



NEVADA LEGISLATURE
LEGISLATIVE COMMITTEE ON HEALTH CARE
(Nevada Revised Statutes 439B.200)

SUMMARY MINUTES AND ACTION REPORT

The sixth meeting of the Nevada Legislature's Legislative Committee on Health Care was held on Wednesday, April 21, 2010, at 9 a.m. in Room 4401 of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. The meeting was videoconferenced to Room 3138 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. A copy of this set of "Summary Minutes and Action Report," including the "Meeting Notice and Agenda" ([Exhibit A](#)) and other substantive exhibits, is available on the Nevada Legislature's website at: <http://leg.state.nv.us/Interim/75th2009/Committee/>. In addition, copies of the audio record may be purchased through the Legislative Counsel Bureau's Publications Office (e-mail: publications@lcb.state.nv.us; telephone: 775/684-6835).

COMMITTEE MEMBERS PRESENT IN LAS VEGAS:

Senator Valerie Wiener, Chair
Assemblywoman Peggy Pierce, Vice Chair
Senator Allison Copening
Assemblyman Joseph (Joe) P. Hardy, M.D.
Assemblywoman Ellen B. Spiegel

COMMITTEE MEMBERS PRESENT IN CARSON CITY:

Senator Maurice E. Washington

LEGISLATIVE COUNSEL BUREAU STAFF PRESENT:

Marsheilah D. Lyons, Principal Research Analyst, Research Division
Sara L. Partida, Principal Deputy Legislative Counsel, Legal Division
Sally Trotter, Senior Research Secretary, Research Division

OPENING REMARKS

- Senator Valerie Wiener, Chair, welcomed members, presenters, and the public to the sixth meeting of the Legislative Committee on Health Care (LHC). Chair Wiener noted the procedures for Committee business and testimony.

APPROVAL OF MINUTES OF THE MEETING HELD ON JANUARY 13, 2010, IN LAS VEGAS, NEVADA

- The Committee **APPROVED THE FOLLOWING ACTION:**

VICE CHAIR PIERCE MOVED TO APPROVE THE “SUMMARY MINUTES AND ACTION REPORT” OF THE JANUARY 13, 2010, MEETING HELD IN LAS VEGAS. THE MOTION WAS SECONDED BY SENATOR COPENING AND PASSED UNANIMOUSLY.

UPDATE REGARDING CLARK COUNTY SCHOOL DISTRICT’S (CCSD) EFFORTS TO INCREASE PARTICIPATION IN SCHOOL NUTRITION PROGRAMS

- Joyce Haldeman, Associate Superintendent, Community and Government Relations, Clark County School District (CCSD), reported that the CCSD has held several meetings to improve the School Breakfast Program in its schools. She stated that the CCSD leaders support the LHC’s position to emphasize the need for proper nutrition and to ensure that no student goes hungry. Ms. Haldeman noted differing ideas regarding the delivery of breakfast and whether it should be served in the cafeteria or in the classroom prior to the instructional day. She discussed concerns about the program including insects in the classroom, cleaning, and the impact on instructional time. Ms. Haldeman requested that schools be allowed to decide which program works best for their campuses. She commented that about 90 percent of students in CCSD’s Provision 2 schools are participating in the School Breakfast Program. Ms. Haldeman suggested that the LHC encourage the CCSD to focus on providing students an opportunity to eat breakfast at school. She also discussed the CCSD’s Student Wellness Policy. (See [Exhibit B](#) and [Exhibit B-1](#).)

Discussion ensued among Chair Wiener, Ms. Haldeman, and Donnell Barton, C.F.C.S., Director, Office of Child Nutrition and School Health, Department of Education (DOE), regarding recess before lunch, hand sanitation, and the CCSD’s nutrition policy.

In response to Chair Wiener’s inquiry regarding a response to an audit that was conducted, Ms. Haldeman stated that information would be provided to the LHC.

- Ms. Barton discussed the annual Wellness Policy Evaluation, which must be completed by each school in the State. She reported there is a low return rate that makes it difficult for the DOE to analyze and report to the LHC on statewide progress.

- Charles Anderson, Director, Food Services, CCSD, reported on the progress made by the CCSD to promote the Fresh Fruit and Vegetable Program (FFVP) in its schools. He stated that eligible schools were encouraged to apply for the FFVP before the May 24, 2010, deadline and districtwide notices have been sent to all principals. Mr. Anderson reported that many schools are expected to apply and that schools currently participating in the FFVP will reapply. He discussed meetings held with finance, government relations, and food service departments to improve the School Breakfast Program and to devise a strategy for the Breakfast in the Classroom Program in the CCSD. Mr. Anderson reported that it is a violation of the United States Department of Agriculture's (USDA) regulations to not offer breakfast in non-Provision 2 schools and stated that efforts are being made to implement the School Breakfast Program in these schools. (See [Exhibit C](#) and [Exhibit C-1](#).)
- Chair Wiener asked about outreach to low participating schools and families.
- Mr. Anderson outlined an "aggressive" program instituted in 2009 that included communication with the Latin Chamber of Commerce, media coverage, information and the distribution of applications for free and reduced-price school meals at "back to school" fairs.
- Chair Wiener asked Ms. Barton to send information regarding best practices to increase participation in the free and reduced-priced meal programs to the CCSD.
- Ms. Barton commented that statewide only 52 percent of the children who qualify for free and reduced-price meals are participating. She said that parents are signing up but the children are not participating.
- Mr. Anderson reported that this issue will be discussed at the next statewide meeting.

