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**DIVISION OF PUBLIC & BEHAVIORAL HEALTH**

**BUREAU OF BEHAVIORAL HEALTH WELLNESS AND PREVENTION**

**LCB File No. R011-20**

**Informational Statement per NRS 233B.066**

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

These regulations were created and adopted as a result of the passage of AB85 during the 80<sup>th</sup> Session of the Nevada Legislature. The legislation requires the Board of Health to adopt regulation concerning the care and treatment of individuals alleged to be in a mental health crisis and other related matters. The necessary supplements include: when a person alleged to be a person in a mental health crisis must be admitted to a hospital, the requirements governing medical examination, what facilities a person alleged to be in a mental health crisis must be admitted to under certain circumstances, and reporting requirements for public and private mental health facilities. This amendment has been developed by the Division in consultation with providers and stakeholders from around the state to bring NAC 433A into compliance with the legislation passed in 2019 and are meant to improve the way we care for those in mental health crisis.

An errata was adopted by the Board of Health to amend a drafting oversight as well as to bring the regulation into conformity with the structure of Division facilities. The errata adds “the physician” to Sec. 6 and the list of medial professionals conducting an examination. In Sec. 8 it removes “medical director” and replaces it with “administrative officer” to conform with the duties and responsibilities of the Administrative Officers of Division facilities.

**2. A description of how public comment was solicited, a summary of public response, and an explanation how other interested persons may obtain a copy of the summary;**

Public comment and feedback was solicited from the community and stakeholders during a public workshop which was held on February 6, 2020. Concerns were raised by Joan Hall, Nevada Rural Hospital Partners (joan@nrhp.org), regarding the amount of information that is to be collected and parental rights for minors.

Public comment was also solicited at the public hearing of the Board of Health, held on June 5, 2020. Due to Section 37 of the Governor’s Directive 21, the Board of Health meeting on June 5th was conducted by phone conference without a physical location for attendees. All members of the public had the opportunity to join and provide testimony. No one testified, verbally or in written form, in support or against the proposed regulation.

Anyone interested in obtaining further information can contact the Bureau of Behavioral Health Wellness and prevention at 4126 Technology Way Suite 200, Carson City, NV 89706.

**3. A statement indicating the number of persons who attended each hearing, testified at each hearing, and submitted written statements regarding the proposed regulation. This statement should include for**

**each person identified pursuant to this section that testified and/or provided written statements at each hearing regarding the proposed regulation, the following information, if provided to the agency conducting the hearing:**

- (a) Name**
- (b) Telephone Number**
- (c) Business Address**
- (d) Business telephone number**
- (e) Electronic mail address; and**
- (f) Name of entity or organization represented**

A public workshop which was held on February 6, 2020. At that workshop, twenty-six individuals signed in both in Carson City and Las Vegas. Please see the attached sign in sheets.

A public hearing was held on June 5, 2020. At that hearing, twenty-five people called in and made their presence known. That number includes the members of the Board of Health, staff of the Division of Public and Behavioral Health, as well as members of the public. As there were other items on the agenda, it is possible that not all those that signed in were in attendance for LCB File No R011-20. No one testified in support of or against the proposed regulation or provided written statements during the hearing. The names of the attendees are; Jon Pennell, DVM, Jeffrey Murawsky, M.D., Monica Ponce, DDS, Judith Bittner, Charles Smith, Dipti Shah, M.D., Joseph Filippi, Executive Assistant; Rex Gifford, Administrative Assistant III; Lisa Sherych, Administrator DPBH; Dr. Ihsan Azzam, State of Nevada Chief Medical Officer; Stephen Wood, Health and Human Services Specialist; Dr. Leon Ravin, Statewide Psychiatric Medical Director; Dawn Yohey, Clinical Program Planner; Joseph Tucker, Manager Primary Care Office; Latisha Brown, Childcare Facilities Surveyor Manager; Paul Shubert, Chief, Bureau of Health Care Quality and Compliance; Jesse Wellman, Biostatistician, Linda Anderson, Deputy Attorney General; Julie Slabaugh, Deputy Attorney General; Dr. Fermin Leguen, SNHD County Health Officer; Dr. Sharon Knafo, School Head, Shenker Academy; Steve Messinger, Policy Director Nevada Primary Care Association; Chris Schneider, Mountain View Lutheran; Diane Nicolette, TMCC E.L. Cord Childcare Foundation Center; Hailey Hammel, Washoe County Child Advisory Board.

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

Pursuant to NRS 233B.0608 (2) (a), The Division of Public and Behavioral solicited comments as well as distributed draft copies of the regulation via email and the Bureau of Behavioral Health Wellness and Prevention listserv to behavioral health providers across the state. No response was received by the Division. Anyone interested in obtaining further information can contact the Bureau of Behavioral Health Wellness and prevention at 4126 Technology Way Suite 200, Carson City, NV 89706.

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

During the public workshop held on February 6, 2020, public comment was received raising concerns that the regulation did not require the collection of enough data, and that there was not enough consideration taken for child welfare and parental rights. As a result, staff of the Division of Public and Behavioral Health met with the concerned party to discuss these issues. A consensus was reached that the regulations were broad enough to allow for the collection of enough data to get a clear picture of what was happening in the state concerning the care and treatment of individuals alleged to be in a mental health crisis, and that the authority and purpose

of this regulation was not necessarily the appropriate place to address the other concerns. No other comment from regulated businesses or the public was received.

**6. The estimated economic effect of the regulation on the business which it is to regulate and on the public.**

**These must be stated separately, and in each case must include:**

- (a) Both adverse and beneficial effects; and**
- (b) Both immediate and long-term effects.**

Anticipated effect on regulated businesses:

- Adverse effect: The only anticipated adverse effect of this regulation is the requirement of public and private mental health facilities to collect and report certain information concerning the emergency admission of a person alleged to be a person in a mental health crisis. This would likely require additional staff time.
- Beneficial effect: This regulation provides clarity and guidelines concerning the admission and treatment of a person alleged to be in a mental health crisis. It is anticipated that this will have a beneficial impact.
- Immediate effect: These regulations will clarify the procedure for the admittance of a person alleged to be in a mental health crisis and will require the collection and reporting of certain information.
- Long-term effect: Same as the immediate effect.

Anticipated effect on the public:

- Adverse effect: There is no anticipated adverse effect on the public.
- Beneficial effect: The public as well as decision making bodies will have access to more information and data regarding the care and treatment of those alleged to be in a mental health crisis. This regulation also brings clarity to the specific circumstances under which a person alleged to be in a mental health crisis can be admitted to a hospital.
- Immediate effect: These regulations will clarify the procedure for the admittance of a person alleged to be in a mental health crisis and will require the collection and reporting of certain information.
- Long-term effect: Same as the immediate effect.

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

There is no estimated cost to the agency for enforcement of the proposed regulation.

**8. A description of any regulations of other state or government agencies which the proposed regulation overlaps or duplicates and a statement explaining why the duplication or overlapping is necessary. If the regulation overlaps or duplicates a federal regulation, name the regulating federal agency.**

This regulation does not overlap with the regulations of any state or federal agency.

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

There are no applicable federal regulations.

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

This regulation does not create a new fee nor does it increase an existing fee.