



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

**SUMMARY MINUTES AND ACTION REPORT**

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The fifth meeting of the Nevada Legislature's Legislative Committee on Health Care was held on Tuesday, May 8, 2012, at 9 a.m. in Room 4412 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://www.leg.state.nv.us/interim/76th2011/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](mailto:publications@lcb.state.nv.us); telephone: 775/684-6835).

**COMMITTEE MEMBERS PRESENT IN LAS VEGAS:**

Assemblywoman April Mastroluca, Chair  
Senator Valerie Wiener, Vice Chair  
Senator Shirley A. Breeden  
Senator Joseph P. Hardy, M.D.  
Assemblywoman Maggie Carlton  
Assemblyman Crescent Hardy

**LEGISLATIVE COUNSEL BUREAU STAFF PRESENT:**

Marsheilah D. Lyons, Principal Research Analyst, Research Division  
Risa B. Lang, Chief Deputy Legislative Counsel, Legal Division  
Asher Killian, Senior Deputy Legislative Counsel, Legal Division  
Anne Vorderbruggen, Senior Research Secretary, Research Division

## **OPENING REMARKS**

- Assemblywoman April Mastroluca, Chair, welcomed members, presenters, and the public to the fifth meeting of the Legislative Committee on Health Care.

## **PUBLIC COMMENT**

- Chair Mastroluca called for public comment; however, no testimony was presented.

## **UPDATE ON THE IMPLEMENTATION OF THE AFFORDABLE CARE ACT IN NEVADA**

- Michael J. Willden, Director, Department of Health and Human Services (DHHS) described what DHHS has been working on since the passage of the Affordable Care Act (ACA) in March 2010, including:
  - The creation of the Silver State Health Insurance Exchange (SSHIX), through Senate Bill 440 (Chapter 439, *Statutes of Nevada 2011*);
  - Applying for federal grants totaling about \$24.7 million;
  - Making consumer information available on the DHHS website;
  - Upgrading the Nevada Operations of Multi-Automated Data System, which determines eligibility;
  - Access Nevada, the web based portal for people to be able to apply for benefits; and
  - The fiscal impact of the ACA.

Responding to a question from Chair Mastroluca about the primary care physician rate increases in the ACA, Charles Duarte, Administrator, Division of Health Care Financing and Policy, DHHS, stated that Nevada ranks in the first quartile of states in terms of payments relative to Medicare, so the change in percentage will not be as much as in other states. He noted that for the first two years, 2013 and 2014, the increased rate will be 100 percent federally funded; however, after that period Nevada will have to decide whether to continue to support the increased rate. Mr. Duarte commented that primary care physicians will be a highly sought after commodity.

In response to Assemblywoman Carlton's question about whether there is a possibility that Nevada would have to return any funds if there is a change in the ACA, Mr. Willden stated he is confident that Nevada will not have to turn back any funds. He noted that any ruling by the United States Supreme Court would be prospective, not retrospective, and the State has to proceed with the current law. Mr. Willden said that DHHS is proceeding forward as if there will be a readiness test in January 2013 and a stand-up in the fall before 2014.

## ***Medicaid Expansion***

- Charles Duarte, previously identified, reviewed the items covered in his Microsoft PowerPoint handout ([Exhibit B](#)), including:
  - Current Medicaid and Children's Health Insurance Program (CHIP) eligibility and funding;
  - The Modified Adjusted Gross Income Standard that will be used to determine eligibility for the premium tax credits available in the Exchange;
  - The three categories that existing eligibility groups will be combined into under the ACA (parents/caretakers, pregnant women, and infants and children under the age of 19);
  - The "new eligibles" group that expands Medicaid to adults ages 19 through 65 who are not entitled to or enrolled for benefits under Medicare, not otherwise eligible for Medicaid, and whose income does not exceed 138 percent of the Federal Poverty Level;
  - Federal funding;

In response to a question by Senator Wiener regarding what would happen if Nevada could not satisfy its match requirements, and if Nevada would receive the federal money related to what the State is able to match, Mr. Duarte stated that it is not a negotiable item; the United States Congress can pass a mandate on states to expand Medicaid, as they have in the past, and Nevada would be required to pay its share of the cost.

- Mr. Duarte continued with his review of the following items illustrated in his handout:
  - Caseload estimates;
  - The Eligibility Engine project (an information technology initiative to implement the new eligibility requirements for Medicaid, CHIP, and subsidized SSHIX coverage;

Discussion ensued among Chair Mastroluca, Mr. Duarte, Mr. Willden, and Senator Hardy regarding how consumers could access their information through the Eligibility Engine.

- Mr. Duarte concluded his presentation with a discussion of the following items:
  - The covered services in the minimum Essential Health Benefits;
  - Benefit packages; and
  - Service delivery.

