

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

**LCB File No. R063-02**

Effective July 24, 2002

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

AUTHORITY: §§1-19, NRS 449.037; §§20-23, NRS 449.050.

**Section 1.** Chapter 449 of NAC is hereby amended by adding thereto the provisions set forth as sections 2 to 20, inclusive, of this regulation.

**Sec. 2.** *As used in sections 2 to 19, inclusive, of this regulation, unless the context otherwise requires, the words and terms defined in sections 3 to 7, inclusive, of this regulation have the meanings ascribed to them in those sections.*

**Sec. 3.** *“Independent facility” means the owner or operator of a mobile unit who:*

- 1. Is not a parent facility; and*
- 2. Uses the mobile unit to operate a medical facility specified in subsections 1 to 13, inclusive, of NRS 449.0151.*

**Sec. 4.** *“Mobile unit” has the meaning ascribed to it in NRS 449.01515.*

**Sec. 5.** *“Parent facility” means a medical facility that is:*

- 1. Specified in subsections 1 to 13, inclusive, of NRS 449.0151; and*
- 2. Licensed pursuant to NRS 449.001 to 449.240, inclusive.*

**Sec. 6.** *“Service site” means the location where a mobile unit is parked when providing a service to a patient.*

**Sec. 7.** *“Staging area” means any location that serves as a base for maintaining a mobile unit.*

**Sec. 8. 1.** *The health division may issue a license to operate a mobile unit only to:*

*(a) A parent facility; or*

*(b) An independent facility.*

**2.** *A parent facility or independent facility shall obtain a license for each mobile unit that it operates.*

**3.** *In addition to the information required to be included in a license pursuant to NRS 449.085, each license to operate a mobile unit issued by the health division must set forth:*

*(a) The name of the operator of the mobile unit;*

*(b) The address of the parent facility or independent facility that is issued the license; and*

*(c) Each staging area that the parent facility or independent facility designates for the mobile unit.*

**4.** *A parent facility or independent facility that is issued a license to operate a mobile unit shall:*

*(a) Maintain the original of the license in the mobile unit for which the license is issued;*

*and*

*(b) Post a copy of the license in a conspicuous location at the parent facility or independent facility.*

**Sec. 9. 1.** *A hospital shall not operate a mobile unit as a primary source for providing a service specified in NRS 449.012 except during an emergency.*

**2.** *A parent facility or independent facility that is issued a license to operate a mobile unit shall not use the mobile unit to provide any service for which the mobile unit is not licensed,*

*regardless of whether the mobile unit is operated by a person other than the parent facility or independent facility.*

*3. An independent facility that is issued a license to operate a mobile unit shall:*

*(a) Maintain an office in this state;*

*(b) Ensure that the office remains open during normal business hours;*

*(c) Ensure that any schedule, record or other information that the independent facility or mobile unit is required to maintain pursuant to sections 2 to 19, inclusive, of this regulation is maintained at the office of the independent facility; and*

*(d) Not use the office of the independent facility to provide any service for which the mobile unit is licensed, unless the owner or operator of the independent facility is a physician licensed pursuant to chapter 630 of NRS and uses the office to provide medical services to his patients.*

*4. If a mobile unit is operated pursuant to a contract, the parent facility or independent facility of the mobile unit:*

*(a) Is liable for any failure by the operator of the mobile unit to comply with any provision of NRS 449.001 to 449.240, inclusive, or the standards and regulations adopted by the state board of health concerning the operation and maintenance of the mobile unit;*

*(b) Shall maintain on the premises of the parent facility or independent facility a record satisfactory to the health division setting forth the services provided by the mobile unit pursuant to the contract and the name of each person who is responsible for the provision of services at the mobile unit;*

*(c) Shall ensure that any procedure conducted or service provided by the mobile unit is conducted or provided in accordance with the standard of acceptable practice for the procedure or service; and*

*(d) Shall ensure that the owner or operator of the mobile unit makes the mobile unit available for inspection by the health division pursuant to NRS 449.150, 449.230 and 449.235.*

**Sec. 10.** *The provisions of sections 2 to 19, inclusive, of this regulation do not apply to:*

*1. A mobile unit that provides services only:*

*(a) Relating to conducting a mammography in accordance with a certificate of authorization to operate a radiation machine for mammography issued pursuant to NRS 457.185;*

*(b) Using a radiation machine which is registered in accordance with NAC 459.150; or*

