The tenth meeting of the Nevada Legislature’s Legislative Committee on Health Care was held on May 6, 2008, at 9 a.m. in Room 3138 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. The meeting was videoconferenced to Room 4401 of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, 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 www.leg.state.nv.us/74th/Interim. 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 CARSON CITY:

Assemblywoman Sheila Leslie, Chair
Senator Maurice E. Washington, Vice Chair

COMMITTEE MEMBERS PRESENT IN LAS VEGAS:

Senator Steven A. Horsford
Assemblywoman Susan I. Gerhardt
Assemblyman Joe Hardy

COMMITTEE MEMBER ABSENT/EXCUSED:

Senator Joseph J. Heck

LEGISLATIVE COUNSEL BUREAU STAFF PRESENT:

Marsheilah D. Lyons, Principal Research Analyst, Research Division
Sarah Lutter, Senior Research Analyst, Research Division
Sara Partida, Senior Deputy Legislative Counsel, Legal Division
Rebecca C. Dobert, Senior Administrative Assistant, Research Division
OPENING REMARKS

Assemblywoman Sheila Leslie, Chairwoman, welcomed members, presenters, and the public to the tenth meeting of the Legislative Committee on Health Care (LCHC). She noted that the last two meetings of the LCHC had been set for June 17 and July 9, 2008, with the July meeting being a work session meeting.

APPROVAL OF MINUTES OF THE MEETING HELD ON MARCH 6, 2008, IN LAS VEGAS, NEVADA

- The Committee APPROVED THE FOLLOWING ACTION:

  SENATOR HORSFORD MOVED TO APPROVE THE MINUTES OF THE MARCH 6, 2008, MEETING HELD IN LAS VEGAS, NEVADA. THE MOTION WAS SECONDED BY ASSEMBLYMAN HARDY AND PASSED UNANIMOUSLY.

DISCUSSION REGARDING “WHISTLEBLOWER” PROTECTIONS FOR MEDICAL PROFESSIONALS

- Marsheilah D. Lyons, Principal Research Analyst, Research Division, Legislative Counsel Bureau (LCB), used Exhibit B, Exhibit B-1, and Exhibit B-2 to review whistleblower protections for certain medical professionals in Nevada and other states.

- Assemblyman Hardy asked how cases of false whistleblowing were dealt with.

- Ms. Lyons said she was unaware of any cases in Nevada but would examine what is done in other states and report back to the LCHC.

- Chairwoman Leslie asked what the Nevada Revised Statutes (NRS) specifically offer as protection for nurses who report professional abuses.

- Ms. Lyons replied that, according to NRS 449.205, “Medical facility prohibited from retaliating or discriminating against certain persons for reporting or participating in investigation or proceeding relating to sentinel event or certain conduct of physician or reporting or refusing to provide nursing services beyond his competence; restriction of right prohibited” retaliation against nurses reporting abuses is specifically prohibited. She said the statute offers protection that is broader than simply referencing the sentinel event causing a nurse to report.

- Chairwoman Leslie noted that the Board of Medical Examiners and State Board of Nursing could likely both track false reporting by their members.

- Lisa Black, Ph.D., R.N., Nevada Nurses Association (NNA), referenced written testimony to address changes to existing statutory language that might better assist
Nevada health care providers with reporting abusive practices (Exhibit C). Ms. Black provided a brief review of patient advocacy law, patient advocacy legislation in Nevada, and recommendations from the NNA regarding language that could strengthen and clarify existing Nevada whistleblower law, as well as suggested new language.

- Chairwoman Leslie commented that the suggestions were very helpful and asked Ms. Black if she had heard any reasoning as to why nurses involved in the hepatitis C outbreak in Las Vegas did not report the abusive practices; if perhaps it was due to lax whistleblower laws.

- Ms. Black responded that, anecdotally, the nonreporting of abuses by nurses in Nevada was often due to fear of losing employment. She added that nurses were required by law to report any known abuses or out-of-scope practices.

- Chairwoman Leslie asked if enhancing enforcement of whistleblower protection would help encourage the reporting of abuses.

- Ms. Black answered that it would.

- Joan Wells, R.N., Service Employees International Union (SEIU) Nurse Alliance, used written testimony to review her personal experience regarding loss of employment after being a whistleblower and the SEIU’s commitment to improving whistleblower protections in Nevada (Exhibit D). She explained that current law was not strong enough to truly protect whistleblowers and recommended several changes to strengthen the law. Ms. Wells’ recommendations included: (1) the establishment of the chain of command for reporting abuse; and (2) clearly educating employees about their rights concerning retaliation when reporting unsafe medical practices.

- Chairwoman Leslie asked what Ms. Wells thought of the recommendations put forward by the NNA.

- Ms. Wells responded that they seemed accurate and solid as policy recommendations; she said the SEIU was in agreement with the spirit of the recommendations.

- Senator Horsford asked why Ms. Wells’ legal case had been dismissed from court.

- Ms. Wells responded that the judge overseeing the case claimed it was a labor dispute, not a whistleblowing case.

- Assemblyman Hardy said that immunity from civil action is provided for whistleblowers in Nevada statute. He suggested this protection might need to be broadened and strengthened and requested that it be part of future LCHC deliberations.
• Ms. Black said she was not familiar with the language in statute and acknowledged there was certainly room to look at this in future discussions about whistleblower protection.

• Responding to Senator Horsford’s request for opinions regarding enhancing enforcement provisions for whistleblowers, Ms. Black agreed that the NNA recommendation was to better specify enforcement language to address retaliation issues and what legal relief may be sought by whistleblowers.

Discussion ensued about the complications of prosecuting whistleblower cases.

• Senator Horsford asked about best practice models for enforcement, perhaps any that did not require medical personnel to go to court.

• Ms. Black responded that protection of the public is the mission of the State Board of Nursing and that the Board did not have the ability to advocate for whistleblowing nurses.

• Assemblyman Hardy pointed out that some of the suggested changes were regulatory; he asked if those could be addressed immediately, rather than waiting until the 2009 Legislative Session.

• Chairwoman Leslie agreed and said that the LCHC could address many of the regulatory issues and asked what body kept track of complaints from nurses.

• Ms. Black responded that the NNA made an effort to track complaints, but tracking was largely anecdotal.

