



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

SUMMARY MINUTES AND ACTION REPORT

The first meeting of the Nevada Legislature's Legislative Committee on Health Care was held on Thursday, January 11, 2018, at 9 a.m. in Room 4412, Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. The meeting was videoconferenced to Room 3137, Legislative Building, 401 South Carson Street, Carson City, Nevada.

The "Summary Minutes and Action Report," "Meeting Notice and Agenda," meeting materials, and video or audio recording of the meeting are available on the Committee's website at <https://www.leg.state.nv.us/App/InterimCommittee/REL/Interim2017/Committee/1409/Meetings>. In addition, copies of the audio or video record are available through the Legislative Counsel Bureau's Publications Office (e-mail: publications@lcb.state.nv.us; telephone: 775/684-6835) and may also be available on <http://www.leg.state.nv.us/Granicus/>.

COMMITTEE MEMBERS PRESENT IN LAS VEGAS:

Senator Patricia (Pat) Spearman, Chair
Assemblyman Michael C. Sprinkle, Vice Chair
Senator Joseph (Joe) P. Hardy, M.D.
Assemblyman James Oscarson
Assemblywoman Ellen B. Spiegel

COMMITTEE MEMBER PRESENT IN CARSON CITY:

Senator Julia Ratti

LEGISLATIVE COUNSEL BUREAU STAFF PRESENT:

Marsheilah D. Lyons, Chief Principal Research Analyst, Research Division
Megan Comlossy, Senior Research Analyst, Research Division
Eric Robbins, Principal Deputy Legislative Counsel, Legal Division
Janet Coons, Manager of Secretarial Services, Research Division
Jan Brase, Receptionist, Research Secretary, Research Division

Items taken out of sequence during the meeting have been placed in agenda order.

AGENDA ITEM I—OPENING REMARKS

Chair Spearman welcomed the members, staff, and public to the first meeting of the Legislative Committee on Health Care (LCHC). She stated the LCHC would study topics related to: (1) public health; (2) chronic disease; (3) behavioral health; (4) access to health care; and (5) additional subjects that are important to the citizens of Nevada.

Committee members introduced themselves.

Chair Spearman introduced LCHC staff members and explained meeting protocol.

AGENDA ITEM II—PUBLIC COMMENT

Chair Spearman called for public comment.

Adrianna Wechsler Zimring, Ph.D., President, Nevada Psychological Association, submitted written comments regarding recently announced changes to Nevada Medicaid reimbursement rates and adjustments for psychologists in independent practice ([Agenda Item II](#)).

Joseph P. Iser, M.D., District Health Officer, Southern Nevada Health District, offered his support to the LCHC. He announced that local health officials have started a new organization called the Nevada Association of Local Health Officials.

Barry L. Gold, Director of Government Relations, American Association of Retired Persons Nevada, encouraged the committee to consider support for the 350,000 unpaid family caregivers in the State.

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

A. LCB File No. R133-15 State Board of Health ([Agenda Item III A](#))

B. LCB File No. R149-15 State Board of Health ([Agenda Item III B](#))

C. LCB File No. R121-16 State Board of Health ([Agenda Item III C](#))

D. LCB File No. R163-16 Board of Medical Examiners ([Agenda Item III D](#))

E. LCB File No. R038-16 Board of Psychological Examiners ([Agenda Item III E](#))

F. LCB File No. R010-17 Chiropractic Physicians' Board of Nevada ([Agenda Item III F](#))

G. LCB File No. R064-17 Chiropractic Physicians' Board of Nevada ([Agenda Item III G](#))

H. LCB File No. R004-17 Board of Dental Examiners of Nevada ([Agenda Item III H](#))

I. LCB File No. R044-17 Board of Dental Examiners of Nevada ([Agenda Item III I](#))

J. LCB File No. R116-17 State Board of Osteopathic Medicine ([Agenda Item III J](#))

K. LCB File No. R023-17 Board of Examiners for Social Workers ([Agenda Item III K](#))

L. LCB File No. R110-17 Board of Examiners for Social Workers ([Agenda Item III L](#))

Eric Robbins, previously identified, explained the requirements of the LCHC to review certain regulations proposed or adopted by certain licensing boards and make recommendations to the Nevada Legislature pursuant to NRS 439B.225.

There was no discussion by Committee members regarding the regulations.

