HEALTH CARE PURCHASING AND COMPLIANCE DIVISION
BUREAU OF HEALTH CARE QUALITY AND COMPLIANCE
LCB File No. R089-24

Informational Statement per NRS 233B.066

1. A clear and concise explanation of the need for the adopted regulation.

The main purpose of the proposed regulations is to:

1) Conform Nevada Administrative Code (NAC) Chapter 449 to several bills passed in the 2023 legislative session, including Senate Bill (SB) 146, SB 298 and Assembly Bill (AB) 403.
2) Carry out the Governor's Executive Order 2023-003 by removing provisions of regulations that are outdated or impose an unnecessary burden on business; and
3) Protecting public safety by addressing cardiopulmonary resuscitation (CPR) and first aid training standards, addressing inter-facility infection control transfer forms, mental health technician or psychiatric technician educational requirements, and related items.

R089-24 addresses the following main topics:

- Authorizes a certified nurse midwife to perform a physical exam or obtain a medical history before or after a patient is admitted to a hospital for the purpose of giving birth (SB 146).
- Addresses visitation in a facility for the dependent.
- Removes halfway houses for persons recovering from alcohol or other substance use regulations from NAC chapter 449 in conformance with AB 403.
- Addresses confidentiality of inspection and complaint investigations.
- Addresses the use of volunteers in homes for individuals for residential care.
- Establishes educational and training requirements for mental health technicians and psychiatric technicians and exempt mental health technicians who work in state hospitals as they have established requirements in state statutes/regulations.
- Addresses the use of home health and hospice services in a residential facility for groups.
- Provides criteria for residential facilities for groups to accept or retain a resident with a peripherally inserted central catheter or a peritoneal catheter.
- Require the use of an inter-facility infection control transfer form when transferring a patient from one licensed health care facility to another with a current infection, colonization or history of a positive culture of a multi-drug-resistant organism or other potentially transmissible infectious organism.
- For general licensure requirements, it clarifies that at least one personal reference is needed; instead of providing a copy of the business license requires the business identification number to be provided; and removes the requirement for an applicant, that is a corporation to submit a copy of its bylaws and articles of incorporation.
- Increases the timeframe to submit a change of administrator from 10 to 30 days from the date of the change and assess a late fee if it is not submitted within 30 days instead of 10 days currently in regulations.
- Refers the definition of a psychiatric residential treatment facility back to the statutory definition instead of a regulatory definition.
- Adds employment agency to provide nonmedical services, outpatient facility, recovery center, psychiatric residential treatment facility to NAC 449.0168 (Fees for modification of certain licenses).
- Removes the word "ironed" as it relates to linen from several sections.

- Updates cardiopulmonary resuscitation (CPR) training requirements to include an in-person instruction, combination of in-person and virtual instruction, or virtual instruction only if an interactive, hands-on skills training component is provided in several sections.
- Clarifies regulatory language as to which residents are not admissible into a residential facility for groups and clarifies when waivers are required for admission and when they are not.
- Conforms with Senate Bill 298 of the 2023 Nevada Legislative session as it relates to involuntary discharges.
- Omits provisions in current regulations that were determined to be an extra burden on industry without adding benefit to public safety.
- Expands the scope of services that can be provided by attendants working at an agency providing personal care services in the home.
- Requires skilled nursing facilities to comply with the provisions of 42 CFR 483.10(f) (4) relating to the visitation of patients.
- Propose changes to NAC 449.793 to allow, in addition to physicians, a physician assistant or advanced practice registered nurse to serve on the Committee to provide quarterly reviews of sampled patient records receiving services from an agency to provide nursing in the home.

2. A 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.

Below is a summary of how public comment was solicited and a summary of the public's response. Please refer to number 5 for full details on revisions made to the proposed regulations.

Notice was sent to all NRS and NAC Chapter 449 licensed health facilities that were licensed at the time of the notice distribution, to members of the public who have chosen to subscribe to the Division's health facility specific ListServs and to representatives of the Nevada Health Care Association, Nevada Hospital Association, and Nevada Rural Hospital Partners. An email notice with a link to the small business impact questionnaire and proposed regulations was sent to those with an email address on file with DPBH/NVHA, members of the public subscribed to the Division's health facility specific ListServs and the three entities previously noted on February 8, 2024. The proposed regulations were also posted on DPBH's website.