*(c) For which a license is not required pursuant to NRS 449.001 to 449.240, inclusive; or*

*2. A motor vehicle that is designed and used solely for transportation by a medical facility.*

**Sec. 11.** *A parent facility or independent facility which is issued a license to operate a mobile unit shall ensure that the mobile unit is operated in compliance with:*

*1. Any applicable statute or regulation relating to the registration of the mobile unit as a motor vehicle and the licensing of each driver of the mobile unit;*

*2. The applicable provisions of chapter 461 or 489 of NRS; and*

*3. The applicable provisions of NRS 449.001 to 449.240, inclusive, and the standards and regulations adopted pursuant to those provisions.*

**Sec. 12.** *An application for a license to operate a mobile unit must include:*

*1. The information required by NRS 449.040 and NAC 449.011;*

2. *A copy of the certificate of registration issued pursuant to chapter 482 of NRS for the mobile unit; and*

3. *A statement indicating:*

(a) *Whether the applicant is a parent facility or independent facility;*

(b) *If the applicant is an independent facility, the type of medical facility, as specified in subsections 1 to 13, inclusive, of NRS 449.0151, that the applicant wishes to operate as a mobile unit;*

(c) *Each proposed service and procedure that the mobile unit will provide;*

(d) *Each proposed service site for the mobile unit; and*

(e) *The manufacturer of the mobile unit.*

**Sec. 13.** *1. Except as otherwise provided in subsection 3, a parent facility or independent facility which is issued a license to operate a mobile unit shall ensure that the mobile unit complies with the provisions entitled “Mobile, Transportable and Relocatable Units” set forth in section 12 of the Guidelines for Design and Construction of Hospital and Health Care Facilities, 2001 edition, and any subsequent edition issued by the American Institute of Architects which the state board of health approves for use in this state and which is hereby adopted by reference. Each new edition that includes the provisions of that section shall be deemed approved by the state board of health unless the state board of health disapproves the edition within 60 days after the date of publication by the American Institute of Architects. The state board of health will review each edition issued after the 2001 edition to ensure its suitability for this state. A copy of the most recent edition may be obtained from the American Institute of Architects, 1735 New York Avenue, N.W., Washington, D.C. 20006, for the price of \$75, plus \$6 for shipping and handling.*

*2. Before the health division issues a license to operate a mobile unit, the parent facility or independent facility that applies for the license must submit to the bureau a copy of the building plans for the mobile unit. As soon as practicable after receiving the plans, the bureau shall review the plans in accordance with NAC 449.0115. The plans must be drawn to scale and include a statement indicating:*

*(a) The services and procedures that will be provided at the mobile unit; and*

*(b) Each staging area designated by the parent facility or independent facility for the mobile unit.*

*3. A parent facility or independent facility which is issued a license to operate a mobile facility shall ensure that the mobile unit for which the license is issued:*

*(a) Complies with any applicable zoning regulation for each staging area designated for the mobile unit;*

*(b) Is of sufficient size and is arranged in a manner that is appropriate to provide the services for which the mobile unit is licensed;*

*(c) Is furnished with the appropriate equipment to provide for the comfort and safety of each patient who receives services at the mobile unit;*

*(d) Is maintained in good repair and in a clean and sanitary manner; and*

*(e) During any period in which the operator of the mobile unit provides services at the mobile unit:*

*(1) Is located and illuminated in such a manner that each patient who receives services at the mobile unit may safely and comfortably enter and exit the mobile unit; and*

*(2) Complies with any applicable statute, ordinance or regulation relating to the parking of the mobile unit.*

**Sec. 14. 1. Each parent facility or independent facility shall designate at least one staging area for each mobile unit for which the parent facility or independent facility is issued a license. A staging area designated by a parent facility or independent facility pursuant to this section must:**

**(a) Provide for the cleaning and sanitizing of the mobile unit and its equipment before and after the mobile unit is used; and**

**(b) Include a clean and sanitary area for the storage of supplies used for the mobile unit.**

**2. If any biohazard or any solid or liquid waste located at the site of the mobile unit will be disposed of at the staging area, the parent facility or independent facility shall ensure that the staging area is designed and maintained to provide for such disposal.**

**3. If any biohazard or any solid or liquid waste located at the site of the mobile unit will not be disposed of at the staging area, the parent facility or independent facility shall provide for such disposal in a manner and location approved by the bureau.**