In response to Chair Mastroluca, Mr. Duarte stated that dual eligibles are individuals who have both Medicare and Medicaid benefits and are currently not included in the managed care programs.

Discussion ensued between Senator Hardy and Mr. Duarte regarding the problems associated with delivering care to the homeless, and the issue of liability protection for things that are beyond the control of the service provider.

- Assemblywoman Carlton noted that the uninsured are currently accessing the most expensive care through emergency rooms, and with the new program, they would be provided services at a better level without having to use the emergency rooms.
- Mr. Duarte concurred, and stated that rather than using General Funds for the indigent, the State has the opportunity to leverage 100 percent federal funding for three years to take care of this group of people.

Responding to Senator Wiener regarding possible responder shortages, Mr. Duarte noted that the underinsured and uninsured people are currently accessing services, but at the highest level of care. However, he acknowledged that workforce is a huge issue, and that scope of practice laws, licensing requirements for professionals, and involvement from the schools of medicine and nursing have to be considered.

- Assemblywoman Carlton expressed her concern about access to care in the urban areas if there is not enough work force, and asked why every provider possible should not be allowed to opt into the system.
- Mr. Duarte said that, in his opinion, fee for service is not the answer. He noted that managed care organizations (MCO) provide a predictable cost, and there is contractual language that obligates the MCOs to provide access to care even if it is out of network and for the MCO to pay for it. He noted that does not exist in fee for service.

### ***Silver State Health Insurance Exchange***

- Scott J. Kipper, Commissioner, Division of Insurance, Department of Business and Industry, reported that the Division of Insurance has been working cooperatively with the SSHIX and DHHS on the implementation of the ACA. He noted that a Memorandum of Understanding outlining which organization will be in charge of activities ranging from the issues of the navigators to consumer assistance is being completed, regular meetings are being held with the insurance companies on compliance and implementation, and many of the Division's health staff are working almost full-time on implementing health care reform in addition to their regular duties.
- Jon M. Hager, Executive Director, SSHIX, discussed the information included in his handout ([Exhibit C](#)) regarding: (1) the provisions of the ACA; (2) Senate Bill 440, which created the SSHIX; and (3) qualified health plans.

In response to an inquiry by Senator Wiener regarding whether there are gap policies for people with Medicare, Mr. Hager stated the Exchange is for major medical plans. He said a qualified health plan has to cover the ten sets of essential health benefits, and if it does not, it is not a qualified health plan and cannot be sold on the Exchange.

Responding to Senator Carlton regarding who decides a plan is allowed into the Exchange, Mr. Hager stated that the company has to be licensed in the State to sell insurance, the plan has to be certified and accredited, and there will be a quality review process.

- Assemblywoman Carlton expressed her concern about the consumers' ability to choose the correct insurance, and Mr. Hager stated that is a concern and the challenge is to present the policies in the most simple way, with side-by-side comparisons. He noted that another part of making sure the program goes through smoothly is a good advertising campaign, with marketing partnerships with insurance organizations, health care providers, and hospitals, so people understand the risks when they are purchasing and enrolling in insurance.

Mr. Kipper responded to Assemblywoman Carlton's inquiry about the option that is available to purchase a plan without the State's mandates. He stated that there is such a policy, but it has not been a popular product and there are not many carriers selling it. He noted it will be included in the certification and review process.

Chair Mastroluca inquired about the ability of individuals to make a change in their insurance plan if they find the one they have selected will not work for them or their family. Mr. Hager stated that open enrollment begins October 1, 2013, and lasts through March 31, 2014, and changes could probably be made prior to the beginning of the coverage. However, once a person is in a plan, changes cannot be made until the next open enrollment period, which will be October 15 through December 7 of each year, unless there is a qualifying event such as the birth of a child or death of a family member.

In response to Chair Mastroluca's question regarding the need to change coverage to Medicaid in the event a person's income is reduced, Mr. Hager stated that the issue of "churn" is a major issue for both Medicaid and the Exchange. Mr. Duarte stated this issue has been a significant topic of discussion by the Board of the SSHIX and they will be working closely with DHHS and the Division of Insurance on transition of care and continuity of care between Medicaid and the Exchange plans.

Responding to Senator Hardy's inquiry regarding the potential for a medical bankruptcy caused by an unexpected catastrophic event, Mr. Hager stated that there is still the potential for bankruptcies for large events for people who have insurance.

Referring to the catastrophic plan for men under the age of 30, Senator Hardy asked if that plan includes the mandates set by the Nevada Legislature. Mr. Kipper responded that he did not know the exact answer to that and he would find out and provide it to the Committee.

Discussion ensued between Mr. Duarte and Chair Mastroluca regarding the issue of churn. Mr. Duarte stated he was not clear on the process and timing for the changes and he would follow up on that information.

