



**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

November 19, 2020

MEMORANDUM

To: Dr. Jon Pennell, Chairperson
State Board of Health

Dr. Jeffery Murawsky, Vice -Chair
State Board of Health

From: Lisa Sherych, Secretary
State Board of Health

Re: Consideration and adoption of proposed regulation LCB File No. R046-20, amendments to NAC Chapters 392, 394, 432A, and 441A.

PURPOSE OF AMENDMENTS

The proposed regulations amend and modify existing language to 1) require a specific form on which religious and medical exemptions should be reported to schools, child care facilities, and universities, 2) requires annual renewal of religious exemptions on a schedule set by the school, child care facility, or university, 3) allows local health officers to audit medical exemptions in certain circumstances, and 4) prohibits a child from enrolling in grade 12 in a public or private school, respectively, after June 30, 2022, unless the child has received a dose of vaccine for Neisseria meningitidis after reaching 16 years of age.

SUMMARY OF CHANGES TO THE NAC

The proposed addition/change of regulations to NAC Chapters 392, 394, 432A, and 441A.

- Requires that a written statement indicating that the religious beliefs of the parents or guardian of a child prohibit immunization be submitted to the school district or charter school: 1) annually according to the enrollment schedule of the school; and 2) on a form provided by the Division of Public and Behavioral Health of the Department of Health and Human Services. Sections 7, 13 and 16 of this regulation impose similar requirements for children enrolled in private schools, children admitted to child care and/or accommodation facilities, and students admitted to attend a university, respectively.
- Requires that a written statement indicating that the medical condition of a child prohibits immunization be submitted to the respective school district or governing body of the respective charter school on a form provided by the Division. Sections 8, 14 and 16 of this regulation impose similar requirements for children enrolled in private schools, children admitted to child care facilities and accommodation facilities and students admitted to attend a university, respectively.
- Authorizes a local health officer to audit medical exemptions granted by a public school in certain circumstances. Sections 9 and 15 of this regulation also authorize an audit of medical exemptions

- granted by a private school or child care and/or accommodation facilities, respectively, in certain circumstances.
- Prohibits a child from enrolling in grade 12 in a public or private school, respectively, after June 30, 2022, unless the child has received a dose of vaccine for *Neisseria meningitidis* after reaching 16 years of age. Section 17 of this regulation makes all other provisions of this regulation effective July 1, 2021.

POSSIBLE OUTCOME IF PROPOSED AMENDMENT IS NOT APPROVED

Children and students will be less protected from vaccine preventable disease in schools, childcares, and universities.

PUBLIC COMMENT RECEIVED

A Small Business Impact Questionnaire was sent to 985 child care facilities and private schools. A Small Business Impact Summary was prepared based upon the returned questionnaires.

The agency concludes the proposed regulations will produce a negligible impact on small businesses. Overall, small businesses in the State of Nevada appear not to be impacted by the proposed regulations.

A Public Workshop was conducted via teleconference on October 2, 2020.

- Heidi Parker, Executive Director for Immunize Nevada, made a brief comment:
 - “All children have the right to be safe in school at childcare in the community. We recognize the long established evidenced based science that's vaccines are safe, effective, and they save lives. We believe we have a shared responsibility to keep our communities healthy and ensure access to healthcare, increase Nevada's vaccinations rates, and decrease the risk of vaccine preventable diseases. Given the devastating impact of the COVID-19 pandemic it's imperative to actively reduce the burden of disease on Nevada's public health and healthcare system. When everyone is vaccinated, we protect our most vulnerable Nevadans and our school children are able to learn in the safest environment possible. We applaud your efforts to protect Nevada's children and families and ensure a healthy future for all.”
- Jimmy Lau, Senior Associate with Ferrari Public Affairs on behalf of Dignity Health St. Rose Dominican, made public comment:
 - “As frontline workers during this pandemic to keep our communities safe and healthy we want to do everything we can to ensure the overall public health of all Nevadans. Having standardized forms for medical and religious exemptions for childcare facilities private, public schools and universities is essential to allowing the Division of Public and Behavioral Health to collect the same data for every child and update forms when needed. It will also create better communication channels between daycare facilities schools in the state which will help inform targeted responses for outbreaks. Allowing local health officers in each area to audit schools that aren't meeting standards is a necessity when protecting the public health of citizens. The addition of a 12th grade booster dose for meningitis is an important step to combating a very serious disease and follows CDC recommended immunization schedules. As you are well aware Nevada's non-medical exemption rate for immunizations has increased 220% in the last 10 years, and these regulatory changes will help with the identification of high risk areas before an outbreak can occur and help mitigate the threat that low vaccination rates pose to the health of all Nevadans.”
- Jody Daniels, Government Affairs with GlaxoSmith Kline spoke in support of the proposed regulations.
- Joelle Gutman Dodson, Government Affairs Liaison with Washoe County Health District spoke in support:

- “Washoe County Health District believes in the long-established evidence-based science of lifesaving immunizations. Immunizations are a pillar of public health and the Washoe County Health District wants to see the number of properly immunized children rise in our county and state.”
- Sheri McPartlin, Health Services Director with the Clark County School District, made comment:
 - “From the District’s standpoint if the State would allow flexibility in the timing of the date schools are required to collect the annual religious and medical exemption forms, that would be preferred. Schools would prefer the date not be set at the beginning of the school year when there are so many other forms required to be submitted and collected, to assist them in efficient operations.”
- Lara Allen, member of the public, stated:
 - “I don’t believe parents should have to submit this [the religious or medical exemption form] every year. Once is plenty.”

STAFF RECOMMENDATION

Staff recommends that the State Board of Health adopt the proposed amended regulations to NAC Chapters 392, 394, 432A, and 441A.

PRESENTER

Shannon Bennett, Manager, Nevada State Immunization Program, Division of Public and Behavioral Health.

**REVISED PROPOSED REGULATION OF THE
STATE BOARD OF HEALTH**

LCB File No. R046-20

June 18, 2020

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

AUTHORITY: §§1-17, NRS 439.200 and 441A.120.

