

**ADOPTED REGULATION OF THE
STATE BOARD OF NURSING**

LCB File No. R196-07

Effective April 17, 2008

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

AUTHORITY: §§1, 2, 4 and 10, NRS 632.120; §3, NRS 632.120 and 632.160; §5, NRS 632.120 and 632.342; §6, NRS 632.120 and 632.237; §7, NRS 632.120, 632.430, 632.440, 632.440, 632.471; §8, NRS 632.120, 632.430 and 632.440; §9, NRS 632.120 and 632.2856; §11, NRS 632.120 and 632.471.

A REGULATION relating to nursing; revising the definitions of “contact hour” and “nurse midwife”; revising requirements for a registered nurse to obtain a license without examination; establishing certain fees for investigating applicants for licensure or certification by the State Board of Nursing; revising requirements for a nursing assistant to renew his certificate; authorizing programs of nursing to hire certain instructors in clinical practice; revising requirements for the curriculum of a program of nursing; requiring programs of nursing to be coordinated by a registered nurse; revising standards of unprofessional conduct; and providing other matters properly relating thereto.

Section 1. NAC 632.040 is hereby amended to read as follows:

632.040 “Contact hour” means ~~[50]~~ **60** minutes of participation in a course of continuing education.

Sec. 2. NAC 632.0605 is hereby amended to read as follows:

632.0605 “Nurse midwife” means a registered professional nurse who has completed an organized formal program of training in the area of pregnancy, childbirth, the postpartum period, care of the newborn, ~~[and the]~~ family planning, and *the* gynecological *and primary health* needs of women.

Sec. 3. NAC 632.170 is hereby amended to read as follows:

632.170 In addition to the requirements set forth in NAC 632.173, to be licensed without examination:

1. An applicant for a license to practice as a registered nurse must:

(a) Have completed a course of study in an accredited school of professional nursing. If the applicant graduated on or after January 1, 1952, he must have theory and clinical experience in medical-surgical nursing, maternal and child health nursing, and mental health and psychiatric nursing.

(b) ~~Hold a current license in good standing from another state or foreign country which was issued by a recognized legal agency.~~

~~(c)~~ Submit to the Board:

- (1) A completed application;
- (2) A complete set of his fingerprints; and
- (3) The appropriate fee.

2. An applicant for a license to practice as a licensed practical nurse must:

(a) Have graduated from high school or passed the general educational development test.

(b) Have completed a course of study in an accredited school of practical or vocational nursing. If the applicant graduated on or after January 1, 1952, he must have theory and clinical experience in medical-surgical nursing and maternal-child nursing, including mental health concepts.

(c) Hold a current license in good standing from another state or country which was issued by a recognized legal agency.

(d) Submit to the Board:

- (1) A completed application;

- (2) A complete set of his fingerprints; and
 - (3) The appropriate fee.
3. An applicant for certification to practice as a nursing assistant must:
- (a) Submit to the Board a completed application accompanied by a complete set of his fingerprints; and
 - (b) Request and confirm receipt by the Board of verification from the appropriate agency that he holds a current certificate to practice as a nursing assistant.

Sec. 4. NAC 632.190 is hereby amended to read as follows:

632.190 The following fees are established:

1. For a registered nurse:

Application for a temporary license	\$50.00
Application for a license	100.00
NCLEX Verification or the National Disciplinary Data Bank Verification	5.00
Application for certification as an advanced practitioner of nursing	200.00
Fee for examination on law relating to pharmacy for advanced practitioner of nursing.....	150.00
Application for certification as a certified registered nurse anesthetist	200.00
Biennial fee for renewal of certification as an advanced practitioner of nursing or a certified registered nurse anesthetist	200.00

2. For a practical nurse:

Application for a temporary license	\$50.00
Application for a license	90.00
NCLEX Verification or the National Disciplinary Data Bank Verification	5.00

3. For a registered nurse or practical nurse:

Biennial renewal fee	\$100.00
Duplicate license	30.00
Fee for the reinstatement of a license	100.00
Proctoring an examination	150.00