• Chairwoman Leslie asked if the NNA would be willing to more closely track complaints to assess if a lack of protections for whistleblowers was a widespread problem needing legislative attention.

• Ms. Black replied that the State Board of Nursing would have to be asked.

• Chairwoman Leslie asked any medical board representatives present to come forward and address the recommended whistleblower changes.

• Debra Scott, M.S.N., R.N. A.P.N., Executive Director, State Board of Nursing, testified that NRS 632.472 “Persons required to report on conduct of licensees or holders of certificates; voluntary reports; immunity from civil liability” contained an immunity clause for whistleblowers. She said that the difficulty was to objectively define “good faith” as used in the statute. Ms. Scott said that the Board had received cases where so-called whistleblowers were really trying to mar a nurse’s reputation. She said that, generally, the State Board of Nursing would support the recommended changes and that the Board had also anecdotally kept track of nurse complaints. Ms.
Scott explained what information is given to nurses who call the Board to report abusive practices, including an anonymous reporting option, and detailed a few specific disciplinary cases.

Discussion followed regarding why certain complaints did not result in disciplinary action, the State Board of Nursing’s lack of administrative authority to provide whistleblower protection, and what authority to protect whistleblowers exists within the Bureau of Licensure and Certification (BLC), Health District, Department of Health and Human Services (DHHS).

- Jennifer Dunaway, Health Facilities Surveyor IV, Health Division, DHHS, explained that the BLC may investigate complaints and take action against a medical facility, rather than individuals, if a complaint is verified.

- Senator Horsford asked if the authority of the BLC extended to protecting the identity of a medical professional who filed an investigated complaint.

- Ms. Dunaway replied that yes, complainants were kept confidential during the investigation process. She said that if there was a subpoena at the end of an investigation then the anonymity of the complainant may be lost.

- Chairwoman Leslie asked for comments about streamlining the complaint process, beginning with how a complaint may currently be filed with a medical board.

- Ms. Scott replied that the complaint process was outlined in detail on the State Board of Nursing’s website and that informational fliers were posted in hospitals for consumers.

- Ms. Dunaway said that complaint information was currently on the BLC’s website and that it could be expanded to include statements of deficiency and plans of correction to better inform the public of substantiated complaint investigations.

Discussion followed regarding the process of filing a complaint against unsafe medical practices, including the lack of accessible information on how to file a complaint and ideas to improve the posting and notification of such information.

- Ms. Scott noted the State Board of Nursing’s past proposal to have a staff member at the Office of the Governor in order to better refer complainants to the proper channels. She offered to send that proposal to the members of the LCHC.

- Assemblyman Hardy commented that the public version of finalized investigative information needed to be the most important component of the transparency, in order to avoid false accusations.

- Chairwoman Leslie agreed, saying the complaint process should be transparent and the final investigative information well posted.
Valerie Rosalin, R.N., Director, Office for Consumer Health Assistance, Office of the Governor, testified that information on how to file a complaint is on all Nevada hospital discharge forms. She confirmed that Ms. Scott had previously proposed streamlining the complaint process and identified her office’s current role in the process.

Ms. Scott provided details of the proposal to the Office for Consumer Health Assistance, including the creation of a toll-free telephone number for complainants.

Discussion followed about the proposal, what it entailed, what complaint form would be used, and a possible timeline for implementing a formal, transparent complaint process using a single, standardized complaint form.

Senator Horsford asked if the medical boards could indicate how many complaints against facilities were filed per annum and for clarification of the complaint process; he asked if there was a single document in existence clearly explaining the complaint process.

Chairwoman Leslie requested that a simplified complaint document or a plan for creating one be presented to the LCHC in the near future.

Ms. Scott replied that approximately 1,400 complaints were received by the State Board of Nursing per year, with about 200 of those cases resulting in discipline. She stated that 80 to 90 percent of the complaints against personnel were drug-related.

Drennan A. Clark, J.D., Executive Director/Special Counsel, Board of Medical Examiners, said that they received about the same number of complaints per year. He explained how complaints were received by the Board of Medical Examiners and what assistance for completing a complaint was available. He reiterated immunity from civil suit available to complainants via NRS, but added that the Board of Medical Examiners had no way to administratively protect whistleblowers.

Assemblyman Hardy said that a single complaint form could be generic and include notification to the complainant what the statutory protection to them is.

Chairwoman Leslie asked if Mr. Clark had any objections to the NNA’s suggestions.

Mr. Clark replied that he did not.

Chairwoman Leslie called for public testimony on the item.

James S. Tate Jr., M.D., F.A.C.S., F.I.C.S., President, Association of Black Physicians, and Chairman, Board of Directors, Association of Black Physicians, Las Vegas, Nevada, felt that Mr. Clark had not been candid in his testimony and said that
the Board of Medical Examiners did not treat all complainants and all accused physicians equally, based on race. Dr. Tate presented an anecdotal complaint.

- Thomas McGowan, Las Vegas, Nevada, testified that his perception was that the issue was not about career preservation for nurses, but rather about government itself and the life and death of patients. He encouraged a public mandate for absolute integrity and transparency.

- Christina Schofield, R.N., Las Vegas, Nevada, reviewed her personal experience as a whistleblower, resulting in lost employment. She testified that the Nevada whistleblower law was weak and there was no enforcement timeline in place. Ms. Schofield said nurses likely do not report abuses because they are afraid of losing their jobs, work visas, and seniority, and that if real protection for whistleblowing medical personnel could be provided then they would readily report abuses.

- Ms. Black said that the NNA had collected some information from nurses who reported abuses who said they then experienced retaliation. Addressing immunity language in statute, Ms. Black pointed out that the NRS language did protect against civil action but not workplace retaliation. She agreed that protecting the public was paramount.

- Bill Welch, President and Chief Executive Officer, Nevada Hospital Association (NHA), said that there are many laws in Nevada protecting whistleblowers in medical care, but that they are dispersed throughout the NRS. He encouraged a review of these protections and scrutiny of who is regulated and what enforcement entails. Mr. Welch reviewed some recent whistleblower legislation and asked for a full inventory of tools impacting medical whistleblower legislation. Mr. Welch stated that streamlining the complaint process for medical personnel and consumers would be beneficial.

- Chairwoman Leslie agreed that improvement and streamlining was warranted, including an obvious timeline.

