

Joe Lombardo
Governor

Richard Whitley,
MS
Director



DEPARTMENT OF
HEALTH AND HUMAN SERVICES
NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH



Cody Phinney,
MPH
Administrator

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

NOTICE OF INTENT TO ACT UPON A REGULATION

Notice of Hearing for the Amendment of Regulations of the Board of Health
LCB File No. R002-22 and Errata relating to testing for sexually transmitted disease (STD) and human immunodeficiency virus (HIV)

NOTICE IS HEREBY GIVEN that the State Board of Health will hold a public hearing to consider amendments to Chapter 441A of Nevada Administrative Code (NAC). This public hearing is to be held in conjunction with the State Board of Health meeting on Friday, September 1, 2023.

The State Board of Health will be conducted in person and via videoconference beginning at 9:00 AM (Pacific Time) on Friday, September 1, 2023, at the following locations:

Physical Meeting Locations:

Southern Nevada Health District (SNHD)
Red Rock Trail Rooms A and B
280 S. Decatur Boulevard; Las Vegas, Nevada 89107

State of Nevada - Division of Public and Behavioral Health (DPBH)
Hearing Room No. 303, 3rd Floor
4150 Technology Way; Carson City, Nevada 89706

Microsoft Team Meeting:

https://teams.microsoft.com/l/meetup-join/19%3ameeting_N2E0OWNkNzUtNGU2NC00NjJlTk0NTEtODRmZDIyZjFhNjRl%40thread.v2/0?context=%7b%22id%22%3a%22e4a340e6-b89e-4e68-8eaa-1544d2703980%22%2c%22oid%22%3a%22faba961c-6d7e-488b-8c7c-60c19eff2cbd%22%7d

Meeting ID: 236 129 451 619

Passcode: SnnFfb

Please Note: If you experience technical difficulties connecting online, please call into the meeting to participate by phone.

Join By Phone:

+1 775-321-6111, 19683895# United States, Reno
Phone Conference ID: 196 838 95#

The proposed changes to NAC Chapter 441A are required in accordance with Senate Bill (SB) 211 of the 2021 Legislative Session and Nevada Revised Statutes (NRS) Chapter 441A. Senate Bill (SB) 211 [formerly Bill Draft Request (BDR) 40-563] was introduced during the 2021 Nevada 81st Legislative Session and signed by Governor Steve Sisolak on June 4, 2021. The bill establishes requirements relating to testing for sexually transmitted diseases (STD) and human

immunodeficiency virus (HIV). The proposed regulations will update NAC Chapter 441A in accordance with the requirements set forth in SB 211. Current regulations do not outline the requirement to consult with patients about whether they wish to be tested for HIV or STDs.

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

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

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

- A. *Adverse effects:* The Division of Public and Behavioral Health does not anticipate any adverse/negative impacts to businesses or the general public in the State of Nevada.
- B. *Beneficial:* The positive/beneficial effects of the proposed regulations to businesses in the State of Nevada would be increased billing for HIV and STDs testing.
- C. *Immediate:* As soon as the proposed regulations become effective, it would increase opportunities for testing HIV and STDs across Nevada. All insurances in Nevada are required to cover HIV and STD testing following United States Preventive Services Taskforce (USPSTF) and the Centers for Disease Control and Prevention (CDC) Guidelines.
- D. *Long-term:* The long-term positive/beneficial effects of SB 211/ R002-22 to businesses in the State of Nevada include a reduction in the future cost of medical care and treatment of late diagnosis of HIV and STDs.

2. Anticipated effects on the public:

- A. *Adverse:* The Division of Public and Behavioral Health does not anticipate any adverse/negative impacts to the general public in the State of Nevada.
- B. *Beneficial:* The proposed regulations will eliminate patients' need to self-advocate for HIV and STD testing.
- C. *Immediate:* As soon as the proposed regulations become effective it would allow for (this benefit) to the public in the State of Nevada.
- D. *Long-term:* The long-term positive/beneficial effects to the public include a reduction of the future cost of medical care and treatment of late diagnosis of HIV and STDs. Additionally, it will destigmatize HIV and STDs among medical providers and the public. Lastly, these regulations will decrease HIV and STD occurrence in Nevada and potentially end the HIV epidemic in Nevada.

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

Additionally, the information for the Public Workshop, SBI questionnaire, SBI Statement was also provided online via the State of Nevada, Office of HIV - Regulation Development Processes Website (Link: https://dpbh.nv.gov/Programs/HIV/dta/Policies/HIV_Regulation_Development_Processes/) and posted at the local health

authorities offices. Interested parties could also request a physical copy via email (sent via mail) or in person at our office or the local health departments. The Division of Public and Behavioral Health did not receive any negative feedback regarding the proposed regulations.

