SMALL BUSINESS IMPACT STATEMENT 2022
PROPOSED AMENDMENTS TO NEVADA ADMINISTRATIVE CODE (NAC) 449

The Division of Public and Behavioral Health (DPBH) has determined that certain sections/provisions of the proposed amendments will have an adverse economic impact upon a small business and may discourage the formation, operation or expansion of a small business in Nevada while other sections may not have a negative financial impact or may have a positive financial impact on a small business and may encourage the formation, operation or expansion of a small business in Nevada. The proposed regulations may have a different impact on different facility types, and have a different impact on similar facility types, depending on the individual circumstances of each facility.

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

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

Background

The proposed regulations align Chapter 449 of NAC with the passage of several bills, including, Senate Bill 92 and Assembly Bill's 131 and 232 of the 2019 Legislative Sessions and Senate Bill 69 and Assembly Bill 287 of the 2021 Legislative Session.

Senate Bill 92 of the 2019 Legislative Session expanded provisions for the licensing and regulation of referral agencies that provide referrals to residential facilities for groups to also require the licensing and regulation of referral agencies that provide referrals to certain similar group housing arrangements. The proposed regulations expand provisions governing referral agencies to also include agencies that provide referrals to group housing arrangements as defined in Section 9 of the proposed regulations. In addition to the changes as a result of the passage of Senate Bill 92, Section 32 of this regulation authorizes a licensed nurse, public guardian, social worker, physician, physician assistant or hospital to provide a referral to a group housing arrangement through a licensed referral agency.

- Assembly Bill 131 of the 2019 Legislative Session removed a requirement that a provider of community-based living arrangement services must be Certified by the Division of Public and Behavioral Health and instead requires such a provider to be licensed by the Division as a facility for the dependent. The proposed regulations replace language referring to a certificate and instead uses the term license where applicable.
- Assembly Bill 232 of the 2019 Legislative Session abolished the classification of a general hospital; therefore, the proposed regulations remove the term general hospital from Nevada Administrative Code.

- Senate Bill 69 of the 2021 Legislative Session removed the provisions for licensure of a peer support recovery organization; therefore, the proposed regulations remove the associated fee.
- To conform with the passage of Assembly Bill 287 of the 2021 Legislative Session, the proposed regulations revise the term "obstetric center" to instead refer to a "freestanding birthing center."

In addition, the proposed regulations make the following changes:

Section 1 authorizes the Chief Medical Officer to impose reporting requirements, in addition to those currently prescribed in chapter 441A of NRS, concerning a disease for which a pandemic or epidemic is ongoing without adopting additional regulations. Consideration is be given to remove this section of the proposed regulations.

Section 3 adopts by reference certain guidelines concerning the use of personal protective equipment, and section 4 of this regulation requires a medical facility, facility for the dependent or other licensed facility to follow those guidelines and to take certain measures to ensure that the facility maintains an adequate supply of personal protective equipment.

Section 5 imposes certain requirements relating to the use of audio and video monitoring equipment to monitor a patient or resident at a medical facility, facility for the dependent or other licensed facility.

Section 6 expands the requirement for a hospital to notify the Division if the hospital that is not required to be accredited and becomes accredited or loses accreditation to apply to any medical facility that acquires or loses accreditation. It also authorizes the Division to impose an administrative penalty for failure to report the acquisition or loss of accreditation; and prohibits the Bureau of Health Care Quality and Compliance from imposing any other administrative sanction for such a violation.

Section 7 requires a facility for the dependent to develop and carry out an infection control program and an emergency preparedness plan; and designate two employees to be responsible for infection control at the facility.

Section 8 requires a facility for hospice care that plans to commence new construction or certain remodeling to submit two copies of the building plans to that designated entity and the Division, requires the building plans to be approved before the construction or remodeling, as applicable, begins, and requires the Bureau to conduct a site survey before licensing a newly constructed facility for hospice care.

