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

MEMORANDUM

TO: Jon Pennell, Chair
State Board of Health

FROM: Lisa Sherych, Secretary
State Board of Health

Re: Consideration and adoption of the proposed regulation amendment to Nevada Administrative Code (NAC) 441A, LCB File No. R002-22.

CANCELLED

PURPOSE OF AMENDMENT

LCB File No. R002-22 revises Nevada Administrative Code (NAC) Chapter 441A in accordance with Senate Bill (SB) 211 of the 2021 Legislative Session and Nevada Revised Statutes (NRS) Chapter 441A.

SUMMARY OF CHANGES TO NEVADA ADMINISTRATIVE CODE (NAC)

Senate Bill 211 requires, with certain exceptions, a physician, physician assistant, advanced practice registered nurse or midwife who provides or supervises the provision of emergency medical services in a hospital or primary care to a patient who is 15 years of age or older to: (1) consult with the patient to ascertain whether he or she wishes to be tested for sexually transmitted diseases and to determine which tests, if any, are medically indicated; and (2) to the extent practicable and that testing is medically indicated, test a patient who wishes to be tested for sexually transmitted diseases or help such a patient obtain a test. (Section 1 of Senate Bill No. 211, Chapter 485, Statutes of Nevada 2021, at page 3138 (NRS 441A.315).

SB 211 further requires the State Board of Health to adopt regulations to ensure that: (1) any such tests administered pursuant to SB 211 is medically indicated for that patient; and (2) communications concerning the testing are made in a culturally competent and linguistically appropriate manner. LCB File No. R002-22 makes the following changes to NAC Chapter 441A to conform with SB 211:

- Adopts by reference certain federal guidelines concerning testing for sexually transmitted diseases and offering culturally and linguistically appropriate services;
- Requires a physician, physician assistant, advanced practice registered nurse or midwife to follow the procedures set forth in such guidelines when determining which tests for sexually transmitted diseases are medically indicated;
- Requires a physician, physician assistant, advanced practice registered nurse or midwife to document in the record of the patient: (1) whether any tests were offered and, if so, which tests were offered; and (2) whether the patient agreed to the performance of each test that was offered;
- Requires a physician, physician assistant, advanced practice registered nurse or midwife to communicate with patients concerning such tests in accordance with federal guidelines concerning the provision of culturally and linguistically appropriate services; and
- Makes conforming changes to avoid duplicative reference to acquired immune deficiency syndrome and the human immunodeficiency virus.

- The errata further defines when a test is medically indicated, under these provisions.

POSSIBLE OUTCOME IF PROPOSED AMENDMENT IS NOT APPROVED

If LCB File No. R002-22 is not approved, NAC Chapter 441A will not follow the requirements set forth in SB 211.

APPLICABILITY OF PROPOSED AMENDMENT

These regulations will apply statewide to all emergency medical services providers in a hospital or primary care setting.

PUBLIC COMMENT RECEIVED

The Division of Public and Behavioral Health determined the impact on small businesses by soliciting responses through the Public Workshop and Small Business Impact (SBI) questionnaire. SBI Statement was solicited via email to multiple listservs targeting medical providers, health facilities, professional Doctor of Medicine (MD) / Doctor of Osteopathic medicine (DO) / nurse practitioner (NP) associations, and more.

Additionally, the information for the Public Workshop, SBI questionnaire, SBI Statement was also provided online via the State of Nevada, Office of HIV - Regulation Development Processes Website (Link: https://dpbh.nv.gov/Programs/HIV/dta/Policies/HIV_Regulation_Development_Processes/) and posted at the local health authorities' offices. Interested parties could also request a physical copy via email (sent via mail) or in person at our office or the local health departments.

The Division of Public and Behavioral Health recorded one (1) response to the SBI questionnaire, which was in favor of the proposed changes set forth in SB 211. The Division of Public and Behavioral Health did not receive any negative feedback regarding the proposed changes for SB 211.

PUBLIC WORKSHOP

A public workshop was held on Thursday, January 2022. There were 9 participants who attended the workshop virtually.

Summary of testimony:

- No Public Comment was made by community members attending the public workshop.

A public workshop was held on Monday, July 18, 2022, for the updated errata language. There were 18 participants who attended the workshop virtually.

Summary of testimony:

- Comments were favorable by community members attending the public workshop.

STAFF RECOMMENDATION

Staff recommends the State Board of Health adopts the proposed regulation amendments to NAC 441A, LCB File No. R002-22.

PRESENTER

Lyell Collins, MBA – Health Program Specialist II
Preston Nguyen Tang, MPH – Health Program Specialist I
Tory W. Johnson, MMgt – HIV/AIDS Program Manager

CANCELLED

REVISED PROPOSED REGULATION OF

THE STATE BOARD OF HEALTH

LCB File No. R002-22

August 15, 2022

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

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

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

Legislative Counsel's Digest:

Existing law requires the State Board of Health to adopt regulations governing the control of communicable diseases which are known to be sexually transmitted. (NRS 441A.120) Existing law further requires, with certain exceptions, a physician, physician assistant, advanced practice registered nurse or midwife who provides or supervises the provision of emergency medical services in a hospital or primary care to a patient who is 15 years of age or older to: (1) consult with the patient to ascertain whether he or she wishes to be tested for sexually transmitted diseases and to determine which tests, if any, are medically indicated; and (2) to the extent practicable and that testing is medically indicated, test a patient who wishes to be tested for sexually transmitted diseases or help such a patient obtain a test. (NRS 441A.315) **Section 3** of this regulation adopts by reference certain federal guidelines concerning testing for sexually transmitted diseases and offering culturally and linguistically appropriate services. **Section 1** of this regulation requires a physician, physician assistant, advanced practice registered nurse or midwife to follow the procedures set forth in such guidelines when determining which tests for sexually transmitted diseases are medically indicated. **Section 1** requires a physician, physician assistant, advanced practice registered nurse or midwife to document in the record of the patient: (1) whether any tests were offered and, if so, which tests were offered; and (2) whether the patient agreed to the performance of each test that was offered. **Section 1** also requires a physician, physician assistant, advanced practice registered nurse or midwife to communicate with patients concerning such tests in accordance with federal guidelines concerning the provision of culturally and linguistically appropriate services. **Sections 3, 5, 6 and 9-14** of this regulation update references to certain publications adopted by reference.

Existing law provides that it is the policy of this State to avoid duplicative references to acquired immune deficiency syndrome and the human immunodeficiency virus in the Nevada

Administrative Code. (NRS 233B.062) **Sections 2, 4, 7, 8 and 15** of this regulation accordingly remove such references.

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

1. When making a determination pursuant to subsection 1 of NRS 441A.315 concerning which tests for sexually transmitted diseases are medically indicated for a patient, a physician, physician assistant, advanced practice registered nurse or midwife shall follow the procedures set forth in "Sexually Transmitted Infections Treatment Guidelines, 2021" and "Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings," as adopted by reference in NAC 441A.200.

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

(a) Document in the record of the patient:

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

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

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

3. For the purposes of this section and NRS 441A.315, a test is deemed to be medically indicated if the test is:

(a) Necessary to treat or care for the symptoms of an illness or injury or to diagnosis an illness or other condition that is harmful to life or health; and

(b) Commonly and customarily recognized throughout the profession of a physician, physician assistant, advanced practice registered nurse or midwife, as applicable, as appropriate for the diagnosis or treatment in the context of the setting where the diagnosis or treatment is provided.