A REGULATION relating to public health; revising provisions concerning the submission of certain forms relating to immunization exemptions; authorizing an audit of medical exemptions from immunization in certain circumstances; requiring a child to receive certain immunizations to enroll in public or private school; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law provides broad authority to the State Board of Health to adopt regulations relating to public health, including controlling communicable diseases. (NRS 439.200, 441A.120) Existing law requires children and students to receive various immunizations in order to enroll in school or child care facilities or to be admitted to accommodation facilities. (NRS 392.435, 394.192, 432A.230, 432A.235; NAC 441A.755) Existing law provides an exemption to immunization requirements for religious beliefs and medical conditions if a written statement provided to the respective school or facility indicates such religious beliefs or medical conditions. (NRS 392.437, 392.439, 394.193, 394.194, 432A.240, 432A.250; NAC 441A.755)

Section 2 of this regulation requires that a written statement indicating that the religious beliefs of the parents or guardian of a child prohibit immunization be submitted to the school district or charter school: (1) annually according to the enrollment schedule of the school; and (2) on a form provided by the Division of Public and Behavioral Health of the Department of Health and Human Services. **Sections 7, 13 and 16** of this regulation impose similar requirements for children enrolled in private schools, children admitted to child care facilities and accommodation facilities and students admitted to attend a university, respectively. **Section 3** of this regulation requires that a written statement indicating that the medical condition of a child prohibits immunization be submitted to the respective school district or governing body of the respective charter school on a form provided by the Division. **Sections 8, 14 and 16** of this regulation impose similar requirements for children enrolled in private schools, children admitted to child care facilities and accommodation facilities and students admitted to attend a university, respectively.

Section 4 of this regulation authorizes a local health officer to audit medical exemptions granted by a public school in certain circumstances. **Sections 9 and 15** of this regulation also

authorize an audit of medical exemptions granted by a private school or child care facility or accommodation facility, respectively, in certain circumstances.

Existing regulations list the communicable diseases which a child must be immunized against before attending a public or private school. (NAC 392.105, 394.250) **Sections 5 and 11** of this regulation prohibit a child from enrolling in grade 12 in a public or private school, respectively, after June 30, 2022, unless the child has received a dose of vaccine for Neisseria meningitidis after reaching 16 years of age. **Section 17** of this regulation makes all other provisions of this regulation effective July 1, 2021.

Section 1. Chapter 392 of NAC is hereby amended by adding thereto the provisions set forth as sections 2, 3 and 4 of this regulation.

Sec. 2. *The written statement required pursuant to NRS 392.437 must be submitted to the board of trustees of a school district or the governing body of a charter school in which a child who has not been immunized pursuant to NRS 392.435 has been accepted for enrollment:*

- 1. Annually according to the annual enrollment schedule of the school district or charter school; and***
- 2. On a form provided by the Division of Public and Behavioral Health of the Department of Health and Human Services.***

Sec. 3. *The written statement required pursuant to NRS 392.439 must be submitted to the board of trustees of a school district or governing body of a charter school in which a child who has a medical condition that will not permit the child to be immunized to the extent required by NRS 392.435 has been accepted for enrollment on a form provided by the Division of Public and Behavioral Health of the Department of Health and Human Services.*

Sec. 4. *A local health officer may conduct an audit of medical exemptions granted pursuant to NRS 392.439 in the jurisdiction of the local health officer if:*

- 1. The reported immunization rate of a school falls below 95 percent;***
- 2. A school district fails to report immunization data annually pursuant to NRS 392.435;***

3. The rate of medical exemptions granted by a school is higher than the average rate of medical exemptions granted by public schools in this State, as determined by the Division of Public and Behavioral Health of the Department of Health and Human Services or from data available from the National Immunization Surveys conducted by the Centers for Disease Control and Prevention, or if such a survey or organization ceases to exist, an equivalent federal source; or

4. The local health officer determines such an audit is necessary to protect public health on a case-by-case basis.

Sec. 5. NAC 392.105 is hereby amended to read as follows:

392.105 1. The State Board of Health hereby declares the diseases of:

- (a) Mumps;
- (b) Hepatitis A;
- (c) Hepatitis B;
- (d) Varicella;
- (e) Bordetella pertussis if a child is 6 years of age or older; and
- (f) *Neisseria meningitidis*,

to be communicable diseases.

2. Unless excused because of religious belief or medical condition, a child may not be enrolled in a public school in this State unless the child has been immunized against the mumps.

3. Except as otherwise provided in subsection ~~16, 7~~, unless excused because of religious belief or medical condition, a child may not be enrolled in a public school in this State:

- (a) After June 30, 2002, unless the child has been immunized against hepatitis A and hepatitis B; and

(b) After June 30, 2003, unless the child has been immunized against varicella.

4. Unless excused because of religious belief or medical condition, a child may not be enrolled in grade 7 in a public school in this State after June 30, 2008, unless the child has been immunized against Bordetella pertussis. To satisfy the requirements of this subsection, a child must receive at least one dose of a vaccine against Bordetella pertussis after he or she obtained 10 years of age.

5. Except as otherwise provided in subsection ~~16~~ 7, unless excused because of religious belief or medical condition, a child may not be enrolled in grade 7 in a public school in this State after June 30, 2017, unless the child has been immunized against *Neisseria meningitidis* after he or she obtained 10 years of age.

6. *Unless excused because of religious belief or medical condition, a child may not be enrolled in grade 12 in a public school in this State after June 30, 2022, unless the child has received at least one dose of a vaccine protecting against Neisseria meningitidis after he or she obtained 16 years of age.*

7. The provisions of:

(a) Paragraph (a) of subsection 3 do not apply to a child who is enrolled in a public school in this State before July 1, 2002.

(b) Paragraph (b) of subsection 3 do not apply to a child who is enrolled in a public school in this State before July 1, 2003.

(c) Subsection 5 do not apply to a child who is enrolled in a public school in this State before July 1, 2009.

Sec. 6. Chapter 394 of NAC is hereby amended by adding thereto the provisions set forth as sections 7, 8 and 9 of this regulation.

Sec. 7. The written statement required pursuant to NRS 394.193 must be submitted to the governing body of a private school in which a child who has not been immunized pursuant to NRS 394.192 has been accepted for enrollment:

- 1. Annually according to the annual enrollment schedule of the private school; and**
- 2. On a form provided by the Division of Public and Behavioral Health of the Department of Health and Human Services.**

Sec. 8. The written statement required pursuant to NRS 394.194 must be submitted to the governing body of a private school in which a child who has a medical condition that will not permit the child to be immunized to the extent required by NRS 394.192 has been accepted for enrollment on a form provided by the Division of Public and Behavioral Health of the Department of Health and Human Services.