- Mr. Welch said that clarifying regulatory processes would also be beneficial.

- Assemblyman Hardy, commenting on the general nursing shortage, asked how staffing issues could accurately be reflected as part of the whistleblower complainant process, noting that often complaints are the result of staffing shortages rather than abusive practices.

- Mr. Welch responded that the NHA had worked on staffing issues extensively, noting that Nevada was woefully understaffed with nurses, ranking 50th in the nation in nurse-to-patient ratios. He said that funding had been increased for nursing education in Nevada, but budget restraints had reduced the effect of this.

- Senator Horsford agreed that recruitment was crucial and was distressed to repeatedly hear from medical personnel that there was a lack of workplace support. He said that
he would like to see whether any of the complainant nurses in Nevada were prevented from working after they tried to report abuses.

• Mr. Welch said that he would be happy to provide further information on recruitment and retention of nurses and pointed out that hospitals were only a portion of the medical facilities in Nevada employing medical personnel.

DISCUSSION AND RESPONSE REGARDING THE COMPOSITION, ROLES, AND RESPONSIBILITIES OF MEDICAL PROFESSIONAL LICENSING BOARDS

• James S. Tate Jr., previously identified, introduced Maurice Gregory, Jr., M.D., and Doluy Ezeanolue, M.D., and asked them to explain their personal experiences with the Board of Medical Examiners.

• Dr. Gregory explained the negative tone of his dealings with the Board regarding an inquiry into his prescribing narcotic prescriptions to patients beginning in January 2001. Dr. Gregory explained the general hostility that he felt from the Board and the unreasonable demands made of him, with particular regard to producing medical records and related information. He said that his overall impression of the Board was as hostile, persecutory, and prejudicial.

• Dr. Tate clarified several points of the Association of Black Physicians’ involvement with Dr. Gregory’s case and added that he himself had been arbitrarily thrown out of Dr. Gregory’s hearing.

• Dr. Ezeanolue testified about his experience with the Board of Medical Examiners. He felt that his experience with the Board was arbitrary, capricious, and abusive, resulting in a negative outcome for his case and he explained how the Board publicly slandered him, despite the judicial reversal of his negative outcome, causing him to lose business and damaging his reputation. Dr. Ezeanolue felt that the Board was extremely biased and suggested that a review of the Board’s structure and appointment process was warranted.

• Dr. Tate commented on the particulars of Dr. Ezeanolue’s case and used Exhibit E to illustrate the Association of Black Physicians’ recommendations regarding how any restructuring of the Board of Medical Examiners could be addressed. Dr. Tate felt that the current appointment process was tainted by the political machinations of specific citizens of Nevada and by certain Board members.

• Senator Washington asked for proof of the statements that Dr. Tate was making regarding specific people.

• Dr. Tate responded that the LCHC should call Board members in to testify how they were appointed and that would provide verification of his statements.
• Senator Washington noted that the LCHC could not recommend regulatory or statutory changes based on hearsay and stated that proof was necessary to carry changes forward.

• Dr. Tate replied that he was proposing a different way of appointing the Board; what the LCHC chose to do with those proposals was at their discretion. Dr. Tate said that a new way of appointing Board members could better ensure that they are competent and non-prejudicial.

• Senator Washington noted that the LCHC simply needed to be cautious when it came to public accusations.

• Dr. Tate continued to present mechanisms by which the Board could be appointed, including the suggestion that Board appointee recommendations be submitted by all medical societies in Nevada and background checks for applicants be instituted.

• Chairwoman Leslie asked if there were any other minority medical societies in Nevada.

• Dr. Tate responded that there were, though he could not identify all of them.

• Chairwoman Leslie suggested that those medical societies should be included in any discussion of restructuring the Board of Medical Examiners.

• Senator Washington asked for clarification of the mechanics of the physician scrutiny portion of the recommendations presented by Dr. Tate.

• Dr. Gregory responded that the scrutiny would be not unlike other judicial or business practices of recusal when colleagues work very closely together or provide multiple referrals to one another.

• Dr. Ezeanolue added that retired medical professors or other retired physicians could be useful on the Board, especially in leadership positions. He said that it was well known that Board participation enhanced business for practicing physicians and suggested that retired physicians would be better safeguarded from abusing their Board status.

• Dr. Tate said that a background check would disclose practice patterns for potential appointees, which would then clarify the process by which a physician might recuse himself from participating in judgment of a close colleague.

• Senator Horsford said it seemed that some of Dr. Tate’s recommendations could be incorporated into future changes and asked what had triggered the investigations in Dr. Gregory and Dr. Ezeanolue’s cases.

• Dr. Gregory replied that he was unaware of any complaint; he did not know what triggered the investigation in his case.
Discussion ensued regarding the Board of Medical Examiners’ investigations specific to Dr. Gregory and Dr. Ezeanolue, including the outcomes of both cases, neither of which resulted in the suspension of the licenses of the physicians. Dr. Ezeanolue’s case in particular involved a negative outcome, which was subsequently overturned in Nevada civil court. Dr. Tate felt that black physicians in Nevada had been disciplined more often and more arbitrarily than their white counterparts.

- Chairwoman Leslie asked if the Board representatives present could identify how many medical personnel of color had been disciplined.

- Mr. Clark, previously identified, said that he did not know, but would find out. He said that the Board did not distinguish disciplinary action by race, age, or other discriminatory factors.

- Chairwoman Leslie said that she would like to know the answer and also wanted to know if an African-American physician had ever been appointed to the Board of Medical Examiners.

- Mr. Clark said that at least two Board members in the last 25 years were African-American, but he was unsure as to whether they were physician or public members.

- Senator Horsford asked if a physician’s application for licensure would denote race and gender information. He also asked that the request for a report of the Board’s disciplinary action be expanded to include all minorities in Nevada, to investigate discrimination.

- Mr. Clark asked for a timeline on the reporting of disciplinary action against minority medical personnel overseen by the Board.

- Chairwoman Leslie and Senator Horsford agreed that data from the previous 20 years was sufficient.

- Mr. Clark said that he would request that Board of Medical Examiners staff compile that data and to explore whether any current or past physician Board members in Nevada were minorities.