In response to Assemblywoman Spiegel's query regarding Nevada schools' participation, Ms. Barton stated that according to the U.S. Department of Agriculture, in the 2008-2009 school year, Nevada ranked last in breakfast participation and next-to-last in lunch participation, which she noted is significantly lower than the national average.

Discussion ensued between Assemblywoman Spiegel and Ms. Barton regarding programs in other states that could be implemented to increase participation in the school meals programs in Nevada. Ms. Barton reported the two main factors that increase participation in the School Breakfast Program in other states are state funding and required participation.

- Chair Wiener commented she would like to learn more about Washoe County School District's (WCSD) reimbursement program and how it increases participation and provides additional federal resources.

- Ms. Barton explained that the WCSD pays the costs of reduced-price meals and is reimbursed by the State. She commented that the Churchill, Lincoln, and Washoe County School Districts use the same program. Ms. Barton pointed out a pilot program that began in January 2010 at the CCSD that absorbs the costs of reduced-price breakfast and lunch meals.
- Mr. Anderson reported that participation increased during the first month of the pilot program and has decreased since that time. He opined that culture issues, especially in secondary schools, cause low participation. Mr. Anderson commented that the CCSD will conduct independent surveys in an effort to determine why children are not participating.
- Chair Wiener encouraged the CCSD to increase participation in the pilot program and asked Mr. Anderson to share the survey results with the LCHC.

Responding to Assemblyman Hardy's inquiry, Ms. Barton reported how increased participation generates more income for the school districts. She stated that most districts require assistance from the State General Fund. Ms. Barton commented that some school policies provide a distinction between free, reduced-price, and full pay meal participants, which deters participation by students, especially in secondary schools.

In response to Chair Wiener's request for ideas to encourage older students to participate in the school meals programs, Ms. Barton stated that in Lincoln County schools all children eat for free so there is no distinction between students who receive free or paid meals. Mr. Anderson suggested "grab and go breakfasts" and an online payment system to improve participation.

- Kelly Sturdy, Principal, Herron Elementary School, CCSD, provided a live video feed that showed children participating in the Breakfast in the Classroom program. She stated that approximately 85 percent of the children at Herron Elementary School live at or below the poverty level and it is important that all of them are fed. She discussed the learning activities that teachers engage in while the children eat.

In response to Chair Wiener, Ms. Sturdy stated that over the last five years Herron Elementary School has worked through the challenges related to the Breakfast in the Classroom Program. She said that breakfast is served in the classroom before the instructional day begins.

- Continuing, Ms. Sturdy explained that all of the equipment used for the Breakfast Program is provided by grants. She said that student volunteers deliver food carts to the classrooms. Ms. Sturdy detailed "struggles" the school encounters, along with the social and academic advantages of the Breakfast in the Classroom Program. She reported that the children are educated about preventing spills and disposing of their trash. Ms. Sturdy commented on the importance of creativity in problem-solving.

Responding to Assemblyman Hardy's inquiry regarding sterilization procedures in the school, Ms. Sturdy stated that serving carts are cleaned with disinfectant before and after each use.

In response to Assemblywoman Spiegel's query regarding any records of students' meal program participation in secondary schools, Ms. Sturdy stated that Herron Elementary School students attend different secondary schools and there is no follow-up regarding their participation.

- Patricia Harris, Principal, Kelly Elementary School, CCSD, discussed the FFVP at the school. She said prior to the FFVP, a majority of the students at Kelly Elementary were not eating vegetables and did not know how to eat whole fruit. Ms. Harris stated that the children are educated on how to eat fresh fruits and vegetables. She reported the FFVP is successful in feeding and educating the children about healthy eating habits.

Responding to Chair Wiener, Ms. Harris reported the children are eating healthier at home as well as at school.

- Ms. Barton submitted information for the record regarding the Fresh Fruit and Vegetable Program (FFVP). (See [Exhibit D](#) and [Exhibit D-1](#).)

OVERVIEW AND DISCUSSION REGARDING THE MAJOR PROVISIONS OF THE RECENTLY ENACTED PATIENT PROTECTION AND AFFORDABLE CARE ACT (PUBLIC LAW 111-148) AND THE HEALTH CARE AND EDUCATION RECONCILIATION ACT OF 2010 (PUBLIC LAW 111-152)

- Marsheilah D. Lyons, Principal Research Analyst, Research Division, Legislative Counsel Bureau (LCB), provided information regarding provisions of the recently enacted Patient Protection and Affordable Care Act (Public Law 111-148) and the Health Care and Education Reconciliation Act of 2010 (Public Law 111-152). (See [Exhibit E](#) and [Exhibit E-1](#).)
- Michael J. Willden, Director, Department of Health and Human Services (DHHS), reported that Nevada has formed a health care reform work group to identify issues and assist the DHHS. He stated that the work group will request approval from the Interim Finance Committee to begin funding of planning efforts. Mr. Willden noted that the DHHS will participate in weekly conference calls between U.S. Secretary of Health and Human Services Kathleen Sebelius and the Office of the Governor. He said the new Office of Consumer Information and Insurance Oversight, U.S. Department of Health and Human Services, will also assist with the implementation and oversight of the health care reform legislation.
- Charles Duarte, Administrator, Division of Health Care Financing and Policy (DHCFP), DHHS, provided a Microsoft PowerPoint presentation ([Exhibit F](#)) regarding

the Patient Protection and Affordable Care Act of 2010 that includes: (1) background information; (2) key provisions; (3) a timeline for major provisions; (4) issues and policy decisions; (5) State planning and implementation; and (6) estimated costs for the expansion of Medicaid coverage. His discussion focused on health coverage facts and details of the health care reform legislation.