4. For a nursing assistant:

Application for a certificate.....	\$50.00
Biennial renewal fee.....	50.00
Duplicate certificate	30.00
[Certification] <i>Manual skills certification</i> examination.....	90.00
Approval of proctors for <i>manual skills</i> certification examination	50.00
Approval of training programs:	
If using model curriculum	250.00
If using alternate curriculum	250.00
Annual approval of instructors of training programs	100.00

Annual fee for review of training programs.....100.00

5. Validation of licensure or certification:

For a registered nurse\$25.00

For a licensed practical nurse25.00

For a nursing assistant25.00

6. Survey and evaluation of school of practical nursing, or school and course of professional nursing..... \$150.00 per day

7. Miscellaneous:

For duplicating the records of the Board.....\$0.60 per page

For taking disciplinary action against a licenseeActual costs, including the costs incurred which are related to any assistance received from the Office of the Attorney General.

For monitoring a licensee who has been placed on probation.....Actual costs

For submission of fingerprints of a person to the Department of Public Safety for review and forwarding to the Federal Bureau of Investigation for a report of the person's criminal history.....Actual costs as specified by the Department of Public Safety and the Federal Bureau of Investigation

For taking fingerprints.....\$15.00

Sec. 5. NAC 632.193 is hereby amended to read as follows:

632.193 1. To renew his certificate, a nursing assistant must submit to the Board:

(a) Documentation of completion of 24 hours of continuing training in the previous 2 years by submitting a photocopy of a certificate of completion; and

(b) ~~Except as otherwise provided in subsection 5, documentation of completion of~~ *An attestation, on forms provided by the Board, in which the nursing assistant attests that he has completed* at least ~~400~~ *40* hours of employment as a nursing assistant under the direct supervision of a registered nurse or licensed practical nurse during the 2 years immediately preceding the date of the renewal of the certificate.

2. The certificate of completion must include:

- (a) The name of the participant;
- (b) The name of the training program;
- (c) The number of hours of the training program;
- (d) The name and signature of the instructor who taught the training program; and

(e) The date and location of the training program.

3. To be satisfactory to the Board a training program must relate to standards of care in nursing and must be one of the following:

(a) Training in the facility in which the nursing assistant works;

(b) An academic study;

(c) A workshop approved by the Board;

(d) An extension course approved by the Board; or

(e) Home study.

4. A medical facility, educational institution or other organization that offers a training program must keep a record of the information required pursuant to subsection 2 for at least 4 years.

5. ~~[A nursing assistant who resides in a county whose population is less than 10,000 may replace some of the hours of employment required pursuant to paragraph (b) of subsection 1 with hours deemed equivalent by the Board.~~

~~—6.—~~ ~~The documentation required pursuant to]~~ *The Board will perform random audits of nursing assistants for compliance with the requirement for supervised employment set forth in paragraph (b) of subsection 1 . If audited by the Board, a nursing assistant must [be] prove that he has complied with the requirement for supervised employment set forth in paragraph (b) of subsection 1 by submitting to the Board* a letter written by the employer of the nursing assistant on the stationery of the employer or on a form prescribed by the Board and must include ~~[:]~~ *in the letter or on the form:*

(a) The name of the nursing assistant;

(b) The name of the employer;

(c) ~~[The number of hours the nursing assistant was employed by the employer as a nursing assistant;]~~ *A statement indicating that, since his last renewal by the Board, the nursing assistant provided at least 40 hours of nursing services or services related to nursing for monetary compensation under the direct supervision of a registered nurse or licensed practical nurse; and*

(d) ~~[A statement signed by the chief nurse of the employer which states that the hours of employment completed by the nursing assistant were completed under the direct supervision of a registered nurse or licensed practical nurse; and~~

~~—(e)]~~ Any other information the Board may require for the renewal of the certificate.

Sec. 6. NAC 632.257 is hereby amended to read as follows:

632.257 1. An applicant for a certificate of recognition as an advanced practitioner of nursing will be authorized to issue written prescriptions for controlled substances, poisons, dangerous drugs and devices only if he:

(a) Is authorized to do so by the Board;

(b) Submits an application for authority to issue written prescriptions for controlled substances, poisons, dangerous drugs or devices to the Board; and

(c) Has successfully completed:

(1) A program that complies with the requirements set forth in paragraph (a) of subsection 1 of NAC 632.260 and includes an advanced course in pharmacotherapeutics; or

(2) A program of academic study that:

(I) Is approved by the Board;

(II) Consists of at least 2 semester credits or an equivalent number of quarter credits in advanced pharmacotherapeutics; and

(III) Is completed within the 2 years immediately preceding the date the application is submitted to the Board.