**Sec. 15. 1. In addition to complying with the requirements set forth in NRS 449.700 to 449.730, inclusive, a parent facility or independent facility that is issued a license to operate a mobile unit shall ensure that each patient who receives services at the mobile unit is:**

**(a) Treated with respect, consideration and dignity;**

**(b) Provided appropriate privacy;**

**(c) Informed of:**

**(1) His rights as a patient in accordance with NRS 449.730;**

**(2) Before admission to the mobile unit, each service that is available at the mobile unit and the estimated cost of the service; and**

*(3) Any supplies, medication or equipment that the patient may require after receiving the service; and*

*(d) Allowed to participate in any decision relating to any health care he receives at the mobile unit, unless he is unable to participate in that decision because of his medical condition.*

*2. If a patient of a mobile unit is unable to understand any information relating to his rights as a patient provided to him pursuant to subsection 1, the person who is responsible for the provision of services at the mobile unit shall provide that information to an appropriate person who is responsible for the patient. For each patient who is informed of his rights as a patient pursuant to this section, the person who is responsible for the provision of services at the mobile unit shall:*

*(a) Prepare a written statement indicating that he informed the patient of those rights; and*

*(b) Include the statement in the medical record of the patient that is maintained by the mobile unit.*

**Sec. 16. 1.** *A parent facility or independent facility which is issued a license to operate a mobile unit must, before operating the mobile unit, establish written policies for the operation of the mobile unit. The written policies must be established in consultation with any other appropriate provider of health care as determined by the parent facility or independent facility and must include, without limitation, provisions relating to:*

*(a) The care of patients;*

*(b) The orientation, training and supervision of employees;*

*(c) The scope of services and the evaluation of the quality of those services;*

*(d) The criteria for selecting patients to receive services at the mobile unit;*



*(e) The procedure for:*

*(1) Performing each service provided at the mobile unit;*

*(2) Storing and handling any medication provided to a patient of the mobile unit; and*

*(3) Collecting, storing and disposing of any biohazard or liquid or solid waste from the mobile unit;*

*(f) The control of any infectious disease or organism in the mobile unit;*

*(g) The preparation and maintenance of any statement, log, document or other record relating to any service provided to a patient of the mobile unit;*

*(h) The transportation of a patient of the mobile unit, including, without limitation:*

*(1) The manner in which the patient must be transported;*

*(2) Any equipment that must be used to transport the patient; and*

*(3) The appropriate protection required for the patient during inclement weather;*

*(i) The manner in which the mobile unit must be evacuated during an emergency and the services that the mobile unit must provide during the emergency, including, without limitation, a plan for coordinating the evacuation and the provision of those services with the parent facility or independent facility of the mobile unit; and*

*(j) The identification of any specific requirements for the mobile unit necessary to provide any service at a service site for the mobile unit.*

*2. A parent facility or independent facility that establishes written policies for the operation of a mobile unit which include the provisions required by paragraph (i) of subsection 1 shall ensure that each employee and patient of the mobile unit understands those provisions.*

*3. Each parent facility or independent facility specified in subsection 1 shall maintain a written agreement with at least one hospital or other medical facility for the transfer of the patients of a mobile unit of the parent facility or independent facility during an emergency.*

*The written agreement must include, without limitation, provisions relating to:*

*(a) The manner in which the hospital or medical facility must communicate with the mobile unit during the emergency;*

*(b) The transfer of each patient of the mobile unit to or from the hospital or medical facility;*

*(c) The number of persons required to assist in the transfer of a patient; and*

*(d) Any requirements of the mobile unit or a patient of the mobile unit to conduct the transfer of a patient.*

*4. A parent facility or independent facility that establishes written policies for the operation of a mobile unit pursuant to this section shall ensure that the written policy is consistent with any other policy or procedure of the parent facility or independent facility relating to the provision of services to a patient of the mobile unit.*

**Sec. 17.** *A parent facility or independent facility which is issued a license to operate a mobile unit shall:*

*1. Ensure that the mobile unit complies with any regulation which applies to the parent facility or independent facility relating to the evaluation of the quality of services provided by the mobile unit; and*

*2. Review each service provided by the mobile unit to ensure compliance with subsection 1.*

**Sec. 18. 1. A parent facility or independent facility which is issued a license to operate a mobile unit shall:**

**(a) On or before the first day of each month, prepare and maintain a schedule setting forth the proposed dates of use for each service site for the mobile unit for that month;**

