

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

**LCB File No. R191-01**

Effective May 23, 2002

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

AUTHORITY: §§1-3, NRS 442.540.

**Section 1.** Chapter 442 of NAC is hereby amended by adding thereto the provisions set forth as sections 2 and 3 of this regulation.

**Sec. 2.** *The annual written report required to be submitted to the health division pursuant to NRS 442.550 by licensed hospitals and licensed obstetric centers must include the following information concerning hearing screenings of newborn children conducted at the licensed hospital or licensed obstetric center during the period covered by the report:*

- 1. The name of the licensed hospital or licensed obstetric center.*
- 2. The number of newborn children screened.*
- 3. The number of newborn children who required follow-up services and for each of those newborn children:*
  - (a) The age of the newborn child at the time the hearing screening was conducted;*
  - (b) The gestational age of the newborn child at birth;*
  - (c) The type of hearing screening that was conducted on the newborn child;*
  - (d) The results of the hearing screening;*
  - (e) Any recommendations made for the newborn child as a result of the hearing screening;*
  - (f) Any referrals made for the newborn child as a result of the hearing screening;*

*(g) The county of residence of the newborn child;*

*(h) The name and date of birth of the mother of the newborn child; and*

*(i) The name of the attending physician of the newborn child.*

**Sec. 3.** *If a licensed hospital or licensed obstetric center makes a referral for a newborn child because the newborn child needs assistance with accessing diagnostic and treatment services, the licensed hospital or licensed obstetric center shall notify the health division of the referral at the time the referral is made.*

**NOTICE OF ADOPTION OF PROPOSED REGULATION**  
**LCB File No. R191-01**

The State Board of Health adopted regulations assigned LCB File No. R191-01 which pertain to hearing screenings of newborns (chapter 442 of the Nevada Administrative Code) on April 12, 2002.

**Notice date:** 3/20/2002  
**Hearing date:** 4/12/2002

**Date of adoption by agency:** 4/12/2002  
**Filing date:** 5/23/2002

**INFORMATIONAL STATEMENT**

Proposed Regulation adding to Nevada Administrative Code 442.

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

Written correspondence detailing the proposed amendments, including a copy of the proposed regulations was sent to all hospitals and birthing facilities. Letters were sent not only to the Department of Administration, but also to the Departments of Ear, Nose and Throat; Audiology; and Nursing at birthing facilities. Informal meetings with hospital representatives were held in Reno, Las Vegas, and Elko during the month of September 2001 to discuss the data to be collected and reported to the Health Division. Hospital representatives indicated their appreciation of being included in the planning and decision-making prior to implementation, and offered helpful suggestions as to how the system should be designed. Hospital representatives and health division staff developed a minimum data set to be reported, at least annually. Notices of public workshops were published in the Reno Gazette-Journal, the Las Vegas Review Journal, and the Elko Daily Free Press on March 20, 2002. Notices were also posted in the Nevada State Library, Special Children's Clinics in Las Vegas and Reno, the Nevada State Health Division and all county libraries.

Public workshops to gather comments were held in Las Vegas on December 27, 2001 and in Reno on December 29, 2001. Attendees proposed the addition of language to clarify information to be reported. No adverse effects on business were noted and no written objections were received at that time. Additional public workshops were held in Las Vegas and Reno on April 4, 2002 to present the small business impact summary. No adverse effect on small business was noted. Interested individuals can obtain a copy of the information packet, including the Small Business Impact Questionnaire, from Gloria Deyhle, R.N., Health Program Specialist II, Bureau of Family Health Services, 505 E. King Street, Room 200, Carson City, Nevada 89701.

**1.b The number of persons who:**

- (1) Attended each hearing;** 32 persons attended the hearing.
- (2) Testified at each hearing;** 2 physicians testified at the hearing
- (3) Submitted to the agency written statements.** No written statements were submitted.

**1.c. A description of;**

**How comment was solicited from affected businesses.** Questionnaires regarding the impact of this regulation on small businesses were sent to all hospitals and birthing facilities throughout the state. Those with more than 150 employees are not required to complete the impact portion.

**A summary of their response.** Two urban and five rural facilities responded to the Bureau’s small business impact questionnaire by indicating that they did not meet the definition of a “small business” as contained in NRS 233B.0382. Those respondents submitted no comments on the proposed regulation and indicated no adverse or beneficial effect on business.

**An explanation how other interested persons may obtain a copy of the summary.** Interested individuals can obtain a copy of the information packet, including the Small Business Impact Questionnaire, from Gloria Deyhle, R.N., Health Program Specialist II, Bureau of Family Health Services, 505 E. King Street, Room 200, Carson City, Nevada 89701.

**1.d. 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 regulation was adopted without change as it clearly reflects the 2001 legislation.

**1.e. 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:**

- (1) Both adverse and beneficial effects; and**
- (2) Both immediate and long-term effects.**

Birthing Facilities

Adverse Effects: The cost of doing business will increase.

Beneficial Effects: All infants will be screened for hearing disorders; problems will be detected early; children will receive early treatment and reach appropriate developmental milestones at the appropriate age.

Immediate Effects: Newborns will receive hearing screening prior to discharge from the birthing facility.

Long-term Effects: Babies with hearing disorders will receive early treatment and reach appropriate developmental milestones.

