ADOPTED REGULATION OF THE

STATE BOARD OF HEALTH

LCB File No. R145-11

Effective May 30, 2012

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

AUTHORITY: §§1 and 2, NRS 439.150 and 439.200; §3, NRS 439.200 and 652.215.

A REGULATION relating to community health; providing for a sliding schedule of fees for certain services and supplies provided by community health nursing clinics; and providing other matters properly relating thereto.

Section 1. NAC 439.500 is hereby amended to read as follows:

439.500 1. [For a client who is able to pay and who does not qualify] Except as otherwise provided in NAC 442.222 for services and [medications] supplies concerning family planning, [the Bureau of Community Health of] a community health nursing clinic established by the Health Division [of the Department of Health and Human Services] shall charge and collect [the following] fees for the services and [medications] supplies provided to a client by a nurse of the [Bureau:

Annual Gross Income of Household

(As Percentage of Federal Poverty Level)

Services and medications Category I Category II

<250% >250%

Annual Gross Income of Household (As Percentage of Federal Poverty Level) Category I Category II 250% Affluenza, In addition

Administering a vaccine against influenza, other than hemophilus B influenza, in addition to the cost of the vaccine \$15 \$20 Administering a vaccine against pneumonia using a vaccine other than Pneumococcal Conjugate Vaccine 7-Valent (PCV7), in addition to the cost of the vaccine -15 20 Administering a vaccine against both influenza, other than hemophilus B influenza, and pneumonia using a vaccine other than Pneumococcal Conjugate Vaccine 7-Valent (PCV7), in addition to the cost of the vaccine -15Administering an injection prescribed by a

Services and medications

physician and provided by a client

-15

-20

(As Percentage of Federal Poverty Level)

Services and medications Category I

Category II

<250% >250%

Providing and administering an immunization for a child who is less than 20 years of age against one or more diseases that may be prevented with a vaccine, such as diphtheria, polio, measles, mumps, rubella, pertussis, tetanus, hemophilus B influenza, chicken pox (varicella), Pneumococcal Conjugate Vaccine 7-Valent (PCV7) for pneumonia and others as may be available.

Providing and administering an immunization

-15 -20

Providing and administering an immunization for a person who is 20 years of age or older against one or more diseases that may be prevented with a vaccine, such as diphtheria, polio, measles, mumps, rubella, tetanus, hemophilus B influenza, chicken pox (varicella) and others as may be available

 $-\frac{15}{}$

(As Percentage of Federal Poverty Level)

Services and medications

Category I

Category II

<250%

>250%

Providing and administering a hepatitis A
vaccine or hepatitis B vaccine, or a
combination thereof, to a person who is eligible
to receive the vaccine free of charge pursuant
to any program of the State or Federal

Government —

---15

20

Administering a hepatitis A vaccine or hepatitis

B vaccine, or a combination thereof, to a

person who is not otherwise eligible to receive

the vaccine free of charge pursuant to any

program of the State or Federal Government, in

addition to the cost of the vaccine

- 15

-20

Providing a duplicate immunization record

after providing an initial record

-10

-10

(As Percentage of Federal Poverty Level)

Services and medications

Category I

Category II

<250%

≥250%

Administering immune globulin or hepatitis B		
immune globulin, when ordered by a physician		
as prophylaxis following exposure to an		
infectious disease, in addition to the cost of the		
vaccine	15	20
Performing a physical examination of one		
system	26	-39
Performing a physical examination of an adult,		
including, but not limited to, an examination of		
height, weight, heart, lungs, vision, hearing and		
reflexes, and completing any form	40	60
Performing a physical examination of a child,		
including screening of developmental status,		
height, weight, hemoglobin, counseling		
concerning diet, sleep, elimination, growth and		
development, and completing any report to a		
child care facility or school	40	60

(As Percentage of Federal Poverty Level)

Services and medications

Category I

Category II

<250%

≥250%

Performing a physical examination of an infant,		
including a physical and developmental		
evaluation of the infant and parental counseling		
and education, per year	40	60
Performing a physical examination to screen		
for cancer, including a pap smear and		
examination of the breasts, screening for		
testicular cancer and screening for colorectal		
cancer	60	90
Performing a colposcopy examination to screen		
for cancer	90	120
Performing an endometrial biopsy to screen for		
cancer	85	100
Performing a cervical biopsy and endocervical		
curettage to screen for cancer	44	66
Performing cryosurgery procedures for		
dysplasia	63	126

