

Steve Sisolak
Governor

Richard Whitley,
MS
Director



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

NOTICE OF PUBLIC HEARING AND INTENT TO ADOPT PERMANENT REGULATIONS
LCB File No. R153-22

NOTICE IS HEREBY GIVEN that the State Board of Health will hold a public hearing to consider amendments to Chapter 441A of the Nevada Administrative Code (NAC), INFECTIOUS DISEASES; TOXIC AGENTS. This public hearing is to be held in conjunction with the State Board of Health meeting on Friday, December 2, 2022.

The State Board of Health will be conducted via videoconference beginning at 9:00 am Friday, December 2, 2022 at the following locations: The State Board of Health will be conducted via videoconference beginning at 9:00 am Friday, December 2, 2022 at the following locations:

Virtual Meeting Locations:

- [Click here to join the meeting](#), or
- Call in (audio only): 775-321-6111 (Phone Conference ID: 753 453 179#)

Physical Meeting Locations:

- Division of Public and Behavioral Health
Hearing Room No. 303, 3rd Floor
4150 Technology Way
Carson City, NV 89706

The proposed changes to NAC 441A include the following:

- AB 181 (2021) directs the Board of Health to adopt regulations governing the procedures for reporting cases or suspected cases of attempted suicide to the Chief Medical Officer or his or her designee including the time within which such reports must be made and the information that such reports must include.
- The proposed regulation defines “attempted suicide” for the purpose of reporting attempted suicide; specifies health care providers required to report a case of attempted suicide and the information and procedures for submitting reports.

1. Anticipated effects on the business which NAC 441A regulates:

- A. *Adverse effects*: None identified.
- B. *Beneficial*: None identified.
- C. *Immediate*: None identified.

D. *Long-term*: None identified.

2. Anticipated effects on the public:

A. *Adverse*: None identified.

B. *Beneficial*: This regulation will provide the Division of Public and Behavioral Health with more complete data on suicidality by including suicide attempts to better inform behavioral health program policy to benefit Nevadans experiencing behavioral health crisis and potentially reduce Nevada's relatively high suicide rate compared to other states.

C. *Immediate*: This regulation will have no immediate public effects.

D. *Long-term*: Over the long term the data on suicide attempts collected in accordance with this regulation is expected to produce the previously described public benefit.

3. Pursuant to NRS 233B.0608 (2)(a), the Division of Public and Behavioral Health requested input from health care providers including the Nevada Rural Hospitals Partners and the Nevada Hospital Association.

A Small Business Impact Questionnaire was disseminated through the SAPTA Listserv, the Substance Abuse Block Grant Agencies, the SAPTA Advisory Board, the BHPAC, and the HCQC Listserv. It was posted on the SAPTA website as well along with a copy of the proposed regulation changes, on August 1, 2022. One (1) response was received out of 827 small business impact questionnaires distributed indicating no beneficial or adverse small business impact.

4. The estimated cost to the Division of Public and Behavioral Health for enforcement of the proposed regulations is minor and absorbable within existing Division resources.

5. The proposed regulations do not overlap or duplicate any other Nevada state or federal regulations. Members of the public may make oral comments at this meeting. Persons wishing to submit written testimony or documentary evidence in excess of two typed, 8-1/2" x 11" pages must submit the material to the Board's Secretary, Lisa Sherych, to be received no later than Friday, November 25, 2022 at the following address:

Secretary, State Board of Health
Division of Public and Behavioral Health
4150 Technology Way, Suite 300
Carson City, NV 89706
stateBOH@health.nv.gov

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 are on file for inspection and/or may be copied at the following locations during normal business hours:

1. Division of Public and Behavioral Health, 4150 Technology Way, First Floor Lobby, Carson City
2. Division of Public and Behavioral Health, Bureau of Behavioral Health Wellness and Prevention, 4126 Technology Way, Carson City
3. Nevada State Library and Archives, 100 Stewart Street, Carson City

4. Washoe County District Health District, 1001 E 9TH St. B., Reno
5. Southern Nevada Health District, 1600 Pinto Ln., Las Vegas

A copy of the regulations and small business impact statement can be found on-line by going to:
<https://dpbh.nv.gov/Programs/ClinicalSAPTA/Home> - SAPTA/

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 775-684-4200.