Responding to Vice Chair Pierce, Mr. Duarte stated the graph in [Exhibit F](#) illustrates a shift of the uninsured population to group and Medicaid coverage.

In response to Assemblyman Hardy's query, Mr. Duarte stated that penalties for nonpayment of fines for persons who do not have health insurance are based on income and handled through the tax system. He commented that these are not criminal penalties.

- Vice Chair Pierce stated that no one will be jailed for not having health insurance.

Discussion ensued between Assemblyman Hardy and Mr. Duarte regarding payment for penalties imposed on persons who fail to obtain health insurance.

- Scott J. Kipper, Commissioner of Insurance, Division of Insurance, Department of Business and Industry (DBI), referencing [Exhibit F](#), explained the key changes the health reform legislation will make to the private insurance marketplace. He reported on issues of importance including: (1) discussions of high-risk pools; (2) the creation of temporary reinsurance programs for early retirees; (3) changes by carriers regarding young adults remaining on their parents' plans until the age of 26; and (4) minimum loss ratio. Concluding, he stated there will be significant changes in the insurance marketplace.

In response to Chair Wiener's inquiry, Mr. Kipper stated that health care reform legislation will make changes to every insurance marketplace, including the Employee Retirement Income Security Act of 1974 (ERISA), Medicaid, and Medicare.

- Mr. Duarte discussed the health insurance exchange and its benefits. He said it will establish a marketplace for individuals to purchase insurance. Mr. Duarte commented that information technology (IT) functionality needs will have to be addressed. He stated it is important to have a mechanism in place to determine eligibility for Medicaid.

Responding to Assemblyman Hardy's question regarding the burden preliminary eligibility determination may create; Mr. Duarte reported that the DHCFP only has estimates on the additional administrative costs and manpower.

- Mr. Duarte discussed the changes the health reform legislation will make to Medicare, including rebates for Medicare Part D out-of-pocket payments and discounts on brand name drugs to Medicare Part D enrollees.

- Mr. Willden commented that significant discussion will be held to evaluate the impact that changes to Medicare Part D will have on Nevada's Senior Rx Program.
- Continuing, Mr. Duarte discussed: (1) reductions in payments to Medicare Advantage plans; (2) the establishment of pilot programs for accountable care organizations; (3) bundled payments for hospital physicians; (4) cost impacts to the Medicaid drug rebate program; and (5) changes to the disproportionate share hospital (DSH) payment program. He pointed out a timeline for major provisions occurring between 2010 and 2015. Mr. Duarte discussed the importance of planning and federal guidance. Concluding, he explained the increase in Nevada's Medicaid caseload estimate and incremental costs for new eligible Medicaid participants.

In response to Chair Wiener's query, Mr. Duarte stated that the DHCFP does not yet have an analysis of the effect of prohibiting payments for hospital-acquired infections.

- Assemblywoman Spiegel asked how assessments for businesses and subsidiary companies will be handled.
- Mr. Duarte responded that appraisals will be based on incorporation, ownership, and tax status.

Responding to Vice Chair Pierce's inquiry, Mr. Duarte stated that by 2013 a slight decline in the Medicaid caseload is expected due to projected increased employment rates and decreased population growth.

Discussion ensued regarding the effect of the new health care reform legislation on public hospitals and the costs associated with the changes in Medicaid.

- Mr. Willden stated that funds are available to provide consumer information to the public and noted an increase in the volume of calls the DHHS is receiving regarding the health care reform legislation.
- Valerie M. Rosalin, R.N., Director, Governor's Office for Consumer Health Assistance, reported an application has been filed for grant money to expand the role of consumer health assistance in the State.
- Mr. Kipper mentioned that he is waiting for direction on grandfather plans regarding rate increases and additions of new benefits as prescribed by the health care reform legislation.
- Vice Chair Pierce asked about health insurance exchange options. She opined that Nevada may have extra challenges due to the size of its government.
- Mr. Kipper commented on several available options and stated that there will be at least one health insurance exchange in Nevada.

In response to Assemblyman Hardy's comment regarding the presumptive eligibility for aftercare services under Medicaid and if privatization was being considered, Mr. Willden responded that the DHHS has explored public-private partnerships and other models that are available.

Responding to Senator Copening's inquiry regarding increased workloads for the DHHS as a result of the health care reform legislation, Mr. Willden reported the work group will discuss and consider this issue.

- Mr. Duarte commented on the shortage of IT experts in the health care field.
- Jon L. Sasser, Esq., Statewide Advocacy Coordinator, Washoe Legal Services focused his comments on the benefits of the health care reform legislation. Mr. Sasser stated that Nevada has a very low population receiving Medicaid benefits and opined that the new health care reform legislation will provide opportunities to increase Medicaid availability and insurance for more Nevadans. He detailed opportunities provided by the health care reform legislation that includes: (1) greater coverage for the uninsured; (2) increased funding for community health centers; (3) subsidies for private insurance; (4) funds through Children's Health Insurance Program Reauthorization Act of 2009 grants; and (5) tax benefits to nonprofits. He encouraged the State to complete a cost benefit analysis and voiced his support of the DHHS work group. (See [Exhibit G.](#))
- Assemblyman Hardy commented on preventive care.

DISCUSSION REGARDING THE VARIOUS TYPES OF HEALTH INSURANCE COVERAGE AVAILABLE IN NEVADA

- Jack Kim, Nevada Association of Health Plans (NAHP), provided a fact sheet that outlines the health care coverage options available in Nevada ([Exhibit H](#)). He detailed four different types of coverage including: (1) federally regulated plans; (2) State and local government options; (3) State and federal government programs; and (4) State-regulated insurance plans. Mr. Kim discussed the different types of coverage and health insurance pooling options regulated by Nevada.

