ADOPTED REGULATION OF THE

STATE BOARD OF HEALTH

LCB File No. R119-03

Effective December 3, 2003

EXPLANATION - Matter in italics is new; matter in brackets omitted material is material to be omitted.

AUTHORITY: §1, NRS 439.150 and 439.200.

Section 1. NAC 442.222 is hereby amended to read as follows:

442.222 1. [The] For a client who qualifies pursuant to 42 U.S.C. §§ 300 et seq. for services and supplies concerning family planning, the fee, if any, to be charged and collected by the Bureau of Community Health [Services] of the Health Division of the Department of Human Resources for such services and supplies provided by a nurse of the [Division for family planning] Bureau is the fee listed in the table below. The fee varies according to the annual gross income of the household of the client [patient's immediate family] in comparison to the level of poverty designated for a [family] household of that size by the [U.S.] United States Department of Health and Human Services.

Service or Supply Annual Gross Income of [Family] Household (As Percentage of Federal Poverty Level) 101% to 125% >125% to 150% >150% to 250% >250% Visit to clinic: Initial or annual visit, with pap smear \$15] **\$45** [\$28] **\$55** [\$45] **\$75** [\$55] **\$102** [Annual visit, with pap 10 30 501 smear Problem return visit, repeat pap smear, in addition to cost of [repeat pap smear] laboratory analysis [4] 25 [8] 35 [15] 45 [16] 55 Problem return visit, colposcopy, in addition to cost of cervical biopsy [17] 30 [32] **60** [53] **90** [64] **120**

Annual Gross Income of [Family] Household

(As Percentage of Federal Poverty Level)

101% to 125% >125% to 150% >150% to 250% >250%

Problem return visit,

cervical biopsy (each) [13] 50 [23] 55 [38] 60 [47] 65

Problem return visit,

pelvic examination only [5] 25 [8] 35 [10] 45 [15] 55

Problem return visit, no

testing [3] 25 [6] 35 [9] 45 [12] 55

Mini exam [annual/initial

visit;] (physical exam

and pap smear done by

private medical doctor),

in addition to cost of

laboratory analysis [8] 25 [10] 35 [15] 45 [30] 55

Annual Gross Income of [Family] Household

(As Percentage of Federal Poverty Level)

101% to 125% >125% to 150% >150% to 250% >250%

Check for infection and

pelvic examination, in

addition to cost of

laboratory analysis [5] 27 [10] 54 [15] 81 [20] 107

Physician consultation [8] 30 [16] 35 [26] 40 [35] 45

Pregnancy testing and

counseling [5] 10 [10] 20 [15] 30 [20] 40

Direct professional nursing

service: community

health nurse (per hour) [15] 25 [30] 45 [44] 45 [50] 85

Nurse practitioner (per

hour) [17] 30 [34] 50 [49] 50 [55] 90

(As Percentage of Federal Poverty Level)

101% to 125% >125% to 150% >150% to 250% >250%

Administrative [charge]

surcharge for billing if

fees are not collected at

time of service	[2] 5	[3] 7	[4] 9	[5] 11
Counseling and education	[3] 15	[5] 20	[7] 25	[10] 30
Brief office visit [to clinic]	[3] 10	[6] 16	[9] 22	[12] 28
Returned check charge	[8] 25	[10] 25	[15] 25	[30] 25
Transfer of records	[1] 5	[2] 5	[4] 5	[5] 5
Fitting of diaphragm	[5] 26	[9] 34	[12] 42	[18] 50
Fitting of cervical cap	[5] 26	[9] 34	[12] 42	[18] 50

(As Percentage of Federal Poverty Level)

101% to 125% >125% to 150% >150% to 250% >250%

Surgical procedure for

insertion of [Norplant]

birth control implant,

including cost of device 121 242 363 485

Surgical removal of

[Norplant implants]

birth control implant [38] 121 [48] 242 [71] 363 [95] 485

Insertion of intrauterine

device, in addition to

cost of device [30] 40 50 60 75

Removal of intrauterine

device not with

insertion [4] 40 [8] 50 [12] 60 [16] 70

Annual Gross Income of [Family] Household

(As Percentage of Federal Poverty Level)

101% to 125% >125% to 150% >150% to 250% >250%

Treatment of condylomata

(genital warts), in

addition to cost of

[checking for infection

and] medication [4] 25 [8] 50 [10] 75 [15] 100

Treatment of dysplasia

with cryosurgery [34] 63 [63] 84 [103] 105 [125] 126

Pelvic examination for

pregnancy [4] 15 [8] 30 [10] 45 [15] 60

Vasectomy assessment,

counseling and referral 50 55 60 65

Annual Gross Income of [Family] Household

(As Percentage of Federal Poverty Level)

101% to 125% >125% to 150% >150% to 250% >250%

Laboratory tests, other than

those performed in

conjunction with

annual/initial exam:

Hematocrit/ Hemoglobin

[1] 6

[2] 8

[3] 10

[5] 12

Gonorrhea cocci [culture]

: Gen-Probe

[2] 12

[4] 16

[6] 20

[8] **24**

Gonorrhea cocci: Urine

test - Nucleic Acid

Amplification Test

(NAAT)

24

36

48

60

Gonorrhea pharyngeal

swab

46

51

56

61

Annual Gross Income of [Family] Household

(As Percentage of Federal Poverty Level)							
	101% to 125%	>125% to 150%	>150% to 250%	>250%			
Gonorrhea rectal culture	<i>78</i>	83	88	93			
Wet smear	[2] 6	[4] 12	[6] 18	[8] 24			
Pap smear:							
Single slide	[3] 22	[6] 24	[9] 26	[13] 28			
Double slide	[4] 44	[9] 48	[12] 52	[17] 56			
Thin prep	<i>30</i>	35	40	45			
Urinalysis (reagent strip)	[1] 6	[2] 12	[3] 18	[6] 24			
Blood test for syphilis , <i>in</i>							
addition to cost of							
venipuncture	[2] 6	[4] 12	[6] 18	[8] 24			

(As Percentage of Federal Poverty Level)

101% to 125% >125% to 150% >150% to 250% >250%

Test for human immuno-

deficiency virus

antibody, in addition

to cost of venipuncture [5] 8 [10] 16 [15] 24 [20] 32

Chlamydia screening:

Gen-Probe [2] 12 [4] 16 [6] 20 [8] 24

Chlamydia screening:

Urine test - Nucleic

Acid Amplification

Tests (NAATS) 24 36 48 60

Human Papilloma Virus

(HPV) typing 85 90 95 100

(As Percentage of Federal Poverty Level)

101% to 125% >125% to 150% >150% to 250% >250%

Testing or collection of

specimen for other

sexually transmitted

diseases [3] 12 [5] 22 [7] 33 [10] 44

Drawing fee for veni-

puncture [1] 8 [2] 10 [3] 12 [4] 14

Endometrial biopsies and

other biopsies 85 90 95 100

Contraceptive supplies:

Intrauterine [device for

insertion by physician:]

devices:

 Mirena
 355
 365
 380
 407

 Paraguard
 [30] 175
 [5] 195
 [85] 215
 [95] 235

Service or Supply Annual Gross Income of [Family] Household (As Percentage of Federal Poverty Level) 101% to 125% >125% to 150% >150% to 250% >250% - [Progestasert 15 201 Birth control pills [/], per cycle [3] 7 [4] 9 [5] 11 [10] 13 **Emergency contraception** kit 7 9 *11 13* Contraceptive injection [,] of Depo-Provera or Lunelle, in addition to cost of visit to [clinic] office [11] 26 [2] 31 [32] 36 [40] **41** Condoms (per package of 12) [1] 6 [2] 7 [3] 8 [4] 9 Diaphragm [8] 30 [4] 20 [6] 25 [10] 35

(As Percentage of Federal Poverty Level)

101% to 125% >125% to 150% >150% to 250% >250%

Contraceptive foam or

jelly for diaphragm [2] 6 [3] 7 [4] 8 [5] 9

Contraceptive sponge (per

package of [12)] 4) [3] 12 [4] 14 [6] 16 [8] 18

Contraceptive film (per

box of 12) [2] 9 [3] 10 [5] 11 [6] 12

Contraceptive vaginal

suppositories [2] 10 [3] 12 [5] 14 [6] 16

Cervical cap [15] 18 [20] 22 [30] 33 45

Contraceptive NuvaRing

(each) 28 32 36 40

Service or Supply Annual Gross Income of [Family] Household (As Percentage of Federal Poverty Level) 101% to 125% >125% to 150% >150% to 250% >250% Contraceptive patch, Ortho Evra (each) *15 19* **23 27** Basal thermometer [5] 7 [8] 10 [10] 13 [15] 16 Other nonprescriptive supplies [1] 2 [2] 3 [3] 4 [4] 5 Book on natural family planning [3] 4 10 15 [5] 7 Other medications and services: — [Medicine for infection 101 Medicine for gonorrhea infection *21* **29** *33 25*

Medicine for chlamydia

Medicine for parasites

(As Percentage of Federal Poverty Level)

101% to 125% >125% to 150% >150% to 250% >250%

	15	10	22	27
infection	15	19	23	27
Vaginal medication	[5] 20	[9] 22	[12] 24	[18] 26

Medicine for other infections 10 13 17 20

[5] 7

[7] 8

9

[3] 6

2. [No fee for the services or supplies set forth in subsection 1 is charged if] If the annual gross income of the [client's immediate family is equal to or less than] household of a client described in subsection 1 is less than 101 percent of the level of poverty designated for a [family] household of that size [. Such] by the United States Department of Health and Human Services, the Bureau may not charge a fee to the client for services or supplies provided by a nurse of the Bureau for matters related to family planning. The Bureau shall ask such a client [will be requested] to make a donation to help defray the cost of the services or supplies [he] that the client has received. A client who is required to pay a fee pursuant to this section may be denied services or supplies for continued nonpayment of the fee.