AGENDA ITEM IV—PRESENTATION OF THE LEGISLATIVE COMMITTEE ON HEALTH CARE WORK PLAN AND MEETING SCHEDULE

Marsheilah D. Lyons, previously identified, discussed the Committee's responsibilities pursuant to NRS 439B.220 through 439B.227; mandated activities, reports, and specific areas of study resulting from the 2017 Legislative Session; other priority issues of study; and future meeting dates ([Agenda Item IV](#)).

AGENDA ITEM V—STUDY TO ESTABLISH A PROGRAM SIMILAR TO MEDICAID MANAGED CARE AS A PUBLIC HEALTH INSURANCE OPTION AND CONSIDER METHODS TO MAINTAIN CURRENT LEVELS OF HEALTH INSURANCE COVERAGE (SENATE BILL 394, [CHAPTER 369, STATUTES OF NEVADA 2017])—REVIEW OF STATUS OF HEALTH INSURANCE COVERAGE IN NEVADA

A. Uninsured Nevadans

Nancy J. Bowen, Executive Director, Nevada Primary Care Association, presented information regarding federally qualified health centers (FQHCs) and uninsured Nevadans ([Agenda Item V A](#)). She shared the following statistics for uninsured Nevadans in 2016:

- Nevada has the ninth highest rate of uninsured residents among the states at 11.4 percent, which is down from 22 percent in 2012;
- Uninsured children 18 years of age and under represent 6.8 percent of the uninsured, which equals 46,000 children;

- Adults under 64 years of age represent 13.1 percent;
- Young adults ranging from 19 to 25 years of age represent 18.2 percent, which is approximately 47,000 young Nevadans;
- Seniors 65 years of age and older are 1.5 percent, or about 6,700 individuals; and
- Males are more likely to be uninsured than females with a 2.2 percent difference.

Ms. Bowen reported that 19 percent of Nevadans—with incomes less than 138 percent of the federal poverty level (FPL)—are uninsured, which is the fourteenth highest rate in the nation and represents a large population that should be Medicaid eligible. She noted this is equivalent to an income of \$16,934 for an individual and \$33,534 for a family of four.

Continuing her presentation, Ms. Bowen shared information regarding: (1) initiatives to increase enrollment; (2) clinical results of Nevada’s FQHCs compared to the national average; (3) the amount of FQHC grant money Nevada receives compared to nearby states; and (4) funding concerns of FQHCs ([Agenda Item V A](#)).

Committee members and Ms. Bowen discussed the following:

- Why Nevada’s per capita dollars are lower than nearby states;
- How potential cuts in federal spending may impact services provided by FQHCs, “incubator programs,” hospital visits, and the rural areas of the State;
- How the insured population helps fund FQHCs, which is known as “payer mix”; and
- Whether Nevada needs more FQHCs.

Chair Spearman said that health care in our country cannot be a privilege; we must figure out how everyone can have an opportunity to live in good health.

B. Medicaid Coverage

Marta Jensen, Administrator, Division of Health Care Financing and Policy (DHCFP), Department of Health and Human Services (DHHS), provided a presentation on eligibility and caseloads of Medicaid and Nevada Check Up Services, which is Nevada’s version of the federal Children’s Health Insurance Program (CHIP) ([Agenda Item V B](#)).

Julie Kotchevar, Deputy Director, DHHS, discussed funding alternatives for CHIP—in the event of cuts to federal funding—to avoid eliminating insurance for approximately 27,000 children. She noted that CHIP funding is a month-to-month decision; which could be rolled into regular Medicaid as a potential alternative or rolled out if funding is reauthorized.

Ms. Jensen added that 13,000 children were eligible for Nevada Check Up, but because the Affordable Care Act (ACA) added a higher FPL to Medicaid, these children were moved from Nevada Check Up into the Medicaid population. She said that by doing so, the higher federal medical assistance percentage (FMAP) from Nevada Check Up—currently 99.03 percent—is used. Without reauthorization, Ms. Jensen explained the 13,000 children would stay on Medicaid, but they would be paid at the lower FMAP of 65 percent; therefore, the State would have to make up the difference, which she noted is not currently accounted for in the budget.

Continuing with her presentation, Ms. Jensen identified Nevada’s mandatory and optional services, and she briefly explained two service delivery models for Medicaid recipients: (1) fee-for-service; and (2) managed care organizations ([Agenda Item V B](#)).