Sec. 9. A local health officer may conduct an audit of medical exemptions granted pursuant to NRS 394.194 in the jurisdiction of the local health officer if:

- 1. The reported immunization rate of a private school falls below 95 percent;**
- 2. A private school fails to report immunization data annually pursuant to NRS 394.192;**
- 3. The rate of medical exemptions of a private school is higher than the average rate of medical exemptions granted by public schools in this State, as determined by the Division of Public and Behavioral Health of the Department of Health and Human Services or from data available from the National Immunization Surveys conducted by the Centers for Disease Control and Prevention, or if such a survey or organization ceases to exist, an equivalent federal source; or**
- 4. The local health officer determines such an audit is necessary to protect public health on a case-by-case basis.**

Sec. 10. NAC 394.025 is hereby amended to read as follows:

394.025 1. An applicant that is not accredited by AdvancED or its successor organization, or any affiliate thereof, shall comply with the provisions of NAC 394.020, 394.030 to 394.180, inclusive, and 394.250 ***[§] and sections 7, 8 and 9 of this regulation.***

2. An applicant that is accredited by AdvancED or its successor organization, or any affiliate thereof, shall comply with the provisions of NAC 394.020 and 394.200 to 394.250, inclusive ***[§], and sections 7, 8 and 9 of this regulation.***

Sec. 11. NAC 394.250 is hereby amended to read as follows:

394.250 1. The State Board of Health hereby declares the diseases of:

- (a) Mumps;
- (b) Hepatitis A;
- (c) Hepatitis B;
- (d) Varicella;
- (e) Bordetella pertussis if a child is 6 years of age or older; and
- (f) *Neisseria meningitidis,*

→ to be communicable diseases.

2. Unless excused because of religious belief or medical condition, a child may not be enrolled in a private school in this State unless the child has been immunized against the mumps.

3. Except as otherwise provided in subsection ***[§] 7,*** unless excused because of religious belief or medical condition, a child may not be enrolled in a private school in this State:

- (a) After June 30, 2002, unless the child has been immunized against hepatitis A and hepatitis B; and
- (b) After June 30, 2003, unless the child has been immunized against varicella.

4. Unless excused because of religious belief or medical condition, a child may not be enrolled in grade 7 in a private school in this State after June 30, 2008, unless the child has been immunized against Bordetella pertussis. To satisfy the requirements of this subsection, a child must receive at least one dose of a vaccine against Bordetella pertussis after he or she obtained 10 years of age.

5. Except as otherwise provided in subsection ~~16,~~ 7, unless excused because of religious belief or medical condition, a child may not be enrolled in grade 7 in a private school in this State after June 30, 2017, unless the child has been immunized against *Neisseria meningitidis* after he or she obtained 10 years of age.

6. *Unless excused because of religious belief or medical condition, a child may not be enrolled in grade 12 in a private school in this State after June 30, 2022, unless the child has received at least one dose of a vaccine protecting against Neisseria meningitidis after he or she obtained 16 years of age.*

7. The provisions of:

- (a) Paragraph (a) of subsection 3 do not apply to a child who is enrolled in a private school in this State before July 1, 2002.
- (b) Paragraph (b) of subsection 3 do not apply to a child who is enrolled in a private school in this State before July 1, 2003.
- (c) Subsection 5 do not apply to a child who is enrolled in a private school in this State before July 1, 2009.

Sec. 12. Chapter 432A of NAC is hereby amended by adding thereto the provisions set forth as sections 13, 14 and 15 of this regulation.

Sec. 13. *The written statement required pursuant to NRS 432A.240 must be submitted to the operator of a child care facility or accommodation facility in which a child who has not been immunized pursuant to NRS 432A.230 or 432A.235, respectively, has been admitted:*

- 1. *According to the renewal schedule of the child care facility or accommodation facility, as applicable, or at least annually, whichever is more frequent; and***
- 2. *On a form provided by the Division.***

Sec. 14. *The written statement required pursuant to NRS 432A.250 must be submitted to the operator of a child care facility or accommodation facility in which a child who has a medical condition that will not permit the child to be immunized to the extent required by NRS 432A.230 or 432A.235, respectively, has been admitted on a form provided by the Division.*

Sec. 15. *A local health officer may conduct an audit of medical exemptions filed pursuant to NRS 432A.250 in the jurisdiction of the local health officer if:*

- 1. *The reported immunization rate of a child care facility or an accommodation facility falls below 95 percent;***
- 2. *A child care facility or an accommodation facility fails to report immunization data annually as required by NRS 432A.230 or 432A.235, as applicable;***
- 3. *The rate of medical exemptions granted by a child care facility or accommodation facility is higher than the average rate of medical exemptions granted by the child care facilities or accommodation facilities in this State, as applicable, as determined by the Division or from data available from the National Immunization Surveys conducted by the Centers for Disease Control and Prevention, or if such a survey or organization ceases to exist, an equivalent federal source; or***

4. *The local health officer determines such an audit is necessary to protect public health on a case-by-case basis.*

Sec. 16. NAC 441A.755 is hereby amended to read as follows:

441A.755 1. Except as otherwise provided in subsection 10 or unless excused because of religious belief or medical condition, a person shall not attend a university until he or she submits to the university proof of immunity to tetanus, diphtheria, measles, mumps, rubella and any other disease specified by the State Board of Health. The Division shall establish the immunization schedule required for admission of the student.

2. Except as otherwise provided in subsection 10 or unless excused because of religious belief or medical condition, a person who:

- (a) Is less than 23 years of age; and
- (b) Is enrolled as a freshman,~~I;~~

→ shall not attend a university until he or she submits to the university proof of immunity to *Neisseria meningitidis*. The Division shall establish the immunization schedule required for admission of the student.

3. A student may enroll in the university conditionally if the student, or if the student is a minor, the parent or legal guardian of the student, submits a record of immunization stating that the student is in the process of obtaining the required immunizations, and that record shows that the student has made satisfactory progress toward obtaining those immunizations.