- Assemblywoman Gerhardt asked for an explanation of the rationale for closed-door deliberations by the Board pertaining to deciding upon disciplinary action to be taken against physicians.

- Mr. Clark explained the complaint process step by step, noting that confidentiality was important to Board investigations, particularly should a complaint be determined to be unfounded.
• Assemblywoman Gerhardt said that this process excluded victims and the public and fed a perception that physicians were not being properly reprimanded for abusive practices.

• Mr. Clark said that the Legislature would have to change the process and he pointed out the similarity to a criminal grand jury process.

• Chairwoman Leslie asked if the Board’s website could be restructured to more clearly acknowledge the final outcomes of investigations into allegations against physicians.

• Senator Horsford asked what Mr. Clark saw as the Board’s primary role: to protect the public interest or to preserve process for physicians.

• Mr. Clark responded that the Board’s number one mission and goal was to protect the public.

• Senator Horsford said that the LCHC would operate under that assumption and said that he felt that the public interest was not currently being served by the Board’s processes.

• Assemblyman Hardy was concerned about asking the Board to identify “ethnicity” related to disciplinary action. He said that a record of judgments should be sufficient; from there individual interest groups could identify the ethnic background of those identified. Assemblyman Hardy felt the same about determining minority Board membership and he wondered what the goal of identifying this information was.

• Chairwoman Leslie said that finding patterns of discrimination was very important, as it had been with previous investigations into death penalty discrimination. She said that she wanted the data collected and reported.

• Senator Washington asked Mr. Clark to identify what he thought that the composition and authority of the Board of Medical Examiners should be to ascertain an accurate perception of what the Board staff thought.

• Mr. Clark said that the Board supported a system that avoided cronyism. He said that the Legislature had the power to provide more oversight to the appointment process but cautioned that complicating the process could deter qualified professionals from applying. He suggested the federal appointment and hearing model as useful.

• Senator Washington asked if it would be appropriate to consider requirements that all the medical societies in Nevada assist with the Board’s appointment process.

• Mr. Clark replied that the societies certainly should recommend applicants, but it would still fall to the Governor to appoint members.
• Mr. Clark referenced Exhibit F to explain physician/public member compositions of medical boards by state in the United States. He said that Nevada’s current composition was adequate and reviewed the current makeup of the Board of Medical Examiners. He felt that having a preponderance of physicians, representing varied specialties, was most appropriate.

• Debra Scott, previously identified, noted that the State Board of Nursing had deleted race and gender information from their application for licensure about ten years previous in order to remove the potential for bias in disciplinary action.

Discussion followed regarding what the impetus had been for the State Board of Nursing to voluntarily take this action.

• Ms. Scott noted that 90 to 95 percent of the disciplinary cases of the State Board of Nursing were settled before their members had any idea of the race of any nurse being investigated.

Discussion followed regarding the State Board of Nursing’s diverse composition. It was noted that statute provided for the diversity of practice and race representatives on the Board. Ms. Scott said the Board had diligently worked to encourage diversity.

• Chairwoman Leslie asked to see a report on the efforts of the State Board of Nursing to encourage diversity in its membership.

• Senator Washington asked about the State Board of Nursing’s process for accepting and reviewing applications for licensure. He asked if reciprocal measures were afforded for nurses licensed elsewhere.

• Ms. Scott replied by saying that reciprocal agreements were in place and described them, including fee payment, accreditation via national exams, and a check of national databanks for any disciplinary action taken against a nurse applicant.

• Mr. Clark said that there was no straight reciprocal licensure agreement for applicants to the Board of Medical Examiners and explained their application process, including an average licensure timeline of 30 to 90 days.

• Senator Washington asked for a description of disciplinary processes, including revocation of licensure.

• Ms. Scott described the State Board of Nursing’s disciplinary process, which begins with a signed complaint relevant to Nevada nurse practice law and including investigatory processes and post-investigatory case review.

Ms. Scott then used written testimony to review the State Board of Nursing’s response to consideration of changing board appointment processes and makeup in Nevada
She noted several ways that the board appointment process could be improved, including:  (1) the creation of a screening committee; (2) having the Governor select appointees from a screening committee slate; (3) a requirement for a majority of public members, with certain stipulations to ensure professional input; (4) a requirement of a public member to preside over a board; and (5) the conformation of licensing chapters of statute.

- Mr. Clark clarified some of the Board of Medical Examiners’ member selection processes and how they were relevant to the LCHC’s proposed board appointment changes.

- Senator Horsford asked what current conflict of interest provisions were for the State Board of Nursing and the Board of Medical Examiners.

- Mr. Clark replied he was unaware of any such provisions; it was up to the Board of Medical Examiners’ members to recuse themselves based on personal assessment.

- Ms. Scott replied that the State Board of Nursing had an official conflict of interest policy and also followed the Commission on Ethics’ guidelines. She said that members were given conflict of interest policy information as part of their membership orientation, including a signed statement of receipt.

- Chairwoman Leslie asked to be provided a copy of the State Board of Nursing’s conflict of interest policy.

- Senator Horsford said he was perplexed as to how the Board of Medical Examiners did not have a conflict of interest policy. He said it seemed preposterous.

- Mr. Clark said that all Board of Medical Examiners members undergo training with the Office of the Attorney General which addresses conflict of interest issues.

- Chairwoman Leslie reiterated that it seemed unwise for the Board of Medical Examiners not to have a conflict of interest policy.

- Assemblyman Hardy said that he thought the Board of Medical Examiners should be able to be appropriately trained in conflict of interest issues by the Attorney General.

- Chairwoman Leslie called for public testimony on this agenda item.

- Thomas McGowan, previously identified, testified that conflict of interest policy and related board appointment and restructuring items seemed to be quality assurance issues. He stressed that personal integrity and accountability were essential to addressing the problems being seen.
• Denise Selleck Davis, C.A.E., Executive Director, Nevada Osteopathic Medical Association, offered information about how the State Board of Osteopathic Medicine licensed osteopathic physicians in Nevada. She noted that in the past the Office of the Governor had never solicited them for appointee recommendations. Ms. Selleck Davis said that all boards should have a conflict of interest policy, noting that boilerplate language is readily available and encouraged any system that brought in qualified appointees to sit on boards. She explained the makeup of the State Board of Osteopathic Medicine, including five physician members. Ms. Selleck Davis commented that the Office of the Attorney General tends to hold up complaint processes and encouraged that boards of a certain size be required to hire their own legal counsel.

