroid to confirm the diagnosis, to determine the source or possible source of the infection and to ensure that the case and any contacts have received appropriate testing and medical treatment.

2. Except as otherwise provided in NRS 441A.210, a person having chancroid shall obtain medical treatment for the disease.

3. The health care provider for a person having chancroid shall notify the health authority immediately if the person fails to obtain medical treatment or fails to complete the prescribed course of medical treatment. Except as otherwise provided in NRS 441A.210, the health authority shall take action to ensure that the person receives appropriate medical treatment for the disease.

4. A clinic, dispensary or health care provider that accepts supplies or aid from the Division shall provide counseling and take such measures for the testing, treatment, prevention, suppression and control of chancroid as are specified in “Sexually Transmitted ~~[Diseases]~~ *Infections* Treatment Guidelines, ~~[2006,]~~ 2021,” adopted by reference pursuant to NAC 441A.200.

5. A health care provider shall follow the procedures set forth in “Sexually Transmitted ~~[Diseases]~~ *Infections* Treatment Guidelines, ~~[2006,]~~ 2021,” adopted by reference pursuant to NAC 441A.200, when testing and treating persons with chancroid.

Sec. 10. NAC 441A.490 is hereby amended to read as follows:

441A.490 1. The health authority shall investigate each report of a case having *Chlamydia trachomatis* infection of the genital tract to confirm the diagnosis, to determine the source or

possible source of the infection and to ensure that the case and any contacts have received appropriate testing and medical treatment for the infection.

2. Except as otherwise provided in NRS 441A.210, a person with *Chlamydia trachomatis* infection shall obtain medical treatment for the infection.

3. The health care provider for a person with *Chlamydia trachomatis* infection shall notify the health authority immediately if the person fails to obtain medical treatment or fails to complete the prescribed course of medical treatment. Except as otherwise provided in NRS 441A.210, the health authority shall take action to ensure that the person receives appropriate medical treatment for the infection.

4. A clinic, dispensary or health care provider that accepts supplies or aid from the Division shall provide counseling and take such measures for the testing, treatment, prevention, suppression and control of *Chlamydia trachomatis* infection as are specified in “Sexually Transmitted ~~[Diseases]~~ *Infections* Treatment Guidelines, ~~[2006.]~~ 2021,” adopted by reference pursuant to NAC 441A.200.

5. A health care provider shall follow the procedures set forth in “Sexually Transmitted ~~[Diseases]~~ *Infections* Treatment Guidelines, ~~[2006.]~~ 2021,” adopted by reference pursuant to NAC 441A.200, when testing and treating persons with *Chlamydia trachomatis* infection.

6. If a case having *Chlamydia trachomatis* infection of the genital tract is in a medical facility, the medical facility shall provide care to the case in accordance with drainage and secretion precautions or other appropriate disease specific precautions.

Sec. 11. NAC 441A.540 is hereby amended to read as follows:

441A.540 1. The health authority shall investigate each report of a case having gonococcal infection to confirm the diagnosis, to determine the source or possible source of the infection and to ensure that the case and any contacts have received appropriate testing and medical treatment for the infection.

2. Except as otherwise provided in NRS 441A.210, a person having gonococcal infection shall obtain medical treatment for the infection.

3. The health care provider for a person with gonococcal infection shall notify the health authority immediately if the person fails to obtain medical treatment or fails to complete the prescribed course of medical treatment. Except as otherwise provided in NRS 441A.210, the health authority shall take action to ensure that the person receives appropriate medical treatment for the infection.

4. A clinic, dispensary or health care provider that accepts supplies or aid from the Division shall provide counseling and take such measures for the testing, treatment, prevention, suppression and control of gonococcal infection as are specified in “Sexually Transmitted ~~{Diseases}~~ *Infections* Treatment Guidelines, ~~{2006,}~~ 2021,” adopted by reference pursuant to NAC 441A.200.

5. A health care provider shall follow the procedures set forth in “Sexually Transmitted ~~{Diseases}~~ *Infections* Treatment Guidelines, ~~{2006,}~~ 2021,” adopted by reference pursuant to NAC 441A.200, when testing and treating persons with gonococcal infection.

6. If a neonatal case having gonococcal infection is in a medical facility, the medical facility shall provide care to the case in accordance with contact isolation or other appropriate disease specific precautions.

Sec. 12. NAC 441A.545 is hereby amended to read as follows:

441A.545 1. The health authority shall investigate each report of a case having granuloma inguinale to confirm the diagnosis, to determine the source or possible source of the infection and to ensure that the case and any contacts have received appropriate testing and medical treatment for the disease.

