

Joe Lombardo  
Governor



Richard Whitley,  
MS  
Director



Cody Phinney,  
MPH  
Administrator

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

## NOTICE OF INTENT TO ACT UPON A REGULATION

### LCB FILE NO. R004-24RP1 – CULTURAL COMPETENCY TRAINING IN HEALTH FACILITIES

NOTICE IS HEREBY GIVEN that the State Board of Health will hold a public hearing to consider amendments to Chapter 449 of the Nevada Administrative Code (NAC). This public hearing is to be held in conjunction with the State Board of Health meeting on Sept. 6, 2024.

The State Board of Health will be conducted via videoconference beginning at 9 am, on Sept. 6, 2024, at the following locations:

- [Click here to join the meeting online](#)
- Phone number: (775) 321-6111
  - Conference ID: 382 183 728#
- Division of Public and Behavioral Health  
Hearing Room 303  
4150 Technology Way  
Carson City, NV 89706
- Southern Nevada Health District  
Red Rock Trail Rooms A & B  
208 S. Decatur Blvd.  
Las Vegas, NV 89107

The proposed changes to LCB File No. R016-20AP contained in LCB File No. R004-24RP1, as authorized by [AB 267 of the 2023 session of the Nevada Legislature](#), include the following:

- Ensure the new regulatory language establishes minimum standards for CCT.
- Establishing requirements for course time and adjusting periodicity requirements to require minimum standards for CCT.
- Restructuring regulations to ensure the responsible state agency can review new CCT program submissions within the 10-day allowance, while maintaining statutory topic requirements.
- Maintenance of language that obligates facilities to ensure policies are in place to protect the rights of individuals when observed through the lens of cultural competency.
- New language developed that allows for flexibility in the development of courses.
- Reduction in burden on health care facilities to generate CCT.
- Eliminate the requirement for health facilities to report the specific CCT course the facility will use to educate its employees.

1. Anticipated effects on the business which LCB File No. R004-24RP1 regulates:

A. *Adverse effects:* Some respondents to the small business impact questionnaire indicated there

would be an adverse economic effect, but did not relate this to the new agency draft of CCT regulations, rather related the adverse effects to the necessity for CCT in general and based related costs on the current regulation (LCB File #R016-20AP).

- B. *Beneficial effects:* Most respondents, indicated there would be no beneficial effect, but referenced costs associated with the current CCT regulation (LCB File #R016-20AP). However, some commented that that there would be a beneficial effect associated with reduced hours of instruction.
- C. *Immediate:* There are no anticipated immediate effects on businesses.
- D. *Long-term:* It is anticipated that the proposed regulations will eventually encourage more facilities to submit CCT programs for approval and this will result in reduced costs for those facilities.

2. Anticipated effects on the public:

- A. *Adverse:* There are no anticipated adverse effects for the public receiving services in health care facilities associated with the proposed regulation.
- B. *Beneficial:* There are no anticipated beneficial effects to the public based on continued CCT training for employees in health care facilities.
- C. *Immediate:* There are no anticipated immediate effects to the public.
- D. *Long-term:* There are anticipated long-term beneficial effects to the public based on health care facility employees receiving CCT.

3. The Division of Public and Behavioral Health (DPBH) determined the impact on small businesses by distributing an email containing a link to the Small Business Impact Questionnaire to actively licensed facilities, hospitals, agencies, programs or homes listed in NRS 449.119 and to intermediary service organizations as set forth in NRS 449.4304. The results from the questionnaire were analyzed and tallied and then documented in a small business impact statement. DPBH also conducted a public workshop on Nov. 14, 2023 and received additional information about the impact on all businesses and DPBH received suggested language that was incorporated into the final agency draft of these regulations to further reduce the impact of these regulations on businesses.

4. There should be no additional costs to the agency to enforce the proposed regulations. It is anticipated that the workload to track, review and approve CCT courses will continue to be incorporated into DPBH's overall workload.

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

Members of the public may make oral comments at this meeting. Persons wishing to submit written testimony or documentary evidence in excess of two typed, 8-1/2" x 11" pages must submit the material to the Board's Secretary, Cody Phinney, to be received no later than Aug. 30, 2024 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](mailto: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:

- Nevada Division of Public and Behavioral Health  
4150 Technology Way, Suite 300  
Carson City, NV 89706
- Nevada Division of Public and Behavioral Health  
4220 S. Maryland Parkway, Bldg. A, Ste. 100  
Las Vegas, NV 89119
- Nevada State Library and Archives  
100 Stewart Street  
Carson City, NV, 89701

A copy of the regulations and small-business impact statement can be found online by going to the [Health Facility Regulation Development Processes web page linked here.](#)

A copy of the public hearing notice can also be found at the [Nevada Legislature's web page linked here.](#)

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

Division of Public and Behavioral Health  
Bureau of Health Care Quality and Compliance  
4220 S. Maryland Parkway, Building A, Suite 100  
Las Vegas, NV 89119  
(702) 486-6515  
[tcarney@health.nv.gov](mailto:tcarney@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



**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

August 6, 2024

**MEMORANDUM**

To: Jon Pennell, DVM, Chair  
State Board of Health

From: Cody Phinney, Secretary  
State Board of Health

Re: Consideration and adoption of proposed regulation amendment(s) to Nevada Administrative Code (NAC) 449, "Medical Facilities and Other Related Entities", LCB File No. R004-24 and proposed errata.

PURPOSE OF AMENDMENTS

The proposed regulations revise current regulations regarding cultural competency training (CCT) found in LCB File R016-20 and align these requirements with changes made by Assembly Bill 267 of the 2023 Legislative Session.

In part, Assembly Bill 267 identified which employees must receive training through a cultural competency course approved by DHHS and exempted certain otherwise licensed, certified or registered employees so long as their professional licensure, certification or registration required cultural competency instruction for renewal. These changes are reflected in the proposed regulations. In addition, AB 267 made changes to ensure timely review of courses submitted to DHHS for approval. The State agency conducting the reviews must approve or deny the program of instruction not later than 10 days after receipt of the application and the regulations set parameters for this to occur.

The proposed regulations in part also address the following:

- Reduce burdens on health care facilities by establishing minimal standards, such as the timing from initial employment to receipt of CCT and the periodicity of CCT
- Eliminate the requirement for health facilities to report the specific CCT course the facility will use
- Inclusion of allowance for auditing of courses
- Establish a minimum number of hours of CCT

SUMMARY OF SIGNIFICANT CHANGES TO NEVADA ADMINISTRATIVE CODE (NAC) 449.

Section 4 authorizes the Director of DHHS or his designee to audit courses.

Section 11 establishes when CCT training must occur, the periodicity and the number of hours of training.

Section 12 specifies the contents of an application for approval of a CCT course.

Section 13 specifies the minimal contents of a CCT course.

Section 14 establishes standards for reviewing CCT courses timely and providing decisions to approve or not approve, also sets standard for when courses must be reapproved.

Section 17 contains text of repealed regulations.

The errata modifies the following section of the proposed regulations.

Section 13 (1)(c) The errata removes the phrase “...one or more of...” from the sentence, such that instruction on preferred approaches to providing care apply to all of the categories listed in NRS 449.103.

POSSIBLE OUTCOME IF PROPOSED AMENDMENT IS NOT APPROVED

If the proposed amendments are not approved by the Board of Health, the applicable current regulations will not align with statutory changes that resulted with the passage of AB 267 (in the purpose of amendment section of this document).

In addition, if the proposed provisions are not moved forward the issues that would be resolved by these proposed regulations and noted errata would not be realized.

APPLICABILITY OF PROPOSED AMENDMENT

The proposed regulations will apply statewide to licensed health care facilities.

PUBLIC COMMENT RECEIVED

Pursuant to NRS 233B.0608 (2)(a), the Division of Public and Behavioral Health has requested input from health care facilities licensed pursuant to NRS Chapter 449 and from other interested parties, including CCT course providers and other State agencies. On 8/28/2023, information was sent to all affected facilities regarding how small businesses could provide input on the proposed regulations and how to access the small business impact questionnaire and the proposed regulations through a link to the Division’s webpage.

The results of the small business impact study are summarized in the (attached) Small Business Impact Statement.

On 10/30/23, a Notice of Public Workshop was sent to request input from health care facilities licensed pursuant to NRS Chapter 449 and from other interested parties, including CCT course providers and other State agencies.

The Public Workshop was held on November 14, 2023 to receive recommendations regarding the proposed regulations. A recording of the Public Workshop testimony and transcript can be accessed via the link below:

[https://dpbh.nv.gov/Reg/HealthFacilities/State\\_of\\_Nevada\\_Health\\_Facility\\_Regulation\\_Public\\_Workshops/](https://dpbh.nv.gov/Reg/HealthFacilities/State_of_Nevada_Health_Facility_Regulation_Public_Workshops/)

In addition to the workshops, the agency accepted written comments and received several recommendations during the final development of the of the initial agency draft. All comments received prior to submission of the of the initial agency draft to LCB were reviewed and considered. Even after submission of the initial agency draft additional comments were received and resulted in the agency requesting a correction to the proposed LCB draft that was accomplished in the (attached) Revised Proposed LCB Draft. Comments received after the LCB Draft was generated, resulted in the (attached) errata discussed in this document.

A public hearing was scheduled for adoption of these regulations during the June 7, 2024 Board of Health meeting. Just prior to the agenda item for adoption of these regulations, it was discovered that one of the public notices for the adoption hearing contained an erroneous link for participation. As such, in an abundance of caution to ensure open meeting law requirements were fulfilled, the item was tabled until the next regular meeting of the Board. However, public comment on the item was heard in order to accommodate individuals who appeared for the hearing. Those public comments are documented in the minutes of the June 7, 2024 Board of Health meeting.

#### STAFF RECOMMENDATION

Staff recommends the State Board of Health adopt the proposed regulation amendments and the proposed errata to Nevada Administrative Code (NAC) 449, "Medical Facilities and Other Related Entities", LCB File No. R004-24.

#### PRESENTER

Paul Shubert, Bureau Chief

#### Attachments:

LCB File #R004-24RP1

Errata to LCB File #R004-24RP1

Small Business Impact Statement

Public Workshop Notice

Public Hearing Notice

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

**LCB File No. R004-24**

March 18, 2024

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

AUTHORITY: §§ 1-3, 5 and 17, NRS 449.0302; §§ 4, 6, 7, 11-14 and 16, NRS 449.0302 and 449.103, as amended by section 1 of Assembly Bill No. 267, chapter 202, Statutes of Nevada 2023, at page 1176; §§ 8-10, NRS 449.0302 and 449.101; § 15, NRS 449.0302 and 449.104.