**(b) Prepare and maintain a record of each service provided to a patient of the mobile unit, including, without limitation:**

**(1) The name, age and sex of the patient;**

**(2) The chart or identification number of the patient;**

**(3) The date, time and service site where the service was provided to the patient; and**

**(4) The duration of any procedure performed for the patient at the mobile unit;**

**(c) In addition to the record of services required by paragraph (b), prepare and maintain a clinical record of each patient who receives any service at the mobile unit in accordance with the requirements of the parent facility or independent facility of the mobile unit; and**

**(d) Ensure that a sufficient amount of supplies and equipment is available at the mobile unit to provide services to each patient of the mobile unit.**

**2. If a diagnostic radiological service is required to provide services for a patient of a mobile unit, the parent facility or independent facility shall ensure that the diagnostic radiological service is provided:**

**(a) In accordance with the requirements prescribed by the parent facility or independent facility; and**

**(b) Using equipment that is registered pursuant to NAC 459.150.**

**3. If a laboratory service is required to provide services for a patient of a mobile unit, the parent facility or independent facility shall ensure that the laboratory service is provided:**

*(a) In accordance with chapters 652 of NRS and 652 of NAC and any applicable federal law; and*

*(b) In the manner prescribed by the parent facility or independent facility for providing the laboratory service.*

*4. A parent facility or independent facility which is issued a license to operate a mobile unit shall ensure that each record of a patient of the mobile unit which is maintained by the parent facility or independent facility is available for use by the mobile unit. If the patient ceases to receive services at the mobile unit, the parent facility or independent facility shall maintain the records of the patient at the parent facility or independent facility, or at any other location where the records are available for inspection by the bureau.*

**Sec. 19.** *A parent facility or independent facility which is issued a license to operate a mobile unit shall:*

*1. Limit the occupancy of patients in the mobile unit to not more than five patients at any time;*

*2. Equip the mobile unit with at least two fire extinguishers having a minimum rating of 2A-20BC, and provide any other equipment for fire safety for the mobile unit that is required by the fire authority having jurisdiction;*

*3. Ensure that the mobile unit has at least two exits from the mobile unit, at least two of which must be doors if the mobile unit provides a service to a patient at the mobile unit who is unable to exit the mobile unit without assistance;*

*4. Ensure the existence of a corridor for each exit from the mobile unit that is of sufficient size to provide access to that exit;*

5. *Ensure that the equipment in the mobile unit is used and maintained in accordance with the instructions of the manufacturer of the equipment;*

6. *Prepare and maintain a record of any maintenance or procedure for calibration of the equipment that is performed in accordance with the instructions of the manufacturer of the equipment pursuant to subsection 5; and*

7. *Provide a telecommunications device for the mobile unit.*

**Sec. 20.** *“Mobile unit” has the meaning ascribed to it in NRS 449.01515.*

**Sec. 21.** NAC 449.012 is hereby amended to read as follows:

449.012 As used in NAC 449.012 to 449.0168, inclusive, *and section 20 of this regulation*, unless the context otherwise requires, the words and terms defined in NAC 449.0121 to 449.0127, inclusive, *and section 20 of this regulation* have the meanings ascribed to them in those sections.

**Sec. 22.** NAC 449.013 is hereby amended to read as follows:

449.013 1. Except as otherwise provided in NAC 449.0168, an applicant for a license to operate any of the following facilities, programs of hospice care or agencies must pay to the health division the following nonrefundable fees:

- (a) An ambulatory surgical center.....\$1,200
- (b) A facility for the treatment of irreversible renal disease .....1,200
- (c) A home office or subunit agency of a home health agency.....1,200
- (d) A branch office of a home health agency .....500
- (e) A rural clinic .....1,200
- (f) An obstetric center .....1,200
- (g) A program of hospice care .....1,200

(h) An independent center for emergency medical care .....	1,200
(i) A nursing pool .....	750
(j) A facility for treatment with narcotics .....	750
(k) A medication unit .....	500
(l) A referral agency .....	750
(m) A halfway house for recovering alcohol and drug abusers .....	500
<b>(n) A mobile unit .....</b>	<b>1,500</b>