(As Percentage of Federal Poverty Level)

Services and medications

Category I

Category II

<250%

≥250%

Performing ongoing screening of an adult,		
including necessary surveillance and		
counseling, checking blood pressure and		
screening for, without limitation, chronic		
illness, diabetes, hypertension, obesity,		
complications of pregnancy, lung disease and		
heart disease, per year	45	60
Testing the skin of a person for tuberculosis		
using a Purified Protein Derivative (PPD)	20	25
Testing and counseling for Human		
Immunodeficiency Virus	30	45
Testing and counseling for a sexually		
transmitted disease other than Human		
Immunodeficiency Virus, in addition to the		
cost for the laboratory analysis	27	44

(As Percentage of Federal Poverty Level)

Services and medications

Category I

Category II

<250%

≥250%

Testing, other than pregnancy testing, or		
collection of specimen not specified in this		
table, in addition to the cost for the laboratory		
analysis -	7	10
Dispensing and providing instruction in the use		
of medication, in addition to the cost of the		
medicine provided, per medication	15	20
Direct professional nursing service by		
community health nurse:		
Registered Nurse (CHN II), per hour	45	85
Advanced Practitioner of Nursing (CHN		
III), per hour per hour	50	90
Administering medication or providing		
instruction in the use of antibiotic medication		
for sexually transmitted diseases, in addition to		
the cost of the mediaine provided	20	20

	(As Percentage of Federal Poverty Leve	
Services and medications	Category I	Category II
	< 250%	<u>≥250%</u>
Providing instruction for the control of		
parasites, in addition to the cost of the medicin	e	
provided	15	20
Processing a check returned for insufficient		
funds	25	25
Completing a form or record upon the request		
of a person relating to the health of that person	,	
when a physical examination is not required	15	20
Vaccines:		
— Hepatitis A, per dose—	20	25
Hepatitis B, per dose	30	- 35
— Hepatitis A and B combination—	50	60
— Influenza, other than vaccine for hemophilu	s	
B influenza	10	20
— Pneumonia, other than Pneumococcal		
Conjugate Vaccine 7-Valent (PCV7)	15	20
Laboratory Tests:		

(As Percentage of Federal Poverty Level)

	(As Percentage of Fe	derai Poverty Levei)
Services and medications	Category I	Category II
	< 250%	<u>≥250%</u>
— Chlamydia screening: Gen-Probe	- 12	24
— Chlamydia screening: Urine test - Nucleic		
Acid Amplification Tests (NAATS)	24	48
Gonorrhea cocci: Gen-Probe	12	24
— Gonorrhea cocci: Urine test - Nucleic Acid		
Amplification Tests (NAATS)	24	48
Blood test for syphilis - Reactive Plasma		
Reagent (RPR)	12	24
Test for Human Immunodeficiency Virus		
(HIV) antibody—	15	30
— Hepatitis A, B or C analysis	18	28
— Hematocrit or hemoglobin	8	12
— Pertussis	65	85
— Fecal occult blood	8	12
— Urinalysis (reagent strip)	8	12
— Drawing fee for venipuncture	8	14
Laboratory tests, other than those listed	8	12

Annual Gross Income of Household

(As Percentage of Federal Poverty Level)

Services and medications

Category I

Category II

∠250%

≻250%

above or performed in conjunction with an annual or initial examination

- 2. For] Health Division in an amount set forth in the sliding schedule of fees established by the Health Division pursuant to this section.
 - 2. The Health Division shall establish a sliding schedule of fees which is based on:
- (a) A cost analysis of the services and supplies provided by the community health nursing clinics; and
- (b) A ratio between the annual gross income of a household and the federally designated level signifying poverty for a household of that size as determined by the United States

 Department of Health and Human Services and published annually in the Federal Register.
- 3. The Health Division shall renew and, if necessary, revise the sliding schedule of fees established pursuant to this section:
 - (a) According to generally accepted accounting principles; and
 - (b) As needed, to account for modifications to:
 - (1) The community health nursing program; and
 - (2) The federally designated levels signifying poverty.

