DIVISION OF PUBLIC & BEHAVIORAL HEALTH
Primary Care Office
LCB File No. R151-15

Informational Statement per NRS 233B.066

1. A clear and concise explanation of the need for the adopted regulation;
   - *A discrepancy was identified between statutes and regulation regarding the required response time for the State Board of Health to address petitions under NRS 233B.100 Nevada Administrative Procedure Act.*
     - *The adopted regulation changes the response time under NAC 439.030 from 45 days to 30 days.*
   - *Statutory changes were made to the Nevada Conrad 30/J-1 Physician Visa Waiver program in the 2015 Legislative Session. Subsequently, proposed changes were drafted to update the corresponding regulations, and additional changes were proposed to update terminology and to streamline processes. The adopted changes include the following:*
     - *Update NAC 439A.720 to increase application fees consistent with NRS 439A.170 as amended by Assembly Bill No. 39, chapter 94, Statutes of Nevada 2015.*
     - *Update NAC 439A.710 to:*
       - *the new name of the Nevada Primary Care Association, formerly Great Basin Primary Care Association;*
       - *allow members to designate representatives to serve as their proxy for the purpose of obtaining a quorum and voting on action items;*
       - *change meeting requirements for the Advisory Council from at least once each calendar quarter to at least annually; and*
       - *change selection of Advisory Council chairperson from annually to biennially.*
     - *Update NAC 439A.720-745 to remove references to obsolete website.*

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;

   In order to receive public comment, a small business impact questionnaire was distributed online with notice to all known stakeholders (see responses under item #3); two workshops were held on December 15, 2015 and January 28, 2016; and a public hearing was held under the Nevada State Board of Health (BOH) on June 10, 2016. Notices for the workshops and the public hearing, with intent to act upon a regulation, were posted at public libraries and on the website for the Division of Public and Behavioral Health (DPBH), at least fifteen and thirty days in advance, respectively, as required by regulation.

   The proposed regulation was presented by staff from the Primary Care Office (PCO) at both of the workshops and at the public hearing. At the December 15th workshop, discussion was limited to questions about the application process, rather than the regulatory changes. At the January 28th workshop, concerns were expressed regarding licensure requirements for H1-B Visa holders (This is an issue for the Board of Medical Examiners); and pre-existing

regulatory language regarding penalties for violations, related to "inadvertent violations related to federal forms." Neither of these comments is specific to the proposed amendments.

At the public hearing, a public comment was made in support of the change to NAC 439.030 to bring it into compliance with NRS 233B.100, requiring the Board of Health to respond to petitions within 30 days, rather than 45 days. No other comments were made at the public hearing.

Interested parties can receive documentation of public comments through the Primary Care Office, Division of Public and Behavioral Health.

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

December 15, 2015 Workshop

	Name	**Organization**	**Phone#**	**Email Address**	**Support**
1	Nary Sam	Advanced Laparoscopic and General Surgery of Nevada	702-791-7855	narysam@embarqmail.com	Neutral
2	Carolyn Weaver	IPC Healthcare: IPC of Nevada, Inc.	702-813-7372	cweaver@ipcm.com	Neutral
3	Judy Guzman	Children's Specialty Center of Nevada	702-862-1123	jguzman@cure4thekids.org	Neutral
4	Gerald Ackerman	NV Office of Rural Health	775-738-3828x22	gackerman@medicine.nevada.edu	Yes
5	Nancy Hook	Nevada Primary Care Association	775-887-0417x112	nhook@nvpca.org	Yes

January 28, 2016 Workshop

1	Jan Pederson	Maggio-Kattar PC	202-483-0053	jan@maggio-kattar.com	Neutral
2	Denise Thomasen	Maggio-Kattar PC	2020-483-0053	Not provided	Neutral

June 10, 2016 Public Hearing

1	Barry Lovgren	Private Citizen	775-265-2659	barrylovgren@yahoo.com	Yes
2	Carolyn Weaver	IPC	702-813-7372	cweaver@ipcm.com	Neutral
3	Brian Saeman	Chairperson, State Board of Health (SBOH)	NA	NA	Yes

4	Dipti Shah, MD	SBOH	NA	NA	Yes
5	Monica Ponce	SBOH	NA	NA	Yes
6	Jon Pennell, DVM	SBOH	NA	NA	Yes
7	Judith Bittner	SBOH	NA	NA	Yes
8	Mason Gorda	SBOH	NA	NA	Yes
9	Jeffrey Murawsky, MD	SBOH	NA	NA	Yes

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.

   The Small Business Impact Questionnaire was distributed through an online survey with notification to multiple contact lists, including: J-1 Physician Employers, J-1 Physician Attorneys, J-1 Physicians, 3RNet Referral List, National Health Service Corps sites, Nevada Board of Medical Examiners, Nevada Office of Rural Health, Nevada Hospital Association, and Nevada Rural Hospital Association.

   Respondents to the questionnaire included the following statements:
   - *Improves physician recruitment efforts and care delivery and reduces recruitment costs for each candidate;*
   - *No adverse or beneficial impact from the proposed regulations.*

   One respondent sent a separate e-mail asking for clarification on the following items:
   1. *Do specialists include hospitalists and intensivists or are the considered primary care providers?*
      a. *Staff responded that hospitalists and intensivists are considered specialists.*
   2. *Are flex slots determined by practice site or the origin of the patient?*
      a. *Staff responded that a flex slot can be any location outside of a designated Health Professional Shortage Area, which can demonstrate service to an underserved population.*
   3. *How does private practice fit in to this regulation?*
      a. *Staff responded that eligibility is not limited by practice type, so private practices are welcome.*

   Another respondent sent a separate e-mail noting that psychiatry had been excluded from our definition of primary care in the first draft of the regulation; it was subsequently included in the final draft.

A summary of the responses may be obtained from the PCO, DPBH.

5. If, after consideration of public comment, the regulation was adopted without changing any part of the proposed regulation, a summary of the reasons for adopting the regulation without change. The statement should also explain the reasons for making any changes to the regulation as proposed.

   One change was made to include psychiatry in the definition of primary care, after receiving public comment that it had been left out. The regulation was adopted without any other changes.

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.

   The proposed amendments will increase application costs to certain applicants. Specifically, the proposed fee increases will impact applications from specialists and/or those employers located in "flex-slots" that are not designated shortage areas, but serve underserved populations. The cost of administering the program for specialists and/or flex slots is higher because additional data and review are required, and they typically involve multiple practice sites which require additional site visits.

   The proposed increase in application fees will help to sustain the program, which has never had a fee increase, although oversight requirements have increased over the last decade.

   The public benefits from the proposed increase in application fees because the program is more sustainable, without state general funds, and benefits communities by increasing access to care while stimulating the local economy.

   The immediate effect is the increased fees for certain applicants. The long-term effect is the sustainability of the program.

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

   No additional costs are anticipated for enforcement of the proposed amendments to regulation.

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.

   There are no state or federal laws or regulations that overlap with the proposed regulation.

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

   The proposed amendments do not include any provisions which are more stringent than federal regulation which regulates the same activity.

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.

    The average number of applications received, per year, over the last five years is three. If all three applications per year were subject to an increase of $900, this would total $2,700 per year. These funds would be used to administer and monitor the program, including technical assistance, application review, public hearing, data collection, site visits and monitoring.