

**ADOPTED REGULATION OF THE
STATE BOARD OF HEALTH**

LCB File No. R084-06

Effective July 14, 2006

EXPLANATION – Matter in *italics* is new; matter in brackets ~~omitted material~~ is material to be omitted.

AUTHORITY: §§1-11, NRS 441A.120.

A REGULATION relating to communicable diseases; revising the provisions pertaining to screening for tuberculosis; adopting by reference revised guidelines for the investigation, prevention, suppression and control of communicable diseases and guidelines for the counseling of and treatment for persons with active tuberculosis or tuberculosis infection; providing that certain requirements pertaining to screening of employees and persons admitted to facilities for tuberculosis are applicable to homes for individual residential care; and providing other matters properly relating thereto.

Section 1. Chapter 441A of NAC is hereby amended by adding thereto the provisions set forth as sections 2 and 3 of this regulation.

Sec. 2. *“Home for individual residential care” has the meaning ascribed to it in NRS 449.0105.*

Sec. 3. *“Tuberculosis screening test” means any tuberculosis screening test that has been:*

- 1. Approved by the Food and Drug Administration; and*
- 2. Endorsed by the Centers for Disease Control and Prevention.*

Sec. 4. NAC 441A.010 is hereby amended to read as follows:

441A.010 As used in this chapter, unless the context otherwise requires, the words and terms defined in NAC 441A.015 to 441A.195, inclusive, *and sections 2 and 3 of this regulation* have the meanings ascribed to them in those sections.

Sec. 5. NAC 441A.190 is hereby amended to read as follows:

441A.190 “Tuberculosis infection” means the presence of tubercle bacilli in the body . ~~as may be demonstrated by a positive Mantoux tuberculin skin test.~~

Sec. 6. NAC 441A.200 is hereby amended to read as follows:

441A.200 1. The following recommendations, guidelines and definitions are adopted by reference:

(a) The standard procedures to prevent transmission of disease by contact with blood or other body fluids as recommended by the Centers for Disease Control *and Prevention* set forth in “Morbidity and Mortality Weekly Report” [37(24):378-88, June 24, 1988], published by the *United States* Department of Health and Human Services and available for the price of ~~[\$1.50,] \$4.25~~, from the Superintendent of Documents, U.S. Government Printing Office, ~~Washington, D.C. 20402-9325.~~

~~—(b) “Centers] P.O. Box 371954, Pittsburgh, Pennsylvania 15250-7954, or at no cost on the Internet at <http://www.cdc.gov/mmwr/mmwrpvol.html>.~~

(b) *The Centers* for Disease Control *and Prevention’s* “CDC Guidelines for Isolation Precautions in Hospitals,” published by the *United States* Department of Health and Human Services and available for the price of ~~[\$23,] \$33.50~~, from the National Technical Information Service, United States Department of Commerce, 5285 Port Royal Road, Springfield, Virginia 22161.

(c) The recommended guidelines for the investigation, prevention, suppression and control of communicable disease of the Centers for Disease ~~Control’s] Control and Prevention’s~~ Advisory Committee on Immunization Practices, set forth in “Morbidity and Mortality Weekly Report” [38(13):205-214 & 219-227, April 7, 1989], as revised or supplemented in:

- (1) “Morbidity and Mortality Weekly Report” [38(22):388-392 & 397-400, June 9, 1989];
- (2) “Morbidity and Mortality Weekly Report” [38(S-9), December 29, 1989];
- (3) “Morbidity and Mortality Weekly Report” [39(RR-2):1-26, February 9, 1990];
- (4) “Morbidity and Mortality Weekly Report” [39(RR-15):1-18, November 23, 1990];
- (5) “Morbidity and Mortality Weekly Report” [40(RR-1):1-7, January 11, 1991];
- (6) “Morbidity and Mortality Weekly Report” [40(RR-3):1-19, March 22, 1991];
- (7) “Morbidity and Mortality Weekly Report” [40(RR-6):1-15, May 24, 1991]; and
- (8) “Morbidity and Mortality Weekly Report” 40(RR-10), August 8, 1991,

↪ each of which is published by the *United States* Department of Health and Human Services and available for the price of ~~[\$1.50,]~~ *\$4.25*, from the Superintendent of Documents, U.S.