• Chairwoman Leslie asked Ms. Selleck Davis to forward a copy of her Board’s conflict of interest policy to the LCHC.

UPDATE REGARDING THE SYSTEM OF COLLECTING DATA RELATING TO WAITING TIMES AT HOSPITALS PURSUANT TO SENATE BILL 244 (CHAPTER 450, STATUTES OF NEVADA 2007)

• Rory Chetelat, Emergency Medical Services (EMS) Manager, Southern Nevada Health District (SNHD), provided an update of transfer of care data for medical facilities providing mental health care in southern Nevada for February 2008 through April 2008 (Exhibit H). The data was broken into percentages based on immediate transfer, less than 30-minute, and greater than 30-minute transfer times. Mr. Chetelat explained some of the criteria used to gauge and collect the data and reporting recommendations to be implemented in the future, including a data dictionary. Mr. Chetelat noted a few areas of needed improvement, including the validity of data, consistency in transfer of care, and staff completion of records.

• Chairwoman Leslie said it seemed that progress had been made on improving transfer of care wait-times and asked Mr. Chetelat to return to report to the LCHC on what the current trends were, since it was not readily apparent on the reports presented that day.

Discussion followed pertaining to the reports and how to read the data contained in them. Mr. Chetelat also discussed a request from several rural EMS organizations and hospitals that they be excluded from participation in this reporting since they were not suffering from increased wait-times and therefore their data skewed the final totals.

• Assemblyman Hardy noted that, according to the data presented, “immediate transfer” times had not improved.

Discussion ensued of what transfer of care definitions had yet to be further refined in order to make reporting more accurate.
• Bill Welch, previously identified, testified that the exclusion of data from outside Clark County could be done, though the inclusion of that data was a reflection of how the governing legislation was written.

• Chairwoman Leslie said that the legal counsel of the LCHC agreed and so for the time being all data, including that from the rural facilities requesting exclusion, would continue to be reported.

• Senator Horsford asked for an explanation of discrepancies in the reporting.

• Mr. Chetelat replied that inconsistent use of software had interfered with the reporting of certain data, including the free texting of certain “reason” codes that need to be standardized.

• Senator Horsford asked for a definition of “over capacity” as used in the reporting.

• Mr. Chetelat replied that “over capacity” meant that a hospital did not have room or staff to care for a patient. He added that this was one of the terms needing further clarification in the reporting definitions since currently an “over capacity” reason code did not specify if an emergency room was over capacity or an entire facility.

• Mr. Welch said that sometimes the capacity reflected just emergency room beds available and sometimes it reflected emergency room and all other available beds in a facility.

**UPDATE ON PROGRAMS OF PUBLIC AWARENESS**

*Establishment of Programs to Increase Public Awareness of Health Care Information Related to Hospitals and Surgical Centers for Ambulatory Patients Pursuant to Assembly Bill 146 (Chapter 447, Statutes of Nevada 2007)*

*Provision of Certain Information Relating to Pharmacies and the Prices of Commonly Prescribed Prescription Drugs to Consumers Pursuant to Assembly Bill 232 (Chapter 519, Statutes of Nevada 2007)*

• Charles Duarte, Administrator, Division of Health Care Financing and Policy (DHCFP), DHHS, used Exhibit I to provide an update on work to establish programs to increase public awareness of health care information pursuant to A.B. 146. He discussed website development funding being reinstated via a UnitedHealth Group donation and the timeline for production of related draft regulations.

• Chairwoman Leslie said that she had heard that funding for the website was supposed to be available for use as of May 15, 2008, and wondered when a product might be seen.
• Mr. Duarte replied that, if the funding did indeed become available, a product could perhaps be seen by June 2009. He said that a good draft contract for website development had been created; therefore work would be able to begin promptly, once funding was available.

• Mr. Duarte then referred to **Exhibit I** and addressed work related to A.B. 232. He noted that future funding of this work had been restored via the UnitedHealth Group merger in Nevada, but work on the draft regulations had not yet begun.

Discussion followed regarding the development of draft regulations related to work on A.B. 232 and estimated timelines for their development.

• Chairwoman Leslie called for public testimony on this item.

• Barry Gold, Director of Government Relations, AARP Nevada, offered relevant technical expertise available from his colleagues at AARP, who had worked on similar projects in other states. He also offered to advertise A.B. 232 projects to his 300,000-plus members statewide, once they were up and running.

**STATUS REPORT REGARDING THE MEDICAID PROGRAM IN NEVADA AND IMPACT OF THE BUDGET REDUCTIONS ON CERTAIN PUBLIC HEALTH PROGRAMS IN THE STATE**

• Charles Duarte, previously identified, introduced a Microsoft PowerPoint presentation and provided a status report regarding the Medicaid Program in Nevada and the impact of budget reductions on certain public health programs. He summarized the status of Medicaid and Nevada CheckUp enrollment, funding, and programs after 4.5 percent budget cuts were made and related federal matching funds were reduced, noting a total reduction in purchasing power of $123.6 million over the biennium (**Exhibit J**).

• Chairwoman Leslie asked if it was true that $124 million had been lost for the current biennium.

• Mr. Duarte replied that it had. Continuing with his presentation, he noted that, while new programming had been lost, an attempt had been made to mitigate negative impacts on current program recipients in Nevada. Mr. Duarte explained some of the rationale for capping the Health Insurance Flexibility and Accountability (HIFA) program in order to continue to serve current Medicaid recipients.

• Senator Washington asked if intergovernmental transfer accounts had any funds remaining.

• Mr. Duarte replied that those funds had been exhausted and then pointed out an increase in actual caseload and expenditures due to trying economic times.
• Senator Washington asked if Temporary Assistance for Needy Families (TANF) program increases were reflected in the data.

• Mr. Duarte said they were, though TANF recipients were a small part of the Medicaid population. He further highlighted Nevada CheckUp caseload projections and discussed Medicaid caseload shortfall projections, factors driving the shortfall, and special waiver programs. Mr. Duarte explained that caseload numbers for the Nevada CheckUp Program were below what was budgeted and it was suspected that the reasons for this were: (1) less availability of funding for community outreach programs; and (2) many of the participants are now qualifying for Medicaid.