2. Except as otherwise provided in NRS 441A.210, a person with granuloma inguinale shall obtain medical treatment for the disease.

3. The health care provider for a person with granuloma inguinale shall notify the health authority immediately if the person fails to submit to medical treatment or fails to complete the prescribed course of medical treatment. Except as otherwise provided in NRS 441A.210, the health authority shall take action to ensure that the person receives appropriate medical treatment for the disease.

4. A clinic, dispensary or health care provider that accepts supplies or aid from the Division shall provide counseling and take such measures for the testing, treatment, prevention, suppression and control of granuloma inguinale as are specified in “Sexually Transmitted ~~{Diseases}~~ *Infections* Treatment Guidelines, ~~{2006,}~~ 2021,” adopted by reference pursuant to NAC 441A.200.

5. A health care provider shall follow the procedures set forth in “Sexually Transmitted ~~{Diseases}~~ *Infections* Treatment Guidelines, ~~{2006,}~~ 2021,” adopted by reference pursuant to NAC 441A.200, when testing and treating persons with granuloma inguinale.

Sec. 13. NAC 441A.600 is hereby amended to read as follows:

441A.600 1. The health authority shall investigate each report of a case having lymphogranuloma venereum to confirm the diagnosis, to determine the source or possible source of the infection and to ensure the case and any contacts have received appropriate testing and medical treatment for the disease.

2. Except as otherwise provided in NRS 441A.210, a person with lymphogranuloma venereum shall obtain medical treatment for the disease.

3. The health care provider for a person with lymphogranuloma venereum shall notify the health authority immediately if the person fails to submit to medical treatment or fails to complete the prescribed course of medical treatment. Except as otherwise provided in NRS 441A.210, the health authority shall take action to ensure that the person receives appropriate medical treatment for the disease.

4. A clinic, dispensary or health care provider that accepts supplies or aid from the Division shall provide counseling and take such measures for the testing, treatment, prevention, suppression and control of lymphogranuloma venereum as are specified in “Sexually Transmitted ~~{Diseases}~~ *Infections* Treatment Guidelines, ~~{2006,}~~ *2021*,” adopted by reference pursuant to NAC 441A.200.

5. A health care provider shall follow the procedures set forth in “Sexually Transmitted ~~{Diseases}~~ *Infections* Treatment Guidelines, ~~{2006,}~~ *2021*,” adopted by reference pursuant to NAC 441A.200, when testing and treating persons with lymphogranuloma venereum.

Sec. 14. NAC 441A.695 is hereby amended to read as follows:

441A.695 1. The health authority shall investigate each report of a case having congenital, primary, secondary, early latent, late latent or late syphilis to:

- (a) Confirm the diagnosis;
- (b) Determine the source or possible source of the infection; and
- (c) Ensure that the case and any contact has received appropriate testing and treatment for the infection.

2. Except as otherwise provided in NRS 441A.210, a person having infectious syphilis shall be required to submit to specific treatment for the infection.

3. The health care provider for a person with infectious syphilis shall notify the health authority immediately if the person fails to submit to medical treatment or fails to complete the prescribed course of medical treatment. Except as otherwise provided in NRS 441A.210, the health authority shall take action to ensure that the person receives appropriate medical treatment for the infection.

4. A clinic, dispensary or health care provider that accepts supplies or aid from the Division shall provide counseling and take such measures for the testing, treatment, prevention, suppression and control of infectious syphilis as are specified in “Sexually Transmitted ~~[Diseases]~~ *Infections* Treatment Guidelines, ~~[2006.]~~ 2021,” adopted by reference pursuant to NAC 441A.200.

5. A health care provider shall follow the procedures set forth in “Sexually Transmitted ~~[Diseases]~~ *Infections* Treatment Guidelines, ~~[2006.]~~ 2021,” adopted by reference pursuant to NAC 441A.200, when testing and treating a person with infectious syphilis.

6. If a case having infectious syphilis is in a medical facility, the medical facility shall provide care to the case in accordance with drainage and secretion precautions.