- 4. The sliding schedule of fees established pursuant to this section and any revisions to the sliding schedule of fees become effective upon approval of the sliding schedule of fees by the State Board of Health.
- 5. The Health Division shall make the sliding schedule of fees established pursuant to this section available:
- (a) On the Internet website of the Health Division and in each community health nursing clinic; and
 - (b) To any person upon request.
- 6. If the annual gross income of the household of a client [described in subsection 1] who is not able to pay a fee [listed in subsection 1, the Bureau of Community Health:
- (a) May] for services or supplies provided by a nurse of the Health Division is less than the federally designated level signifying poverty, the community health nursing clinic shall not deny the services or [medications provided by a nurse of the Bureau] supplies to the client. [;
- (b) Shall ask the client to make a donation to help cover the cost of the service or medication.
- 3. For the purposes of this section, except]
- 7. Except as otherwise provided in subsection [2, the Bureau shall charge a client described in subsection 1 the fees listed in:
- (a) Category I if the annual gross income of the household of the client is less than 250 percent of the poverty level designated by the United States Department of Health and Human Services.

(b) Category II if the annual gross income of the household of the client is at least 250 percent of the poverty level designated by the United States Department of Health and Human

Services.

—4.] 6, a community health nursing clinic may deny services or supplies to a client if the

client has not paid a fee owed for services or supplies previously provided to the client from

such a clinic.

8. 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.

Sec. 2. NAC 442.222 is hereby amended to read as follows:

442.222 1. 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 of a community health nursing clinic established by the Health Division

fof the Department of Health and Human Services for such services and supplies provided by a

nurse of the [Bureau is the fee] Health Division must be in the amount listed in the [table]

below. The fee varies according to the annual gross income of the household of the client in

comparison to the level of poverty designated for a household of that size by the United States

Department of Health and Human Services.

Service or Supply

Annual Gross Income of Household

(As Percentage of Federal Poverty Level)

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

Service or Supply	Annual Gross Income of Household			
	(As Percentage of Federal Poverty Level)			
	101% to 125%	>125% to 150%	>150% to 250%	>250%
Visits to clinic:				
— Initial or annual visit, with				\$10
pap smear	\$45	\$55	\$75	2
— Problem return visit, repeat				
pap smear, in addition to cost	25	2.5	4.5	
of laboratory analysis	 25	- 35	45	55
— Problem return visit,				
colposcopy, in addition to cost				
of cervical biopsy	30	60	90	120
— Problem return visit,				
cervical biopsy (each)	50	 55	60	65
— Problem return visit, pelvic				

35

45

-55

25

examination only

Service or Supply

Annual Gross Income of Household

(As Percentage of Federal Poverty Level)

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

— Problem return visit, no

<u>testing</u> — <u>25</u> — <u>35</u> — <u>45</u> — <u>55</u>

— Mini-exam (physical exam

and pap smear done by private

medical doctor), in addition to

eost of laboratory analysis — 25 — 35 — 45 — 55

- Check for infection and

pelvic examination, in

addition to cost of laboratory

<u>analysis</u> — <u>27</u> — <u>54</u> — <u>81</u> — <u>107</u>

Physician consultation 30 35 40 45

- Pregnancy testing and

 $\frac{\text{counseling}}{10} \qquad \frac{10}{20} \qquad \frac{30}{10} \qquad \frac{40}{10}$

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

— Direct professional nursing

service:

Community health nurse

(per hour) — 25 — 45 — 45 — 85

— Nurse practitioner

 $\frac{\text{(per hour)}}{30} \qquad \frac{-50}{50} \qquad \frac{-90}{50}$

- Administrative surcharge

for billing if fees are not

collected at time of service -5 -7 -9 -11

— Counseling and education — 15 — 20 — 25 — 30

 $- \frac{\text{Brief office visit}}{-10} \qquad - \frac{16}{-16} \qquad - \frac{22}{-28}$