Copies may also be obtained from the Nevada State Library at the address listed below:

Nevada State Library & Archives
100 N. Stewart Street
Carson City, NV 89701

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



Richard Whitley, MS
Director

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Lisa Sherych
Administrator

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

DATE: October 24, 2022
TO: Lisa Sherych, DPBH Administrator
THROUGH: Cody Phinney, DPBH Deputy Administrator
FROM: Shannon Bennett, Health Bureau Chief, Bureau of Behavioral Health Wellness and Prevention
RE: R153-22: BOH Public Hearing on Proposed Regulation Amending NAC 441A

a. AB 181 (2021) directs the Board of Health to adopt regulations governing the procedures for reporting cases or suspected cases of attempted suicide to the Chief Medical Officer or his or her designee including the time within which such reports must be made and the information that such reports must include.

b. Summary of changes to NAC:

The proposed regulation defines “attempted suicide” for the purpose of reporting attempted suicide; specifies health care providers required to report a case of attempted suicide and the information and procedures for submitting reports.

If the BOH does not adopt this regulation, the legislative direction of AB 181 (2021) would not be met providing the Division of Public and Behavioral Health with more complete data on suicidality by including suicide attempts. Such data will help inform behavioral health program policy to benefit Nevadans experiencing behavioral health crises to mitigate future suicide risk and potentially reduce Nevada’s relatively high suicide rate compared to other states.

c. DPBH received public comment in a public workshop conducted September 29, 2022 from the Nevada Psychiatric Association and Nevada Rural Hospital Partners.

d. The public workshop was held in person at the Division of Public and Behavioral Health, 4150 Technology Way, Suite 300, Carson City, NV 89706, and by videoconference and telephone.

Written comment from the Nevada Psychiatric Association requesting additional data reporting be included in the regulation relative to the psychiatric hold status, treatment and disposition of persons attempting suicide was not incorporated into the regulation. It was deemed beyond the scope of the authorizing statute and additionally could be adopted as a best practice standard of care by providers and their professional organizations.

A Small Business Impact Questionnaire was sent to 827 businesses along with a copy of the proposed regulation, on August 1, 2022. No small business impact was found.

e. Staff Recommendation: Staff recommends the State Board of Health adopt the proposed amendments to NAC 441A– Infectious Diseases; Toxic Agents, LCB File No. R153-22.

f. Presenters:

Misty Vaughan Allen, MA

Suicide Prevention Coordinator | Office of Suicide Prevention

Nevada Department of Health and Human Services

Division of Public & Behavioral Health | Bureau of Behavioral Health | Wellness and Prevention

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

LCB File No. R153-22

November 3, 2022

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

AUTHORITY: §§ 1-5, NRS 441A.120 and 441A.150.

A REGULATION relating to mental health; interpreting the term “attempted suicide” for the purpose of reporting attempted suicide; prescribing the providers of health care who are required to report a case or suspected case of attempted suicide; requiring such a report to include certain information; prescribing certain requirements concerning the procedure for submitting such a report; prescribing an administrative fine for certain violations; prescribing the date by which a certain report is required to be compiled and submitted; and providing other matters properly relating thereto.

