SUMMARY OF RECOMMENDATIONS

LEGISLATIVE COMMITTEE ON HEALTH CARE

Nevada Revised Statutes 439B.200

This summary presents the recommendations approved by the Legislative Committee on Health Care (LCHC) (*Nevada Revised Statutes* [NRS] 439B.200) at its June 2, 2014, and August 26, 2014, meetings. The LCHC submits the following recommendations and bill draft requests (BDRs) to the 78th Session of the Nevada Legislature:

PROPOSALS RELATING TO BEHAVIORAL HEALTH

1. **Redraft** Senate Bill 323 (2013), which authorized the Division of Public and Behavioral Health (DPBH) of the Department of Health and Human Services (DHHS) to enter into a contract with a person, organization, or agency to carry out or assist in carrying out a program that allows certain defendants declared incompetent to receive outpatient treatment to restore competency while incarcerated in jail or prison. **(BDR 14–68)**

2. **Send a letter** to the DHHS and the Department of Employment, Training and Rehabilitation encouraging collaborative efforts to develop and expand supported employment programs for mentally ill persons.

3. **Send a letter** to the Senate Committee on Finance and the Assembly Committee on Ways and Means expressing the Committee's support for increasing the number of school-based psychologists, counselors, and social workers to help coordinate services and supports and to create effective links between schools and the community mental health system.

4. **Send a letter** to the Senate Committee on Finance, the Assembly Committee on Ways and Means, the DHHS, and Nevada's Department of Veterans Services expressing the Committee's support for mental health and other specialty courts. The letter will encourage collaboration to develop or support the development of:

    a. Aggressive aftercare programs to check in with participants and encourage them to stay connected to necessary services, especially with medication management;

    b. Additional supported housing options to increase stability;

    c. Institutional support for the specialty court system;

    d. Patient-aligned care teams in southern Nevada;

e. Specialized psychiatric nursing homes for chronically ill patients who have previously been placed in group homes and have had frequent emergency readmissions to a mental health hospital or a detention center; and

f. A forensic psychiatric facility in southern Nevada.

5. **Amend NRS** by revising the emergency admission process outlined in NRS 433A, related to emergency admissions in the following manner:

   a. Amend NRS 433A.160 and NRS 433A.200 to expand the types of professionals who may initiate taking a person into custody and who may file a petition for the involuntary court-ordered admission of a person to a mental health facility or hospital. In addition to the existing professionals authorized, add a physician's assistant who is licensed pursuant to NRS Chapter 630 or Chapter 633 of NRS.

   b. Add a new section to NRS 433A authorizing a physician, a physician's assistant, psychologist, social worker, registered nurse (including an advance practice registered nurse), or an accredited agent of the DHHS to certify that a person admitted to a public or private mental health facility or hospital for evaluation, observation, and treatment is no longer likely to harm himself or herself or others if allowed his or her liberty. This certificate should meet the same requirements as a certificate for emergency admission filed pursuant to NRS 433A.160. This certificate is the same as the release of such a person pursuant to NRS 433A.195. Such a person may still be hospitalized if the person has other conditions requiring hospitalization. **(BDR 39–64)**

PROPOSAL RELATING TO CHILDREN'S HEALTH

6. **Draft a Letter** to the State Board of Health (Board) requesting that the Board consider the following guidelines in the adoption of licensing standards, practices, and polices of child care facilities pursuant to NRS 432A.077:

   a. Require child care entities governed by *Nevada Administrative C*ode (NAC) 432A.380 to:
      i. Establish age appropriate portions;
      ii. Limit the amounts of foods with added sugars or low nutritional value, with specific requirements regarding milk, milk products, and juice;
      iii. Encourage staff to set good examples by:
         1. Eating with the children (currently in NAC);
         2. Eating items that meet the U.S. Department of Agriculture Child and Adult Care Food Program (CACFP) standards; and
         3. Teaching children appropriate portion sizes.
      iv. Use meal patterns established by the CACFP;

v. Develop a feeding plan with the child's parent that includes:
    1. Introduction of age-appropriate solid foods; and
    2. Encourages and supports breastfeeding (offering onsite arrangement for moms to breastfeed).

b. Strengthen the standards for child care facility programs governed by NAC 432A.390 by defining the following terms in accordance with physical activity guidelines based on the developmental age of children:
    i. Moderate physical activity
    ii. Vigorous physical activity
    iii. Muscular strengthening activities
    iv. Bone strengthening activities
    v. Sedentary activities
    vi. Screen/media time

c. Require child care facility programs governed by NAC 432A.390 to:
    i. Provide a program of physical activity that includes moderate to vigorous activity for all children, in addition to daily periods of outdoor play (weather permitting).
    ii. Require caregivers/teachers to participate in activities, when it is safe to do so.
    iii. Prohibit withholding or forcing physical activity as a form of discipline.