Returned check charge — 25 — 25 — 25 — 25

Annual Gross Income of Household Service or Supply (As Percentage of Federal Poverty Level) 101% to 125% >125% to 150% >150% to 250% >250% — Transfer of records — Fitting of diaphragm -26 -42 — Fitting of cervical cap -26 42 -50 34 — Surgical procedure for insertion of birth control implant, including cost of device -121 $\frac{242}{}$ 363 485 — Surgical removal of birth control implant 121 242 363 485

— Insertion of intrauterine

device, in addition to cost of

device — 40 — 50 — 60 — 75

Service or Supply	Annual Gross Income of Household			
	(As Percentage of Federal Poverty Level)			
	101% to 125%	>125% to 150%	>150% to 250%	>250%
— Removal of intrauterine				
device not with insertion	40	50	60	70
— Treatment of condylomata				
(genital warts), in addition to				
cost of medication	25	50	75	100
— Treatment of dysplasia				
with cryosurgery	63	84	105	126
— Pelvic examination for				
pregnancy	15	30	45	60
— Vasectomy assessment,				

--50

--60

---65

counseling and referral

rvice or Supply Annual Gross Income of 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	6	8	—10	12
— Gonorrhea cocci:				
Gen Probe	12	16	20	24
— Gonorrhea cocci: Urine test				
- Nucleic Acid				
Amplification Test				
(NAAT)	24	36	48	60
— Gonorrhea pharyngeal				
swab	46	51	56	61

Service or Supply

Annual Gross Income of Household

	(As Percentage of Federal Poverty Level)			
	101% to 125%	>125% to 150%	>150% to 250%	>250%
— Gonorrhea rectal culture	78			93
— Wet smear	6	12	18	24
— Pap smear:				
Single slide	22	24	26	28
—— Double slide	44	48	52	56
—— Thin prep	30	35	40	45
— Urinalysis (reagent strip)	6	12	18	24
— Blood test for syphilis, in				
addition to cost of				
venipuncture	6	<u>12</u>	18	24

Service or Supply	Annual Gross Income of Household (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	8	16	24	-32
—Chlamydia screening:				
Gen Probe	12	16	20	24
—Chlamydia screening:				
Urine test - Nucleic Acid				
Amplification Tests (NAATS)	24	36	48	60
— Human Papilloma Virus				
(HPV) typing	85	90	95	100
— Testing or collection of				
specimen for other sexually				
transmitted diseases	12		33	44

Service or Supply

Annual Gross Income of Household

(As Percentage of Federal Poverty Level)

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

— Drawing fee for

 $\frac{\text{venipuncture}}{-8} \qquad \frac{-10}{-12} \qquad \frac{-12}{-14}$

— Endometrial biopsies and

<u>other biopsies</u> — <u>85</u> — <u>90</u> — <u>95</u> — <u>100</u>

Contraceptive supplies:

— Intrauterine devices:

Mirena — 355 — 365 — 380 — 407

<u>Paraguard</u> <u>175</u> <u>195</u> <u>215</u> <u>235</u>

—Birth control pills,

 $\frac{\text{per cycle}}{-7} \qquad \frac{-9}{-11} \qquad \frac{-13}{-13}$

- Emergency contraception

 $\frac{1}{2}$ kit $\frac{7}{2}$ $\frac{9}{2}$ $\frac{11}{2}$ $\frac{13}{2}$

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

— Contraceptive injection of

Depo-Provera or Lunelle, in

addition to cost of visit to

 $\frac{\text{office}}{-26} \qquad \frac{-31}{-36} \qquad \frac{-41}{-36}$

—Condoms (per package

 $\frac{-6}{-7}$ $\frac{-8}{-9}$

<u>Diaphragm</u> <u>20</u> <u>25</u> <u>30</u> <u>35</u>

— Contraceptive foam or jelly

 $\frac{\text{for diaphragm}}{-6}$ $\frac{-7}{}$ $\frac{-8}{}$

— Contraceptive sponge (per

package of 4) — 12 — 14 — 16 — 18

Service or Supply

Annual Gross Income of Household

(As Percentage of Federal Poverty Level)

101% to 125%	>125% to 150%	>150% to 250%	>250%
101/0 to 123/0	- 123/0 tO 130/0	- 130/0 to 230/0	- 23070