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 Responses

Summary of Comments Received (5 responses were received out of a minimum of 2,637 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- 3 No - 1	Yes – 2 No - 2	Yes – 2 No – 2	Yes – 0 No – 3 1 left answered.
Comments: Are we allowing diabetic injection administration in group home setting? The regulation seems confusing on this regard. This will definitely increase liability insurance for the business. Depending on how the Cultural Competency Training requirements shake out there could be a significant adverse impact. Sec.13. Inter-facility infection control transfer form Facility staff will need to spend 15 minutes completing additional forms that contain information which can be very easily communicated verbally in seconds. This wasted time will decrease staff productivity and take staff time away from direct resident care. The larger negative impact will be on the elderly and disabled that we serve, as facilities will be forced to again increase their fees and price more individuals out of their facilities, limiting access to care for the elderly and disabled who need it most. The anticipated cost will range from $10,000 to $30,000 annually in staff time, opportunity cost, risk of injury to residents while staff is not able to be attentive to residents because they are drowning in paperwork, facility liability from increased resident risk.	Comments: No need for landline with the business name, one less cost for the operator. I understand that non-medical may be allowed to administer medications under certain scenarios, if so this would be a positive development	Comments: Increasing acuity in the care of elderly residents, but the reimbursement remained unchanged.	Comments: Fewer potential clients who can afford my facility.

SB 298 of the 2023 legislative session, Sec 10.2. Allowing residents up to 45 days to pay their monthly fees Residential Facilities for Groups will be significantly more negatively affected by this, as they have lower fees and fewer beds. These facilities simply cannot afford to keep their doors open if they have to go 1.5 months without revenue. Like all regulations, the macro impact will be negative for the elderly and disabled that we serve, as facilities will be forced to again increase their fees and price more individuals out of their facilities, limiting access to care for the elderly and disabled who need it most. The anticipated annual cost will be $96,000 (the monthly operating costs over 12 months).			

One of the responses was received via email and noted:
"Would be nice if licensed rfa is applying for new license for pca to consider rfa in lieu of high school diploma…. just saying."

Public Workshop - April 24, 2024

Below is a summary of the testimony provided by the five (5) individuals during the public workshop.
Testimony #1
The person providing the testimony noted he appreciates the work on the proposed regulations, but expressed concern related to requiring in-person CPR training instead of allowing a 100% virtual option. The person providing testimony recommended the Division to allow a virtual training option that fits the same requirements that can be met in person.
In addition, although the person providing testimony supported the change that would allow personal care attendants to administer medications, he had a concern related to the 16 hours of training being added. The concern noted that the hours for training are not reimbursed by the Division. He felt that paying for the training would create a huge challenge and burden to personal care agencies. He noted that when you consider all the required training, it results in a huge cost to providers without being reimbursed by the state for this training. He noted all the required training courses are unfunded or unreimbursed; therefore, he would love to see the Division find a way to help reimburse for these training courses, especially around medication administration, as he believes it is of great added value to the state. Examples of the added value to the state include clients being able to remain in the least restrictive environment and reducing costs to the overall health care system.

Testimony #2

The person providing testimony noted she was in opposition to Senate Bill 298 as it relates to involuntary discharges from residential facilities for groups. She explained they were a small nonprofit who specializes in caring for people with complex medical needs and brain injuries who need maximum assistance and that their mission is to provide housing for the disabled population in need. She noted that since the inception of Senate Bill 298, they have gone completely unfunded with four clients. She noted the services they provide are so extensive it costs an average of $400.00 per day per client to provide the services. She provided several examples of clients that were unfunded. She noted there was no avenue to discharge the clients leaving them with the responsibility of bearing the costs.

She also gave an example of a client who was provided with notice because he was violent, and his behaviors were out of control for their setting. She noted no other setting would accept him; therefore, their staff had to care for him, even though their staff are at risk due to his violence.

She noted there are two parts to this bill that were concerning. One is rent and that covers the residence, but the other, more concerning part, is the services that are provided. She testified the services that are provided are quite extensive and very, very expensive because there are no discharge (DC) plans for many of the clients. She noted they are not required per Senate Bill 298 to continue the plan of care indefinitely at a significant cost to them with no updates to the plan of care as needed since the State is the entity responsible for initially writing this plan. Now, not only do they need to provide these expensive and extensive services, but they must hire additional clinical personnel to update the plan accordingly. She questioned whether that was even permissible since Senate Bill 298 states they will continue the same services. She noted this could be detrimental to their clients as their needs do change over time.

She asked the following questions:

Where are these safe discharge sites at the Community level?

And since the state is mandating that services need to be continued, should the burden not be placed on the state if there is no other safe discharge for clients who have lost their Medicaid yet still require the services? Or is this burden going to continue to be placed on these providers, which I believe will place us all at great risk.