2. An applicant for the renewal of such a license must pay to the health division the following nonrefundable fees:

(a) An ambulatory surgical center.....	\$600
(b) A facility for the treatment of irreversible renal disease .....	600
(c) A home office or subunit agency of a home health agency.....	600
(d) A branch office of a home health agency .....	100
(e) A rural clinic .....	600
(f) An obstetric center .....	600
(g) A program of hospice care .....	600
(h) An independent center for emergency medical care .....	600
(i) A nursing pool .....	600
(j) A facility for treatment with narcotics .....	600
(k) A medication unit .....	100
(l) A referral agency .....	600
(m) A halfway house for recovering alcohol and drug abusers .....	300
<b>(n) A mobile unit .....</b>	<b>750</b>

3. An application for a license is valid for 1 year after the date on which the application is submitted. If an applicant does not meet the requirements for licensure imposed by chapter 449 of NRS or the regulations adopted pursuant thereto within 1 year after the date on which he submits his application, he must submit a new application and pay the required fee to be considered for licensure.

**Sec. 23.** NAC 449.0168 is hereby amended to read as follows:

449.0168 1. Except as otherwise provided in subsection 2, a holder of a license to operate a medical facility, facility for the dependent, program of hospice care or referral agency who wishes or is required pursuant to NAC 449.190, 449.307, 449.7473 or 449.758 to modify his license to reflect:

(a) A change in the name of the facility, program or agency;

(b) A change of the administrator of the facility, program or agency;

(c) A change in the number of beds in the facility;

(d) A change in the type of facility licensed or the addition of another type of facility to be licensed; ~~or~~

(e) A change in the category of residents who may reside at the facility ~~or~~; *or*

*(f) A change in the designation of a staging area for a mobile unit or, if the mobile unit is operated by an independent facility, a change in the address of the independent facility,*

FLUSH must submit an application for a new license to the health division and pay to the health division a fee of \$160.

2. An applicant who applies for a license pursuant to paragraph (c) of subsection 1 because of an increase in the number of beds in the facility must pay to the health division:

(a) A fee of \$160; and

(b) A fee for each additional bed in the facility of:

- (1) If the facility is an intermediate care facility for the mentally retarded or persons with developmental disabilities, a residential facility for groups, a facility for the treatment of abuse of alcohol or drugs, a facility for hospice care, a home for individual residential care or a facility for modified medical detoxification.....\$50
- (2) If the facility is a hospital .....77
- (3) If the facility is a rural hospital.....45
- (4) If the facility is a skilled nursing facility or an intermediate care facility, other than an intermediate care facility for the mentally retarded or persons with developmental disabilities .....75

3. If the address of the home office of a home health agency has not changed, a holder of a license to operate a subunit agency or branch office of the home health agency who wishes or is required pursuant to NAC 449.758 to modify his license to reflect a change in the address of the subunit agency or branch office of the home health agency must:

- (a) Submit an application for a new license to the health division; and
- (b) Pay to the health division a fee of \$160.

4. A fee paid pursuant to this section is nonrefundable.

5. As used in this section [~~“administrator”~~]:

(a) **“Administrator”** means the person who is responsible for the daily management of a medical facility, facility for the dependent or program of hospice care.

(b) **“Independent facility”** has the meaning ascribed to it in section 3 of this regulation.

(c) **“Staging area”** has the meaning ascribed to it in section 7 of this regulation.



**NOTICE OF ADOPTION OF PROPOSED REGULATION  
LCB File No. R063-02**

The Bureau of Licensure and Certification of the Health Division of the Department of Human Resources adopted regulations assigned LCB File No. R063-02 which pertain to mobile units (chapter 449 of the Nevada Administrative Code) on June 14, 2002.

**Notice date:** May 14, 2002  
**Hearing date:** June 14, 2002

**Date of adoption by agency:** June 14, 2002  
**Filing date:** July 24, 2002

**INFORMATIONAL STATEMENT**

**1. DESCRIPTION OF HOW PUBLIC COMMENT WAS SOLICITED, SUMMARY OF PUBLIC RESPONSE, AND AN EXPLANATION OF HOW OTHER INTERESTED PERSONS MAY OBTAIN A COPY OF THE SUMMARY.**

A Small Business Impact Questionnaire was mailed to Ambulatory Surgical Centers and Hospitals on April 29, 2002. Attached is a copy of the Small Business Impact Summary.