Responding to Assemblyman Hardy's question regarding group rate reforms and options to make health insurance affordable and accessible, Mr. Kim stated that the NAHP is attempting to implement the new health care reform legislation in a cohesive manner by working with the federal government, the Legislature, the DHHS and stakeholders. He provided examples of some of the proactive efforts made by the NAHP.

In response to Assemblyman Hardy's inquiry regarding preventive programs, Mr. Kim mentioned wellness programs and tobacco cessation.

Responding to Vice Chair Pierce's query regarding any provision to retain dependent coverage up to age 26, Mr. Kim said the NAHP has notified the Insurance Commissioner of its plan to provide that coverage.

In response to Senator Copening's question regarding health insurance rate increases, Mr. Kim commented that any rate increases are subject to approval by the Commissioner of Insurance.

- Scott J. Kipper, previously identified, commented that large rate increases are moderated and it is his opinion that the market is fairly competitive.
- Assemblywoman Spiegel inquired about: (1) network adequacy; (2) rental networks; (3) the Division of Insurance's authority over ERISA and preferred provider organization (PPO) health plans; and (4) concerns with decisions made by the State Board of Health.
- Mr. Kipper responded that the public notification process needs review. He stated there is no provision in the *Nevada Revised Statutes* (NRS) for overview by the Division of Insurance of any health maintenance organization's (HMO) capacity or authority to regulate the network capacity of ERISA or PPO health plans.
- Lynn O'Mara, Health Information Technology Project Manager, DHHS, explained the process provided in Chapter 695C of NRS ("Health Maintenance Organization") for the review of network adequacy or expansion of the geographic coverage area of an HMO by the State Board of Health.

Discussion ensued among Assemblywoman Spiegel, Mr. Kipper, and Ms. O'Mara regarding the approval process for Certificates of Authority. Ms. O'Mara explained the duties of the State Board of Health once an application is received. Mr. Kipper stated that once the Board sends the application to the Division of Insurance a financial review is completed. Assemblywoman Spiegel voiced her concerns regarding health policy groups making decisions without input from the Division of Insurance.

UPDATE REGARDING THE STUDY OF THE ESTABLISHMENT OF A HEALTH INSURANCE EXCHANGE IN NEVADA PURSUANT TO SENATE BILL 316 (CHAPTER 496, STATUTES OF NEVADA 2009)

- Senator Allison Copening, Clark County Senatorial District No. 6, provided a copy of S.B. 316, which directs the Legislative Committee on Health Care to consider the establishment of a health insurance exchange in Nevada. She briefly discussed the background of S.B. 316 and stated that the health care reform legislation contains provisions for health care exchanges. (See [Exhibit I](#).)
- Scott J. Kipper, previously identified, noted that the following items must be addressed when considering the establishment of a health insurance exchange: (1) the number of

exchanges; (2) possible partnerships with other states; and (3) federal government involvement. He commented there would be four products available within the health insurance exchange. Mr. Kipper stated that the Division is required to make substantial progress toward a plan for the health insurance exchange by 2013.

- Chair Wiener asked that the LCHC be kept informed on any progress and pertinent issues concerning health insurance exchanges in Nevada.

PRESENTATION REGARDING THE VEGAS PUBLIC BROADCASTING SERVICE (PBS) KEEPING KIDS FIT PROGRAM

- Lee Solonche, Director, Educational Media Services, Vegas PBS, provided a Microsoft PowerPoint presentation regarding the Vegas PBS Keeping Kids Fit (KKF) project. He pointed out highlights of KKF including: (1) the formation of a local community advisory council; (2) a website with daily health tips (www.vegaspbs.org/kkf); (3) curricula materials for elementary and middle schools; (4) online information for urban and rural elementary classes; (5) television programs broadcasted nationwide; (6) hands-on education; and (7) training for parents and children regarding the importance of exercise and nutrition. He discussed the Inaugural Vegas PBS 5K Run and onemile walk to raise awareness of KKF that will be held in October 2010. (See [Exhibit J.](#))
- Chair Wiener commented on the increased participation in family fitness by children and their parents.

PRESENTATION REGARDING THE OBSERVING PARK ENVIRONMENTS IN NEVADA (OPEN) PROJECT

- Monica A. F. Lounsbery, Ph.D., Professor and Department Chair, Department of Sports Education Leadership, University of Nevada, Las Vegas (UNLV), discussed the Observing Park Environments in Nevada (OPEN) project. She highlighted: (1) obesity statistics; (2) physical activity policy research program information; (3) community resources that support physical activity; (4) collaborative partnerships; (5) the OPEN project aims; (6) data sources and project timelines; (7) interviews of park users; (8) residential questionnaires and focus group discussion; and (9) data analyses. She provided information regarding studies conducted and data collected at six parks and four trails over a one-year period. Dr. Lounsbery outlined results of the data analyses and preliminary conclusions. (See [Exhibit K.](#))

Discussion ensued regarding personal safety and its impact on park usage.

- Dr. Lounsbery said the level of safety that people feel in parks can be defined through the use of focus groups. She commented that the data collected will be useful to lawmakers to utilize previously unused resources.

- Chair Wiener commented on the importance of the OPEN project.
- Dr. Lounsbery voiced her support for using community resources to address disparities and optimize the use of parks for a variety of health concerns.