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

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

1. ~~[Acquired immune deficiency syndrome (AIDS).~~

~~2.]~~ Amebiasis.

~~[3.]~~ ***2.*** Animal bite from a rabies-susceptible animal.

~~[4.]~~ ***3.*** Anthrax.

~~[5.]~~ ***4.*** Botulism, foodborne.

~~[6.]~~ ***5.*** Botulism, infant.

~~[7.]~~ ***6.*** Botulism, wound.

~~[8.]~~ ***7.*** Botulism, other than foodborne botulism, infant botulism or wound botulism.

~~[9.]~~ ***8.*** Brucellosis.

~~[10.]~~ ***9.*** Campylobacteriosis.

~~[11.]~~ ***10.*** Chancroid.

~~[12.]~~ ***11.*** Chikungunya virus disease.

~~[13.]~~ ***12.*** *Chlamydia trachomatis* infection of the genital tract.

~~[14.]~~ ***13.*** Cholera.

~~[15.]~~ ***14.*** Coccidioidomycosis.

~~[16.]~~ ***15.*** Cryptosporidiosis.

~~[17.]~~ ***16.*** Dengue.

~~[18.]~~ ***17.*** Diphtheria.

~~[19.]~~ ***18.*** Ehrlichiosis/anaplasmosis.

~~[20.]~~ ***19.*** Encephalitis.

~~[21. Enterobacteriaceae,]~~

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

~~[22.]~~ ***21.*** Extraordinary occurrence of illness.

~~[23.]~~ ***22.*** Foodborne disease outbreak.

~~[24.]~~ ***23.*** Giardiasis.

~~[25.]~~ ***24.*** Gonococcal infection.

~~[26.]~~ ***25.*** Granuloma inguinale.

~~[27.]~~ ***26.*** *Haemophilus influenzae* type b invasive disease.

~~[28.]~~ ***27.*** Hansen's disease (leprosy).

~~[29.]~~ ***28.*** Hantavirus.

~~[30.]~~ ***29.*** Hemolytic-uremic syndrome (HUS).

~~[31.]~~ ***30.*** Hepatitis A.

~~[32.]~~ ***31.*** Hepatitis B.

~~[33.]~~ ***32.*** Hepatitis C.

~~[34.]~~ ***33.*** Hepatitis Delta.

~~[35.]~~ ***34.*** Hepatitis E.

~~[36.]~~ ***35.*** Hepatitis, unspecified.

~~[37.]~~ ***36.*** Human immunodeficiency virus infection (HIV).

~~[38.]~~ ***37.*** Influenza that is:

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

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

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

(2) Is novel or untypeable.

~~[39.]~~ ***38.*** Legionellosis.

~~[40.]~~ ***39.*** Leptospirosis.

~~[41.]~~ ***40.*** Listeriosis.

~~[42.]~~ ***41.*** Lyme disease.

~~[43.]~~ ***42.*** Lymphogranuloma venereum.

~~[44.]~~ ***43.*** Malaria.

~~[45.]~~ ***44.*** Measles (rubeola).

~~[46.]~~ ***45.*** Meningitis.

~~[47.]~~ ***46.*** Meningococcal disease.

~~[48.]~~ ***47.*** Mumps.

~~[49.]~~ ***48.*** Pertussis.

~~[50.]~~ ***49.*** Plague.

~~[51.]~~ ***50.*** Poliovirus infection.

~~[52.]~~ ***51.*** Psittacosis.

~~[53.]~~ ***52.*** Q fever.

~~[54.]~~ ***53.*** Rabies, human or animal.

~~[55.]~~ ***54.*** Relapsing fever.

~~[56.]~~ ***55.*** Respiratory syncytial virus infection.

~~[57.]~~ ***56.*** Rotavirus infection.

~~[58.]~~ ***57.*** Rubella (including congenital rubella syndrome).

~~[59.]~~ ***58.*** Saint Louis encephalitis virus (SLEV).

~~[60.]~~ ***59.*** Salmonellosis.

~~[61.]~~ ***60.*** Severe acute respiratory syndrome (SARS).

~~[62.]~~ ***61.*** Severe reaction to immunization.

~~[63.]~~ ***62.*** Shiga toxin-producing *Escherichia coli*.

~~[64.]~~ ***63.*** Shigellosis.

~~[65.]~~ ***64.*** Smallpox (variola).

~~[66.]~~ ***65.*** Spotted fever riskettsioses.

~~[67.]~~ ***66.*** *Staphylococcus aureus*, vancomycin-intermediate.

~~[68.]~~ ***67.*** *Staphylococcus aureus*, vancomycin-resistant.

~~[69.]~~ ***68.*** Streptococcal toxic shock syndrome.

~~[70.]~~ ***69.*** *Streptococcus pneumoniae* (invasive).

~~[71.]~~ ***70.*** Syphilis (including congenital syphilis).

~~[72.]~~ ***71.*** Tetanus.

~~[73.]~~ ***72.*** Toxic shock syndrome, other than streptococcal toxic shock syndrome.

~~[74.]~~ ***73.*** Trichinosis.

~~[75.]~~ ***74.*** Tuberculosis.

~~[76.]~~ ***75.*** Tularemia.

~~[77.]~~ ***76.*** Typhoid fever.

~~[78.]~~ ***77.*** Varicella (chickenpox).

~~[79.]~~ ***78.*** Vibriosis.

~~[80.]~~ ***79.*** Viral hemorrhagic fever.

~~[81.]~~ ***80.*** West Nile virus.

~~[82.]~~ ***81.*** Yellow fever.

~~[83.]~~ ***82.*** Yersiniosis.

~~[84.]~~ ***83.*** Zika virus disease.

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

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

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

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

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

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

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

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

(e) The recommended guidelines for the investigation, prevention, suppression and control of communicable diseases contained in *Red Book:* ~~[2015]~~ ***2021*** *Report of the Committee on Infectious Diseases*, ~~[30th]~~ ***32nd*** edition, published by the American Academy of Pediatrics and available for the price of ~~[$75.00]~~ ***$119.95*** for members and $149.95 for nonmembers from the American Academy of Pediatrics, ~~[141 Northwest Point Boulevard, Elk Grove Village, Illinois~~

~~60007,~~ ***345 Park Boulevard, Itasca, Illinois 60143,*** or at the Internet address ~~[http://www.aap.org.]~~ ***https://shop.aap.org.***

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

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

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

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

(3) "Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection," *Morbidity and Mortality Weekly Report* [49(RR06):1-54, June 9, 2000], published by the United

States Department of Health and Human Services and available at no cost on the Internet at **http://www.cdc.gov/mmwr**, or, if that Internet website ceases to exist, from the Division;

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

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

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

(i) "Case Definitions for Infectious Conditions Under Public Health Surveillance," *Morbidity and Mortality Weekly Report* [46(RR10):1-55, May 2, 1997], published by the United States

Department of Health and Human Services and available at no cost on the Internet at **http://www.cdc.gov/mmwr**, or, if that Internet website ceases to exist, from the Division.

