

LCB File No. R024-06

**PROPOSED REGULATION OF THE HEALTH DIVISION OF THE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**CHAPTER 442 - MATERNAL AND CHILD HEALTH; ABORTION**

Explanation- Matter in brackets ~~omitted material~~ is material to be omitted; Matter in *italics* is new.

The following sections have not been revised or modified:

NAC 442.010, 442.017, 442.018, 442.020, 442.030, 442.035, 442.040, 442.044, 442.046, 442.050, 442.052, 442.054, 442.056, 442.058, 442.060, 442.070, 442.080, 442.090, 442.100, 442.110, 442.120, 442.130, 442.140, 442.150, 442.160, 442.170, 442.180, 442.190, 442.200, 442.210, 442.222, 442.250, 442.255, 442.270, 442.290, 442.306, 442.308, 442.310, 442.321, 442.330, 442.341, 442.350, 442.370, 442.380, 442.390, 442.401, 442.405, 442.411, 442.415, 442.430, 442.440, 442.461, 442.471, 442.480, 442.501, 442.511, 442.520, 442.530, 442.540, 442.550, 442.600, 442.602, 442.603, 442.605, 442.614, 442.616, 442.617, 442.619, 442.620, 442.625, 442.635, 442.637, 442.639, 442.640, 442.655, 442.660, 442.662, 442.663, 442.665, 442.670, 442.676, 442.680, 442.685, 442.687, 442.688, 442.690, 442.694, 442.696, 442.700, 442.702, 442.705, 442.706, 442.707, 442.708, 442.710, 442.711, 442.712, 442.715, 442.718, 442.720, 442.725, 442.751, 442.765, 442.770, 442.775, 442.780, 442.782, 442.784, 442.786, 442.788, 442.850, and 442.860

~~**[Prenatal Services]**~~

~~**[NAC 442.790 Eligibility. (NRS 442.190) To be eligible for prenatal services under the program, a person must:**~~

- ~~— 1. Be pregnant; and~~
- ~~— 2. Meet the requirements for eligibility specified in NAC 442.710.]~~

~~**[NAC 442.792 Services covered under program. (NRS 442.190)**~~

- ~~1. The prenatal services covered under the program include:~~
  - ~~— (a) Routine prenatal care, as recommended by the American College of Obstetricians and Gynecologists, except that coverage is limited to:~~
    - ~~— (1) Two ultrasound procedures during a pregnancy;~~
    - ~~— (2) Office visits;~~
    - ~~— (3) Pap smears;~~
    - ~~— (4) Drug screening;~~
    - ~~— (5) Testing of urine by urinalysis and dipstick;~~
    - ~~— (6) Testing of hemoglobin, hematocrit, blood type and blood grouping;~~
    - ~~— (7) Testing for human immunodeficiency virus, Rh factor, rubella and sickle cell;~~
    - ~~— (8) When medically indicated, testing for tuberculosis; and~~

~~— (9) Testing and treatment for sexually transmitted diseases, except that a person who tests positive for the human immunodeficiency virus will be referred to the appropriate state or federal program for treatment and follow-up services.~~

~~— (b) The provision of not more than 300 tablets of prenatal vitamins, as prescribed by a provider.~~

~~— (c) In the case of a documented high-risk pregnancy or when otherwise medically indicated:~~

~~— (1) The transportation of the mother to a hospital that is designated as a level II specialty care facility or level III subspecialty care facility pursuant to NAC 442.250 to 442.550, inclusive; and~~

~~— (2) Ultrasound procedures, fetal assessments, nonstress tests and contraction stress tests.~~

~~— (d) Neonatal transport, if the criteria established pursuant to NAC 442.250 to 442.550, inclusive, are met.~~

~~— (e) Complications of pregnancy, childbirth and puerperium.~~

~~— (f) Services directed toward the prevention of disabling conditions of children and pregnant women.~~

~~— (g) Amniocentesis if:~~

~~— (1) The mother had a previous child with an eligible medical condition at birth;~~

~~— (2) The mother is a carrier of a condition that is related to her gender;~~

~~— (3) The mother and father are carriers of a trait that leads to disability;~~

~~— (4) The mother or father has a sibling with neural tube defects;~~

~~— (5) The mother is over 35 years of age and has at least one other risk factor; or~~

~~— (6) The mother has an abnormal test of maternal serum alpha feta protein.~~

~~Ê Genetic counseling by a genetic counselor, if available, must be obtained as a prerequisite for the coverage of amniocentesis under the program.~~

~~— (h) A class for the cessation of smoking. Coverage is limited to reimbursement of the provider in the amount of not more than \$50 upon the client's completion of the class.~~

~~— 2. Prenatal services provided under the program are limited to those which are directed solely to the promotion of a favorable outcome of a pregnancy. Services related to maternal labor and the delivery of a fetus or infant are not covered.]~~

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

Proposed Amendment of Nevada Administrative Code (NAC) 442.790 – 442.792

**Prenatal Care**

**Background:**

The Nevada State Health Division, Bureau of Family Health Services (BFHS) is in the process of deleting Nevada Administrative Codes (NAC) 442.790 and 442.792. The codes pertain to the prenatal care program that the bureau had in effect for several years. The program was changed almost two years ago and is now community based through local clinics. As a result of this change, the appropriate codes are being deleted to reflect the deletion of the old program.

Interested individuals can obtain a copy of the information packet, including the Small Business Impact Questionnaire, sent to all physicians/nurse-midwives who had been affiliated with the program, and various medical clinics, from Cynthia Huth, Bureau of Family Health Services, 3427 Goni Road, Suite 108, Carson City, NV 89706.

**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.**

Pursuant to NRS 233B.0608(2)(a), the Bureau of Family Health Services has requested input from all physicians/nurse-midwives affiliated with the program, and various medical clinics.

A Small Business Impact Questionnaire was sent to all physicians/nurse-midwives who had been affiliated with the program, and various medical clinics, along with written correspondence detailing the proposed amendments, including a copy of the proposed regulation changes, on December 20, 2005. The questions on the questionnaire were:

- 1) How many employees are currently employed by your business?
- 2) Will a specific regulation have an adverse economic effect upon your business?
- 3) Will the regulation(s) have any beneficial effect upon your business?
- 4) Do you anticipate any indirect adverse effects upon your business?
- 5) Do you anticipate any indirect beneficial effects upon your business?

Summary of responses: One medical clinic responded.

Five (5) employees.

No adverse economic effect.

No beneficial effect.

No indirect adverse effects.

No indirect beneficial effects.

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

No businesses were being “regulated” by the NAC. The NAC’s pertain to a prenatal program that has not been in effect for two years. No adverse or beneficial effects directly or indirectly to any of the businesses is anticipated.

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

NA

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

NA

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

NA

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

NA