7. **Draft a letter** to the Division of Child and Family Services, DHHS, expressing support for the continuation and expansion of mobile crisis programs throughout the State of Nevada to improve the quality of children's mental health care by providing immediate care and treatment in a variety of settings, including but not limited to, homes, schools, homeless shelters, and emergency rooms. Mobile crisis response programs reduce unnecessary psychiatric hospitalizations and placement disruptions of children and youth, and reduce the need for youth to go to emergency rooms or detention centers to have their mental and behavioral health needs addressed.

PROPOSALS RELATING TO THE HEALTH CARE WORKFORCE

8. **Send a letter** to the Senate Committee on Finance and the Assembly Committee on Ways and Means expressing the Committee's support for the development and expansion of Graduate Medical Education (GME). The letter will specifically request that as funding is available:

    a. The number of residency slots within Nevada be increased. To fund a residency, an estimate of $100,000 to $110,000 a year was provided.

b. Medicaid funding for GME be revised to establish a method that reimburses hospitals with Medicaid payments that cover a proportionate share of the cost of the program.

9. **Send a letter** to Nevada's Congressional Delegation advocating for:

    a. No additional GME funding cuts; and
    b. Redistributing full-time equivalent resident slots to Nevada hospitals.

10. **Send a letter** to DHHS and the Nevada System of Higher Education expressing the Committee's support for increasing the health care workforce in Nevada by formalizing the role of community health workers (CHWs) and encouraging the development of community paramedicine. Specifically as it relates to CHWs, the Committee supports the development of a CHW type that meets the requirements for Medicaid reimbursement. This effort should consider the necessity and feasibility of:

    a. Changing the Nevada Medicaid State Plan to include CHWs as a provider type;
    b. Establishing additional reimbursement mechanisms to support prevention services by CHWs;
    c. Creating and expanding training programs for CHWs at the university and/or the community college level;
    d. Creating a governing body to oversee CHW activities;
    e. Educating providers and the community about the role of the CHW; and
    f. Developing a pipeline of individuals interested in becoming a CHW.

11. **Redraft** Senate Bill 324, First Reprint (2013), which authorized certain qualified professionals who hold a license in another state or territory of the United States to apply for a license by endorsement to practice in this State. In addition, the measure authorized certain regulatory bodies to enter into a reciprocal agreement with the corresponding regulatory authority in another state or territory of the United States for the purposes of authorizing a licensee to practice concurrently in this State and another jurisdiction and the regulation of such licensees. In addition to other provisions, the measure authorized a medical facility to employ or contract with a physician to provide health care to patients of the medical facility. **(BDR 54–62)**

PROPOSALS RELATING TO RURAL AND COMMUNITY HEALTH CENTERS

12. **Send a letter** to the Senate Committee on Finance and the Assembly Committee on Ways and Means expressing the Committee's support for the expansion of Rural and Community Health Centers in Nevada. The letter will:

    a. Convey the significant role Rural and Community Health Centers play in meeting the needs of the uninsured and underinsured.

b. Convey the significant return on investment received by states that have committed state funding to support the development or expansion of Rural and Community Health Centers by:
    i. Establishing a state-funded Primary Care Grant that is used in part to support capital needs.
    ii. Establishing competitive awards to support the start-up of a new health center and the expansion of existing health centers.
    iii. Providing funds to support technical assistance to develop proposals to secure federal funds through the New Access Program.

c. Encourage priority be given to provide financial support for these endeavors as it becomes economically feasible.

13. **Include a Statement of Support** in the final report for the development of an expedited credentialing process for providers who join the staff of an established Community Health Center.

14. **Redraft** Senate Bill 340, Second Reprint (2013), which proposed the creation of the Office for Patient-Centered Medical Homes and the Advisory Council on Patient-Centered Medical Homes. The redraft will exclude the provisions related to medical records. **(BDR 40–63)**

PROPOSAL RELATING TO HEALTH INSURANCE COVERAGE

15. **Amend NRS** to require any insurer issuing a policy of insurance to contract with any qualified providers who meet the terms of the insurer if:

    a. The Division of Insurance, Department of Business and Industry, has determined that the insurer has an inadequate number of the specified provider types for all insurance including those required to have an adequacy review, or

    b. The area in which the services are to be provided has been designated by the Health Resources and Services Administrations, U.S. Department of Health and Human Services as a Health Professional Shortage Area. **(BDR 57–65)**