4. The university shall retain the proof of immunity on a computerized record or on a form provided by the Division.

5. The university shall not refuse to enroll a student because he or she has not been immunized if the student, or if the student is a minor, the parent or legal guardian of the student,

has submitted to the university a written statement indicating that his or her religious belief prohibits immunizations. The university shall keep the statement on file. *A statement submitted pursuant to this subsection must be submitted to the university:*

(a) *Annually according to the registration schedule of the university for the duration of the enrollment of the student at the university; and*

(b) *On a form provided by the Division.*

6. If the medical condition of a student does not permit him or her to be immunized to the extent required, the student, or if the student is a minor, the parent or legal guardian of the student, must submit to the university a statement of that fact written by a licensed physician.

The university shall keep the statement on file. *A statement submitted pursuant to this subsection must be submitted to the university on a form provided by the Division.*

7. If additional requirements of immunity are imposed by law after a student has been enrolled in the university, the student, or if the student is a minor, the parent or legal guardian of the student, shall submit an additional proof of immunity to the university stating that the student has met the new requirements of immunity.

8. If the health authority determines that, at the university, there is a case having a communicable disease against which immunity is required for admission to the university, and a student who has not submitted proof of immunity to that disease is attending that university, the president of the university shall require that:

- (a) The student be immunized; or
- (b) The student be excluded from the university until allowed to return by the health authority.

9. A student shall not attend a university from which he or she is excluded until allowed to return by the health authority. The parent or legal guardian of a student, if the student is a minor, shall not allow the student to attend a university from which he or she is excluded until allowed to return by the health authority.

10. Any student who is enrolled in a program of distance education and who does not attend a class on campus is exempt from the requirements of this section.

11. As used in this section:

- (a) "Postsecondary educational institution" has the meaning ascribed to it in NRS 394.099.
- (b) "University" means any university within the Nevada System of Higher Education or any private postsecondary educational institution.

Sec. 17. 1. This section and sections 5 and 11 of this regulation become effective upon filing with the Secretary of State.

2. Sections 1 to 4, inclusive, 6 to 10, inclusive and 12 to 16, inclusive, of this regulation become effective July 1, 2021.

**DEPARTMENT OF
HEALTH AND HUMAN SERVICES**

Richard Whitley, MS
Director

Division of Public and Behavioral Health
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Lisa Sherych
Administrator

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

NOTICE OF INTENT TO ACT UPON A REGULATION

Notice of Hearing for the Adoption of Regulations of the Department of Health and Human Services
(LCB File No. R046-20)

NOTICE IS HEREBY GIVEN that the State Board of Health will hold a public hearing at 9:00 a.m. on December 10, 2020, via videoconference. The purpose of the hearing is to receive comments from all interested persons regarding to the amendment of regulations that pertain to Chapters 392,t394, 432A, and 441A of Nevada Administrative Code (NAC), LCB File Number R046-20. This public hearing is to be held in conjunction with the State Board of Health meeting on December 10, 2020.

The State Board of Health will be conducted via videoconference beginning at 9:00 AM on Thursday, December 10, 2020 at the following locations:

Via WebEx:

<https://nvhealth.webex.com/nvhealth/j.php?MTID=m1a5a5859bc3635a276dd8cbb8001ec7a>

Join by Phone
+1-415-655-0001 US Toll
Access Code: 146 522 3046

This meeting will be conducted without a physical location and the physical posting of notices, in accordance with Governor Sisolak's Declaration of Emergency Directive 006, as provided at the end of this notice.

The following information is provided pursuant to the requirements of NRS 233B.0603:

1. The proposed changes to NAC Chapters 392,t394, 432A, and 441A include the following:
 - That a written statement indicating that the religious beliefs of the parents or guardian of a child prohibit immunization be submitted to the school district or charter school:
 - 1) annually according to the enrollment schedule of the school; and
 - 2) on a form provided by the Division of Public and Behavioral Health of the Department of Health and Human Services. Sections 7, 13 and 16 of this regulation impose similar requirements for children enrolled in private schools, children admitted to child care and/or accommodation facilities, and students admitted to attend a university, respectively.
 - That a written statement indicating that the medical condition of a child prohibits immunization be submitted to the respective school district or governing body of the respective charter school on a form provided by the Division. Sections 8, 14 and 16 of this regulation impose similar requirements for children enrolled in private schools, children admitted to childcare facilities and accommodation facilities and students admitted to attend a university, respectively.

- Authorizes a local health officer to audit medical exemptions granted by a public school in certain circumstances. Sections 9 and 15 of this regulation also authorize an audit of medical exemptions granted by a private school or child care and/or accommodation facilities, respectively, in certain circumstances.
- Prohibits a child from enrolling in grade 12 in a public or private school, respectively, after June 30, 2022, unless the child has received a dose of vaccine for Neisseria meningitidis after reaching 16 years of age. Section 17 of this regulation makes all other provisions of this regulation effective July 1, 2021.

2. Anticipated effects on the business which NAC Chapters 392, 394, 432A, and 441A regulate:

- Adverse effects:* Potential for disadvantaged students to drop out of school in certain situations if a vaccine was not easily accessible. Another business mentioned they'd have to spend time with an auditor if there were concerns regarding medical exemptions within the facility.
- Beneficial:* None specifically mentioned in small business impact questionnaires.
- Immediate:* None specifically mentioned in small business impact questionnaires.
- Long-term:* None specifically mentioned in small business impact questionnaires.

3. Anticipated effects on the public:

- Adverse:* None.
- Beneficial:* Children and students will be better protected from vaccine preventable disease in schools, childcares, and universities.
- Immediate:* Children and students will be better protected from vaccine preventable disease in schools, childcares, and universities.
- Long-term:* Decrease in vaccine preventable disease outbreaks due to children and students being better protected from vaccine preventable disease in schools, childcares, and universities.

4. The estimated cost to the Division of Public and Behavioral Health for enforcement of the proposed regulations is estimated to be an initial fee of \$0 with an annual renewal fee of \$0. These fees are not currently set in regulations and would not be used to cover the costs to enforce the proposed regulations.

5. The proposed regulations do not overlap or duplicate any other Nevada state regulations.

Persons wishing to comment upon the proposed action of the Board of Health may appear via teleconference at the scheduled public health or may address their comments, data, views or arguments in written form, to:

Secretary, State Board of Health
 Division of Public and Behavioral Health
 4150 Technology Way, Suite 300
 Carson City, NV 89706

Written submissions must be received by the Division of Public and Behavioral Health on or before November 19, 2020. If no person who is directly affected by the proposed action appears to request time to make an oral presentation, the Board of Health may proceed immediately to act upon any written submissions.