A REGULATION relating to health care; authorizing the audit of a course or program of cultural competency training; revising the specific types of discrimination in which certain facilities are prohibited from engaging; removing certain requirements relating to statements, notices and information on prohibited discrimination that must be posted in certain facilities; prescribing the amount of cultural competency training that certain agents or employees of certain facilities are required to complete; revising the requirements and procedures for the review and approval by the Department of Health and Human Services of a course or program on cultural competency training; revising requirements governing the course materials for such a course or program; revising requirements governing the adaptation of certain health records to reflect gender identity or expression; repealing requirements governing the provision of certain information to patients or residents and the designation of a representative of a facility to ensure compliance with certain requirements; and providing other matters properly relating thereto.

**Legislative Counsel’s Digest:**

Existing law prohibits medical facilities, facilities for the dependent and certain other licensed health facilities and any employee or independent contractor of such a facility from discriminating in the admission of, or the provision of services to, a patient or resident based wholly or partially on the actual or perceived race, color, religion, national origin, ancestry, age, gender, physical or mental disability, sexual orientation, gender identity or expression or human immunodeficiency virus status of the patient or resident or any person with whom the patient or resident associates. (NRS 449.101) Existing regulations prescribe the specific types of discrimination which are prohibited, including: (1) discrimination that results in a person not being treated with dignity and which is based wholly or partially on the person being in a protected class listed above; (2) certain indirect discrimination; and (3) discrimination which is based wholly or partially on the discriminated person associating with persons who are in such a protected class. (Section 7 of LCB File No. R016-20) **Section 8** of this regulation: (1) revises

prohibitions on discrimination based on a person being actually in or perceived to be in a protected class listed above to be more clear and concise; and (2) corrects a drafting error relating to indirect discrimination.

Existing law requires medical facilities, facilities for the dependent and certain other licensed health facilities to: (1) develop and carry out policies to prevent discrimination; and (2) post in the facility and on the Internet website of the facility a statement that the facility does not discriminate. (NRS 449.101) Existing regulations set forth the specific requirements for such a statement, including: (1) the size of the paper and text of the statement; and (2) the locations in a facility where the statement must be posted. (Section 10 of LCB File No. R016-20) **Section 9** of this regulation removes the requirements that such a statement must: (1) state the name of the facility; and (2) be posted in certain locations in a facility.

Existing law requires the State Board of Health to adopt regulations requiring a facility to conduct training relating specifically to cultural competency that is approved by the Department of Health and Human Services for certain agents and employees of the facility. (NRS 449.103) Assembly Bill No. 267 (A.B. 267) of the 2023 Legislative Session additionally requires: (1) the Board to set forth by regulation the frequency with which such a facility is required to conduct such training; and (2) agents and employees who provide clinical, administrative or support services and regularly have direct patient contact as part of their regular job duties or oversee such agents or employees to receive such training. (NRS 449.103, as amended by section 1 of Assembly Bill No. 267, chapter 202, Statutes of Nevada 2023, at page 1176) **Section 11** of this regulation removes a requirement that any agent or employee of the facility who provides care to a patient or resident of the facility receive cultural competency training because A.B. 267 specifies the agents or employees who must receive such training. (NRS 449.103, as amended by section 1 of Assembly Bill No. 267, chapter 202, Statutes of Nevada 2023, at page 1176) **Section 11** additionally requires each agent or employee who is required to receive cultural competency training to receive at least 2 hours of such training within 90 days after the employee or agent is hired or contracted, as applicable, and biennially thereafter.

**Section 12** of this regulation removes the requirement that a facility that uses a course or program of cultural competency training apply to the Department for approval and instead requires the provider of the course or program to apply for such approval. **Section 12** also revises the required contents of an application for such approval. **Section 13** of this regulation revises requirements governing the course materials that must be included in a program or course of cultural competency training. **Section 13** also requires the Department, upon request, to provide a copy of those requirements to an applicant for approval, rather than a facility.

**Section 14** of this regulation revises certain time periods for the review and approval by the Department of a course or program of cultural competency training. **Section 14** also provides that the approval of a course or program by the Department is valid for 3 years.

**Section 17** of this regulation repeals a requirement that the Division of Public and Behavioral Health of the Department assign a course number to an approved course or program and **section 14** instead requires the Director of the Department or his or her designee to assign such a course number. **Section 4** of this regulation authorizes: (1) the Director or his or her designee to audit an approved course or program; and (2) the Department to revoke the approval of the course or program if the course or program no longer meets the necessary requirements. **Section 16** of this regulation deems a course or program that was approved before the effective date of this regulation to be approved until 3 years after the effective date of this regulation.

Existing law requires the Board to adopt regulations that require a facility to adapt electronic records to reflect the gender identities or expressions of patients or residents. (NRS 449.104) Existing regulations require a medical facility, facility for the dependent or other residential facility to adapt electronic and paper health records to reflect the gender identity or expression of a patient or resident in differing manners, depending on the type of facility. (Section 19 of LCB File No. R016-20) **Section 15** of this regulation limits the requirement to adapt records to apply only to the extent practicable by and available within the systems in use at the facility. **Section 15** also establishes uniform requirements governing such adaptation of records across all types of facilities.

Existing regulations require a facility that adapts electronic records to reflect the gender identify or expression of patients or residents to develop a method to obtain thorough and medically relevant information to accurately reflect the diverse gender identities or expressions of patients or residents. (Section 19 of LCB File No. R016-20) **Section 15** requires any such method to protect the privacy of patients or residents.

Existing regulations require a facility to post prominently in the facility and on any Internet website to market the facility a notice that a patient or resident who has experienced prohibited discrimination may file a complaint with the Division. (Section 9 of LCB File No. R016-20) Existing regulations also require a facility to provide to a patient or resident, upon admission, a written copy of certain statements, notices and information concerning prohibited discrimination. (Section 11 of LCB File No. R016-20) **Section 17** repeals those provisions and **sections 9 and 10** of this regulation make conforming changes by removing references to those repealed provisions.

**Sections 2 and 3** of this regulation define and interpret certain terms used in **section 4** and existing law. **Sections 6 and 7** of this regulation revise existing definitions to update certain references to existing law. **Section 5** of this regulation makes conforming changes to indicate the proper placement of **sections 2-4** in the Nevada Administrative Code.

**Section 1.** Chapter 449 of NAC is hereby amended by adding thereto the provisions set forth as sections 2, 3 and 4 of this regulation.

**Sec. 2.** *“Patient or resident” includes, without limitation, any person who receives services from a facility.*

**Sec. 3.** *As used in NRS 449.103, as amended by section 1 of Assembly Bill No. 267, chapter 202, Statutes of Nevada 2023, at page 1176, sections 2 to 22, inclusive, of LCB File No. R016-20 and sections 2, 3 and 4 of this regulation, the Board will interpret the term “agent or employee” to:*

*1. Have the meaning ascribed to “employee” in NRS 608.010; and*

*2. Include a person who performs a service for a fixed price according to his or her own methods and without subsection to the supervision or control of the person paying the fixed price, except as to the results of the work, and not as to the means by which the services are accomplished.*

**Sec. 4.** *1. The Director or his or her designee may audit a course or program of cultural competency training approved by the Department pursuant to section 17 of LCB File No. R016-20. If the Director or his or her designee audits a course or program, the provider of the course or program shall make all course materials and attendance documents available to the auditor at no cost to the auditor.*

*2. If the Director or his or her designee determines as the result of an audit conducted pursuant to subsection 1 that the course or program no longer meets the requirements set forth in sections 2 to 22, inclusive, of LCB File No. R016-20 and sections 2, 3 and 4 of this regulation, the Department may revoke its approval of the course or program. If the Department revokes its approval, the Office of Minority Health and Equity of the Department shall remove the course or program from the list of approved courses and programs maintained on the Internet website of the Office pursuant to subsection 5 of NRS 449.103, as amended by section 1 of Assembly Bill No. 267, chapter 202, Statutes of Nevada 2023, at page 1176.*

**Sec. 5.** Section 2 of LCB File No. R016-20 is hereby amended to read as follows:

As used in sections 2 to 22, inclusive, of LCB File No. R016-20, *and sections 2, 3 and 4 of this regulation*, unless the context otherwise requires, the words and terms defined in sections 3 to 6, inclusive, of LCB File No. R016-20 and *sections 2 and 3 of this regulation* have the meanings ascribed to them in those sections.

Sec. 6. Section 3 of LCB File No. R016-20 is hereby amended to read as follows:

“Cultural competency training” means the training required by ~~section 14 of LCB File No. R016-20.~~ *subsection 1 of NRS 449.103, as amended by section 1 of Assembly Bill No. 267, chapter 202, Statutes of Nevada 2023, at page 1176.*

Sec. 7. Section 6 of LCB File No. R016-20 is hereby amended to read as follows:

“Facility” means a ~~medical~~ facility ~~facility for the dependent or facility which is otherwise required by regulations adopted by the Board pursuant to NRS 449.0303 to be licensed.~~ *listed in subsection 1 of NRS 449.103, as amended by section 1 of Assembly Bill No. 267, chapter 202, Statutes of Nevada 2023, at page 1176.*

Sec. 8. Section 7 of LCB File No. R016-20 is hereby amended to read as follows:

Pursuant to paragraph (e) of subsection 1 of NRS 449.0302 and paragraph (a) of subsection 2 of NRS 449.101, the specific types of prohibited discrimination include, without limitation:

1. Discrimination ~~that results in a person not being treated with dignity and~~ which is based wholly or partially on the actual or perceived race, color, religion, national origin, ancestry, age, gender, physical or mental disability, sexual orientation, gender identity or expression or human immunodeficiency virus status of the patient or resident or any person with whom the patient or resident associates ~~and~~, *including, without limitation, where the discrimination results in a person not being treated with dignity and respect.*

2. Indirect discrimination that may or may not be intentional and which results in the application of policies ~~that are applied uniformly and~~ in a ~~nondiscriminatory~~ *discriminatory* manner by the facility.

3. ~~Discrimination which is based wholly or partially on the person associating with other persons who:~~

~~—(a) Are actually or perceived to be of a different race, color, religion, national origin, ancestry, age, gender, sexual orientation, gender identity or expression or human immunodeficiency virus status of the person; or~~

~~—(b) Actually or are perceived to have a physical or mental disability.~~

~~—4.] Harassment or bullying of any kind of a person because of his or her actual or perceived race, color, religion, national origin, ancestry, age, gender, physical or mental disability, sexual orientation, gender identity or expression or human immunodeficiency virus status.~~

**Sec. 9.** Section 10 of LCB File No. R016-20 is hereby amended to read as follows:

~~{1.]~~ The statement required to be posted pursuant to paragraph (b) of subsection 2 of NRS 449.101 and the notice and information required to be posted pursuant to subsection 3 of NRS 449.101 ~~{or section 9 of LCB File No. R016-20, as applicable,}~~ must:

~~{(a) State the name of the facility; and~~

~~—(b) When posted in the facility:~~

~~—(1)] 1.~~ Be not less than 8.5 inches in height and 11 inches in width, with margins not greater than 0.5 inches on any side; and

~~{(2)] 2.~~ Be written using a single typeface in not less than 22-point type.