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of 12)	9	10	11	- 12
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—Contraceptive vaginal

suppositories	10	12	14	16
• •				

— Cervical cap	18	22	-33	45
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— Contraceptive NuvaRing

(eac	- 28	- 32	- 36	-40
(Cac			20	10

- Contraceptive patch, Ortho

Evra (each)	15	19	23	27

$$- \frac{\text{Basal thermometer}}{-7} \qquad - \frac{10}{-10} \qquad - \frac{13}{-10}$$

— Other nonprescriptive

 $\frac{\text{supplies}}{2} \qquad \frac{3}{4} \qquad \frac{5}{4}$

Service or Supply	Annual Gross Income of Household					
	(As Percentage	of Federal Poverty	Level)			
	101% to 125%	>125% to 150%	>150% to 250%	>250%		
— Book on natural family						
planning	4	7	10	15		
Other medications and						
services:						
— Medicine for gonorrhea						
infection	21	25	29	33		
— Medicine for chlamydia						
infection	15	19	23	- 27		

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20

— Vaginal medication

— Medicine for parasites

Service or Supply	Annual Gross Income of Household					
	(As Percentage of Federal Poverty Level)					
	101% to 125%	>125% to 150%	>150% to 250%	>250%		
— Medicine for other						
infections	10	13	17	20 1		

sliding schedule of fees established by the Health Division pursuant to this section.

- 2. The Health Division shall establish a sliding schedule of fees which is based on:
- (a) A cost analysis of the services and supplies provided by the community health nursing clinics; and
- (b) A ratio between the annual gross income of a household and the federally designated level signifying poverty for a household of that size as determined by the United States

 Department of Health and Human Services and published annually in the Federal Register.
- 3. The Health Division shall renew and, if necessary, revise the sliding schedule of fees established pursuant to this section:
 - (a) According to generally accepted accounting principles; and
 - (b) As needed, to account for modifications to:
 - (1) The community health nursing program;
 - (2) The federally designated levels signifying poverty; and
 - (3) The federal family planning program pursuant to 42 U.S.C. §§ 300 et seq.

- 4. The sliding schedule of fees established pursuant to this section and any revisions to the sliding schedule of fees become effective upon approval of the sliding schedule of fees by the State Board of Health.
- 5. The Health Division shall make the sliding schedule of fees established pursuant to this section available:
- (a) On the Internet website of the Health Division and in each community health nursing clinic; and
 - (b) To any person upon request.
- 6. If the annual gross income of the household of a client described in subsection 1 is less than [101 percent of the level of poverty designated] the federally designated level signifying poverty for a household of that size [by the United States Department of Health and Human Services, the Bureau may], a community health nursing clinic shall not charge a fee to the client for services or supplies provided by a nurse of the [Bureau] Health Division for matters related to family planning. [The Bureau shall ask such a client to make a donation to help defray the cost of the services or supplies that the client has received.] A client who is required to pay a fee pursuant to this section may not be denied services or supplies for [continued] nonpayment of the fee.
 - [3.] 7. For the purposes of this section, a teenager is considered a household of one.
- [4.] 8. 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.
 - **Sec. 3.** NAC 652.500 is hereby amended to read as follows:
- 652.500 1. A licensed professional nurse who is employed by the Health Division [and the Bureau of Community Health Services of the Department of Human Resources] to work [in the

field of at a community health nursing clinic established by the Health Division may perform the following tests:

- (a) Analysis of urine, by dipstick or tablet, for bilirubin, hemoglobin, leukocytes, specific gravity, protein, glucose, ketone, nitrite, Ph and urobilinogen.
 - (b) Testing of urine to determine pregnancy.
 - (c) Collecting of samples for submission to a licensed laboratory.
 - (d) Determination of hemoglobin.
 - (e) Spun microhematocrit.
 - (f) Fecal occult blood.
 - (g) Gram stain of urethral specimens.
 - (h) Direct wet preparation.
 - (i) Potassium hydroxide preparation.
- (j) Blood glucose, using devices for monitoring approved by the Food and Drug Administration for use in the home.
- 2. Each such nurse shall participate in programs for proficiency testing which are appropriate for the services performed.
- 3. There must be a program for quality control established by the Division that ensures the proper performance of analytical procedures.
 - 4. There must be a written program for the orientation of employees.
- 5. Assignments of work must be commensurate with the qualifications of the nurse and must not require the nurse to perform any tasks outside of his or her authority to practice professional nursing, as set forth in chapter 632 of NRS and chapter 632 of NAC.