Written comments, testimony, or documentary evidence in excess of two typed pages will not be accepted at the time of the hearing. The purpose of this requirement is to allow Board members adequate time to review the documents.

A copy of the notice and proposed regulations to be adopted will be on file at the following address for inspection and copying during normal business hours:

Nevada Division of Public and Behavioral Health
4150 Technology Way, Suite# 300
Carson City, NV 89706

A copy of the regulations and small business impact statement can be found on-line by going to:
http://dpbh.nv.gov/Programs/SIP/dta/Statutes/IZ_Regulations/.

A copy of the public hearing notice can also be found at Nevada Legislature's web page:
<https://www.leg.state.nv.us/App/Notice/A/>

Copies may be obtained in person, by mail, or by calling the Division of Public and Behavioral Health at (775) 684-1030 in Carson City or (702) 486-6515 in Las Vegas. Copies of this notice and the proposed regulations will be mailed to members of the public at no charge upon request.

Per NRS 233B.064(2), upon adoption of any regulation, the agency, if requested to do so by an interested person, either prior to adoption or within 30 days thereafter, shall issue a concise statement of the principal reasons for and against its adoption, and incorporate therein its reason for overruling the consideration urged against its adoption.

In accordance with Nevada Governor Sisolak's Declaration of Emergency Directive 006 the meeting may be done without physical locations and notices in the libraries and other locations are not currently available.

- As per Nevada Governor Sisolak's Declaration of Emergency Directive 006; Subsection 3: The requirements contained in NRS 241.020 (4) (a) that public notice agendas be posted at physical locations within the State of Nevada are suspended.
- As per Nevada Governor Sisolak's Declaration of Emergency Directive 006; Subsection 4: Public bodies must still comply with requirements in NRS 241.020 (4)(b) and NRS 241.020 (4)(c) that public notice agendas be posted to Nevada's notice website and the public body's website, if it maintains one along with providing a copy to any person who has requested one via U.S. mail or electronic mail.
- As per Nevada Governor Sisolak's Declaration of Emergency Directive 006; Subsection 5: The requirement contained in NRS 241.020 (3)(c) that physical locations be available for the public to receive supporting material for public meetings is suspended.
- As per Nevada Governor Sisolak's Declaration of Emergency Directive 006; Subsection 6: If a public body holds a meeting and does not provide a physical location where supporting material is available to the public, the public body must provide on its public notice agenda the name and contact information for the person designated by the public body from whom a member of the public may request supporting material electronically and must post supporting material to the public body's website, if it maintains one.



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HEALTH AND HUMAN SERVICES**
Division of Public and Behavioral Health
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Lisa Sherych
Administrator

NOTICE OF PUBLIC WORKSHOP

NOTICE IS HEREBY GIVEN the Division of Public and Behavioral Health will hold a public workshop to consider amendments to Nevada Administrative Codes (NAC) 392, 394, 432A, and 441A (LCB File Number R046-20).

The workshop will be conducted via videoconference beginning at 8am-12pm on October 02, 2020 at the following locations:

Via WebEx: <https://nvhealth.webex.com/nvhealth/j.php?MTID=m12e11f583af4bdb0b561957bc80de208>
Meeting number 146 034 5559

Join by phone
+1-415-655-0001 US Toll
Access code 146 034 5559

The workshop will be conducted in accordance with NRS 241.020, Nevada's Open Meeting Law.

AGENDA

1. Introduction of workshop process
2. Public comment on proposed amendments to Nevada Administrative Code 392, 394, 432A, and 441A (LCB File Number R046-20)
3. Public Comment

The proposed changes will revise Chapters 392, 394, 432A, and 441A of the Nevada Administrative Code (LCB File Number R046-20) and are being proposed in accordance with NRS 439.200 and 441A.420.

The proposed regulations provide provisions for the following:

- That a written statement indicating that the religious beliefs of the parents or guardian of a child prohibit immunization be submitted to the school district or charter school 1) annually according to the enrollment schedule of the school; and 2) on a form provided by the Division of Public and Behavioral Health of the Department of Health and Human Services. Sections 7, 13 and 16 of this regulation impose similar requirements for children enrolled in private schools, children admitted to child care and/or accommodation facilities, and students admitted to attend a university, respectively.
- That a written statement indicating that the medical condition of a child prohibits immunization be submitted to the respective school district or governing body of the respective charter school on a form provided by the Division. Sections 8, 14 and 16 of this regulation impose similar requirements for children enrolled in private schools, children admitted to child care facilities and accommodation facilities and students admitted to attend a university, respectively.

- Authorizes a local health officer to audit medical exemptions granted by a public school in certain circumstances. Sections 9 and 15 of this regulation also authorize an audit of medical exemptions granted by a private school or child care and/or accommodation facilities, respectively, in certain circumstances.
- Prohibits a child from enrolling in grade 12 in a public or private school, respectively, after June 30, 2022, unless the child has received a dose of vaccine for Neisseria meningitidis after reaching 16 years of age. Section 17 of this regulation makes all other provisions of this regulation effective July 1, 2021.

Members of the public may make oral comments at this meeting. Persons wishing to submit written testimony or documentary evidence may submit the material to Shannon Bennett, Nevada State Immunization Program Manager, at the following address:

4150 Technology Way, Suite 210
Carson City, NV 89706
sbennett@health.nv.gov

Members of the public who require special accommodations or assistance at the workshop are required to notify Shannon Bennett in writing by sending the correspondence to the Division of Public and Behavioral Health, 4150 Technology Way, Suite 210, Carson City, NV 89706, or by calling (775) 350-5261 at least five (5) working days prior to the date of the public workshop.

You may also contact Shannon Bennett by calling (775) 350-5261 for further information on the proposed regulations or how to obtain copies of the supporting documents. A copy of the notice and the proposed regulations are on file for inspection and/or may be copied at the following locations during normal business hours:

List of offices where the proposed regulation will be on file for inspection:

Division of Public and Behavioral Health
4150 Technology Way, Suite 210
Carson City, NV 89706

A copy of the regulations and small business impact statement can be found on the Division of Public and Behavioral Health website: http://dpbh.nv.gov/Programs/SIP/dta/Statutes/IZ_Regulations/

A copy of the public workshop notice can also be found at Nevada Legislature's website:
<https://www.leg.state.nv.us/App/Notice/A/>

A copy of the public workshop notice can also be found at <https://notice.nv.gov>

A copy of this notice has been posted at the following location: Division of Public and Behavioral Health, 4150 Technology Way, First Floor Lobby, Carson City

Copies may be obtained by mail, or by calling the Division of Public and Behavioral Health at (775) 684-1030 in Carson City or (702) 486-6515 in Las Vegas.