~~{2.}—When posting prominently the statement required to be posted pursuant to paragraph (b) of subsection 2 of NRS 449.101 and the notice and information required to be posted pursuant to subsection 3 of NRS 449.101 or section 9 of LCB File No. R016-20, as applicable, the facility shall post the statement or notice and information in each:~~

~~—(a) Public entrance of the facility;~~

~~—(b) Waiting room of the facility; and~~

~~—(c) Public dining room of the facility.]~~

**Sec. 10.** Section 12 of LCB File No. R016-20 is hereby amended to read as follows:

A facility shall:

1. Develop and adopt a written policy on how a complaint with the facility ~~{that is filed pursuant to paragraph (b) of subsection 1 of section 11 of LCB File No. R016-20 is}~~ :

*(a) May be filed with the facility; and*

*(b) Will be* documented, investigated and resolved; and

2. Maintain a log that lists:

(a) All complaints *concerning prohibited discrimination that are filed* with the facility ; ~~{that are filed pursuant to paragraph (b) of subsection 1 of section 11 of LCB File No. R016-20;}~~

(b) The actions taken by the facility to investigate and resolve ~~{the}~~ *each* complaint; and

(c) If no action was taken ~~{}~~ *concerning a complaint*, an explanation as to why no action was taken.

**Sec. 11.** Section 14 of LCB File No. R016-20 is hereby amended to read as follows:

1. ~~{Pursuant to subsection 1 of}~~ *Except as otherwise provided in* NRS 449.103, ~~{within 30 business days after the course or program is assigned a course number by the Division pursuant to section 18 of LCB File No. R016-20 or within 30 business}~~ *as amended by section 1 of Assembly Bill No. 267, chapter 202, Statutes of Nevada 2023, at page 1176, a facility shall provide at least 2 hours of cultural competency training through an approved course or program to an agent or employee described in subsection 2 of NRS 449.103, as amended by section 1 of Assembly Bill No. 267, chapter 202, Statutes of Nevada 2023, at page 1176:*

*(a) Within 90 days* ~~{of any}~~ *after contracting with or hiring the* agent or employee ; ~~{being contracted or hired , whichever is later,}~~ and ~~{at}~~

(b) *At least ~~once each year~~ biennially* thereafter . ~~[- a facility shall conduct training relating specifically to cultural competency for any agent or employee of the facility who provides care to a patient or resident of the facility so that the agent or employee may:~~

~~—(a) More effectively treat patients or care for residents, as applicable; and~~

~~—(b) Better understand patients or residents who have different cultural backgrounds, including, without limitation, patients or residents who fall within one or more of the categories in paragraphs (a) to (f), inclusive, of subsection 1 of NRS 449.103.]~~

2. The facility ~~[shall]~~ *may* provide the training required by subsection 1 ~~[through a course or program that is approved by the Director of the Department or his or her designee pursuant to section 17 of LCB File No. R016-20 and is assigned a course number by the Division pursuant to section 18 of LCB File No. R016-20.]~~ *over several instructional periods or during a single instructional period so long as the agent or employee:*

*(a) Completes the hours of cultural competency training required by subsection 1 and the entire contents of the course or program; and*

*(b) Receives a certificate of completion on or before the date on which subsection 1 requires the agent or employee to complete the cultural competency training.*

3. ~~[The]~~ *Except as otherwise provided in subsection 4, the* facility shall keep documentation in the personnel file of ~~[any]~~ *an* agent or employee of the facility *or a record of an agent or employee in the relevant electronic system of the facility proof* of the completion of the cultural competency training required pursuant to ~~[subsection 1.]~~ *NRS 449.103, as amended by section 1 of Assembly Bill No. 267, chapter 202, Statutes of Nevada 2023, at page 1176.*

4. *If an agent or employee of a facility is exempt from the requirement to complete cultural competency training pursuant to subsection 3 of NRS 449.103, as amended by section*

*1 of Assembly Bill No. 267, chapter 202, Statutes of Nevada 2023, at page 1176, the facility shall maintain proof in the personnel file of the agent or employee or a record of the agent or employee in the relevant electronic system of the facility that the agent or employee holds a valid professional license, registration or certificate, as applicable, for which the continuing education described in subsection 3 of NRS 449.103, as amended by section 1 of Assembly Bill No. 267, chapter 202, Statutes of Nevada 2023, at page 1176, is required for renewal.*

**Sec. 12.** Section 15 of LCB File No. R016-20 is hereby amended to read as follows:

~~{1. Within 90 days after a facility is licensed to operate, the facility must submit to the Department on a form prescribed by the Department the course or program which the facility will use to provide cultural competency training. The facility may:~~

~~—(a) Develop or operate the course or program; or~~

~~—(b) Contract with a third party to develop and operate the course or program.~~

~~—2. The} *Except as otherwise provided in subsection 6 of NRS 449.103, as amended by section 1 of Assembly Bill No. 267, chapter 202, Statutes of Nevada 2023, at page 1176, the provider of a* course or program ~~{submitted by the facility pursuant to subsection 1 must address patients or residents who have different cultural backgrounds from that of the agent or employee of the facility, including, without limitation, patients or residents who fall within one or more of the categories in paragraphs (a) to (f), inclusive, of subsection 1 of NRS 449.103.~~~~

~~—3. When a facility submits a course or program pursuant to subsection 1, the facility must also provide to the Department the following information for the instructor of the course or program:~~

~~—(a) The application of the instructor who will teach the course or program;~~

~~—(b) Three letters of recommendation for the instructor, including, without limitation, at least one letter of recommendation in which the recommender has knowledge of the methods the instructor uses in teaching a cultural competency course or program; and~~

~~—(c) The resume of the instructor of the course or program that includes, without limitation, the education, training and experience the instructor has in providing cultural competency training.~~

~~—4. Except as otherwise provided in subsection 5, when a facility submits a course or program pursuant to subsection 1, the facility must also provide to the Department:~~

~~—(a) The syllabus of the~~ *on cultural competency training must apply to the Department for approval pursuant to subsection 4 of NRS 449.103, as amended by section 1 of Assembly Bill No. 267, chapter 202, Statutes of Nevada 2023, at page 1176. The application must include or be accompanied by:*

*1. All* ~~course or program;~~

~~—(b) The following information:~~

~~—(1) The name of the facility;~~

~~—(2) The address of the facility;~~

~~—(3) The electronic mail address of the facility;~~

~~—(4) The license number of the facility; and~~

~~—(5)~~ *materials for the course or program;*

*2.* The name and contact information of a person ~~[who represents the facility and]~~ who can discuss the course or program ~~[submitted by the facility pursuant to subsection 1;~~

~~—(c) If the facility contracts with a third party who develops and operates the course or program, the following information:~~

- ~~— (1) The name of the third party;~~
- ~~— (2) The address of the third party;~~
- ~~— (3) The electronic mail address of the third party; and~~
- ~~— (4) The name and contact information of a person who represents the third party and who can discuss the course or program submitted by the facility pursuant to subsection 1;~~
- ~~— (d) Evidence that the subjects covered by the course or program include, without limitation, the course materials required by section 16 of LCB File No. R016-20;~~
- ~~— (e) A sample sign-in sheet for the course or program that contains:~~
  - ~~— (1) The dates of the course or program; and~~
  - ~~— (2) A place for a participant of the course or program to print and sign his or her name;~~
- ~~— (f) ;~~

*3. A notation indicating whether the applicant is seeking approval of the course or program for all types of facilities or only certain types of facilities and, if the applicant is seeking approval for only certain types of facilities, the types of facilities for which the applicant is seeking approval;*

4. A sample evaluation form that a participant of the course or program may complete at the end of the course or program which evaluates:

- ~~{(1)}~~ (a) The content of the course or program;
- ~~{(2)}~~ (b) The instructor of the course or program; and
- ~~{(3)}~~ (c) The manner in which the course or program is presented to the participant; and
- ~~{(g)} A sample document that a participant of the course or program may complete at the end of the course or program in which the participant can perform a self-evaluation.}~~

5. A ~~facility may submit a course or program pursuant to subsection 1 without submitting the information required in subsection 4 if the course or program:~~

~~—(a) Is provided by:~~

~~——(1) A nationally recognized organization, as determined by the Director of the Department;~~

~~——(2) A federal, state or local government agency; or~~

~~——(3) A university or college that is accredited in the District of Columbia or any state or territory of the United States; and~~

~~—(b) Provides proof *sample certificate* of completion ~~upon the~~ *that a* participant of the course or program *receives upon* completing the course or program that ~~the Director or his or her designee determines to be satisfactory.~~~~

~~—6.— When a facility submits pursuant to subsection 1 a course or program that is described in subsection 5, the facility must also provide to the Department:~~

~~—(a) The name of the course or program;~~

~~—(b) The name of the organization, agency, university or college providing the course or program;~~

~~—(c) If the course or program is provided online, the URL of the course or program;~~

~~—(d) If the course or program is provided through a training system, access to the training system;~~

~~—(e) If the course or program is not provided online or through a training system, the syllabus of the course or program;~~

~~—(f) The following information:~~

~~——(1) The name of the facility;~~

- ~~— (2) The address of the facility;~~
- ~~— (3) The electronic mail address of the facility;~~
- ~~— (4) The license number of the facility; and~~
- ~~— (5) The name and contact information of a person who represents the facility and who can discuss the course or program submitted by the facility pursuant to subsection 1; and~~
- ~~— (g) Any other information the Department requests to assist the Director or his or her designee in determining whether or not to approve the course or program pursuant to section 17 of LCB File No. R016-20.~~

~~— 7. As used in this section, “URL” means the Uniform Resource Locator associated with an Internet website.} *includes, without limitation:*~~

- (a) A designated area for the name of the participant and for the date the course or program was completed;*
- (b) A designated area for the course number assigned by the Department pursuant to subsection 2 of section 17 of LCB File No. R016-20; and*
- (c) The total time required for a participant to complete the course or program.*

**Sec. 13.** Section 16 of LCB File No. R016-20 is hereby amended to read as follows:

1. A course or program ~~{subject to the requirements of subsection 4 of section 15 of LCB File No. R016-20}~~ *on cultural competency training* must include, without limitation, the following course materials:

- ~~(a) {An overview of cultural competency;~~
- ~~— (b) An overview of } *Instruction on* implicit bias , ~~{and}~~ indirect discrimination {;~~
- ~~(c) The common assumptions and myths concerning stereotypes and examples of such assumptions and myths;~~

~~—(d) An overview of social determinants of health;~~

~~—(e) An overview of best practices when interacting with] *and the prevention of discriminatory practices and language;*~~

*(b) Instruction that uses the voice, perspective or experience of* persons who fall within one or more of the categories in paragraphs (a) to (f), inclusive, of subsection 1 of NRS 449.103 ~~;~~

~~—(f) An overview of gender, race and ethnicity;~~

~~—(g) An overview of religion;~~

~~—(h) An overview of sexual orientation and gender identities or expressions;~~

~~—(i) An overview of mental and physical disabilities;~~

~~—(j) Examples of barriers to providing care;~~

~~—(k) Examples of language and behaviors that are discriminatory; and~~

~~—(l) Examples of a welcoming and safe environment.] ; *and*~~

*(c) Instruction on preferred approaches to providing care for people who fall within one or more of the categories in paragraphs (a) to (f), inclusive, of subsection 1 of NRS 449.103.*

2. The course materials included in a course or program, including, without limitation, the course materials required by subsection 1, must include, without limitation:

(a) Evidence-based, peer-reviewed sources;

(b) Source materials that are used in universities or colleges that are accredited in the District of Columbia or any state or territory of the United States;

(c) Source materials that are from nationally recognized organizations, as determined by the Director of the Department;

(d) Source materials that are published or used by federal, state or local government agencies;

or

(e) Other source materials that are deemed appropriate by the Department.

3. The Department ~~must~~ *shall*:

(a) Publish a copy of the requirements set forth in subsections 1 and 2 on its Internet website;

and

(b) Provide a copy of the requirements set forth in subsections 1 and 2 to ~~a facility~~ *an applicant requesting approval of a course or program on cultural competency training pursuant to section 15 of LCB File No. R016-20* upon request by the ~~facility~~ *applicant*.

**Sec. 14.** Section 17 of LCB File No. R016-20 is hereby amended to read as follows:

1. The Department shall review the course or program information submitted ~~pursuant to section~~ *by an applicant requesting approval of a course or program of cultural competency training pursuant to section 15 of LCB File No. R016-20 to ensure that it complies with the requirements set forth in sections 15 ~~of LCB File No. R016-20~~ and ~~, if applicable, section~~ 16 of LCB File No. R016-20 . ~~within 60 days after receipt. During this review process, the Department may have the course or program reviewed by a person who is an expert on cultural competency or a committee of persons who are experts on cultural competency.~~*

2. If the information that is provided to the Department meets the requirements set forth in sections 15 and 16 ~~, if applicable,~~ of LCB File No. R016-20, the Director or his or her designee may approve the course or program ~~+~~ *and assign it a course number indicating that the course or program is approved by the Department*. If the information that is provided to the Department does not meet the requirements set forth in sections 15 and 16 ~~, if applicable,~~ of LCB File No. R016-20, the Director or his or her designee shall not approve the course or program.

3. Within ~~{5}~~ 10 business days after ~~{completing the review}~~ receipt of ~~{the information}~~ *an application submitted* pursuant to ~~{subsection 1,}~~ *section 15 of R016-20*, the Director or his or her designee shall:

(a) Notify the ~~{facility that submitted the information}~~ *applicant* whether the course or program is approved or not approved pursuant to subsection 2; and

(b) If the Director or his or her designee does not approve the course or program, inform the ~~{facility}~~ *applicant* of any additional information that the ~~{facility}~~ *applicant* needs to submit for the course or program to be approved.

4. The ~~{facility shall submit}~~ *applicant may resubmit the application with the* additional information that the ~~{facility}~~ *applicant* needs to submit pursuant to paragraph (b) of subsection 3 ~~{within 45 days}~~ after being notified that the course or program is not approved pursuant to paragraph (a) of subsection 3. ~~{Upon receiving the additional information, the Director or his or her designee may approve the course or program.}~~ *Within 10 business days after receiving the resubmitted application, the Director or his or her designee shall notify the applicant whether the course or program is approved or not approved.* If the additional information ~~{is not received or}~~ fails to include all of the information that the Director or his or her designee informed the ~~{facility}~~ *applicant* that ~~{it}~~ *the applicant* needed to submit, the Director or his or her designee shall not approve the course or program ~~{}~~ *and the applicant may resubmit the course or program for initial review pursuant to section 15 of LCB File No. R016-20.*

5. Any course or program approved pursuant to this section may be provided:

- (a) Online;
- (b) Through a training system; or
- (c) In person.

6. ~~If the Director or his or her designee approves the course or program, the Director or his or her designee shall notify the Division of the approval of the course or program not later than 7 business days after such approval.~~ *Except as otherwise provided in this subsection, the approval of a course or program by the Department is valid for 3 years after the date on which the course or program was approved. If a provider of an approved course or program wishes for the Department to reapprove the course or program, the provider of the course or program must apply to the Department for approval pursuant to section 15 of LCB File No. R016-20 before the date on which the current approval expires. Upon submission of the application, the course or program remains provisionally approved until the Director:*

*(a) Notifies the applicant pursuant to subsection 3 that the course or program has been reapproved; or*

*(b) Notifies the applicant pursuant to subsection 4 that the course or program is not reapproved.*

**Sec. 15.** Section 19 of LCB File No. R016-20 is hereby amended to read as follows:

1. A facility shall:

(a) Develop policies to ensure that a patient or resident is addressed by his or her preferred name and pronoun and in accordance with his or her gender identity or expression; and

(b) *To the extent practicable and available within the systems in use at the facility:*

*(1) Adapt electronic records and any paper records the facility ~~has~~ uses to reflect the ~~gender identities or expressions of patients or residents with diverse gender identities or expressions, including, without limitation:~~*

~~——(1) If the facility is a medical facility, adapting health records to meet the medical needs of patients or residents with diverse sexual orientations and gender identities or expressions;~~

~~including, without limitation, integrating}~~ *preferred name, pronoun and gender identity or expression of a patient or resident; and*

(2) *Integrate* information concerning ~~{sexual orientation and}~~ gender identity or expression into electronic systems for maintaining health records . ~~}; and~~

~~—(2) If the facility is a facility for the dependent or other residential facility, adapting electronic records and any paper records the facility has to include the preferred name and pronoun and gender identity or expression of a resident.}~~

2. If a patient or resident chooses to provide the following information, the ~~{health}~~ records adapted pursuant to subparagraph (1) of paragraph (b) of subsection 1 must , *to the extent required by subsection 1*, include, without limitation:

(a) The preferred name and pronoun of the patient or resident;

(b) The gender identity or expression of the patient or resident;

(c) The gender identity or expression of the patient or resident that was assigned at the birth of the patient or resident;

(d) The sexual orientation of the patient or resident; and

(e) If the gender identity or expression of the patient or resident is different than the gender identity or expression of the patient or resident that was assigned at the birth of the patient or resident:

(1) A history of the gender transition and current anatomy of the patient or resident; and

(2) An organ inventory for the patient or resident which includes, without limitation, the organs:

(I) Present or expected to be present at the birth of the patient or resident;

(II) Hormonally enhanced or developed in the patient or resident; and

(III) Surgically removed, enhanced, altered or constructed in the patient or resident.

3. A medical facility that has adapted ~~health~~ records pursuant to subparagraph (1) of paragraph (b) of subsection 1 shall develop a method to lead patients or residents through a series of questions to help obtain thorough and medically relevant information regarding the patients or residents to accurately reflect the diverse gender identities or expressions of patients or residents with diverse gender identities or expression to be used in providing care to the patient or resident ~~. [, including, without limitation, when interacting with insurance providers.]~~ A patient or resident may decline to answer any such questions. *The method developed pursuant to this subsection must protect the privacy of patients or residents.*

**Sec. 16.** This regulation is hereby amended by adding thereto the following transitory language which has the force and effect of law but which will not be codified in the Nevada Administrative Code:

1. Except as otherwise provided in subsection 2, if the Department approved a course or program on cultural competency training before the date on which this regulation is approved by the Legislative Commission and filed with the Secretary of State pursuant to NRS 233B.070, the course or program is deemed to be approved until 3 years after the date on which this regulation is approved by the Legislative Commission and filed with the Secretary of State pursuant to NRS 233B.070.

2. If the provider of such a course or program wishes to continue offering the program after the date set forth in subsection 1, the provider must apply to the Department for approval pursuant to section 15 of LCB File No. R016-20 before that date. Upon submission of the application, the course or program remains provisionally approved until the Director of the Department:

(a) Notifies the applicant pursuant to subsection 3 of section 17 of LCB File No. R016-20 that the course or program has been reapproved; or

(b) Notifies the applicant pursuant to subsection 4 of section 17 of LCB File No. R016-20 that the course or program has not been reapproved.

3. As used in this section:

(a) “Department” means the Department of Health and Human Services.

(b) “Cultural competency training” has the meaning ascribed to it in section 3 of LCB File No. R016-20.

**Sec. 17.** Sections 9, 11, 18 and 21 of LCB File No. R016-20 are hereby repealed.

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## TEXT OF REPEALED SECTIONS

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### **Section 9 of LCB File No. R016-20.**

Sec. 9. In addition to the statement prescribed by paragraph (b) of subsection 2 of NRS 449.101, a facility shall post prominently in the facility and include on any Internet website to market the facility:

1. Notice that a patient or resident who has experienced prohibited discrimination may file a complaint with the Division; and

2. The contact information for the Division.

### **Section 11 of LCB File No. R016-20.**

Sec. 11. 1. Upon admission of a patient or resident, the facility shall:

(a) Provide the patient or resident with a written copy of the statement required pursuant to paragraph (b) of subsection 2 of NRS 449.101 and the notice and information required pursuant to subsection 3 of NRS 449.101 or section 9 of this regulation, as applicable.

(b) Provide the patient or resident with a written notice that a patient or resident who has experienced prohibited discrimination may file a complaint with the facility. The written notice provided by the facility must include, without limitation:

(1) The contact information for the Division;

(2) A clear statement that such a complaint with the facility:

(I) May be filed in addition to the complaint that may be filed with the Division pursuant to subsection 3 of NRS 449.101 or section 9 of this regulation, as applicable; and

(II) Is not required to be filed for the patient or resident to file a complaint with the Division pursuant to subsection 3 of NRS 449.101 or section 9 of this regulation, as applicable; and

(3) The procedure that the facility uses to address such complaints with the facility and the timeframe for how long it will take the facility to address such complaints with the facility.

