

Purpose of Survey

The following questions pertain to how changes in the Nevada Administrative Code presented in the draft regulation at the link below will affect your business. If it is determined that the proposed regulation is likely to impose a direct and significant economic burden upon a small business; or directly restrict the formation, operation or expansion of a small business; then the agency will take any or all of the following actions:

1. Insofar as practicable, consult with owners and officers of affected small businesses,
2. Consider methods to reduce the impact of the proposed regulation, and
3. Prepare a small business impact statement and make copies of the statement available to the public at the workshop conducted and the public hearing held pursuant to NRS 233B.061.

The regulations are to implement SB539 which was signed into law June 2017.

To review the proposed regulations please go to the following website:

http://dhhs.nv.gov/HCPWD/Drug_Transparency/

If you have any questions or would like to obtain a paper copy of the regulations or survey, contact our Carson City office at

775-684-4255 or by email at drugtransparency@dhhs.nv.gov.

This survey is not analyzing the impact of the proposed regulation on businesses with 150 employees or more.

The survey will be active through January 22, 2018 at 5:00 p.m. Pacific Standard Time.

Please answer each of the questions that apply and add any qualifying remarks that may help us to understand your position.

* 1. Please provide your information in the boxes below.

First Name

Last Name

Organization

How many employees are currently employed by your business?

* 2. Will the proposed drug transparency regulations have an adverse economic effect upon your business? If so, please indicate the estimated dollar amount(s) you believe the adopted regulations will cost you over one calendar year with a brief explanation as to how the dollar amount was calculated.

Yes

No

If yes, please estimate annual cost and explain methodology:

* 3. Will the proposed regulations have any beneficial effect upon your business? If so, please include any cost savings you believe the adopted regulations will save you over one calendar year with an estimated dollar amount, with a brief explanation of how the dollar amount was calculated.

Yes

No

If yes, please estimate annual savings and explain methodology:

* 4. Do you anticipate any indirect adverse effects upon your business?

Yes

No

If yes; please explain:

* 5. Do you anticipate any indirect beneficial effects upon your business?

Yes

No

If yes, please explain:

THANK YOU for completing the survey!

If you have additional comments or questions for us, please contact Veronica Sheldon at (775) 684-4255 or via email at drugtransparency@dhhs.nv.gov.

If you would like to receive notifications for workshops, public hearings, or other information regarding these regulations, please provide your email address below.

6. At what email address would you like to be contacted?