7. As used in this section, “infectious syphilis” means congenital, primary, secondary and early latent syphilis.

Sec. 15. NAC 441A.775 is hereby amended to read as follows:

441A.775 As used in NRS 441A.240 to 441A.330, inclusive, “sexually transmitted disease” means a bacterial, viral, fungal or parasitic disease which may be transmitted through sexual contact, including, but not limited to:

1. ~~Acquired immune deficiency syndrome (AIDS).~~
- ~~2.~~ Acute pelvic inflammatory disease.
- ~~3.~~ 2. Chancroid.
- ~~4.~~ 3. *Chlamydia trachomatis* infection of the genital tract.
- ~~5.~~ 4. Genital herpes simplex.
- ~~6.~~ 5. Genital human papilloma virus infection.
- ~~7.~~ 6. Gonorrhea.
- ~~8.~~ 7. Granuloma inguinale.
- ~~9.~~ 8. Hepatitis B infection.
- ~~10.~~ 9. Human immunodeficiency virus infection (HIV).
- ~~11.~~ 10. Lymphogranuloma venereum.
- ~~12.~~ 11. Nongonococcal urethritis.
- ~~13.~~ 12. Syphilis.

Joe Lombardo
Governor

Richard Whitley,
MS
Director



DEPARTMENT OF HEALTH AND HUMAN SERVICES



NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH



Cody Phinney,
MPH
Administrator

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

DIVISION OF PUBLIC & BEHAVIORAL HEALTH

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
LCB FILE NO. R002-22

INFORMATIONAL STATEMENT PER NRS 233B.066

1. A clear and concise explanation of the need for the adopted regulation.

The proposed regulations related to the passage of Senate Bill 211 [SB 211, formerly Bill Draft Request (BDR) 40-563] will update Nevada Administrative Code (NAC) 441A. SB 211 was introduced during the Nevada 81st (2021) Legislative Session and signed by Governor Steve Sisolak on June 4, 2021. The bill establishes requirements relating to testing for sexually transmitted diseases (STD) and human immunodeficiency virus (HIV).

Current regulations do not outline the requirement for physicians to offer patients HIV and/or STD screenings at the time of a medical visit. The proposed regulation will update the NACs to be congruent with the bill language contained in LCB File No. R002-22.

2. A description of how public comment was solicited, a summary of public response and public workshop information.

The Division of Public and Behavioral Health solicited public comments through three (3) Public Workshops and Small Business Impact (SBI) questionnaire. In addition to the public and online postings of Notice of Public Workshops and SBI Questionnaire, the Division also solicited via email through multiple listservs targeting medical providers, health facilities, professional Doctor of Medicine (MD) / Doctor of Osteopathic medicine (DO) / nurse practitioner (NP) associations, North and South HIV Prevention Planning Groups, and more.

PUBLIC WORKSHOP

1. A public workshop was held on Thursday, January 6, 2022. There were 14 participants who attended the workshop virtually.
2. A public workshop was held on Monday, July 18, 2022, on the updated errata language. There were 18 participants who attended the workshop virtually.
3. A public workshop was held on Thursday, January 12, 2023, on the updated errata language. There were 23 participants who attended the workshop virtually.

Any persons interested in obtaining a copy of the summary of public response and public workshop information, may obtain this information online at:

https://dphh.nv.gov/Programs/HIV/dta/Policies/HIV_Regulation_Development_Processes/

In addition, any persons interested in obtaining a copy of the summary of public response and public workshop information, may e-mail, call, or mail a request to Preston Nguyen Tang, Health Program Specialist I at the Division of Public and Behavioral Health at:

Pre January 2023	Post January 2023
Preston Nguyen Tang, MPH Division of Public and Behavioral Health 1840 East Sahara Avenue Suite 110-111 Las Vegas, NV 89104 Phone: (702) 486-6488 Email: ptang@health.nv.gov	Preston Nguyen Tang, MPH Division of Public and Behavioral Health 2290 South Jones Boulevard Suite 110 Las Vegas, NV 89146 Phone: (702) 486-6488 Email: ptang@health.nv.gov

3. **A statement indicating the number of persons who attended each hearing, testified at each hearing, and submitted written statements regarding the proposed regulation. This statement should include for each person identified pursuant to this section that testified and/or provided written statements at each hearing regarding the proposed regulation, the following information, if provided to the agency conducting the hearing:**
- (a) **Name**
 - (b) **Telephone Number**
 - (c) **Business Address**
 - (d) **Business telephone number**
 - (e) **Electronic mail address; and**
 - (f) **Name of entity or organization represented**

The Division of Public and Behavioral Health held three (3) Public Workshops for LCB File No. R002-22.