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

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

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

(m) "Facility Guidance for Control of Carbapenem-resistant ~~[Enterobacteriaceae]~~ ***Enterobacteriaceae*** (CRE)," published by the United States Department of Health and Human Services and available at no cost from the Centers for Disease Control and Prevention ~~[of the United States Department of Health and Human Services]~~ on the Internet at ~~[https://www.cdc.gov/hai/organisms/cre/cre-toolkit/index.html,]~~ ***https://www.cdc.gov/hai/pdfs/cre/CRE-guidance-508.pdf,*** or, if that Internet website ceases to exist, from the Division.

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

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

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

(q) "Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings," Morbidity and Mortality Weekly Report [55(RR14):1-17, September 22, 2006], published by the United States Department of Health and Human Services and available at no cost on the Internet at http://www.cdc.gov/mmwr, or, if that Internet website ceases to exist, from the Division.

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

2. Except as otherwise provided in this subsection, the most current version of a recommendation, guideline or publication adopted by reference pursuant to subsection 1 which is published will be deemed to be adopted by reference. If both the state and local health authorities determine that an update of or revision to a recommendation, guideline or publication described in subsection 1 is not appropriate for use in the State of Nevada, the Chief Medical Officer will present this determination to the Board and the update or revision, as applicable, will not be adopted. If the agency or other entity that publishes a recommendation, guideline or publication described in subsection 1 ceases to publish the recommendation, guideline or publication:

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

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

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

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

(a) ~~[Acquired immune deficiency syndrome (AIDS);~~

~~[(b)]~~ Hepatitis A;

~~[(c)]~~ ***(b)*** Hepatitis B;

~~[(d)]~~ ***(c)*** Hepatitis C;

~~[(e)]~~ ***(d)*** Human immunodeficiency virus (HIV);

~~[(f)]~~ ***(e)*** Syphilis, including congenital syphilis; or

~~[(g)]~~ ***(f)*** Tuberculosis,

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

2. The report must include:

(a) The name and description of the examination or test performed;

(b) The name of the communicable disease or suspected communicable disease;

(c) The date and result of the examination or test performed;

(d) The name, address and telephone number of the insurer who required or requested the examination or test;

(e) The name, address and, if available, telephone number, and the age or date of birth of the person who was examined or tested;

(f) The name, address and telephone number of the person who performed the examination or ordered the test;

(g) The name, address and telephone number of the medical laboratory that performed the test; and

(h) Any other information the Chief Medical Officer or the representative may request.

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

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

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

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

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

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

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

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

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

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

with the investigation, including notifying the case or suspected case, and may carry out measures for the prevention, suppression and control of the communicable disease.

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

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

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

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

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

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

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

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

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

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

(3) Notify the Chief Medical Officer.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(b) Determined by investigation of the health authority,

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

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

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

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

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

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

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

441A.450 1. The health authority shall investigate each report of a case having ~~[:~~

~~(a) Acquired immune deficiency syndrome (AIDS); or~~

~~(b) A]~~ ***a*** human immunodeficiency virus infection (HIV), as identified by a confirmed positive human immunodeficiency virus infection (HIV) blood test administered by a medical laboratory,

~~[➥]~~ to confirm the diagnosis and identify each person with whom the case has had sexual relations and each person with whom the case has shared a needle. The health authority shall notify each person so identified of his or her potential exposure and of the availability of counseling and of testing for the presence of human immunodeficiency virus infection (HIV). If a person notified pursuant to this section is unable to obtain counseling as set forth in NRS 441A.336, the health authority shall provide, or ensure the provision of, the counseling.

2. If a case reported pursuant to subsection 1 has donated or sold blood, plasma, sperm or other bodily tissues during the year preceding the diagnosis, the health authority shall make

reasonable efforts to notify the recipient of his or her potential exposure to the human immunodeficiency virus infection (HIV). ~~[or acquired immune deficiency syndrome (AIDS).]~~

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

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

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

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

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

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

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

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

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

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

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

441A.490 1. The health authority shall investigate each report of a case having *Chlamydia trachomatis* infection of the genital tract to confirm the diagnosis, to determine the source or possible source of the infection and to ensure that the case and any contacts have received appropriate testing and medical treatment for the infection.

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

3. The health care provider for a person with *Chlamydia trachomatis* infection shall notify the health authority immediately if the person fails to obtain medical treatment or fails to complete the prescribed course of medical treatment. Except as otherwise provided in NRS

441A.210, the health authority shall take action to ensure that the person receives appropriate medical treatment for the infection.

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

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

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

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

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

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

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

health authority shall take action to ensure that the person receives appropriate medical treatment for the infection.

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

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

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

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

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

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

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

health authority shall take action to ensure that the person receives appropriate medical treatment for the disease.

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

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

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

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

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

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

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

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

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

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

(a) Confirm the diagnosis;

(b) Determine the source or possible source of the infection; and

(c) Ensure that the case and any contact has received appropriate testing and treatment for the infection.

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

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

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

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

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

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

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

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

1. ~~[Acquired immune deficiency syndrome (AIDS).~~

~~2.]~~ Acute pelvic inflammatory disease.

~~[3.]~~ ***2.*** Chancroid.

~~[4.]~~ ***3.*** *Chlamydia trachomatis* infection of the genital tract.

~~[5.]~~ ***4.*** Genital herpes simplex.

~~[6.]~~ ***5.*** Genital human papilloma virus infection.

~~[7.]~~ ***6.*** Gonorrhea.

~~[8.]~~ ***7.*** Granuloma inguinale.

~~[9.]~~ ***8.*** Hepatitis B infection.

~~[10.]~~ ***9.*** Human immunodeficiency virus infection (HIV).

~~[11.]~~ ***10.*** Lymphogranuloma venereum.

~~[12.]~~ ***11.*** Nongonococcal urethritis.

~~[13.]~~ ***12.*** Syphilis.

NOTICE OF REGULATION PUBLIC WORKSHOP
FOR ERRATA TO LCB FILE NO. R002-22

NOTICE IS HEREBY GIVEN that the Division of Public and Behavioral Health will hold a public workshop to consider an errata to proposed regulation legislative counsel bureau (LCB) File No. R002-22 amending Nevada Administrative Code (NAC) Chapter 441A in accordance with Senate Bill (SB) 211 of the 2021 Legislative Session and Nevada Revised Statutes (NRS) 441A.

The workshop will be conducted via videoconference and will have a call-in option available beginning at 10:00 AM on Monday, July 18, 2022, by using the information provided below to join on your computer or by calling in via telephone. If you have difficulties joining in by computer, you can call in utilizing the number below:

Microsoft Teams meeting

Join on your computer or mobile app
Click here to join the meeting - https://teams.microsoft.com/l/meetup-join/19%3aa19598c9963743aaa8e64e331c8e342c%40thread.skype/1656516267095?context=%7b%22Tid%22%3a%22e4a340e6-b89e-4e68-8eaa-1544d2703980%22%2c%22Oid%22%3a%228f8a0486-03d9-4431-9c80-8cafa9f2d92e%22%7d

Or call in (audio only)
+1 775-321-6111 - United States, Reno
+1 702-329-3435 - United States, Las Vegas
Phone Conference ID: 413 766 499#

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

AGENDA

1. Introduction of the workshop process
2. Public comment on errata to proposed regulation LCB file no. R002-22 amending Nevada Administrative Code Chapter 441A in accordance with Senate Bill (SB) 211 of the 2021 Legislative Session and Nevada Revised Statutes (NRS) Chapter 441A.
3. Public Comment

The proposed changes will revise Nevada Administrative Code (NAC) Chapter 441A in accordance with Senate Bill (SB) 211 of the 2021 Legislative Session and Nevada Revised Statutes (NRS) Chapter 441A.