Notice of public workshops held on May 17, 2002, in Las Vegas and May 17, 2002, in Reno was published in the Las Vegas Review Journal and Reno Gazette Journal on or before April 28, 2002. Notices of public workshops, and proposed regulations were mailed to all county libraries in Nevada, Ambulatory Surgical Centers and Hospitals, and interested parties on April 29, 2002. The small business impact summary was available at both workshops.

Four individuals provided comments during the workshops. Three of the four were generally in agreement with the regulations, however, provided suggestions and changes to the regulations. One person had numerous changes to the regulation.

Notice of public hearing regarding the Board's intent to adopt amendments was published in the Las Vegas Review Journal, Reno Gazette Journal on or before May 15, 2002. Notices of public hearing, proposed regulations and the small business impact summary was mailed to all county libraries in Nevada, Clark County Health District, Washoe County Health District, Ambulatory Surgical Centers, Hospitals, and interested parties on May 9, 2002.

**2. THE NUMBER OF PERSONS WHO:**

**(A) ATTENDED THE HEARING;**

Approximately 32 people attended the June 14, 2002, Board of Health hearing.

**(B) TESTIFIED AT EACH HEARING; AND**

Janice Pine, St. Mary's  
Robin Keith, Nevada Rural Hospital Partners

**(C) SUBMITTED TO THE AGENCY WRITTEN STATEMENTS.**

Janice Pine of St. Mary's provided written testimony.

**3. A DESCRIPTION OF HOW COMMENT WAS SOLICITED FROM AFFECTED BUSINESSES, A SUMMARY OF THEIR RESPONSE, AND AN EXPLANATION HOW OTHER INTERESTED PERSONS MAY OBTAIN A COPY OF THE SUMMARY**

Comment was solicited from affected or potentially affected businesses by mailing appropriate facilities and all interested parties the proposed regulations, a small business impact questionnaire, a copy of the small business impact summary, and the notices for the workshops and Board of Health hearings. Copies the workshop minutes and Board of Health hearing minutes may be obtained by calling the Bureau of Licensure and Certification at (775) 687-4475.

**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.**

None.

**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 IN EACH CASE MUST INCLUDE:**

- (A) BOTH ADVERSE AND BENEFICIAL EFFECTS; AND**
- (B) BOTH IMMEDIATE AND LONG TERM EFFECTS.**

Licensure regulations would be anticipated to provide long-term effects on mobile units and benefit licensed mobile units by providing formal licensure recognition for their services. Adverse impact would be the additional work required of providers to implement and maintain systems to assure compliance with regulations and provide for patient safety and well-being. Licensure regulations would be anticipated to provide long-term effects for the public and benefit the public by providing licensure regulations designed to protect the safety and well-being of the public receiving services from mobile units. Costs for implementation of the proposed regulations have been addressed in proposed changes to licensure fee regulations. It is intended that licensure fees will be collected to offset the cost of the licensure process.

**6. THE ESTIMATED COST TO THE AGENCY FOR ENFORCEMENT OF THE PROPOSED REGULATION.**

There will be an economic impact to BLC based on the need for additional surveyor time and provider education.

**7. 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.**

There is no duplication or overlap of other state or local government agency's regulations. Additionally, there is no overlap or duplication of a federal agency's regulations.

**8. IF THE REGULATION INCLUDES PROVISION WHICH ARE MORE STRINGENT THAN A FEDERAL REGULATION WHICH REGULATES THE SAME ACTIVITY, A SUMMARY OF SUCH PROVISION.**

None.

**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 BLC may receive approximately 2 applications for Mobile Units within the SFY '03 for a total of approximately \$3,000.00. The fees are used to support required state licensure activities.

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

Proposed Amendment of Nevada Administrative Code (NAC) 449  
Mobile Unit Regulations

Background

The 2001 Nevada legislature passed and the governor approved Senate Bill 483 requiring the state board of health to adopt regulations for licensure of mobile units as medical facilities. This legislation added to Nevada Revised Statute 449.01515, which defines a mobile unit as “a motor vehicle, other than a vehicle operated under the authority of a permit issued pursuant to chapter 450B of NRS, that is specially designed, constructed and equipped to provide any of the medical services provided by a medical facility described in subsections 1 to 13, inclusive, of NRS 449.0151.”

The Bureau of Licensure and Certification (BLC) has determined that the proposed regulations for mobile units to be added to NAC 449 will not impose a direct and significant burden upon small businesses. Comments have been received that small businesses could be restricted from operating mobile units in Nevada because the proposed regulations require a mobile unit to be affiliated with a parent facility which is licensed as a medical facility in Nevada. 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. The following points are addressed.