Public Workshops #1

A public workshop was held virtually on Thursday, January 6, 2022. There were nine (9) participants who attended the workshop, excluding the Division of Public and Behavioral Health staff members. No written statement was submitted in advance to the Public Workshop. Additionally, no public comment was made by community members attending the public workshop.

Public Workshop #2

A public workshop was held virtually on Monday, July 18, 2022, regarding the updated errata language. There were 10 participants who attended the workshop, excluding the Division of Public and Behavioral Health staff members. There was one (1) written statement that was submitted for the public workshop held on July 18, 2022, expressing support of this legislative initiative.

Name: John Phoenix, MSN, APRN, FNP-C
 Telephone Number: (702) 523-9025
 Business Address: 1820 E Sahara Ave Suite 201 Las Vegas, NV 89104
 Business telephone number: (702) 979-1111
 Electronic mail address: jphoenixaprn@huntridgcfcf.org
 Name of entity or organization represented: Huntridge Family Clinic
 Website: www.huntridgefamilyclinic.org

There were public comments from six (6) participants from July 18, 2022, Public Workshop supporting the errata language contained in LCB File No R002-22.

- 1) Linda Anderson, Esq. – Nevada Public Health Foundation
- 2) John Phoenix – Huntridge Family Clinic
- 3) Andre Wade – Silver State Equality

- 4) Jennifer Bennett – Pacific Education and Training Center Nevada
- 5) Hazel Gusman – From University Medical Center (Nurse Navigator)
- 6) Dr. Cheryl Radloff – Southern Nevada Health District / Southern Nevada HIV Prevention Planning Group

Public Workshop #3

A public workshop was held virtually on Thursday, January 12, 2023, on the updated errata language. There were 15 participants who attended the workshop, excluding the Division of Public and Behavioral Health staff members. No written statement was submitted in advance to the Public Workshop.

There was a public comment from one (1) participant from January 12, 2023, Public Workshop supporting the errata of LCB File No R002-22.

- 1) Jennifer Howell - Washoe County Health District / Northern Nevada HIV Prevention Planning Group

Any persons interested in obtaining the Notice of Public Workshop, Minutes of Public Workshop, and copy of written statement may obtain this information online at:

https://dphh.nv.gov/Programs/HIV/dta/Policies/HIV_Regulation_Development_Processes/

In addition, any persons interested in obtaining the Notice of Public Workshop, Minutes of Public Workshop, and copy of written statement, can e-mail, call, or mail in a request to Preston Nguyen Tang, Health Program Specialist I at the Division of Public and Behavioral Health at:

Pre January 2023	Post January 2023
Preston Nguyen Tang, MPH Division of Public and Behavioral Health 1840 East Sahara Avenue Suite 110-111 Las Vegas, NV 89104 Phone: (702) 486-6488 Email: ptang@health.nv.gov	Preston Nguyen Tang, MPH Division of Public and Behavioral Health 2290 South Jones Boulevard Suite 110 Las Vegas, NV 89146 Phone: (702) 486-6488 Email: ptang@health.nv.gov

4. A description of how comment was solicited (i.e., notices) from affected businesses, a summary of their response, and an explanation how other interested persons may obtain a copy of the summary.

Pursuant to NRS 233B.0608 (2)(a), the Division of Public and Behavioral Health had requested input from all licensed health facilities in Nevada with 150 or fewer employees and from four opt-in email listservs subscribed by persons interested in information relative to the health facilities and HIV/STD prevention and care.

An online small business impact questionnaire was disseminated via email on Wednesday, November 3, 2021, and responses were received and reviewed. All questionnaire responses were conducted via the web, and none were received via email or mail.

Summary of Response

Out of the small-business impact questionnaires sent out when the questionnaire was distributed, one (1) response was recorded as received from John Phoenix with the Huntridge Family Clinic.

How many employees are currently employed by your business?	Q1) Will a specific regulation have an adverse economic effect upon your business?	Q2) Will the regulation (s) have any beneficial effect upon your business?	Q3) Do you anticipate any indirect adverse effects upon your business?	Q4) Do you anticipate any indirect beneficial effects upon your business?
21	Yes - 0 No - 1	Yes - 1 No - 0	Yes - 0 No - 1	Yes - 1 No - 0
<p>Question 1 (Q1) Explain Response: N/A</p> <p>Question 2 (Q2) Explain Response: Increase access to testing resources, help with increased diagnosis of STI.</p> <p>Question 3 (Q3) Explain Response: N/A</p> <p>Question 4 (Q4) Explain Response: Improvement in STI testing, increased access to HIV prevention services, increased access to HIV testing/treatment.</p>				