2. As used in this section, “prohibited discrimination” means the discrimination described in section 7 of this regulation and in subsection 1 of NRS 449.101.

**Section 18 of LCB File No. R016-20.**

Sec 18. 1. Not later than 7 business days after receiving the notice of approval of the course or program pursuant to subsection 6 of section 17 of this regulation, the Division shall assign a course number to the approved course or program.

2. Not later than 7 business days after assigning the course number pursuant to subsection 1, the Division shall notify the facility whose course or program is approved pursuant to section 17 of this regulation of the course number assigned pursuant to subsection 1.

**Section 21 of LCB File No. R016-20.**

Sec. 21. A facility shall designate a representative of the facility who shall be responsible for ensuring that the facility is in compliance with sections 2 to 22, inclusive, of this regulation and NRS 449.101 to 449.104, inclusive.

## Errata – LCB File No. R004-24

**Blue italic bold** = Proposed new language found in LCB File No. R004-24

**[Red italic in brackets]** = Proposed omitted material found in LCB File No. R004-24

**Green italic** = New language proposed as Errata

**[Purple italic in brackets strike through bold]** = New stricken language proposed as Errata

**Sec. 13.** Section 16 of LCB File No. R016-20 is hereby amended to read as follows:

1. A course or program **[subject to the requirements of subsection 4 of section 15 of LCB File No. R016-20] on cultural competency training** must include, without limitation, the following course materials:

- (a) **[An overview of cultural competency;**
- (b) **An overview of] *Instruction on* implicit bias , **[and] indirect discrimination [;****
- (c) **The common assumptions and myths concerning stereotypes and examples of such assumptions and myths;**
- (d) **An overview of social determinants of health;**
- (e) **An overview of best practices when interacting with] *and the prevention of discriminatory practices and language;***
- (b) ***Instruction that uses the voice, perspective or experience of* persons who fall within one or more of the categories in paragraphs (a) to (f), inclusive, of subsection 1 of NRS 449.103 [;**
- (f) **An overview of gender, race and ethnicity;**
- (g) **An overview of religion;**
- (h) **An overview of sexual orientation and gender identities or expressions;**
- (i) **An overview of mental and physical disabilities;**
- (j) **Examples of barriers to providing care;**
- (k) **Examples of language and behaviors that are discriminatory; and**
- (l) **Examples of a welcoming and safe environment.] ; and**
- (c) ***Instruction on preferred approaches to providing care for people who fall within ~~one or more of~~ the categories in paragraphs (a) to (f), inclusive, of subsection 1 of NRS 449.103.***

2. The course materials included in a course or program, including, without limitation, the course materials required by subsection 1, must include, without limitation:

- (a) Evidence-based, peer-reviewed sources;
- (b) Source materials that are used in universities or colleges that are accredited in the District of Columbia or any state or territory of the United States;
- (c) Source materials that are from nationally recognized organizations, as determined by the Director of the Department;
- (d) Source materials that are published or used by federal, state or local government agencies; or
- (e) Other source materials that are deemed appropriate by the Department.

3. The Department **[must:] shall:**

- (a) Publish a copy of the requirements set forth in subsections 1 and 2 on its Internet website; and
- (b) Provide a copy of the requirements set forth in subsections 1 and 2 to **[a facility] an applicant requesting approval of a course or program on cultural competency training pursuant to section 15 of LCB File No. R016-20** upon request by the **[facility.] applicant.**

Joe Lombardo  
Governor



Richard Whitley,  
MS  
Director



Cody Phinney,  
MPH  
Administrator

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

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## SMALL BUSINESS IMPACT STATEMENT

### PROPOSED AMENDMENTS TO NAC CHAPTER 449, LCB FILE #R016-20

The Division of Public and Behavioral Health (DPBH) has determined that the proposed amendments should decrease the economic impact upon small businesses and therefore may improve the formation, operation or expansion of a small businesses 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 items 1, 2, 3, and 4 below and provides the reasons for the conclusions of the agency in item 8 below followed by the certification by the person responsible for the agency.

### BACKGROUND

Since 2019, NRS 449.103 has required health care facilities licensed in accordance with this chapter to provide training, so that employees may better understand patients or residents who have different cultural backgrounds. This cultural competency training must be provided through a course or program that is approved by the Department of Health and Human Services. NRS 449.103 also authorizes the Board of Health to adopt regulations regarding cultural competency training. Regulations were adopted in LCB File #R016-20. Those regulations were implemented until changes were made to NRS 449.103 during the 2023 legislative session pursuant to Assembly Bill 267. Pursuant to the modifications to NRS 449.103, the Department of Health and Human Services has generated an initial agency draft of cultural competency training regulations to replace those found in LCB File #R016-20. This initial agency draft was provided to licensed health care facilities and other interested parties to determine the small business impact of these regulations. The Department’s intent with this initial agency draft was as follows:

- Reduce burden on health care facilities by generating cultural competency training (CCT) regulations with minimal standards described in Assembly Bill 267
- Align requirements for review, approval, or rejection of CCT course submissions within 10 days of receipt, in accordance with Assembly Bill 267
- Eliminate the requirement for health facilities to report the specific CCT course the facility will use to educate its employees
- Retain the necessity for inclusion of the statutory topics identified in NRS 449.103
- Reduce burdens on facilities by establishing new timing from initial employment to receipt of CCT
- Establish periodicity and a minimum number of hours of CCT that has some alignment with professional licensure Board requirements established in Assembly Bill 267

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

Pursuant to NRS 233B.0608 (2)(a), the Division of Public and Behavioral Health has requested input from all health care facilities licensed pursuant to chapter 449 and those otherwise required by regulations adopted by the Board pursuant to NRS 449.0303 to be licensed.

A Small Business Impact Questionnaire was sent to all facilities identified above along with a copy of the proposed regulation changes, on 8/28/23. The questions on the questionnaire were:

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

## SUMMARY OF RESPONSE

Summary of Comments Received (75 responses were received out of 1834 small business impact questionnaires distributed)			
Will a specific regulation have an adverse economic effect upon your business?	Will the regulation(s) have any beneficial effect upon your business?	Do you anticipate any indirect adverse effects upon your business?	Do you anticipate any indirect beneficial effects upon your business?
In summary: Most respondents indicated there would be an adverse economic effect, but did not relate this specifically to the new initial agency draft of CCT regulations, but rather related the adverse effect to the necessity for CCT in general and based related costs on the current regulations in LCB File #R016-20. None of the respondents who indicated there would not be an adverse economic effect provided comments to explain their response.	In summary: Most respondents indicated there would be no beneficial effect and referenced current costs associated with CCT. Some responded that a free course developed by the Department would have a beneficial effect. Some commented that that there would be a beneficial effect associated with reduced hours of instruction.	In summary: An equal number of respondents indicated there would be an indirect adverse effect as opposed to those who indicated there would be no indirect adverse effect. Responses were varied and some expressed concern regarding CCT that employees have already attended. None of the respondents who indicated "No" indirect adverse effect provided comments to explain their response.	In summary: Most respondents indicated there would be no indirect beneficial effect. Some of the respondents that indicated there would be indirect beneficial effects related potential for more positive interaction with patients and better person centered care.
The complete list of written responses is in attachment "A".	The complete list of written responses is in attachment "A".	The complete list of written responses is in attachment "A".	The complete list of written responses is in attachment "A".

Number of Respondents 75	Adverse economic effect?	Beneficial effect?	Indirect adverse effects?	Indirect beneficial effects?
Yes	56	11	35	16
No	15	59	35	54
Left blank	4	5	5	5

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

All of the results from the small business impact questionnaire were reviewed and categorized. Some required interpretation because the written responses were in conflict with the “Yes” or “No” response given regarding the same question. However, most of the written responses provided sufficient information to understand the intent of the respondent. Unfortunately, several respondents did not reply with individual comments, but rather responded with identical text obtained from another respondent. This identical text represents 21 of the total respondents. So, a large portion of the responses relate the exact same comments, rather than comments indicative of the impact the initial agency draft will have on individual small businesses.

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

The mean cost of CCT by an approved third-party trainer, which is the most commonly used method for facilities to provide the training is approximately \$75 [lowest \$50 and highest \$100], per employee per year. Licensed health care facilities that meet the small business definition may have between 1 and 150 employees. Calculating costs to the facility, would result in the following: 1 employee = ~\$75 annually, 2 employees = ~\$150 annually, and so on. This doesn’t take into account wages paid to the employee while they receive the training. Some respondents provided costs associated with 5 employees being paid wages at \$20 per hour during the training. Using the costs above this would result in the following calculations: 5 x \$75 = \$375, plus 2 hours minimum training, \$20 x 2 = \$40, times the 5 employees = \$200; or \$375 + \$200 = ~\$575 annually for a business with 5 employees that pays wages to the employees during the training. These calculations may represent costs for many very small businesses, whereas small businesses with 100 employees may experience costs according to these calculations: 100 x \$75 = \$7,500, plus 2 hours minimum training, \$20 x 2 = \$40, times 100 employees = \$4,000; or \$7,500 + \$4,000 = ~\$11,500 annually for a business with 100 employees that pays wages to employees during the training. Currently the approved third-party courses are more than 2 hours and range from 3 hours to 9 hours, so the mean is ~6 hours. Using the two situations above, the current annual cost of CCT is approximately:

5 employees training and wages annually = \$375 (training) + \$1,200 (wages) = \$1,575

100 employees training and wages annually = \$7,500 (training) + \$24,000 (wages) = \$31,500

In addition, the initial agency draft proposes several changes to streamline the submission and approval processes for CCT course developers. The intent of these changes is to encourage more course submissions and approval of more courses for both third party developers and for facility specific course developers. Approval of facility specific courses has the potential to significantly reduce costs for the facility annually.

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

The Division of Public and Behavioral Health has provided opportunities for the affected industry to provide input and comments regarding the proposed regulations, including the economic impact the proposed regulations may have on small businesses. Modifications to the proposed regulations may be

made as a result of this input. A workshop will be held on Nov. 14, 2023, allowing for further input by the affected industry and public regarding the proposed regulations and how they will impact businesses and the public. These comments will be taken into consideration for possible further revisions to the regulations to reduce the economic impact on facilities.

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

Nominal, agency staff will review training programs for approval and the agency will determine compliance during regular inspection processes.

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

None, no new fees are proposed in these regulations.

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

These regulations do not duplicate federal, state or local standards regarding the same activity.