Government Printing Office, ~~[Washington, D.C. 20402-9325.]~~ *P.O. Box 371954, Pittsburgh,*

Pennsylvania 15250-7954, or at no cost on the Internet at

<http://www.cdc.gov/mmwr/recreppy.html>.

(d) The recommended guidelines for the investigation, prevention, suppression and control of communicable diseases contained in “Control of Communicable Diseases Manual,” published by the American Public Health Association and available *in hard cover* for the price of ~~[\$22,]~~ *\$43 and in soft cover for the price of \$33*, from the American Public Health Association, ~~[1015 Fifteenth]~~ *800 I Street, N.W., Washington, D.C. [20005-] 20001-3710.*

(e) The recommended guidelines for the investigation, prevention, suppression and control of communicable diseases contained in the ~~[“1997] “2006~~ *Red Book: Report of the Committee on Infectious Diseases,*” ~~[24th]~~ *27th* edition, published by the American Academy of Pediatrics and available *in hard cover* for the price of ~~[\$84.95,]~~ *\$124.95 and in soft cover for the price of*

~~\$99.95~~, from the American Academy of Pediatrics, ~~[P.O. Box 747,]~~ *141 Northwest Point Boulevard*, Elk Grove Village, Illinois ~~[60009-0747.]~~ *60007*.

(f) The recommendations for the testing, treatment, prevention, suppression and control of chancroid, *Chlamydia trachomatis*, gonococcal infection, granuloma inguinale, lymphogranuloma venereum and infectious syphilis as are specified in “Sexually Transmitted Diseases Treatment Guidelines,” set forth in “Morbidity and Mortality Weekly Report” [38(S-8), September 1, 1989], and available for the price of ~~[\$1.50,]~~ *\$4.25*, from the Superintendent of Documents, U.S. Government Printing Office, ~~[Washington, D.C. 20402-9325.]~~ *P.O. Box 371954, Pittsburgh, Pennsylvania 15250-7954, or at no cost on the Internet at http://www.cdc.gov/mmwr/mmwr_sup.html.*

(g) The recommendations for the counseling of and effective ~~[therapy]~~ *treatment* for a person having active tuberculosis or tuberculosis infection ~~[of the American Thoracic Society and the American Lung Association set forth in “Tuberculosis: What the Physician Should Know,” and available, free of charge, from the American Lung Association of Nevada, P.O. Box 7056, Reno, Nevada 89510.]~~ *as set forth in the most recently published form of “Controlling Tuberculosis in the United States,” “Treatment of Tuberculosis” and “Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infections” in “Morbidity and Mortality Weekly Report” by the Centers for Disease Control and Prevention, unless the State Board of Health gives notice that the most recent revision is not suitable for this State. A copy of the publication is available, free of charge, from the Centers for Disease Control and Prevention, Division of Tuberculosis Elimination, MMWR (C-08), Atlanta, Georgia 30333, or at no cost on the Internet at <http://www.cdc.gov/mmwr/>. The State Board of Health will review each revision of*

the publication to ensure it is suitable for this State. If the State Board of Health determines that a revision is not suitable for this State, the State Board of Health will:

(1) Hold a public hearing to review its determination within 6 months after the date of the publication of the revision; and

(2) Give notice of that hearing.

↪ If, after the hearing, the State Board of Health does not revise its determination, the State Board of Health will give notice within 30 days after the hearing that the revision is not suitable for this State. If the State Board of Health does not give such notice, the revision becomes part of the publication adopted by reference.

(h) The recommendations of the Centers for Disease Control *and Prevention* for preventing the transmission of tuberculosis in facilities providing health care set forth in *the most recently published form of* “Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Facilities” in “Morbidity and Mortality Weekly Report” ~~[43(RR-13), October 28, 1994, and available,]~~ *by the Centers for Disease Control and Prevention, unless the State Board of Health gives notice that the most recent revision is not suitable for this State. A copy of the publication is available*, free of charge, from the Centers for Disease Control ~~[,]~~ *and Prevention*, Division of Tuberculosis Elimination, MMWR (C-08), Atlanta, Georgia 30333, or ~~[from]~~ *at no cost on* the Internet ~~[address of the Centers for Disease Control]~~ at ~~[<<http://www.wonder.cdc.gov/wonder/prevguide/prevguid.htm>>]~~ *<http://www.cdc.gov/mmwr>. The State Board of Health will review each revision of the publication to ensure it is suitable for this State. If the State Board of Health determines that a revision is not suitable for this State, the State Board of Health will:*

(1) Hold a public hearing to review its determination within 6 months after the date of the publication of the revision; and

(2) Give notice of that hearing.