Section 26 requires a facility for hospice care to comply with certain requirements for fire safety.

Section 44 specifies that the administrator of an agency to provide personal care services in the home is required to ensure that employees are provided all training required by chapter 449 of NRS and chapter 449 of NAC. Section 10 provides that an agency to provide personal care services in the home may satisfy that requirement by providing or arranging for the provision of such training. It also requires such an agency to pay certain costs associated with such training; and the salary or hourly wage of an employee for time spent attending such training.

Section 13 prescribes different class designations for ambulatory surgical centers based on the type of surgical procedures performed at an ambulatory surgical center; and requires an ambulatory surgical center to have a certain amount of space in the operating room, depending on the class designation of the ambulatory surgical center.

Section 19 requires an application for a license to operate an ambulatory surgical center to identify the class designation of the ambulatory surgical center.

Section 14 prescribes certain qualifications for a surgical technologist who is hired if, after conducting a thorough and diligent search, the facility is unable to employ a sufficient number of surgical technologists who possess the qualifications pursuant to NRS 449.24185, establishes the conditions under which an ambulatory surgical center will be deemed to have conducted a thorough and diligent search, and requires an ambulatory surgical center that employs a surgical technologist under such circumstances to maintain certain documentation.

Section 15 prescribes certain required training for a natural person responsible for the operation of a provider of community-based living arrangement services; an employee of a provider of community-based living arrangement services who supervises or provides support to recipients of services; and a caregiver who assists a recipient of community-based living arrangement services in the administration of medication.

Section 16 requires a provider of community-based living arrangement services who operates a facility that provides assistance to residents in the administration of medications to maintain certain records concerning those medications; and prescribes requirements governing the administration of over-the-counter medications or dietary supplements to such residents. Section 62 requires an applicant for a provisional license to post a surety bond in a certain amount, place that amount in escrow or take other action prescribed by the Division to ensure the continuation of services if the applicant becomes insolvent. Section 63 requires a provider of community-based living arrangement services to maintain a staff sufficient to meet the needs of each person receiving services from the provider.

If there is an immediate and serious threat to the health and safety of residents or patients at a facility, section 17 requires the Bureau of Health Care Quality and Compliance to notify the facility as soon as possible and authorizes the Bureau to require the facility to establish a plan of abatement to end the threat.

Sections 18 and 67 update the titles and prices of and certain other information concerning certain publications adopted by reference.

Section 20 extends the requirement that the Division perform an investigation and survey of a facility and receive a satisfactory report of inspection of the facility from the State Fire Marshal or local fire department before issuing a license to the facility to also apply to be a certified intermediary service organizations; and exempts certain facilities, such as agencies that provide services in a patient's home but do not provide direct patient care in their physical facility, from the requirement to receive a fire inspection.

The proposed regulations remove references to the term "subunit agency" of a home health agency as there will no longer be a separate licensure category for subunits.

Section 24 removes the requirement that a complaint must be submitted by a consumer, thereby authorizing the Division to charge a licensee for the investigation of any complaint against the licensee.

Section 28 authorizes a residential facility for groups to retain a resident with a serious infection during an epidemic or pandemic if the resident does not have symptoms that require a higher level of care than the residential facility is capable of providing.

Section 27 revises requirements governing the size of the windows in a bedroom of a residential facility for groups.

Sections 41, 47 and 80 require a hospital or independent center for emergency medical care to provide training to each employee who provides care to victims of sexual assault or attempted sexual assault concerning appropriate care for such persons within 60 days after the date on which the employee commenced employment

or, if the employee is employed on the effective date of this regulation, within 60 days after the effective date of this regulation; and maintain evidence of such training in the personnel file of each such employee.

If there is reasonable cause to believe that a resident of a psychiatric residential treatment facility has been abused or neglected, section 45 requires an employee or independent contractor having knowledge of the abuse or neglect to report the abuse or neglect as required by law; and the facility to take certain measures to stop the abuse or neglect, notify the family of or other person legally responsible for the alleged victim and ensure that the alleged victim receives proper care.