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

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

6. The proposed regulations do not establish a new fee nor increase any existing fee.

Members of the public may make oral comments at this meeting. Persons wishing to submit written testimony or documentary evidence must submit the material to the Board's Secretary, Cody Phinney, to be received no later than Five (5) DAYS BEFORE MEETING DATE at the following address:

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

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

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

1. Nevada Division of Public and Behavioral Health - 4150 Technology Way, Suite# 300 Carson City, NV 89706
2. Nevada Division of Public and Behavioral Health – 2290 South Jones Boulevard, Suite # 110, Las Vegas, NV 89146
3. Southern Nevada Health District - 280 S Decatur Blvd, Las Vegas, NV 89107
4. Washoe County Health District - 1001 E 9th St B, Reno, NV 89512

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

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

Copies may be obtained in person, by mail, or by calling the Division of Public and Behavioral Health at:

Preston Nguyen Tang, MPH
Division of Public and Behavioral Health
2290 South Jones Boulevard, Suite # 110, Las Vegas, NV 89146
Phone: (702) 486-6488
Email: ptang@health.nv.gov

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

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

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

Joe Lombardo
Governor

Richard Whitley,
MS
Director



Cody Phinney,
MPH
Administrator

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

MEMORANDUM

DATE: July 6, 2023
TO: Jon Pennell, Chair
State Board of Health
FROM: Cody Phinney, Secretary
State Board of Health

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

PURPOSE OF AMENDMENT

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

SUMMARY OF CHANGES TO NEVADA ADMINISTRATIVE CODE (NAC)

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

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

- Adopts by reference certain federal guidelines concerning testing for sexually transmitted diseases and offering culturally and linguistically appropriate services;

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

POSSIBLE OUTCOME IF PROPOSED AMENDMENT IS NOT APPROVED

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

APPLICABILITY OF PROPOSED AMENDMENT

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

PUBLIC COMMENT RECEIVED

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

Additionally, the information for the Public Workshop, SBI questionnaire, SBI Statement was also provided online via the State of Nevada, Office of HIV - Regulation Development Processes Website (Link:

https://dpbh.nv.gov/Programs/HIV/dta/Policies/HIV_Regulation_Development_Processes/) and posted at the local health authorities' offices. Interested parties could also request a physical copy via email (sent via mail) or in person at our office or the local health departments.

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

PUBLIC WORKSHOP

1. A public workshop was held on Thursday, January 6, 2022. There were 9 participants who attended the workshop virtually. a. Summary of testimony: No Public Comment was made by community members attending the public workshop.

2. A public workshop was held on Monday, July 18, 2022, for the updated errata language. There were 18 participants who attended the workshop virtually. a. Summary of testimony: Comments were favorable by community members attending the public workshop.

3. A public workshop was held on Thursday, January 12, 2023, for the updated errata language. There were 23 participants who attended the workshop virtually. a. Summary of testimony: A comment was favorable by community members attending the public workshop.

STAFF RECOMMENDATION

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

PRESENTER

Preston Nguyen Tang, MPH – Health Program Specialist I – Office of HIV

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

LCB File No. R002-22

May 10, 2023

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

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

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

Legislative Counsel’s Digest:

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

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

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

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

1. When making a determination pursuant to subsection 1 of NRS 441A.315 concerning which tests for sexually transmitted diseases are medically indicated for a patient, a physician, physician assistant, advanced practice registered nurse or midwife shall follow the procedures set forth in “Chlamydia and Gonorrhea: Screening,” “Human Immunodeficiency Virus (HIV) Infection: Screening” and “Syphilis Infection in Nonpregnant Adolescents and Adults: Screening,” as adopted by reference in NAC 441A.200.

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

(a) Document in the record of the patient:

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

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

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

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

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

1. ~~Acquired immune deficiency syndrome (AIDS).~~
- ~~2.~~ Amebiasis.