DISCUSSION REGARDING VARIOUS METHODS TO REGULATE MEDICAL ASSISTANTS IN NEVADA

(As directed by Chair Wiener, this agenda item was taken out of order.)

- Marsheilah D. Lyons, Principal Research Analyst, Research Division, LCB, outlined a chart that provided four options for the regulation of medical assistants ([Exhibit L](#)).

Discussion ensued with the LCHC members providing their suggestions for the regulation of medical assistants. Suggestions included requiring a certificate for training, on-the-job training by a physician, training for specialized tasks, approved training programs, and definitions of certificates and requirements.

- Ms. Lyons pointed out information outlining a credentialing process for medical assistants.

Discussion continued regarding medical assistants and how they are supervised when working for a physician group.

- Assemblyman Hardy stated the definition of supervision could be further addressed in statute.

Discussion ensued regarding changes to NRS and the *Nevada Administrative Code*.

- Ms. Lyons commented that physician assistants are currently included in statute.
- Senator Copenig offered remarks regarding patient safety and opposition of stakeholders. She asked about having a tiered level of licensing of medical assistants and requiring additional education for assistants who perform more dangerous tasks.
- Assemblyman Hardy commented that the level of expertise that a medical assistant has should be determined by the supervising physician. He opined that a certificate does not reflect competency and noted the importance of training provided by a physician.
- Chair Wiener commented on the importance of accountability.
- Assemblywoman Spiegel asked if a medical assistant could take direction from a physician assistant and stated that circumstance should also be addressed.
- Vice Chair Pierce commented on education requirements for medical assistants.

- Chair Wiener stated that the LCHC will hear further discussion on this issue. She requested that staff integrate information and obtain feedback from stakeholders.

PRESENTATION REGARDING PROPOSALS TO CHANGE THE STRUCTURE AND OPERATION OF THE UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA

(As directed by Chair Wiener, this agenda item was taken out of order.)

- Jim Rogers, Chancellor Emeritus, UNLV, discussed the difficulties involving the development of medical agencies within Nevada's university system. Mr. Rogers provided a history of the University medical school system and the proposals to change the UMC into a teaching hospital.

Discussion ensued regarding establishing a board to study the feasibility of creating a teaching hospital; the possibility of forming a blue ribbon commission; and the effect that teaching hospitals have on uncompensated care costs.

- Senator Washington voiced his support for upgrading the UMC campus and creating a teaching hospital at the UMC.

DISCUSSION REGARDING THE TYPES OF LONG-TERM CARE AND ADMINISTRATION OF LONG-TERM CARE FACILITIES IN NEVADA

- Marla McDade Williams, B.A., M.P.A., Deputy Administrator, Health Division, DHHS, discussed the types of long-term care facilities that are regulated in the State and the administration of those facilities. She provided a description of each type facility, number of facilities by type, and bed counts. Ms. McDade reported on the distinctions of a licensed assisted living facility and noted there is only one licensed assisted living facility in Nevada. (See [Exhibit M.](#))

Responding to Chair Wiener's comment that many facilities promote themselves as assisted living facilities, Ms. Williams stated that the issue has not been fully implemented by the Health Division and therefore is not enforced. She said that all facilities are regulated by the State. Ms. Williams said that the only difference is that a licensed assisted living facility must retain a patient through all levels of care and if medical care is required a patient cannot be admitted to an assisted living facility.

In response to Chair Wiener's inquiry regarding "independent living facilities," Ms. Williams explained that an independent living facility is not required to be licensed because there is no level of care provided. She stated if there is a level of care needed it will be provided by a home health agency or personal care assistant.

- Chair Wiener asked how the counts for home health agencies are monitored.

Responding to Chair Wiener's request for information regarding the longevity of persons who receive services from home health care agencies, Ms. Williams stated that the number of patients is not tracked and the licenses do not have a limit on number of patients served. She explained the differences between medical and social models of care. Ms. Williams stated that records for home care agencies are available back to 2007. She commented that usually nurses provide the care and most of the patients do not have a long-term care arrangement.

- Chair Wiener voiced her support of independent living for seniors. She commented that seniors who can continue to live at home typically live longer.
- Charles Perry, Executive Director, Nevada Health Care Association (NHCA), provided background information including the purpose and objectives of the NHCA. He outlined the status of long-term care in Nevada and explained the differences between acute care facilities and extended care facilities. Mr. Perry detailed obstacles faced by providers of long-term care. He reported that the Medicaid budget has not been increased since 2001 and that skilled nursing facilities are underfunded by \$12.27 per patient. He was of the opinion that increased costs are directly related to regulatory compliance. Mr. Perry offered to provide the latest statistics documenting other states' Medicaid payment rates. (See [Exhibit N.](#))

Discussion ensued between Chair Wiener and Mr. Perry regarding underfunding, costs to maintain compliance with regulations, and unfunded mandates for skilled nursing facilities. Mr. Perry commented that often facilities find ways to attract private pay patients to their facilities, which offsets Medicaid losses.

Further discussion was held regarding training requirements for medication assistants, licensing requirements for administrators of skilled nursing facilities, and costs to train staff. Mr. Perry reported that 39 other states have options to categorize and certify medication assistants in long-term care facilities.

Continued discussion among Assemblywoman Spiegel, Ms. Williams, and Mr. Perry included requirements for licensing of assisted living facilities and administrators for group homes. Ms. Williams stated she would provide information regarding group homes that house a portion of assisted living residents. She reiterated that any facility that bills Medicare or Medicaid has to meet federal and State regulations.