- Continuing his presentation, Mr. Hager described the SSHIX concept of operations, as presented in his handout ([Exhibit C](#)).

Discussion ensued among Senator Wiener, Mr. Hager, and Mr. Kipper, regarding the level of plans that may be offered in the Exchange.

Assemblywoman Carlton expressed her concern about low-income individuals who purchase plans that offer large deductibles because of their lower cost, but who will not access the benefits because they will not have the out-of-pocket money to pay the deductible and will end up paying for something from which they will not benefit.

- Mr. Hager continued his presentation with an explanation of the eligibility requirements of the SSHIX.

In response to Chair Mastroluca's question about what will be done to discourage small employers from not providing affordable insurance and pushing their employees to the individual Exchange, Mr. Hager stated that if an employer has fewer than 25 employees, there is no penalty. Therefore, it would be a matter of whether the employer wants to provide a benefit that will attract talented employees to their business or if the employer thinks the coverage on the Exchange is good enough for their employees.

Discussion ensued between Assemblyman Hardy and Mr. Hager regarding the fluctuation in numbers of employees during the year, as occurs in the construction industry, which could move the employer from the small employer group to a different category. Mr. Hager noted that to be eligible for the Small Business Health Options Program (SHOP) the State has not yet determined if the group will only be up to 50 employees or whether it will be expanded to include 51 to 100 employees. The State will be required to merge those markets in 2016, but it is currently up to the State. Mr. Hager said the premiums would be paid on a per-member amount for each month of enrollment.

Responding to Assemblyman Hardy's inquiry regarding continuation of insurance coverage rules for employees who are terminated, Mr. Hager stated that the continuation of health coverage laws in the Consolidated Omnibus Budget Reconciliation Act requires an employer to provide coverage to the employee, but the terminated employee must pay the cost of the coverage.

- Mr. Kipper noted that Assemblyman Hardy's question regarding the fluctuation of numbers of employees is an interesting question and he will be discussing it with his staff, as it would have ramifications for employers as the number of employees change.

Discussion ensued between Senator Hardy, Mr. Kipper, and Mr. Hager regarding the uncertainty small business owners have regarding what their requirements and expenses will be under the ACA.

- Mr. Hager continued his presentation with a discussion of small employers and small employer options, and the five advisory committees created by the SSHIX Board: (1) Finance and Sustainability; (2) Plan Certification and Management; (3) SHOP Exchange; (4) Reinsurance and Risk Adjustment; and (5) Consumer Assistance.

Discussion ensued between Assemblywoman Carlton and Mr. Hager regarding the role of navigators in the Exchange.

- Mr. Kipper stated that, as one of the primary consumer protection agencies, the Insurance Division would feel very comfortable if there were some sort of certificate that proved a navigator had gone through specific training on the plans. He suggested that it could be modeled on the current program that trains volunteers to assist senior citizens in making intelligent choices regarding Medicare.

### ***Insurance Reforms***

- Scott J. Kipper, previously identified, provided information on: (1) the Division of Insurance; (2) the provisions of the ACA that affect consumers; (3) the medical loss ratio of premium dollars; (4) health insurance premium rate review enhancements; (5) the impact of an enhanced rate review; and (6) the ACA provisions effective January 1, 2014. (Please see [Exhibit D](#).) Mr. Kipper commented that there are now 879 Nevadans who are enrolled in the federal Pre-existing Condition Insurance Plan (PCIP). He noted that the PCIP was paying a \$100 finder's fee to brokers to help enroll individuals in the plan, but the finder's fee has ended as of May 1, 2012.

Mr. Kipper reported that two things that will go into effect on January 1, 2014, that are important to note are: (1) the premium ratings will only be based on age, geographic area, and tobacco use, so that gender, group size, and industry will be eliminated; and (2) the age rating will be restricted to a 3 to 1 ratio for adults. That ratio is currently 5 to 1. This means that the higher rates will come down but the lower rates must rise to support that decrease.

Discussion ensued among Senator Hardy, Mr. Kipper, and Assemblywoman Carlton regarding the meaning of geographic area, and how that would affect Nevada. Mr. Kipper stated that he would provide to the Committee a clarification of what is meant by "geographic area."

Responding to a question by Chair Mastroluca about whether Nevada would be able to assist other states that are not as advanced in preparing for the ACA, Mr. Hager stated that Nevada could assist other states if they ask for information; however, every state has its own licensing requirements and regulations and statutes, which creates a different challenge in each state. He noted that Nevada has participated in some informal networking groups among Exchange directors.

- Chair Mastroluca called for public comment on the implementation of the Affordable Care Act in Nevada (Agenda Item III); however, no testimony was presented.