- ~~{3.}~~ 2. Animal bite from a rabies-susceptible animal.
- ~~{4.}~~ 3. Anthrax.
- ~~{5.}~~ 4. Botulism, foodborne.
- ~~{6.}~~ 5. Botulism, infant.
- ~~{7.}~~ 6. Botulism, wound.
- ~~{8.}~~ 7. Botulism, other than foodborne botulism, infant botulism or wound botulism.
- ~~{9.}~~ 8. Brucellosis.
- ~~{10.}~~ 9. Campylobacteriosis.
- ~~{11.}~~ 10. Chancroid.
- ~~{12.}~~ 11. Chikungunya virus disease.
- ~~{13.}~~ 12. *Chlamydia trachomatis* infection of the genital tract.
- ~~{14.}~~ 13. Cholera.
- ~~{15.}~~ 14. Coccidioidomycosis.
- ~~{16.}~~ 15. Cryptosporidiosis.
- ~~{17.}~~ 16. Dengue.
- ~~{18.}~~ 17. Diphtheria.
- ~~{19.}~~ 18. Ehrlichiosis/anaplasmosis.
- ~~{20.}~~ 19. Encephalitis.
- ~~{21. — Enterobacteriaceae,}~~

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

- ~~{22.}~~ 21. Extraordinary occurrence of illness.
- ~~{23.}~~ 22. Foodborne disease outbreak.

- ~~{24.}~~ 23. Giardiasis.
- ~~{25.}~~ 24. Gonococcal infection.
- ~~{26.}~~ 25. Granuloma inguinale.
- ~~{27.}~~ 26. *Haemophilus influenzae* type b invasive disease.
- ~~{28.}~~ 27. Hansen's disease (leprosy).
- ~~{29.}~~ 28. Hantavirus.
- ~~{30.}~~ 29. Hemolytic-uremic syndrome (HUS).
- ~~{31.}~~ 30. Hepatitis A.
- ~~{32.}~~ 31. Hepatitis B.
- ~~{33.}~~ 32. Hepatitis C.
- ~~{34.}~~ 33. Hepatitis Delta.
- ~~{35.}~~ 34. Hepatitis E.
- ~~{36.}~~ 35. Hepatitis, unspecified.
- ~~{37.}~~ 36. Human immunodeficiency virus infection (HIV).
- ~~{38.}~~ 37. Influenza that is:

- (a) Associated with a hospitalization or the death of a person under 18 years of age; or
- (b) Known or suspected to be of a viral strain that:

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

- (2) Is novel or untypeable.

- ~~{39.}~~ 38. Legionellosis.
- ~~{40.}~~ 39. Leptospirosis.
- ~~{41.}~~ 40. Listeriosis.

- ~~{42.}~~ 41. Lyme disease.
- ~~{43.}~~ 42. Lymphogranuloma venereum.
- ~~{44.}~~ 43. Malaria.
- ~~{45.}~~ 44. Measles (rubeola).
- ~~{46.}~~ 45. Meningitis.
- ~~{47.}~~ 46. Meningococcal disease.
- ~~{48.}~~ 47. Mumps.
- ~~{49.}~~ 48. Pertussis.
- ~~{50.}~~ 49. Plague.
- ~~{51.}~~ 50. Poliovirus infection.
- ~~{52.}~~ 51. Psittacosis.
- ~~{53.}~~ 52. Q fever.
- ~~{54.}~~ 53. Rabies, human or animal.
- ~~{55.}~~ 54. Relapsing fever.
- ~~{56.}~~ 55. Respiratory syncytial virus infection.
- ~~{57.}~~ 56. Rotavirus infection.
- ~~{58.}~~ 57. Rubella (including congenital rubella syndrome).
- ~~{59.}~~ 58. Saint Louis encephalitis virus (SLEV).
- ~~{60.}~~ 59. Salmonellosis.
- ~~{61.}~~ 60. Severe acute respiratory syndrome (SARS).
- ~~{62.}~~ 61. Severe reaction to immunization.
- ~~{63.}~~ 62. Shiga toxin-producing *Escherichia coli*.
- ~~{64.}~~ 63. Shigellosis.

- ~~{65.}~~ 64. Smallpox (variola).
- ~~{66.}~~ 65. Spotted fever riskettsioses.
- ~~{67.}~~ 66. *Staphylococcus aureus*, vancomycin-intermediate.
- ~~{68.}~~ 67. *Staphylococcus aureus*, vancomycin-resistant.
- ~~{69.}~~ 68. Streptococcal toxic shock syndrome.
- ~~{70.}~~ 69. *Streptococcus pneumoniae* (invasive).
- ~~{71.}~~ 70. Syphilis (including congenital syphilis).
- ~~{72.}~~ 71. Tetanus.
- ~~{73.}~~ 72. Toxic shock syndrome, other than streptococcal toxic shock syndrome.
- ~~{74.}~~ 73. Trichinosis.
- ~~{75.}~~ 74. Tuberculosis.
- ~~{76.}~~ 75. Tularemia.
- ~~{77.}~~ 76. Typhoid fever.
- ~~{78.}~~ 77. Varicella (chickenpox).
- ~~{79.}~~ 78. Vibriosis.
- ~~{80.}~~ 79. Viral hemorrhagic fever.
- ~~{81.}~~ 80. West Nile virus.
- ~~{82.}~~ 81. Yellow fever.
- ~~{83.}~~ 82. Yersiniosis.
- ~~{84.}~~ 83. Zika virus disease.