Mr. Duarte explained that another problematic area for funding shortfalls was child welfare, where the cost per child was significantly higher than what had been budgeted. He detailed a projected shortfall for the Nevada CheckUp program of $651,857, and special waiver programs. Mr. Duarte then introduced an update of the behavioral health redesign. He reminded the LCHC of some of the issues precipitating the redesign, including a restriction of which health care professionals could provide care for children.

• Chairwoman Leslie commented that Nevada was responsible for children in its custody and for those children to not receive proper mental health care was unacceptable.

• Mr. Duarte discussed the difficulty of using Medicaid to deal with the health care needs of children both in and out of State custody and the potential for the implication that one population is being better served. He explained various funding strategies used in other states in an effort to achieve parity in this type of treatment.

• Senator Washington said that there needed to be flexibility in service provision to children within State systems, especially as those children tended to move among different State services.

• Senator Horsford added that the Interim Study on the Placement of Children in Foster Care (Senate Bill 356, Section 4, 2007 Session) would be recommending increased flexibility in funding for child services; it had been a priority discussion in that subcommittee.

• Senator Washington suggested that the continuum of care not be broken as children moved within systems of child services and that it seemed that the behavioral health redesign had broken up that continuum.

• Mr. Duarte pointed out that: (1) often children lose eligibility when they return to their home from State custody, and that is an issue; and (2) when a child changes eligibility, but is still Medicaid eligible, they move to a health maintenance organizational setting, where there is then an option to opt out of that system. Mr. Duarte said that discussion is ongoing about maintaining continuity of service provision for children.
• Senator Washington asked if, when children return home from the juvenile justice system and are not eligible for Medicaid, there was any way to ensure a continuum of care through programs such as Nevada CheckUp.

• Mr. Duarte responded that often those children do end up participating in the Nevada CheckUp Program. He said the emphasis for that program was to be able to use it almost as a stand-alone product.

• Lester Saltzberg, Ph.D., Director of Behavioral Health, First Health Services Corporation, reviewed the behavioral health redesign and proposed State plan amendments and discussed the status of the federal review and approval process. He reviewed children’s fee for service Medicaid membership highlights, outpatient and rehabilitation services, inpatient and residential treatment, and treatment homes.

Discussion followed of why Washoe County appeared to be capturing more of the Medicaid eligible population in its programs than other parts of Nevada.

• Mr. Duarte noted that growth in expenditures, from $35 million to a projected $74 million, reflected the provision of psychosocial and skills types of rehabilitative services.

Discussion ensued regarding service growth, related statistics, and relevant service admission and readmission rates.

• Dr. Saltzberg continued to present inpatient and residential treatment usage data for the behavioral health redesign (Exhibit J). He noted that Washoe County, the area in Nevada with the greatest use of rehabilitative services in Nevada, also had the highest admission rates per 1,000 patients for inpatient treatment.

• Senator Horsford asked what the time period of data comparison was.

• Dr. Saltzberg replied that the data reflected Fiscal Year (FY) 2005 through December 2007.

• Senator Horsford asked how much trend data was needed to make absolute recommendations on findings.

• Dr. Saltzberg replied that, for residential treatment, an additional year’s worth of data would be useful; for outpatient treatment planning the current data would be sufficient.

• Mr. Duarte clarified that “residential” treatment meant licensed, locked-down hospital facilities dealing with patients over long lengths of stay.
• Dr. Saltzberg continued to present data related to treatment homes, saying that these were the primary reasons for the increase in spending on rehabilitation services. He detailed an increase in the number of children served from FY 2005 through FY 2007, average lengths of stay in the treatment homes, treatment home billing of psychosocial and skills rehabilitation, and the average number of treatment hours provided per week.

• Chairwoman Leslie asked what diagnoses required a large amount of oversight hours.

• Dr. Saltzberg said that there were few, the data reflected a blurring of treatment and general supervision hours.

• Chairwoman Leslie asked if this should be addressed by quality control measures.

• Mr. Duarte replied that it does require addressing, but from the standpoint of setting reasonable and appropriate limits based on medical diagnoses.

• Senator Horsford questioned what the medical protocol was for children in treatment homes who were part of multiple State service systems and who was making their treatment decisions.

• Dr. Saltzberg answered there should be a coordinated treatment plan; however, the criteria were so broad that it was difficult to set limits on treatment. He said that new criteria would have room to better include medical necessity and benefit to the child in treatment plans.

• Dr. Saltzberg then presented some concerns with the behavioral health redesign, including a reduction in higher-level therapy services and a lack of treatment coordination.

• Senator Washington asked if the DHHS was responsible for taking the lead on a collaborative plan for services.

• Mr. Duarte replied that the DHHS was the prime mover on a collaborative plan. He said they were working on compliance with federal standards requiring one case manager per patient, regardless of whether they are being served by multiple State-sponsored service systems.

• Senator Washington asked if that single case manager would then assess all of a patient’s care needs.

Discussion ensued pertaining to federal rules requiring the single case manager to be separated from the authorization and management of services. This included discussion of service eligibility requirements, the potential for a seamless and efficient provision of services once a patient’s eligibility is ascertained, and notification of patient eligibility to
Chairwoman Leslie noted there was not a quorum present due to the departure of two LCHC members.

Dr. Saltzberg reviewed adult outpatient and rehabilitation services, including average professional provider visits per patient, average rehabilitation hours per patient, number of patients served by treatment homes, and the average adult patient length of stay in treatment homes (Exhibit J).

Chairwoman Leslie asked about the average number of treatment hours as driven by Clark versus Washoe County.

Dr. Saltzberg explained how Washoe County influenced the statistics; he said that Washoe County saw more patients but spent fewer hours per patient, while Clark County did not have a larger volume of patients but saw the ones that they had for more treatment hours.

Discussion followed about general treatment admission rates and higher child participation in Medicaid programming in Nevada and how to ensure they were getting appropriate, as opposed to simply more, services.

Mr. Duarte continued the presentation referring to page 17 of Exhibit J and discussed proposed State plan amendments and the status of the federal review and approval process. He indicated amendments that had been delayed for approval for more than two years by the Centers for Medicare and Medicaid Services (CMS) review process, including early intervention programs and the behavioral health redesign. Mr. Duarte then provided details about ongoing Medicaid billing and reporting disputes between Nevada and CMS and advised the LCHC that the CMS had granted an extension of current services through August 31, 2008.

