

LCB File No. R084-06

**PROPOSED REGULATION OF THE
STATE BOARD OF HEALTH**

Hearing scheduled June 16, 2006

ADMINISTRATION OF PUBLIC HEALTH

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 441A.010, 441A.015, 441A.020, 441A.025, 441A.030, 441A.035, 441A.040, 441A.045, 441A.050, 441A.055, 441A.060, 441A.065, 441A.070, 441A.075, 441A.080, 441A.085, 441A.090, 441A.095, 441A.100, 441A.105, 441A.110, 441A.115, 441A.120, 441A.125, 441A.130, 441A.135, 441A.145, 441A.150, 441A.155, 441A.160, 441A.165, 441A.170, 441A.175, 441A.180, 441A.185, 441A.195, 441A.225, 441A.230, 441A.235, 441A.240, 441A.245, 441A.250, 441A.252, 441A.255, 441A.275, 441A.280, 441A.290, , 441A.295, 441A.300, 441A.305, 441A.310, 441A.325, 441A.350, 441A.360, 441A.385, 441A.390, 441A.400, 441A.410, 441A.412, 441A.415, 441A.420, 441A.425, 441A.430, 441A.433, 441A.435, 441A.440, 441A.445, 441A.450, 441A.455, 441A.460, 441A.465, 441A.470, 441A.475, 441A.480, 441A.485, 441A.490, 441A.495, 441A.500, 441A.505, 441A.510, 441A.515, 441A.520, 441A.525, 441A.530, 441A.535, 441A.540, 441A.545, 441A.550, 441A.555, 441A.557, 441A.560, 441A.565, 441A.570, 441A.575, 441A.580, 441A.585, 441A.590, 441A.595, 441A.600, 441A.605, 441A.610, 441A.615, 441A.620, 441A.625, 441A.630, 441A.635, 441A.640, 441A.645, 441A.650, 441A.655, 441A.660, 441A.665, 441A.670, 441A.675, 441A.680, 441A.685, 441A.690, 441A.695, 441A.700, 441A.705, 441A.710, 441A.715, 441A.720, 441A.725, 441A.750, 441A.755, 441A.775, 441A.800, 441A.802, 441A.805, 441A.810, 441A.815

PETITION FOR ADOPTION, AMENDMENT OR REPEAL OF REGULATIONS

Section 1. NAC 441A is added to read as follows:

“Home for Individual residential care” defined. “Home for Individual Residential Care” has the meaning ascribed to it in NRS 449.0105.

“Tuberculosis screening test” defined. “Tuberculosis screening test” means any tuberculosis screening test that has been approved by the Food and Drug Administration and endorsed by the Centers for Disease Control and Prevention.”

Section 2. NAC 441A.190 is hereby amended to read as follows:

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

Section 3. NAC 441A.200 is hereby amended to read as follows:

NAC 441A.200 List of adopted recommendations, guidelines and definitions; review of revision or amendment of adopted recommendation, guideline or definition. (NRS 441A.120)

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 Department of Health and Human Services and available for the price of \$1.50, from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402-9325.

(b) “Centers for Disease Control *and Prevention* Guidelines for Isolation Precautions in Hospitals,” published by the Department of Health and Human Services and available for the price of \$23, 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 *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 Department of Health and Human Services and available for the price of \$1.50, from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402-9325.

(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 for the price of \$22, from the American Public Health Association, 1015 Fifteenth Street, Washington, D.C. 20005.

(e) The recommended guidelines for the investigation, prevention, suppression and control of communicable diseases contained in the “1997 Red Book: Report of the Committee on Infectious Diseases,” 24th edition, published by the American Academy of Pediatrics and available for the price of \$84.95, from the American Academy of Pediatrics, P.O. Box 747, Elk Grove Village, Illinois 60009-0747.

(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, from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402-9325.