2. In addition to the information contained in the application for a certificate of recognition as an advanced practitioner of nursing, an applicant who completes, before June 1, 2005, a program designed to prepare an advanced practitioner of nursing and who does not hold a master's degree with a major in nursing or a related health field approved by the Board must, in his application for authority to write a prescription for controlled substances, poisons, dangerous drugs and devices, include documentation of 1,000 hours of active practice in the immediately preceding 2 years as an advanced practitioner of nursing under a collaborating physician. The documentation must consist of a signed statement from the collaborating physician indicating to the Board that the applicant is competent to prescribe those *classes of* drugs listed in his protocols.

3. Except as otherwise provided in subsection 4, if an advanced practitioner of nursing who is authorized to prescribe certain controlled substances, poisons, dangerous drugs and devices changes his medical specialty, he must submit an application to the Board for authority to prescribe those controlled substances, poisons, dangerous drugs and devices which are currently within the standard of medical practice in that specialty. In addition to the information contained in an application submitted pursuant to this subsection, an advanced practitioner of nursing who completes, before June 1, 2005, a program designed to prepare an advanced practitioner of nursing and who does not hold a master's degree with a major in nursing or a related health field approved by the Board must include in his application documentation of 1,000 hours of active practice in the new medical specialty as an advanced practitioner of nursing under a collaborating physician.

4. An advanced practitioner of nursing who:

(a) Is authorized to prescribe certain controlled substances, poisons, dangerous drugs and devices; and

(b) Changes his medical specialty to a medical specialty that is substantially similar to his former medical specialty,

↪ is not required to submit to the Board the application required pursuant to subsection 3 if the Board has authorized him to prescribe controlled substances, poisons, dangerous drugs and devices in the practice of his former medical specialty.

NEW FIRST
PARALLEL
SECTION

Sec. 7. NAC 632.675 is hereby amended to read as follows:

632.675 1. A program of nursing must have a competent and stable faculty. The majority of the members of the faculty must be full-time employees.

2. ~~104~~ *Except as otherwise provided in subsection 4, of* the faculty who are hired after August 13, 2004:

(a) At least 75 percent of the members must hold at least a master's degree with a major in nursing and have completed training which is related to the area of teaching of the member; and

(b) Except as otherwise provided in subsection 3, the remainder of such members, if any, must hold at least:

(1) A master's degree with a major in nursing;

(2) A bachelor's degree with a major in nursing and a master's degree in a field related to nursing; or

(3) A graduate degree from an accredited school of nursing as defined in NRS 632.011.

3. The Executive Director of the Board may, for good cause shown, waive the requirements of paragraph (b) of subsection 2.

4. *As provided in NRS 632.471, a program of nursing may hire as an instructor for clinical practice a person who holds a bachelor's degree in nursing and has at least 5 years of nursing experience in patient care. As used in this subsection, "instructor for clinical practice" means a registered nurse whose primary role is educating prelicensure nursing students in a skills laboratory or practice site.*

5. The members of the faculty shall develop and evaluate the curriculum and the educational practices of the program.

~~{5.}~~ 6. Except as otherwise provided in this subsection, in courses relating to the care of patients, there must be at least one member of the faculty for every eight students. The Executive Director of the Board may, upon a showing of good cause, waive the requirement.

~~{6.}~~ 7. A program of nursing that uses the personnel of a clinical facility as preceptors to instruct the clinical experience of students must require:

(a) Each preceptor to have clinical expertise and to have demonstrated competence in the specialty of the students whom he will instruct;

(b) Each preceptor to be approved by the faculty of the program of nursing;

(c) The faculty of the program of nursing to provide to each preceptor an orientation concerning the roles and responsibilities of students, members of the faculty and preceptors; and

(d) The faculty of the program of nursing to develop written objectives and provide a copy of those objectives to each preceptor,

↳ before the preceptor begins his instruction of the students.