**UPDATE CONCERNING NEVADA'S MEDICAID AND CHILDREN'S HEALTH INSURANCE PROGRAMS INCLUDING: MEDICAID MANAGEMENT INFORMATION SYSTEM, FUNDING FOR MENTAL HEALTH SERVICES, AND ELIGIBILITY FOR CHILDREN INVOLVED IN THE CHILD WELFARE SYSTEM**

- Charles Duarte, previously identified, provided a report on the status of the contract with Hewlett Packard Enterprise Services to take over the existing Medicaid Management Information System (MMIS). He provided information on: (1) the reason for a four-month delay in the takeover; (2) issues encountered after the cutover; (3) where the MMIS system currently is; and (4) the focus for the future. (Please see [Exhibit E](#).)

In response to Chair Mastroluca, Mr. Duarte said there is no backlog in processing claims, and Hewlett Packard Enterprise Services is meeting their contractual performance standards with respect to approval or review of prior authorization requests.

Responding to Senator Wiener's inquiry regarding whether DHHS is tracking business relationships to reveal if there may be trending that may not be appropriate or in the best interests of the medical consumers, Mr. Duarte confirmed that is being done by DHHS.

- Chair Mastroluca reported that Denise Tanata Ashby, J.D., Executive Director, Children's Advocacy Alliance, had to leave for another meeting, but has provided her testimony regarding funding for mental health services and eligibility for children involved in the child welfare system. (Please see [Exhibit F](#) and [Exhibit F-1](#).) Chair Mastroluca stated that Scott Reynolds, Chair, Nevada Behavioral Health Consortium, also had to leave for another meeting and had provided written testimony. (Please see [Exhibit G](#).)
- Ernie Adler, Rite of Passage, stated that some of the programs in Nevada for children who have juvenile justice problems as well as mental health problems may have to close because they cannot legally bill Medicaid for room and board.
- Lisa Ruiz-Lee, Interim Director, Clark County Department of Family Services, stated that the Children's Advocacy Alliance has coordinated community work groups to discuss *Nevada Revised Statutes* (NRS) 432B, and consider the possibility of making revisions to it. She said that one of the conversations in the work group concerned NRS 432B.360, which allows for voluntary placement of children with child welfare agencies. That statute currently allows for a child to be placed with the agency for up to six months before a petition would be filed, and one of the comments made by several of the parents who participated in the work group was that six months was not a long enough period. Ms. Ruiz-Lee noted that what is driving the six-month timeline is not any of the typical child welfare issues, but rather it is access to services that are paid for by Medicaid as long as the child is in the custody of the child welfare agency. She stated that during the meeting, both Kevin Schiller, Director of Washoe County Department of Social Services, and she indicated that from the child welfare perspective, they would not be in support of maintaining the children in the child welfare system when the real issue was access to services via Medicaid. Ms. Ruiz-Lee reported that her office could identify only three cases that fall into this category, because parents rarely voluntarily place their children.



Ms. Ruiz-Lee stated that the issue that was represented during the community work group was accurately articulated in Ms. Tanata Ashby's letter to the Committee dated May 8, 2012 ([Exhibit F](#)).

Discussion ensued between Senator Hardy and Ms. Ruiz-Lee regarding the termination of parental rights and the ability to meet the needs of children.

- Mr. Duarte stated that the issue has to do with eligibility and the availability of medical coverage. There currently is a population of people who have no coverage for their children, and as a result of their child having either behavioral health needs or medical needs the parent may be forced to consider the option of giving their children up to a state or county agency. Mr. Duarte pointed out that in 2014, with the implementation of the Medicaid expansion and, assuming the Exchange stays in place, there will be a tremendous increase in the number of children eligible for either subsidized or unsubsidized insurance
- Kevin Schiller, Director, Washoe County Department of Social Services, described the proactive preventive measures that are taken by his Department for special needs children and noted that he is aware of only five to ten cases where voluntary placement has been initiated.
- Jon Sasser, Washoe Legal Services and Legal Aid Center of Southern Nevada, stated that eligibility for Medicaid payment for mental health services for certain children is threatened under a federal rule called the exclusion for Institutes for Mental Disease (IMD). An IMD is defined as a facility with 17 or more beds, primarily to provide mental health services. He noted that, although this is an old rule, the Centers for Medicare & Medicaid Services (CMS) has recently been looking at these facilities in other states. Mr. Sasser stated there are 400 children in Nevada getting services through Medicaid in facilities with more than 16 beds.

Discussion ensued among Mr. Adler, Mr. Duarte, and Mr. Willden regarding funding for mental health services for children. Mr. Duarte noted that DHHS has identified two facilities that meet the criteria for an IMD (Daybreak Equestrian Center in Baker, Nevada, and Horizon Academy located in Amargosa Valley) and Rite of Passage has self-identified to DHHS. Mr. Duarte stated that DHHS has advised CMS that Nevada has over 400 children in facilities with more than 16 beds, and is concerned about having to find placements for the children if CMS orders the State to discontinue coverage for them.