Legislative Counsel’s Digest:

Existing law requires certain providers of health care to report a case or suspected case of attempted suicide to the Chief Medical Officer or the designee of the Chief Medical Officer. (NRS 441A.150) Existing law requires the State Board of Health to adopt regulations prescribing: (1) the providers who are required to make such a report; and (2) the procedures for reporting such cases. (NRS 441A.120) **Section 2** of this regulation clarifies the manner in which the Board will interpret the term “attempted suicide” for the purposes of such reporting. **Section 3** of this regulation prescribes the providers of health care who are required to report a case or suspected case of attempted suicide to the Chief Medical Officer. **Section 4** of this regulation prescribes: (1) the information that must be included in such a report; and (2) additional information that may be included in such a report. **Section 5** of this regulation prescribes: (1) the period within which such a report must be submitted to the Chief Medical Officer; and (2) the date by which the Chief Medical Officer is to submit to the Patient Protection Commission an annual report required by statute summarizing the information in the reports of providers of health care. (NRS 441A.150) **Section 5** also requires certain medical facilities to adopt administrative procedures to ensure that only one provider submits a report for each attempted suicide or suspected attempted suicide. **Section 5** authorizes the Division of Public and Behavioral Health of the Department of Health and Human Services to impose an administrative fine against a health care provider who willfully fails, neglects or refuses to submit a timely report of a case or suspected case of attempted suicide that contains the information required by **section 4**.

Section 1. Chapter 441A of NAC is hereby amended by adding thereto the provisions set forth as sections 2 to 5, inclusive, of this regulation.

Sec. 2. *For the purposes of this chapter and chapter 441A of NRS, the Board will interpret the term “attempted suicide” to mean an action that:*

1. Is intended to cause the death of the same person who committed the action but does not cause the death of that person;

2. Results in the person receiving services from a provider of health care in a clinical setting; and

3. Corresponds to the code “suicide and suicide attempt” as established in the International Classification of Diseases, Tenth Revision, Clinical Modification, or any successor classification system, adopted by the National Center for Health Statistics and the Centers for Medicare and Medicaid Services of the United States Department of Health and Human Services.

Sec. 3. *A provider of health care who treats a patient who has attempted suicide or is suspected to have attempted suicide shall report the case or suspected case of attempted suicide pursuant to subsection 3 of NRS 441A.150 in the manner prescribed by section 4 of this regulation if the treatment is provided in:*

1. A community triage center, as defined in NRS 449.0031; or

2. A hospital, as defined in NRS 449.012, including, without limitation:

(a) A rural hospital, as defined in NRS 449.0177; or

(b) A psychiatric hospital, as defined in NRS 449.0165.

Sec. 4. 1. *A provider of health care who is required by section 3 of this regulation to report a case or suspected case of attempted suicide shall include in the report required pursuant to subsection 3 of NRS 441A.150, to the extent that the information is known:*

(a) The name, date of birth, address and telephone number of the patient who attempted suicide or is suspected of attempting suicide;

(b) The name, address and telephone number of any provider of health care who treated the patient;

(c) The following demographic information for the patient:

(1) Sex;

(2) Gender identity or expression;

(3) Race;

(4) Ethnicity;

(5) Sexual orientation;

(6) Occupation; and

(7) Military or veteran status;

(d) The identification number of the medical record of the patient;

(e) The date of the attempted suicide or suspected attempted suicide;

(f) The disposition of the patient;

(g) A code that corresponds to attempted suicide or suspected attempted suicide, as defined in the International Classification of Diseases, Tenth Revision, Clinical Modification, or any successor classification system, adopted by the National Center for Health Statistics and the Centers for Medicare and Medicaid Services of the United States Department of Health and Human Services; and

(h) Any other information requested by the Chief Medical Officer or his or her designee.

2. In addition to the information required by subsection 1, a provider of health care may include in the report required by subsection 3 of NRS 441A.150:

(a) Results from a toxicology test conducted by a laboratory relating to the attempted suicide or suspected attempted suicide;

(b) A statement of whether the patient was pregnant at the time of the attempted suicide or suspected attempted suicide;

(c) The social security number of the patient; and

(d) Any other information that the provider of health care believes is relevant.

Sec. 5. 1. *A provider of health care who is required by section 3 of this regulation to report a case or suspected case of attempted suicide shall report the case or suspected case not later than 30 days after discharging the patient.*

2. A provider of health care may provide to the Chief Medical Officer supplemental or additional information as it becomes available after initially reporting the case or suspected case of attempted suicide.