Testimony #3

The person providing testimony noted they have three hospitals in the state of Nevada, and she wanted to voice her support for the increased time frame from 10 to 30 days related to the change of administrator application.

Testimony #4

The person had questions related to current regulations and did not have questions specific to the proposed regulations.

Testimony #5

The person testified she had safety concerns related to the proposed regulations including concerns with the trimming of fingernails and toenails. She noted it was recommended that people with diabetes have their toenails cut by a podiatrist and that they don't do it themselves. She noted the regulations could result in untrained people cutting people's toenails. She felt that there was a danger with no training

including a diabetic losing a foot. The other concern was related to the range of motion exercises. She noted these are provided by a medical professional, such as a physical therapist.
She noted there is no kind of training mentioned for range of motion exercises or trimming nails, and she felt this would be putting clients in danger and she is opposed to those.
She made a comment related to the medication training requirements and noted she believed we were talking about the Med tech training.

Public Hearing – December 5, 2025

Marla McDade Williams, administrator of the Division of Child and Family Services, testified in support of the errata. Please refer to the errata included with this informational statement for details.

Jesse A. Wadhams, Esq. representing the Nevada Hospital Association, noted he agreed with the concerns expressed by Dr. Murawsky related to requiring cardiopulmonary resuscitation conducted only virtually or electronically be presented in real time by an instructor who is a natural person. He provided a written proposal that would remove the words "and is presented in real time by an instructor who is a natural person".

Board of Health Vice Chair, Dr. Jeffrey Murawsky, MD, representing Doctor of Medicine, made motions to:

1) Modify Subsection 1 (c) of Section 2 by removing the words "and is presented in real time by an instructor who is a natural person".
2) Modify Subsection 2 (a) of Section 12 from "within 30 days" to "within 45 days".
3) Modify Subsection 4 (h) of Section 37 by adding the word "serious" before the words "staphylococcus infection".
4) Approve the errata. (Modifies Subsection 1 of Section 4 to allow the training and education requirements for mental health technicians or psychiatric technicians to be completed within 12 months of hire and omit the language in Section 88 that only allowed for the 12 months to complete such training and education for a temporary period within 12 months after the effective date of the regulations).

(Please refer to number 5 for further details on modifications to the proposed regulations)

The Board of Health approved the motions to modify the proposed regulations, as noted above.

In addition, the Nevada Health Authority, Health Care Purchasing and Compliance Division, received feedback from the Department of Human Services, Division of Child and Family Services, requesting that the education and training required to be employed as a mental health technician or psychiatric technician in a licensed health care facility be allowed to be completed while the person is working in such a capacity and that it not be a requirement that such education and training must be completed prior to being employed as a mental health technician or psychiatric technician in a licensed health care facility.

Written Feedback – Public Hearing
Written feedback was also accepted from the public and taken into consideration.

Written testimony was received from the National Nurses Organizing Committee – Nevada/National Nurses United noting: "We are concerned that R089-24, Section 62 strikes the prohibition on personal care attendants administering medication in NAC 449.3978 Section 2 (e). Medication administration is a

high-risk task that cannot be performed safely by personal attendants. We urge you to retain Section 2 (e) of NAC 449.9378 in Section 62 because striking it would endanger clients."

Jesse A. Wadhams, Esq. representing the Nevada Hospital Association provided a written proposal that would remove the words "and is presented in real time by an instructor who is a natural person" that was found in Subsection 1 (c) of Section 2.

Any other person interested in obtaining a copy of the summary may e-mail, call, or mail a request to Leticia Metherell, RN, CPM, HPM III at the Division of Purchasing and Compliance at:

Health Care Purchasing and Compliance Division
Bureau of Health Care Quality and Compliance
727 Fairview Drive, Suite E
Carson City, NV 89701
Leticia Metherell
Phone: 775-684-1045
Email: lmetherell@nvha.nv.gov

3. A statement indicating the number of persons who attended each hearing, testified at each hearing, and submitted written statements regarding the proposed regulation. This statement should include for each person identified pursuant to this section that testified and/or provided written statements at each hearing regarding the proposed regulation, the following information, if provided to the agency conducting the hearing:
   (a) Name
   (b) Telephone Number
   (c) Business Address
   (d) Business telephone number
   (e) Electronic mail address; and
   (f) Name of entity or organization represented

Public Workshop - April 24, 2024
Twenty-eight (28) individuals participated in the public workshop virtually. One State staff member participated in person and, for a total of twenty-nine (29) participants.