Per NRS 233B.064(2), upon adoption of any regulations, the agency, if requested to do so by an interested person, either prior to adoption or within 30 days thereafter, shall issue a concise statement of the principal reasons for and against its adoption, and incorporate therein its reason for overruling the consideration urged against its adoption.

Steve Sisolak
Governor

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Lisa Sherych
Administrator

Richard Whitley, MS
Director

Division of Public and Behavioral Health
Helping people. It's who we are and what we do.

Chief Medical Officer

SMALL BUSINESS IMPACT STATEMENT 2020

PROPOSED AMENDMENTS TO NAC Chapters 392, 394, 432A, and 441A

(LCB File Number R046-20)

The Division of Public and Behavioral Health (DPBH) has determined the proposed amendments should not have any adverse effect upon a small business or negatively impact the formation, operation or expansion of a small business in Nevada.

A small business is defined in Nevada Revised Statutes NRS 233B as a "business conducted for profit which employs fewer than 150 full-time or part-time employees."

This small business impact statement is made pursuant to NRS 233B.0608 (3) and complies with the requirements of NRS 233B.0609. As required by NRS 233B.0608(3), this statement identifies the methods used by the agency in determining the impact of the proposed regulation on a small business in sections 1, 2, 3, and 4 below and provides the reasons for the conclusions of the agency in section 8 followed by the certification by the person responsible for the agency.

Background

- This regulation requires a written statement indicating that the religious beliefs of the parents or guardian of a child prohibit immunization be submitted to the school district or charter school: (1) annually according to the enrollment schedule of the school; and (2) on a form provided by the Division of Public and Behavioral Health of the Department of Health and Human Services. Sections 7, 13 and 16 of this regulation impose similar requirements for children enrolled in private schools, children admitted to child care facilities and accommodation facilities and students admitted to attend a university, respectively.
- This regulation requires that a written statement indicating that the medical condition of a child prohibits immunization be submitted to the respective school district or governing body of the respective charter school on a form provided by the Division. Sections 8, 14 and 16 of this regulation impose similar requirements for children enrolled in private schools, children admitted to child care facilities and accommodation facilities and students admitted to attend a university, respectively.
- This regulation authorizes a local health officer to audit medical exemptions granted by a public school in certain circumstances. Sections 9 and 15 of this regulation also authorize an audit of medical exemptions granted by a private school or child care facility or accommodation facility, respectively, in certain circumstances.
- This regulation prohibits a child from enrolling in grade 12 in a public or private school, respectively, after June 30, 2022, unless the child has received a dose of vaccine for Neisseria meningitidis after reaching 16 years of age. Section 17 of this regulation makes all other provisions of this regulation effective July 1, 2021.

- 1) A description of the manner in which comment was solicited from affected small businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary.**

Pursuant to NRS 233B.0608 (2)(a), the Division of Public and Behavioral Health has requested input from stakeholders, small businesses, registrants and licensees that are likely to be affected by the proposed regulations.

On July 9, 2020, a Small Business Impact Questionnaire was sent to 985 child care facilities and private school contacts along with a copy of the proposed regulation changes. The questions on the questionnaire were:

- 1) How many employees are currently employed by your business?
- 2) Will a specific regulation have an adverse economic effect upon your business?
- 3) Will the regulation(s) have any beneficial effect upon your business?
- 4) Do you anticipate any indirect adverse effects upon your business?
- 5) Do you anticipate any indirect beneficial effects upon your business?

Summary of Response

Summary of Comments Received (19 responses received out of 985 questionnaires distributed)				
Will a specific regulation have an adverse economic effect upon your business?	Will the regulation(s) have any beneficial effect upon your business?	Do you anticipate any indirect adverse effects upon your business?	Do you anticipate any indirect beneficial effects upon your business?	
Yes- 1	Yes- 2	Yes- 4	Yes- 1	
No- 18	No- 17	No- 15	No- 18	
Number of Respondents out 985	Adverse economic effect?	Beneficial effect?	Indirect adverse effects?	Indirect beneficial effects?
19	1	2	4	1

- 2) Describe the manner in which the analysis was conducted.**

The Division of Public and Behavioral Health prepared and distributed a Small Business Impact Questionnaire to 1) all licensees and registrants of the state's child care licensing program and 2) private schools through the Nevada Department of Education. The Nevada State Immunization Program (NSIP) considered the impact on small business through a review of the proposed regulations. Results from the Small Business Impact Questionnaire were entered into Survey Monkey which created a spreadsheet for analysis. NSIP reached out to several respondents to answer questions/concerns. A Public Workshop will be held to allow for further

input by the public and regulated community regarding the proposed regulations and how they will impact Small Businesses. Any comments will be taken into consideration for possible revisions to the regulations to reduce the economic impact on facilities.

3) The estimated economic effect of the proposed regulation on the small business which it is to regulate including, without limitation both adverse and beneficial effects and both direct and indirect effects.

There is no estimated economic effect of the proposed regulations on small business. One respondent was concerned about the challenges of immunizing students who are \geq 17 years old and no longer living with their parents; if those students were unable to attend school, the school would experience a profit loss. If this challenge was encountered in practice, NSIP and/or the local health authority would work closely with the school to get them the necessary resources to ensure the child could be appropriately vaccinated.

4) Provide a description of the methods that the agency considered to reduce the impact of the proposed regulation on small businesses and a statement regarding whether the agency actually used any of those methods.

The Division of Public and Behavioral Health has held several opportunities for child care facilities and private schools to provide input and comments regarding the proposed immunization regulations, including the economic impact the proposed regulations may have on the businesses. Modifications to the proposed regulations have been made as a result of this input. Workshops will be held on September 18, 2020 allowing for further input by child care facilities and private schools regarding the proposed regulations and how they will impact the small businesses. These comments will be taken into consideration for possible further revisions to the regulations to reduce the economic impact on facilities.

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

There is minimal cost to the agency for enforcement of the proposed regulations.

6) If the proposed regulation provides a new fee or increases an existing fee, the total annual amount DPBH expects to collect and the manner in which the money will be used.

Not applicable.