- 3. For the purposes of this section, a teenager is considered a [family] household of one.
- 4. As used in this section, "household" means an association of persons who live together as a single economic unit, regardless of whether they are related.

NOTICE OF ADOPTION OF PROPOSED REGULATION LCB File No. R119-03

The State Board of Health adopted regulations assigned LCB File No. R119-03 which pertain to chapter 442 of the Nevada Administrative Code on October 24, 2003.

Notice date: 9/24/2003 Date of adoption by agency: 10/24/2003

Hearing date: 10/24/2003 **Filing date:** 12/3/2003

INFORMATIONAL STATEMENT

1. Description of how public comment was solicited, a summary of public response, and an explanation how other interested persons may obtain a copy of the summary:

Notice of public workshops regarding the adoption of amendments to NAC 442 was published in the Battle Mountain Bugle, Comstock Chronicle, Elko Daily Free Press, Ely Times, Fernley Leader - Dayton Courier, High Desert Advocate, Lahonton Valley News, Lovelock Review-Miner, Mineral County Independent News, Nevada Appeal, The Humboldt Sun, The Record Courier, Lincoln County Record, Pahrump Valley Times, Tonopah Times/Eureka Sentinel on or before June 6, 2003.

In addition, copies of the proposed regulations were available on or before September 12, 2003 during normal office hours at:

- Bureau of Community Health Central Office, Carson City.
- Bureau of Community Health Public Health Clinics in 15 rural counties at 18 clinic sites with the exception of Clark and Washoe counties.
- County Libraries in 15 rural counties with the exception of Clark and Washoe counties.
- Health Division Webpage.
- 2. The number of persons who:
 - **a. Attended the hearing:** No attendance at the public workshops.
 - **b. Testified at each hearing:** No public comment.
 - c. Submitted to the agency written statements: None.
- 3. Description of how comment was solicited from affected businesses, a summary of their response and an explanation how other interested persons may obtain a copy of the summary.

There was no public comment at the public workshops held June 24, 2003, at the Elko County Court House in Elko; June 26, 2003, at the Bob Ruud Community Center in Pahrump; and July 28, 2003, at the County Administrative Building in Fallon.

Interested persons may obtain a copy of the summary from the Bureau of Community Health.

4. If the regulation was adopted without changing any part of the proposed regulation, a summary of the reasons for adopting the regulation without change.

There was no public comment regarding changing the proposed regulation.

- 5. The estimated economic effect of the regulation on the business which it is to regulate and on the public. These must be stated separately and in each case must include:
- a. Both adverse and beneficial effects; and
- b. Both immediate and long-term effects.

Effect of regulation on the business it is to regulate:

The beneficial effects of increasing fees allow the Bureau of Community Health to generate revenue sufficient to maintain necessary family planning services and medical and pharmaceutical supplies. The existing fee schedules were done in 1992 and are calculated to be 65% below the State Agency's actual cost of providing services. An adverse effect would be that without the adoption of the proposed fee increases, the State Agency will collect approximately \$456,391 less than the budgeted costs of providing the necessary family planning services to rural communities.

Effect of regulation on the public:

The beneficial effects to the public is that the under insured, non-insured, and indigent individuals will be served and be provided necessary family planning services. Additionally, a reduction of capping of services and waiting lists would result. The public would feel no adverse effects.

Immediate and long-term effects on business regulated:

Family Planning services are sustained to the clients served in the Community Health Clinics. In the long-term, maintain level cost with medical and pharmaceutical supplies, operating expenses, and compliance with federal mandates that were not funded.

Immediate and long-term effects on public:

The immediate effect will allow the public to receive services on a sliding scale fee based on public health prices, which are lower in cost than can be obtained through a private provider or emergency room. In the long-term, fee increases will allow the State Agency to continue providing services to low income, under insured residents of rural Nevada.

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

None.

7. A description of any regulations of other state of government agencies which the proposed regulation overlaps or duplicates and a statement explaining why the duplication or overlapping is necessary. If the regulation overlaps or duplicates a federal regulation, name the regulating federal agency.

None.

8. If the regulation includes provisions which are more stringent than a federal regulation which regulates the same activity, a summary of such provisions.

None.

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

It is anticipated that over the course of one fiscal year an additional \$456,391 (approximately) would be generated for family planning services. These fees will help the program maintain the standard of service, including purchasing medical equipment and pharmaceuticals.