Five (5) individuals provided testimony during the public workshop.
1) Eddie Abster, Tri Strategies representing Freedom Care
2) Julie Peterson, Accessible Space, JPeterson@accessiblespace.org
3) Erin Bosley, Pam Health, ebosley@pamhealth.com
4) Rosalinda Ruiz
5) Karen Redding, Nevada Senior Services, kredding@nevadaseniorservices.org

Public Hearing – December 5, 2025
The Nevada State Board of Health Carson City in person sign in sheet had six (6) individuals.
The Nevada State Board of Health Las Vegas in person sign in sheet had three (3) individuals.
The virtual attendance record noted 58 participants.
Total number of participants: 67

Note: As the Board of Health agenda included other agenda items in addition to the hearing on LCB File No. R089-24, it is possible that not all attendees were present for the hearing on LCB File No. R089-24.

Two individuals (not including Board of Health members and Nevada Health Authority staff) provided testimony during the public hearing:

Marla McDade Williams, MPA, Administrator
Email: mmcdade@dcfs.nv.gov
Phone: 775-684-4459

Jesse A. Wadhams, Esq. representing the Nevada Hospital Association
Phone: 702-869-8801
Email: jessewadhams@blackwadhams.law

Written Statements Regarding the Proposed Regulations
Michelle Grisat, National Director of Health and Regulatory Policy
National Nurses Organizing Committee – Nevada/National Nurses United
Email**:** Michelle@NationalNursesUnited.Org
(Letter included with informational statement packet)

Jesse A. Wadhams, Esq. representing the Nevada Hospital Association
Phone: 702-869-8801
Email: jessewadhams@blackwadhams.law
(Proposed modifications to R089-24 from Nevada Hospital Association included with informational statement packet)

Feedback from Department of Human Services, Division of Child and Family Services
Marla McDade Williams, MPA, Administrator
Email: mmcdade@dcfs.nv.gov
Phone: 775-684-4459

Kimberly Abbott, Deputy Administrator, Children's Mental Health Servies
Email: k.abbott@dcfs.nv.gov
Phone: (702) 486-5016

4. A description of how comment was solicited (i.e., notices) from affected businesses, a summary of their response, and an explanation how other interested persons may obtain a copy of the summary.

Pursuant to NRS 233B.0608 (2)(a), the Health Care Purchasing and Compliance Division (Division of Public and Behavioral Health (DPBH) at the time) requested input from small businesses that may be affected by the proposed regulations.

Notice was sent to all NRS and NAC Chapter 449 licensed health facilities that were licensed at the time of the notice distribution, to members of the public who have chosen to subscribe to the Division's health facility specific ListServs and to representatives of the Nevada Health Care Association, Nevada Hospital

Association, and Nevada Rural Hospital Partners. An email notice with a link to the small business impact questionnaire and proposed regulations was sent to those with an email address on file with DPBH/NVHA, members of the public subscribed to the Division's health facility specific ListServs and the three entities previously noted on February 8, 2024. The proposed regulations were also posted on DPBH's website.

The questions on the questionnaire were:

1) How many employees are currently employed by your business?
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serve, as facilities will be forced to again increase their fees and price more individuals out of their facilities, limiting access to care for the elderly and disabled who need it most. The anticipated cost will range from $10,000 to $30,000 annually in staff time, opportunity cost, risk of injury to residents while staff is not able to be attentive to residents because they are drowning in paperwork, facility liability from increased resident risk. SB 298 of the 2023 legislative session, Sec 10.2. Allowing residents up to 45 days to pay their monthly fees Residential Facilities for Groups will be significantly more negatively affected by this, as they have lower fees and fewer beds. These facilities simply cannot afford to keep their doors open if they have to go 1.5 months without revenue. Like all regulations, the macro impact will be negative for the elderly and disabled that we serve, as facilities will be forced to again increase their fees and price more individuals out of their facilities, limiting access to care for the elderly and disabled who need it most. The anticipated annual cost will be $96,000 (the monthly operating costs over 12 months).			

One of the responses was received via email and noted:
"Would be nice if licensed rfa is applying for new license for pca to consider rfa in lieu of high school diploma…. just saying."