Sections 46, 52 and 70 revise provisions governing facilities for the treatment of irreversible renal disease, facilities for skilled nursing and recovery centers to clarify that a dietitian, physician, physician assistant, dentist, advanced practice registered nurse or podiatric physician is authorized to order or prescribe, as appropriate, a therapeutic diet for a patient at any of those facilities.

Section 50 revises the required dimensions of doors to certain rooms that permit access for wheelchairs at an intermediate care facility.

Section 60 brings home health agency regulations in line with existing law by authorizing a physician assistant or advanced practice registered nurse to order home health care for a patient.

The proposed regulations also omit a large portion of the state home health agency regulations and instead align them more closely with the federal CMS home health agency regulations by adopting those by reference and requiring they be followed by licensed home health agencies.

Section 68 removes the requirement that each ambulatory surgical center must maintain a written agreement with a hospital concerning the transfer of patients.

Section 71 requires a pharmacy conducted by a recovery center to be licensed; and a recovery center to comply with the requirement concerning the signing of chart orders.

Sections 73 and 74 establish requirements concerning the confidentiality of a statement of deficiencies and plan of correction.

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 licensed health care facilities.

An email was sent to emergency service providers licensed/certified in accordance with NRS and NAC Chapters 450B on 6/23/2022 and to licensed health care facilities and the Division's medical and non-medical facility List Servs which are open to both providers and members of the public on 7/7/2022 with information on how small businesses could provide input on the proposed regulations and how to access the small business impact questionnaire and proposed regulations through a link to the Division's webpage with links to the questionnaire and proposed regulations. A second email, with the above information, was emailed to licensed health care facilities and through the medical and non-medical facility List Servs on 7/20/2022 reminding them to provide input on the proposed regulation changes by 5 pm on July 22, 2022.

The following is a count of the first email that went out. The majority of the reminder emails that went out are duplicates of the first one, so those are not counted.

- Licensed/certified emergency medical service providers: 7,488
- Licensed health care facilities: 1,733
- Non-medical list serv: 340
- Medical facility List Serv: 410
- Total Emails: 9,971

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 (Seven (7) responses were received out of 9,971* 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?**
Yes = 4 No = 2 No response: 1	Yes = 1 No = 5 No response: 1	Yes = 4 No = 2 No response: 1	Yes = 0 No = 6 No Response: 1
449. we are a pca agency, this is not workable for us, we dont have a facility, we dont control clients residency and there is no way we can. If we do not receive funding to provide the personal protective equipment we can not properly comply with any new requirements. (A quick point of clarification for a previous inaccurate questionnaire submission... Freedom Care is a fiscal Intermediary with less than 50 direct employees administering services within state. However we administer self directed Personal Care Services for approximately 450 Medicaid patients and their caregivers.) Section 44 of the proposed regulation specifies that the administrator of a personal care agency is required to ensure that employees are provided training required by 449 which would cost approximately $45,000. Additionally, Section 10 requires the	yes as long as we are provided with equipment and funding, it will provide a safe environment for everyone.	another unlogical regulation for pca agencies, we dont belong in same category as facilities Ensuring that healthcare providers in all facilities and service environments receive adequate and comprehensive cultural competency training is essential to reducing health disparities. However, the level of training should be relative to the setting in which the care is provided and mindful of the individual providing the care or services. Patients who receive personal care services (PCS) in their own homes are self-directing and responsible for hiring and supervising their own caregivers. These caregivers are friends and family members who often only work with one patient with whom they have a pre-existing personal relationship.	