(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].~~ **set forth in the most recently published form of the “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 Board gives notice that the most recent revision is not suitable for this State. A copy of the guidelines 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 the Internet address of the Centers for Disease Control and Prevention at <http://www.cdc.gov/mmwr/>. The State Board of Health will review each revision of the publication to ensure its suitability for this State. If the Board determines that a revision is not suitable for this State, the Board will hold a public hearing to review its determination within 6 months after the date of the publication of the revision and give notice of that hearing. If, after the hearing, the Board does not revise its determination, the Board will give notice within 30 days after the hearing that the revision is not suitable for this State. If the Board 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 the** “Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Facilities” in “Morbidity and Mortality Weekly Report” [43(RR-13), October 28, 1994] **by the Centers for Disease Control and Prevention, unless the Board gives notice that the most recent revision is not suitable for this State pursuant. A copy of the guidelines is [and] available, free of charge, from the Centers for Disease Control and Prevention, Division of Tuberculosis Elimination, MMWR (C-08), Atlanta, Georgia 30333, or from the Internet address of the Centers for Disease Control and Prevention at [<http://www.wonder.cdc.gov/wonder/prevguid/prevguid.htm>]** **<http://www.cdc.gov/mmwr/>. The State Board of Health will review each revision of the publication to ensure its suitability for this State. If the Board determines that a revision is not suitable for this State, the Board will hold a public hearing to review its determination within 6 months after the date of the publication of the revision and give notice of that hearing. If, after the hearing, the Board does not revise its determination, the Board will give notice within 30 days after the hearing that the revision is not suitable for this State. If the Board 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 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, 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, 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.

Section 4. NAC 441A.355 is hereby amended to read as follows:

NAC 441A.355 Active tuberculosis: Duties and powers of health authority.

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 ~~[/del> 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 ~~[/del> skin] tuberculosis screening test is negative, the ~~[/del> skin] tuberculosis screening test must be repeated ~~[/del> 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 ~~[/del> 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 ~~[/del> therapy] treatment in accordance with the recommendations for the counseling of and effective ~~[/del> therapy] treatment for a person having active tuberculosis or tuberculosis infection ~~[/del> of the American Thoracic Society and the American Lung Association set forth in "Tuberculosis: What the Physician Should Know." following the guidelines of Centers for Disease Control and Prevention as adopted by reference in NAC 441A.200(1)(g).~~~~~~~~~~~~~~~~

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

Section 5. NAC 441A.365 is hereby amended to read as follows:

NAC 441A.365 Contacts: Compliance with regulations; ~~[skin]~~ *tuberculosis screening* test; order to submit to medical evaluation; prohibited acts.

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, 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.

Section 6. NAC 441A.370 is hereby amended to read as follows:

NAC 441A.370 Correctional facilities: Testing and surveillance of employees and inmates; investigation for contacts; course of preventive ~~[therapy]~~ *treatment* for person with tuberculosis infection; documentation.

1. An employee of a correctional facility who does not have a documented history of a positive ~~[the 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]~~ *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.

Section 7. NAC 441A.375 is hereby amended to read as follows:

NAC 441A.375 Medical facilities, ~~and~~ facilities for the dependent *and homes for individual residential care*: Placement and care of cases and suspected cases; surveillance and testing of employees.

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~~ *managed in accordance with the guidelines of Centers for Disease Control and Prevention as adopted by reference in NAC 441A.200 (1)(h).* ~~[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.”]~~

2. A medical facility, ~~or~~ facility for the dependent *or home for individual residential care* shall maintain surveillance of employees of the facility for tuberculosis and tuberculosis infection. The surveillance of employees must be conducted in accordance with the *guidelines of Centers for Disease Control and Prevention as adopted by reference in NAC 441A.200(1)(h).* ~~[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.”]~~

3. Before initial employment, a person employed in a medical facility, *home for individual residential care* ~~or~~ a facility for the dependent 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) *Tuberculosis screening* ~~[Mantoux tuberculin skin]~~ test *within the preceding 12 months*, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination. If the employee has *only completed the first step* ~~[no documented history]~~ of a 2-step Mantoux tuberculin skin test ~~[and has not had any 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 or his designee of the medical facility or other licensed physician determines and documents the risk of exposure is appropriate for a lesser frequency of testing. Risk of exposure and corresponding frequency of examination must be determined following the guidelines of Centers for Disease Control and Prevention as adopted by reference in NAC 441A.200 (1)(h).*

4. An employee with a documented history of a positive ~~[Mantoux tuberculin skin]~~ *tuberculosis screening* test is exempt from screening with skin test 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 Centers for Disease Control and Prevention as adopted by reference in NAC 441A.200(1)(g).**

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.