- Margaret A. McConnell, Chairperson, Board of Examiners for Long-Term Care Administrators, submitted information for the record. (See [Exhibit O.](#))

UPDATE REGARDING GREAT BASIN PRIMARY CARE ASSOCIATION (GBPCA) OF NEVADA AND AFFILIATED COMMUNITY HEALTH CENTERS

Presentation Concerning Great Basin HealthNet and Trends Relating to Uninsured Persons

- Patricia Durbin, Executive Director, GBPCA, provided a Microsoft PowerPoint presentation outlining details of increased funding provided to community health centers by the federal health care reform legislation. (See [Exhibit P](#)). She reported that capital funding will be provided to expand and enhance behavioral, medical, and oral health services. Ms. Durbin stated that the National Health Service Corps, U.S. Department of Health and Human Services, will also receive \$1.5 billion over the next five years, which will place an estimated 15,000 primary care providers in communities throughout the nation. She commented that a study conducted on Nevada's uninsured population indicated that since 2008, the number of uninsured persons has increased by over 100,000. Ms. Durbin pointed out practical ways to increase Nevada's health care workforce and resources to make health care reform a reality in Nevada.

Responding to Vice Chair Pierce, Ms. Durbin explained the duties of the National Health Service Corps. She voiced her concerns regarding loss of any current services or centers.

Nevada Health Centers

- Tom Chase, Chief Executive Officer (CEO), Nevada Health Centers, Inc. (NHC), provided a Microsoft PowerPoint presentation ([Exhibit Q](#)) detailing: (1) a history of events over the last year at NHC; (2) challenges faced during 2009 and 2010; (3) successes; (4) funding mechanisms; (5) funding facts; (6) performance facts; and (7) NHC's current financial and operational status. He reported the NHC had submitted an application for a rate increase to provide expanded services. Mr. Chase pointed out: (1) projections for modest gains over the next two fiscal years; (2) reductions in services; (3) closures to two school-based clinics; and (4) personnel reductions in most of the clinics in the State. He stated that the increases in the Medicaid rate will allow the NHC to sustain current levels of service. Mr. Chase discussed efforts made by the NHC to provide additional revenue.
- Chair Wiener asked what impact the NHC's increase in Medicaid rates would have on other providers.
- Mr. Chase stated the NHC is a "value-added organization" and the increase is based on its current rate. He commented that other health plans would have to provide their own real data based on their rates.

In response to Assemblywoman Spiegel's inquiry about sustained losses, Mr. Chase stated the losses had occurred over the last nine months.

Discussion ensued between Chair Wiener and Mr. Chase regarding the preventive services offered at family resource centers. Chair Wiener stressed the importance of “single point of entry” for services and preventative health services.

UPDATE CONCERNING THE STATEWIDE CHILDREN’S MENTAL HEALTH CONSORTIUM

- Pam Becker, Director of Community Collaborations, The Children’s Cabinet, and Chair of the Nevada Children’s Behavioral Health Consortium, outlined the history and accomplishments of the Consortium. Ms. Becker provided a handout detailing the proposed structure and modified duties of the Commission on Mental Health and Developmental Services (CMHDS), Nevada’s Children’s Behavioral Health Consortium, and the Division of Child and Family Services, DHHS, to address the mental health needs of Nevada’s children ([Exhibit R](#)). Ms. Becker asked for the LCHC’s support of the Consortium.

Responding to Chair Wiener’s inquiry, Ms. Becker explained that the intention of the Consortium during the 2009 Legislative Session was to add a provision to Senate Bill 79 (Chapter 181, *Statutes of Nevada 2009*) to provide that the Consortium would serve as a subcommittee to provide information to the CMHDS regarding the issues of children’s mental health. However, the provision was not included in the bill.

- Chair Wiener asked for clarification regarding the subcommittee’s membership and duties.

PRESENTATION CONCERNING THE TRIAGE OF MENTAL HEALTH PATIENTS IN SOUTHERN NEVADA

- Harold Cook, Ph.D., Administrator, Division of Mental Health and Developmental Services, DHHS, outlined the current practice of triage for emergency psychiatric Legal 2000 (“Application, Certification and Medical Clearance for Emergency Admission of an Allegedly Mentally Ill Person to a Mental Health Facility”) patients in Clark County. He stated that in the first three months of 2010, there were an estimated 2,600 Legal 2000 patients in Clark County.

In response to Chair Wiener’s inquiry regarding where patients are held while waiting for transport after medical clearance, Dr. Cook stated that patients wait in hospital emergency rooms.

Discussion ensued regarding challenges encountered when patients are held in emergency rooms, transportation issues, and wait times.

In response to Chair Wiener’s query about ambulance transport, Dr. Cook said that secured medical transport is required for Legal 2000 patients.

There was discussion between Vice Chair Pierce and Dr. Cook regarding the number of Legal 2000 patients that are admitted to the Rawson-Neal Psychiatric Hospital and their length of stay.

Further discussion regarding State mental health facilities and their role in regard to patients with substance abuse issues ensued. Dr. Cook explained that the State's mental health facilities do not have detoxification services so patients are accepted only after blood alcohol or drug levels are lowered.

- Dan Musgrove, Southern Nevada Mental Health Advisory Committee, testified regarding the One System of Care and Resources (OSCaR), developed by the Southern Nevada Mental Health Design Work Group in an effort to better serve Legal 2000 patients. He provided a Microsoft PowerPoint presentation prepared by Bill M. Welch, President and CEO, Nevada Hospital Association. (See [Exhibit S.](#))

In response to Vice Chair Pierce's question regarding funds required to implement the OSCaR, Mr. Musgrove stated that using the existing Rawson-Neal Psychiatric Hospital would cost \$5 million to \$6 million.