PROPOSAL RELATING TO THE EMERGENCY USE OF EPINEPHRINE AUTO-INJECTORS IN NEVADA

16. **Amend NRS** to authorize certain entities or organizations at which allergens capable of causing anaphylaxis may be present, including, but not limited to, amusement parks, recreation camps, restaurants, sports arenas, and youth sports leagues, to obtain and maintain a supply of epinephrine auto-injectors for emergency administration. Authorize a

trained employee or agent of the entity or organization to administer an epinephrine auto-injector under certain circumstances. **(BDR 40–66)**

PROPOSAL RELATING TO TELEMEDICINE

17. **Draft a letter** supporting the advancement of Telemedicine in Nevada. Acknowledging the efforts of the Nevada Broadband Task Force and other entities in promoting telemedicine as a "standard of care" and recognizing how telemedicine supports:
    a. The expansion of services to patients in rural and urban communities;
    b. Inadequate provider distribution;
    c. Access to high quality, cost-effective care;
    d. The reduction of health care spending caused by treatment delays;
    e. Increased convenience when:
        i. Licensed health care facility limits are removed,
        ii. Health care provider licensing is clarified, and
        iii. All telemedicine-enabled care is able to be provided.
    f. Increased innovation and investment when reimbursement parity is provided for covered services;
    g. Strengthening the health care infrastructure; and
    h. Economic development by preserving and increasing health care related jobs and keeping patients' care in Nevada.

PROPOSALS RELATING TO AUTISM TREATMENT AND SERVICES IN NEVADA

18. **Draft a Letter** to the DHHS encouraging the Department to:

    a. Develop mechanisms to provide readily available access to the Modified Checklist for Autism in Toddler screenings that assess risk for autism spectrum disorder in rural Nevada and a mobile diagnostic clinic for those who have red flags identified by the screenings. In rural Nevada, accessing a diagnostic evaluation is a significant barrier to treatment.

    b. Allow Autism Treatment Assistance Program (ATAP) funds to be used to support diagnostic clinics across rural Nevada, if it is determined to be feasible and appropriate.

    c. Encourage coordination between ATAP, Nevada Early Intervention Services, and rural school districts with the intent of promoting autism diagnoses, treatment, and helping coordinate providers and services to increase access to treatment and services in rural communities.

d. Require Nevada Medicaid to cover Applied Behavior Analysis (ABA) services as soon as possible by:
    i. Seeking clarification from Centers for Medicare and Medicaid Services regarding whether ABA can be included in the Nevada Medicaid State Plan via a plan amendment;
    ii. Preparing and submitting such an amendment;
    iii. Initiating the process of certifying providers of ABA services and establishing rates;
    iv. Providing ABA services to Early Periodic Screening Diagnosis and Treatment children;
    v. Making the necessary request to shift available funding during this biennium to cover these services; and
    vi. Developing a budget for the next biennium that includes sufficient funding for Medicaid coverage of ABA and to eliminate the ATAP waiting list.

19. **Revise the following provisions of NRS** related to autism services and insurance coverage:

Sunset the requirement that autism behavior interventionists be certified by the Board of Psychological Examiners on July 1, 2017. Continue to require autism behavior interventionists to work under the supervision of a licensed and Board Certified Behavior Analyst or a Board Certified Assistant Behavior Analyst. Beginning July 1, 2017, require autism behavior interventionists to obtain the Registered Behavior Technician credential established by the Behavior Analyst Certification Board.

a. Revise the requirement in various insurance statutes that an autism behavior interventionist be certified as a condition to insurance coverage for autism spectrum disorders and instead require as a condition to insurance coverage for autism spectrum disorders that autism behavior interventionists receive the Registered Behavior Technician credential established by the Behavior Analyst Certification Board. This revision is effective beginning July 1, 2017.

b. Remove the $36,000 per year cap on benefits for services related to applied behavior analysis treatment. **(BDR 54–67)**

PROPOSALS RELATING TO PERSONS WITH ALZHEIMER'S DISEASE

20. **Draft a letter** to all district courts in Nevada strongly requesting that they closely supervise all guardians whose wards suffer from dementia, including but not limited to Alzheimer's disease to insure that all reports on the person and estate of the ward are filed are filed and reviewed according to existing law.

21. **Amend NRS** 159.076 to prohibit a court from granting a summary administration if:

    a. The ward is suffering from dementia, including but not limited to Alzheimer's disease or
    b. The ward has been placed in a facility outside the state of Nevada. (**BDR 13–504**)

22. **Draft a letter** to the Division of Public and Behavioral Health and the Division of Health Care Financing and Policy, DHHS, urging them to:

    a. Establish hospital transitional care programs;

    b. Increase the number of home-based services and long-term care facilities with Alzheimer's certification; and

    c. Establish a central location where available and appropriate placements can be accessed.

    This letter will stress the importance of providing methods and means by which people with dementia, including Alzheimer's disease, can avoid relocation trauma and out-of-state placement.