7) An explanation of why any duplicative or more stringent provisions than federal, state or local standards regulating the same activity are necessary.

These regulations are necessary to streamline the religious and medical vaccine exemption process in Nevada to ensure the appropriate vaccination status of children enrolled in child care facilities public, private schools. Additionally, the regulations ensure proper use of the medical exemption for immunizations to protect Nevada's medically vulnerable children.

8) Provide a summary of the reasons for the conclusions of the agency regarding the impact of a regulation on small businesses.

The agency concludes the proposed regulations will produce a negligible impact on small businesses. Overall, small businesses in the State of Nevada appear not to be impacted by the proposed regulations.

Any other persons interested in obtaining a copy of the summary may e-mail, call, or mail a request to Shannon Bennett at the Division of Public and Behavioral Health:

Division of Public and Behavioral Health
Bureau of Child, Family, and Community Wellness
Nevada State Immunization Program
4150 Technology Way, Suite 210
Carson City, NV 89701
Shannon Bennett
Phone: (775) 350-5261
Email: sbennett@health.nv.gov

Certification by Person Responsible for the Agency

I, Lisa Sherych, Administrator of the Division of Public and Behavioral Health certify to the best of my knowledge or belief. a concerted effort was made to determine the impact of the proposed regulation on small business in this statement was prepared properly and is accurate.

Signature

Date

9/2/2020



www.nmaus.org
www.preteenvaccines.org

September 11, 2020

Shannon Bennett
Nevada State Immunization Program
4150 Technology Way, Ste. 210
Carson, City, NV 89706

Re: meningococcal vaccine rules

Dear Ms. Bennett,

I am writing today as a mother who lost her 17-year-old son to meningococcal disease and as the president of the National Meningitis Association (NMA), a nonprofit organization whose mission is to raise awareness about bacterial meningitis and its prevention. Everyone involved in our organization has personally suffered from this disease. Many NMA representatives have lost loved ones or have loved ones who survived but will be dealing with the impact of meningitis, such as amputations, hearing loss, and other long-term disabilities, for the rest of their lives. At NMA, we are dedicated to protecting other families from the disease that changed our lives forever.

Meningococcal meningitis can strike so quickly and can be indescribably devastating. One day someone is healthy and then the next day they're fighting for their life. I lost my son, Chris, a healthy and athletic senior in high school just days after he scored the winning goal at his high school soccer championship. His only symptoms were headache, fever, and vomiting. I thought it was the flu. Instead it was meningococcal meningitis. He died less than 24 hours after first complaining of having a headache.

Prior to the pandemic, over 85% of U.S. teens received their first dose of MCV4 vaccine at age 11-12 but only 50% of adolescents received the second recommended dose of MCV4 at age 16 – an age where it is critical that students are being protected against this disease. Now that percentage is much lower. Adding a meningococcal vaccination requirement for 12th graders would bring Nevada's vaccine requirements more fully in line with ACIP's MenACWY recommendation. It would also help ensure that more of Nevada's adolescents and young adults will be protected for the end of their high school and later years, the time when they are most at risk from contracting this dangerous disease. An added benefit would be that as many students are currently falling behind on their vaccinations, health care providers would have the opportunity to make sure their adolescent patients know about the MenB vaccine, as well as catch them up with all their other vaccines. Thank you for your efforts to protect Nevada families from this terrible disease.

S
Leslie Maier, President
National Meningitis Association

P.O. Box 60143
Ft. Myers, FL 33906
www.nmaus.org

Sept. 15, 2020

Shannon Bennett
Nevada State Immunization Program
4150 Technology Way, Suite 210
Carson City, NV 89706
sbennett@health.nv.gov

Re: Nevada's immunization requirements and proposed regulations, R046-20P

Dear Ms. Bennett,

As one of countless Nevadans who are more concerned than ever about public health, I urge the Nevada Department of Health and Human Services Division of Public and Behavioral Health (DPBH) to enact its proposed immunization regulations, R046-20P.

Nevada should do everything possible to increase our immunization rates, which are among the lowest in the nation. We must also increase immunizations to help reduce the burden on our health care system caused by diseases that can be prevented by vaccines. Of course, this is even more important today, as we continue to deal with a worldwide pandemic.

State leaders should enact all necessary regulations to encourage more families to vaccinate their children before sending them to schools and child care facilities. Again, Nevada struggles in this area. Over the past decade, Nevada's non-medical exemption rate has increased 220%.

These proposed regulations would strengthen Nevada's immunization requirements and make them more in line with best practices around the country. They would also improve communication between all interested parties, including DPBH, local health districts, school districts, child care licensing authorities and others. These proposed regulations would require:

- Submitting certain forms relating to immunization exemptions.
- Authorizing an audit of medical exemptions from immunizations, in some cases.
- Requiring certain immunizations to enroll in school or a child care facility, including adding a 12th grade booster dose of MenACWY for public and private school students.

These requirements are consistent with recommendations from the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP). Besides promoting public health, these regulations will also save money, since outbreaks can obviously be devastating to our economy.

Sincerely,

George McCabe
60 Alerion Street
Las Vegas, NV 89138
gmccabe@bpadlv.com



Sept 16, 2020

Shannon Bennett
Nevada State Immunization Program
4150 Technology Way, Suite 210
Carson City, NV
89706
sbennett@health.nv.gov

RE: Nevada's School Entry Immunization Requirements

Dear Ms. Bennett,

On behalf of GlaxoSmithKline (GSK), thank you for the opportunity to submit comments in support of Nevada's school entry immunization requirements. We strongly encourage the Nevada Department of Health and Human Services Division of Public and Behavioral Health ("DPBH") to enact its drafted proposed immunization regulations, R046-20P. It is especially critical now given the current global COVID-19 pandemic and importance of reducing burden of vaccine-preventable diseases (VPDs) on the healthcare system.

For more than 100 years, GSK has provided a broad portfolio and innovative pipeline of vaccines to protect people of all ages and every stage of life. We deliver nearly two million vaccine doses per day globally. GSK is committed to researching and developing new vaccines that meet healthcare needs and making our vaccines accessible to as many people who need them. Vaccines play a critical role in the protection of public health, and are responsible for saving an estimated 2-3 million lives per year.ⁱ Preventive services like vaccines are a vital and cost-effective public health intervention that prevent and control diseases and reduce health care costs to both patients and the broader health care system.ⁱⁱ

Nevada's non-medical exemption rate has increased 220% over the last 10 years, and these proposed regulations would help to strengthen immunization requirements by aligning to national best practice and enhance communication between health authorities, including DPBH, local health districts, school districts, childcare licensing authorities.