~~{7.}~~ 8. In addition to the requirements set forth in subsection 6, a program of nursing that uses the personnel of a clinical facility as preceptors to instruct the clinical experience of students:

- (a) Must ensure that each preceptor is assigned to instruct not more than two students at the same time;
- (b) Must designate a member of the faculty to serve as a liaison between the preceptor and each student who participates in the clinical experience;
- (c) Must require that each preceptor be present in the clinical facility and available to the students at all times when the students provide nursing services to patients; and
- (d) May use a preceptor to reinforce basic nursing skills or to teach nursing skills which build on the basic nursing skills that the students have acquired.

~~8.1~~ **9.** There must be at least one qualified administrator for each department or division of the program.

~~9.1~~ **10.** If a university or college offers a program of nursing for more than one level of preparation, there must be one person who is responsible for each such level.

Sec. 8. NAC 632.685 is hereby amended to read as follows:

632.685 1. The curriculum of a program of nursing must:

- (a) Reflect the philosophy and objectives of the program; ~~and~~
- (b) Be based on a rationale that ensures sufficient preparation for the safe and effective practice of nursing ~~;~~ *and*

(c) Contain theory and clinical experiences that are integrated throughout the program of nursing.

2. Credits for courses must be awarded appropriately.

Sec. 9. NAC 632.726 is hereby amended to read as follows:

632.726 Before the Board approves a training program for nursing assistants, it will determine ~~if~~ *that* the program will be:

1. Administered as required by law and the provisions of this chapter.
2. Administered by a ~~[person]~~ *registered nurse* who has the qualifications required by the Federal Government and is qualified to maintain the records required by NAC 632.790.
3. Coordinated by a ~~[person]~~ *registered nurse* who has the qualifications required by the Federal Government and is qualified to perform the duties set forth in NAC 632.785.

Sec. 10. NAC 632.890 is hereby amended to read as follows:

632.890 The Board will consider the following acts, among others, by a licensee or holder of a certificate as unprofessional conduct:

1. Discriminating on the basis of race, religious creed, color, national origin, age, disability, ancestry, *sexual orientation* or sex in the rendering of nursing services.
2. Performing acts beyond the scope of the practice of nursing.
3. Assuming duties and responsibilities within the practice of nursing without adequate training.
4. Assuming duties and responsibilities within the practice of nursing if competency is not maintained ~~[]~~ or the standards of competence are not satisfied, or both.
5. Disclosing the contents of the examination for licensure or certification, or soliciting, accepting or compiling information regarding the contents of the examination before, during or after its administration.
6. Assigning or delegating functions, tasks or responsibilities of licensed or certified persons to unqualified persons.
7. Failing to supervise a person to whom functions of nursing are delegated or assigned, if responsible for supervising that person.

8. Failing to safeguard a patient from the incompetent, abusive or illegal practice of any person.
9. Practicing nursing while, with or without good cause, his physical, mental or emotional condition impairs his ability to act in a manner consistent with established or customary nursing standards, or both.
10. Practicing nursing, if any amount of alcohol or a controlled substance or dangerous drug that is not legally prescribed is present in the body of the nurse or nursing assistant as determined by a test of the blood, saliva, breath, hair or urine of the nurse or nursing assistant given while the nurse or nursing assistant is on duty.
11. Having present in the body of the nurse or nursing assistant, alcohol or a controlled substance or dangerous drug that is not legally prescribed during a test of the blood, saliva, breath, hair or urine of the nurse or nursing assistant given as a condition of employment.
12. Failing to respect and maintain a patient's right to privacy.
13. Violating a patient's confidentiality.
14. Performing or offering to perform the functions of a licensee or holder of a certificate by false representation or under a false or an assumed name.
15. Failing to report the gross negligence of a licensee or holder of a certificate in the performance of his duties or a violation of the provisions of this chapter or chapter 632 of NRS.
16. Failing to document properly the administration of a controlled substance, including, but not limited to:
 - (a) Failing to document the administration of a controlled substance on the Controlled Substance Administration Record, the patient's Medication Administration Record and the Nursing Progress Notes, including the patient's response to the medication;

(b) Documenting as wastage a controlled substance and taking that controlled substance for personal or other use;

(c) Failing to document the wastage of a controlled substance that was not legally administered to a patient;

(d) Soliciting the signature on any record of a person as a witness to the wastage of a controlled substance when that person did not witness the wastage; or

(e) Signing any record as a witness attesting to the wastage of a controlled substance which he did not actually witness.