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

Current regulations do not outline the requirement to consult with patients about whether they wish to be tested for HIV or STDs. The proposed regulation will update and require certain emergency medical service providers in a hospital or primary care setting to inquire if their patient would like HIV or STD testing. Additionally, the medical provider must assist the patient in obtaining a test(s) where practical and medically indicated. The errata further defines when a test is medically indicated, under these provisions.

There are several public health reasons for bringing this change forward:

1) Nevada ranked 5th for the highest rates of HIV diagnoses in 2019.
2) Nevada ranked 1st for Primary and Secondary Syphilis in 2019.
3) Nevada ranked 4th for Congenital Syphilis in 2019.
4) Nevada ranked 17th for Chlamydia in 2019.
5) Nevada ranked 15th for Gonorrhea in 2019.

Additionally:

- The Centers for Disease Control and Prevention (CDC) recommends that individuals between the ages of 13 and 64 get tested for HIV and STD as part of routine health care.
- The CDC also recommends more frequent screening of HIV and STDs (e.g. once every 3 or 6 months) for individuals with increased risk of infections.
- The United States Preventive Services Task Force (USPSTF) provides a "Grade A" recommendation that clinicians screen for HIV and STDs in adolescents and adults aged 15 to 65 years. Younger adolescents and older adults who are at increased risk of infection should also be screened.

1. Anticipated effects on the business and on the general public:
   A. *Adverse effects*: The Division of Public and Behavioral Health does not anticipate any adverse/negative impacts to businesses or the general public in the State of Nevada. It would also eliminate patients' need or awkwardness/shyness to self-advocate for HIV and STD testing.
   B. *Beneficial:* The positive/beneficial effects of SB 211 to businesses in the State of Nevada would be increased billing for HIV and STDs.
   C. *Immediate:* As soon as the proposed regulations become effective, it would increase opportunities for testing HIV and STDs across Nevada. Additionally, it would create an open dialogue with medical providers regarding any behaviors impacting their patient's health. All insurances in Nevada are required to cover HIV and STD testing following USPSTF and CDC Guidelines.
   D. *Long-term:* The long-term positive/beneficial of SB 211 effects to the public in the State of Nevada will reduce the future cost of medical care and treatment of late diagnosis of HIV and STDs. Additionally, it will destigmatize HIV and STDs among medical providers and the public. Lastly, this bill will decrease HIV and STD occurrence in the State of Nevada and potentially end the HIV epidemic in Nevada.

2. These proposed regulations will not add any costs to the current regulatory enforcement activities conducted

by the Division of Public and Behavioral Health. Additionally, the proposed regulations do not provide for a new fee or increase any existing fee.

The proposed regulations are not duplicative or more stringent than any federal, state, or local standards.

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 Preston Nguyen Tang at the Division of Public and Behavioral Health at the following address:

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

Members of the public who require special accommodations or assistance at the workshops are required to notify Preston Nguyen Tang, Health Program Specialist I, in writing to the Division of Public and Behavioral Health, 1840 East Sahara Avenue Suite 110-111 Las Vegas, NV 89104, by calling 775-684-1030 or via email at: ptang@health.nv.gov at least five (5) working days prior to the date of the public workshop.

You may contact Preston Nguyen Tang by calling (702) 486-6488 or via email at ptang@health.nv.gov for further information on the proposed regulations or how to obtain copies of the supporting documents.

A copy of the notice and proposed regulations are posted and on file for inspection and/or may be copied at the following locations during normal business hours:

1. Nevada Division of Public and Behavioral Health - 4150 Technology Way, Suite# 300 Carson City, NV 89706
2. Nevada Division of Public and Behavioral Health - 1840 East Sahara Avenue Suite 110-111 Las Vegas, NV 89104
3. Nevada State Legislature - 401 S Carson St, Carson City, NV 89701
4. Southern Nevada Health District - 280 S Decatur Blvd, Las Vegas, NV 89107
5. Washoe County Health District - 1001 E 9th St B, Reno, NV 89512

A copy of the regulations and small business impact statement can be found on-line by going to:
https://dpbh.nv.gov/Programs/HIV/dta/Policies/HIV_Regulation_Development_Processes/

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.

Errata to Proposed Regulation of the State Board of Health
LCB File No. R002-22 / Senate Bill 211 (BDR 40-563) Public Workshop
Monday, July 18, 2022 - 10:00 AM

Teams Teleconference

COMMUNITY MEMBERS PRESENT:
Victoria M. Young, Pacific AIDS Education Training Center
Jennifer Bennett, Pacific AIDS Education Training Center
Andre Wade, Silver State Equality
Linda Anderson, Esq., Nevada Public Health Foundation
Dr. Cheryl Radeloff, Southern Nevada Health District
Mona Lisa Paulo, LGBTQIA+ Community Center of Southern Nevada
John (Rob) Phoenix, Huntridge Family Clinic
Octavio Posada, University of California, San Francisco - Clark County Social Service, Office of HIV (Contractor)
Natalie Kuhner, Gilead Sciences
Hazel Gusman, University Medical Center (UMC)

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH STAFF PRESENT:
Tory Johnson, HIV/AIDS Program Manager
Lyell Collins, Health Program Specialist II
Preston Nguyen Tang, Health Program Specialist I
Caress Baltimore, Health Resource Analyst II
Yolanda Littleton, Accounting Assistant III
M. Gabriel Colbaugh, Program Officer I
Marques Thompson, Management Analyst I
Sarah Cowan, Health Program Specialist I

1. **Call to Order, Roll Call (10:03 AM)–** *Preston Nguyen Tang*

2. **Teleconference Etiquettes –** *Preston Nguyen Tang*

3. **Senate Bill 211 Summary and Public Workshop Overview –** *Preston Nguyen Tang*

4. **Written Testimony –** Preston Nguyen Tang
   Read written testimony from Huntridge Family Clinic; support for this legislation; Provide examples of missed opportunities within Clark County. (See Attached).