Chairwoman Leslie asked what the LCHC could do to support the DHHS and suggested perhaps the Committee should send a letter to Nevada’s Congressional Delegates.

Mr. Duarte said that any support would be useful.

Chairwoman Leslie asked Mr. Duarte to provide an outline to the LCHC staff so that action could be considered.

Jon Sasser, Statewide Advocacy Coordinator, Washoe Legal Services, provided testimony regarding Medicaid in Nevada (Exhibit K). He discussed caseload increases, the elimination of programs due to budget cuts, and concerns about losing additional Medicaid programming during the current and next biennia. Mr. Sasser also reviewed some specific enhancements that had been reduced, such as Traumatic Brain Injury
services and a roll back of the approved elimination of the unearned income cap in the Health Insurance for Work Advancement (HIWA) Program.

- Chairwoman Leslie asked Mr. Sasser what discretionary programs should be cut, if cuts are needed.

- Mr. Sasser suggested that some services to certain nursing home patients could be reduced and potentially some TANF related services for women and children.

- Mr. Duarte agreed that there were very few remaining Medicaid-eligible populations considered “optional” that could have service funding further reduced. He noted some statutory changes, particularly with regard to county fund match requirements, that would need to be made to cut other Medicaid-eligible groups.

- Chairwoman Leslie commented how unacceptable these “optional” cuts would be.

- Paul Gowins, Strategic Plan for People with Disabilities Statewide Accountability Committee, noted that he was primarily representing his personal interests that day. He said that he would provide copies of a study detailing a comprehensive review of Medicaid buy-in programs. He then referenced written testimony to provide a review of the Health Insurance for Work Advancement (HIWA) Program (Exhibit L). He suggested that the minimum unearned income level should be stabilized to ensure that people with disabilities had the chance to improve their lives through employment.

- Mr. Sasser said that HIWA was originally funded for about 400 people, but a low eligibility threshold ended up being set to try and qualify clients to use the program and now it was considered an enhancement to add the original funding back.

- Mr. Gowins felt exasperated by the mercurial nature of the HIWA program’s funding history, resulting in the program now being considered an enhancement.

- Karen Taycher, Executive Director, Nevada Parents Encouraging Parents, testified about the cascade of confusion and scurry for the transfer of services that happened when federal and State-funded programs for children with autism and mental illness were cut. Ms. Taycher pointed out that the loss of services generally resulted in the shifting of the provision of those services to increasingly overburdened local sources—including schools and emergency rooms—whether those providers were appropriate or not. She noted the irony of providing services to wards of the State, but not to children living with their own families. Ms. Taycher said that families were reporting long waits for services and reductions in services for severely ill children and that out of state placements of these children were increasing. Ms. Taycher said that changes in Medicare rules had also negatively impacted children in schools. She asked that the LCHC work with the Strategic Plan and Accountability Committee (SPAC) and the related consortiums as they decided on legislative recommendations for health care programming.
• Jane Imboden, Administrator, Nevada Community Enrichment Program, reviewed budget issues related to traumatic brain injury (TBI) (Exhibit M). Her review included discussion of: the elimination of services through Comprehensive Outpatient Rehabilitation programming; the reduction of funding for uninsured and indigent services, including patients with TBI; and long wait-times and complications within the Waiver for Independent Nevadans Program.

• Mary Bryant, Member, SPAC, reviewed what other states have done with regard to funding for self-determination programming to aid patients with TBI. She explained cost study determinations and quality of life improvement findings from multiple states, including program cost reductions in several states using self-determination models.

UPDATE REGARDING THE CHILDHOOD LEAD POISONING PREVENTION PROGRAM

• Lawrence K. Sands, D.O., M.P.H., Chief Health Officer, SNHD, referred to his written testimony and an interim report available as Exhibit N and Exhibit N-1 to provide a report on the status of the Childhood Lead Poisoning Prevention Project (CLPPP). He reviewed ongoing screening of at-risk children, reporting of screening data, and community organizational and State agency support. Dr. Sands also provided an outline of how a lead exposure is investigated and treated.

• Chairwoman Leslie asked for identification of what the legislative and policy issues were, relevant to the CLPPP.

• Denise Tanata Ashby, J.D., Executive Director, Nevada Institute for Children’s Research and Policy, School of Public Health, University of Nevada, Las Vegas, said that items important to legislative action began with the granting of authority to implement the Healthy Homes Initiative.

• Dr. Sands clarified what would be needed to implement this authority.

• Chairwoman Leslie said that the LCHC’s legal staff would explore the details of what statutory authority would entail.

• Ms. Tanata Ashby continued to discuss additional legislative needs, including the adoption and enforcement of increased testing for children under age six and pregnant women, excepting those objecting on religious bases.

Discussion followed regarding lead screening costs, what other states had enacted with regard to lead screening, and how screening was funded.

• Assemblyman Hardy asked if any states had identified areas at high risk for lead exposure by zip code, in an effort to focus prevention efforts.
• Ms. Tanata Ashby noted that in Nevada lead exposure was not necessarily tied to housing but to items brought into or used in homes.

Discussion ensued of realistic lead exposure prevention funding strategies for Nevada that might be proposed during the 2009 Legislative Session.

• Chairwoman Leslie requested that the CLPPP staff forward more realistic screening recommendations to the LCHC.

• Ms. Tanata Ashby said she would provide recommendations in a letter format at a future LCHC meeting.

• Chairwoman Leslie advised recommending non-mandatory lead testing as well.

• Ms. Tanata Ashby added a final recommendation regarding mandatory laboratory reporting and what that reporting would include.

• Chairwoman Leslie asked if these reporting standards had been discussed with labs in Nevada.

• Ms. Tanata Ashby replied that labs in southern Nevada were reporting currently but that discussions had not occurred statewide.

• Dr. Sands said that he was unsure of the status of statewide discussions with labs.