↳ If, after the hearing, the State Board of Health does not revise its determination, the State Board of Health will give notice within 30 days after the hearing that the revision is not suitable for this State. If the State Board of Health does not give such notice, the revision becomes part of the publication adopted by reference.

(i) The definition of “case” or “suspected case” set forth in “Case Definitions for Infectious Conditions under Public Health Surveillance,” published by the *United States* Department of Health and Human Services, and available for the price of \$2.25, from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402-9325.

2. The State Health Officer shall review any revision or amendment of a recommendation, guideline or definition specified in paragraphs (a) to (i), inclusive, of subsection 1 [F] to determine whether the revision or amendment made to the recommendation, guideline or definition is appropriate for application in this State. For the purpose of enforcing the provisions of this chapter, a revision or amendment of a recommendation, guideline or definition specified in paragraphs (a) to (i), inclusive, of subsection 1 [F] is effective in this State 10 days after its revision or amendment unless the State Health Officer files an objection to the amendment or revision of the recommendation, guideline or definition with the State Board of Health.

Sec. 7. NAC 441A.355 is hereby amended to read as follows:

441A.355 1. The health authority shall investigate each report of a case having active tuberculosis or suspected case considered to have active tuberculosis to confirm the diagnosis, to identify any contacts, to identify any associated cases, to identify the source of infection and to

ensure that the case or suspected case is under the care of a health care provider who has completed a diagnostic evaluation and has instituted an effective course of medical treatment.

2. The health authority shall, pursuant to NRS 441A.160, take all necessary measures within his authority to ensure that a case having active tuberculosis completes an effective course of medical treatment or is isolated or quarantined to protect the public health. Except as otherwise provided in NRS 441A.210, if the case or suspected case refuses to submit himself for examination or medical treatment, the health authority shall, pursuant to NRS 441A.160, issue an order requiring the case or suspected case to submit to any medical examination or test which is necessary to verify the presence of active tuberculosis and shall issue an order requiring the isolation, quarantine or medical treatment of the case or suspected case if he believes such action is necessary to protect the public health.

3. The health authority shall evaluate for tuberculosis infection any contact of a case having active tuberculosis. A ~~[Mantoux tuberculin skin]~~ *tuberculosis screening* test must be administered to a contact residing in the same household as the case or other similarly close contact. If the ~~[skin]~~ *tuberculosis screening* test is negative, the ~~[skin]~~ *tuberculosis screening* test must be repeated ~~[90 days after the first test.]~~ *8 to 10 weeks after the last date of exposure to the case having active tuberculosis.* If the initial or second ~~[skin]~~ *tuberculosis screening* test is positive, the contact must be referred for a chest X ray and medical evaluation for active tuberculosis. Any contact found to have active tuberculosis or tuberculosis infection must be advised to complete an effective course of ~~[therapy]~~ *treatment* in accordance with the recommendations for the counseling of and effective ~~[therapy]~~ *treatment* for a person having active tuberculosis or tuberculosis infection ~~[of the American Thoracic Society and the American Lung Association set forth in "Tuberculosis: What the Physician Should Know."]~~ *in accordance*

with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.

4. A child or other high-risk contact whose initial ~~skin~~ *tuberculosis screening* test administered pursuant to subsection 3 is negative must be advised to take preventive ~~therapy~~ *treatment*, unless medically contraindicated. Preventive ~~therapy~~ *treatment* may be discontinued if the second ~~skin~~ *tuberculosis screening* test administered pursuant to subsection 3 is negative.

5. The health authority may issue an order for a medical examination to any contact who refuses to submit to a medical examination pursuant to subsection 3, to determine if he has active tuberculosis or tuberculosis infection.

Sec. 8. NAC 441A.365 is hereby amended to read as follows:

441A.365 1. A contact of a case having tuberculosis or suspected case considered to have tuberculosis shall comply with all rules and regulations issued by the State Board of Health and shall submit to a medical evaluation to determine the presence of active tuberculosis or tuberculosis infection.