Public

Adverse Effects: The public will experience an increase in the cost of care.

Beneficial Effects: Babies with hearing disorders will be identified and receive early treatment and reach appropriate developmental milestones at the appropriate age.

Immediate Effects: Newborns with hearing disorders will be identified early and receive appropriate treatment.

Long-term Effects: Infants, toddlers and children will reach appropriate developmental milestones at the appropriate age.

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

The estimated cost to the agency for enforcement of the proposed regulation is \$5,000.

**1.g. 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, the name of the regulating federal agency.**

This regulation is new. It does not overlap or duplicate any state or federal regulation.

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

There is no federal regulation regulating this activity.

**1.i. 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.**

There is no fee associated with this regulation.

**1.j. 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.**

Not applicable.

**SMALL BUSINESS IMPACT STATEMENT  
(Nevada Revised Statutes 233B.0608)**

**Pertaining to Proposed Amendment of Nevada Administrative Code (NAC) 442 (Hearing  
Screening and Follow Up for Infants)**

Background

The 2001 Legislature enacted legislation mandating the screening of all infants for hearing deficits prior to discharge from the hospital following birth. The legislation clearly outlines the responsibility of the facility to conduct a program of testing and follow-up for those infants found to have a problem. It also specifies that hospitals must submit a written report to the Health Division. The Health Division is mandated to then annually submit a written report to the governor.

The purpose of the proposed regulation for NAC 442 is to implement the legislation enacted by the legislature. The regulation specifies data to be collected and reported to the Health Division relative to the testing of infants for hearing deficits as mandated by NRS 233B.063. Health Division staff has met with hospital representatives to develop a standard list of information to be reported.

A small business impact questionnaire was sent to all birthing facilities in the state. Two rural hospitals and five urban hospitals responded. None of those responding meet the definition of a small business. None indicated either an "adverse" or "beneficial" impact on their business.

A small business is defined in Nevada Revised Statutes (NRS) 233B as a "business conducted for profit which employs fewer than 150 full-time or part-time employees." This small business impact statement complies with the requirements of NRS 233B.0609.

**1. A description of the manner in which comment was solicited from affected small businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary.**

Written correspondence detailing the proposed amendments, including a copy of the proposed regulations, was sent to all licensed facilities, including the Departments of Administration, Ear, Nose and Throat, Audiology and Nursing. Informal meetings with hospital representatives were held in Reno, Las Vegas, and Elko during the month of September, 2001 to discuss the data to be collected and reported to the Health Division. Hospital representatives indicated their appreciation of being included in the planning and decision making prior to implementation, and offered helpful suggestions as to how the system should be designed. Hospital representatives and health division staff developed a minimum data set to be reported, at least annually. Questionnaires regarding the impact of this regulation on small businesses were sent to all the birthing facilities throughout the state. Those with more than 150 employees are not required to complete the impact portion. Seven facilities licensed as a medical facility responded to the Bureau's small business impact questionnaire by indicating that they did not meet the definition

of a “small business” as contained in NRS 233B.0382. Those respondents submitted no comments on the proposed regulation.

A required formal workshop was held on December 27, 2001 in Las Vegas – 10 persons representing six hospitals attended. A required formal workshop was held on December 28, 2001 in Reno – no one attended. Notices of a scheduled public hearing by the State Board of Health to act on the adoption of amendments contained in Nevada Administrative Code (NAC) 442, were published in the Reno Gazette-Journal, the Las Vegas Review Journal and the Elko Daily Free Press on March 8, 2002. Notices of the hearing were also posted in libraries around the state. Both published and posted notices indicated that comments on the proposed regulation should be sent to: Yvonne Sylva, Secretary, State Board of Health, 505 E. King Street, Room 201, Carson City, NV 89701-4797.

Interested individuals can obtain a copy of the information packet, including the Small Business Impact Questionnaire, sent to all licensed facilities, from Gloria Deyhle, R.N. Health Program Specialist II, Bureau of Family Health Services, 505 E. King Street, Room 200, Carson City, Nevada 89701

**2. The estimated economic effect of the proposed regulation on the small business which it is to regulate including, without limitation both adverse and beneficial effects and both direct and indirect effects.**

The legislation mandates a new service, thus increasing the cost of doing business. There is no estimated economic impact of the proposed regulation on the small business, which it is to regulate. None of the hospitals responding met the criteria for “small business”. None of the hospitals responding to the questionnaire indicated an either “adverse” or “beneficial” effect.

Direct and indirect effects are that the implementation of the regulation will be negligible. Hospitals will need to retain and report certain data regarding hearing screening tests to fulfill the intent of the legislation.

**3. A description of the methods that BFHS considered to reduce the impact of the proposed regulation on small businesses and statement regarding whether the agency actually used those methods.**

The BFHS met with hospital representatives to discuss methods to assure appropriate data collection and reporting to the Health Division.

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

The estimated cost to the agency for enforcement of the proposed amendments to NAC 442 is estimated to be no more than \$5,000.

**5. Total amount BFHS expects to collect from any fees and the manner in which the money will be used.**

There are no fees involved with the implementation of this regulation

**6. An explanation of why any duplicative or more stringent provisions than federal, state or local standards regulating the same activity are necessary.**

No duplication or more stringent provision are either created or already in existence.