3. A medical facility listed in section 3 of this regulation shall adopt administrative procedures to ensure that only one provider of health care will report a case or suspected case of attempted suicide pursuant to subsection 3 of NRS 441A.150 when multiple providers of health care treat the case or suspected case.

4. In addition to any criminal penalty imposed pursuant to NRS 441A.910 and 441A.920, the Division may impose an administrative fine of \$1,000 against a provider of health care who willfully fails, neglects or refuses to comply with subsection 3 of NRS 441A.150 or any provision of this section or section 3 or 4 of this regulation.

5. The Chief Medical Officer shall compile and submit the annual report required by subsection 3 of NRS 441A.150 to the Patient Protection Commission on or before April 15 of each year.

**ERRATA TO PROPOSED REGULATION OF THE STATE BOARD OF HEALTH
LCB FILE NO. R153-22**

EXPLANATION – Matter in *italics* is new; matter in brackets [omitted material] is material to be omitted. *Green bold italic* is proposed new language to LCB Draft of R153-22.

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

LCB File No. R153-22

August 8, 2022

AUTHORITY: NRS 441A.120, 441A.150 and 441A.920.

[REPORTING OF ATTEMPTED SUICIDE]

NAC 441A.XXX “Suicide attempt” defined. (NRS 441A.120, 441A.150) “Suicide attempt” is a nonfatal self-directed potentially injurious behavior with any intent to die as a result of the behavior; and

- 1. Results in a patient receiving services from a provider of health care in a clinical setting; and**
- 2. Corresponds to the code “suicide and suicide attempt” as established in the International Classification of Diseases, most recent Revision, Clinical Modification, adopted by the National Center for Health Statistics and the Centers for Medicare and Medicaid Services.**

NAC 441A.XXX Provider of health care required to report attempted suicide; exceptions. (NRS 441A.120, 441A.150)

- 1. The Medical Facilities and Providers of Health Care required to report a case or suspected case of suicide are:**
 - a. A Community Triage Center as defined by NRS 449.0031;**
 - b. A Rural Hospital as defined by NRS 449.0177;**
 - d. A Hospital as defined by NRS 449.012;**
 - e. A Psychiatric Hospital as defined by NRS 449.0165;**
 - f. A provider of health care as defined by NRS 629.031, who provides services within the facilities listed in sections 1(a) through 1(e) of this section, to a patient who has attempted suicide.**
- 2. The Facilities and Providers of Health Care listed in Section 1 shall, regardless of whether the patient is alive and not later than 7 days after discharging the patient, report the suicide attempt or suspected suicide attempt to the Chief**

Medical Officer or his or her designee as required by subsection 2 of NRS 441A.150. If such a provider of health care provides services at a medical facility, the medical facility may submit the report on behalf of the provider.

NAC 441A.XXX Contents of report; provision of supplemental or additional information. (NRS 441A.120, 441A.150)

1. A medical facility or provider of health care shall include in a report of attempted suicide made pursuant to subsection 2 of NRS 441A.150 if known:

(a) The name, address and telephone number of the provider of health care making the report;

(b) The name, address, telephone number, sex, race, ethnicity, gender identity, sexual orientation, occupation, military/veteran status and date of birth of the patient made a suicide attempt or suspected suicide attempt;

(c) The number assigned to the medical record of the patient;

(d) The date on which the suicide attempt or suspected suicide attempt occurred;

(e) A statement of the disposition of the patient;

(f) Any code set forth in the International Classification of Diseases, most recent Revision, Clinical Modification, adopted by the National Center for Health Statistics and the Centers for Medicare and Medicaid Services, or the code used in any successor classification system adopted by the National Center for Health Statistics and the Centers for Medicare and Medicaid Services, that corresponds to or is otherwise related to the suicide attempt or suspected suicide attempt; and

(g) Any other information requested by the Chief Medical Officer or his or her designee.