Any other person interested in obtaining a copy of the summary may e-mail, call, or mail a request to Leticia Metherell, RN, CPM, HPM III at the Division of Purchasing and Compliance at:

Health Care Purchasing and Compliance Division
Bureau of Health Care Quality and Compliance
727 Fairview Drive, Suite E
Carson City, NV 89701
Leticia Metherell
Phone: 775-684-1045
Email: lmetherell@nvha.nv.gov

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

The proposed regulations were adopted with the following changes:

Subsection 1 (c) of Section 2 was changed by removing the words “and is presented in real time by an instructor who is a natural person” to read as follows: Virtual or electronic instruction only, if interactive, hands-on skills training or skills verification is not prerecorded.

Subsection 1 of Section 4 was changed to allow the training and education requirements for mental health technicians or psychiatric technicians to be completed within 12 months of hire and omits the language in Section 88 that only allowed for the 12 months to complete such training and education for a temporary period within 12 months after the effective date of the regulations.

Subsection 2 (a) of Section 12 was changed from “within 30 days” to “within 45 days” to read as follows: The peripherally inserted central catheter is removed within 45 days after the date on which the catheter was inserted;

Subsection 4 (h) of Section 37 was changed by adding the word “serious” before the words “staphylococcus infection” to read as follows: Suffers from a serious staphylococcus infection or other serious infection;

There were no changes made to the proposed regulations as it relates to the impact of Senate Bill 298 of the 2025 legislative session as the impact is not the result of the proposed regulations but instead is a result of the passage of the bill.

Health Care Purchasing and Compliance Division (Division) staff addressed the written testimony received from the National Nurses Organizing Committee- Nevada/National Nurses United and their concerns related to the administration of medications by unlicensed personal care attendants with the Board of Health. Division staff provided testimony noting that they believe that the proposed regulations outline a mechanism that will allow attendants to assist clients in the administration of certain medications in a safe manner. Existing statutes already authorize attendants to administer insulin per auto injection pen. Nevada unlicensed caregivers in other settings are allowed to assist clients with the administration of medication. The proposed regulations require the same level of training that residential facility for group caregivers are required to undertake prior to administering medications. It can also be argued that not allowing attendants to assist clients with the administration of medication may be unsafe in certain circumstances. For example, a client that is struggling with managing and administering his medications, wants to remain in his home and refuses to go to an assisted living and does not have family nearby to assist him. In addition, family members, friends or neighbors may not have any training in the administration of medications, yet it is okay for them to assist. Medication administration trained attendants working for a regulated agency who would be held accountable for ensuring medication administration is conducted in accordance with all applicable statutes and regulations governing the agency would be able to offer a safe medication administration option.

No changes to Section 14 of the proposed regulations as it relates to personal care attendants assisting clients with the administration of medications were made by the Board of Health.

6. 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.

Anticipated effects on the business which NRS Chapter 634B regulates:

Adverse effects: Direct adverse effects include the cost for an employment agency to provide nonmedical services, an outpatient facility, a recovery center, or a psychiatric residential treatment facility to modify its license. The cost to modify the license is $250; the estimated financial impact depends on how many times a facility modifies its license and if it never modifies its license the cost would be $0.
Review of comments received from the small business impact questionnaire revealed that taking 15 minutes to complete the inter-facility infection control transfer form would result in a negative financial impact (see comments in summary of responses table). The proposed regulations clarify that the inter-facility infection control transfer form does not need to be completed on every patient, but only if the facility is aware of or suspects a patient currently has an infection, colonization or a history of a positive culture of a multidrug-resistant organism or other potentially transmissible infectious organism.

There have been reports of patients being transferred to a receiving facility without notification or notification in a manner that brings attention to the patient's infectious disease status before the patient is integrated into the facility, indicating that the patient has an infectious disease or is colonized with an organism such as candida auris. The purpose of the form is to foster communication during this critical transition to help ensure the receiving facility is aware of the patient's infectious disease status so it can implement any necessary measures to keep its population safe. Therefore, although there may be some additional staff time involved to complete the form, it is anticipated that the potential for the prevention of the spread of an infectious disease using the form may have a positive financial impact.

The impact of the cultural competency regulations is not addressed here as those were addressed as part of the LCB File No. R004-24 regulatory process.

There was a comment related to the negative financial impact because of the passage of SB 298 of the 82nd legislative session (2023). The proposed regulations bring current regulations in line with SB 298 and do not provide any additional requirements beyond what is required in the bill; therefore, any negative impact on business, if any, is a direct result of the passage of SB 298 and not of the proposed regulations being moved forward.

There was also concern expressed that allowing diabetic injection administration in a group home setting would increase liability insurance for business. The section that amended NAC 449.2276 related to the care of people who have diabetes was removed from the proposed regulations; therefore, there is no new financial impact to the LCB Draft of Revised Proposed Regulation R089-24 related to this issue.