These proposed regulations would require:

- The submission of certain forms relating to immunization exemptions;
- Authorize an audit of medical exemptions from immunization in certain circumstances;

ⁱ World Health Organization. 10 Facts on Immunization. July 2019. Available at: <https://www.who.int/news-room/facts-in-pictures/detail/immunization>

ⁱⁱ U.S. Department of Health and Human Services Office of Disease Prevention and Health Promotion. 2020 Topics and Objectives; Immunization and Infectious Diseases. Retrieved: August 18, 2019. Available at: <https://www.healthypeople.gov/2020/topics-objectives/topic/immunization-and-infectiousdiseases?topicid=23>.

- Require a child to receive certain immunizations to enroll in school or be admitted to a child care facility or accommodation facility, including the addition of 12th grade booster dose of MenACWY for public and private schools.
 - The requirements are aligned with the Centers for Disease Control and Prevention (CDC)'s Advisory Committee on Immunization Practices (ACIP) recommendations. We applaud Nevada's commitment to protect children and adolescents through vaccination and vaccine education and urge the DPBH to enact these regulations.

Preventing outbreaks saves money. Outbreaks require a huge investment of public health staff and financial resources to control and contain once they have begun. The 2019 measles outbreaks cost public health, including to state and local governments an estimated 42 million dollars based on a 2020 study.ⁱⁱⁱ These costs do not include the amounts incurred by private insurance, Medicaid, or by families due to lost days of work or ongoing care, and outbreak-response costs to schools and hospitals.

We believe patients and public health will continue to benefit from Nevada's current school entry immunization requirements, which would be reinforced with the proposed regulations. Thank you again for the opportunity to comment. GSK looks forward to partnering with the Department to protect individuals from VPDs, and we stand ready to assist you in any way we can.

Please do not hesitate to contact Jody Daniels at jody.daniels@gsk.com if you have any questions.

Sincerely,



Margaret Nowak Mann

Vice President
U.S. Public Policy
GlaxoSmithKline

ⁱⁱⁱ Pike J, Leidner AJ, Gastañaduy PA. A Review of Measles Outbreak Cost Estimates From the United States in the Postelimination Era (2004-2017): Estimates by Perspective and Cost Type. *Clin Infect Dis*. 2020;71(6):1568-1576. doi:10.1093/cid/ciaa070



September 18th, 2020

Christina M. Madison, Pharm.D., FCCP, AAHIVP
Founder and CEO, The Public Health Pharmacist, PLLC.
Associate Professor of Pharmacy Practice
Roseman University (RU) of Health Sciences
11 Sunset Way
Henderson, NV 89014

Shannon Bennett
Nevada State Immunization Program
4150 Technology Way, Suite 210
Carson City, NV 89706
sbennett@health.nv.gov

Re: Nevada's immunization requirements and proposed regulations, R046-20P

Dear Ms. Bennett,

As one of countless Nevadans who are more concerned than ever about public health, I urge the Nevada Department of Health and Human Services Division of Public and Behavioral Health (DPBH) to enact its proposed immunization regulations, R046-20P.

As a past President of the Nevada Public Health Association who has been asked to share her clinical public health and infectious disease expertise with Local, State, and International Media outlets and NGO's, I have an intimate knowledge of the impact public health messaging, policy, and legislation can have on communities. I spent a decade working as a clinical pharmacist at the Southern Nevada Health District administering and advocating for routine recommended childhood vaccinations.

Nevada should do everything possible to increase our immunization rates, which are among the lowest in the nation. We must also increase immunizations to help reduce the burden on our health care system caused by diseases that can be prevented by vaccines. Of course, this is even more important today, as we continue to deal with a worldwide pandemic. The recent declaration by Health and Human Services Secretary Azara's allowing licensed pharmacist to provided pediatric vaccinations, I fully support these efforts in order to help meet the increased need for access to vaccinations by the public that have been exacerbated by the pandemic.

State leaders should enact all necessary regulations to encourage more families to vaccinate their children before sending them to schools and child care facilities. Again, Nevada struggles in this area. Over the past decade, Nevada's non-medical exemption rate has increased 220%.

Dr. Christina Madison



These proposed regulations would strengthen Nevada's immunization requirements and make them more in line with best practices around the country. They would also improve communication between all interested parties, including DPBH, local health districts, school districts, child care licensing authorities and others. These proposed regulations would require:

- Submitting certain forms relating to immunization exemptions.
- Authorizing an audit of medical exemptions from immunizations, in some cases.
- Requiring certain immunizations to enroll in school or a child care facility, including adding a 12th grade booster dose of MenACWY for public and private school students.

As a trusted healthcare professional, wife, and mother I fully support these efforts to keep our communities healthy and prosperous. These requirements are consistent with recommendations from the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP). We must address the potential "shadow" pandemic of vaccine preventable diseases being on the rise and stop outbreaks of disease. By promoting public health, these regulations will also save money, since possible disease outbreaks can be devastating to our economy.

Sincerely,

Christina M. Madison, PharmD, FCCP, AAHIVP



University of Nevada, Reno

Marc A. Johnson
President

July 16, 2020

Ms. Shannon Bennett
Nevada Immunization Program
4150 Technology Way, Ste 211
Carson City, NV 89706

Dear Ms. Bennett,

The University of Nevada, Reno supports the regulations for adding a second dose of "MCV4" or Meningococcal immunization requirements, the reporting of medical and religious exemptions on a form provided by the Division of Public and Behavioral Health and the annual renewal of such exemptions. The university welcomes the standardization of requests for exemption. The addition of the K-12 requirement of a second dose of MCV4 on or after the child's 16th birthday is also very much appreciated. This is already a university requirement. By requiring it to be satisfied in K-12, this will reduce the current university administrative burden. The collection of an annual exemption form can be incorporated into existing procedures and does not represent an additional administrative burden to the university.

Sincerely,

A handwritten signature in black ink that reads "Marc A. Johnson".

Marc A. Johnson

Office of the President
Clark Administration, Room 201
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Reno, Nevada 89557-0001
(775) 784-4805
marc@unr.edu
www.unr.edu/president