INTERESTED PERSONS MAY OBTAIN A COPY OF THE SUMMARY

Any persons interested in obtaining a copy of the summary can be retrieve online at: https://dpbh.nv.gov/Programs/HIV/dta/Policies/HIV_Regulation_Development_Processes/

Additionally, any persons interested in obtaining a copy of the summary can e-mail, call, or mail in a request to Preston Nguyen Tang, Health Program Specialist I at the Division of Public and Behavioral Health at:

Pre January 2023	Post January 2023
Preston Nguyen Tang, MPH Division of Public and Behavioral Health 1840 East Sahara Avenue Suite 110-111 Las Vegas, NV 89104 Phone: (702) 486-6488 Email: ptang@health.nv.gov	Preston Nguyen Tang, MPH Division of Public and Behavioral Health 2290 South Jones Boulevard Suite 110 Las Vegas, NV 89146 Phone: (702) 486-6488 Email: ptang@health.nv.gov

For a minutes of the Friday, September 1, 2023, Nevada Board of Health public hearing, you may visit: <https://dpbh.nv.gov/Boards/BOH/Meetings/Meetings/> or by emailing StateBOH@health.nv.gov.

- 5. If, after consideration of public comment, the regulation was adopted without changing any part of the proposed regulation, a summary of the reasons for adopting the regulation without change. The statement should also explain the reasons for making any changes to the regulation as proposed.**

The development of the errata(s) was based on concerns raised by Nevada Board of Health Vice Chair Dr. Jeffrey Murawsky at the Friday, June 3, 2022, Nevada Board of Health Meeting. In consultation with Dr. Jeffrey Murawsky, Senator Dallas Harris, Nevada Deputy Attorney General Pierron Tackes, and local health departments HIV/STD program staff, the language was amended to address the State Board of Health’s language concerns. The errata modified the following in proposed regulation:

- Removed the Centers for Disease Control and Prevention (CDC) HIV and STD Guidelines in Clinical Settings.
- Included United States Preventive Services Task Force (USPSTF) HIV and STD Screening Guidelines.
 - This was done because there are discrepancies in guidelines that would have effected the ability for providers to seek insurance reimbursement for HIV and STD testing.

6. The estimated economic effect of the regulation on the business which it is to regulate and on the public. These must be stated separately, and in each case must include:

(a) Both adverse and beneficial effects; and

- Adverse effects: The Division of Public and Behavioral Health does not anticipate any adverse/negative impacts to businesses or the public.
- Beneficial: The positive/beneficial effects of LCB File No. R002-22 to businesses in the State of Nevada would increase medical billing for HIV and STDs generating revenue for service providers.

(b) Both immediate and long-term effects.

- Immediate: As soon as the proposed regulation becomes effective, it would increase opportunities for testing of HIV and STD across Nevada. Additionally, it would create an open dialogue with medical providers regarding behaviors that may impact their patients' health. HIV and STD services will become reimbursable as providers will be following the United States Preventive Services Taskforce (USPSTF) guidelines.
 - USPSTF Guidelines provide Grade A & B recommendations for HIV and STD Testing, thus allowing providers to bill insurance for these services..
- Long-term: The long-term positive/beneficial effects of LCB File No. R002-22 to the public would increase overall HIV and STD testing within the State of Nevada. This will result in identifying individuals who may be infected, but don't know it. Additionally, it will improve health outcomes of Nevadans and reduce the overall cost of medical treatment.
 - Routine HIV and STD screenings will allow more provider education and thereby reducing HIV and STD stigma.

7. The estimated cost to the agency for enforcement of the proposed regulation.

LCB File No. R002-22 will not add any costs to the current regulatory enforcement activities conducted by the Division of Public and Behavioral Health.

8. A description of any regulations of other state or government agencies which the proposed regulation overlaps or duplicates and a statement explaining why the duplication or overlapping is necessary. If the regulation overlaps or duplicates a federal regulation, name the regulating federal agency.

LCB File No. R002-22 does not overlap or duplicate federal, state, or local standards.

9. If the regulation includes provisions which are more stringent than a federal regulation which regulates the same activity, a summary of such provisions; and

LCB File No. R002-22 is not more stringent than federal, state, or local standards.

10. If the regulation establishes a new fee or increases an existing fee, a statement indicating the total annual amount the agency expects to collect and the manner in which the money will be used.

LCB File No. R002-22 does not establish a new fee or increase an existing fee.