2. In addition to the information required by subsection 1, a provider of health care may include in the report:

(a) Results from toxicology tests conducted by a laboratory concerning the suicide attempt or suspected suicide attempt;

(b) A statement of whether the patient was pregnant on the date on which the suicide attempt or suspected suicide attempt occurred;

(c) The social security number of the patient; and

(d) Any other information that the provider of health care believes is relevant to the report.

3. After making a report pursuant to subsection 2 of NRS 441A.150, a provider of health care may provide supplemental or additional information as it becomes available.

NAC 441A.XXX Adoption of procedures by medical facility to ensure that only one provider of health care reports suicide attempts; adoption of administrative procedures by Chief Medical Officer to track and analyze reports. (NRS 441A.120, 441A.150)

1. A medical facility that may have more than one provider of health care provide services to a patient who has attempted suicide or is suspected of having attempted suicide shall adopt administrative procedures to ensure that only one such provider of health care makes the report of the suicide attempt required by subsection 2 of NRS 441A.150.]

REPORTING OF ATTEMPTED SUICIDE

Section 1. Definitions.

1. "Attempted suicide" means an action by a person that:

(a) Is intended to cause the death of the same person who committed the action but does not cause the death of that person;

(b) Results in the person receiving services from a provider of health care in a clinical setting, and:

(c) Corresponds to the code "suicide and suicide attempt" as established in the International Classification of Diseases, Tenth Revision, Clinical Modification, or any successor classification system, adopted by the National Center for Health Statistics and the Centers for Medicare and Medicaid Services of the United States Department of Health and Human Services.

Sec. 2. A provider of health care who initially treats a patient who has attempted suicide or is suspected to have attempted suicide shall report the case or suspected case of attempted suicide to the Chief Medical Officer or his or her designee in accordance with Sec. 3 if the treatment is provided in:

(a) A community triage center, as defined in NRS 449.0031; or

(b) A hospital, as defined in NRS 449.012, including, without limitation:

(1) A rural hospital, as defined in NRS 449.0177; and

(2) A psychiatric hospital, as defined in NRS 449.0165.

Sec. 3. A provider of health care who is required to report a case or suspected case of attempted suicide pursuant to Sec. 2 shall include in the report required pursuant to subsection 3 of NRS 441A.150, to the extent that the information is known:

(a) The name, date of birth, address and telephone number of the patient who attempted Suicide or is suspected of attempting suicide;

(b) The name, address and telephone number of the provider of health care who treated the patient;

(c) The following demographic information for the patient:

(1) Sex;

(2) Gender identity or expression;

(3) Race;

(4) Ethnicity;

(5) Sexual orientation;

(6) Occupation; and

(7) Military or veteran status;

(d) The identification number of the medical record of the patient;

(e) The date of the attempted suicide or suspected attempted suicide;

(f) The disposition of the patient;

(g) A code that corresponds to attempted suicide or suspected attempted suicide, as defined in the International Classification of Diseases, Tenth Revision, Clinical Modification, or any successor classification system, adopted by the National Center for Health Statistics and the Centers for Medicare and Medicaid Services of the United States Department of Health and Human Services; and

(h) Any other information requested by the Chief Medical Officer or his or her designee.

2. In addition to the information required by subsection 1, a provider of health care may include in the report required by subsection 3 of NRS 441A.150:

(a) Results from a toxicology test conducted by a laboratory relating to the attempted suicide or suspected attempted suicide;

(b) A statement of whether the patient was pregnant or postpartum at the time of the attempted suicide or suspected attempted suicide;

(c) The social security number of the patient; and

(d) Any other information that the provider of health care believes is relevant.

Sec. 4. A provider of health care who is required to report a case or suspected case of attempted suicide pursuant to section 3 of this regulation shall report the case or suspected case not later than 30 days after discharging the patient.