17. Soliciting services or soliciting or borrowing money, materials or other property, or any combination thereof, from a:

(a) Patient;

(b) Family member of a patient;

(c) Person with significant personal ties to a patient, whether or not related by blood; or

(d) Legal representative of a patient.

18. Diverting supplies, equipment or drugs for personal or unauthorized use.

19. Aiding, abetting or assisting any person in performing any acts prohibited by law.

20. Inaccurate recording, falsifying or otherwise altering or destroying records.

21. Obtaining, possessing, furnishing or administering prescription drugs to any person, including himself, except as directed by a person authorized by law to prescribe drugs.

22. Leaving an assignment without properly notifying the appropriate personnel or abandoning a patient in need of care.

23. Exploiting a patient for financial gain or offering, giving, soliciting or receiving fees or gifts for the referral of a:

- (a) Patient;
- (b) Family member of a patient;
- (c) Person with significant personal ties to a patient, whether or not related by blood; or
- (d) Legal representative of a patient.

24. Failing to collaborate with other members of a health care team as necessary to meet the health needs of a patient.

25. Failing to observe the conditions, signs and symptoms of a patient, to record the information or to report significant changes to the appropriate persons.

26. Failing to abide by any state or federal statute or regulation relating to the practice of nursing.

27. Failing to perform nursing functions in a manner consistent with established or customary standards.

28. Causing a patient physical, mental or emotional harm by taking direct or indirect actions or failing to take appropriate actions.

29. Engaging in sexual contact with a patient or client.

30. Failing as a chief nurse to:

(a) Institute standards of nursing practice so that safe and effective nursing care is provided to patients;

(b) Institute standards of competent organizational management and management of human resources so that safe and effective nursing care is provided to patients; or

(c) Create a safe and effective environment, including the failure to assess the knowledge, skills and ability of a licensee or holder of a certificate and determine his competence to carry out the requirements of his job.

31. Failing to report the unauthorized practice of nursing.
32. Endangering the safety of the general public, patients, clients or coworkers by making actual or implied threats of violence or carrying out an act of violence.
33. Abusing or neglecting a patient.
34. Misappropriating the property of a patient.
35. Failing to comply with a condition, limitation or restriction which has been placed on his license or certificate.
36. Engaging in the practice of nursing or performing the services of a nursing assistant without a license or certificate issued pursuant to the provisions of this chapter and chapter 632 of NRS.
37. Displaying a license, certificate, diploma or permit, or a copy of a license, certificate, diploma or permit, which has been fraudulently purchased, issued, counterfeited or materially altered.
38. *Engaging in a pattern of conduct that demonstrates failure to exercise the knowledge, skills, and abilities using the methods ordinarily exercised by a reasonable and prudent nurse to protect the public.*
39. Engaging in any other unprofessional conduct with a patient or client that the Board determines is outside the professional boundaries generally considered acceptable in the profession.

Sec. 11. The amendatory provisions of section 7 of this regulation expire by limitation on December 31, 2011.

NOTICE OF ADOPTION OF PROPOSED REGULATION

The State Board of Nursing adopted regulations assigned LCB File No. R196-07, which pertain to chapter 632 of the Nevada Administrative Code.

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 Nevada State Board of Nursing (“Board”) solicited public comment in a variety of ways. First, although not required under NRS Chapter 233B, the Board put the proposed regulation changes on Board agendas to discuss the concept and wording of any changes. Then, the Board complied with NRS Chapter 233B by providing notice of the workshop and hearing. Additionally, Board staff has announced the opportunity for, and the Board’s desire to receive public comment on all regulation changes at every Board committee meeting and at every speaking engagement.

A summary of the public response would be, in a word, positive. Although the Board can certainly make the tough choices about changing regulations to better protect the public, none of the adopted regulations were controversial. This group of adopted regulations was generally proposed by nurses to better the practice of nursing and also better protect the public.

An explanation of how an interested person may obtain a copy of the summary of public response would be to go to the Nevada State Board of Nursing’s website.