agency to pay certain costs associated with this training including the salary or hourly wage of an employee for the time spent attending such training. These costs would result in $40,000 of additional wages to be paid annually. In total Freedom Care would estimate the costs of the proposed regulation to be $85,200 annually. In 2021 Freedom Care had a total of 450 consumers put on care, which would equate to a minimum of 450 caregivers. Providing each caregiver training using a state approved online course will cost an estimated $100 per caregiver or $45,000 annually. The use of self-paced an online course is preferred to ensure maximum flexibility for the caregiver, to avoid losing any direct personal care service hours or having to incur additional travel costs. To provide employees, or in our case the caregivers, their regular $11 hourly wage for 8 hours of training would cost $88 per employee/caregiver in additional wages, or approximately $40,000 annually. As the fiscal intermediary we would incur all trainings related expenses to prevent the patient from losing 8 hours of personal care services related to their caregiver receiving the required training as dictated by this proposed regulation. Currently for every new patient enrolled to receive PCS services we invest over $1000 per patient prior to any care being provided that can result in a reimbursement for services. This initial investment includes costs associated with obtaining health assessments, TB testing, fingerprinting and background checks, and other basic requirements. When considering the average, a patient is approved for only 13 hours of care per week with a reimbursement rate of $17.65/hour, less the $11 hourly wage it takes over three months of a patient receiving PCS services to cover the initial costs required to on board new patients. This investment doesn't factor in the in-payroll taxes,		Requiring these caregivers to receive the same eight-hour training that a physician, physician assistant, Nurse Practitioner, nurse, and other licensed professional who interacts with multiple patients from diverse backgrounds daily is not warranted or appropriate. PCS caregivers are often of the same cultural background as their patients and often encounter the same cultural biases as the patients they are assisting. Using the same courses for these individuals that are developed for other healthcare professionals who are traditionally educated and trained will not result in the same understanding or desired outcome. Requiring this level of training will only exacerbate the recruitment and retention of PCS caregivers by imposing additional barriers to providing care. Establishing and providing a tailored training that ensures PCS caregivers are educated and aware of the cultural competency concepts, with a greater focus on being an advocate for their patients within the health system, would be more appropriate and beneficial. Empowering PCS caregivers to recognize disparities for their patients and themselves would build a stronger understanding and provide the tools needed to navigate the healthcare system and address health disparities encountered on behalf of patients and for themselves. Section 5 on patient monitoring. By requiring written consent on patients we will give more opportunities for patients to deny monitoring. This includes behavioral health patients that may be borderline a danger to themselves but not be L2K	

overhead or new training requirements as required in this proposed regulation. Controlling the initial expenses related to providing PCS services will be essential to ensure that providers can and will continue to provide these services to patient consumers throughout the state. Section 5 Videoing patients. We notify patients they will be on camera but don't require written consent and sometimes the patient may refuse written consent, it is necessary for two main reasons. 1. Employee safety, if the patient is known to be violent or combative having a camera so others can keep an eye on the patient and employee is a safety feature. If the patient knows they will be combative they may refuse to sign so they can hurt an employee without being on video. This is dangerous and expensive for workers comp and liability. 2. Patients can be unsafe to be left alone without eyes on the patient. If a patient in this category refuses to sign consent for recording they would require a 1 on 1 staffing situation which costs 1 FTE for each patient in this situation. This could add up to multiple employees not being able to work efficiently and thus cost the facility considerable, especially given all the staffing issues. When a patient is asleep a staff member can keep an eye on the monitor while doing work, if this isn't an option we will lose that ability and incur significant cost. Getting written consent is much more complicated in this patient population and this environment.		which means they could deny it and do something to cause self harm. We are risking patients and employees health with this added requirement, and by not having it we don't have any issues. Not sure why adding more administrative work and more steps to a process that works is necessary. Just another example of added cost to healthcare settings which results in more staffing and higher charges to offset costs.	

*Based on first emailing as the majority of the second reminder email were duplicates

Other interested persons may obtain a copy of the summary by calling, writing or emailing:

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Attention: Leticia Metherell
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Carson City, NV 89701
Phone: 775-684-1030
Email: lmetherell@health.nv.gov

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

A small business impact questionnaire was disseminated to licensed health care facilities, licensed/certified emergency services providers and through the Division's medical and non-medical facility List Servs, as described in number 1. The data collected from the questionnaire was reviewed, along with a review of the proposed regulations, and applicable statutes. This information was then analyzed by a Health Program Manager III to determine the impact of the proposed regulations on small business.

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

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.

Adverse Economic Effects **–** It is anticipated that the following sections may or will result in adverse economic effects on small businesses:

Section 4 which requires a medical facility, facility for the dependent or other facility required by the regulations adopted by the Board pursuant to NRS 449.0303 to be licensed maintain not less than a 30-day supply of personal protective equipment (PPE) at all times. The cost of keeping, at a minimum, a 30-day supply of PPE at all times, may result in an adverse economic effect on some facilities. One of the responses to the small business impact questionnaire noted that as long as they were provided with equipment and funding, the proposed regulations would provide a safe environment for everyone. Another noted: *If we do not receive funding to provide the personal protective equipment we cannot properly comply with any new requirements.*

Section 6 – If a medical facility complies with the provisions in section 6 regarding submitting a copy of their accreditation notice from a national accrediting organization to the Division or losing its accreditation then there would be no fiscal impact. If a medical facility does not main compliance with the provisions of Section 6, the Division may impose an administrative penalty which may result in a financial hardship to certain facilities.

Section 10 – Requiring a personal care agency to pay the cost of employee training, including the cost of the training, the costs for travelling to and from the location where the training is provided and paying an employee for attending such training his or her salary or hourly wage, may result in a significant adverse economic effect on certain small businesses that don't have the capability to provide such trainings themselves to their employees. One response to the small business impact questionnaire noted that it estimates the costs of the proposed regulations to be $85,200 annually.

Section 13 -The fiscal impact to build surgical center applicants depends on the class of surgery center the center chooses to build. For example, the cost to build a Class A surgical center, that only performs minor surgical procedures, is expected to be less than building a Class C surgical center that may perform more complex surgeries that require general anesthesia. The exact costs cannot be determined as many factors including the size of the surgery center, the location of the surgery center, the construction costs at the time the center is built, and other factors may play a role in the costs to build a surgical center.

Section 24 – Removing the requirement that a complaint must be submitted by a consumer, thereby authorizing the Division to charge a licensee for the investigation of any complaint against the licensee, may

result in an increase in complaint billing fees for facilities that have substantiated complaints in accordance with NAC 449.01685.

Section 26 - Requires a facility for hospice care to comply with certain life safety code standards. This requirement is currently absent for facilities for hospice in the administrative code. This causes a problem for facilities who obtain a license as a facility for hospice that have a desire to then apply for CMS certification, because in order to obtain meet the CMS certification requirements, a facility for hospice must comply with the life safety code standards. The modifications in Section 26, allow for better alignment of state regulations and CMS certification standards, making it easier to design facilities that meet CMS certification standards. This may result in increased cost to initial licensure applicants for hospice facilities, but it appears all of these applicants desire CMS certification. Whereas there would be significant savings for facilities when they chose to obtain CMS certification, as they will already meet the CMS life safety code standards. In the past, facilities have applied for licensure and/or obtained a license, then have withdrawn or closed because they are unable to meet CMS life safety code standards.

Indirect Adverse Economic Effects – **Section 5 -** Feedback received from the small business impact questionnaire included concerns that requiring residents to provide written consent to be monitored via audio or video equipment, would result in an adverse economic effect. Comments included:

If a patient in this category refuses to sign consent for recording they would require a 1 on 1 staffing situation which costs 1 FTE for each patient in this situation. This could add up to multiple employees not being able to work efficiently and thus cost the facility considerable, especially given all the staffing issues.

Just another example of added cost to healthcare settings which results in more staffing and higher charges to offset costs.