Further discussion focused on alternative services and coverage for the 27,000 children who will not have coverage if CHIP is not reauthorized. Ms. Kotchevar clarified that the 13,000 children already in Medicaid and the 27,000 in Nevada Check Up are budgeted at the 99 percent FMAP, and both of those populations would be paid at the 65 percent FMAP if federal funding is cut.

Ms. Jensen reported that if additional General Funds are not available, DHHS would have to pare down existing optional programs and services to cover the difference.

Senator Hardy requested a comparison of what the State pays and what it receives from the federal government for children’s health care to the cost of a private insurance policy.

Ms. Kotchevar said that based on previous analysis, Medicaid is a good deal for the State per child per month, but she offered to look into the cost of a private insurance policy.

In response to a request for clarification, Shannon Sprout, Deputy Administrator, Medicaid Division, DHCFP, DHHS, said the rate changes to mental health professionals occurred due to an alignment of the Medicare fee schedule. She explained the DHHS rate-setting process when there is a rate reduction, which includes public workshops, public hearings, announcements on the DHHS website, and approval by the Centers for Medicare and Medicaid Services. Ms. Sprout said a challenge in the system’s implementation made the recoupment period longer and DHHS is trying to minimize the financial burden on providers.

Ms. Jensen recognized the process should not take a year, as this one did, because it creates financial hardship on providers. She said public workshops and hearings were held, but too much time had lapsed and notification should have been made upfront. She noted there was little to no comment of concern presented during the workshops.

Further discussion ensued regarding:

- Support services for victims of crime, especially victims of the October 1, 2017, mass shooting in Las Vegas;

- The shortage of behavioral health professionals in all areas, including urban areas, and whether the shortage impacts the rate-setting process;
- Factors driving the rate reduction for mental health professionals; and
- An analysis of the providers and the mix of services they provide.

Ms. Jensen offered to provide a list of the providers affected and the financial impact.

C. Private Health Insurance Coverage

Glenn Shippey, Analyst and Reviewer, Health Benefit Plans, Life and Health Section, Division of Insurance (DOI), Department of Business and Industry, stated the commercial market consists of individual, small group, and large group segments regulated by the DOI. He said approximately 615,000 Nevadans are covered under plans regulated by the DOI, and 30 percent of Nevadans are covered under large, self-funded employer plans regulated by the United States Department of Labor, in most cases. Mr. Shippey presented a summary of the individual health insurance market since the beginning of the full implementation of the ACA as of January 1, 2014; the effect of the repeal of the individual mandate for 2019; and potential options to help stabilize the market ([Agenda Item V C-1](#)).

A discussion took place regarding:

- How Nevada may respond to any changes in strategy from the federal government;
- How to bring back off exchange carriers that have left Nevada; and
- The concerns of carriers with the repeal of the individual mandate.

Heather Korbolic, Executive Director, Silver State Health Insurance Exchange, provided an overview of the Exchange, which focused on enrollment for 2018, implications of federal policy changes, the benefits of marketplace competition, and Nevada's transition away from [HeathCare.gov](#) ([Agenda Item V C-2](#)).

Discussion took place regarding the following issues:

- Rate premiums of the SilverSummit Healthplan in rural communities;
- The availability of subsidies and how they affect purchasing from the Exchange;
- Factors that drive a carrier to be on or off the Exchange;
- Benefits to consumers of buying on or off the Exchange; and

- Challenges of using HeathCare.gov.

Vice Chair Sprinkle clarified that since there were no questions from the LCHC regarding the regulations in Agenda Item III, they will not be readdressed later in the meeting.

AGENDA ITEM VI—OVERVIEW REGARDING CERTAIN BEHAVIORAL HEALTH CARE AND SUBSTANCE ABUSE INITIATIVES AND PROGRAMS IN NEVADA

A. Criminal Justice Involved Persons With a Mental Illness

B. Access to Care for Underserved Populations

C. Trauma Response, Mobile Outreach, and Mobile Crisis

Julie Kotchevar, previously identified, shared an overview of health care and how the ACA has increased access to care ([Agenda Item VI A-1](#)).

Amy Roukie, Administrator, Division of Public and Behavioral Health (DPBH), DHHS, presented a matrix identifying five domains of social determinants of health for various adult populations ([Agenda Item VI A-2](#)). She discussed initiatives for: (1) adults with a mental illness who have been discharged from the criminal justice system; (2) access to care for underserved populations; and (3) trauma response, mobile outreach, and mobile crisis teams ([Agenda Item VI A-1](#)).