Discussion ensued regarding concerns regarding the placement of OSCaR, licensing restrictions, building codes, and the effect on facilities due to the increase in patients.

- Continuing, Mr. Musgrove provided information about the Community Triage Center (CTC) including the services it provides to mentally ill and homeless persons suffering with substance abuse issues and mental illness, and funding sources. (See [Exhibit T](#) and [Exhibit T-1.](#))

There was general discussion regarding the CTC treatment program and the relationship between OSCaR and the CTC.

UPDATE CONCERNING RECENT REPORTS OF SALMONELLA IN A FOOD PRODUCT OF A CERTAIN FOOD ESTABLISHMENT IN SOUTHERN NEVADA AND RELATED PUBLIC HEALTH IMPLICATIONS

- Lawrence K. Sands, D.O., M.P.H., Chief Health Officer, Southern Nevada Health District (SNHD), provided an update on the SNHD's investigation of the food recall at Basic Foods, Inc.
- Glenn Savage, Director of Environmental Health, SNHD, outlined highlights of the plan produced by staff to address issues related to the food recall at Basic Foods, Inc. He commented that the SNHD will inspect and reinstate a permit once the necessary changes are completed at Basic Foods, Inc. Mr. Savage reported that the Food and Drug Administration is continuing its investigation and he was asked not to disclose any investigative information. He reported on irradiation efforts and destruction of

products at landfills. Mr. Savage said that new regulations are in effect that give the SNHD the power to take samples, place holds on product, conduct plan reviews, and issue cease and desist orders.

Discussion ensued about safety concerns regarding the disposal of contaminated products.

- Vice Chair Pierce commented that modern landfills are airtight and the landfill where the contaminated products will be dumped has a plastic lining and leach system that protects the environment.

PUBLIC COMMENT

- Iris Gross, private citizen, North Las Vegas, Nevada, commented on seniors who are receiving Medicare and have secondary private services. She talked about the cost of health care for individuals who are not insured and her experience in attempting to obtain COBRA after losing her job. Ms. Gross commented on the medical care that seniors receive and difficulties in receiving rehabilitation to remain independent.
- Bobbette Bond, Legislative Liaison, Health Services Coalition, discussed overall quality care and the costs related to medical errors in the health care delivery system. She reported that Nevada is the number one state for lost income from the federal match program and she advised addressing this issue. Ms. Bond was of the opinion that the Legislature should continue to focus on hospital-acquired infections, sentinel events and public reporting, and interventions. She stated that ERISA should “fold into” the new health care reform legislation uniformly.
- Marsheilah Lyons, previously identified, advised that U.S. Senator Harry Reid’s (D-Nevada) office had forwarded information on the types of coverage that are included in the new health care reform legislation.
- Ms. Bond stated that the health care reform legislation will allow individuals to pay into a program that will provide for long-term care and assist them to remain independent.
- Chair Wiener discussed the importance of investing in long-term care.
- Vice Chair Pierce asked Ms. Bond to provide the LCHC with information on the program that will provide long-term care.
- Vice Chair Pierce voiced her concern with requiring only low levels of education for medical care assistants.
- Senator Copening shared that the second week in May is melanoma and skin cancer awareness week.

ADJOURNMENT

There being no further business to come before the Committee, the meeting was adjourned at 5:34 p.m.

Respectfully submitted,

Sally Trotter
Senior Research Secretary

Marsheilah D. Lyons
Principal Research Analyst

APPROVED BY:

Senator Valerie Wiener, Chair

Date: _____

LIST OF EXHIBITS

[Exhibit A](#) is the “Meeting Notice and Agenda” provided by Marsheilah D. Lyons, Principal Research Analyst, Research Division, Legislative Counsel Bureau (LCB).

[Exhibit B](#) is the written testimony of Joyce Haldeman, Associate Supervisor, Community and Government Relations, Clark County School District (CCSD), Las Vegas.

[Exhibit B-1](#) is a document offered by Joyce Haldeman, Associate Supervisor, Community and Government Relations, CCSD, Las Vegas, titled “Clark County School District, Student Wellness Policy, Annual School Monitoring 2009-10.”

[Exhibit C](#) is the written testimony of Charles Anderson, Director, Food Services, CCSD, Las Vegas.

[Exhibit C-1](#) is a brochure provided by Charles Anderson, Director, Food Services, CCSD titled “Discover School Breakfast!”

[Exhibit D](#) is a Microsoft PowerPoint presentation titled “Fresh Fruit and Vegetable Program, Nevada’s Experience,” provided by Donnell Barton, C.F.C.S., Director, Office of Child Nutrition and School Health, Department of Education.

[Exhibit D-1](#) is a packet of information regarding the “Fresh Fruit and Vegetable Program,” provided by Donnell Barton, C.F.C.S., Director, Office of Child Nutrition and School Health, Department of Education, which includes:

- A table titled “Fresh Fruit and Vegetable Program October 2008-June 2009”;
- A table titled “Fresh Fruit and Vegetable Program SFY 2009/2010 (Year to Date Amounts)”;
- A table titled “Fresh Fruit & Vegetable Program School Funding 2009/2010 (YTD)”;
- A document titled “2010-2011 FFVP Eligible Schools”;
- A memorandum dated March 22, 2010, to Dr. Walt Rulfes, Superintendent, Clark County School District, regarding the “Fresh Fruit and Vegetable Program Grant,” from Donnell Barton, Director, Child Nutrition and School Health;
- A memorandum dated March 22, 2010, to Kerry Preston, Principal, Charlotte & Jerry Keller Elementary, regarding the “Fresh Fruit and Vegetable Program Grant,” from Donnell Barton, Director, Child Nutrition and School Health; and
- A document titled “Nevada Department of Education, Profile and Application for SY 2010-2011 USDA Fresh Fruit and Vegetable Program (FFVP).”