Section 8. NAC 441A.380 is hereby amended to read as follows:

NAC 441A.380 Admission of persons to ~~[medical facility for extended care]~~, skilled nursing, or intermediate care, ~~[or]~~ facility for the dependent **or home for individual residential care**: Testing; respiratory isolation; medical treatment; counseling and preventive ~~[therapy]~~ **treatment**; documentation.

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, **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, 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, 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 when the patient is admitted. If there is not a person qualified to administer the test in the facility when the person is admitted, the staff of the facility shall ensure that the test is performed within 24 hours after a qualified person arrives at the facility or within 5 days after the patient is admitted, whichever is sooner.

(c) If the person has **only completed the first step** ~~[no documented history]~~ 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 shall ensure that the person has a single ~~[Mantoux tuberculin skin]~~ **tuberculosis screening** test annually

thereafter, *unless the medical director or his designee of a medical facility or other licensed physician determines and documents the risk of exposure is appropriate for a lesser frequency of testing. Risk of exposure and corresponding frequency of examination should be determined following the guidelines of Centers for Disease Control and Prevention as adopted by reference in NAC 441A.200 (1) (h).*

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 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 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 if the staff keeps the person in respiratory isolation *as described in the guidelines of Centers for Disease Control and Prevention as adopted by reference in NAC 441A.200 (1)(h)* 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 shall not admit the person to the facility, or, if he has already been admitted, shall not allow the person to remain in the facility, unless the facility 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 has active tuberculosis, the staff of the facility 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]~~ *of the 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 Centers for Disease Control and Prevention as adopted by reference in NAC 441A.200 (1)(g).*

7. The staff of the facility 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 Centers for Disease Control and Prevention as adopted by reference in NAC 441A.200 (1)(h).*

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

SMALL BUSINESS IMPACT STATEMENT

Proposed Amendment of Nevada Administrative Code NAC 441A

Communicable Disease

Background:

These proposed amendments are needed in order to allow the use of any tuberculosis screening methods that are Food and Drug Administration approved and Center for Disease Control and Prevention endorsed. The substance of the amendments is to remove the current restriction of using only the Mantoux Skin Test for tuberculosis screening.

Interested individuals can obtain a copy of the information packet, including the Small Business Impact Questionnaire, sent to all facilities holding a health care license in the State of Nevada, from Darcie Carpenter in the Bureau of Community Health.

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 Community Health has requested input from all facilities holding a health care license in the State of Nevada.

Notice of the public workshop was published in the Reno Gazette Journal, and the Las Vegas Review-Journal on March 6, 2006.

A Small Business Impact Questionnaire was sent to all facilities holding a health care license in the State of Nevada along with written correspondence detailing the proposed amendments, including a copy of the proposed regulation changes, on February 28, 2006. 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?

Total Number of Responses	27
Q1 - # Meeting Small Business Definition	19
Q2 - # Having Direct Adverse Effect	1
Q3 - # Having Direct Beneficial Effect	5
Q4 - # Having Indirect Adverse Effect	1
Q5 - # Having Indirect Beneficial Effect	1

A public workshop was held on this matter on March 10, 2006. The workshop was video conferenced between, Las Vegas, Reno and Carson City. The workshop locations were Las Vegas, Clark County Health Department Training Room #2 and video conference from the Carson City, Nevada State Health Division 6th floor conference room and the Reno, Washoe County District Health Department Board Room #B. Twenty-two persons attended the workshop and six persons gave spoken testimony regarding the regulation changes. Five people spoke in favor of these regulation changes and one person was in favor with additional modifications to the proposal. Two persons submitted comment in writing supporting these changes. The written comments were added to the minutes of the workshop.

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.

There is no estimated economic effect of the proposed regulation on the small businesses. This proposed regulation will allow all health care facilities the use of any tuberculosis screening methods that are Food and Drug Administration approved and Center for Disease Control and Prevention endorsed.

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

No methods were considered to reduce the impact of the proposed regulation since there is believed to be no impact on small businesses.

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

There will be no additional costs to the Bureau of Community Health to enforce the proposed regulation.

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

No fees will be collected based on the proposed regulation amendments.

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

There are no duplicative or more stringent provisions than federal, state or local standards regulating the use of tuberculosis screening methods.