Kelly Wooldridge, Administrator, Division of Child and Family Services (DCFS), DHHS, discussed mobile crisis response team (MCRT) services ([Agenda Item VI A-1](#)). She announced MCRT services have been expanded into the rural areas across the State. Ms. Wooldridge reported that in 2015 and 2016, the number of children requiring acute psychiatric hospitalization declined, and the number of children in emergency rooms for behavioral health diagnosis stayed the same even though the State's total population increased. She also provided a brief update on grants and services provided to victims of crime.

Senator Ratti requested an update on Nevada's Mobile Outreach Safety Teams (MOST) as it relates to Senate Bill 192 (Chapter 455, *Statutes of Nevada 2017*).

Ms. Roukie said that subsequent to S.B. 192, Washoe County stated its interest in taking over the MOST program. Therefore, DCFS funding and any appropriations from S.B. 192 were sub granted to Washoe County Department of Social Services. As a result, three State positions were eliminated; Washoe County hired one of the former clinicians and two found jobs in other State agencies. Based on her last update from Sheila Leslie, Behavioral Health Program Coordinator, Washoe County Human Services Agency, and the coordinator of MOST in Washoe County, Ms. Roukie reported that additional staff was being hired to provide services 16 hours a day, 7 days a week. She suggested one of the initiatives for the

2019 Session would be to reallocate or find additional funding to provide MOST programs in all the rural communities that have requested it.

Continuing, Ms. Roukie explained that in Las Vegas, funds were sub granted to the Social Service Department of Clark County, which served as the pass-through agency for WestCare Nevada, the foundation providing MOST services. She stated Clark County declared it no longer wanted to be the pass-through agency, and the Las Vegas Fire and Rescue department has requested to be the sub recipient of the funds; unfortunately, the process for approval has been held up through negotiations with county representatives, law enforcement, and union officials. Ms. Roukie said the matter is scheduled to be on the City Council's agenda in early February. She pointed out the coordinators for the four behavioral health regions—created by Assembly Bill 366 (Chapter 479, *Statutes of Nevada 2017*)—have been appointed and they will be meeting in the next 45 days.

Senator Ratti and Ms. Roukie discussed whether law enforcement working in Henderson and North Las Vegas would have access to MOST resources if MOST is sub granted through the City of Las Vegas.

Senator Ratti requested an update on MOST in Clark County at a future meeting.

Chair Spearman suggested the LCHC stay on top of issues related to the October 1 tragedy in Las Vegas.

Ms. Wooldridge suggested that the LCHC invite Clark County officials for a presentation regarding grants and the October 1 tragedy.

Continuing the presentation, Jill Berntson, Deputy Administrator, Aging and Disability Services Division (ADSD), DHHS, discussed cognitive and mental health issues in older adults and elder and adult protective services. ([Agenda Item VI A-1](#)). She pointed out that family caregivers provide the majority of unpaid care at an estimated savings to Nevada of \$4 billion a year. Ms. Berntson acknowledged S.B. 121 (Chapter 552, *Statutes of Nevada 2017*), which established a committee to conduct an interim study concerning issues regarding the behavioral and cognitive care needs of older persons, and S.B. 92 (Chapter 7, *Statutes of Nevada 2017*), which extended the Task Force on Alzheimer's Disease indefinitely.

Ms. Roukie stated that DHHS is moving from access to quality care—with special populations on the forefront—and increasing capacity, as available, for behavioral health services at the local level ([Agenda Item VI A-1](#)) ([Agenda Item VI A-2](#)).

Discussion ensued regarding services for older members of the lesbian, gay, bisexual, transgender, and queer community; the hearing impaired; and discharged veterans.

Dena Schmidt, Administrator, ADSD, DHHS, explained that caseload is accounted for in current elder protective programs, but oftentimes many individuals do not meet the 60-year-old

threshold. She said ADSD is currently working with law enforcement and the data analytics unit at the director's office to identify the cost to the State for services. Ms. Schmidt pointed out that caregiver programs need to be strengthened in Nevada.