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

Pursuant to NRS 233B.0608(2)(a), the Bureau of Licensure and Certification has requested comments from all licensed providers likely to be affected by the proposed regulation. On April 29, 2002 a small business impact questionnaire was mailed to all licensed hospitals, ambulatory surgical centers, and other interested parties, with a copy of the proposed regulations for mobile units.

Nine responses were received from licensed facilities that met the definition of a small business. The following is a summary of their responses.

1. Willow Springs Center
2. Nevada Eye Foundation
3. Northern Nevada Adult Mental Health
4. Shadow Mountain Surgical Center
5. Surgical Arts Center
6. Vitality Center
7. Parkway Surgery Center
8. Select Specialty Hospital

These eight facilities indicated their business would not experience direct or indirect adverse economic impact, nor would they experience any direct or indirect beneficial impact.

9. Pahrump Foot Institute stated an adverse economic affect would result from the requirement for a parent facility. There are no parent facilities in Pahrump; hence the parent would have to be Las Vegas based. This will result in far higher insurance costs and the possibility that insurance will become inaccessible, causing the Pahrump business to close. Administrative costs would be higher through a Las Vegas parent as well. Pahrump Foot Institute stated there would be a beneficial effect by allowing business to increase in locations needing services.
10. Gary Milliken of GEM Consulting submitted the following points: “SB 483 requires the state board of health to adopt regulations for the licensure of certain mobile units. It does not tie them to a parent facility. The California law states that a mobile unit may operate as an adjunct to a licensed health facility or as an independent freestanding clinic. I know the terminology is different in Nevada. As the regulations are written, they will do nothing for the rural areas, where the mobile units are really needed. Both Pahrump and Yerington send patients to Las Vegas and Reno. These patients could be better served in a local setting.”
11. One response was received from a facility that does not meet the definition of a small business but provided the following comments on the effect of the proposed regulations. Saint Mary’s Health Network identified their Mobile Health Outreach program will be affected by the proposed regulations by: limiting the scope of services a mobile unit may offer; indirectly preventing the contracted use of a mobile unit; not providing adequate exemption for facilities accredited by the Joint Commission on Accreditation of Healthcare Organizations; creating hardship by requiring compliance with the regulations of the parent facility; creating hardship for existing mobile units to comply with new requirements for the physical plant. St. Mary’s indicates the proposed regulations will have no direct or indirect beneficial effect on their business.

Interested parties can obtain a copy of the information packet, including the Small Business Impact Questionnaire and responses, from Shirley Rains, Administrative Assistant III, Bureau of Licensure and Certification, 1550 East College Parkway, Suite 158, Carson City, Nevada 89703

**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.**

The proposed addition to NAC is estimated to have an adverse economic effect, particularly for currently existing mobile units, by requiring mobile providers to pay licensure fees and comply with licensure standards established by the state board of health, to which small businesses were not previously subject. This is anticipated to affect one mobile unit at this time. However, through the process of applying and paying for a mobile unit license, an entity may then be in a position to effectively bill Medicaid and/or Medicare for some services performed through a mobile unit.

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

The proposed regulations tie the regulation of mobile units to a parent facility licensed pursuant to NRS 449.030 that will incorporate the operations of a mobile unit into its already existing administrative structure for governing body, staff credentialing, medical records, quality assurance, patient safety, etc. This will eliminate the need of the mobile provider to initiate or create such duplicate resources. Minimal construction guidelines have been adopted by reference to the American Institute of Architects Guidelines for Hospital and Healthcare Facilities specific to mobile units. Additionally, space requirements are minimal by requiring medical record storage through the parent facility.

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

The proposed amendments to NAC will impart a cost to the agency for processing of licensure applications, conducting inspections and investigating complaints.

**5. If the proposed 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 agency has proposed an initial licensure fee of \$1,500 and annual licensure renewal fee of \$750 to cover the cost to license mobile units. These fees will be used to support the administrative services staff and health facilities surveyors needed to administer this licensure program.

**6. If the proposed regulation includes provisions which duplicate or are more stringent than federal, state or local standards regulating the same activity, an explanation of why such duplicative or more stringent provisions are necessary.**

These regulations do not duplicate or impose more stringent requirements than federal, state or local standards regarding mobile units.