2. If the ~~Mantoux tuberculin skin~~ *tuberculosis screening* test administered pursuant to subsection 3 of NAC 441A.355 is positive, or if there is radiological evidence of active tuberculosis in the lungs, the contact shall submit to further medical evaluation. An order to submit to a medical examination may be issued by the health authority if the contact fails to report for a medical evaluation when requested to do so by the health authority.

3. A contact residing in the same household as a case having tuberculosis or suspected case considered to have tuberculosis ~~is~~ shall not work in a sensitive occupation or attend a child care facility or school unless he is asymptomatic and is authorized to do so by the health authority.

Sec. 9. NAC 441A.370 is hereby amended to read as follows:

441A.370 1. An employee of a correctional facility who does not have a documented history of a positive ~~[Mantoux tuberculin skin]~~ *tuberculosis screening* test shall submit to such test upon initial employment by the correctional facility.

2. An inmate who is expected to remain in a correctional facility for at least 6 continuous months and who does not have a documented history of a positive ~~[Mantoux tuberculin skin test,]~~ *tuberculosis screening test* shall submit to such test upon initial detention in the correctional facility.

3. If a ~~[skin]~~ *tuberculosis screening* test administered pursuant to subsection 1 or 2 is negative, the person shall be retested annually.

4. If a skin test administered pursuant to subsection 1 or 2 is positive or if the person has a documented history of a positive ~~[Mantoux tuberculin skin]~~ *tuberculosis screening* test and has not completed an adequate course of medical ~~[therapy,]~~ *treatment*, the person shall submit to a chest X ray and a medical evaluation to determine the presence of active tuberculosis.

5. Surveillance of employees of a correctional facility and inmates must be maintained for the purpose of identifying any development of symptoms of active tuberculosis. If active tuberculosis is suspected or diagnosed, the case or suspected case must be cared for in a manner consistent with the provisions of NAC 441A.375.

6. If a case having active tuberculosis is located in a correctional facility, the medical staff of the correctional facility shall carry out an investigation for contacts in a manner consistent with the provisions of NAC 441A.355.

7. A person who has tuberculosis infection but does not have active tuberculosis must be offered a course of preventive ~~[therapy,]~~ *treatment* unless medically contraindicated.

8. Any action carried out pursuant to this section and the results thereof must be documented in the person's medical record.

Sec. 10. NAC 441A.375 is hereby amended to read as follows:

441A.375 1. A case having tuberculosis or suspected case considered to have tuberculosis in a medical facility or a facility for the dependent must be ~~placed in Acid-fast bacilli (AFB) isolation and cared for in accordance with Acid-fast bacilli (AFB) precautions set forth in "Centers for Disease Control Guidelines for Isolation Precautions in Hospitals" and the recommendations of the Centers for Disease Control for preventing the transmission of tuberculosis in facilities providing health care set forth in "Guidelines for Preventing the Transmission of Tuberculosis in Health-Care Settings, with Special Focus on HIV-Related Issues."~~ *managed in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.*

2. A medical facility ~~or~~, *a* facility for the dependent *or a home for individual residential care* shall maintain surveillance of employees of the facility *or home* for tuberculosis and tuberculosis infection. The surveillance of employees must be conducted in accordance with the recommendations of the Centers for Disease Control *and Prevention* for preventing the transmission of tuberculosis in facilities providing health care set forth in ~~"Guidelines for Preventing the Transmission of Tuberculosis in Health-Care Settings, with Special Focus on HIV-Related Issues."~~ *the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.*

3. Before initial employment, a person employed in a medical facility, ~~or~~ a facility for the dependent *or a home for individual residential care* shall have a:

(a) Physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and

(b) ~~[Mantoux tuberculin skin test,]~~ *Tuberculosis screening test within the preceding 12 months*, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination.

↪ If the employee has ~~[no documented history]~~ *only completed the first step* of a 2-step Mantoux tuberculin skin test ~~[and has not had a single Mantoux tuberculin skin test]~~ within the preceding 12 months, then ~~[a]~~ *the second step of the* 2-step Mantoux tuberculin skin test *or other single-step tuberculosis screening test* must be administered. A single annual ~~[Mantoux tuberculin skin]~~ *tuberculosis screening* test must be administered thereafter ~~[,]~~ *, unless the medical director of the facility or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.*

4. An employee with a documented history of a positive ~~[Mantoux tuberculin skin]~~ *tuberculosis screening* test is exempt from screening with skin tests or chest radiographs unless he develops symptoms suggestive of tuberculosis.