Responding to Senator Wiener's inquiry, Mr. Duarte stated that the restriction has been in place since 1965 when the Medicaid program began. The goal was to assure that infrastructure that had been funded primarily through state dollars for mental health hospitals was not going to be subsidized by federal dollars, and to make sure that community based models were going to be utilized for services as opposed to the large mental health institutions that were in existence at that time.

In response to Chair Mastroluca's inquiry regarding possible resolutions, Mr. Sasser stated he wanted the Committee to be aware of the budget problem there would be if CMS decertifies

the payments for children with mental health problems in these facilities. He said the options are either building more small facilities in the State or having to send the children out of the State.

- Chair Mastroluca asked that the discussion return to the issue regarding parents voluntarily giving up their children in order for them to receive services.
- Ms. Ruiz-Lee stated that part of the solution will come with health care reform when there are more children who are eligible for services. She noted she is most concerned about the extension of time related to achieving permanency in a timely way for the children.
- Mr. Schiller concurred with Ms. Ruiz-Lee and emphasized that when a voluntary placement is signed, the parent's rights do not go away. He noted that at the end of the voluntary placement a determination has to be made that the child can return home. Mr. Schiller stated it is very rare that he has had to sign a petition for appointment of a guardian under NRS 432B.
- Mr. Willden commented that the real issue is an inadequate children's mental health system in the State. He noted the discussion should be focused on getting adequate funding and adequate programming in the children's mental health system. Mr. Willden said they are having to play games to access services to get Medicaid to pay and it is wrong for parents to have to voluntarily place their children.
- Chair Mastroluca called for public comment on Nevada's Medicaid and Children's Health Insurance Programs including: Medicaid Management Information System, funding for mental health services, and eligibility for children involved in the child welfare system (Agenda Item IV); however, no testimony was presented.

#### **UPDATE ON THE ADMINISTRATION OF PSYCHOTROPIC MEDICATION TO CHILDREN IN THE CUSTODY OF THE STATE**

- Jill Marano, Acting Deputy Administrator, Division of Child and Family Services, DHHS, presented a summary of the bills passed during the 2011 Legislative Session that impacted psychotropic medication for children: Senate Bill 371 (Chapter 444, *Statutes of Nevada*); S.B. 246 (Chapter 259, *Statutes of Nevada*); and S.B. 370 (Chapter 443, *Statutes of Nevada*). (Please see [Exhibit H](#) and [Exhibit H-1](#).)

Ms. Marano noted that one of the issues the Division has been having around psychotropic medication is identifying and tracking the children that are on medications. She said the Division has been working with Medicaid to develop better ways to share information so Medicaid can provide the Division with a list of children who are on psychotropic medications to ensure their database is up to date.

In response to Chair Mastroluca, Amber Howell, Administrator, Division of Child and Family Services, DHHS, described the reports and information the Division will be receiving from Medicaid.

- Mr. Duarte referred to a joint letter issued by the Administration for Children and Families, Center for Medicare and Medicaid Services, and the Substance Abuse and Mental Health Services Administration, which are agencies under the U.S. Department of Health and Human Services, that addressed the need for the federal and state agencies that serve children to work together to ensure the potential abuse of psychotropic medications is being addressed, particularly in the foster care system. He noted the three solutions that were recommended were: (1) changes to the Medicaid drug authorization processes; (2) use of patient centered medical homes or health homes to integrate behavioral and medical services for a child; and (3) the use of electronic health records. Mr. Duarte described what his Department has been doing to address this issue.

Responding to Senator Wiener regarding her concern about an individual being prescribed several different drugs that are lethal in combination, Mr. Duarte stated that safety precautions have been implemented; however, there can be a problem when an individual is getting health or pharmacy benefits from multiple payers or payers in sequence. He noted that is where the health information exchange and the use of electronic health records will be a significant help.

- Kevin Schiller, previously identified, described what Washoe County has done to comply with the requirements regarding psychotropic medication. He noted that the Department has 171 children who are being administered psychotropic medication, and nomination forms for a person legally responsible have been submitted for all 171 children, 17 hearings have been held, and 88 hearings are set for review of qualifying the person legally responsible.
- Ms. Ruiz-Lee described the services being provided to Clark County Department of Family Services by Mojave Adult, Child and Family Services for children who have been identified as being on psychotropic medications. She noted there are approximately 340 children who are in need of a person legally responsible, and petitions have been filed and hearings have been set for all of them.
- Chair Mastroluca called for public comment on the administration of psychotropic medication to children in the custody of the State (Agenda Item V); however, no testimony was presented.