Sec. 5. A provider of health care may provide to the Chief Medical Officer supplemental or additional information as it becomes available after initially reporting the case or suspected case of attempted suicide.

Sec. 6. A medical facility listed in section 3 of this regulation shall adopt administrative procedures to ensure that only one provider of health care will report a case or suspected case of attempted suicide pursuant to subsection 3 of NRS 441A.150 when multiple providers of health care treat the case or suspected case.

Sec. 7. Health care providers required to report a case of attempted or suspected suicide pursuant to section 3 of this regulation that willfully fails, neglects or refuses to comply with this requirement is guilty of a misdemeanor and, in addition, may be subject to an administrative fine of \$1,000 for each violation, as determined by the Board.

Sec. 8. On or before April 15 of each year, the Division shall compile a report summarizing the information submitted to the Chief Medical Officer in the previous calendar pursuant Sec. 3 and submit the report to the Patient Protection Commission created by NRS 439.908.

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Richard Whitley, MS
Director

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Chief Medical Officer

SMALL BUSINESS IMPACT STATEMENT 2022

PROPOSED AMENDMENTS TO NAC 441A

The Division of Public and Behavioral Health (DPBH) has determined that the proposed amendments should have no direct and significant economic burden upon small businesses or directly restrict 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 below followed by the certification by the person responsible for the agency.

Background

AB 181 (2021) mandates certain health care providers designated by the State Board of Health (BOH) who know of, or provide services to, a person who has attempted suicide or is suspected of having attempted suicide to report that fact pursuant to regulations adopted by the BOH. The proposed regulation adds new language to NAC441A:

1. Defining suicide attempts;
2. Specifying health care providers and settings subject to mandatory reporting of attempted suicides;
3. Specifying patient information designated health care providers and settings must report;
4. Establishing procedural requirements for reporting of attempted suicides.

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 requested input from health care providers including the Nevada Rural Hospitals Partners and the Nevada Hospital Association.

A Small Business Impact Questionnaire was disseminated through the SAPTA Listserv, the Substance Abuse Block Grant Agencies, the SAPTA Advisory Board, the BHPAC, and the HCQC Listserv. It was posted on the SAPTA website as well along with a copy of the proposed regulation changes, on August 1, 2022. 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			
One (1) response was received out of 827 small business impact 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?
No = 1 Yes = 0 Response/Unknown = 0	No = 1 Yes = 0 Response/Unknown = 0	No = 1 Yes = 0 Response/Unknown = 0	No = 1 Yes = 0 Response/Unknown = 0

Number of Respondents out of 827	Adverse economic effect?	Beneficial effect?	Indirect adverse effects?	Indirect beneficial effects?
No	0	0	0	0
Yes	0	0	0	0

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

The Division of Public and Behavioral Health has supplied wide range of opportunities to relevant health care providers in Nevada to submit input and comments regarding the proposed amendment to NAC 441A, including any economic impact this amendment may produce for small businesses. A Public Workshop will be held on September 29, 2022, for the purpose of soliciting further input from this statewide community regarding the proposed regulation change and how it may impact their operations and incomes. All comments will be considered carefully for possible further revision to the regulation to reduce adverse economic impact on small businesses.

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.

As reflected in the table above, Summary of Responses, no small business owners anticipate any adverse or beneficial economic effects associated with the proposed regulation and did not expect any direct or indirect effects.

- 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.**

Not relevant since no adverse impact on small business found.

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

There will be no cost to the agency associated with enforcement of the proposed regulation.

- 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.**

The proposed regulations do not provide for a new fee or increase existing fees.

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

No increases in the number or the level of stringency of standards, regardless of entity, are considered necessary.

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


No small business impact identified in survey of known health care providers in Nevada.

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

Division of Public and Behavioral Health
4150 Technology Way, Suite 300
Carson City, NV 89701
Frederick Pilot
Phone: (775) 461-6537
Email: fpilot@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 businesses and the information contained in this statement was prepared properly and is accurate.