Beneficial: There may be direct beneficial effects, for example, if a facility currently has a landline telephone and a cellphone, and due to the passage of the proposed regulations decides to only keep a cellphone, it will save on the costs of a landline telephone. Indirect beneficial effects (some of which may produce direct beneficial effects) include:

- Clarifying that residents with peripherally inserted central catheters or peritoneal catheters may be admitted or retained in a residential facility if certain conditions are met. This may have a positive financial impact if it avoids the discharge of a resident and maintains the associated revenue.
- The use of the inter-facility infection control transfer form may result in a positive impact on revenue. If a facility is aware that a new admission has an infectious organism, it can put measures in place to help prevent the spread of such organism and save money on resources such

as an increased use of personal protective equipment that may be associated with the spread of an infectious organism in a facility.

- Removing the need to include certain documents to obtain a license results in the ability for the Division to process and approve an application in a more efficient manner, which may result in the ability for a business to open and start collecting revenue more quickly.
- Increasing the timeframe from which a licensee shall notify the Division of a change in administrator of the facility and pay any associated late fee from 10 to 30 days will provide a more realistic timeframe for facilities to provide such notification; therefore, potentially avoiding the late fee.
- Removing requirements related to ironing, posting telephone numbers in a telephone directory, providing flexibility to use a cellphone, and reducing the burden related to written waivers that must be submitted to the Division, pursuant to NAC 449.2736, may all have a positive financial impact on a business.
- Expanding the scope of services that may be provided by a personal care agency through its attendants may result in less clients leaving personal care agencies or allow an agency to attract a greater number of clients; therefore, potentially preventing the loss of revenue or increasing revenue.
- Allowing physician assistants or advanced practice registered nurses, in addition to physicians, to be appointed to the Committee pursuant to NAC 449.793, may result in salary savings. In addition, removing the requirement that a branch office of home agency be small to establish one Committee, instead of more than one Committee, may result in cost saving through increased efficiencies and a saving on salaries to maintain more than one Committee.

Immediate: The financial impacts, both adverse and beneficial, would be immediate upon passage of the proposed regulations. For example, an outpatient facility that modified their license pursuant to Section 21 of the proposed regulations would be immediately subject to the $250 license modification fee.

Long-term: The long-term impacts, both adverse and beneficial, would continue for the long term until such time the proposed regulations are amended in a manner that would change the impact.

Anticipated effects on the public:

A. *Adverse*: There are no anticipated adverse effects to the public.

B. *Beneficial:* Beneficial effects on the public include:

1) Anticipated improved initial health facility application processing times.
2) Improved public safety in health care facilities licensed pursuant to NRS and NAC Chapter 449.
3) Increased number of services that a personal care agency may provide may allow individuals to remain in their homes longer, make it easier for them to obtain necessary care and assistance, and improve their quality of life.
4) Helps ensure visitation rights for residents of a facility for the dependent.

C. *Immediate*: The beneficial impacts may not be realized immediately in all cases, for example, it may take time for personal care agencies to increase the number of services they provide, but others, such as improved initial application licensure processing times, could be implemented immediately.

D. *Long-term:* The beneficial impacts would remain long-term as licensed health care facilities carry out the provisions of the proposed regulations that improve public safety and help improve the quality of the lives of patients. It is also anticipated that increased efficiencies in initial licensure application processing times will continue for the long term.

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

The estimated cost for the agency to enforce the proposed regulations would be $0 to $17,000 per year depending on the number of requests received to modify a license pursuant to NAC 449.0168, if any. The fee noted in number 6 would be used to pay for this cost.

8. A description of any regulations of other state or 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.

Certification by the Centers for Medicare and Medicaid Services (CMS) is voluntary but state licensure is mandatory for skilled nursing facilities. As such, both federal and state regulations are needed, as there is a possibility that a facility chooses to be state licensed only, in which case the CMS federal regulations would not apply, but the state regulations would apply.

The proposed regulations are not more stringent than the federal regulations for skilled nursing facilities. The proposed regulations require a skilled nursing facility to follow federal CMS visitation guidelines which eliminates any conflict between state and federal visitation regulatory guidelines.

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

Certification by the Centers for Medicare and Medicaid Services (CMS) is voluntary but state licensure is mandatory for skilled nursing facilities. As such, both federal and state regulations are needed, as there is a possibility that a facility chooses to be state licensed only, in which case the CMS federal regulations would not apply, but the state regulations would apply.