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

Based on the calculations regarding approximate current costs of cultural competency training provided in item 3 above, versus the approximate costs upon full implementation of the proposed amendments there should be a marked decrease in costs, to small businesses. Although AB 267 changed responsibilities for the Department and training approval/rejection timelines, the statutory requirements and intent for this mandatory training remained substantially unchanged. Hence the agency is limited in its ability to further reduce the costs of this training on small businesses. However, with the proposed improvements associated with submission, review and approval/rejection of courses, there is a potential for increased reduction in costs for those facilities that generate and submit facility specific courses.

Any persons interested in obtaining a copy of the summary may e-mail, call, or mail in a request to Sherry Stevens, Administrative Assistant III, at the Division of Public and Behavioral Health at:

Division of Public and Behavioral Health  
Sherry Stevens, AAIII  
4150 Technology Way, Suite 300  
Carson City, NV 89701  
Phone: (775) 684-4217  
Email: [s.stevens@health.nv.gov](mailto:s.stevens@health.nv.gov)

### **CERTIFICATION BY PERSON RESPONSIBLE FOR THE AGENCY**

I, Cody Phinney, 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.



Cody Phinney, administrator  
Nevada Division of Public and Behavioral Health

Date: Oct. 25, 2023

## Small Business Impact Statement - Attachment A

Please list each regulation and explain the adverse impact. Indicate the estimated dollar amount(s) you believe the adopted regulations will cost you over one calendar year with a brief explanation.	Please explain and include any cost savings you believe the adopted regulations will save your business over one calendar year with an estimated dollar amount, if applicable.	Please explain the indirect adverse effects.	Please explain the indirect beneficial effects.
<p>NRS 449: Cultural Competency training to be done annually is costly and time consuming. Takes away from direct patient care. We currently take a cultural competency course through our company and then the State required one. If we can choose our course then it will be more beneficial and cost effective.</p>			
<p>This will cost our facility about \$1,200 to become fully compliant and ongoing average \$20 per new employee or credentialed provider.</p>			
<p>The initial and ongoing cultural competency training requirement will impact our facilities through direct costs of training and through wages we must pay staff to take this training and to provide other staff to work with the youth so the staff member can take the training. Estimated to cost the facilities a minimum of four hours of staff time (2 for the staff taking the training, 2 for the staff replacing them) plus the cost of the training itself. If the average wage of an employee is \$25.00 an hour, the training cost will be \$100 per person, plus the cost of the training. If the facility is able to develop and have approved their own training, the cost for training could be captured during the development of the training. This would take several hours of development and review and if needed revision. Content area experts would be needed to do this, so the cost would be quite a bit more than the cost of the persons being trained. The cost of the training would vary depending on the approved format- it would be higher if the training were in person for example as we would have to pay the trainers as well. For a facility with approximately 50 staff- we are going to use \$5000 dollars just for the staff costs, not counting the training itself. The current training options are \$100 dollars per person for the training- so that would be another \$5000. An estimate then for 50 staff, would be \$10,000 a year for training in this one area alone. These estimates are for a 2 hour training. If the training were to require longer, then costs would go up of course.</p>	<p>The previous regulations required a 9 hour course-or at least that was the length of time for the courses that were approved. This took considerable amount of our training time and of course, the costs of the training, the cost of the employees time to take the course and the cost of the replacement staff so staff could take the course. The reduction to a two hour course would be beneficial to the programs.</p>		
<p>NRS 449.103 (Section 13.3) Cultural Competency Training is additional financial burden to small business providers and only the approved Third Party Trainers are making huge amount of money in providing Cultural Competency Training. The lowest fee charged by the DBPH approved Third Party Trainer is \$50 per person and the highest is \$ 100 per person for every training session. Just for 120 home care providers with five employees, these providers are spending annually between \$30,000 to \$ 60,000 for CCT provided by the Third Party Trainers. Here is the simple computation: (\$50 x 5 employees = \$250 x 120 homecare facilities= \$30,000). The salary / per diem pay for the employee while on training is excluded in this computation. It will be a great help financially to all small business providers if DBPH can create a free on line CCT just like Adult Protective Services training on line provided by Nevada Care Connection.</p>	<p>Cost Savings for small business providers with 5 employees on board: \$20.00 per hour is the median salary of the staff x 2 hours of training = \$ 40.00 plus \$50.00 lowest fee charged by Third Party CCT Trainer = \$ 90.00 x 5 employees = \$450.00 is the lowest cost savings for the facility licensed for 5 beds over one calendar year. For 120 small business providers, the lowest cost savings per one calendar year is \$ 4,000 ( \$450 x 120).</p>		
<p>NRS 449.103 ( Section 13:3) Cultural Competency Training is an additional expenses to our budget for the facility. For 3 employees times 50 dollars equals 150 dollars plus her pay for the day we took the training equals to 150/ day x 3= 450 dollars.</p>	<p>We will be saving money if DBPH will give online free training.</p>		
<p>NRS 449.103 (Section 13.3) <sup>®</sup> Cultural Competency Training is additional financial burden to small business providers and only the approved Third Party Trainers are making huge amount of money in providing Cultural Competency Training. The lowest fee charged by the DBPH approved Third Party Trainer is \$50 per person and the highest is \$ 100 per person for every training session. Just for 120 home care providers with five employees, these providers are spending annually between \$30,000 to \$ 60,000 for CCT provided by the Third Party Trainers. Here is the simple computation: (\$50 x 5 employees = \$250 x 120 homecare facilities= \$30,000). The salary / per diem pay for the employee while on training is excluded in this computation. It will be a great help financially to all small business providers if DBPH can create a free on line CCT just like Adult Protective Services training on line provided by Nevada Care Connection.</p>	<p>Cost savings for small business provider with 5 employees on board: \$20.00 per hour is the median salary for the staff X 2 hours of training = \$40.00 plus \$50.00 lowest fee charged by third Party CCT Trainer = \$90.00 X 5 employees = \$450.00 is the lowest cost saving for a 8 beds licensed facility over one year. For 120 small business providers, the lowest cost savings per one calendar year is \$54,000.00 (\$450.00 X 120).</p>		

NRS 449.103 (Section 13.3)

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Cost Savings for small business providers with 5 employees on board:  
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NRS 449.103 ( SECTION 13.3). Cultural Competency Training is additional financial burden to small business providers and only the approved third Party Trainers are making huge amount of money in providing Cultural Competency Training. The lowest fee charged by the DPBH approved Third party trainer is \$50.00 per person and the highest is \$100.00 person every training session. Just for 120 home care providers with five employees, these providers are spending annually between \$30,000.00 to \$60,000.00 for CCT provided by the Third Party Trainers. Here is the simple computation: (\$50.00 X 5 employees = \$250.00 x 120 homeware facilities = \$30,000.00). The salary / per diem pay for the employee while on training is excluded in this computation. It will be a great help financially to all small businesses providers if DBPH can create an online CCT just like Adult Protective Services training on line provided by the Nevada Care Connections.

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It's very time consuming and not cost effective, our agencies cannot pay enough for these caregivers to be paid to take this training. This training should be provided by the state for free and should only be an hour long. These caregivers already have to take long trainings annually and it comes out of the little business profits we barely make.  
Additional cost of training new and current employees. Cost is based on the number of hours required for new employee training (32 employees x 2 hours x \$17/hour = \$1,088) and annual training (50 employees x 2 hours x \$17/hr = \$1,700)

So far none, again it's very time consuming and expensive for businesses and caregivers because they have to take time off their day to get this training done.

NRS 449.103 (Section 13.3)

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Cost of training. Employees hours during training

NRS 449.103 (Section 13.3)

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Here's the example:  
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Annual Cultural competency Training is an additional financial burden to small business providers and only the approved Third Party Trainer will benefit from this Regulation.

In one calendar year, it will cost me \$ 1500.00. For the class \$100.00 for each employee x3, day salary \$200.00 x 3, salary for the covering employee for the class participant \$200.00 X 3, total of \$1500.00 annually.

It will cost me \$1500.00 annually with 3 employees on board.

Cultural Competency Training is an additional financial burden to small business providers and only the approved Third Party Trainers are the only one that will benefit from it.

It will cost me \$2000.00 annually, \$ 400.00 for the class, \$1600.00 for the wages including the wages of the employees covering for the participants of the class.

It will save me \$2000.00 annually with 4 employees on board.

Annual Cultural Competency Training is an additional financial burden to small business providers.

It will cost me \$3000.00 annually, \$600.00 for the class fee, and \$2400.00 for the wages of the class participants and the employee covering for the class participants.

Cost savings for small business providers with 6 employees on board will be \$3000.00 annually.

Cultural competency is an additional financial burden to small business providers and only the approved Third Party Trainers are making a huge amount of money in providing Cultural Competency Training. The lowest fee charged by DBPH approved Third Party Trainer is \$50/person and the highest is \$100/person for every training session. Just for 120 home care providers with 5 employees, these providers are spending annually between \$30,000 to \$60,000 for CCT provided by the Third Party Trainers. Here is the simple computation: (\$50 x 5 employees= \$250 x120 homecare facilities= \$30,000). The salary/per diem pay for the employee while training is excluded from this computation. It will be a great help financially to all small business providers if DBPH can create free online CCT just like Adult Protective Services training online provided by Nevada Care Connection

Cost Savings for small business providers with 5 employees on board:  
 \$20/hour is the median salary of the staff x 2 hours of training = \$40.00 plus \$50.00 lowest fee charged by Third Party Trainer= 4(0.00 x 5 employees= \$450.00 is the lowest cost savings for the facility licensed for 5 beds over one calendar year. For 120 small business providers, the lowest cost savings per one calendar year is \$54,000 (\$450 x 120)

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Paying \$180 dollars a year

10,000.00 in reimbursement and employee/medical staff pay.  
 Without this training I can save \$180 dollars a year

If this is a required annual training the complacency that occurs over an 8 hr course annually can be great. Not to mention the need to take a staff member away from their job for 8 hrs to watch or listen to this will likely begin to loose its effectiveness and subsequently defeat what the overall goal is