Beneficial Effects –

Section 20 exempts certain facilities, such as agencies that provide services in a patient's home but do not provide direct patient care in their physical facility, from the requirement to receive a fire inspection and therefore; any associated costs, such as the costs of a sprinkler system, to come into compliance with the findings of a fire inspection, if applicable. This may encourage the growth of small businesses in these facility types, as it reduces the cost associated with opening a new business.

Indirect Beneficial Effects –

Section 7 of the proposed regulations requires a facility for the dependent to develop and carry out an infection control program to prevent and control infections within the facility. The prevention of infections may have a beneficial financial effect by saving money on resources used to care for residents with infections, including, but not limited to COVID-19.

Omitting the majority of the state home health agency regulations and instead adopting the federal home health agency regulations may have an indirect beneficial economic effect, by having home health agencies, for the most part, having to follow only one set of regulations instead of two.

Section 26 - Having facilities for hospice meet life safety code standards will better prepare a facility in the case of a fire. This may result in a cost savings as it may reduce structural damage due to a fire, and better protect staff and patients in the case of a fire, potentially saving lives.

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 agency considered alternative ways a small business would be able to meet the intent of a regulation and avoid duplication, where possible. For example, in section 10 the proposed regulations note that an agency that provides the required training on the premises of the agency is not required to arrange or pay the costs of training provided at another location, if certain criteria are met.

The proposed regulations also adopt by reference the federal CMS regulations governing home health agencies and omits a large portion of state home health agency regulations, which avoids duplication in the majority of cases, which may increase efficiencies. In addition, it reduces the need to amend regulations each time the federal regulations are updated; therefore, benefiting the majority of home health agencies from trying to comply with older state regulations that have not been updated and updated federal regulations.

The proposed regulations also establish different classes of ambulatory surgical centers so that centers performing less complex surgeries, such as those that only require local or topical anesthesia, may have a reduced cost to set up a surgical center compared to a surgical center that performs more complex surgeries which require general anesthesia.

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

There is no cost to the agency anticipated for the enforcement of the proposed regulations.

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.

Section 6 does provide the Division the ability to impose an administrative penalty in an amount not to exceed $1,000 for failure to comply with the requirements of this section. It is unknown what the total annual amount the Division expects to collect. If there are no violations of Section 6 no monetary penalties would be collected. If there are violations, the amount would depend on the number of violations and if the Division chose to impose a monetary penalty or not. The monies would be used to support the Division's Bureau of Health Care Quality and Compliance operating costs.

Section 24 removes the requirement that a complaint must be submitted by a consumer, thereby authorizing the Division to charge a licensee for the investigation of any complaint against the licensee, which may result in an increase in complaint billing fees for facilities that have substantiated complaints in accordance with NAC 449.01685. The total annual amount DPBH expects to collect is unknown, as it depends on the number of complaints received and of those, the number that are substantiated. The monies would be used to support the Division's Bureau of Health Care Quality and Compliance operating costs.

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

Centers for Medicare and Medicaid Services (CMS) certification of certain health care facilities is optional; therefore, state regulations are needed in addition to the federal regulations, for regulatory oversight of health care facilities that are licensed but not certified. The proposed regulations help to bring home health agency regulations in line with federal home health agency regulations, for the most part, to help reduce duplication.

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

The reasons for the conclusions regarding the impact of a regulation on small business is based on an interpretation of the proposed regulations and how they impact a small business, the feedback provided by small business regarding the impact to their businesses and looking at the different components of the proposed regulations and their individual impact on a small business. These are the reasons why the overall conclusion is that the proposed regulation may have a significant adverse fiscal impact on some industries and may discourage the opening of a small business in some instances while having a beneficial financial impact on certain small businesses and may encourage the formation of opening a small business. In other cases, the proposed regulations may not have an impact or may not have a significant impact on small business, or a small business may avoid an adverse economic impact by remaining in compliance with the proposed regulations.

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

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Certification by Person Responsible for the Agency

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

Signature  Date: 08/26/2022