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

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

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

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

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

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

(2) *Manual for the Surveillance of Vaccine-Preventable Diseases*, ~~[4th edition,]~~ published by the United States Department of Health and Human Services and available at no cost on the

Internet at <http://www.cdc.gov/vaccines/pubs/surv-manual/index.html>, or, if that Internet website ceases to exist, from the Division.

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

(e) The recommended guidelines for the investigation, prevention, suppression and control of communicable diseases contained in *Red Book: 2021 Report of the Committee on Infectious Diseases*, ~~30th~~ **32nd** edition, published by the American Academy of Pediatrics and available for the price of ~~75.00~~ **119.95** for members and \$149.95 for nonmembers from the American Academy of Pediatrics, ~~141 Northwest Point Boulevard, Elk Grove Village, Illinois 60007,~~ **345 Park Boulevard, Itasca, Illinois 60143**, or at the Internet address ~~<http://www.aap.org>~~ <https://shop.aap.org>.

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

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

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

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

(3) “Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection,” *Morbidity and Mortality Weekly Report* [49(RR06):1-54, June 9, 2000], published by the United States Department of Health and Human Services and available at no cost on the Internet at <http://www.cdc.gov/mmwr>, or, if that Internet website ceases to exist, from the Division;

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

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

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

(i) “Case Definitions for Infectious Conditions Under Public Health Surveillance,” *Morbidity and Mortality Weekly Report* [46(RR10):1-55, May 2, 1997], published by the United States Department of Health and Human Services and available at no cost on the Internet at <http://www.cdc.gov/mmwr>, or, if that Internet website ceases to exist, from the Division.

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

(k) “Updated Recommendations for Isolation of Persons with Mumps,” *Morbidity and Mortality Weekly Report* [57(40):1103-1105, October 10, 2008], published by the United States

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

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

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

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

(o) The guidelines for the prevention, postexposure management and control of rabies as specified in the “Compendium of Animal Rabies Prevention and Control, 2016,” published by

the National Association of State Public Health Veterinarians and available at no cost on the Internet at <http://nasphv.org/documentsCompendiaRabies.html>, or, if that Internet website ceases to exist, from the Division.

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

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

(r) “Human Immunodeficiency Virus (HIV) Infection: Screening,” published by the United States Preventative Services Task Force and available at no cost on the Internet at <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/human-immunodeficiency-virus-hiv-infection-screening>, or, if that Internet website ceases to exist, from the Division.

(s) “Syphilis Infection in Nonpregnant Adolescents and Adults: Screening,” published by the United States Preventive Services Task Force and available at no cost on the Internet at <https://uspreventiveservicestaskforce.org/uspstf/recommendation/syphilis-infection->

nonpregnant-adults-adolescents-screening, or, if that Internet website ceases to exist, from the Division.

(t) “Chlamydia and Gonorrhea: Screening,” published by the United States Preventive Services Task Force and available at no cost on the Internet at <https://uspreventiveservicestaskforce.org/uspstf/recommendation/chlamydia-and-gonorrhea-screening>, or, if that Internet website ceases to exist, from the Division.

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

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

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

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

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

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

—~~(b)~~ Hepatitis A;

~~(e)~~ (b) Hepatitis B;

~~(d)~~ (c) Hepatitis C;

~~(e)~~ (d) Human immunodeficiency virus (HIV);

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

~~(g)~~ (f) Tuberculosis,

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

2. The report must include:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

investigation must be initiated to protect the public health, the district health officer may proceed with the investigation, including notifying the case or suspected case, and may carry out measures for the prevention, suppression and control of the communicable disease.