CONSIDERATION OF REGULATIONS PROPOSED OR ADOPTED BY CERTAIN LICENSING BOARDS PURSUANT TO NRS 439B.225

LCB File No. R180-07, State Board of Pharmacy
LCB File No. R210-07, Board of Occupational Therapy
LCB File No. R063-08, State Board of Nursing
LCB File No. R065-08, State Board of Pharmacy
• Sara Partida, Senior Deputy Legislative Counsel, Legal Division, LCB, reviewed regulations proposed or adopted by certain licensing boards in Nevada, pursuant to NRS 439B.225 (Exhibit O). She provided a general summary of all of the proposed regulations.

• Assemblyman Hardy asked if the proposed regulations made it easier for medical practitioners to begin working in Nevada and for Nevada to be responsive to the practitioners’ needs.

• Ms. Partida responded that the representatives of the medical Boards might best be able to answer that question.

• Chairwoman Leslie asked for clarification of new language in Section 17 of R063-08.

• Debra Scott, previously identified, clarified that the State Board of Nursing wished to change the language to separate patient abuse and patient neglect in regulations to be able to more precisely charge abusers.

• Chairwoman Leslie asked how Ms. Scott would describe what the State Board of Nursing was trying to accomplish with the proposed regulations.

• Ms. Scott said that the proposed regulations were mostly clean-up initiatives, but also an effort to provide quality assurance guidelines for private nursing programs expanding to Nevada.

• Assemblyman Hardy asked if the proposed regulations had been vetted by existing nursing programs in Nevada.

• Ms. Scott replied that all nurse education programs in Nevada had reviewed the proposed regulations.

PUBLIC COMMENT

• Richard Sevigny, Clark County, Certified Risk Assessor, testified about the larger long-term costs for children exposed to lead, versus the financial cost to the State of screening them. He explained the extreme value of saving lives over that of paying for testing.

• Thomas McGowan, previously identified, submitted his written testimony for the record (Exhibit P).
ADJOURNMENT

There being no further business to come before the Committee, the meeting was adjourned at 3:43:50

Respectfully submitted,

Rebecca C. Dobert
Senior Research Secretary

Sarah J. Lutter
Senior Research Analyst

APPROVED BY:

Assemblywoman Sheila Leslie, 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 a memorandum dated April 18, 2008, to Assemblywoman Shelia Leslie from Marsheilah D. Lyons, Principal Research Analyst, Research Division, LCB, titled “Whistleblower Protections for Certain Medical Professionals.”

**Exhibit B-1** is a document titled “Whistleblower Protection” from the American Nurses Association, submitted by Marsheilah D. Lyons, Principal Research Analyst, Research Division, LCB.

**Exhibit B-2** is a copy of *Nevada Revised Statutes* 449.205, 449.207, 630.293, 630.296, 633.505, and 633.507, provided by Marsheilah D. Lyons, Principal Research Analyst, Research Division, LCB.

**Exhibit C** is the written testimony of Lisa Black, Ph.D., R.N., Nevada Nurses Association, dated May 6, 2008.

**Exhibit D** is the written testimony of Joan Wells, R.N., Service Employees International Union Nevada.

**Exhibit E** is a document titled “Meeting of the State of Nevada Legislative Committee on Health Care Testimony,” dated May 6, 2008, submitted by James S. Tate Jr., M.D., F.A.C.S., F.I.C.S., President, Association of Black Physicians, and Chairman, Board of Directors, Association of Black Physicians.

**Exhibit F** is a document titled “Physician/Public Member Compositions of Medical Boards by State,” submitted by Drennan A. Clark, J.D., Executive Director/Special Counsel, Board of Medical Examiners.

**Exhibit G** is a document titled “Items for Consideration to Increase Public Participation on Certain Title 54 Occupational and Professional Licensing Boards: Responses by the Nevada State Board of Nursing,” submitted by Debra Scott, M.S.N., R.N. A.P.N., Executive Director, State Board of Nursing, and dated April 21, 2008.

**Exhibit H** is a series of reports grouped under the title “Southern Nevada Health District Transfer of Care Summary,” dated February 1, 2008, through April 30, 2008, provided by Rory Chetelat, Emergency Medical Services Manager, Southern Nevada Health District (SNHD).
Exhibit I is a document titled “Report to the Legislative Committee on Health Care, Updates on Programs of Public Awareness,” dated May 6, 2008, submitted by Charles Duarte, Administrator, Division of Health Care Financing and Policy (DHCFP), Department of Health and Human Services (DHHS).

Exhibit J is a Microsoft PowerPoint presentation titled “Status Report Regarding the Medicaid Program in Nevada and Impact of the Budget Reductions on Certain Public Health Programs in the State,” dated May 6, 2008, and given by Charles Duarte, Administrator, DHCFP, DHHS.

Exhibit K is the written testimony of Jon L. Sasser, Esquire, Statewide Advocacy Coordinator, Washoe Legal Services, titled “Testimony Regarding Medicaid,” dated May 6, 2008.

Exhibit L is the written testimony of Paul Gowins, Strategic Plan for People with Disabilities Statewide Accountability Committee, dated May 6, 2008.

Exhibit M is a document titled “Traumatic Brain Injuries—Budget Issues,” submitted by Jane Imboden, Administrator, Nevada Community Enrichment Program.

Exhibit N a memorandum dated April 30, 2008, to the Legislative Committee on Health Care, from Lawrence Sands, D.O., M.P.H., Chief Health Officer, Dr. Keith Zupnik, Program Coordinator, Childhood Lead Poisoning Prevention Project, SNHD, and Denise Tanata Ashby, J.D., Executive Director, Nevada Institute for Children’s Research and Policy, School of Public Health, University of Nevada, Las Vegas, titled “SNHD Childhood Lead Poisoning Prevention Project (CLPPP),” submitted by Lawrence K. Sands, D.O., M.P.H., Chief Health Officer, SNHD.

Exhibit N-1 is a report titled “Interim Report, In Nevada Children Run Better Unleaded,” provided by Lawrence K. Sands, D.O., M.P.H., Chief Health Officer, SNHD.

Exhibit O is a document titled “Agenda Item IX: Consideration of Regulations Proposed or Adopted by Certain Licensing Boards Pursuant to NRS 439B.225,” dated May 6, 2008, presented by Sara Partida, Senior Deputy Legislative Counsel, Legal Division, LCB.

Exhibit P is the written testimony of Thomas McGowan, private citizen, 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 or telephone: 775/684-6827.