2. The number of persons who:

- (a) **Attended each hearing:** No one attended the hearing on these regulations. However, five persons attended the workshop on these regulations and the comments of those five persons were presented to the Board at the hearing.
- (b) **Testified at each hearing:** No one testified the hearing on these regulations. However, five persons attended the workshop on these regulations and the comments of those five persons were presented to the Board at the hearing
- (c) **Submitted written comments:** One person submitted written comments on one proposed regulation change at the workshop. Those comments were relayed to the Board at the hearing.

3. A description of how comment was solicited from businesses, a summary of their response, and an explanation how other interested persons may obtain a copy of the summary.

Comment was solicited from businesses in the same way that comment was solicited from individuals.

An explanation of how an interested person may obtain a copy of the summary of public response would be to go to the Nevada State Board of Nursing's website. Also, a summary of the public response was available at the workshop and hearing.

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.

All of the regulations, but for the amendment of NAC 632.685, were adopted without changing any part of the proposed regulation. A summary of the reasons for this would be that the Board has had extensive meetings, workshops, hearings, and discussions with the LCB about the proposed regulations and therefore, the final proposed regulations that were adopted had gone through the necessary revisions prior to adoption of the regulations. The Board requested that the changes made by LCB after the workshop but before the hearing in regards to NAC 632.685 be somewhat modified. The Board then adopted the modified language. LCB accepted the proposed modification of NAC 632.685.

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:

NAC 632.040

. (a) Both adverse and beneficial effects, would be zero as this adoption of a regulation merely clarifies the definition of a contact hour for purposes of crediting continuing education. This amendment brings the definition of a contact hour into alignment with the national definition.

. (b) Both immediate and long-term effects would be zero as this adoption of a regulation merely clarifies the definition of a contact hour for purposes of crediting continuing education. This amendment brings the definition of a contact hour into alignment with the national definition.

NAC 632.0605

. (a) Both adverse and beneficial effects, would be zero. The adoption of this regulation updates the definition of a nurse midwife to reflect what is taught in the curriculum of nationally accredited midwifery programs.

. (b) Both immediate and long-term effects would be zero. The adoption of this regulation updates the definition of a nurse midwife to reflect what is taught in the curriculum of nationally accredited midwifery programs.

NAC 632.170

. (a) Both adverse and beneficial effects. There would be no adverse effect and a great beneficial effect because this amendment would remove an unnecessary hurdle to nurses who wished to re-enter the nursing profession after a lapse in practice.

. (b) Both immediate and long-term effects would be beneficial as this amendment would remove an unnecessary hurdle to nurses who wished to re-enter the nursing profession.

NAC 632.190

. (a) Both adverse and beneficial effects. The beneficial effects would be felt by the schools for the education of certified nursing assistants as those schools could now recoup the actual costs incurred administering the Nursing Assistant certification examination.

. Also, there would be a beneficial effect on the Board if the Board could charge a fee for the capturing of fingerprints – electronically – for a nursing application. The adverse effects would be that applicants for certification as a certified nursing assistant would now have to pay the actual cost of taking the certification examination. Also, there would be an adverse effect on an applicant who had to pay a fee to the Board to get fingerprinted for an application. But, if the applicant went anywhere else to get fingerprinted, there would generally be a fee for that service.

. (b) Both immediate and long-term effects would be the same. Specifically, those who administer the Nursing Assistant certification examination would be able to continue the testing and operate at a break-even point. The Board could collect the fee for fingerprinting services.

NAC 632.193

. (a) Both adverse and beneficial effects would be zero as certified nursing assistants would be able to renew their certificates with less hours, leading to more CNAs in practice in the State.

. (b) Both immediate and long-term effects would be beneficial as certified nursing assistants would be able to renew their certificates with less hours, leading to more CNAs in practice in the State.

NAC 632.257

. (a) Both adverse and beneficial effects would be zero as the adopted regulation merely clarifies the language for Advanced Practitioners of Nursing (APN) regarding what drugs they can prescribe. This new language, which adds “classes” of drugs is necessary because of the rapidly changing and new medications that are being developed.