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

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

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

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

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

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

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

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

- (1) Inform the public of the common source of infection;
- (2) Provide education to the public concerning the risk, transmission, prevention and control of the communicable disease; and
- (3) Notify the Chief Medical Officer.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(b) Determined by investigation of the health authority,

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

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

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

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

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

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

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

441A.450 1. The health authority shall investigate each report of a case having ~~†~~
~~—(a) Acquired immune deficiency syndrome (AIDS); or~~
~~—(b) A~~ a human immunodeficiency virus infection (HIV), as identified by a confirmed positive human immunodeficiency virus infection (HIV) blood test administered by a medical laboratory,
~~†~~ to confirm the diagnosis and identify each person with whom the case has had sexual relations and each person with whom the case has shared a needle. The health authority shall notify each person so identified of his or her potential exposure and of the availability of counseling and of testing for the presence of human immunodeficiency virus infection (HIV). If a person notified pursuant to this section is unable to obtain counseling as set forth in NRS 441A.336, the health authority shall provide, or ensure the provision of, the counseling.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(a) Confirm the diagnosis;

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

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

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

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

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

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

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

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

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

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

1. ~~{Acquired immune deficiency syndrome (AIDS).}~~
- ~~—2.}~~ Acute pelvic inflammatory disease.
- ~~{3.}~~ 2. Chancroid.
- ~~{4.}~~ 3. *Chlamydia trachomatis* infection of the genital tract.
- ~~{5.}~~ 4. Genital herpes simplex.
- ~~{6.}~~ 5. Genital human papilloma virus infection.
- ~~{7.}~~ 6. Gonorrhea.

- ~~{8.}~~ 7. Granuloma inguinale.
- ~~{9.}~~ 8. Hepatitis B infection.
- ~~{10.}~~ 9. Human immunodeficiency virus infection (HIV).
- ~~{11.}~~ 10. Lymphogranuloma venereum.
- ~~{12.}~~ 11. Nongonococcal urethritis.
- ~~{13.}~~ 12. Syphilis.

Steve Sisolak
Governor



Richard Whitley, MS
Director

**DEPARTMENT OF
HEALTH AND HUMAN SERVICES**
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
Helping people. It's who we are and what we do.



Lisa Sherych
Administrator

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

SMALL BUSINESS IMPACT STATEMENT 2021

PROPOSED AMENDMENTS TO Nevada Administrative Code (NAC) 441A

The Division of Public and Behavioral Health (DPBH) has determined that the proposed amendments to the Nevada Administrative Code (NAC), specifically 441A, will not have a financial impact upon a small business or the formation, operation, or expansion of a small business in Nevada.

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

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

Background

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

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

There are several reasons for bringing this change forward:

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

Additionally:

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

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

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

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

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

Summary of Response

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

How many employees are currently employed by your business?	Will a specific regulation have an adverse economic effect upon your business?	Will the regulation (s) have any beneficial effect upon your business?	Do you anticipate any indirect adverse effects upon your business?	Do you anticipate any indirect beneficial effects upon your business?
21	Yes - 0 No - 1	Yes - 1 No - 0	Yes - 0 No - 1	Yes - 1 No - 0

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

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

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

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

- Direct beneficial effects:
 - All insurances in the State of Nevada are required to cover HIV and STD testing following USPSTF and CDC Guidelines.
 - Medical providers can bill for HIV and STD testing.
- Indirect beneficial effects:
 - Increase HIV and STD testing statewide.
 - Increase diagnosis and treatment of HIV and STD.
 - Decrease stigma related to HIV and STD.
- Direct adverse effects:
 - No significant direct adverse economic effects are anticipated.

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

The Division of Public and Behavioral Health has held several opportunities for businesses to provide input and comments regarding the proposed SB 211 regulations, including the economic impact the proposed regulations may have on their business. Responses to the proposed regulation have been favorable.

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

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

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

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

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

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

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

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

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

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

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

Certification by Person Responsible for the Agency

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

Signature  _____ Date: 12/2/2021

Steve Sisolak
Governor

Richard Whitley, MS
Director



**DEPARTMENT OF
HEALTH AND HUMAN SERVICES**
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
Helping people. It's who we are and what we do.



Lisa Sherych
Administrator

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

NOTICE OF PUBLIC WORKSHOP
For Proposed Amendments to Nevada Administrative Code (NAC) Chapter 441A

NOTICE IS HEREBY GIVEN that the Division of Public and Behavioral Health (DPBH) will hold a public workshop to consider an errata to proposed regulations in Legislative Counsel Bureau (LCB) File No. R002-22 and File No. R148-22 amending Nevada Administrative Code (NAC) Chapter 441A in accordance with Senate Bill (SB) 211, Assembly Bill 192, and Senate Bill 275 of the 81st Session of the Nevada Legislature which occurred in 2021 and Nevada Revised Statutes (NRS) 441A.