**UPDATE AND PRESENTATION OF RECOMMENDATIONS CONCERNING EFFORTS TO STANDARDIZE LANGUAGE IN CHAPTER 450B, “EMERGENCY MEDICAL SERVICES,” OF NRS TO CONFORM WITH THE *NATIONAL EMERGENCY MEDICAL SERVICES EDUCATION STANDARDS* RELEASED BY THE NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION IN 2009 (PROPOSED IN ASSEMBLY BILL 51 OF THE 2011 LEGISLATIVE SESSION)**

- Marla McDade Williams, B.A., M.P.A., Deputy Administrator, Health Division, DHHS, stated that present with her is Kyle Devine, Health Program Manager 2, Health Division, DHHS, who has relative oversight of the Emergency Medical Services program.

- Ms. McDade Williams noted that she had provided a document titled “Proposal to Amend Chapter 450B of the Nevada Revised Statutes as it Relates to Emergency Medical Services.” (Please see [Exhibit I.](#)) She described the four levels of emergency medical personnel in the *National Emergency Medical Services Education Standards*: (1) paramedic; (2) advanced emergency medical technician; (3) emergency medical technician; and (4) emergency medical responder.

Ms. McDade Williams said that the *Nevada Revised Statutes* do not recognize paramedics, but the level of care provided by an advanced emergency medical technician is equal to a paramedic. She further noted that the recommendation is to change the “intermediate emergency medical technician” in NRS to “advanced emergency medical technician” to comply with the definition in the national standards.

Continuing, Ms. McDade Williams stated that the fourth level identified in the national standards is not addressed in the NRS, and is called a first responder in State regulations.

In response to Chair Mastroluca, Ms. McDade Williams stated that the following three changes should be made: (1) change advanced emergency medical technician to paramedic; (2) change intermediate emergency medical technician to advanced emergency medical technician; and (3) add emergency medical responder. She noted that emergency medical technician is already defined and does not need to be changed.

Chair Mastroluca asked if discussions had been had with groups that will be affected by this change, and Mr. Devine stated that a conference call was held with all the entities and there was no opposition to these changes.

Discussion ensued between Assemblywoman Carlton and Ms. McDade Williams regarding the definitions, scope of practice, and the possible effect on an individual’s job by changing the definitions.

In response to Chair Mastroluca’s inquiry, Ms. McDade Williams stated the system that currently certifies emergency level personnel will not change. In further response to Chair Mastroluca, Ms. McDade Williams stated that there are many options but she is simply proposing to have the NRS be consistent with the four definitions that are laid out by the national standards.

- Chair Mastroluca noted that to be consistent with national standards this change should be considered, as the issue comes down to access to jobs. She also requested that more input be received from the agencies and people that will be affected by the change. Chair Mastroluca asked that Ms. McDade Williams work with staff to finalize the recommendations.
- Chair Mastroluca called for public comment on the update and presentation of recommendations concerning efforts to standardize language in Chapter 450B of NRS to conform with the *National Emergency Medical Services Education Standards* (Agenda Item VI); however, no testimony was presented.

## **PRESENTATION CONCERNING RECOMMENDATIONS TO REVISE THE CANCER DRUG DONATION PROGRAM IN NEVADA**

- Tom McCoy, State Director, American Cancer Society/Cancer Action Network, reminded the Committee that the second week of May is Melanoma and Skin Cancer Detection and Prevention Week in Nevada, and noted that Chair Mastroluca and Senator Allison Copening were instrumental in establishing this week during the 2009 Legislative Session.

Mr. McCoy stated that one of the issues the Committee had in March when the Cancer Drug Donation Program was discussed was that it is not a very effective program and the Committee was looking for suggestions. He said that, following that meeting, he talked with the cancer resource people in Las Vegas and in Reno. He noted that a patient navigator in Las Vegas, Linda Ivers, had made arrangements for one of the pharmacies in Las Vegas to provide several thousand dollars' worth of cancer medication through the Cancer Drug Donation Program, and he wanted to recognize Ms. Ivers for her efforts. Mr. McCoy stated that the recommendation the Committee is about to hear from the State Board of Pharmacy should be the next step.

- Carolyn J. Cramer, General Counsel, State Board of Pharmacy, stated that the best way to expand the Cancer Drug Donation Program would be to add dispensing practitioners to the list of facilities that can redispense the drugs. (Please see [Exhibit J.](#))
- Assemblywoman Carlton stated the Cancer Drug Donation Program is a wonderful program. She questioned if giving dispensing practitioners the option to dispense the donated drugs would be successful without outreach to and education of the doctors.
- Mr. McCoy responded that Assemblywoman Carlton is correct and it is the role of the cancer community to educate the providers about this issue.