5. **Public Comment (10:29 AM) –** *Preston Nguyen Tang*
    - Linda Anderson, Esq. – Nevada Public Health Foundation, Foundation thanks the state for proceeding with these regulations. Linda believes the concern express by Board of Health what it means to be "medically indicated" is a concern for medical reimbursement. Suggest the state provide information regarding surveillance/diagnostic testing, what codes to bill, and what reimbursement is provided will assist facilities;
    - John Phoenix – Huntridge Family Clinic, During the initial legislative discussion the Nevada Osteopathic Medical Association provided a statement of opposition, and their statement is flawed in its logic. John quoted opposition statement regarding ER STD results will not be completed before conclusion of visit. This place the ordering physician in a situation where he/she is responsible for the results, even though they have left the facility. Emergency providers are in this relationship with hospital and have the mechanisms for providing results to patient after they are release from a hospital. Example includes patients presents with urinary tract infection - urine analysis culture for reflux doesn't return within 48-72 hours. There are structure and policy in place where hospital staff and/or provider contact the patient to inform patients of diagnostics test results and provide additional treatment options. Blood cultures or wound cultures are another example where results are not known until 48-72 hours. Other concern from the Nevada Osteopathic Medical Association was in regard to referral – Example is pregnancy test coming back positive. Standard of care would be to refer them to a gynecologist, but the argument doesn't relieve provider of the responsibility for following up. This could be applied to HIV/STD testing as well. Just because you are providing a referral, doesn't mean the patient is going to go. This bill talks about plan for referrals. Elevate level of concern. This strategy that can easily be in implemented, will help reduce infections, and engage patients in testing;
    - Andre Wade – Silver State Equality, in support of SB 211 and echo previous comments by attendees;
    - Jennifer Bennett – Pacific Education and Training Center Nevada, one comment in support of Rob Phoenix comment that any ER in opposition to screening in an emergency setting is that there is evidence of ERs across the country are taking this on and successful, even UMC in own state in which program is in place to do screening in ER and have been finding cases that supports finding cases in emergency setting;
    - Hazel Gusman – From University Medical Center (Nurse Navigator) – very successful with offering HIV Testing in all urgent cares, very successfully with opt-in testing in ER since December 2018. Support SB 211;
    - Dr. Cheryl Radeloff – SNHD, reading through meeting minutes for joint HIV prevention planning groups (HPPG) meeting, and identified both HPPG planning groups in support of SB 211 with a letter sent acknowledging support of SB 211.

6. **Adjournment –** *Preston Nguyen Tang*
   Meeting adjourned at 10:40 AM

Public Comment

ERRATA to LCB file# R002-22

I am writing this workshop committee to express my support of this legislative initiative. I also want the committee to be aware of my interest in helping to put this legislation into effect through participation in workshops and committees and possibly as a committee member on this issue.

I also have some questions/concerns about the workshop as posted.

1. The 3rd paragraph of page 2 starts with "current regulations do not outline…." I ask that the committee refer to the USPTF recommendations for HIV and Hepatitis C testing, level A recommendations for when these tests should be offered, and the population impacted under those recommendations.
2. At the end of that same paragraph, the statement "medically indicated" will create a barrier to patient access. Specifically, emergency department providers are not offering access to HIV, even when it is "medically indicated." Here are real-world examples of missed opportunities from the Clark County medical system.
    a. Your symptoms indicate that you have HIV, but we don't test for that at this hospital ED (newly diagnosed HIV patient when he presented for care at an Emergency Department in Las Vegas, NV, in 2021). This young man is living with HIV and thriving, despite being offered "medically indicated" testing and referral for treatment.
    b. You have "COVID" despite having negative COVID testing. This patient presented with all the symptoms of the acute viral syndrome, including rash, body aches, diarrhea, and weight loss, but was not offered HIV testing in a Las Vegas emergency department. This patient had two visits to the ED with different providers for the same complaint and was never offered HIV testing.
    c. A 23-year-old Black MSM who presented to 2 urgent care and had 2 ED visits for symptoms suggestive of HIV infection for over one month was only offered and tested for COVID. He presented to the Gay and Lesbian Center Sexual Health Clinic for HIV testing. His point of care testing was reactive for HIV. On his subsequent initial labs, his CD4 count is 41.
    d. A female patient presented to local urgent care two times for viral illness symptoms and sore throat. They were tested for strep throat with an office-based rapid strep, negative,

and treated with steroids and an injection for gonorrhea. They returned for a follow-up with continuing symptoms and were offered more steroids, but no offering of an HIV test or conversation about sexual health, despite being "medically indicated." She presented to the clinic for follow-up and had a positive HIV antigen/antibody by laboratory analysis.

e. Black bi-sexual males with over 25 visits to local medical clinics, urgent care, and ER use the same EMR for sexual health concerns (burning with urination, penile discharge, pharyngitis). Evaluated and treated for sexually transmitted infections such as gonorrhea and chlamydia by multiple providers in those 26 visits and NEVER tested for HIV. Further, in a review of his records, no documentation about a sexual health history was present. Fortunately, when he tested for HIV, it was negative. Therefore, BMSM has a 1:2 lifetime risk of HIV acquisition.
f. A 52-year-old Black man presented to a local emergency department multiple times over four months for abdominal pain, weight loss, and diarrhea but was never offered an HIV test. He regularly visited his primary care provider monthly for medication management for chronic pain and hypertension for several years. He had multiple orthopedic surgeries over the past three years while living in Las Vegas. When tested in the emergency department, that test identified that he was living with HIV. His initial response was, "so now I'm gay" because I HIV? He also insisted that he had been tested every time he had orthopedic surgery. On review of his past laboratory results, operative reports, pre-procedural history, and physical, there was no evidence of any testing for HIV. He was angry with the surgeons but failed to recognize that his PCP had also failed to test him as part of the USPTF guidelines recommending that everyone 15-64 should be tested at least once in their life for HIV.
g. Our clinic has six patients who are all newly diagnosed with HIV that had at least one visit to a local ED or Urgent Care and were told they had COVID but never offered an HIV test. All 6 had a positive point of care testing in our office during their initial clinic visit.
h. A 48 year Latino female presented to the ED with fever and body aches post a colposcopy at her GYN office. The colposcopy was performed due to the presence of High-Grade CIN on her annual PAP smear. Despite living most of her life in an area with a high prevalence of HIV among women, there was no conversation about the risk for HIV along with no offer of HIV testing. In the ED, her laboratory-based HIV test was reactive. She is thriving with HIV, undetectable, and her cervical cancer concerns are being adequately addressed following evidence-based guidelines for cervical cancer screening in women living with HIV.

When "medically indicated" statements are listed, evidence shows that the patient and the community fail to achieve the intended outcomes.

3. There is no mention in these workshop documents about testing for Hepatitis C or HPV, sexually transmitted infections that are increasing in prevalence throughout the US and especially in Clark County. Through our collaborative testing partnerships with local substance treatment facilities, we identified 46 Hepatitis C-positive patients during May. These numbers continue to increase as we expand access to testing.
4. In the fourth section of this document, you list the high rates of the different STIs in Nevada. While these numbers are alarming, their actual impact is understated and under-recognized in the medical community in Nevada. Here are examples of missed opportunities to test for syphilis, specifically in Clark County.
    a. 36-year-old male presents to a local Urgent Care on two separate occasions for a rash that started on his back, covers his chest and arms, and is on his palms and soles of feet. On visit one, he has prescribed steroids for an "allergic reaction." On visit two, which occurred one week later as a follow-up since the rash had not resolved, he was told it might be a fungal infection and had a very extensive physical exam of the rash using ultraviolet light. He also reported that the provider was not affirming his sexual health history, which caused the patient to disengage from the conversation. He presented to the clinic for follow-up. His initial test for syphilis was positive, and his initial titer was 1:16. He had tested in 2020 and was negative.
    b. The patient presents to a local ED for a rash on the palms of their hands, arms, and upper body. They were treated for an allergic reaction with steroid cream. A sexual health history and testing for HIV or syphilis were not performed. However, his initial syphilis test at our office confirmed a new secondary syphilis infection.
5. In item 1, anticipated effects on business and the general public, item A, this legislation can potentially decrease the stigma associated with STI testing and impact, in an affirming way, public access to testing for STI.
6. While not the original intent of this legislation, there is no mention in this workshop about HIV prevention education and access to condoms, biomedical interventions for HIV prevention, or counseling for person-centered counseling around opportunities to maintain their HIV-negative status.
7. In the May 2022 MCAC meeting, Preston Tang presented this legislation. As a committee member, my comments are on record about the provider and hospital's concern over testing costs and the perceived lack of reimbursement for testing in the ED. This concern is based mainly on the "bundled payments" that hospitals receive from insurance companies based on DRGs. Although Lyle Collins pointed out in the initial meeting conducted on SB211 earlier this year, no comments were raised about this; these are legitimate concerns expressed by providers and hospitals.
8. While not necessarily the workshop's intent, this legislation lacks real enforcement possibilities. In addition, although the bill addresses the respective professional boards responsible for

developing a response around non-compliance, there is nothing legislation supporting provider compliance.