The workshop will be conducted via videoconference and will have a call-in option available beginning at 9:00 AM on Thursday, January 12, 2023, by using the information provided below to join on your computer or by calling in via telephone. If you have difficulties joining in by computer, you can call in utilizing the number below:

Microsoft Teams Meeting:

https://teams.microsoft.com/l/meetup-join/19%3ameeting_MzNjYWUwMzgtNzUzMy00ODVmLWEzYWQtNTdmMDQ4MTVhMzFh%40thread.v2/0?context=%7b%22Tid%22%3a%22e4a340e6-b89e-4e68-8eaa-1544d2703980%22%2c%22Oid%22%3a%228f8a0486-03d9-4431-9c80-8cfa9f2d92e%22%7d

Meeting ID: 210 656 597 332

Passcode: 2jKiKE

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

Or call in (audio only)

[+1 775-321-6111](tel:+17753216111), [715783597#](tel:+1775783597) United States, Reno

Phone Conference ID: 715 783 597#

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

AGENDA

1. Introduction of the workshop process
2. Public comment on errata to proposed regulation Legislative Council Bureau (LCB) file no. R002-22 amending Nevada Administrative Code (NAC) Chapter 441A in accordance with Senate Bill (SB) 211 of the 2021 Legislative Session and Nevada Revised Statutes (NRS) Chapter 441A.
3. Public comment on errata to proposed regulation LCB file no. R148-22 amending NAC 441A in accordance with Assembly Bill (AB) 192 and SB 275 of the 81st Legislative Session of 2021 and NRS Chapter 441A.
4. Public Comment

Summary of LCB file no. R002-22

The proposed changes will revise NAC Chapter 441A in accordance with SB 211 and NRS Chapter 441A.

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

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

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

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

Additionally:

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

1. Anticipated effects on the business and on the general public:

- A. *Adverse effects:* The Division of Public and Behavioral Health does not anticipate any adverse/negative impacts to businesses or the general public in the State of Nevada. It would also eliminate patients' need or awkwardness/shyness to self-advocate for HIV and STD testing.
- B. *Beneficial:* The positive/beneficial effects of 2021 SB 211 to businesses in the State of Nevada would be increased billing for HIV and STDs.
- C. *Immediate:* As soon as the proposed regulations become effective, it would increase opportunities for testing HIV and STDs across Nevada. Additionally, it would create an open dialogue with medical providers regarding any behaviors impacting their patient's health. All insurances in Nevada are required to cover HIV and STD testing following USPSTF and CDC Guidelines.
- D. *Long-term:* The long-term positive/beneficial of SB 211 effects to the public in the State of Nevada will reduce the future cost of medical care and treatment of late diagnosis of HIV and STDs. Additionally, it will destigmatize HIV and STDs among medical providers and the public. Lastly, this bill will decrease HIV and STD occurrence in the State of Nevada and potentially end the HIV epidemic in Nevada.

2. These proposed regulations will not add any costs to the current regulatory enforcement activities conducted by the DPBH. Additionally, the proposed regulations do not provide for a new fee or increase any existing fee.

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

Summary of LCB file no. R148-22

The proposed changes will revise Nevada Administrative Code (NAC) Chapter 441A in accordance with Senate Bill (SB) 275 and Assembly Bill (AB) 192 of the 81st Legislative Session and Nevada Revised Statutes (NRS) Chapter 441A.

The proposed regulations stem from the passage of SB 275 (formerly Bill Draft Request 40-220) and AB 192 (formerly Bill Draft Request 40-453), which were both introduced during the 2021 Nevada 81st Legislative Session and signed by Governor Steve Sisolak on June 4, 2021. SB 275 revises provisions relating to communicable diseases including isolation and quarantine of a case or suspected case of a communicable diseases and removal of duplicative references to HIV and/or AIDS. AB 192 revises provisions governing the testing of pregnant women for certain sexually transmitted infections. The proposed regulations will update NAC Chapter 441A in accordance with the requirements set forth in SB 275 and AB 192. Current regulations do not require reporters to indicate if a woman who tests positive for syphilis is pregnant or require treatment information. The proposed regulation will update and require that a report of a pregnant woman who has or is suspected of having syphilis must include, without limitation, the fact that the case occurred in a pregnant woman and if treatment was provided, the type of treatment that was provided; or if the pregnant woman refused treatment, the fact that the pregnant woman refused treatment.

Additionally, the CDC recommends all pregnant women in the U.S. should be screened for syphilis during their pregnancy. Women who test positive should be treated using the most current sexually transmitted infection (STI) treatment recommendations.