The proposed regulations are not more stringent than the federal regulations for skilled nursing facilities. The proposed regulations require a skilled nursing facility to follow federal CMS visitation guidelines which eliminate any conflicts between state and federal visitation regulatory guidelines.

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

There currently is an existing fee pursuant to NAC 449.0168 (Section 21) that allows the Division to assess a fee of $250 to modify the license of a medical facility, facility for the dependent, program of hospice care or a referral agency. As new facility types are added by new statutes or in accordance with

statutory authority, they may not be included in the definition of a medical facility or facility for the dependent or added to NAC 449.0168, then the Division is not authorized to collect the $250 fee to modify a license. The proposed regulations add an employment agency to provide nonmedical services as defined in NAC 449.0033, an outpatient facility defined pursuant to NAC 449.999417, a recovery center defined pursuant to NAC 449.99702, and a psychiatric residential treatment facility as defined in NRS 449.1195, to NAC 449.0168 to be able to collect such a fee.

The total annual amount the Division expects to collect is unknown because there is no way to determine if any of the above-mentioned facilities will apply for a modification of its license or the number of times it may modify its license each year. If none of the facilities modifies its license the amount collected in a year would be $0 and if every currently licensed facility added to NAC 449.0168 modified its license pursuant to NAC 449.0168 the total amount collected in a year would be approximately $17,000.

The money would be used to cover the Division's operating costs related to the work associated with the modification of a license including applicable application processing and inspection costs.

Errata - LCB File No. R089-24

Blue italic bold = Proposed new language found in LCB File No. R089-24
Green italic = New language proposed as Errata
[~~Red italic in brackets strike through bold~~] = New stricken language proposed as Errata

Sec. 4.

1. [~~A facility licensed pursuant to the provisions of this chapter and chapter 449 of NRS shall not employ or otherwise allow a person to provide services as a mental health technician or psychiatric technician except in accordance with the requirements of subsections 2, 3 and 4.~~]

Within 12 months after a mental health technician or psychiatric technician is employed or otherwise begins providing services at a facility, the mental health technician or psychiatric technician must be in compliance with the provisions of subsection 2.

2. A mental health technician or psychiatric technician described in subsection 1 must:
(a) Have an associate degree or higher degree in psychology from a college or university that was, at the time the degree was awarded:
(1) Regionally accredited by an accrediting body recognized by the United States Department of Education to grant such degrees; or
(2) A foreign college or university deemed to be equivalent to subparagraph (1) by a foreign credential evaluation service that is a member of the National Association of Credential Evaluation Services, or its successor organization;
(b) Hold current certification from the American Association of Psychiatric Technicians, or its successor organization, at Level 2 or higher;
(c) Hold a current license as a mental health technician or psychiatric technician issued by the District of Columbia or any state, territory or possession of the United States;
(d) Have held a license as a mental health technician or psychiatric technician issued by the District of Columbia or any state, territory or possession of the United States that was valid within the 5 years immediately preceding the date of employment or engagement in the provision of services at a facility in this State;
(e) Have completed the vocational and educational program described in NRS 433.279; or
(f) Have a high school diploma or general equivalency diploma and have completed a course or combination of courses that includes, without limitation:
(1) At least 30 hours of instruction in crisis prevention and crisis intervention from the American Crisis Prevention and Management Association or another similar nationally recognized agency, governmental entity or educational institution that provides such instruction; and
(2) At least 8 hours of instruction in behavioral violence from the American Crisis Prevention and Management Association or another similar nationally recognized agency, governmental entity or educational institution that provides such instruction.

3. A mental health technician or psychiatric technician described in subsection 1 must be supervised by a physician or physician assistant licensed pursuant to chapter 630 or 633 of NRS or a registered nurse.

4. Within 30 days after a mental health technician or psychiatric technician described in subsection 1 is employed or otherwise begins providing services at a facility, the mental health technician or psychiatric technician must be certified in first aid and cardiopulmonary resuscitation in accordance with the requirements of section 2 of this regulation.

5. As used in this section, "mental health technician or psychiatric technician":
(a) Means a person who, for compensation:
(1) Administers or performs specific therapeutic procedures, techniques or treatments, excluding medical interventions, for persons with a mental illness or emotional disturbance; or
(2) Applies interpersonal and technical skills:
(I) In the observation and recognition of symptoms of patients with mental illnesses or emotional disturbances and the reactions of such patients;
(II) For the accurate recording of such symptoms and reactions; and
(III) For carrying out treatments authorized by the physician, physician assistant or advanced practice registered nurse of a patient with a mental illness or emotional disturbance.
(b) Does not include a person described in subsection 4 of NRS 433.279.

