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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

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Chief Medical Officer

Proposed Regulations & Small Business Impact Questionnaire

Newborn Screening Proposed Regulation, LCB File No R088-20P1

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 go the following website:
[http://dpbh.nv.gov/Programs/Maternal, Child and Adolescent Health \(MCH\)/](http://dpbh.nv.gov/Programs/Maternal, Child and Adolescent Health (MCH)/) or call 775-684-2201.

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 10/29/21** to:

Vickie Ives, MA, Deputy Bureau Chief
Bureau of Child, Family and Community Wellness
4150 Technology Way, Ste. 200
(775) 684-2201
vives@health.nv.gov
FAX (775) 684-5998

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 emailing: vives@health.nv.gov.

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

1. 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.

2. 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:

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

Yes _____ No _____

Explain:

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

Yes _____ No _____

Explain: