

EXECUTIVE ORDER

2023-003 REPORT

MAY 1ST, 2023

Submitted on behalf of:

Nevada Division of Public and Behavioral Health
Nevada State Board of Health

Joe Lombardo
Governor

Lisa Sherych
Administrator

Richard Whitley, MS
Director

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



EXECUTIVE ORDER 2023-003 TEMPLATE

Name of department, agency, board, or commission: Division of Public and Behavioral Health

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Section 1 - Comprehensive Review of Regulations / Section 3 - Mandatory Meeting and Report

The above-named department, agency, board, or commission conducted a comprehensive review of the regulations subject to its enforcement that can be streamlined, clarified, reduced, or otherwise improved to ensure those regulations provide for the general welfare of the State without unnecessarily inhibiting economic growth. The regulations identified for Section 1 of Executive Order 2023-03 are listed below with the information as required on page 1 of the instruction sheet on the following pages of the report:

Regulation/ Information as required on page 1	Page number
1. NAC 228.100 - .150	Pgs. 4-10
2. NAC 394.250	Pg. 11
3. NAC 432	Pg. 12
4. NAC 442	Pgs. 13-14
5. NAC 445A.2268, 450 - .459, .485, .488 - .492, .495, .497 - .509, .510, .514 - .519, .520 - .526, .527 - .533, .534 - .540, .542 - .6185, .6195 - .620, .621 - .6225, .623 - .624, .625 - .626, .629, .630 - .633, .639 - .65845, .6585 - .6642, .66425 - .6663, .66633 - .67521, .67523 - .67524, .67525 - .67587, .67588 - .67644	Pgs. 15-17
6. NAC 449	Pgs. 18-38
7. NAC 450B	Pgs. 39-41
8. NAC 458	Pgs. 42-43
9. NAC 625A	Pg. 44
10. NAC 640D	Pg. 45
11. NAC 640E	Pg. 46
12. NAC 652	Pgs. 47-49

Section 2 – Regulation for Removal / Section 3 – Mandatory Meeting and Report

The above-named department, agency, board or commission conducted a comprehensive review of the regulations subject to its enforcement and identified the following ten (10) or more regulations recommended for removal. The regulations identified for Section 2 of Executive Order 2023-03, ranked in descending order of priority, are listed below with the information as required on page 1 of the instruction sheet on the following pages of the report:

Regulation/Information as required on page 1	Page number
1. NAC 228.101	Pg. 4
2. NAC 228.102 (1)(b)	Pg. 4
3. (NAC 228) LCB File No. R071-20 Section 6 (10), (10)(a), and (10)(b)	Pgs. 4-6
4. (NAC 228) LCB File No. R071-20 Section 7 (2)(d)(1), (2)(d)(2), (2)(d)(5), and (4)(b), (4)(b)(1), and (4)(b)(2)	Pgs. 7-8
5. NAC 442.080	Pg. 13
6. NAC 445A.547 (remove “outside” in title and replace with “within” and remove “outside of” in (1) and replace with “within”)	Pg. 15
7. NAC 445A.589 (remove annual permit fee to sell or distribute bottled water produced in a plant located outside of the state)	Pg. 16
8. NAC 449.079	Pg. 18
9. NAC 449.126 (remove “ironed” from (4))	Pgs. 18-19
10. NAC 449.15357 (remove “ironed from (4))	Pgs. 19-20
11. NAC 449.154937 (2)	Pg. 20
12. NAC 449.154991 (2)	Pg. 21
13. NAC 449.232 (3)	Pgs. 22-23
14. NAC 449.39516 (2)(b)	Pgs. 24-25
15. NAC 449.74357 (remove “ironed” from (4))	Pg. 27
16. NAC 449.74417 (2)(a)	Pg. 28
17. (NAC 449) LCB File No. R016-20 Section 14	Pgs. 29-30
18. NAC 450B.456	Pg. 39
19. NAC 450B.457	Pg. 39
20. NAC 450B.458	Pgs. 39-40
21. NAC 450B.459	Pg. 40
22. NAC 458.342 (1)(c)	Pg. 42
23. NAC 652.600	Pg. 47

Though prioritization is required, the Division feels value in removing all these regulations as it meets the requirements of the executive order. Therefore, the prioritization is provided below in numerical order as each fall within the NAC.

NAC CHAPTER 228: DOMESTIC VIOLENCE

The citation of the regulation with clear indication of the proposed modification in blue italics and matters to be omitted in red and bracketed:

General Provisions

228.100 **Application: Submission; requirements; abbreviated application for additional program; verification of information.**

[NAC 228.101 Application: Provision to Committee; meeting of Committee to consider; transmittal of Committee's recommendation to Division. (NRS 439.258)

1. Upon receiving an application for the certification of a program pursuant to NAC 228.100, the Division will provide to the Committee:

(a) The application for a recommendation as to whether the program should be certified; and
(b) The date by which the Committee must include the application on an agenda of a meeting of the Committee, which must be at least 30 days after the date on which the Division provides the application to the Committee.

2. Not later than 15 days after the meeting of the Committee described in paragraph (b) of subsection 1, the Committee shall provide to the Division its written recommendation as to whether the program whose application was included on the agenda of the meeting should be certified. The recommendation may be provided electronically. Except as otherwise provided in subsection 1 of NAC 228.102, the Division will not certify a program until it receives the written recommendation of the Committee.

(Added to NAC by Div. of Pub. & Behavioral Health by R159-17, eff. 8-30-2018)]

NAC 228.102 Provisional certificate. (NRS 228.470, 439.258)

1. The Division may issue a provisional certificate to an organization that operates a program if:

(a) The organization has submitted an application pursuant to NAC 228.100 and has substantially complied with the requirements set forth in that section; and

[(b) The Division has not yet received the written recommendation of the Committee pursuant to subsection 2 of NAC 228.101.]

2. A provisional certificate expires on the date that the Division grants or denies certification to the program.

3. For the purposes of this section an organization has substantially complied with the requirements set forth in NAC 228.100 if the organization has employed, or retained as an independent contractor:

(a) One or more providers of treatment and at least one supervisor of treatment who meet the training and education requirements set forth in NAC 228.110; and

(b) A director of the program who meets the requirements of NAC 228.108.

(Added to NAC by Com. on Domestic Violence by R213-99, eff. 8-1-2000; A by Div. of Pub. & Behavioral Health by R159-17, 8-30-2018)

228.104 **Certification of program located in another state; renewal.**

228.106 **Payment for program: Indigent offenders; sliding scale.**

228.108 **Qualifications and duties of director of program.**

Sec. 6. NAC 228.110 is hereby amended to read as follows:

228.110 1. A person may be employed, or retained as an independent contractor, in the position of a supervisor of treatment at a program if he or she:

(a) Possesses a master's or doctorate degree in a field of clinical human services from an accredited college or university;

(b) Except as otherwise provided in subsection 3, is licensed in good standing in this State:

(1) As a psychologist pursuant to chapter 641 of NRS;

(2) As a marriage and family therapist pursuant to chapter 641A of NRS;

- (3) As a clinical professional counselor pursuant to chapter 641A of NRS;
- (4) As a clinical social worker pursuant to chapter 641B of NRS; or
- (5) To practice medicine pursuant to chapter 630 or 633 of NRS and practices psychiatry; (c)

Except as otherwise provided in subsection 2, has:

(1) At least 2 years of experience in a supervisory capacity in the provision of services to victims of domestic violence or in the treatment of persons who commit domestic violence; or

(2) At least 5 years of experience in the direct provision of services to victims of domestic violence or treatment of persons who commit domestic violence;

(d) Has satisfactorily completed at least 60 hours of formal training in domestic violence which includes at least 30 hours of training in the provision of services to victims of domestic violence and at least 30 hours of training in the provision of treatment to persons who commit domestic violence;

(e) Has satisfactorily completed at least 15 hours of the training in domestic violence required by paragraph (d) during the 2 years immediately preceding the date on which the person is employed, or retained as an independent contractor, in the position of a supervisor of treatment at the program;

(f) Except for any conviction which is the subject of a pending appeal or with respect to which the time for filing a notice of appeal has not yet expired, attests, in the form prescribed by the Division, that he or she has never been convicted of a crime which demonstrates the person's unfitness to act as a supervisor of treatment;

(g) Is free of violence in his or her life;

(h) Is not currently a person with an addictive disorder related to prescription drugs or alcohol or a user of illegal drugs; and

(i) Except as otherwise provided in subsections 3 and 9, is approved by the Division to work as a supervisor of treatment pursuant to section 2 of this regulation.

2. The provisions of paragraph (c) of subsection 1 do not apply to a person who is employed, or retained as an independent contractor, in the position of a supervisor of treatment at a program on August 1, 2000.

3. A person who does not comply with the requirements of paragraph (b) of subsection 1 may be employed, or retained as an independent contractor, in the position of a supervisor of treatment at a program if: (a) The person submits a written request for approval to work as a supervisor of treatment to the Division that includes, without limitation:

(1) A statement concerning his or her work history, education and experience; and (2) Except as otherwise provided in subsection 9, the application required for approval to work as a supervisor of treatment described in section 2 of this regulation;

(b) Upon the request of the Division, the person participates in an interview with the Division in person or by telephone, videoconference or other electronic means; and

(c) The Division approves the request for approval to work as a supervisor of treatment.

4. Within 120 days after the Division receives a request for approval to work as a supervisor of treatment pursuant to subsection 3, the Division will provide written notice of its approval or denial of the request to the person who submitted the request. If the Division denies the request, the notice will include the reasons for the denial of the request.

5. Unless a person who is employed, or retained as an independent contractor, in the position of a supervisor of treatment at a program pursuant to subsection 3 fails to renew his or her approval to work as a supervisor of treatment in a timely manner pursuant to section 3 of this regulation, the person is approved to work as a supervisor of treatment until the person is no longer employed, or retained as an independent contractor, by an organization that operates a program if he or she meets the annual continuing education requirements set forth in NAC 228.210

6. A person may be employed, or retained as an independent contractor, in the position of a provider of treatment at a program if the person:

(a) Except as otherwise provided in subsection 7, possesses a bachelor's degree or more advanced degree;

(b) Is supervised by a supervisor of treatment who is qualified pursuant to subsection 1, 2 or 3 and that supervision includes, without limitation, meeting with the supervisor of treatment in person at least once each month and having the supervisor of treatment submit annual reports of satisfactory performance to the Division;

(c) Has satisfactorily completed at least 60 hours of formal training in domestic violence that includes, without limitation, at least 30 hours of training in the provision of services to victims of domestic violence and at least 30 hours of training in the provision of treatment to persons who commit domestic violence;

(d) Has satisfactorily completed at least 15 hours of the training in domestic violence required by paragraph (c) during the 2 years immediately preceding the date on which the person is employed, or retained as an independent contractor, in the position of a provider of treatment at the program;

(e) Except for any conviction which is the subject of a pending appeal or with respect to which the time for filing a notice of appeal has not yet expired, attests, in the form prescribed by the Division, that he or she has never been convicted of a crime which demonstrates the person's unfitness to act as a provider of treatment;

(f) Is free of violence in his or her life;

(g) Is not currently a person with an addictive disorder related to prescription drugs or alcohol or a user of illegal drugs; and

(h) Except as otherwise provided in subsections 7 and 9, is approved to work as a provider of treatment pursuant to section 2 of this regulation.

7. The Division may approve a person to be employed, or retained as an independent contractor, in the position of a provider of treatment at a program although the person does not meet the requirements of paragraph (a) of subsection 6, and a program may employ, or retain as an independent contractor, the person approved by the Division, if the program is located in a county whose population is less than 50,000 and the person proves, to the satisfaction of the Division, that:

(a) There is not another program located within a 50-mile radius of the program, or within the city or county in which the program is located;

(b) The person possesses the necessary skills and training to perform his or her job;

(c) Except as otherwise provided in subsection 9, the person has submitted to the Division the application required to be approved to work as a provider of treatment described in section 2 of this regulation; and

(d) The person has satisfied all other requirements of this section.

8. A person who is employed, or retained as an independent contractor, in the position of a provider of treatment at a program pursuant to subsection 7 is approved to work as a provider of treatment for a period which ends on:

(a) The expiration date of the approval to work as a provider of treatment, if the provider of treatment fails to renew the approval in a timely manner pursuant to section 3 of this regulation; or

(b) The date on which the program ceases to operate,
whichever occurs first.

9. The provisions of paragraph (i) of subsection 1, subparagraph (2) of paragraph (a) of subsection 3, paragraph (h) of subsection 6 and paragraph (c) of subsection 7 do not apply to a person who is employed, or retained as an independent contractor, in the position of a supervisor of treatment or provider of treatment on the effective date of this regulation.

[10. The director of a program or his or her designee shall:

(a) Upon hiring, or retaining as an independent contractor, a person in the position of a supervisor of treatment or a provider of treatment, attest in writing that the person meets the requirements of this section as a supervisor of treatment or a provider of treatment, as applicable; and

(b) Maintain a copy of the written attestation described in paragraph (a) for the duration of the person's employment or service as an independent contractor and provide it to the Division upon request and as required by NAC 228.130.]

[11]. 10. As used in this section, "free of violence in his or her life" means that a person:

(a) Does not engage in acts of physical violence;

(b) Does not verbally abuse, threaten, coerce or intimidate other persons on a regular basis;

(c) Does not deny personal responsibility for the person's actions or blame other persons for his or her mistakes on a regular basis; and

(d) Lives his or her life in a manner that is capable of serving as a model of nonviolent behavior.

[228.115](#)

Duties of supervisors of treatment.

[228.117](#)

Professional responsibility regarding offenders.

228.125

**Notice to Division of changes in organization, program or director;
written plan to regain compliance with regulations required under
certain circumstances.**

Sec. 7. NAC 228.130 is hereby amended to read as follows:

228.130 1. Except as otherwise provided in subsections 5 and 6, an organization that has obtained a certificate for a program pursuant to NAC 228.100 must submit a completed application to renew its certification not later than 12 months after the effective date of the certificate and every 12 months thereafter. If the organization was issued a provisional certificate pursuant to NAC 228.102 before it obtained a certificate for a program pursuant to NAC 228.100, the certificate obtained pursuant to NAC 228.100 expires 18 months after the Division first issued the provisional certificate.

2. The certificate will be renewed if the Division determines that:

- (a) The application for renewal is complete;
- (b) The organization which operates the program has satisfied the requirements of subsection 3 of NAC 228.100;
- (c) The program has passed the inspection of the Division conducted pursuant to NAC 228.270, if one is conducted;
- (d) The organization which operates the program has submitted:
 - ~~[(1) Proof of completion of the hours of continuing education required by NAC 228.210;~~
 - ~~[(2) For each person hired or retained as an independent contractor in the position of a supervisor of treatment or a provider of treatment during the previous year, a copy of the attestation required by subsection 10 of NAC 228.110;]~~
 - ~~[(3)] (1) The annual reports required by NAC 228.115;~~
 - ~~[(4)](2) The names of each provider of treatment or supervisor of treatment hired or retained as an independent contractor by the program after the date on which the initial application or the most recent application for renewal of the certificate, whichever is more recent, was submitted;~~
 - ~~[(5) Proof that each provider of treatment or supervisor of treatment hired or retained as an independent contractor by the program has completed the continuing education required by NAC 228.210 for the period after the date on which the initial application or the most recent application for renewal of the certificate, whichever is more recent, was submitted;~~
 - ~~[(6)] (3) Any notification required by NAC 228.125; and~~
 - ~~[(7)] (4) Any other information required by the Division; and~~
- (e) The director of the program or his or her designee has signed the application for renewal. 3. Except as otherwise provided in subsection 6, if a completed application and the documents described in paragraph (d) of subsection 2 are not received by the Division on or before the renewal date of the certificate, the certificate expires 30 days after that date.

4. If a completed application is:

- (a) Submitted electronically, it shall be deemed received by the Division on the date on which the Division records the application as having been received.
- ~~[(b) Deposited with the United States Postal Service, it shall be deemed received by the Division on the date indicated on the post office cancellation mark stamped upon the envelope containing the document if:
 - ~~(1) The envelope is properly addressed as instructed by the Division; and~~
 - ~~(2) That date is earlier than the actual receipt of that document]~~~~

5. If an incomplete application for the renewal of a certificate is submitted, the Division will notify the applicant of the additional information required to complete the application. If the Division does not receive the additional information within 90 days after the date of the notice, the Division will deny the application.

6. The organization may renew the certificate within 30 days after the renewal date of the certificate if the organization complies with the requirements set forth in subsection 2.

7. If a certificate is not renewed in a timely manner as required by subsection 1 or 6 or renewal of a certificate is denied pursuant to subsection 5:

- (a) The Division will remove the program from the list of programs that it makes available to the courts of this State; and

(b) The organization which operated the program may reapply for certification of the program pursuant to NAC 228.100.

- 228.140** Grounds for refusal to issue or renew certificate, revocation or suspension of certificate, placement of program on probation or issuance of written warning.
- 228.150** Written notice required for refusal to issue or renew certificate or to revoke or suspend certificate; notice of remedial steps; contents of written warning; appeal.

Clear and concise explanation on why such change should occur:

1. Removes NAC 228.101 and NAC 228.102(1)(b) to bring into compliance with removal of requirements in Senate Bill 45 of the 2021 Legislative Session;
2. Removes Section 6(10)(a) and (b) of LCB File No. R071-20, as each supervisor or provider of treatment must be individually approved and this can be easily verified, if needed; and,
3. Removes Section 7(2)(d)(1), (2), and (5), and Section 7(4)(b), (4)(b)(1), and (4)(b)(2), of LCB File No. R071-20, as proof of continuing education completion will be conducted via an audit process, which will save program applicants a lot of time when submitting their renewals.
4. Editions within Nevada Administrative Code (NAC) Chapter 228 (edits to 228.101 and 228.102) would benefit health facilities and those hired as an employee or independent contractor by removing barriers in the certification process.
5. Editions to Section 6 of LCB File No. R071-20 will reduce the extra burden on Domestic Violence Treatment Program providers. Each supervisor or provider of treatment must be individually approved, and this can be easily verified, if needed. The programs will still be required to provide the names/supervisors during the application process which can be used to verify the individuals have appropriate approval; therefore, the section being omitted is not needed.
6. Editions to Section 7 of LCB File No. R071-20 will reduce additional barriers for providing proof of continuing education completion. This will be conducted via an audit process, similar to what the Board of Nursing does which will save Program applicants a lot of time when submitting their renewals because they won't have to upload all of their supervisor and provider CEU documents which will create a less burdensome, more efficient application process.

Information for each public meeting held to discuss the proposed regulation change:

Stakeholder Feedback Meeting

Date: March 22nd, 2023

Number of Attendees: 88

Public Comment: No public comment provided for NAC Chapter 228

Public Workshop

Date: April 21st, 2023

Number of Attendees: 64

Public Comment (listed below):

Dennis Fitzpatrick (dfdesk@gmail.com) stated he has been a domestic violence supervisor in Nevada for the last 21 years. Mr. Fitzpatrick requested a change in 228.165 from requiring 2 providers of treatment to one provider of treatment. Mr. Fitzpatrick stated it is an unfair financial burden on private domestic violence agencies throughout Nevada. 16 of 20 private domestic violence agencies in Nevada have signed a petition requesting this change. Mr. Fitzpatrick stated that he estimates that the financial impact on these agencies who are requesting the option of 1 provider to it be at least \$182,000 every year and can supply details and the list upon request. In the last two years, 8 local agencies have gone out of business in Nevada, in Las Vegas, largely because of the requirement to have two providers instead of 1 provider.

Mr. Fitzpatrick quoted Leah Bowie, owner and supervisor for Great Basin counseling, who gave him permission to quote her quote: "I was forced to give up domestic violence services over two issues clients in the ability to pay though DUI clients paid and the cost and availability of paying the second provider. I stopped providing domestic violence classes due to not being able to have another facilitator and losing money on it. I had more bad debt from DB than any other services and secondly there is a requirement that a domestic violence agency accept an offender regardless of their ability to pay."

Mr. Fitzpatrick stated 228.106 paragraph three states "the program does not deny an offender's participation in the program solely because of the offender's inability to pay for the program" but domestic violence agencies are not recompensed for offenders who cannot pay.

Mr. Fitzpatrick stated that just yesterday, as he was auditing an agency as required of a domestic violent supervisor, there were two providers present, costing the agency a total of \$100 for this one session, and there was one client. This client has a cell phone but could not or would not pay even though he was offered a sliding scale. This goes on week after week, agency after agency.

Mr. Fitzpatrick asked if two counselors are required, why is it that the other 49 states only require one counselor for domestic violence groups? Why can't Nevada follow the example of the rest of the United States? The classes have become so small that they're only a handful of vendors in each class.

Mr. Fitzpatrick further stated that private domestic violence agencies are suffering financially because of the requirement to have two providers and not only one. Secondly, domestic violence agencies must shoulder the expense of vendors who cannot pay and finally, no other state in the Union requires 2 providers. Nevada should amend 228.165 and require one provider, like the rest of the United States.

Mr. Fitzpatrick also supplied these comments to Autumn Blattman, Executive Assistant for DPBH, via email.

Public Hearing

Date: April 28th, 2023

Number of Attendees: **Add number of attendees here.**

Public Comment: [Add feedback here.](#)

Estimated impact on any business, person, or agency if the change is to occur:

Direct Adverse Economic Effects: None

Indirect Adverse Economic Effects: None

Direct Beneficial Economic Effects: None

Indirect Beneficial Economic Effects: Indirect beneficial economic effects may be realized through efficiencies gained. For example, time saved by not having the director or their designee attest in writing that a person meets the supervisor or provider of treatment requirements and other efficiencies obtained when programs apply or renew a certificate for a program for the treatment of persons who commit domestic violence.

Cost Savings to the State or Agency: None

Exemption Request

The Division of Public and Behavioral Health is requesting an exemption to move forward with the proposed regulation changes to NAC Chapter 228, as indicated in the attachment.

NAC CHAPTER 394: PRIVATE EDUCATIONAL INSTITUTIONS AND ESTABLISHMENTS

The citation of the regulation with clear indication of the proposed modification in blue italics and matters to be omitted in red and bracketed:

No recommended regulation amendments or removals at this time.

Information for each public meeting held to discuss the proposed regulation change:

Stakeholder Feedback Meeting

Date: March 22nd, 2023

Number of Attendees: 88

Public Comment (listed below):

Dr. Sharon Knafo with Shankar Academy stated their facility is licensed as a private school and childcare facility and stated he would be referring to both licensing. Dr. Knafo stated his comment was in regard to the State Board of Health and how there is not currently representation from education on the Board. Dr. Knafo said he would love to see a representative from the education field; either childcare facilities, preschools, elementary, middle, or high schools that can speak up for the field.

NAC CHAPTER 432: SERVICES AND FACILITIES FOR CARE OF CHILDREN

The citation of the regulation with clear indication of the proposed modification in blue italics and matters to be omitted in red and bracketed:

No recommended regulation amendments or removals at this time.

Information for each public meeting held to discuss the proposed regulation change:

Stakeholder Feedback Meeting

Date: March 22nd, 2023

Number of Attendees: 88

Public Comment (listed below):

Dr. Sharon Knafo with Shankar Academy stated that they are a large preschool and have tremendous issues with 432A.230 regarding certificate of immunizations. Dr. Knafo stated they have been audited by the health department vaccinations/immunizations office three times in the past twelve months. Dr. Knafo asked why the department turns the responsibility to the early childhood education facilities to chase down vaccinations. Dr. Knafo added this is beyond their capacity with an attendance of 400 students and continuous vaccinations due to the population they serve. Dr. Knafo stated he felt this is a burden and stated they face a 20%-50% dismissal of their facility due to delays, religious exemptions, and issues with vaccinations and do not see the department putting consequences on other types of providers. He also stated they feel there is a tremendous burden on early childhood education, and this is a field that has suffered over the last two years.

Emily Bailey provided her concerns on the background check process for childcare workers taking too long. Ms. Bailey stated that these take so long they must pay an extra \$100 for faster background check processing to be in compliance with federal regulation and stated this was unfair and inhibiting hiring and providing services to the most vulnerable children in our communities. Ms. Bailey stated that they are a lab school and have practicum and intern students come in that need to be entered into NABS due to the new requirement for the consent and release form. Ms. Bailey mentioned the rules seem to change and it is frustrating and time-consuming, the extra costs hurt their budget. In addition, Ms. Bailey added that the annual training requirement is difficult when different staff work at different sites and requested that training be under one timeline of the timeline of when they were licensed.

Lordes Quintana commented that they seconded Ms. Bailey's comment on the timeline for licensing and fall under the same scrutiny for licensing since sometimes teachers start at one center and then end up covering for other centers. Ms. Quintana also stated that the background checks were taking too long as well and caused issues with recruiting.

NAC CHAPTER 442: MATERNAL AND CHILD HEALTH; ABORTION

The citation of the regulation with clear indication of the proposed modification in blue italics and matters to be omitted in red and bracketed:

INFORMATION OBTAINED IN ADMINISTRATION OF PROGRAMS

442.060 Confidential records.
442.070 Chief Medical Officer to control information.

**[NAC 442.080 Chief of Bureau of Children's Services to inform employees of policy. (NRS 442.140, 442.190, 442.330) The Chief of the Bureau of Children's Services shall inform all employees of the Bureau of regulations relating to confidential materials.
[Bd. of Health, Confidentiality of Records Reg. § 3, eff. 6-5-72; A and renumbered as § 2.0, 12-20-79]]**

Clear and concise explanation on why such change should occur:

1. Removes NAC 442.080 in its entirety, as the bureau name is outdated and there is no need for the Bureau Chief to inform employees; all employees are already required to take a class on confidential health information.
2. Removal of NAC 442.080 eliminates regulation requirement of the Bureau Chief to provide all employees information regarding regulations relating to confidential materials. Recommendations for deletion within Chapter 442 would remove regulatory requirement for action that can be achieved with Bureau level policy.

Information for each public meeting held to discuss the proposed regulation change:

Stakeholder Feedback Meeting

Date: March 22nd, 2023

Number of Attendees: 88

Public Comment: No public comment provided for NAC Chapter 442.

Public Workshop

Date: April 21st, 2023

Number of Attendees: 64

Public Comment: No public comment provided for NAC Chapter 442 amendments.

Public Hearing

Date: April 28th, 2023

Number of Attendees: **Add number of attendees here.**

Public Comment: **Add feedback here.**

Estimated impact on any business, person, or agency if the change is to occur:

Direct Adverse Economic Effects: None

Indirect Adverse Economic Effects: None

Direct Beneficial Economic Effects: None

Indirect Beneficial Economic Effects: None

Cost Savings to the State or Agency: None

Exemption Request

The Division of Public and Behavioral Health is requesting an exemption to move forward with the proposed regulation changes to NAC Chapter 442, as indicated in the attachment.

DRAFT

NAC CHAPTER 445A: WATER CONTROLS

The citation of the regulation with clear indication of the proposed modification in blue italics and matters to be omitted in red and bracketed:

Bottled Water

445A.544	Definitions.
445A.545	Permit required to operate plant.
445A.546	Submission of plans, specifications for approval of construction or remodeling.
445A.5465	Requirements for construction, design and maintenance of plant.

NAC 445A.547 Distribution of water bottled [outside] *within* Nevada: Permit required; application for permit. (NRS 439.200)

1. No bottled water produced in a plant located [outside of] *within* this State may be sold or distributed within this State unless the operator or distributor has obtained a permit issued by the appropriate health authority.
2. An applicant for such a permit must submit with his or her application:
 - (a) A copy of the document which records the approval of the source of water by the health authority which has jurisdiction;
 - (b) A copy of the permit issued to the applicant by the state or country in which his or her plant is located;
 - (c) A report by the applicant regarding his or her past compliance with the applicable regulations on the quality and sampling of the water the applicant produced or distributed;
 - (d) A copy of each type of label which will be displayed with the bottled water distributed in this State;
 - (e) A copy of the most recent analysis conducted pursuant to:
 - (1) Paragraph (b) of subsection 1 of [NAC 445A.555](#); and
 - (2) Paragraph (c) of subsection 1 of [NAC 445A.555](#);
 - (f) Copies of the three most recent analyses conducted pursuant to paragraph (a) of subsection 1 of [NAC 445A.555](#);and
 - (g) The fee required pursuant to [NAC 445A.589](#).(Added to NAC by Bd. of Health, eff. 10-14-82; A 9-15-94; R194-03, 1-22-2004)

445A.548	Quality of water used for bottling; inspections; sampling.
445A.5485	Requirements for flavor added to bottled water.
445A.549	Methods used to determine compliance with standards.
445A.550	Standards for bottled water: Coliform organisms.
445A.551	Standards for bottled water: Physical quality.
445A.552	Standards for bottled water: Chemical and organic substances.
445A.553	Standards for bottled water: Fluoride.
445A.554	Standards for bottled water: Radioactive elements.
445A.555	Analysis required of representative samples.
445A.556	Labeling requirements.
445A.5565	Types of bottled water.
445A.557	Treatment and sampling of water before bottling; inspection of equipment.
445A.558	Storing, cleaning and sanitizing containers and closures.
445A.559	Minimum requirements for sanitization.
445A.560	Testing required for cleaning and sanitizing solutions.
445A.561	Cleaning and sanitizing of facilities and equipment; requirements for tanker vehicles.
445A.562	Identifying code; required records.
445A.563	Inspection of containers and closures; requirements for disposable containers and closures.
445A.564	Separation of bottling rooms from other operations.

- [445A.565](#) Prevention of contamination of the water.
- [445A.566](#) Ventilation.
- [445A.567](#) Washing and sanitizing operations.
- [445A.568](#) Separation of certain rooms from those used for domestic purposes.
- [445A.569](#) Sources of water used in plants.
- [445A.570](#) Suitability of equipment and utensils; construction of surfaces contacting processed water; standards for equipment; requirements for storage tanks.
- [445A.571](#) Quality of pressurized air used during processing or which contacts water.
- [445A.572](#) Lockers and lunchrooms; storage of personal items.
- [445A.573](#) Sewage disposal.
- [445A.574](#) Piping and draining.
- [445A.575](#) Toilet rooms.
- [445A.576](#) Lavatories.
- [445A.577](#) Storage, disposal of garbage.
- [445A.5775](#) Storage of toxic materials in plant prohibited.
- [445A.578](#) Vermin.
- [445A.579](#) Flying insects.
- [445A.580](#) Animals prohibited in facility.
- [445A.581](#) Inspection of surfaces and equipment which contact treated water.
- [445A.582](#) Transportation, storage of sanitized containers and equipment.
- [445A.583](#) Storage tanks.
- [445A.5835](#) Training of employees.
- [445A.584](#) Employees with communicable diseases.
- [445A.585](#) Employees required to wash their hands.
- [445A.586](#) Cleanliness of employees' outer garments; confinement of employees' hair.
- [445A.587](#) Expectoration, use of tobacco, eating or drinking prohibited; personal cleanliness required.
- [445A.588](#) Retention and submission of records, reports and analyses.

NAC 445A.589 Fees of Division. ([NRS 439.150](#), [439.200](#)) The Division shall charge and collect the following fees:

For an annual permit to operate a plant.....	\$150
[For an annual permit to sell or distribute bottled water produced in a plant located outside of this State.....	175]
To review plans for constructing a plant.....	200
To review plans for remodeling a permitted plant.....	100

- [445A.5893](#) Orders for corrective action.
- [445A.5895](#) Denial, modification, suspension or revocation of permit: Grounds; written notice.
- [445A.5898](#) Procedure for review of actions taken by Division; appeals.
- [445A.590](#) Severability.

Clear and concise explanation on why such change should occur:

1. Changes NAC 445A.547 from “outside” to “within” in the section title and in (1) and removes the annual permit to sell or distribute bottled water produced in a plant located outside of the state in NAC 445A.589.
2. Provisions or deletions within Nevada Administrative Code (NAC) Chapter 445A outlined above update provisions for Nevada companies producing bottled water for distribution within this State and benefit bottled water companies with out-of-state

water plants by removing the permit requirements to sell or distribute bottled water within Nevada. It is unrealistic for Nevada to permit water that is bottled in other parts of the country or world but would still allow Environmental Health Services to have the authority to address complaints about bottled water sold outside of its jurisdiction.

3. Recommended amendment to NAC 445A.589 would eliminate a fee of \$175 annually if the water production plant is outside the State of Nevada

Information for each public meeting held to discuss the proposed regulation change:

Stakeholder Feedback Meeting

Date: March 22nd, 2023

Number of Attendees: 88

Public Comment: No public comment provided for NAC Chapter 445A

Public Workshop

Date: April 21st, 2023

Number of Attendees: 64

Public Comment: No public comment provided for NAC Chapter 445A amendments

Public Hearing

Date: April 28th, 2023

Number of Attendees: Add number of attendees here.

Public Comment: Add feedback here.

Estimated impact on any business, person, or agency if the change is to occur:

Direct Adverse Economic Effects: None

Indirect Adverse Economic Effects: None

Direct Beneficial Economic Effects: None

Indirect Beneficial Economic Effects: None

Cost Savings to the State or Agency: None

Exemption Request

The Division of Public and Behavioral Health is requesting an exemption to move forward with the proposed regulation changes to NAC Chapter 442, as indicated in the attachment.

NAC CHAPTER 449: MEDICAL FACILITIES AND OTHER RELATED ENTITIES

The citation of the regulation with clear indication of the proposed modification in blue italics and matters to be omitted in red and bracketed:

FACILITIES FOR THE TREATMENT OF ALCOHOL OR OTHER SUBSTANCE USE DISORDERS

General Provisions

- [449.019](#) Definitions.
- [449.022](#) “Administrator” defined.
- [449.025](#) “Alcohol or other substance use disorder treatment” defined.
- [449.030](#) “Case management services” defined.
- [449.031](#) “Client” defined.
- [449.034](#) “Detoxification” defined.
- [449.043](#) “Facility” defined.
- [449.044](#) “Facility for modified medical detoxification” defined.
- [449.046](#) “Governing body” defined.
- [449.060](#) “Medically managed intensive detoxification program” defined.
- [449.064](#) “Overall program” defined.
- [449.068](#) “Qualified social worker” defined.
- [449.069](#) “Residential program” defined.
- [449.072](#) “Social model detoxification program” defined.

Licensing

[NAC 449.079 Denial, revocation or suspension of license if facility not certified by Division; appeal. (NRS 449.0302)]

1. If a facility is not certified by the Division pursuant to paragraph (d) of subsection 1 of [NRS 458.025](#), the Division shall deny an application for a license or suspend or revoke the license of the facility.

2. An applicant or licensee who wishes to appeal an action of the Division relating to the denial, suspension or revocation of a license may appeal the action pursuant to the procedures set forth in [NAC 439.300](#) to [439.395](#), inclusive.

[Bd. of Health, Alcohol and Drug Abuse Treatment Facilities Art. 2 §§ 2.7-2.12, eff. 3-27-76; A and renumbered as §§ 2.7-2.11, 12-27-77]—(NAC A by R035-97 & R044-97, 10-30-97; R077-01, 10-18-2001)]

- [449.081](#) New construction or remodeling: Submission and approval of building plans; prerequisites to approval of licensing.

Operation of Facility

- [449.123](#) General sanitary requirements.

NAC 449.126 Laundry requirements. (NRS 449.0302)

1. A facility must maintain:
 - (a) A laundry with equipment which is adequate for the sanitary washing and finishing of linen and other washable goods; or
 - (b) A written agreement with a commercial establishment to provide laundry services for the facility.
2. The laundry must be situated in an area which is separate from any area where food is stored, prepared or served. The laundry must be well-lighted, ventilated, adequate in size to house the equipment and maintained in a sanitary manner. The equipment must be kept in good repair.

3. Soiled linen must be collected and transported to the laundry in washable or disposable covered containers in a sanitary manner.
4. Clean linen to be dried, [ironed,] folded, transferred or distributed must be handled in a sanitary manner, specified in writing.
5. Closets for storing linen and laundry supplies must be provided and must not be used for any other purpose. [Bd. of Health, Alcohol and Drug Abuse Treatment Facilities part Art. 11, eff. 3-27-76]—(NAC A by R035-97, 10-30-97; R077-01, 10-18-2001)

449.129	Design, construction, equipment and maintenance.
449.132	Accommodations for clients.
449.135	Safety from fire.
449.141	Health services.
449.144	Medication.
449.147	Dietary services.
449.150	Records of clients.
449.153	Discrimination prohibited

FACILITIES FOR MODIFIED MEDICAL DETOXIFICATION

449.15311	Definitions.
449.15313	“Administrator” defined.
449.15315	“Client” defined.
449.15317	“Facility” defined.
449.15319	“Overall program” defined.
449.15321	“Program” defined.
449.15323	Proof of certification required; revocation of license.
449.15325	Governing body; bylaws and policies.
449.15327	Policies and procedures for services and operation of facility.
449.15329	Transfer of client.
449.15331	Handling of money of client.
449.15333	Inventory of belongings of client.
449.15335	Liability insurance.
449.15337	Program: Requirements; review.
449.15339	Responsibilities and duties of administrator.
449.15341	Policies and procedures concerning employees.
449.15343	Nursing services.
449.15345	Health services.
449.15347	Pharmaceutical services.
449.15349	Medication and biologicals.
449.15351	Dietary services.
449.15353	Records of clients.
449.15355	Safety and sanitation; temperature.

NAC 449.15357 Laundry requirements. (NRS 449.0302)

1. Each facility shall have the proper equipment for the sanitary washing and finishing of linen and other washable goods or shall maintain a written agreement with a commercial establishment to provide laundry services.
2. The laundry area of a facility must be situated in an area of the facility that is separate and apart from any room where food is stored, prepared or served. The laundry area must be well-lighted, ventilated, adequate in size to house equipment, maintained in a sanitary manner and kept in good repair.
3. Soiled linen must be collected and transported to the laundry in washable or disposable containers in a sanitary manner. Soiled linen must not be transported through areas of the facility used for preparing or serving food.

4. Clean linen to be dried, [ironed,] folded, transferred or distributed must be handled in a sanitary manner in accordance with a written plan maintained by the facility.

5. Closets for storing linen and laundry supplies must be provided and must not be used for any other purpose. (Added to NAC by Bd. of Health by R129-99, 11-29-99, eff. 1-1-2000)

[449.15359](#) New construction or remodeling: Submission and approval of building plans; prerequisites to approval of facility for licensure.

[449.15361](#) Design, construction, equipment and maintenance.

[449.15363](#) Accommodations for clients.

[449.15365](#) Safety from fire.

[449.15367](#) Preparations for disasters; reporting of fire or disaster.

[449.15369](#) Discrimination prohibited.

HALFWAY HOUSES FOR PERSONS RECOVERING FROM ALCOHOL OR OTHER SUBSTANCE USE DISORDERS

[449.1549](#) Definitions.

[449.154901](#) "Administrator" defined.

[449.154903](#) "Client" defined.

[449.154905](#) "Facility" defined.

[449.15491](#) Administrator: Qualifications.

[449.154911](#) Administrator: General duties.

[449.154913](#) General operational guidelines.

[449.154915](#) Policies and procedures: Establishment; maintenance of manual.

[449.154917](#) Limitation on admissions.

[449.154919](#) Health and sanitation.

[449.154921](#) Laundry facilities.

[449.154923](#) Kitchens; storage of food.

[449.154925](#) Bedrooms; bedding.

[449.154927](#) Use of certain areas as bedroom prohibited.

[449.154929](#) Bathrooms and toilet facilities; toilet articles.

[449.154931](#) Accommodations for residents with restricted mobility.

[449.154933](#) First aid.

[449.154935](#) Medication.

NAC 449.154937 **Telephones; listing of facility's telephone number.** ([NRS 449.0302](#)) An administrator shall ensure that:

1. The facility has at least one telephone that is in good working condition in the facility; and

[2. The telephone number of the facility is listed in the telephone directory.]

(Added to NAC by Bd. of Health by R123-01, 12-17-2001, eff. 1-1-2002)

[449.154939](#) Notification to Bureau under certain circumstances.

[449.154941](#) Rights of clients.

[449.154943](#) Client files: Maintenance; contents; confidentiality.

[449.154945](#) Safety from fire.

FACILITIES FOR TRANSITIONAL LIVING FOR RELEASED OFFENDERS

General Provisions

[449.154951](#) Definitions.

[449.154953](#) "Administrator" defined.

[449.154955](#) "Facility" defined.

- [449.154957](#) “Resident” defined.
- [449.154959](#) “Supportive services” defined.

Administration

- [449.154961](#) Administrator: Qualifications.
- [449.154963](#) Administrator: General duties.
- [449.154965](#) Operation of facility.
- [449.154967](#) Policies and procedures.
- [449.154969](#) Preparations for disasters and other emergencies.

Operation

- [449.154971](#) Limitation on number of admissions.
- [449.154973](#) Prerequisites to provision of particular services.
- [449.154975](#) Sanitation, safety and comfort.
- [449.154977](#) Laundry facilities.
- [449.154979](#) Kitchens; preparation and storage of food.
- [449.154981](#) Bedrooms and bedding.
- [449.154983](#) Use of certain areas as bedroom prohibited.
- [449.154985](#) Bathrooms and toilet facilities; toiletries.
- [449.154987](#) First aid.
- [449.154989](#) Medication.

NAC 449.154991 **Telephones; listing of facility’s telephone number.** ([NRS 449.0302](#)) An administrator shall ensure that:

1. The facility has at least one telephone that is in good working condition in the facility; and
- [2. The telephone number of the facility is listed in the telephone directory.]**

(Added to NAC by Bd. of Health by R094-06, eff. 7-14-2006)

- [449.154993](#) Notification of occurrence of certain incidents.
- [449.154995](#) Rights of residents.
- [449.154997](#) Files for residents.
- [449.154999](#) Safety from fire.

RESIDENTIAL FACILITIES FOR GROUPS

General Provisions

- [449.156](#) Definitions.
- [449.1565](#) “Administer” defined.
- [449.157](#) “Administrator” defined.
- [449.1575](#) “Board” defined.
- [449.1585](#) “Caregiver” defined.
- [449.1591](#) “Category 1 resident” defined.
- [449.1595](#) “Category 2 resident” defined.
- [449.1597](#) “Dietary supplement” defined.
- [449.1599](#) “Discharge” defined.
- [449.160](#) “Division” defined.
- [449.161](#) “Grade” defined.
- [449.164](#) “Hospice care” defined.
- [449.169](#) “Medical professional” defined.
- [449.170](#) “Placard” defined.
- [449.172](#) “Residential facility” defined.
- [449.173](#) “Residential facility which provides care to persons with Alzheimer’s disease” defined.

- [449.175](#) “Severity and scope score” defined.
[449.176](#) “Staff of a facility” defined.
[449.178](#) “Transfer” defined.

Licensing

- [449.179](#) Submission and approval of plan for new construction or remodeling; inspection; evidence of compliance.
[449.180](#) Requirements for purchasing licensed facility.
[449.190](#) License: Contents; validity; transferability; issuance of more than one type.
[449.191](#) Denial, suspension or revocation of endorsement: Grounds.
[449.1915](#) Suspension or revocation of license and endorsement if residential facility has been assigned grade of D on two or more consecutive surveys or resurveys, or both.

Administration and Personnel

- [449.194](#) Responsibilities of administrator.
[449.196](#) Qualifications and training of caregivers.
[449.197](#) Medical services may be provided only by medical professional.
[449.1985](#) Performance of certain tasks by caregiver.
[449.199](#) Staffing requirements; limitation on number of residents; written schedule for each shift; direct supervision of certain employees.
[449.200](#) Personnel files.
[449.202](#) Rights of staff members during investigation of facility; duties of investigator.

General Operational Requirements

- [449.204](#) System of financial accounting; insurance.
[449.205](#) Advertising and promotional materials.
[449.208](#) Restrictions on conducting other businesses or providing other services on premises.
[449.209](#) Health and sanitation.
[449.211](#) Automatic sprinkler systems.
[449.213](#) Laundry and linen services.
[449.216](#) Common areas; dining rooms.
[449.217](#) Kitchens; storage of food; adequate supplies of food; permits; inspections.
[449.2175](#) Service of food; seating; menus; special diets; nutritional requirements; dietary consultants.
[449.218](#) Bedrooms: Floor space; windows and doors; privacy; storage space; bedding; personal furnishings; lighting.
[449.220](#) Bedroom doors.
[449.221](#) Use of certain areas in facility as bedroom prohibited.
[449.222](#) Bathrooms and toilet facilities; toilet articles.
[449.224](#) Housing for staff members.
[449.226](#) Safety requirements for residents with restricted mobility or poor eyesight; water hazards; auditory systems for bathrooms and bedrooms; access by vehicles.
[449.227](#) Accommodations for residents with restricted mobility.
[449.229](#) Requirements and precautions regarding safety from fire.
[449.231](#) First aid and cardiopulmonary resuscitation.

NAC 449.232 Telephones; emergency telephone numbers for each resident; listing of facility’s telephone number. (NRS 449.0302)

1. Each residential facility shall have a telephone that the residents may use to make local calls.
2. A list of telephone numbers to be called in case of an emergency for each resident must be located near the telephone. The list must include the telephone number of the resident’s physician and the telephone number of a friend of the resident or one of the members of the resident’s family.
- [3. The telephone number of the facility must be listed in the telephone directory under the name of the facility.]

(Added to NAC by Bd. of Health, eff. 3-6-86; A by R003-97, 10-30-97; R073-03, 1-22-2004)

- [449.241](#) Limitations on use of volunteers; requirements concerning residents who volunteer to assist staff or perform other duties.
- [449.258](#) Written policies for facility; policy on visiting hours; residents' mail; compliance with policies.
- [449.259](#) Supervision and treatment of residents generally.
- [449.260](#) Activities for residents.
- [449.262](#) Provision of dental, optical and hearing care and social services; report of suspected abuse, neglect, isolation or exploitation; restrictions on use of restraints, confinement or sedatives.
- [449.267](#) Money and property of residents.
- [449.268](#) Rights of residents; procedure for filing grievance, complaint or report of incident; investigation and response.
- [449.269](#) Discrimination prohibited.

Admitting, Transferring and Discharging Residents

- [449.2702](#) Written policy on admissions; eligibility for residency.
- [449.2704](#) Disclosure of information concerning rates and payment for services.
- [449.2706](#) Transfer of resident whose condition deteriorates.
- [449.2707](#) Transfer of resident: Effective date.
- [449.2708](#) Discharge of resident; notice of discharge; issuance of notice to quit to resident for improper or harmful behavior.

Restrictions on Admitting or Retaining Residents With Certain Medical Needs or Conditions

- [449.271](#) Residents requiring gastrostomy care or suffering from staphylococcus infection or other serious infection or medical condition.
- [449.2712](#) Residents requiring use of oxygen.
- [449.2714](#) Residents requiring use of intermittent positive pressure breathing equipment.
- [449.2716](#) Residents having colostomy or ileostomy.
- [449.2718](#) Residents requiring manual removal of fecal impactions or use of enemas or suppositories.
- [449.272](#) Residents requiring use of indwelling catheter.
- [449.2722](#) Residents having unmanageable condition of bowel or bladder incontinence; residents having manageable condition of bowel or bladder incontinence.
- [449.2724](#) Residents having contractures.
- [449.2726](#) Residents having diabetes.
- [449.2728](#) Residents requiring regular intramuscular, subcutaneous or intradermal injections.
- [449.2732](#) Residents requiring protective supervision.
- [449.2734](#) Residents having tracheostomy or open wound requiring treatment by medical professional; residents having pressure or stasis ulcers.
- [449.2736](#) Procedure to exempt certain residents from restrictions.
- [449.2738](#) Review of medical condition of resident; relocation or transfer of resident having certain medical needs or conditions.

Medical Services, Medical Records and Other Records Concerning Residents

- [449.274](#) Medical care of resident after illness, injury or accident; periodic physical examination of resident; rejection of medical care by resident; written records.
- [449.2742](#) Administration of medication: Responsibilities of administrator, caregivers and employees of facility.
- [449.2744](#) Administration of medication: Maintenance and contents of logs and records.
- [449.2746](#) Administration of medication: Restrictions concerning medication taken as needed by resident; written records.

- [449.2748](#) Medication: Storage; duties upon discharge, transfer and return of resident.
- [449.2749](#) Maintenance and contents of separate file for each resident; confidentiality of information.

Special Types of Services and Facilities

- [449.275](#) Residential facility which provides residents with hospice care: Responsibilities of staff; retention of resident with special medical needs.
- [449.2751](#) Residential facility which provides assisted living services: Application for endorsement; general requirements.
- [449.2754](#) Residential facility which provides care to persons with Alzheimer's disease: Application for endorsement; general requirements.
- [449.2756](#) Residential facility which provides care to persons with Alzheimer's disease: Standards for safety; personnel required; training for employees.
- [449.2758](#) Residential facility which provides care for elderly persons or persons with disabilities: Training for caregivers.
- [449.2762](#) Residential facility which offers or provides care for adults with intellectual disabilities or adults with related conditions: Application for endorsement; training for caregivers.
- [449.2764](#) Residential facility which offers or provides care for persons with mental illnesses: Application for endorsement; training for employees.
- [449.2766](#) Residential facility which offers or provides care for persons with chronic illnesses and debilitating diseases: Application for endorsement; training for employees.
- [449.2768](#) Residential facility which provides care to persons with dementia: Training for employees.

Deficiencies

- [449.27702](#) Determination of severity and scope of deficiency; assignment of grade.
- [449.27704](#) Placard: Issuance and display; failure to comply.
- [449.27706](#) Resurvey: Application and fee; failure to comply.

INTERMEDIARY SERVICE ORGANIZATIONS

General Provisions

- [449.395](#) Definitions.
- [449.39501](#) "Certificate" defined.
- [449.39502](#) "Client" defined.
- [449.39503](#) "Intermediary service organization" defined.
- [449.39504](#) "Managing employer" defined.
- [449.39505](#) "Other responsible person" defined.
- [449.39506](#) "Personal assistance" defined.
- [449.39507](#) "Personal assistant" defined.
- [449.39508](#) "Guardian" interpreted.

Certification

- [449.3951](#) Form of application; written verification for submission of fingerprints.
- [449.39511](#) Application for certificate and renewal: Fees.
- [449.39512](#) Application for certificate and renewal: Proof of insurance coverage.
- [449.39513](#) Applicability of certificate; specification of primary location; records.
- [449.39514](#) Issuance of provisional certificate.

Authorized Activities and General Requirements for Operation

- [449.39515](#) Operation of intermediary service organization and agency to provide personal care services in the home.

NAC 449.39516 Duties and responsibilities. ([NRS 449.4308](#), [449.4327](#))

1. An intermediary service organization shall ensure that each client of the intermediary service organization and personal assistant employed by the intermediary service organization is aware of and understands:
 - (a) The rights and responsibilities of the client;
 - (b) The ethical responsibilities of the personal assistant, including, without limitation, any responsibilities concerning the confidentiality of client information;
 - (c) The training requirements for the personal assistant as set forth in [NAC 449.39519](#);
 - (d) The policies and procedures to be used by the personal assistant for the control of infections, including, without limitation, the policies and procedures of the intermediary service organization and the universal precautions as defined in [NAC 441A.195](#);
 - (e) The respective responsibilities of the personal assistant and the client to properly document the needs of the person with a disability and to properly document the provision of personal assistance to that person;
 - (f) The procedures that the personal assistant will follow when responding to medical and nonmedical emergencies of the person with a disability;
 - (g) The provisions of [NRS 629.091](#) and the appropriate procedures that must be followed when providing assistance to a person with a disability pursuant to that section; and
 - (h) The procedures for a client to appeal the termination, reduction or suspension of services by the intermediary service organization.
2. An intermediary service organization shall:
 - (a) Remain open for operation during regular business hours;
 - [(b) Maintain a telephone line at the location of the intermediary service organization that is listed on its certificate, which must be published in a public telephone directory;**
 - [(c) (b) Have a federal taxpayer identification number;**
 - [(d) (c) Maintain all business licenses required by state and local law;**
 - [(e) (d) Maintain a written policy concerning the manner in which complaints from clients will be documented and resolved and a log which lists all complaints filed by clients; and**
 - [(f) (e) Maintain a written policy concerning the procedures for a client to appeal the termination, reduction or suspension of services by the intermediary service organization.**
3. If an intermediary service organization withholds any money from a personal assistant which must be forwarded to another person, including, without limitation, insurance premiums, fees required to be paid by the intermediary service organization pursuant to state or federal law on behalf of the personal assistant or money withheld at the request of the personal assistant, the intermediary service organization must transfer such money to the person designated for receipt of the money by the date required for such transfer.
4. An intermediary service organization may:
 - (a) Employ personal assistants to provide specific medical, nursing or home health care services for a person with a disability pursuant to [NRS 629.091](#); and
 - (b) At the request of a client, assist in the development of a plan of care for a person with a disability.
5. An intermediary service organization shall not serve as the managing employer of a personal assistant.
(Added to NAC by Bd. of Health by R167-07, eff. 1-30-2008)—(Substituted in revision for NAC 427A.821)

- [449.39517](#) Personal assistants: Qualifications; maintenance and availability of personnel files.
[449.39518](#) Personal assistants: Results of reports on criminal history.
[449.395185](#) Personal assistants: Performance of certain tasks.
[449.39519](#) Client to serve as managing employer and provide training to personal assistant; reporting of training to organization.
[449.3952](#) Additional training to be provided by intermediary service organization.
[449.39521](#) Visits and telephone interviews with clients.
[449.39522](#) Written statement of services provided to clients.
[449.39523](#) Discussion of services provided to clients.
[449.39524](#) Rights of person with a disability receiving services.

Administrative Review and Hearings

- [449.39525](#) Request for administrative review of complaint.
- [449.39526](#) Scheduling of administrative review.
- [449.39527](#) Conduct of administrative review.
- [449.39528](#) Issuance of written decision following administrative review.
- [449.39529](#) Request for hearing.
- [449.395295](#) Hearings: Scheduling; notice.
- [449.3953](#) Hearings: Representation; evidence; rights of parties.
- [449.39531](#) Resolution of complaint.
- [449.39532](#) Final decision of hearing officer; request for judicial review.
- [449.39533](#) Record of hearing.
- [449.39534](#) Provision of transcript of oral proceedings of hearing.

Administrative Sanctions

- [449.39535](#) Definitions.
- [449.39536](#) “Ban on enrollment” defined.
- [449.39537](#) “Cluster” defined.
- [449.39538](#) “Compliance” defined.
- [449.39539](#) “De minimis violation” defined.
- [449.3954](#) “Major violation” defined.
- [449.39541](#) “Plan of correction” defined.
- [449.39542](#) “Resurvey” defined.
- [449.39543](#) “Severity and scope score” defined.
- [449.39544](#) “Subsequent violation” defined.
- [449.39545](#) Imposition of sanctions generally.
- [449.39546](#) Minimum sanction to be imposed.
- [449.39547](#) Available sanctions.
- [449.39548](#) Duration of sanctions.
- [449.39549](#) Notice of sanction; appointment of temporary manager; ban on enrollment or suspension of certificate authorized in certain circumstances.
- [449.3955](#) Imposition of one or more sanctions; reporting of violations; presumption of de minimis violation.
- [449.39551](#) Severity and scope of violations to be considered in determining sanctions to be imposed.
- [449.39552](#) Scope of violations: Survey of organization; sampling of clients; use of scope relating to one client authorized.
- [449.39553](#) Scope of violations: Use of scope; basis for assessment.
- [449.39554](#) Scope of violations: Criteria for evaluation.
- [449.39555](#) Severity of violations: Use of severity scale; basis for assessment; criteria for evaluation.
- [449.39556](#) Subsequent violation on resurvey: Rebuttable presumption; imposition of sanction.
- [449.39557](#) Determination of sanctions: Initial assessment.
- [449.39558](#) Determination of sanctions: Secondary factors to be considered.
- [449.39559](#) Determination of sanctions: Basis for selection; restrictions upon service and monetary penalties presumed to be most effective.
- [449.3956](#) Plan of correction: Development by intermediary service organization; authority of Division when plan is not acceptable; effect of failure to submit plan.
- [449.39561](#) Monetary penalties: Determination of initial penalty; daily penalties; maximum total penalties.

COMMUNITY TRIAGE CENTERS

- [449.74311](#) Definitions.
- [449.74313](#) “Administrator” defined.
- [449.74315](#) “Facility” defined.
- [449.74317](#) “Governing body” defined.
- [449.74321](#) “Patient” defined.
- [449.74322](#) “Person with mental illness” defined.

- [449.74323](#) “Program” defined.
- [449.74325](#) “Psychologist” defined.
- [449.74327](#) Governing body; bylaws and policies.
- [449.74329](#) Policies and procedures for services and operation of facility.
- [449.74331](#) Transfer of patient.
- [449.74333](#) Handling of money of patient.
- [449.74335](#) Inventory of belongings of patient.
- [449.74337](#) Liability insurance.
- [449.74339](#) General requirements for programs and services.
- [449.74341](#) Responsibilities and duties of administrator.
- [449.74343](#) Policies and procedures concerning employees.
- [449.74345](#) Nursing services.
- [449.74347](#) Health services.
- [449.74349](#) Mental health services.
- [449.74351](#) Pharmaceutical services.
- [449.74353](#) Medication and biologicals.
- [449.74355](#) Records of patients.

NAC 449.74357 Laundry requirements. (NRS 449.0302)

1. Each facility shall have the proper equipment for the sanitary washing and finishing of linen and other washable goods or shall maintain a written agreement with a commercial establishment to provide proper laundry services.
2. The laundry area of a facility must be situated in an area of the facility that is separate and apart from any room where food is stored, prepared or served. The laundry area must be well-lighted, ventilated, adequate in size to house equipment, maintained in a sanitary manner and kept in good repair.
3. Soiled linen must be collected and transported to the laundry in washable or disposable containers in a sanitary manner. Soiled linen must not be transported through areas of the facility used for preparing or serving food.
4. Clean linen to be dried, [ironed,] folded, transferred or distributed must be handled in a sanitary manner in accordance with a written plan maintained by the facility.
5. Closets for storing linen and laundry supplies must be provided and must not be used for any other purpose.
(Added to NAC by Bd. of Health by R051-06, eff. 7-14-2006)

- [449.74359](#) Dietary services.
- [449.74361](#) New construction or remodeling; Submission and approval of building plans; prerequisites to approval of facility for licensure.
- [449.74363](#) Design, construction, equipment and maintenance of facility.
- [449.74365](#) Entrances, lobbies and offices; storage space.
- [449.74367](#) Patients’ rooms; toilet and bathing facilities.
- [449.74369](#) Service areas; miscellaneous requirements.
- [449.74371](#) Safety and sanitation.
- [449.74373](#) Preparations for disasters; reporting of fire or disaster.
- [449.74375](#) Discrimination prohibited.

FACILITIES FOR SKILLED NURSING

General Provisions

- [449.744](#) “Facility for skilled nursing” defined.

Licensing and Administration of Facility

- [449.74411](#) Applicability of license; limitation on number of patients; coverage against certain liabilities.
- [449.74413](#) Change in ownership, use or construction of facility.
- [449.74415](#) Responsibilities of governing body.

NAC 449.74417 Administrator of facility. (NRS 449.0302)

1. The governing body of a facility for skilled nursing shall appoint a qualified administrator for the facility.
2. The administrator:
 - [(a) Must be licensed under the provisions of [chapter 654](#) of NRS; and**
 - (b)] (a)** Is responsible for the management of the facility.
3. A facility for skilled nursing must be administered in a manner that enables it to use its resources effectively and efficiently in order to attain and maintain the highest practicable physical, mental and psychosocial well-being of each patient.
(Added to NAC by Bd. of Health by R051-99, eff. 9-27-99)

- [449.74419](#) Committee for quality assurance.
- [449.74421](#) Procedures for emergency or disaster.

Admission, Transfer and Discharge of Patient

- [449.74423](#) Certain conditions for admission prohibited.
- [449.74425](#) Admission of patient with mental illness or an intellectual disability.
- [449.74427](#) Agreement with hospital for transfer of patients.
- [449.74429](#) Transfer or discharge of patient.
- [449.74431](#) Summary of discharge.

Assessment of Patients and Plan of Care

- [449.74433](#) Comprehensive assessment of needs of patient.
- [449.74435](#) Quarterly assessment of patient.
- [449.74437](#) Conduct of assessments.
- [449.74439](#) Comprehensive plan of care.

Medical Records

- [449.74441](#) Maintenance.
- [449.74443](#) Inspection.

Rights of Patients

- [449.74445](#) Generally.
- [449.74447](#) Communications with other persons; examination of records by advocate.
- [449.74449](#) Notice to patients of rights, services and charges.
- [449.74451](#) Charges to be consistent with notice of charges.
- [449.74453](#) Notice to patients of programs available for assistance in payment of services.
- [449.74455](#) Discrimination prohibited.
- [449.74457](#) Policies and procedures for advance directives by patient; information to be furnished regarding physicians.
- [449.74459](#) Examination by patient of survey of facility and plan of correction.
- [449.74461](#) Finances of patient: System for maintenance and accounting.
- [449.74463](#) Finances of patient: Authorization to withhold money.
- [449.74465](#) Sending and receiving mail.
- [449.74467](#) Performance of services for facility by patient.

Quality of Care

- [449.74469](#) Standards of care.
- [449.74471](#) Administration of drugs.
- [449.74473](#) Program for control of infections.
- [449.74475](#) Vision and hearing.
- [449.74477](#) Pressure sores.

- [449.74479](#) Urinary problems.
- [449.74481](#) Range of motion.
- [449.74483](#) Mental or psychosocial behavior.
- [449.74485](#) Nasogastric tubes.
- [449.74487](#) Nutritional health; hydration.
- [449.74489](#) Physical or chemical restraint of patients.
- [449.74491](#) Prohibition of certain practices regarding patients; investigation of certain violations and injuries to patients; unfit employees.
- [449.74493](#) Notification of changes or condition of patient.
- [449.74495](#) Development of program of activities.
- [449.74497](#) Daily activities of patient.
- [449.74499](#) Participation in activities.

Staff and Attending Physicians

- [449.74511](#) Personnel policies; personnel records.
- [449.74513](#) Medical director.
- [449.74515](#) Physicians.
- [449.74517](#) Nursing staff.
- [449.74519](#) Nursing assistants and nursing assistant trainees.
- [449.74521](#) Other health care professionals.
- [449.74522](#) Employees of facility which provides care to persons with dementia.

Provision of Services

- [449.74523](#) Social services.
- [449.74525](#) Dietary services.
- [449.74527](#) Specialized rehabilitative services.
- [449.74529](#) Dental services.
- [449.74531](#) Pharmaceutical services.
- [449.74533](#) Laboratory services.
- [449.74535](#) Radiological and other diagnostic services.
- [449.74537](#) Special services.

Physical Environment

- [449.74539](#) General requirements.
- [449.74543](#) Design, construction, equipment and maintenance: General requirements; prerequisites to approval of facility for licensure.
- [449.74549](#) Patients' rooms.

Section 14 of LCB File No. R016-20 (not codified into regulation) is hereby amended as follows:

[Sec. 14. 1. Pursuant to subsection 1 of NRS 449.103, within 30 business days after the course or program is assigned a course number by the Division pursuant to section 18 of this regulation or within 30 business days of any agent or employee being contracted or hired, whichever is later, and at least once each year thereafter, a facility shall conduct training relating specifically to cultural competency for any agent or employee of the facility who provides care to a patient or resident of the facility so that the agent or employee may:

- (a) More effectively treat patients or care for residents, as applicable; and
- (b) Better understand patients or residents who have different cultural backgrounds, including, without limitation, patients or residents who fall within one or more of the categories in paragraphs (a) to (f), inclusive, of subsection 1 of NRS 449.103.

2. The facility shall provide the training required by subsection 1 through a course or program that is approved by the Director of the Department or his or her designee pursuant to section 17 of this regulation and is assigned a course number by the Division pursuant to section 18 of this regulation.
3. The facility shall keep documentation in the personnel file of any agent or employee of the facility of the completion of the cultural competency training required pursuant to subsection 1.]

Clear and concise explanation on why such change should occur:

1. Removes the following:
 - a. NAC 449.079 in its entirety, as this section affects licensed facilities for the treatment of alcohol or other substance use disorders;
 - b. The word “ironed” from NAC 449.126(4), NAC 449.15357(4), and NAC 449.74357(4) to reduce time during staffing storages, as well as relieving overall burden on industry;
 - c. NAC 449.154991(2), NAC 449.232(3), NAC 449.154937(2), and NAC 449.39516(2)(b), due to telephone directory regulations not being utilized anymore;
 - d. NAC 449.77417(2)(a) which clarifies confusion of enforcing authority; and,
 - e. Section 14 of LCB File No. R016-20 in its entirety to eliminate the annual requirement for cultural competency training.
2. Editions to NAC 449.079 includes the requirement for a licensed facility for the treatment of alcohol or other substance use disorders to obtain certification in accordance with NRS 458.025. This requirement was stricken from the statutory definition in 2015 by Senate Bill 500. The result was the statutory definition NRS 449.00455 for a facility for the treatment of alcohol or other substance use disorders does not require certification in order to be licensed. Repealing this section implements legislative intent.
3. Editions to NAC 449.126, NAC 449.15357, and NAC 449.74357 reduce extra work required by the facility by excluding the requirement for ironing. This may also help relieve workload during staff shortages.
4. Editions to NAC 449.15499, NAC 449.232, NAC 449.154937, and NAC 449.39516 eliminates language regarding requirements for facilities to be listed in a phone directory, which is no longer utilized.
5. Editions to NAC 449.77417 clarifies authority for requirements outlined already through Nevada Revised Statutes (NRS). Current regulation under this section provides the ability of a SNF and ICF to apply for a variance, which is not applicable, as this requirement is outlined in statute. Statutes take precedence over the regulation, and as one of the restrictions to variances, the Board does not have the authority to vary a statute. Removing this language will prevent future occurrences of facilities attempting to vary the statute, by using the regulatory language. Further, the statutory requirements remain in place, so removing this language does nothing to diminish the requirements.
6. Editions to Section 14 of LCB File No. R016-20 eliminate the annual requirement for cultural competency training, reducing extreme financial burden on facilities.
7. Recommendations for amendment or deletion within Chapter 449 would clarify and remove extraneous verbiage that is outdated or covered by other regulations and remove barriers for business.

Information for each public meeting held to discuss the proposed regulation change:

Stakeholder Feedback Meeting

Date: March 22nd, 2023

Number of Attendees: 88

Public Comment (listed below):

Leo Molino, president of Association of Home Care Owners of Northern Nevada, stated they are asking for 4 NAC amendments or changes. The first two changes recommended are NAC 449.180, the requirement for purchasing a licensed facility, and 449.190, license contents and validity and transferability of the facility. The next one Mr. Molino mentioned was NAC 449.300, restraints defined, especially the use of bed rails. Mr. Molino stated that they included bed rails because surveyors have many different interpretations of this regulation. The last regulation that Mr. Molino mentioned was the transfer of residents whose conditions deteriorate, and the discharge of residents. Mr. Molino stated that due to the limited beds that are available at this time, they are sometimes stuck with residents who need to be transferred to another facility or need higher levels of care. Lastly, Mr. Molino referenced NRS regarding training in cultural competency. Mr. Molino stated that they are spending \$30,000-\$50,000 in training and would like to request that this be amended so they are not burdened financially by this training or have it be done online like the Adult Protective Services training.

Jeanne Bishop-Parise stated that she agreed with Mr. Molino and also read into the record, Diana Roberts, who is a long-standing US SNF Administrator and is now licensed for residential facilities that she would like to see the regulations remove the day allowance for physician orders on medication changes and medications under NAC 449.2742 and .2744. Ms. Bishop-Parise stated that it requires a signed physician order before administering medication and that this leaves room for errors for that 5-day period. Ms. Bishop-Parise also asked that the program streamline required timeframes for various activities such as activity calendars, staffing schedules, and menus. Ms. Bishop-Parise also asked that the training requirements and paperwork for caregivers be put in one section. Ms. Bishop-Parise also commented on NAC 449.1915 and asked to put that with NAC 449.27702 where it discusses fines and sanctions. Ms. Bishop-Parise also mentioned that Obidia McGinnis agreed what was commented about with syringes and the administrators in assisted living regulations are vague and interpreted in many ways.

Blayne Osborn, President of Nevada Rural Hospital Partners, stated he would like to discuss the regulations in NAC 449 that were passed in R016-20 regarding cultural competency. Mr. Osborn stated that specifically, sections 15, 16 and 17 of the regulation have become incredibly burdensome, time-consuming, and costly to Nevada hospitals. Mr. Osborn stated that their member hospitals have seen their courses be rejected, sometimes three and four times over each for new reasons that reach far beyond the intent of the legislation and of the regulation, even when other hospitals have had the exact same course approved. Mr. Osborn stated they have seen classes be rejected over the lack of lived experience by instructors, something that is never even mentioned in the regulation. Mr. Osborn added that sadly, this has prevented the instruction of culturally competent care for staff in

multiple hospitals and is an incredible example of letting perfect become the enemy of good. Mr. Osborn stated that the contents of this regulation have stirred resentment amongst those required to be trained and are now a hindrance to the trainers having to teach these courses. Mr. Osborn stated they strongly request that this regulation be revised and streamlined so that courses can be approved, and staff can be trained in a timely manner.

Carmen Hirciag stated that they agree with the cultural competency comments. Ms. Hirciag stated they would like to see the cultural competency regulation done away with completely due to redundancy with anti-discriminatory regulations and is an extra burden on them. Ms. Hirciag added that the training is often not approved by the department for new reasons each time, sometimes without legally valid reasons for not approving the course. The whole requirement is adding to the cost of keeping and hiring employees, which is already difficult due to COVID.

Jacob Atwood, Administrator at a Skilled Nursing Facility in Las Vegas stated that there is a burden surrounding the cultural competency training and feel it is an unfunded mandate. Mr. Atwood stated that they would not mind completing the training; however, the cost and burden associated with the training is undue. Mr. Atwood stated that when the courses came out, the trainings offered were only 9 hours long and the amount they would have to pay staff to take this class is an extra \$30,000 in wages in addition to the cost of paying for this course. Mr. Atwood added that they felt this requirement came out without any way to fund the facilities for the extra cost associated with it. Mr. Atwood stated this causes more meeting hours and financial burden when the focus should be on the care of the residents.

Dora Valentin stated her feedback was about the assisted living endorsement. Ms. Valentin stated that there are many states that use that actually nationwide that term is used to mean non-medical care, and, in our state, we divide and define that term by the use of a private bathroom attached to a unit which is really nothing to do with assisted living. Ms. Valentin stated that if it's necessary to have such a distinction, then perhaps it should be a different term and residential facilities for groups were all we're all licensed under that term. Ms. Valentin added assisted living endorsement seems outdated and it's unfair to smaller facilities who also provide assisted living care when it comes to marketing and the ability to promote our services to the general public who understands the term assisted living. Ms. Valentin also stated she agreed with the other comments provided on NAC 449.

Dillon Martin stated that NAC 449 affected dietitians and diets in hospitals and care facilities. At this time, Mr. Martin stated that from their perspective and from feedback from dietitians, that the regulation seems to be working and fine at this time, but they are still reading through the regulation and will provide feedback if they identify any issues.

Wendy Simons stated that the recent emphasis on exemption requests within assisted living communities; these regulations went into effect in around 2000-2005, identifying the elements of exemption request, and I do believe there's tremendous provider confusion with regard to the recent survey findings in numerous communities, certainly in Northern Nevada regarding the enforcement of exemption request for individuals who are on Hospice and or home health services. Ms. Simons stated she asks DPBH to take a look at those exemption requests and give better public expectation to the facilities with regard to the enforcement of regulations that have not been enforced to the level of topics that we

are seeing since January. Ms. Simons also stated that the licensure phase of new communities opening up in the state of Nevada and the requirement for providing beds in all units that are being inspected where previous accommodations allowed for the provision of beds.

Public Workshop

Date: April 21st, 2023

Number of Attendees: 64

Public Comment (listed below):

Jeannie Bishop Parise stated she is a retired health service executive #3 for the state of Nevada, and that she realized that it's very difficult to pick a top ten and is in full support of the ones that have been selected. However, Ms. Bishop Parise stated she did not want to lose the body of work and knowledge that was brought forth in this process. She stated she was part of a governor's advisory that recrafted the Nurse Practice Act back in the early 90s when the OPRA 1987 requirements for certification of nursing assistance had a mass infusion. Ms. Bishop Parise stated that they didn't want to have the Nurse practice act with bits and pieces here, there and everywhere, which seems to have been the evolution of the RFFG requirements within 449. Ms. Bishop Parise asked if the Governor's Executive Order could provide for some sort of task force or reenactment of ALAC, the Assisted Living Advisory Council, to really craft out those provisions within 449 so that they are in keeping with the new directions and the new evolution of the RFFG industry.

Chris (no last name provided) asked what the word "ironed" meant in regard to the regulation changes.

Autumn Blattman, Executive Assistant for the Division of Public and Behavioral Health stated that it was referring to "ironing clothing".

Carmen Hirciag asked how these changes were selected.

Ms. Blattman stated that she can provide staff contact information for this question if needed.

Jessica Munger from Silver State Equality stated that they are in strong opposition to deleting the annual requirement of cultural competency training. Ms. Munger stated that she did not believe this should be removed, as it is training to ensure staff at all levels have the education and tools necessary to work with LGBTQ+ people, and that training will better ensure the quality of care for LGBTQ+ clients, of which there are many.

Ms. Munger also submitted her testimony via email, which stated the following: Hello, my name is Jessica Munger, representing Silver State Equality, Nevada's statewide LGBTQ+ civil rights organization. I am writing in opposition to striking the regulation for cultural competency training in Section 14 of LCB File No. R016-20. The annual requirement for cultural competency training should not be removed as this training is to ensure staff at all levels have the education and tools necessary to work with LGBTQ+ persons, and that the training will better ensure the quality of care of LGBTQ+ clients."

Carmen Hirciag stated she was in support of all the changes and but that she does not think they go far enough in the majority of the cases, particularly with respect to cultural competency. Ms. Hirciag stated that on the last call we had, she believes there were about four or five people who were strongly against this entire regulation due to the financial burden and the difficulty in obtaining and retaining staff that this adds for facilities.

Additionally, Ms. Hirciag stated she mentioned that the regulations are quite redundant as there are currently a lot of anti-discrimination regulations at the federal and state levels that would cover all groups of people. And furthermore, Ms. Hirciag added this only affects a very low percentage of the population, around 1%. So given the proportion of the financial burden to the impact it has on the population we would serve is very disproportionate.

Steve Messenger with the Nevada Primary Care Association representing the state's federally qualified health centers and also Nevada cultural competency, which is one of the programs that provides the facility level training. Mr. Messenger stated they are very concerned with the elimination of the cultural competency requirements and asked if DPBH eliminates all of section 14, how is DPBH in compliance with NRS 449.103 that states that DPBH, shall by regulation, require a facility to conduct training.

Cody Phinney, Deputy Administrator for Planning and Regulatory Services with the Division of Public and Behavioral Health responded to the question and stated HCQC will be enforcing the statute and continue to enforce the statute that exists during this interim period. Ms. Phinney stated they will reconvene and develop new regulation related to this. There are some concerns that the regulation, as it currently exists, includes requirements that are not supported by the statute, and so DPBH will be examining that, working with a broad array of stakeholders and developing a new regulation that keeps DPBH in compliance with the statute.

Mr. Messenger stated that makes some sense. However, Mr. Messenger stated that, given their concerns and since they are not sure what will be replacing the current regulations, they are opposing the deletion of this requirement. Mr. Messenger also stated the previous speaker said it only affects 1% of the population and he was not sure what that statistic refers to. Mr. Messenger stated we know we still have health disparities that are based on race and ethnicity and that LGBT populations still have worse health outcomes. Mr. Messenger stated that our cultural competency is not sufficient to address the issues that we're trying to address, when we enacted this regulation. In conclusion, Mr. Messenger stated they oppose repealing section 14 of R016-20.

Jay Cafferata, ASL Training, LLC (j.cafferata@asltraining.com) stated he would also like to say something in opposition to eliminating section 14 of LC File No. R016-20. Mr. Cafferata stated he understands the desire to eliminate the annual requirement, but to delete the entirety of section 14 also eliminates many of the ways in which the enforcement is actually carried out. Mr. Cafferata asked why we have to eliminate all of the regulations if the point is to eliminate just the annual requirement? Mr. Cafferata stated he can understand eliminating that piece, but not all of it.

Ms. Phinney answered Mr. Cafferata's question by stating she also received his written feedback. To answer Mr. Cafferata's question, Ms. Phinney stated there are some concerns about the current regulations more broadly than the annual requirement that they go beyond what the statute authorizes and that DPBH will work with a broad group of stakeholders to make sure that there are regulations that can be supported, meaning that DPBH has the capacity to implement in a timely fashion and support patient safety. Ms. Phinney stated DPBH is absolutely in support of patient safety and well treatment. However, there are concerns about the divisions and particularly HCQC's ability to manage the process that we have designed in a timely and efficient manner that actually helps the industry and protect patients the way we need them to.

Ms. McMullen stated she represents the Personal Care Association of Nevada and that they are in favor of eliminating section 14 of LCB File #R016-20 that eliminates the training for the cultural competency, the annual training and they would also like to see that the hours be reduced due to the workforce shortage and financial impact on the business industry itself. This has been very difficult for them and stated that at the end of the day, it's caring for people and that's what their interest is and that they oppose anything that that restricts that or gets in the way of that. Ms. McMullen stated they are in favor of cultural competency but in a reasonable fashion.

Allen Ward stated he is the president of Personal Care Association of Nevada and also an owner of a Home Instead Senior Care PCA in the state of Nevada. Mr. Ward stated he is in favor of removing the cultural competency requirement in the way that it was brought and executed by HCQC: not only the 30 day but the extreme cost, hundreds of millions of dollars the way it was delivered for our healthcare community. Mr. Ward stated that they are in favor of cultural competency in a reasonable deliverable and cost-effective way.

Joan Hall stated she was representing Nevada Rural hospitals. Ms. Hall stated she was happy we took out ironing and that they are in favor of all of these to be repealed. Ms. Hall stated they recognize the importance of cultural competence training, but the regulations were very overboard. It was very difficult to get courses approved and the time of the training took away from patient care. Ms. Hall said they are in support of this and look forward to working with DPBH on how this is going to roll out.

Faith Ramos stated she was representing the group home/care home community. Ms. Ramos stated that they do support cultural competency. However, they would like to see it delivered in a different medium. Ms. Ramos stated the financial burdens of the current training and the time required, especially with the short staffing that they are experiencing provides strains on our industry. Ms. Ramos stated she had an idea that DPBH could mirror the Elder Abuse Training so caregivers can go online and training that would be easily accessible to staff. Ms. Ramos explained short one- or two-hour modules on the HCQC website would be perfect. Mr. Ramos also provided another suggestion, which would be if facilities could have the administrators do in-house training, which she believes many facilities did even before the cultural competency training requirement.

Ms. Hirciag stated she believed the Deputy Administrator mentioned that a group will be formed to revise the regulations with input from the industry and was wondering how members of that group are being selected? Ms. Hirciag stated that the Deputy Administrator mentioned two people who were in favor of the cultural competency but that she was not sure if people who work in the industry will be represented.

Ms. Phinney replied that DPBH will follow our regular regulation development process, which means DPBH won't be selecting members, rather DPBH will be having open meetings similar to this one where anyone who's interested can come and participate. Ms. Phinney stated those meetings are posted and programs do rely on people to monitor that and look for things that they're interested in because DPBH does not always know everybody that's out there. Ms. Phinney stated DPBH is happy to help people find that if you send us an e-mail to our DPBH e-mail.

Ms. Hirciag asked if notifications such as this workshop's will be how these opportunities will be distributed.

Ms. Phinney confirmed that this was correct.

Marissa Brown stated she is the workforce and Clinical services director at the Nevada Hospital Association, and they advocate for 100% of the acute care hospitals and the majority of the specialty hospitals. Ms. Brown stated they are in support of the changes and the regulations. Mr. Brown stated that, as others in support have mentioned, this has been a huge financial burden on the hospitals, and they support cultural competency training but would be very much appreciative of being included and working with DPBH in formatting new regulations.

Leo Molino stated he is AHONN president. Mr. Molino stated that on behalf of the membership Association of Home Care Ownership, Northern Nevada, they support cultural competency. However, Mr. Molino stated this was a financial burden in their organization and inconsistency of section 14 is their concern. Mr. Molino also recommended that this training be available online, which would save so much time for caregivers and it would help financially in operations.

Mr. Cafferata also submitted public comment to Ms. Blattman via email which stated the following:

- Deregulation for the sake of eliminating regulations is not in the best interest of the parties the regulations intend to protect. Eliminating regulations that protect a group of people that are identified in statute undermines the law that was created to protect this group.
- Eliminating the entirety of section 14 is more than the requirements for annual training.
- Each section of the regulations from R016-20 needs to be addressed separately if all are intended to be eliminated.
- To eliminate section 1 means that the training doesn't have to be provided upon hiring a person to interact with patients. Cultural competency is more important for the patient than some other types of required training by facilities that staff undertake prior to being allowed to perform their job duties like sexual harassment.
- To eliminate section 2 means that the courses and their content no longer need approval from DHHS to meet NRS 449.103 – effectively eliminating NRS 449.103 standards.
- To eliminate section 3 eliminates the requirement to prove to HCQC that employees and staff have taken the training at all. There is nothing to ensure that the training has been taken on the honor system.
- The rationale for eliminating an entire section of the regulations around cultural competency for licensed healthcare facilities is based on 25 responses out of over 9,000 requests for input. This number is found on the small business impact statement.
- The facilities are not the intended protected group of people or patients.
- The law was created to protect patients.
- The law requires licensed healthcare facilities to maintain fair and equitable healthcare practices and delivery of healthcare services. There were two bills – SB364 and SB470 to provide protection to patients. Both passed and are now the law.

- The law requires facilities to provide this training as the direct result of PRIOR actions on the part of licensed healthcare facilities. Allowing them to dictate the content of the training is like allowing the fox to guard the hen house.
- Allowing facilities to undo this law because 25 facilities responded in contradictory ways is not reason enough to change the regulations in ANY way. This information is reported on the small business impact statement.
- Of the over 9,000 facilities impacted by these regulations – only .277% of facilities felt enough “pain” to return the survey – these regulations are not the problem.
- The reported extreme financial hardship for the “several” facilities is not sufficient to change the industry as a whole. Poor business decisions on the part of some administrators or owners of facilities should not dictate the industry standards of care or the required education of staff and agents of ALL facilities. The training is affordable and accessible NOW.
- I am one of the 3rd party vendors. I offer discounts to non-profit facilities (50%), group discounts to larger facilities (for some the training is as low as \$10/person), group discounts for live training, and accommodate many facilities’ needs to make it accessible as well as convenient. Other third-party vendors have their own discount systems and training options.
- Currently my training is available in a self-paced version accessible online including by smart phone or smart device. It is available in Spanish (pending approval).
- Being self-paced means that the entire 5 hours it takes to complete my online version means that staff and employees have 30 days in which to address this required training (per section 1 - proposed to be eliminated). That is only about an hour a week.
- To be effective - the facilities should be required to provide this training to their staff in a language the staff member understands – we know many of the work force in health care are English Language Learners. That would be culturally competent.
- Getting feedback from the staff that have taken the training might be helpful as well. I have attached the feedback from the 149 people who have taken my course since January of this year. Everyone is required to fill this out. I have not removed any responses.
- A report that demonstrates compliance reported to the Board of Health annually would be relevant information as to the enforcement of the regulations and the law. That report would benefit the state as well as patients and patient advocates.
- What could be changed is the addition of the frequency of the training to match the licensed healthcare professionals required CEUs and the average of that frequency for personnel of licensed healthcare facilities that are not required to hold a license in Nevada. That would be annually or biannually.
- A regulation around what is included in subsequent training or refresher courses is necessary to prevent the repeat of content. Much like Suicide prevention requirements do not allow for the repeat of a course – more courses need to be available for the “refresher” course.
- *It seems the real issue is the approval process.* Even though there are course outlines and a specific check list of required content, this seems to be inadequate for the approval process. Specific thresholds and minimum standards of the required

content need to be developed – much like any course with learning objectives and core requirements that can be quantified and measured. It is no fault of DPBH if people do not follow directions.

- Learning more about why training has failed to be approved needs to be reported from DPBH. Addressing those issues will help modify the approval process. TO BE CLEAR – erroneous and false, proselytizing, outdated, inadequate and misinformation are appropriate reasons for a training program to fail. If submissions are judged to include this content – it is no fault of DPBH that the training content fails to be approved.
- Likewise, learning why a trainer fails to be approved per the clearly defined minimum qualifications is dependent on the trainer that is proposed or submitted to DPBH. It is no fault of DPBH if the trainer put forth does not meet those minimum qualifications.

Public Hearing

Date: April 28th, 2023

Number of Attendees: Add number of attendees here.

Public Comment: Add feedback here.

Estimated impact on any business, person, or agency if the change is to occur:

Direct Adverse Economic Effects: None

Indirect Adverse Economic Effects: None

Direct Beneficial Economic Effects: This is not quantifiable, as the impact is variable depending on whether individual facilities developed their own cultural competency training programs or whether they are using third party training programs.

Indirect Beneficial Economic Effects: This is not quantifiable, as the impact is variable depending on whether individual facilities developed their own cultural competency training programs or whether they are using third party training programs.

Cost Savings to the State or Agency: None

Exemption Request

The Division of Public and Behavioral Health is requesting an exemption to move forward with the proposed regulation changes to NAC Chapter 449, as indicated in the attachment.

NAC CHAPTER 450B: EMERGENCY MEDICAL SERVICES

The citation of the regulation with clear indication of the proposed modification in blue italics and matters to be omitted in red and bracketed:

EMERGENCY MEDICAL DISPATCHERS

[NAC 450B.456 Qualifications for certification. (NRS 450B.120, 450B.155)]

1. To be certified as an emergency medical dispatcher, an applicant must:
 - (a) Be 18 years of age or older; and
 - (b) Successfully complete training pursuant to a national standard for emergency medical dispatchers or an equivalent standard approved by the Division.
2. The applicant shall submit proof to the Division, signed by the person responsible for the training, that the applicant has successfully completed the course or curriculum specified in paragraph (b) of subsection 1.
(Added to NAC by Bd. of Health by R182-01, eff. 3-5-2002; A by R024-14, 10-24-2014)

NAC 450B.457 Certification of emergency medical dispatcher trained in another state. (NRS 450B.120, 450B.155)

1. The Division may issue a certificate as an emergency medical dispatcher to an applicant who is trained in another state if:
 - (a) The applicant:
 - (1) Is a resident of Nevada;
 - (2) Will be a resident of Nevada within 6 months after applying for a certificate;
 - (3) Is a resident of another state and is employed by an agency that is responsible for emergency medical dispatch within the State of Nevada; or
 - (4) Is attending a course of training held in this State and approved by the Division.
 - (b) The applicant:
 - (1) Successfully completes a course of training that is approved by the Division and is at least equivalent to the national standard for emergency medical dispatchers; and
 - (2) Holds a certificate as an emergency medical dispatcher that is issued by an authorized agency in the other state.
 - (c) The applicant's certification or registration in the other state has not been revoked, terminated or suspended pursuant to any disciplinary proceeding.
 - (d) The Division receives verification of the applicant's certificate as an emergency medical dispatcher from the issuing agency of the other state on a form provided by the Division.
 - (e) The applicant submits the appropriate form and the fee prescribed in NAC 450B.700.
2. The Division may require the applicant to pass an evaluation or examination of his or her competency administered by the Division.
(Added to NAC by Bd. of Health by R182-01, eff. 3-5-2002; A by R024-14, 10-24-2014; R068-16, 1-27-2017)

NAC 450B.458 Expiration and renewal of certificate. (NRS 450B.120, 450B.155)

1. A certificate as an emergency medical dispatcher expires on the date of expiration appearing on the certificate and, after the initial period, expires biennially. The Division shall designate the date of expiration of each certificate.
2. Such a certificate may be renewed if:
 - (a) The Division determines that the holder of the certificate has, before the date of expiration, successfully completed:
 - (1) A course of continuing training that is at least equivalent to the national standard prepared by the National Highway Traffic Safety Administration of the United States Department of Transportation as a national standard as a refresher course for emergency medical dispatchers and is offered by a training center or approved by the Division; or

(2) Any other program of continuing education that is approved by the Division. Such a program must not be approved unless the requirement for attendance for that program for an emergency medical dispatcher is at least 8 hours.

(b) The holder submits, within the 3 months immediately preceding the date the certificate expires, an application indicating compliance with the requirements set forth in paragraph (a).

(Added to NAC by Bd. of Health by R182-01, eff. 3-5-2002; A by R024-14, 10-24-2014; R068-16, 1-27-2017)

NAC 450B.459 Late renewal of certificate. (NRS 450B.120, 450B.155) If an emergency medical dispatcher is unable to attend a course for continuing training required to renew his or her certificate, or otherwise comply with the requirements for renewal, within the prescribed period, he or she may submit a written request for a late renewal on a form provided by the Division.

(Added to NAC by Bd. of Health by R182-01, eff. 3-5-2002; A by R068-16, 1-27-2017)]

Clear and concise explanation on why such change should occur:

1. Removes NAC 450B.456, NAC 450B.457, NAC 450B.458, and NAC 450B.459 due to the DPBH Emergency Medical Services Office not regulating dispatchers.
2. Editions within Nevada Administrative Code (NAC) Chapter 450B outlined above would remove Nevada regulations regarding certification of emergency medical dispatchers. Dispatchers use a nationally accredited program. DPBH has not issued an Emergency Medical Dispatcher certification for approximately 5 years. Upon discussion with dispatcher supervisors, the removal of these sections would reduce barriers since the current regulations do not benefit dispatchers or their organizations.

Information for each public meeting held to discuss the proposed regulation change:

Stakeholder Feedback Meeting

Date: March 22nd, 2023

Number of Attendees: 88

Public Comment: No public comment provided for NAC Chapter 450B.

Public Workshop

Date: April 28th, 2023

Number of Attendees: 64

Public Comment: No public comment provided for NAC Chapter 450B amendments.

Public Hearing

Date: April 28th, 2023

Number of Attendees: **Add number of attendees here.**

Public Comment: **Add feedback here.**

Estimated impact on any business, person, or agency if the change is to occur:

Direct Adverse Economic Effects: None

Indirect Adverse Economic Effects: None

Direct Beneficial Economic Effects: None

Indirect Beneficial Economic Effects: None

Cost Savings to the State or Agency: None

Exemption Request

The Division of Public and Behavioral Health is requesting an exemption to move forward with the proposed regulation changes to NAC Chapter 449, as indicated in the attachment.

DRAFT

NAC CHAPTER 458: ABUSE OF ALCOHOL AND DRUGS

The citation of the regulation with clear indication of the proposed modification in blue italics and matters to be omitted in red and bracketed:

DETOXIFICATION TECHNICIANS

458.341 **Qualifications for certification.**

NAC 458.342 Application for certification. (*NRS 439.200, 458.025*) An applicant for certification as a detoxification technician must submit to the Division a completed application. To be considered complete, an application must:

1. Be accompanied by a nonrefundable fee in the amount of \$25; and
 2. Include:
 - (a) Documentation verifying that the applicant meets the qualifications set forth in *NAC 458.341*;
 - (b) A statement signed by the applicant indicating whether the applicant has been convicted of a felony and, if so, when and where the conviction occurred and a description of the offense;
 - (c) Written verification of the applicant's current employment, if any;
 - (d) Completed forms, approved by the Division, verifying the applicant's employment experience;
 - [(e) A complete set of fingerprints and written permission authorizing the Division to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report and the amount of the fees charged by the Central Repository and the Federal Bureau of Investigation for the handling of the fingerprint cards and issuance of the reports of criminal histories; and*
 - (f)] (e)* Any other information required pursuant to this chapter or *chapter 458* of NRS.
- (Added to NAC by Bd. of Health by R104-14, eff. 10-27-2015)

- 458.343 **Duties of Division upon receipt of application.**
- 458.345 **Examination for certification.**
- 458.346 **Scope of practice.**
- 458.347 **Posting of certification.**
- 458.348 **Professional responsibility.**
- 458.349 **Requirements for maintenance or renewal of certification.**
- 458.351 **Renewal of certification.**
- 458.352 **Requirement to notify Division in writing of certain convictions.**

Clear and concise explanation on why such change should occur:

1. Removes NAC 458.342(2)(e) due to duplication of background checks.
2. Editions within Nevada Administrative Code (NAC) Chapter 458 outlined above would update provisions for Nevada detoxification technician certifications by removing the redundant requirement of obtaining fingerprinting. Treatment agencies may already have a process in place for obtaining background checks; therefore, there is no need for both the treatment agency and the Division to conduct background checks.

Information for each public meeting held to discuss the proposed regulation change:

Stakeholder Feedback Meeting

Date: March 22nd, 2023

Number of Attendees: 88

Public Comment: No public comment provided for NAC Chapter 458

Public Workshop

Date: April 28th, 2023

Number of Attendees: 64

Public Comment: No public comment provided for NAC Chapter 458 amendments.

Public Hearing

Date: April 28th, 2023

Number of Attendees: Add number of attendees here.

Public Comment: Add feedback here.

Estimated impact on any business, person, or agency if the change is to occur:

Direct Adverse Economic Effects: None

Indirect Adverse Economic Effects: None

Direct Beneficial Economic Effects: None

Indirect Beneficial Economic Effects: None

Cost Savings to the State or Agency: None

Exemption Request

The Division of Public and Behavioral Health is requesting an exemption to move forward with the proposed regulation changes to NAC Chapter 449, as indicated in the attachment.

NAC CHAPTER 625A: ENVIRONMENTAL HEALTH SPECIALISTS

The citation of the regulation with clear indication of the proposed modification in blue italics and matters to be omitted in red and bracketed:

No recommended regulation amendments or removals at this time.

Information for each public meeting held to discuss the proposed regulation change:

Stakeholder Feedback Meeting

Date: March 22nd, 2023

Number of Attendees: 88

Public Comment (listed below):

Sharon Knafo stated that this section deals with early childhood education a lot as well. Dr. Knafo stated the importance of environmental health and its impact during the pandemic. Dr. Knafo noted one section of the environmental health regulation that will be need the most review is the planned review section. Dr. Knafo stated the planned review looks at additions and expansions and that as we emerge from the pandemic, facilities still standing are funded to expand; however, these facilities are faced with issues by the environmental health planned review. Regarding this, Dr. Knafo said there is conflict with the city, county, and HOA permits and the department need to collaborate with other entities to prevent deadlock and a revise role and enhanced ability to communicate with other agencies.

NAC CHAPTER 640D: MUSIC THERAPISTS

The citation of the regulation with clear indication of the proposed modification in blue italics and matters to be omitted in red and bracketed:

No recommended regulation amendments or removals at this time.

Information for each public meeting held to discuss the proposed regulation change:

Stakeholder Feedback Meeting

Date: March 22nd, 2023

Number of Attendees: 88

Public Comment (listed below):

Manal Toppozada, the Executive Director of Notable Music Therapy Services in Reno, stated she wanted to speak to the importance of continuing licensure for music therapists in Nevada. Music therapy is an allied health field requiring a minimum of a bachelor's degree and 1,040 hours of clinical internship. Ms. Toppozada stated that as music therapists, we have contracts with all of the hospitals in Northern Nevada, Southern Nevada, and with the State of Nevada, all which require state licensure in some form in addition to the national board certification. Ms. Toppozada stated eliminating licensure for music therapists would have a huge impact on their ability to provide services in clinical settings and that there are many other fields such as sound healers that provide valuable services, but to make sure that our field maintains its clinical integrity, continuing licensure for music therapists in our state is crucial.

NAC CHAPTER 640E: DIETETICS

The citation of the regulation with clear indication of the proposed modification in blue italics and matters to be omitted in red and bracketed:

No recommended regulation amendments or removals at this time.

Information for each public meeting held to discuss the proposed regulation change:

Stakeholder Feedback Meeting

Date: March 22nd, 2023

Number of Attendees: 88

Public Comment (listed below):

Dillon Martin, registered dietitian and the Consumer Protection Coordinator for the Nevada Academy of Nutrition and Dietetics, stated that there was a large cleanup of licensure language during the previous legislative session with Board of Health. Mr. Martin added that work had already been done to make licensure easier for Nevada dietitians, fee reductions, and speed ups for licensing. Mr. Martin noted that renewals through the state are very simple and changes that might happen regarding dietetic education, for example having a master's degree to get a license, are reflected appropriately in regulation.

Laura Kruskall, professor at UNLV and Program Director for accredited programs who train registered dietitians, stated she agreed with what was said prior regarding these regulations and added that it is easy to obtain licenses for Nevada dietitians and for those who are coming into Nevada from another state as well.

NAC CHAPTER 652: MEDICAL LABORATORIES

The citation of the regulation with clear indication of the proposed modification in blue italics and matters to be omitted in red and bracketed:

MISCELLANEOUS PROVISIONS

<u>652.488</u>	Fees; assessed expenses.
<u>652.491</u>	Grounds for denial, suspension or revocation of certificate.
<u>652.493</u>	Appeal of denial, suspension or revocation of license or certificate.
<u>652.496</u>	Action by Board upon receipt of report of certain violations of laws relating to industrial insurance by holder of license or certificate; consideration by Division of report.
<u>652.520</u>	Computation of time relating to violations and monetary penalties.
<u>652.530</u>	Disciplinary action: Circumstances under which authorized without notice; subsequent notice by Division required.
<u>652.540</u>	Disciplinary action: Notice by Division required; contents of notice.
<u>652.550</u>	Violations: Monetary penalties.
<u>652.560</u>	Reduction of monetary penalties.
<u>652.570</u>	Payment of monetary penalties: Time limitations; interest; costs.
<u>652.580</u>	Failure to pay monetary penalties: Grounds for suspension of license of laboratory; notice of intent to suspend license.
<u>652.590</u>	Activities of certain licensed professional nurses working at community health nursing clinics established by Division.

[NAC **652.600** Program of training for certification as technician. (NRS 439.200, 652.123, 652.125, 652.130)

1. Any program of training intended to prepare a person for certification as a technician must be approved by the Division. Application for approval must be submitted to the Division in the manner prescribed by the Division. The application must include:

- (a) A description of the goals of the program;
- (b) A description of the methods of instruction;
- (c) A description of the contents of the courses;
- (d) A description of the qualifications of the instructors;
- (e) A description of the methods of evaluating the performance of the trainee; and
- (f) The name of the director who is responsible for the program.

2. The director shall certify in writing to the Division each trainee who has successfully completed the program.

(Added to NAC by Bd. of Health, eff. 10-17-86; A 10-22-93; R104-13, 3-28-2014; R149-15, 6-21-2017) — (Substituted in revision for NAC 652.510)]

Clear and concise explanation on why such change should occur:

1. Removes NAC 652.600 in its entirety due to not being used in the past and no plans for the program to use these in the future.
2. Editions within Nevada Administrative Code (NAC) Chapter 652 outlined above would update Nevada regulation by removing certification requirements to be an approved program for training laboratory technicians. Eliminates NAC 652.600 Program of training for certification as technicians. Approved training is listed in previous sections of NAC 652 as well as NRS 652.

Information for each public meeting held to discuss the proposed regulation change:

Stakeholder Feedback Meeting

Date: March 22nd, 2023

Number of Attendees: 88

Public Comment (listed below):

Lauren Anderson, clinical scientist and laboratory manager stated that NAC 652.440, relating to medical technician activities, they recommend removing (c)(1) and (c)(2) and following the CMS, CLIA, and FDA guidelines for MLT's performing high complexity testing, the existing clause is highly restrictive to laboratory staffing and the ability to utilize this entire group of individuals. Ms. Anderson added that NAC 652.420 relating to CLT qualifications, section (2)(b) requires a bachelor's degree specifically in science. Ms. Anderson stated they recommend changing this to a bachelor's degree along with a completion of a NAACLS accredited program. This restricts qualified individuals from obtaining licensure and entering our workforce.

Taylor Noyes, clinical laboratory scientist and laboratory manager, stated that she agrees with what the previous commenter stated. Additionally, Ms. Noyes stated that clinical Laboratory science has struggled with staffing shortages across the nation due to the number of programs that have closed, and we are having a harder and harder time trying to get qualified scientists in. California has recently changed some of their laws regarding clinical laboratory science and medical laboratory technicians to change more towards the federal standpoint of what they are allowed to do, while Nevada is stricter than California. Ms. Noyes stated that she requested some changes for point of care testing; the waived testing to allow the CNAS and the nurse apprentices to be able to perform the wave glucose testing, as they were allowed to do during the emergency authorization to be included in part of their licenses and to change some of the moderate point of care testing to be allowed to be performed in the scope of those particular licenses, including registered nurses, licensed respiratory therapists, and pharmacists. Ms. Noyes added she suggests overall change the license requirements for the laboratory staff to meet the national like standards and the ASP certification standards because Nevada is stricter in some of them.

Public Workshop

Date: April 28th, 2023

Number of Attendees: 64

Public Comment: No public comment provided for NAC Chapter 652 amendments.

Public Hearing

Date: April 28th, 2023

Number of Attendees: Add number of attendees here.

Public Comment: Add feedback here.

Estimated impact on any business, person, or agency if the change is to occur:

Direct Adverse Economic Effects: None

Indirect Adverse Economic Effects: None

Direct Beneficial Economic Effects: None

Indirect Beneficial Economic Effects: None

Cost Savings to the State or Agency: None

Exemption Request

The Division of Public and Behavioral Health is requesting an exemption to move forward with the proposed regulation changes to NAC Chapter 449, as indicated in the attachment.

DRAFT