In response to Senator Wiener's question about whether independent pharmacies in northern Nevada or other communities are considering including the Cancer Drug Donation Program as part of their practice, Ms. Cramer said she had heard that there was an independent pharmacy in northern Nevada that was interested, but she does not know if they are still interested.

- Chair Mastroluca called for public comment on Agenda Item VII; however, no testimony was presented.

## **PRESENTATION REGARDING RECOMMENDATIONS TO ADDRESS PRESCRIPTION DRUG ABUSE AND THE PRESCRIPTION DRUG MONITORING PROGRAM IN NEVADA**

- Larry L. Pinson, previously identified, stated that the first recommendation to address prescription drug abuse and the Prescription Drug Monitoring Program (PMP), would be to include controlled substances listed in schedule V in the PMP. (Please see [Exhibit J.](#))

Chair Mastroluca asked that Mr. Pinson describe a schedule V drug. Mr. Pinson explained that controlled substances are scheduled in five different classes, I through V, with the lowest number having the highest potential for abuse. He noted that in schedule I are controlled substances such as heroin and marijuana. He stated that schedule V are the least controlled drugs, some of which can be sold over the counter.

In response to Assemblywoman Carlton's inquiry regarding the reason for this proposed change, Mr. Pinson stated that Nevada is not able to obtain many grants because it does not track schedule V controlled substances. He noted most states do track schedule V controlled substances.

- Mr. Pinson stated the second recommendation of the State Board of Pharmacy is to require all practitioners who obtain a controlled substance registration in Nevada to register with the PMP. He said he had discussed this recommendation with Larry Matheis, Executive Director of the Nevada State Medical Association, and Mr. Matheis will discuss it with the members of his Association.
- Mr. Pinson said the final suggestion is that pharmacies require a current positive government-issued photo identification from any person who picks up a controlled substance prescription. He noted that he had talked with the Retail Association of Nevada about this suggestion and they indicated they would have no problem with this. Mr. Pinson commented that many stores are beginning to require identification from people who pick up controlled substance prescriptions.

Chair Mastroluca recommended that the Retail Association of Nevada be requested to poll its members, as she has questions about putting this into regulation if it is already being done by the pharmacists. Mr. Pinson noted that some stores have made that a store policy, and he will ask the Retail Association of Nevada to poll its members.

- Deborah McBride, Agency Director, Substance Abuse Prevention and Treatment Agency (SAPTA), Division of Mental Health and Developmental Services, DHHS, described what her agency has been doing to get the word out about the PMP and increase participation in the PMP, including:
  - Working in collaboration with the Nevada Statewide Coalition Partnership;
  - Creating and conducting a survey of prescribers statewide to determine the usage of the PMP;
  - A plan for education, training, and outreach will be developed;
  - Full-day training or a series of trainings specific to prescribers will be conducted; and
  - Community level education on the PMP web-based system will be conducted, along with small group demonstrations of software.
- Linda Lang, Director, Nevada Statewide Coalition Partnership, stated that as soon as the survey of prescribers is completed, the next step will be to create a marketing program based on the results of the survey.

Ms. Lang reported that the prescription roundup was held on April 28. She noted that the drug roundups have been held for the past three years and the amount of drugs went down after the first roundup, but in this roundup, the level is back up to that of the first roundup. She further noted that a prescriber education training called “Pain, Opiates and Addiction” will be held in Reno on May 21, 2012, and in Carson City on May 22, 2012. Ms. Lang stated that 51 people have registered for this training, about one-third of which are physicians.

Ms. Lang further reported that the Coalition Partnership is working with SAPTA to support providing drug collection boxes in every community statewide, so people will be able to dispose of their drugs between the drug roundups in April and October. She also noted that there will be a Drug Summit on October 1 and 2, 2012, in Reno that will focus on prescription drugs and marijuana.

- David M. Marlon, President, Solutions Recovery, Inc., described the plan he had submitted to address the prescription pain pill epidemic. (Please see [Exhibit K.](#)) He stated that a comprehensive strategy needs to be put in place to: (1) increase community awareness; (2) strengthen the prescription monitoring system; and (3) address treatment needs.

In response to Chair Mastroluca, Mr. Marlon confirmed that he had met with Ms. McBride and Ms. Lang regarding his proposal. Chair Mastroluca commented that she would like to see them work together and come up with a plan the Committee can endorse and move forward with.

- Chair Mastroluca called for public comment on recommendations to address prescription drug abuse and the Prescription Drug Monitoring Program in Nevada (Agenda Item VIII).
- Amber Joiner, Director of Governmental Relations, Nevada State Medical Association, stated that the Nevada State Medical Association supports the PMP, and have supported it since it was introduced. She said the Association supports the recommendation proposed by Mr. Pinson that all practitioners who obtain a controlled substance registration in Nevada register with the PMP. She noted that the recommendations regarding including controlled substances listed in schedule V, and requiring identification are new to them and they will have to take those recommendations back to their members for consideration.