5. A person who demonstrates a positive ~~[skin]~~ *tuberculosis screening* test administered pursuant to subsection 3 shall submit to a chest radiograph and medical evaluation for active tuberculosis.

6. Counseling and preventive ~~[therapy]~~ *treatment* must be offered to a person with a positive ~~[Mantoux tuberculin skin]~~ *tuberculosis screening* test in accordance with the

~~[recommendations of the American Thoracic Society and the American Lung Association set forth in “Tuberculosis: What the Physician Should Know.”]~~ *guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.*

7. A medical facility shall maintain surveillance of employees for the development of pulmonary symptoms. A person with a history of tuberculosis or a positive ~~[tuberculin-skin]~~ *tuberculosis screening* test shall report promptly to the infection control specialist, if any, or to the director or other person in charge of the medical facility if the medical facility has not designated an infection control specialist, when any pulmonary symptoms develop. If symptoms of tuberculosis are present, the employee shall be evaluated for tuberculosis.

Sec. 11. NAC 441A.380 is hereby amended to read as follows:

441A.380 1. Except as otherwise provided in this section, before admitting a person to a medical facility for extended care, skilled nursing, or intermediate care, the staff of the facility shall ensure that a chest radiograph of the person has been taken within 30 days preceding admission to the facility.

2. Except as otherwise provided in this section, the staff of a facility for the dependent, ~~[or]~~ *a home for individual residential care or* a medical facility for extended care, skilled nursing, or intermediate care shall:

- (a) Before admitting a person to the facility ~~[]~~ *or home*, determine if the person:
- (1) Has had a cough for more than 3 weeks;
 - (2) Has a cough which is productive;
 - (3) Has blood in his sputum;
 - (4) Has a fever which is not associated with a cold, flu, or other apparent illness;

- (5) Is experiencing night sweats;
- (6) Is experiencing unexplained weight loss; or
- (7) Has been in close contact with a person who has active tuberculosis.

(b) Within 24 hours after a person, including a person with a history of bacillus Calmette-Guerin (BCG) vaccination, is admitted to the facility ~~[.]~~ *or home*, ensure that the person has a ~~[Mantoux tuberculin skin]~~ *tuberculosis screening* test, unless there is not a person qualified to administer the test in the facility *or home* when the patient is admitted. If there is not a person qualified to administer the test in the facility *or home* when the person is admitted, the staff of the facility *or home* shall ensure that the test is performed within 24 hours after a qualified person arrives at the facility *or home* or within 5 days after the patient is admitted, whichever is sooner.

(c) If the person has ~~[no documented history]~~ *only completed the first step* of a two-step Mantoux tuberculin skin test ~~[and has not had a single Mantoux tuberculin skin test]~~ within the 12 months preceding admission, ensure that the person has a *second* two-step Mantoux tuberculin skin test ~~[.]~~ *or other single-step tuberculosis screening test*. After a person has had ~~[a two-step Mantoux tuberculin skin]~~ *an initial tuberculosis screening* test, the facility *or home* shall ensure that the person has a single ~~[Mantoux tuberculin skin]~~ *tuberculosis screening* test annually thereafter ~~[.]~~, *unless the medical director or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.*

3. A person with a documented history of a positive ~~[Mantoux tuberculin skin]~~ *tuberculosis screening* test is exempt from skin testing and routine annual chest radiographs, but the staff of the facility *or home* shall ensure that the person is evaluated at least annually for the presence or absence of symptoms of tuberculosis.

4. If the staff of the facility *or home* determines that a person has had a cough for more than 3 weeks and that he has one or more of the other symptoms described in paragraph (a) of subsection 2, the person may be admitted to the facility *or home* if the staff keeps the person in respiratory isolation *in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200* until a health care provider determines whether the person has active tuberculosis. If the staff is not able to keep the person in respiratory isolation, the staff shall not admit the person until a health care provider determines that the person does not have active tuberculosis.