		<p>If a pca/applicant already took the CCT from another agency and the approved training from that agency is different from our approved training then the pca will be required to take our approved training.</p>
<p>The cost of the program is \$100-150 per employee per year with annual renewals of the certification. The State has only approved a small number of educational programs, so we are paying needlessly for this. We should be allowed to purchase a program, teach and renew in house and not pay tens of thousands of dollars a year for this. There is no financial relief or reimbursement for small business to offset the cost of this regulation.</p> <p>Not one single advantage for a pca agency, 8 hours of high level bla bla, nobody listens, just answering the questions. This is designed for ph level not pca level</p>		<p>We are already in an era of staff shortages in the medical field. This is just another cumbersome regulatory item for the paper pushers</p>
		<p>Spending hours on a useless training for pca s Can use these hours to assist the frail and elderly</p>
<p>Direct cost of training (sect 13) - \$5,000 - \$7,500</p>		<p>Already licensed individuals (RNs &amp; MDs) get frustrated they must take additional training when already required from their licensing body. Patients are going to get annoyed by the proposed amount of questions and documentation that they are going to be asked when most of those questions have zero to do with their treatment.</p>
<p>AB267 Cultural Competency training - cost of training for staff/new hires continues to escalate mixed with hourly labor costs that is making it cost prohibitive. Requiring training annually is not cost-effective and does not change much from year to year.</p>	None	<p>Financially, for small group homes and commercial, the operating costs are surging with these additional requirements that may result in places shutting down as they can no longer afford the substantially inflated hiring and operating costs of RFFGs/AGCs.</p>
<p>The requirement to find and take an existing class is a significant burden to small businesses that experience turnover in positions or employ part time employees. With State "approved" courses costing upwards of \$150 per employee, it is a significant cost. With current employees and turnover this is easily an additional \$2250 expense. One solution would be for the State to provide a free course for employees to take. To avoid the cost of approved courses would require further time away from the business to develop such. Further the requirements for the course provider to have some type of certification or degree in cultural competency even further increases the burden and cost.</p>		<p>Employees will be upset if they have to participate in the cost of having to take a course to be employed. Why should the employer be the sole provider in the cost when both parties are affected by the regulation.</p>
	\$700	<p>More expenses for the business and less incentive for employees</p>
<p>The state now requires 8 hours of annual training to include OSHA required courses. Based on the courses provided by Care Academy 6+ hours of CCT training plus OSHA plus Elder Abuse and HIPAA training equals approximately 12 hours of training without adding any needed caregiver training. Caregivers are paid to take assigned training. Financially this puts an additional burden of \$7,000.00 to \$10,000.00 per year on our business that needs to make decisions based on profitability and ensuring the state mandated training is met and that training serves our clients and caregivers.</p>	There is not cost savings the adopted regulations will provide.	<p>Caregivers want additional training to serve their clients so to increase the requirements for CCT takes them away from acquiring more knowledge in skill/knowledge.</p>
<p>The currently approved courses are very expensive. We would like to be able to provide our own training to our employees.</p> <p>Financial burden and additional time taken from actual caregiving time from our already very extensive daily labor routine . Cultural competency is but a small portion of multicultural diversity training I have been exposed to in the past 25 years. Within each culture, different levels of discrimination exists. It is the actual caregivers, owners, and administrators that are experts in the field of being discriminated against. Just ask us.</p>		<p>This training adds to the already extensive curriculum our employees are required to take each year.</p>
<p>Home care agencies, although we don't have a facility with beds and patients, are grouped in the "facility" definition under 449. We employ non-medical caregivers to provide amongst other things, assistance with a person's ADL's, light housekeeping, or perhaps companionship. This is to people wishing to live in their homes as opposed to being admitted to a bed/care facility. Caregiver turnover is typically over 65% per year so providing initial and annual cultural competency training is quite costly, and with the caregiver leaving my employ within a year means this cost and time of training now becomes a cost with no return on the investment. Courses typically cost between \$50 and \$100 plus the 2 hours of training. I hire around 100 caregivers a year (and I am a small agency compared to others). At \$100 per hire x 100 hires = \$10,000 of expense. 65% turnover means that \$6,500 spent annually is essentially money flushed down the drain. Most home care agencies run on a profit margin of maybe \$3/hour (or much less if they have the majority of their business coming from Medicaid) of what is billed to the client. \$10,000 of expense divided by \$3/hour profit margin means that I would have to bill 3,334 hours annually simply to cover this new cost. A client shift for my company can be as little as 3 hours (home based clients typically can't afford 8 hours a day of home care help). If all shifts were 3 hours in length, I need to bill 1,111 shifts to break even on this cost. Now I have to spend this annually? If the course cost was capped at \$20/person and if the annual retraining requirement were eliminated or changed to bi-annual, this would substantially reduce the burden to us.</p>	There is no cost savings to home care agencies (which shouldn't even be classed as a "facility" because we don't operate a brick and mortar facility with beds, evacuations routes, hazardous chemicals etc.) This is a pure cost increase for us. For agencies that work on extremely thin margins, this will put some agencies out of business. This also creates a disincentive for me to grow my business because it will just cost me more.	<p>I run a private pay business. I will need to increase my rates to pass this cost on to elders needing care to living longer in their homes. Our services are not paid by Medicare as we are non-medical. We are not covered under a medical benefit program. You are simply raising the cost of non-medical home care go people needing care to live. Good on you! For agencies that get most of their business from Medicaid, something will have to give to manage their margins. Medicaid reimbursement is only slated to go up to \$25/hour and \$16 of that has to go to direct caregiver wages. That leave only \$9/hour to pay for medical benefits, training, office space, schedulers, licensing etc. etc. etc. We are a low margin business and you are killing us with all this non-necessary regulation and costs.</p>

<p>AB267 is burdensome and cost prohibitive for agencies. As the standard is written now, it would cost me over \$18,000 to train my current employees. For me to train all of the employees I hired last year, it would cost \$39,000. This number was arrived by me paying each employee their hourly wage to complete the training as it is now and does not include me paying for the approved courses.</p>		<p>We are struggling with finding labor as it is and this will be hours upon hours that our employees are not in a home and not caring for people. It also will greatly impact the finances of a small business which result in higher prices for our clients and potentially lower wages for employees.</p>
<p>Wingfield is a nursing home with approximately 120 employees. The regulations, as written, will cost 4 hours for each in training, plus the cost of training. This is equivalent to about 200 dollars per employee (4 hours at \$25 per hour and 100 per course. It will cost approx 20,000 to be in compliance with this regulation. Not to mention, the employees hate the training that is available. They think it is inappropriate.</p>	<p>Zero.</p>	<p>The employees think this training is ridiculous. It seems designed to force a narrow worldview on individuals, some of whom agree, and others who disagree. Regardless, it has not gone over well in the work setting.</p>
<p>NRS 449.103 (Section 13.3)  Cultural Competency Training is additional financial burden to small business providers and only the approved Third Party Trainers are making huge amount of money in providing Cultural Competency Training. The lowest fee charged by the DBPH approved Third Party Trainer is \$50 per person and the highest is \$ 100 per person for every training session. Just for 120 home care providers with five employees, these providers are spending annually between \$30,000 to \$ 60,000 for CCT provided by the Third Party Trainers. Here is the simple computation: (\$50 x 5 employees = \$250 x 120 homecare facilities= \$30,000). The salary / per diem pay for the employee while on training is excluded in this computation. It will be a great help financially to all small business providers if DBPH can create a free on line CCT just like Adult Protective Services training on line provided by Nevada Care Connection.</p>	<p>The cost savings for small business providers with 5 employees on board: For \$20.00 per hour is the median salary of the staff X 2 hours minimum of training = \$40.00 plus \$50.00 lowest fee charged by the Third Party CCT Trainers = \$90.00 X 5 employees = \$450.00 the lowest cost savings for the facility licensed for 5 beds over one calendar year. For 120 small business providers, the lowest cost savings per one calendar year is \$54,000.00 (\$450.00x120)</p>	<p>We do not anticipate indirect adverse effects because once NRS 449.103 (Section 13.1) will be implemented, there will already be a DIRECT ADVERSE EFFECT to us the small business providers. Delays in care are likely to occur, though transient in nature and not long lasting</p>
<p>\$9300 or more</p>	<p>Won't save us a dime</p>	
<p>Cultural competency training requirement is costing my facility an additional \$10,000 per year. I will inevitably have to pass this cost on to my clients, therefore adversely impacting the elderly living in NV.</p>		<p>More potential clients will be priced out of my facility due to the cultural competency training necessitating another price increase.</p>
<p>NRS 449.103 (Section 13.3) Cultural Competency Training is additional financial burden to small business providers and only the approved Third Party Trainers are making huge amount of money in providing Cultural Competency Training. The lowest fee charged by the DBPH approved Third Party Trainer is \$50 per person and the highest is \$ 100 per person for every training session. Just for 120 home care providers with five employees, these providers are spending annually between \$30,000 to \$ 60,000 for CCT provided by the Third Party Trainers. Here is the simple computation: (\$50 x 5 employees = \$250 x 120 homecare facilities= \$30,000). The salary / per diem pay for the employee while on training is excluded in this computation. It will be a great help financially to all small business providers if DBPH can create a free on line CCT just like Adult Protective Services training on line provided by Nevada Care Connection.</p>	<p>Cost Savings for small business providers with 5 employees on board: \$20.00 per hour is the median salary of the staff x 2 hours of training = \$ 40.00 plus \$50.00 lowest fee charged by Third Party CCT Trainer = \$ 90.00 x 5 employees = \$450.00 is the lowest cost savings for the facility licensed for 5 beds over one calendar year. For 120 small business providers, the lowest cost savings per one calendar year is \$ 4,000 ( \$450 x 120).</p>	<p>We do not anticipate any indirect adverse effects because if NRS 449.103 (Section 13.1) will be implemented, there will be already direct adverse effect to us as a small business provider.</p>
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<p>Cultural Competency Training. We try to hire as much as possible but with the severe caregiver shortage we may get up to 5 a month. We get them on boarded. Not all stay past 2 months. It's the way it has been since Covid. So, 5 a month at \$40 a pop times the 2 hours it takes to do the class is \$4560 a year. That might seem like little to you, but it is a HUGE chunk of change for our small agency of only 20 caregivers. In my opinion, NON-medical personal care agencies should be exempt from this training.</p>		<p>This training has been met with so much pushback from our staff. They have all gone to it and they all think it is basically for the medical professionals. They are all ready telling us how it makes them feel like we are calling them racist and bigots. WE ensure them that isn't the case, but they are very unhappy. We have a very diverse staff.</p>

As originally proposed, the training requirements for Cultural Competency would create a huge burden on our Personal Care Agency. We already have to pay for approximately 16 hours of initial training and another 8 hours of annual training per employee. We not only pay for all training materials, but compensate the employee with hourly pay. To add 6-8 hours of training for Cultural Competency initially and annually is going to drive many smaller players out of the senior market.

Assuming Cultural Competency training is ONLY 6 hours per year, our agency cost would be approximately \$32,800. To arrive at that figure I used the following: 6 hours of class at \$17.50 average hourly pay per employee plus a tuition fee of \$100 per employee for a total of \$205 per employee. We have 80 caregivers but experience a minimum rate of 100% turnover in a given year. Therefore I took the cost of \$205 per employee and multiplied by 160 attendees to come up with my estimate of \$32,800. The numbers assume the class is taken one time and not repeated as an annual requirement.