Lastly, the bill revises or proposes revision as follows:

- The procedures followed by a county or city board of health or a health authority when isolating, quarantining, or treating certain persons;
- Provisions governing the investigation of a case or suspected case of a communicable disease and an order for a person with a communicable disease to submit to examination and treatment;
- Provisions concerning certain offenses relating to communicable diseases; revising provisions concerning court-ordered testing for a communicable disease;
- Provisions prohibiting the disclosure of information about certain persons investigated by the health authority;
- Provisions requiring the alleged victim of a crime involving sexual penetration to be provided with information concerning sexually transmitted diseases;
- Revising certain terminology used to refer to the human immunodeficiency virus and related matters; reestablishing the Advisory Task Force on HIV Exposure Modernization;
- Setting forth the duties of the Task Force;
- Abolishing certain crimes relating to the human immunodeficiency virus;
- Repealing certain additional provisions relating to communicable diseases;
- Providing a penalty; and
- Providing other matters properly relating thereto.

There are several public health reasons for bringing these changes forward:

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

Anticipated effects on the business and on the general public:

- A. *Adverse effects*: The DPBH does not anticipate any adverse/negative impacts to businesses or the general public in the State of Nevada.
- B. *Beneficial*: Birth defects can occur in infants born to women who are infected with syphilis prior to or during pregnancy, this is known as congenital syphilis. Congenital syphilis can cause developmental delays and have negative neurologic manifestations. The positive/beneficial effects of AB 192 for the public would be fewer cases of untreated syphilis and lower rates of congenital syphilis. This could result in less overall medical costs to medical systems and lower costs to support children through K-12 education as well as lessen support services costs that an individual who is born with congenital syphilis could require to support in adulthood.
- C. *Immediate*: As soon as the proposed regulations become effective, it would improve the reporting information reported to public health for women who test positive for syphilis during pregnancy. This information will allow disease investigators to provide better investigations and confirm that women are adequately treated in pregnancy to prevent congenital syphilis.
- D. *Long-term*: The long-term positive/beneficial of AB 192 effects to the public in the State of Nevada will reduce the future cost of medical care and cost of support services for those born with congenital syphilis.

In addition to changes brought forth because of SB 275 and AB 192, R148-22 will update NAC 441A in the following ways:

- Add the following conditions as reportable communicable diseases:
 - o Any condition identified by the CDC as a nationally notifiable condition
 - o Babesiosis (parasite)
 - o Candida auris
 - o Coronavirus disease 2019 (COVID-19)
 - o Cyclosporiasis (parasite)
 - o Monkeypox
- Update reporting requirements for:
 - o *Haemophilus influenzae* invasive disease, removes the requirement for it to be type b
 - o Hepatitis B, specify acute and chronic
 - o Hepatitis C, specify perinatal, acute, and chronic
 - o Influenza, removed the reference to persons under 18 years of age
- Update references to current recommended treatment guidelines (i.e., reference was to a manual published in 2015, updated to 2021)
- Add reporting requirement for electronic case reporting
- Add requirement for medical laboratories to report negative results for Hepatitis C and HIV
- Add requirement for health care providers to provide negative results or proof of treatment for a specific person if requested by the health authority
- Add requirement for schools to inform parents or guardians of children who might have been exposed to a communicable disease and for schools to provide information to parents so they can monitor children for sign and symptoms of the communicable disease to which they were exposed
- Update reporting requirements for tuberculosis testing and treatment
- Update investigation requirement for chlamydia and gonorrhea, specifying that the health authority *may* investigate each case, rather than *shall*

- Update treatment language for sexually transmitted infections, specifying that a person shall be *offered* treatment, rather than *receives* treatment
- Update investigation criteria for Lyme Disease to better align with CDC guidance
- Add additional exclusion criteria from schools for individuals who test positive for measles
- Prohibit the exclusion of workers from sensitive occupations should exclusion of the person be prohibited by the Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12101 et seq., or NRS 613.330
- Prohibit the exclusion children from a childcare facility or school should exclusion of the person be prohibited by Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12101 et seq., or NRS 651.050 to 651.120, inclusive

Members of the public may make oral comments at this meeting. Persons wishing to submit written testimony or documentary evidence more than two typed, 8-1/2" x 11" pages must submit the material to Tory Johnson at the Division of Public and Behavioral Health at the following address:

Tory Johnson
 Division of Public and Behavioral Health
 1840 East Sahara Avenue Suite 110-111
 Las Vegas, NV 89104
 Phone: (702) 486-0767
 Email: ToJohnson@health.nv.gov

Members of the public who require special accommodations or assistance at the workshops are required to notify Tory Johnson, Health Program Manager II, in writing to the DPBH, 1840 East Sahara Avenue Suite 110-111 Las Vegas, NV 89104, by calling 702-486-0767 or via email at: tojohnson@health.nv.gov at least five (5) working days prior to the date of the public workshop.