5. If a test or evaluation indicates that a person has suspected or active tuberculosis, the staff of the facility *or home* shall not admit the person to the facility ~~[]~~ *or home*, or, if he has already been admitted, shall not allow the person to remain in the facility ~~[]~~ *or home*, unless the facility *or home* keeps the person in respiratory isolation. The person must be kept in respiratory isolation until a health care provider determines that the person does not have active tuberculosis or certifies that, although the person has active tuberculosis, he is no longer infectious. A health care provider shall not certify that a person with active tuberculosis is not infectious unless the health care provider has obtained not less than three consecutive negative sputum AFB smears which were collected on separate days.

6. If a test indicates that a person who has been or will be admitted to a facility *or home* has active tuberculosis, the staff of the facility *or home* shall ensure that the person is treated for the

disease in accordance with the recommendations of the ~~[American Thoracic Society and the American Lung Association]~~ *Centers for Disease Control and Prevention* for the counseling of, and effective ~~[therapy]~~ *treatment* for, a person having active tuberculosis. The recommendations are set forth in ~~["Tuberculosis: What the Physician Should Know."]~~ *the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.*

7. The staff of the facility *or home* shall ensure that counseling and preventive ~~[therapy]~~ *treatment* are offered to each ~~[resident]~~ *person* with a positive ~~[tuberculin-skin]~~ *tuberculosis screening* test in accordance with the ~~[recommendations of the American Thoracic Society and the American Lung Association set forth in "Tuberculosis: What the Physician Should Know."]~~ *guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.*

8. The staff of the facility *or home* shall ensure that any action carried out pursuant to this section and the results thereof are documented in the person's medical record.

NOTICE OF ADOPTION OF PROPOSED REGULATION
LCB File No. R084-06

The State Board of Health adopted regulations assigned LCB File No. R084-06 which pertain to chapter 441A of the Nevada Administrative Code on June 16, 2006.

Notice date: 5/15/2006
Hearing date: 6/16/2006

Date of adoption by agency: 6/16/2006
Filing date: 7/14/2006

INFORMATIONAL STATEMENT

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.

The public notice for the hearing was published in the Reno Gazette-Journal and the Las Vegas Review Journal on May 15, 2006. Copies of the workshop notice was mailed to all medical facilities, extended care, skill nursing and care for the dependent who conduct business in Nevada on May 17, 2006. Minimal public comment was received.

All public comment, except for Washoe County District Health Department, was in support for the proposed changes with no recommended revisions. The Washoe County District Health Department comments expressed two areas of concern. The first comment supported the modification to allow for new technologies for tuberculosis screening methods, however, they proposed more specific wording when referring to the tuberculosis screening test. This request was addressed by adding a definition of a tuberculosis screening test at the beginning of the section on Tuberculosis. The second comment expressed concern about removing the requirement for annual Tuberculosis screening to risk based frequency of screening. This modification was made to bring the NAC in line with the current Centers for Disease Control and Prevention guidelines. This issue was discussed with the Washoe County District Health Department and they were unable to provide references or data to support their position. This comment was addressed by making the frequency of Tuberculosis screening annual or risk based rather risk based only. All public comment that was received before the public workshop was included in the minutes of the public workshop.

2. The number of persons who:
 - (a) Attended the hearing;
 - (b) One (1) person - Testified at each hearing; and
 - (c) Submitted to the agency written statements.
 - (a) 136 people were in attendance at the hearing.
 - (b) One (1) person – Michael McMahon from Consumer Direct Personal Care provided testimony in support of the amendment changes.
 - (c) No written statements were submitted.

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 mailed to all medical facilities, extended care, skill nursing and care for the dependent who conduct business in Nevada on February 28, 2006. The summary of this questionnaire is included in the small business impact statement.

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.

The regulation was adopted as proposed. No changes were made to 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 each case must include:
 - (a) Both adverse and beneficial effects; and
 - (b) Both immediate and long term effects.

a) There is no adverse economic effect of the proposed regulations. The proposed regulation will allow all health care facilities the option to choose any tuberculosis screening test available on the market that has been Food and Drug Administration approved and Centers for Disease Control and Prevention endorsed.

b) The proposed regulation will allow all health care facilities the option to choose any tuberculosis screening test available on the market that has been Food and Drug Administration approved and Centers for Disease Control and Prevention endorsed.

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

The proposed regulation would not require any new agency enforcement.

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 regulating federal agency.

These regulations do not overlap any other state or 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.

This does not apply.

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.

The proposed changes do not affect any fees.