Many employees resent the barrier to employment the State has already placed upon the non medical caregiver. Between 2step TB tests, physical exams, background checks, 16 hours of initial training, CPR certification, and all the agency-required training, the employee is spending a good deal of money and time to enter a field that pays minimally. They DO NOT treat patients. They provide assistance with the activities of daily living. The State is regulating them and the agencies who employ them out of the business of caring for the elderly.

The class itself runs approximately \$150 per person, and each person is required to take the class within 30 days of hire. It is not only the cost of the class per employee but the cost of impacted senior care due to not having the team on the floor. It would be beneficial to have a little more leeway in when the class is due so scheduling is not impacted as much and resident care is put first as it should be.

I assuming the price of classes will increase as there will be a loss of revenue due to the regulation change.

When I first started this business (20 years) it cost about 200.00 to get an employee credible with all the State requirements. I just put it to the pencil and it is now up to 470.00. It may not sound like much in your realm, but it is significant to us. We take care of alot of veterans (16) and Medicaid (20) recipients. We have to be very frugal to be able to do this. Also, the turnover for this age bracket of employees we use is alot higher than ever before.

Treating people correctly can lead to longevity of residence. Which in turn is good for our revenue. There is the thought if this is something that can be taught, or you have to be born with it in your heart and soul. Referring to Cultural Complecty Training.

The cost and turn over rate we have to deal with. We have to pay 8 hours of wages for this in addition to the cost of the course.

Give Input on Cultural Competency Training Regulations: AB267

I appreciate this being looked at and the changes being made. We are in favor of the direction that this is headed. My only concern is with the last bullet point: Establish new periodicity and a minimum number of hours of CCT:

I personally don't like the idea of assigning a set time limit or maximum as every area and facility is very different. Some areas may have a lot more to discuss and others may have less. If a time limit or maximum is set it will reduce the effectiveness of the training. Please focus on the content being taught and not the time.

An estimate of the cost to the facility would be approximately \$16,000 for every hour of training required for each employee. This was determined by taking all employees hourly rates and adding them together. This is a huge financial impact, especially if an hour requirement is set that is above and beyond what is necessary.

There is potential that a few patients in a year will have a more positive interaction with staff that are more aware.

Any additional cost will have an adverse economic effect.

Although it's important to be culturally competent, being such will not create economic benefit.

Sure, indirectly, if my staff is more culturally competent, I should be able to provider a higher level of person centered care, then what I am able to do now.

We are currently required to have 8 hours of initial training and 8 hours of annual training thereafter. This will be a significant reduction of employee time required for training. I project the reduction will be over \$1,000 annually.

The training is a good thing. I think that two hours is more than enough to get good results.

It is 45.00 per caregiver and that is every year for new and existing caregivers. 40 x 45.00 is 1800.00 a year. We lose caregivers all the time because of the amount of training hours that are required.

I propose the time be cut to a 1 hour course. Every two years. That would be a financial benefit

We will be able to provide more service that is needed in our community

AB267 - we already have a class online through Relias that provides this topic. We pay our employees to take this class now but additional hours could cost us approximately \$7000 per year. This would be at \$15 per hour for the additional hours for 50 employees and this would increase as wages increase and having to remove employees from working hours to take classes. This does not include the cost of the class or the loss of income.

The loss of income due to employees not working all hours and the cost of the classes and payment to employees for taking the classes.

Employees don't want to give up hours they work.

This regulation is currently costing my agency \$37,500 to train each employee on CC, assuming the use of one of the 8-hour classes that have been approved for use by personal care attendants over the last two years.

Many of the personal care attendants in this state are already marginalized. One of the outcomes of the SB340 process was a unanimous request to redesign the CC training for the personal care industry to teach our caregivers coping skills and how to handle adverse situations where THEY are the people being marginalized. As of this moment, that unanimous request has been ignored.

Both agencies and caregivers suffer from the adverse impacts of bureaucratic overreach, it unites us against people more interested in building departmental infrastructures and not acting the the best interests of our caregivers and clients.

NRS 449.103 (Section 13.3)

Cultural Competency Training is additional financial burden to small business providers and only the approved Third Party Trainers are making huge amount of money in providing Cultural Competency Training. The lowest fee charged by the DBPH approved Third Party Trainer is \$50 per person and the highest is \$ 100 per person for every training session. Just for 120 home care providers with five employees, these providers are spending annually between \$30,000 to \$ 60,000 for CCT provided by the Third Party Trainers. Here is the simple computation: (\$50 x 5 employees = \$250 x 120 homecare facilities= \$30,000). The salary / per diem pay for the employee while on training is excluded in this computation. It will be a great help financially to all small business providers if DBPH can create a free on line CCT just like Adult Protective Services training on line provided by Nevada Care Connection.

Cost Savings for small business providers with 5 employees on board: \$20.00 per hour is the median salary of the staff x 2 hours of training = \$ 40.00 plus \$50.00 lowest fee charged by Third Party CCT Trainer = \$ 90.00 x 5 employees = \$450.00 is the lowest cost savings for the facility licensed for 5 beds over one calendar year. For 120 small business providers, the lowest cost savings per one calendar year is \$ 54,000 ( \$450 x 120).

We do not anticipate any indirect adverse effects because if NRS 449.103 (Section 13.1) will be implemented, there will be already direct adverse effect to us as a small business provider.

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We do not anticipate beneficial indirect adverse effects because if NRS 449.103 (Section 13.1) will be implemented, there will be already direct adverse effect to us as a small business provider. Sec. 13.1. Pursuant to section 1 of NRS 449.103, subsection 1, within 60 days after the date of contract or hire of any agent or employee, as described in section 1 of NRS 449.103, subsection 2, except for those described in section 1 NRS 449.103, subsection 3, being contracted or hired, the agent or employee must receive 2 hours of cultural competency training from an approved course, and must receive an additional 2 hours of cultural competency training from an approved course annually thereafter. Agents or employees may receive the required training either as modules taken over time or at a single sitting, but the hours of instruction and the entire --4-- Approved Regulation R016-20 contents of a course and completion certificate must be received, within these time frames.

NRS 449.103 (Section 13.3)

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\$52,000 to 75,000 per year depending on CG turnover

Many of our employees are part of a marginalized population and this training is above their education level so they often misunderstand the material and in some case is oppressive in nature.

More awareness of different cultural norms in the clients households

NRS 449.103 (Section 13.3)

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Joe Lombardo  
Governor

Richard Whitley,  
MS  
Director



Cody Phinney,  
MPH  
Administrator

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

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## 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 \(NAC\) Chapter 449](#) and [LCB File R016-20](#).

The workshop will be conducted in person and online beginning at 9 A.M. on Nov. 14, 2023, at the following locations:

- [Click here to join the meeting](#)
  - Meeting ID: 216 709 253 69  
Passcode: qzNhdL
- To join by phone: Call 775-321-6111 (phone conference ID 944 525 619#)
- Bureau of Health Care Quality and Compliance, 4220 S. Maryland Parkway Building A Suite 100, Las Vegas, NV 89119

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

### AGENDA

1. Introduction of workshop process
2. Public comment on proposed amendments to NAC Chapter 449.
3. General Public Comment

Since 2019, NRS 449.103 has required health care facilities licensed in accordance with this chapter to provide training, so that employees may better understand patients or residents who have different cultural backgrounds. This cultural competency training (CCT) must be provided through a course or program that is approved by the Department of Health and Human Services. NRS 449.103 also authorizes the Board of Health to adopt regulations regarding CCT. Regulations were adopted in LCB File R016-20. In the 2023 legislative session, [Assembly Bill 267](#) required changes to these regulations, in order to ensure efficient approval of CCT courses. Pursuant to the modifications to NRS 449.103, the Department of Health and Human Services has generated an initial agency draft of CCT regulations to replace those found in LCB File R016-20. The proposed changes will revise NAC Chapter 449 and LCB File R016-20 and are being proposed in accordance with Nevada Revised Statutes (NRS) 449.103 as modified by AB 267 of the 2023 legislative session.

The Department's intent with this initial agency draft was as follows:

- Brings the CCT regulations in compliance with AB 267 of the 2023 legislative session.
- Reduce burden on health care facilities by generating CCT regulations with minimal standards described in AB 267.
- Align requirements for review, approval, or rejection of CCT course submissions within 10 days of receipt, in accordance with AB 267.

- Eliminate the requirement for health facilities to report the specific CCT course the facility will use to educate its employees.
- Retain the necessity for inclusion of the statutory topics identified in NRS 449.103.
- Reduce burdens on facilities by establishing new timing from initial employment to receipt of CCT.
- Establish periodicity and a minimum number of hours of CCT that has some alignment with professional licensure Board requirements established in AB 267.

Members of the public may make oral comments at this meeting. Persons wishing to submit written testimony or documentary evidence may submit the material to Paul Shubert, chief of the Bureau of Health Care Quality and Compliance, at the following address:

Division of Public and Behavioral Health  
 Bureau of Health Care Quality and Compliance  
 4220 S. Maryland Pkwy. Bldg. A, Ste. 100  
 Las Vegas, NV 89119  
 Phone: 702-668-3270  
 Fax: 702-486-6520  
 Email: [pshubert@health.nv.gov](mailto:pshubert@health.nv.gov)

Members of the public who require special accommodations or assistance at the workshops are required to notify Paul Shubert in writing at the address, phone, fax, or email identified above at least five (5) working days prior to the date of the public workshop.

For further information on the proposed regulations or how to obtain copies of the supporting documents, contact Paul Shubert by calling 702-668-3270.

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

Division of Public and Behavioral Health 727 Fairview Drive, Suite E Carson City, NV 89701	Division of Public and Behavioral Health 4220 S. Maryland Parkway, Bldg. A, Suite 100 Las Vegas, NV 89119	Nevada State Library and Archives 100 Stewart Street Carson City, NV 89701
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A copy of the regulations and small business impact statement can be found on the Division of Public and Behavioral Health’s web page linked here:

[https://dphh.nv.gov/Reg/HealthFacilities/State\\_of\\_Nevada\\_Health\\_Facility\\_Regulation\\_Public\\_Workshops/](https://dphh.nv.gov/Reg/HealthFacilities/State_of_Nevada_Health_Facility_Regulation_Public_Workshops/)

A copy of the public workshop notice can also be found at Nevada Legislature’s web page:

<https://www.leg.state.nv.us/App/Notice/A/>

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

1. Division of Public and Behavioral Health, 4150 Technology Way, First Floor Lobby, Carson City, NV 89706

Copies may be obtained in person, by mail, or by calling the Division of Public and Behavioral Health at 702-668-3270.

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