Signature  Date: 09/14/2022



NOTICE OF PUBLIC WORKSHOP

NOTICE IS HEREBY GIVEN that the Division of Public and Behavioral Health will hold a public workshop to consider amendments to Nevada Administrative Code (NAC) Chapters 433, 458 and 441A.

The workshop will be conducted via videoconference beginning at 11 AM on Thursday, September 29, 2022, at the following locations:

Division of Public and Behavioral Health 4150 Technology Way, Suite 300 Carson City, NV 89706	Bureau of Health Care Quality & Compliance 4220 S. Maryland Parkway, Suite 810 Bldg D Las Vegas, NV 89119
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Microsoft Teams meeting

Join on your computer or mobile app

[Click here to join the meeting](#)

Meeting ID: 236 756 881 698

Passcode: JvXWjQ

[Download Teams](#) | [Join on the web](#)

Or call in (audio only)

[+1 775-321-6111, 907036992#](#)

Phone Conference ID: 907 036 992#

This public hearing will be conducted in accordance with NRS 241.020, Nevada's Open Meeting Law. The proposed addition/change of regulations in LCB File No. R091-22, R117-22 and R153-22.

R091-22: SB 390 (2021) directs the State Board of Health (BOH) to adopt regulations imposing a surcharge on telecommunications access lines with the proceeds deposited in the Crisis Response Account in the state General Fund to fund the implementation of the 988 National Suicide Prevention Lifeline, support centers and mobile crisis teams for persons considering suicide or otherwise in a behavioral health crisis. This regulation adds new language to Chapter 433 of the NAC.

R177-22: This revision to NAC 458 updates and revises regulations for oversight of providers certified by the Substance Abuse Prevention and Treatment Agency (SAPTA) within the Division of Public and Behavioral Health (DPBH). Updated language is needed to use more current terminology as well as remove stigmatizing language from the regulations. The amendments also streamline language to clarify requirements and make more user friendly.

R153-22: AB 181 (2021) mandates certain health care providers designated by the State Board of Health (BOH) who know of, or provide services to, a person who has attempted suicide or is suspected of having attempted suicide to report that fact pursuant to regulations adopted by the BOH. The proposed regulation adds new language to NAC441A.

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 Frederick Pilot, Behavioral Health Policy Coordinator at fpilot@health.nv.gov, or at the following address:

Division of Public and Behavioral Health
Bureau of Behavioral Health Wellness and Prevention
4126 Technology Way, Suite 200
Carson City, NV 89706
775-684-4185 (FAX)

Members of the public who require special accommodations or assistance at the workshops are required to notify Frederick Pilot in writing to the Division of Public and Behavioral Health, 4126 Technology Way, Suite 200, Carson City, NV 89706 or by calling 775-461-6537 at least five (5) working days prior to the date of the public workshop.

You may contact Frederick Pilot by calling 775-461-6537 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:

Division of Public and Behavioral Health
727 Fairview Drive, Suite E
Carson City, NV

Division of Public and Behavioral Health
4220 S. Maryland Parkway, Suite 810, Bldg D
Las Vegas, NV

Nevada State Library and Archives
100 Stewart Street
Carson City, NV

A copy of the regulations and small business impact statement can be found on the Division of Public and Behavioral Health's web page: <https://dpbh.nv.gov/Programs/ClinicalSAPTA/Home> - [SAPTA/](#)

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

A copy of this notice has been posted at the following locations:

1. Division of Public and Behavioral Health, 4150 Technology Way, First Floor Lobby, Carson City
2. Nevada State Library and Archives, 100 Stewart Street, Carson City
3. Legislative Building, 401 S. Carson Street, Carson City
4. Grant Sawyer Building, 555 E. Washington Avenue, Las Vegas
5. Washoe County District Health Department, 9TH and Wells, Reno

Copies may be obtained in person, by mail, or by calling the Division of Public and Behavioral Health at (775) 461-6537 in Carson City.

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.