HEALTH DIVISION

Public Health and Clinical Services, Community Health Nursing Program April 13, 2012 LCB File # R145-11 Information Statement per NRS 233B.066

1. 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.

Public comment was solicited by the Notice of Public Hearing posted at Health Division locations, State Library and Archives, county libraries and mailed notification of the Notice of Public Hearing to affected stakeholders. Two public workshops were held, videoconferenced to Battle Mountain, Fallon, Winnemucca, Caliente, Hawthorne, Ely, Lovelock and Pahrump. There was no public testimony provided during the State Board of Health Public Hearing on April 12, 2012:

A summary of the Hearing for Amendment of Nevada Administrative Code, Chapters 439.500 and 442.222 can be obtained by contacting the Community Health Nursing Program, 4150 Technology Way, Suite 101, Carson City, Nevada, 89706.

- 2. The number of persons who:
- (a) Attended the hearing;
- (b) Testified at each hearing; and
- (c) Submitted to the agency written statements.

Mary Wherry, Deputy of Clinical Services for the Community Health Nursing Program presented the proposal to amend Nevada Administrative Code, Chapters 439.500 and 442.222. No one provided testimony or submitted written statements.

3. A 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.

A Small Business Impact Questionnaire was sent to all providers in the rural and frontier areas of Nevada along with a copy of the proposed regulation changes, on November 23, 2011. Out of 208 small business impact questionnaires distributed, only 1 response was received. The following is the response:

Summary of Comments Received (1 response was received out of 208 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?		
N/A	N/A	N/A	N/A		

Number of Respondents out 208	Adverse economic effect?	Beneficial effect?	Indirect adverse effects?	Indirect beneficial effects?
1	NO	NO	NO	NO

A summary of the Hearing for Amendment of Nevada Administrative Code, Chapters 439.500 and 442.222 can be obtained by contacting the Community Health Nursing Program, 4150 Technology Way, Suite 101, Carson City, Nevada, 89706.

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. The statement should also explain the reasons for making any changes to the regulation as proposed.

There were no changes made to the proposed regulations that were approved by the State Board of Health on April 13, 2012.

- 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
 - ➤ Beneficial effects:

There is no beneficial effect on the small businesses in rural or frontier Nevada. The Sliding Fee Schedule will match medical coding requirement which will have a beneficial effect on the public.

> Adverse effects:

There is no adverse effect on the small businesses in rural or frontier Nevada. There is no adverse effect on the public.

- b. Both immediate and long term effects.
 - Immediate effects: There is no immediate effect for the proposed regulations.
 - ➤ Long term effects: Updating the regulations will allow the program to be compliant with federal law in a timely, cost-effective manner.
- 6. The estimated cost to the agency for enforcement of the proposed regulation.

The estimated cost to the agency for enforcement of the proposed regulations is minimal.

7. 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 regulatory federal agency.

There is no known overlap or duplication of the proposed regulations with other state, federal, or other government agencies regulations.

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

Per our Title X Grant Program Guidelines, the Community Health Nursing Program must maintain a financial management system that meets the standards specified in Subpart C of 45 CFR Part 74 or Subpart C of 45 CFR Part 92. A schedule of discounts must be developed and implemented with sufficient proportional increments so that inability to pay is never a barrier to service. A schedule of discounts is required for individuals with family incomes between 101% and 250% of the Federal poverty level. Fees must be waived for individuals with family incomes above this amount who, as determined by the service site project director, are unable, for good cause, to pay for family planning services. Therefore, these regulations will bring us in compliance with the Federal regulations.

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.

No new fees or increases in existing fees will occur as a result of these proposed regulations. Instead, our fees will be re-structured.

10. If the proposed regulation is likely to impose a direct and significant economic burden upon a small business or directly restrict the formulation, operation or expansion of a small business. What methods did the agency use in determining the impact of the regulation on a small business?

It is not anticipated that these proposed regulations would impose a direct and significant economic burden upon a small business.