## **PRESENTATION REGARDING RECOMMENDATIONS TO ADDRESS SYNTHETIC DRUGS REGULATION, EDUCATION, PREVENTION, TREATMENT, AND ENFORCEMENT IN NEVADA**

- Larry L. Pinson, previously identified, stated that the State Board of Pharmacy has been trying to figure out some way to solve the problem of synthetic drugs so they do not have to keep scheduling individual compounds but they have not come up with an answer. He noted that he has had many speaking engagements for different groups, including physicians, regarding synthetic cannabinoids (spice) and substituted cathinones (bath

salts), and the word is getting out. Mr. Pinson stated the Board is continuing to work with and support law enforcement in identifying and scheduling these substances, and supports public education of both parents and youth with respect to these substances.

- Linda Lang, previously identified, said the job of the Nevada Statewide Coalition Partnership is to educate the community partners about the regulations. She stated the Partnership provides educational presentations on trends and are getting more requests from parent groups, community leaders, and especially from teachers. Ms. Lang noted the focus is primarily on young adults and community leaders.
- Mr. Pinson commented that the abuse is complicated and related that there have been incidents of children drinking hand sanitizer and nail polish.
- Chair Mastroluca called for public comment on recommendations to address synthetic drugs regulation, education, prevention, treatment, and enforcement in Nevada (Agenda Item IX); however, no testimony was presented.

## **PUBLIC COMMENT**

- Chair Mastroluca called for public comment; however, no testimony was presented.



## ADJOURNMENT

There being no further business to come before the Committee, the meeting was adjourned at 3:23 p.m.

Respectfully submitted,

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Anne Vorderbruggen  
Senior Research Secretary

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Marsheilah D. Lyons  
Principal Research Analyst

APPROVED BY:

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Assemblywoman April Mastroluca, 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.

[Exhibit B](#) is a Microsoft PowerPoint presentation handout titled “Nevada Medicaid & CHIP Under the ACA” submitted by Charles Duarte, Administrator, Division of Health Care Financing and Policy, Department of Health and Human Services (DHHS).

[Exhibit C](#) is a Microsoft PowerPoint presentation handout titled “Silver State Health Insurance Exchange Presentation to the Legislative Committee on Health Care,” provided by Jon M. Hager, Executive Director, Silver State Health Insurance Exchange.

[Exhibit D](#) is a Microsoft PowerPoint presentation handout titled “Health Insurance Reform,” presented by Scott J. Kipper, Commissioner, Division of Insurance, Department of Business and Industry.

[Exhibit E](#) is a document dated May 8, 2012, titled “Medicaid Management Information Systems Status Update, Legislative Committee on Health Care,” submitted by Charles Duarte, Administrator, Division of Health Care Financing and Policy, DHHS.

[Exhibit F](#) is a letter dated May 8, 2012, to the Legislative Committee on Healthcare, from Denise Tanata Ashby, Executive Director, Children’s Advocacy Alliance.

[Exhibit F-1](#) is a document dated April 2012, titled “Child Welfare Funding Opportunities: Title IV-E and Medicaid” provided by Denise Tanata Ashby, Executive Director, Children’s Advocacy Alliance.

[Exhibit G](#) is the written testimony of Scott Reynolds, Chair, Nevada Behavioral Health Consortium.

[Exhibit H](#) is a document titled “Psychotropic Medication in Child Welfare,” presented by Jill Marano, Acting Deputy Administrator, Division of Child and Family Services, DHHS.

[Exhibit H-1](#) is a document titled “Based Upon 2011 Senate Bill 371 ‘Person Legally Responsible for the Psychiatric Care of a Child,’” provided by Jill Marano, Acting Deputy Administrator, Division of Child and Family Services, DHHS.

[Exhibit I](#) is a document titled “Proposal to Amend Chapter 450B of the Nevada Revised Statutes as it Relates to Emergency Medical Services, Prepared by the State Health Division, Department of Health and Human Services,” submitted by Marla McDade Williams, B.A., M.P.A., Deputy Administrator, Health Division, DHHS.

[Exhibit J](#) is a document titled “Recommendations to the Legislative Committee on Health Care,” presented by Larry L. Pinson, Pharm.D., Executive Secretary, and Carolyn J. Cramer, General Counsel, State Board of Pharmacy.

[Exhibit K](#) is a document titled “Addressing the Prescription Pain Pill Epidemic,” provided by David M. Marlon, President, Solutions Recovery, Inc., Las Vegas, Nevada.

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](http://www.leg.state.nv.us/lcb/research/library/feedbackmail.cfm) or telephone: 775/684-6827.