. (b) Both immediate and long-term effects would be beneficial as the adopted regulation merely clarifies the language for Advanced Practitioners of Nursing (APN) regarding what drugs they can prescribe. This new language, which adds “classes” of drugs is necessary because of the rapidly changing and new medications that are being developed.

NAC 632.675

. (a) Both adverse and beneficial effects were not taken into account as this regulation was adopted in response to the enactment of NRS 632.471 at the 2007 Nevada Legislative Session.

. (b) Both immediate and long-term effects were not taken into account as this regulation was adopted in response to the enactment of NRS 632.471 at the 2007 Nevada Legislative Session.

NAC 632.685

. (a) Both adverse and beneficial effects would include the beneficial effect of requiring schools of nursing to have an integrate approach to instruction. That is, that nursing students would be taught the subject during the time the skills involving the subject would be observed in a clinical setting. There are no adverse effects to the adoption of this regulation.

. (b) Both immediate and long-term effects would be the same. That is, nursing education would support integration of knowledge and nursing skills.

NAC 632.726

. (a) Both adverse and beneficial effects of the adoption of this regulation would be an improvement in the quality of CNA programs because a Registered Nurse must be the administrator of a program.

. (b) Both immediate and long-term effects would be zero because currently all CNA programs have a Registered Nurse as an administrator.

NAC 632.890

. (a) Both adverse and beneficial effects would be beneficial, in that, it would be considered unprofessional conduct for a nurse to discriminate on the basis of sexual orientation. This additional basis for possible discrimination already exists in other health care statutes. Also, a pattern of misconduct would now be considered unprofessional conduct, even if each separate instance of conduct did not rise up to the level of imposing discipline.

. (b) Both immediate and long-term effects would be the same. Specifically, two additional basis for unprofessional conduct would be added to the regulations and therefore provide greater protection to the public.

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

There is no additional estimate cost to the agency for the enforcement of these adopted regulations. However, there would be a cost to the Board if NAC 632.190 is not adopted insofar as the new fee for the capture of fingerprints is concerned. Specifically, the Board received a grant to purchase two on-line live scan fingerprint machines for the purpose of allowing nurse applicants to have their fingerprints taken – electronically – at the board

offices. However, as written, NAC 632.190 does not provide for a fee for the capturing of those fingerprints. Implementing a fee would allow the Board to pay for the time and employee hours required to capture the fingerprints of an applicant. Capturing fingerprints may take up to thirty minutes to complete.

- 7. A description of any regulations of other State or governmental agencies which the regulation overlaps or duplicates and a statement explaining why the duplication or overlap is necessary. If the regulation overlaps or duplicates a federal regulation, the name of the regulating federal agency.**

The Nevada State Board of Nursing is not aware of any similar regulations of other state or government agencies that the proposed regulations overlap or duplicate.

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

These regulations are not more stringent than a federal regulation that regulates the same activity. Federal regulations require that a CNA work for compensation to renew their certificate. By adoption of the new regulation, the Board is decreasing the previous requirement of four hundred hours to forty hours as the requirement for renewal of certificate.

- 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 adoption of NAC 632.190 has two new fees. One is a new fee paid by an applicant for certification as a nursing assistant for the manual skills test portion of the certification examination. The second new fee is for the capturing of fingerprints from an applicant for licensure at the Board offices.

Regarding the fee paid for the manual examination for certification as a Nursing assistant, the Nevada State Board of Nursing will not collect any part of that new fee. The new fee, is necessary because the schools who administer the examination for nursing assistants are now losing money as the schools must hire Registered Nurses to administer the manual examination and are, today, unable to recoup the cost from applicants.

Regarding the fee for the capturing of fingerprints at the Board offices, this is a new fee as the Board just purchased (with money from a grant) two live-scan fingerprint machines. It takes one employee in each Board office to take the fingerprints and manage the fingerprints results. The new fee would allow the Board to recoup the personnel costs of capturing those fingerprints.

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

The proposed regulations will not impose a direct or significant economic burden upon a small business, or restrict the formation of a small business. The Nevada State Board of Nursing regulates the education of nurses and the practice of nursing. This authority does not regulate, impact small businesses. The Board determines the impact of these regulations on small businesses by asking for comments or feedback on the regulations and no comments were received from small businesses.