You may contact Tory Johnson by calling (702) 486-0767 or via email at tojohnson@health.nv.gov for further information on the proposed regulations or how to obtain copies of the supporting documents.

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

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

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

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

Copies may be obtained in person, by mail, or by calling the Office of HIV (702) 486-0767 in Las Vegas.

Steve Sisolak
Governor

Richard Whitley, MS
Director



**DEPARTMENT OF
HEALTH AND HUMAN SERVICES**
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
Helping people. It's who we are and what we do.



Lisa Sherych
Administrator

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

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

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

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

Microsoft Teams meeting

Join on your computer or mobile app

[Click here to join the meeting](https://teams.microsoft.com/l/meetup-join/19%3aa19598c9963743aaa8e64e331c8e342c%40thread.skype/1656516267095?context=%7b%22Tid%22%3a%22e4a340e6-b89e-4e68-8eaa-1544d2703980%22%2c%22Oid%22%3a%228f8a0486-03d9-4431-9c80-8cfa9f2d92e%22%7d) - <https://teams.microsoft.com/l/meetup-join/19%3aa19598c9963743aaa8e64e331c8e342c%40thread.skype/1656516267095?context=%7b%22Tid%22%3a%22e4a340e6-b89e-4e68-8eaa-1544d2703980%22%2c%22Oid%22%3a%228f8a0486-03d9-4431-9c80-8cfa9f2d92e%22%7d>

Or call in (audio only)

+1 775-321-6111 - United States, Reno

+1 702-329-3435 - United States, Las Vegas

Phone Conference ID: 413 766 499#

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

AGENDA

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

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

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

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

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

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

Additionally:

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

1. Anticipated effects on the business and on the general public:

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

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

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

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

Members of the public may make oral comments at this meeting. Persons wishing to submit written testimony or documentary evidence in excess of two typed, 8-1/2" x 11" pages must submit the material to Preston Nguyen Tang at the Division of Public and Behavioral Health at the following address:

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

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

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

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

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

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

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

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

Steve Sisolak
Governor

Richard Whitley, MS
Director



**DEPARTMENT OF
HEALTH AND HUMAN SERVICES**
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
Helping people. It's who we are and what we do.



Lisa Sherych
Administrator

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

NOTICE OF PUBLIC WORKSHOP

NOTICE IS HEREBY GIVEN that the Division of Public and Behavioral Health will hold a public workshop to consider amendments to Nevada Administrative Code (NAC) 441A in accordance with Senate Bill (SB) 211 of the 2021 Legislative Session and Nevada Revised Statutes (NRS) 441A.

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

Microsoft Teams meeting

Join on your computer or mobile app

Click here to join the meeting: <https://teams.microsoft.com/l/meetup-join/19%3aa19598c9963743aaa8e64e331c8e342c%40thread.skype/1638309396699?context=%7b%22Tid%22%3a%22e4a340e6-b89e-4e68-8eaa-1544d2703980%22%2c%22Oid%22%3a%228f8a0486-03d9-4431-9c80-8cfa9f2d92e%22%7d>

Or call in (audio only)

+1 775-321-6111 - United States, Reno

+1 702-329-3435 - United States, Las Vegas

Phone Conference ID: 731 899 534#

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

AGENDA

1. Introduction of workshop process
2. Public comment on proposed amendments to Nevada Administrative Code 441A (NAC 441A) in accordance with Senate Bill (SB) 211 of the 2021 Legislative Session and Nevada Revised Statutes (NRS) 441A.
3. Public Comment

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

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

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

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

- 1) Nevada ranked 5th for the highest rates of HIV diagnoses in 2019.
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- The Centers for Disease Control and Prevention (CDC) recommends that individuals between the ages of 13 and 64 get tested for HIV and STD as part of routine health care.
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- The United States Preventive Services Task Force (USPSTF) provides a “Grade A” recommendation that clinicians screen for HIV and STDs in adolescents and adults aged 15 to 65 years. Younger adolescents and older adults who are at increased risk of infection should also be screened.

1. Anticipated effects on the business and on the general public:

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

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

new fee or increase any existing fee.

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

Members of the public may make oral comments at this meeting. Persons wishing to submit written testimony or documentary evidence in excess of two typed, 8-1/2" x 11" pages must submit the material to Preston Nguyen Tang at the Division of Public and Behavioral Health at the following address:

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

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

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

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

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

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

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

Churchill County Library
553 South Main Street
Fallon, NV 89406

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

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

Douglas County Library
1625 Library Lane
Minden, NV 89423

Elko County Library
720 Court Street
Elko, NV 89801

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

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

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

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

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

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

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

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

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

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

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

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

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

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