9. While not necessarily the intent of this workshop, there is no mention of any educational component or requirement related to Sexual health history taking, gender-affirming, and culturally competent care provision around this sensitive topic. There is also no requirement for provider education, so providers provide the most current evidence-based education, testing, and treatment guidelines. Providers are still not following, in many cases, the revised STI testing guidelines released by the CDC in July 2021. For example, providers are consistently not administering the increased doses of ceftriaxone for gonorrhea and not prescribing doxycycline for chlamydia instead of the older recommendation of azithromycin. Providers are not offering three sites, or extragenital testing, for STIs. Providers are still collecting "clean catch" urine samples for STI testing, invalidating the results. STI testing that is urine based has to be collected as a first void or "dirty catch" sampling technique.

In closing, the items I am addressing in this letter to the committee highlight the missed opportunities this legislative initiative needs to address. Education to providers surrounding this critical and sensitive topic must be included if we are to make any meaningful impact in improving access to STI testing, which is a goal of this legislation. This legislation is an excellent first step toward the concept of STI. Enhancements in the future need to include conversations around strategies such as"getting to zero" for new HIV infections, "ending the HIV epidemic," preventing congenital syphilis, and stemming the tide of our STI epidemic in Nevada and across the globe.

Respectfully;

John Phoenix, MSN, APRN, FNP-C

Cell 702-523-9025

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) 441A in accordance with Senate Bill (SB) 211 of the 2021 Legislative Session and Nevada Revised Statutes (NRS) 441A.

The workshop will be conducted via videoconference and will have a call-in option available beginning at 1:00 PM on Thursday, January 6, 2022, by using the information provided below to join on your computer or by calling in via telephone. If you have difficulties joining in by computer, you can call in utilizing the number below:

Microsoft Teams meeting

Join on your computer or mobile app
Click here to join the meeting: https://teams.microsoft.com/l/meetup-join/19%3aa19598c9963743aaa8e64e331c8e342c%40thread.skype/1638309396699?context=%7b%22Tid%22%3a%22e4a340e6-b89e-4e68-8eaa-1544d2703980%22%2c%22Oid%22%3a%228f8a0486-03d9-4431-9c80-8cafa9f2d92e%22%7d

Or call in (audio only)
+1 775-321-6111 - United States, Reno
+1 702-329-3435 - United States, Las Vegas
Phone Conference ID: 731 899 534#

These workshops 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 441A (NAC 441A) in accordance with Senate Bill (SB) 211 of the 2021 Legislative Session and Nevada Revised Statutes (NRS) 441A.
3. Public Comment

The proposed changes will revise Nevada Administrative Code (NAC) Chapter 441A in accordance with Senate Bill (SB) 211 of the 2021 Legislative Session and Nevada Revised Statutes (NRS) Chapter 441A.

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

Current regulations do not outline the requirement to consult with patients about whether they wish to be tested for HIV or STDs. The proposed regulation will update and require certain emergency medical service providers in a hospital or primary care setting to inquire if their patient would like HIV or STD testing. Additionally, the medical provider must assist the patient in obtaining a test(s) where practical and medically indicated.

There are several public health reasons for bringing this change forward:

1) Nevada ranked 5th for the highest rates of HIV diagnoses in 2019.
2) Nevada ranked 1st for Primary and Secondary Syphilis in 2019.
3) Nevada ranked 4th for Congenital Syphilis in 2019.
4) Nevada ranked 17th for Chlamydia in 2019.
5) Nevada ranked 15th for Gonorrhea in 2019.

Additionally:

- The Centers for Disease Control and Prevention (CDC) recommends that individuals between the ages of 13 and 64 get tested for HIV and STD as part of routine health care.
- The CDC also recommends more frequent screening of HIV and STDs (e.g. once every 3 or 6 months) for individuals with increased risk of infections.
- The United States Preventive Services Task Force (USPSTF) provides a "Grade A" recommendation that clinicians screen for HIV and STDs in adolescents and adults aged 15 to 65 years. Younger adolescents and older adults who are at increased risk of infection should also be screened.

1. Anticipated effects on the business and on the general public:
   A. *Adverse effects*: The Division of Public and Behavioral Health does not anticipate any adverse/negative impacts to businesses or the general public in the State of Nevada. It would also eliminate patients' need or awkwardness/shyness to self-advocate for HIV and STD testing.
   B. *Beneficial:* The positive/beneficial effects of SB 211 to businesses in the State of Nevada would be increased billing for HIV and STDs.
   C. *Immediate:* As soon as the proposed regulations become effective, it would increase opportunities for testing HIV and STDs across Nevada. Additionally, it would create an open dialogue with medical providers regarding any behaviors impacting their patient's health. All insurances in Nevada are required to cover HIV and STD testing following USPSTF and CDC Guidelines.
   D. *Long-term:* The long-term positive/beneficial of SB 211 effects to the public in the State of Nevada will reduce the future cost of medical care and treatment of late diagnosis of HIV and STDs. Additionally, it will destigmatize HIV and STDs among medical providers and the public. Lastly, this bill will decrease HIV and STD occurrence in the State of Nevada and potentially end the HIV epidemic in Nevada.

2. These proposed regulations will not add any costs to the current regulatory enforcement activities conducted by the Division of Public and Behavioral Health. Additionally, the proposed regulations do not provide for a

new fee or increase any existing fee.

The proposed regulations are not duplicative or more stringent than any federal, state, or local standards.

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 Preston Nguyen Tang at the Division of Public and Behavioral Health at the following address:

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

Members of the public who require special accommodations or assistance at the workshops are required to notify Preston Nguyen Tang, Health Program Specialist I, in writing to the Division of Public and Behavioral Health, 1840 East Sahara Avenue Suite 110-111 Las Vegas, NV 89104, by calling 775-684-1030 or via email at: ptang@health.nv.gov at least five (5) working days prior to the date of the public workshop.

You may contact Preston Nguyen Tang by calling (702) 486-6488 or via email at ptang@health.nv.gov for further information on the proposed regulations or how to obtain copies of the supporting documents.