Sec. 88. 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. Notwithstanding the provisions of section 4 of this regulation, a facility licensed pursuant to the provisions of chapter 449 of NAC and chapter 449 of NRS may employ or otherwise allow a person to provide services as a mental health technician or psychiatric technician who, on the effective date of this regulation, is not in compliance with the requirements set forth in section 4 of this regulation if the person meets the requirements of: (a) Subsection 2 of section 4 of this regulation within 12 months after the effective date of this regulation; and*~~

~~*(b) Subsection 4 of section 4 of this regulation within 180 days after the effective date of this regulation.]*~~

~~*[2.]*~~ *1. Notwithstanding the provisions of sections 2 and 4 of this regulation and the amendatory provisions of sections 24, 26, 30, 32, 33, 49, 51, 52, 54, 59, 60, 63, 65, 68, 71, 77, 78 and 82 of this regulation, any person who is required by the provisions of this regulation and chapter 449 of NAC to be certified in first aid, cardiopulmonary resuscitation or first aid and cardiopulmonary resuscitation and who, on the effective date of this regulation, is not certified in accordance with the requirements of section 2 of this regulation shall be deemed to be in compliance with those requirements if the person obtains certification in accordance with the requirements of section 2 of this regulation within 180 days after the effective date of this regulation.*

~~*[3.]*~~ *2. As used in this section: (a) "Facility" has the meaning ascribed to it in NAC 449.0034.*
(b) "Mental health technician or psychiatric technician" has the meaning ascribed to it in section 4 of this regulation.

Rationale

The Nevada Health Authority, Health Care Purchasing and Compliance Division, received feedback from the Department of Health and Human Services, Division of Child and Family Services, requesting that the education and training required to be employed as a mental health technician or psychiatric technician in a licensed health care facility be allowed to be completed while the person is working in such a capacity and that it not be a requirement that such education and training must be completed prior to being employed as a mental health technician or psychiatric technician in a licensed health care facility.

The proposed modifications include modifying Section 1 to allow the training/education to be completed within 12 months of hire and omitting the language in Section 88 that only allowed for the 12 months to complete such training/education for a temporary period within 12 months after the effective date of the regulations.

National Nurses Organizing Committee
National Nurses United
OUR PATIENTS. OUR UNION. OUR VOICE.

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November 19, 2025

Stacie Weeks, Director
State Board of Health
Division of Public and Behavioral Health
4150 Technology Way, Suite 300
Carson City, NV 89706

RE: LCB File No. R089-24 – Oppose Unless Amended

Dear Director Weeks,

On behalf of more than 3,000 registered nurse (RN) members in Nevada, National Nurses Organizing Committee – Nevada/National Nurses United (NNOC-NV) submits these comments in response to the regulations proposed by the State Board of Health (Board) in LCB File No. R089-24. We are concerned that R089-24, Section 62 strikes the prohibition on personal attendants administering medication in NAC 449.3978 Section 2(e). Medication administration is a high-risk task that cannot be performed safely by personal attendants. **We urge you to retain Section 2(e) of NAC 449.3978 in Section 62 because striking it would endanger clients.**

Instead, the Board should limit personal attendants to assisting clients who are able to self-administer medication and clearly define and distinguish medication assistance from medication administration. Examples of medication assistance include tasks such as filling a medication container with individual compartments organized by day of the week, opening a medication container, providing a glass of water, and observing the client to ensure that the medication is administered correctly. The Board should continue to prohibit the insertion of rectal suppositories, the application of a prescribed topical lotion for the skin and the administration of drops in the eyes, as provided by NAC 449.3978, Section 2(e).

Sincerely,

Michelle Grisat

Michelle Grisat
National Director of Health and Regulatory Policy
National Nurses Organizing Committee - Nevada/National Nurses United

Proposed Modification to R089-24

Nevada Hospital Association

This modification will ensure that the continued use of Resuscitation Quality Improvement CPR certification:

Sec. 2 1. A person who is required by this chapter to be certified in first aid, cardiopulmonary resuscitation or first aid and cardiopulmonary resuscitation may complete any training, course or program to become certified or to renew certification, as applicable, through: . (a) In-person instruction only; (b) A combination of in-person instruction and virtual or electronic instruction, if interactive, hands-on skills training or skills verification is provided in person; or (c) Virtual or electronic instruction only, if interactive, hands-on skills training or skills verification is not prerecorded [~~and is presented in real time by an instructor who is a natural person~~]**.**