[Exhibit E](#) is a document titled “NCSL Health Reform Fact Sheet Key Provisions That Take Effect Immediately, Under Senate Bill (HR 3590) as Amended by Reconciliation Bill (HR 4872),” submitted by Marsheilah D. Lyons, Principal Research Analyst, Research Division, LCB.

[Exhibit E-1](#) is a document titled “Focus on Health Reform, Health Reform Implementation Timeline,” offered by Marsheilah D. Lyons, Principal Research Analyst, Research Division, LCB.

[Exhibit F](#) is a Microsoft PowerPoint presentation titled “The Patient Protection and Affordable Care Act of 2010, Presentation to the Legislative Committee on Health Care,” dated April 21, 2010, provided by Michael J. Willden, Director, Department of Health and Human Services (DHHS), and Charles Duarte, Administrator, Division of Health Care Financing and Policy, DHHS.

[Exhibit G](#) is the written testimony of Jon L. Sasser, Esq., Statewide Advocacy Coordinator, Washoe Legal Services, Reno, titled “Outline of Testimony for the Legislature’s Committee on Health Care,” dated May 21, 2010, with attachments.

[Exhibit H](#) is a document titled “Nevada Association of Health Plans, Health Care Coverage Options in Nevada Prior to the Patient Protection and Affordable Care Act of 2010,” submitted by Jack Kim, Nevada Association of Health Plans, Las Vegas.

[Exhibit I](#) is a copy of Senate Bill 316 (Chapter 496, *Statutes of Nevada 2009*), offered by Senator Allison Copenig, Clark County Senatorial District No. 6, Las Vegas.

[Exhibit J](#) is a Microsoft PowerPoint presentation titled “Vegas PBS Keeping Kids Fit,” provided by Lee Solonche, Director, Educational Media Services, Vegas PBS, Las Vegas.

[Exhibit K](#) is a Microsoft PowerPoint presentation titled “Observing Park Environments in Nevada: OPEN,” submitted by Monica A. F. Lounsbery, Ph.D., Professor and Department Chair, Department of Sports Education Leadership, University of Nevada, Las Vegas.

[Exhibit L](#) is a table titled “Summary of Options for Regulating Medical Assistants in Nevada as Presented to the Legislative Committee on Health Care,” offered by Marsheilah D. Lyons, Principal Research Analyst, Research Division, LCB.

[Exhibit M](#) is a table titled “Nevada State Health Division – Bureau of Health Care Quality and Compliance, Licensed Health Care Facilities and Bed Counts – April, 5, 2010,” provided by Marla McDade Williams, B.A., M.P.A., Deputy Administrator, Health Division, DHHS.

[Exhibit N](#) is the written testimony of Charles Perry, Executive Director, Nevada Health Care Association, Las Vegas, dated April 21, 2010.

[Exhibit O](#) is a Microsoft PowerPoint presentation titled “Legislative Interim Committee Meeting, April 21, 2010, Assisted Living/Nursing Home Administration and Oversight by BELTCA,” submitted by Margaret A. McConnell, Chairperson, Board of Examiners for Long-Term Care Administrators, Las Vegas.

[Exhibit P](#) is a document titled “Healthcare Reform and Community Health Centers, Testimony to the Nevada Legislature Legislative Committee on Health Care,” dated April 21, 2010, offered by Patricia Durbin, Executive Director, Great Basin Primary Care Association of Nevada.

[Exhibit Q](#) is a Microsoft PowerPoint presentation titled “Nevada Health Centers, Inc., Report to the Legislative Committee on Health Care,” dated April 21, 2010, provided by Thomas G. Chase, Chief Executive Officer (CEO), Nevada Health Centers, Inc., Las Vegas.

[Exhibit R](#) is a chart titled “Children’s Behavioral Health Structure–Working Recommendations 1/28/10, Nevada Children’s Behavioral Health Consortium,” submitted by Pam Becker, Director of Community Collaborations, The Children’s Cabinet, and Chair of the Nevada Children’s Health Consortium.

[Exhibit S](#) is a Microsoft PowerPoint presentation titled “One System of Care and Resources (OSCaR): a mental health and substance abuse integrated care model,” prepared by Bill Welch, President and CEO, Nevada Hospital Association (NHA).

[Exhibit T](#) is the written testimony of Dan Musgrove, Southern Nevada Mental Health Advisory Committee (SNMHAC), dated April 21, 2010.

[Exhibit T-1](#) is a packet of information provided by Dan Musgrove, SNMHAC, including:

- A document titled “WestCare Nevada, Inc., Community Triage Center, Executive Summary, January 2009–December 2009”;
- A document titled “WestCare Nevada, Inc., Community Triage Center, Executive Summary, January 2010–March 2010”;
- A table titled “WestCare Community Triage Center, Executive Summary, Reno.”

This set of “Summary Minutes and Action Report” is supplied as an informational service. Exhibits in electronic format may not be complete. Copies of the complete exhibits, other materials distributed at the meeting, and the audio record are on file in the Research Library of the Legislative Counsel Bureau, Carson City, Nevada. You may contact the Library online at www.leg.state.nv.us/lcb/research/library/feedbackmail.cfm or telephone: 775/684-6827.