A copy of the notice and proposed regulations are posted and on file for inspection and/or may be copied at the following locations during normal business hours:

1. Nevada Division of Public and Behavioral Health - 4150 Technology Way, Suite# 300 Carson City, NV 89706
2. Nevada Division of Public and Behavioral Health - 1840 East Sahara Avenue Suite 110-111 Las Vegas, NV 89104
3. Nevada State Legislature - 401 S Carson St, Carson City, NV 89701
4. Southern Nevada Health District - 280 S Decatur Blvd, Las Vegas, NV 89107
5. Washoe County Health District - 1001 E 9th St B, Reno, NV 89512

A copy of the regulations and small business impact statement can be found on-line by going to:
https://dpbh.nv.gov/Programs/HIV/dta/Policies/HIV_Regulation_Development_Processes/

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 may also be obtained from any of the public libraries listed below:

Carson City Library
900 North Roop Street
Carson City, NV 89702

Churchill County Library
553 South Main Street
Fallon, NV 89406

White Pine County Library
950 Campton Street
Ely, NV 89301-1965

Clark County District Library
1401 East Flamingo Road
Las Vegas, NV 89119

Douglas County Library
1625 Library Lane
Minden, NV 89423

Elko County Library
720 Court Street
Elko, NV 89801

Esmeralda County Library
Corner of Crook and 4th Street
Goldfield, NV 89013-0484

Eureka Branch Library
80 South Monroe Street
Eureka, NV 89316-0283

Henderson District Public Library
280 South Green Valley Parkway
Henderson, NV 89012

Humboldt County Library
85 East 5th Street
Winnemucca, NV 89445-3095

Lander County Library
625 South Broad Street
Battle Mountain, NV 89820-0141

Lincoln County Library
93 Maine Street
Pioche, NV 89043-0330

Lyon County Library
20 Nevin Way
Yerington, NV 89447-2399

Mineral County Library
110 1st Street
Hawthorne, NV 89415-1390

Pahrump Library District
701 East Street
Pahrump, NV 89041-0578

Pershing County Library
1125 Central Avenue
Lovelock, NV 89419-0781

Storey County Library
95 South R Street
Virginia City, NV 89440-0014

Tonopah Public Library
167 Central Street
Tonopah, NV 89049-0449

Washoe County Library
301 South Center Street
Reno, NV 89505-2151

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.

Senate Bill 211 (BDR 40-563) Public Workshop

Thursday, January 6, 2022 - 1:00 PM

APPROVED

Teams Teleconference

COMMUNITY MEMBERS PRESENT:

Dominque Seck, Office of Minority Health and Equity
- Email: dseck@dhhs.nv.gov

Cassandra Mahor, Southern Nevada Health District
- Email: major@SNHD.ORG

Linda Anderson, Nevada Public Health Foundation
- Email: lindaa@nphf.org

Steve Messenger, Nevada Primary Care Association
- Email: smessinger@nvpca.org

Tyler Shaw, Ferrari Reeder Public Affair
- Email: N/A

Valerie Balen, Belz and Case Government Affairs
- Email: N/A

Victoria M. Young, Pacific AIDS Education Training Center
- Email: victoriay@unr.edu

Andre Wade, Silver State Equality
- Email: N/A

K, (Unknown)
- Email: N/A

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH STAFF PRESENT:

Tory Johnson, HIV/AIDS Program Manager
Lyell Collins, Health Program Specialist II
Preston Nguyen Tang, Health Program Specialist I
Marla Robinson, Management Analyst II
Caress Baltimore, Health Resource Analyst II

1. **Call to Order, Roll Call –** *Preston Nguyen Tang*

2. **Teleconference Etiquettes –** *Preston Nguyen Tang*

3. **Senate Bill 211 Summary–** *Preston Nguyen Tang*

The proposed changes will revise Nevada Administrative Code (NAC) Chapter 441A in accordance with Senate Bill (SB) 211 of the 2021 Legislative Session and Nevada Revised Statutes (NRS) Chapter 441A. The proposed regulations stem from the passage of Senate Bill (SB) 211 (formerly Bill Draft Request [BDR] 40-563), which was introduced during the 2021 Nevada 81st Legislative Session and signed by Governor Steve Sisolak on June 4, 2021. The bill establishes requirements relating to testing for sexually transmitted diseases (STD) and human immunodeficiency virus (HIV). The proposed regulations will update NAC Chapter 441A in accordance with the requirements set forth in SB 211. Current regulations do not outline the requirement to consult with patients about whether they wish to be tested for HIV or STDs. The proposed regulation will update and require certain emergency medical service providers in a hospital or primary care setting to inquire if their patient would like HIV or STD testing. Additionally, the medical provider must assist the patient in obtaining a test(s) where practical and medically indicated.

4. **Public Workshop Overview –** Preston Nguyen Tang
    - Preston discussed the process and contact information.
    - If anyone needs copies of the public workshop notice, Small business impact statement, or the proposed regulations. Email ptang@health.nv.gov at ptang@health.nv.gov or you can visit our website dpbh.nv.gov

5. **Public Comment –** *Preston Nguyen Tang*

    No Public Comment was made by community members attending the public workshop.

6. **Adjournment –** *Preston Nguyen Tang*

    Meeting adjourned at 1:17 PM

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. R002-22)

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). This public hearing is to be held in conjunction with the State Board of Health meeting on September 2, 2022.

The State Board of Health will be conducted via videoconference beginning at 9:00 AM on Friday, September 2, 2022: https://t[illegible]icrosoft.com/l/meetup-join/19%3ame[illegible]ng_YT[illegible]hMmY4MDMtNmIxNC00OWYyLThkZmQtZWY4ZGI5ZGNhNDY1%40thread.v2/0?context=%[illegible]%22Tid%22[illegible]%22e4a340e6-b89e-4e68-8eaa-1544d270398[illegible]%22%2c%[illegible]%22%3a%22455656b7-d121-4709-ba81-3f70d51b1100%22%7d

Or call in (audio only)
+1 775-321-6111
Phone Conference ID: 655 825 [illegible]#

CANCELLED

The proposed changes to Nevada Administrat[illegible] Code (N[illegible]) [illegible]apter 441A are required in accordance with Senate Bill (SB) 211 of the 2021 Legislative S[illegible]ion and [illegible]vada Re[illegible]sed Statutes (NRS) Chapter 441A. Senate Bill (SB) 211 (formerly Bill Draft Request [BDR] 40-5[illegible]) was int[illegible]uced during the 2021 Nevada 81st Legislative Session and signed by Governor Steve Siso[illegible]on Jun[illegible]4, 2021[illegible]he bill establishes requirements relating to testing for sexually transmitted diseases (STD) and h[illegible]man imm[illegible]nodefici[illegible]cy virus (HIV). The proposed regulations will update NAC Chapter 441A in accordan[illegible]vit[illegible]he requi[illegible]men[illegible]set forth in SB 211. Current regulations do not outline the requirement to consult with pati[illegible]about [illegible]ther th[illegible]ish to be tested for HIV or STDs.

The proposed changes to NAC Chapter 441A include the following:

- Adopts by reference certain federal guidelines concerning testing for sexuall[illegible]nsmitted diseases and offering culturally and linguistically appropriate services;
- Requires a physician, physician assistant, advanced practice registered nurse or midwife to follow the procedures set forth in such guidelines when determining which tests for sexually transmitted diseases are medically indicated;
- Requires a physician, physician assistant, advanced practice registered nurse or midwife to document in the record of the patient: (1) whether any tests were offered and, if so, which tests were offered; and (2) whether the patient agreed to the performance of each test that was offered;
- Requires a physician, physician assistant, advanced practice registered nurse or midwife to communicate with patients concerning such tests in accordance with federal guidelines concerning the provision of culturally and linguistically appropriate services; and
- Makes conforming changes to avoid duplicative reference to acquired immune deficiency syndrome and the human immunodeficiency virus.
- The errata further defines when a test is medically indicated, under these provisions.

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

A. *Adverse effects*: The Division of Public and Behavioral Health does not anticipate any adverse/negative impacts to businesses or the general public in the State of Nevada.

B. *Beneficial*: The positive/beneficial effects of the proposed regulations to businesses in the State of Nevada would be increased billing for HIV and STDs testing.

C. *Immediate*: As soon as the proposed regulations become effective, it would increase opportunities for testing HIV and STDs across Nevada. All insurances in Nevada are required to cover HIV and STD testing following United States Preventive Services Taskforce (USPSTF) and the Centers for Disease Control and Prevention (CDC) Guidelines.

D. *Long-term*: The long-term positive/beneficial effects of SB 211/ R002-22 to businesses in the State of Nevada include reduction in the future cost of medical care and treatment of late diagnosis of HIV and STDs.

2. Anticipated effects on the public:

A. *Adverse effects*: The Division of Public and Behavioral Health does not anticipate any adverse/negative impacts to the general public in the State of Nevada.

B. *Beneficial*: The proposed regulations will eliminate patients' need to self-advocate for HIV and STD testing.

C. *Immediate*: It will create an immediate dialogue with medical providers regarding any behaviors impacting their patient's health.

D. *Long-term*: The long-term positive/beneficial effects to the public include a reduction of the future cost of medical care and treatment of late diagnosis of HIV and STDs. Additionally, it will destigmatize HIV and STDs among medical providers and the public. Lastly, these regulations will decrease HIV and STD occurrence in Nevada and potentially end the HIV epidemic in Nevada.

3. The Division of Public and Behavioral Health determined the impact on small businesses by soliciting responses through the Public Workshop and Small Business Impact (SBI) questionnaire. The SBI Statement was solicited via email to multiple listservs targeting medical providers, health facilities, professional MD/DO/NP associations, and more. Additionally, the information for the Public Workshop, SBI questionnaire, SBI Statement was also provided online via the State of Nevada, Office of HIV - Regulation Development Processes Website (Link: https://dpbh.nv.gov/Programs/HIV/dta/Policies/HIV_Regulation_Development_Processes/) and posted at the local health authorities offices. Interested parties could also request a physical copy via email (sent via mail) or in person at our office or the local health departments. The Division of Public and Behavioral Health did not receive any negative feedback regarding the proposed regulations.

4. These proposed regulations will not add any costs to the current regulatory enforcement activities conducted by the Division of Public and Behavioral Health.

4. The proposed regulations do not overlap or duplicate federal, state, or local standards.

5. The proposed regulations do not establish a new fee nor increases an existing fee.

CANCELLED

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 5 DAYS BEFORE MEETING DATE 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 maybe copied at the following locations during normal business hours:

1. Nevada Division of Public and Behavioral Health - 4150 Technology Way, Suite# 300 Carson City, NV 89706
2. Nevada Division of Public and Behavioral Health - 1840 East Sahara Avenue Suite 110-111 Las Vegas, NV 89
3. Southern Nevada Health District 280 S Decatur Blvd, Las Vegas, NV 89107
4. Washoe County Health District 100 E 9th St B, Reno, NV 89512

A copy of the regulations and small business impact statement can be found on-line by going to:
https://dpbh.nv.gov/Programs/HIV/dta/Policies_HIV_Regulations_Development_Processes/

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

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 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.

CANCELLED

SMALL BUSINESS IMPACT STATEMENT 2021

PROPOSED AMENDMENTS TO Nevada Administrative Code (NAC) 441A

The Division of Public and Behavioral Health (DPBH) has determined that the proposed amendments to the Nevada Administrative Code (NAC), specifically 441A, will not have a financial impact upon a small business or 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 one (1), two (2), three (3), and four (4) below and provides the reasons for the conclusions of the agency in section eight (8) below followed by the certification by the person responsible for the agency.

Background

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

Current regulations do not outline the requirement to consult with patients about whether they wish to be tested for HIV or STDs. The proposed regulation will update and require certain emergency medical services providers in a hospital or primary care setting to inquire if their patients would like HIV or STD testing. Additionally, the medical provider assists the patient in obtaining a test(s) where practical and medically indicated.

There are several reasons for bringing this change forward:

1) Nevada ranked 5th for the highest rates of HIV diagnoses in 2019.
2) Nevada ranked 1st for Primary and Secondary Syphilis in 2019.
3) Nevada ranked 4th for Congenital Syphilis in 2019.
4) Nevada ranked 17th for Chlamydia in 2019.
5) Nevada ranked 15th for Gonorrhea in 2019.

Additionally:

- The Centers for Disease Control and Prevention (CDC) recommends that individuals between the ages of 13 and 64 get tested for HIV and STD as part of routine health care.

- The CDC also recommends more frequent screening of HIV and STDs (e.g. once every 3 or 6 months) for individuals with increased risk of infections.
- The United States Preventive Services Task Force (USPSTF) provides a "Grade A" recommendation that clinicians screen for HIV and STDs in adolescents and adults aged 15 to 65 years. Younger adolescents and older adults who are at increased risk of infection should also be screened.

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

A web-based Small Business Impact Questionnaire and a copy of the proposed regulation changes were sent on Wednesday, November 3, 2021. 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

Out of the small-business impact questionnaires sent out when the questionnaire was distributed, one (1) response was recorded as received.

How many employees are currently employed by your business?	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?
21	Yes - 0 No – 1	Yes - 1 No - 0	Yes - 0 No - 1	Yes - 1 No - 0

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

An online small business impact questionnaire was disseminated via email on Wednesday, November 3, 2021, and responses were received and reviewed. All questionnaire responses were conducted via the web, and none were received via email or mail. The proposed regulations, as well as existing regulations, were reviewed. The Health Program Specialist II, Health Program Specialist I, and the Office of HIV Section Manager analyzed the information from the questionnaire to determine if the proposed regulation had an impact on small businesses or if it was existing regulations having an effect and was used to develop this small business impact statement.

A public workshop will be scheduled at a future date to continue to obtain feedback on the proposed regulations during the regulatory development process.

2) 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.

- Direct beneficial effects:
  - All insurances in the State of Nevada are required to cover HIV and STD testing following USPSTF and CDC Guidelines.
    - Medical providers can bill for HIV and STD testing.

- Indirect beneficial effects:
  - Increase HIV and STD testing statewide.
  - Increase diagnosis and treatment of HIV and STD.
  - Decrease stigma related to HIV and STD.

- Direct adverse effects:
  - No significant direct adverse economic effects are anticipated.

3) 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 businesses to provide input and comments regarding the proposed SB 211 regulations, including the economic impact the proposed regulations may have on their business. Responses to the proposed regulation have been favorable.

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

These proposed regulations will not add any costs to the current regulatory enforcement activities conducted by the Office of HIV.

5) 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 any existing fee.

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

The proposed regulations are not duplicative or more stringent than any federal, state or local standards.

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

In summary, the proposed regulations SB 211, in carrying out the provisions of NAC 441A, will not cause an adverse financial impact on the programs and/or small businesses. SB 211 will significantly benefit residents within the State of Nevada by:

1) Destigmatizing HIV and STDs.
2) Increasing opportunities for testing of HIV and STDs.
3) Providing an earlier diagnosis for HIV and STDs.
4) Reducing the future cost of medical care and treatment of late diagnosis of HIV and STDs.

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

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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: 12/2/2021