D. Opioid Addiction, Prevention, and Treatment

Elyse C. Monroy, Health and Human Services Policy Analyst, Office of the Governor, provided an overview of prevention efforts regarding the opioid issue in Nevada ([Agenda Item VI D-1](#)). She discussed Assembly Bill 474 (Chapter 605, *Statutes of Nevada 2017*)—the Controlled Substance Abuse Prevention Act—and the Prescribe 365 initiative. Ms. Monroy stressed that Prescribe 365 and A.B. 474 do not cut patients off from their controlled substances after 365 days. She added that Prescribe 365 helps regulators identify and define inappropriate prescribing, and A.B. 474 codifies that the prescription monitoring program could be used to identify potentially inappropriate prescribing. She mentioned the State has compiled resources to support the implementation and compliance of A.B. 474, and it recognizes that much of the bill will require process changes in a number of clinical settings. Ms. Monroy also presented a handout regarding Nevada's prescribing protocols ([Agenda Item VI D-2](#)). She discussed four priority areas of funding ([Agenda Item VI D-1](#)) and provided information on federal funding sources ([Agenda Item VI D-3](#)) and an opioid fact sheet ([Agenda Item VI D-4](#)).

Chair Spearman questioned whether any data shows a correlation between opioid use and unemployment or treatment for special populations.

Stephanie Woodard, Psy.D., Senior Advisor on Behavioral Health, DPBH, DHHS, stated the length of life expectancy for individuals in the United States has begun to decrease and correlation has been made to diseases of despair, such as suicide, depression, and substance abuse disorders. She expressed concern with how the social determinants of health that often contribute to the vulnerability of developing an addiction disorder are addressed. Dr. Woodard noted that unemployment is one of those factors that must be considered.

Continuing the presentation, Dr. Woodard presented an overview on treatment efforts, which focused on funding strategies and medication-assisted treatment (MAT), which is the first treatment of choice for those with opioid use disorder ([Agenda VI D-1](#)). She mentioned that even though Nevada has the designation of a State Opioid Treatment Authority, no one has served in this position for some time to lead and develop the opioid treatment system. Dr. Woodard also discussed: (1) legislation at the federal level that requires infants, identified as born with in utero exposure to substances, to have a plan of safe care; (2) services provided by integrated opioid treatment and recovery centers; (3) Medicaid publications; and (4) the 1115 Demonstration Waiver.

Discussion ensued regarding why some providers are not prescribing, whether MAT is coupled with psychotherapy, and specialty services related to opioid use disorder.

A discussion took place between Ms. Monroy and LCHC members regarding the following issues pertaining to A.B. 474:

- Section 52, which outlines the limits in the prescribing protocol;
- The relationship between the patient and the provider as described in the bill;
- Concerns from prescribers that the bill takes away their ability to do their job and potentially their ability to practice;
- A lack of education in the prescribing community about the requirements of A.B. 474;
- Challenges to prescribing protocols regarding prescriptions written for the treatment of pain in Section 57; and
- Regulations pertaining to due process.

Further discussion took place regarding coordinating MAT with the Veterans Court, offering continued treatment and determining eligibility for Medicaid services for those discharged from prison, and transferring care from one provider to another, such as from a hospital to a nursing home.

Subsequent to the meeting, Ms. Monroy submitted clarifying remarks regarding Sections 52 and 57 of A.B. 474 ([Agenda Item VI D-5](#)).

AGENDA ITEM VII—OVERVIEW OF PUBLIC HEALTH PREVENTION AND WELLNESS INITIATIVES AND PROGRAMS

A. Major Public Health Initiatives

Julia Peek, M.H.A., Deputy Administrator of Community Services, DPBH, DHHS, highlighted the actions taken to improve the health and wellness of Nevadans, how social determinants affect a person's health and well-being, and the ten essential services of public health ([Agenda Item VII A](#)). She mentioned the 618 Initiative, how the ACA has affected public health, and the possible impact to Nevada if the ACA is repealed.

B. Chronic Disease Prevention

Michael Hackett, Principal, Alrus Consulting, representing the Nevada Public Health Association, made a presentation titled "Need for Public Health Prevention and Wellness" ([Agenda Item VII B](#)). He identified the strengths and challenges of Nevada health care and suggested the State needs to look closely at the public health ramifications of recreational marijuana in the 2019 Session. Mr. Hackett highlighted the challenges of chronic disease prevention for tobacco use, and he submitted 2018–2019 public health policy priorities.

He expressed concern with how proposed cuts to the Environmental Protection Agency and the rollback of environmental protections impact public health and health care.

C. Access to Primary Care

Mr. Hackett, representing the Nevada Primary Care Association, provided an overview of the Association and FQHCs in public health ([Agenda Item VII C](#)). He shared success stories of the Community Health Alliance and identified national trends in primary care access, noting the physician to population ratio in Nevada is stagnant.

D. Public Health Funding

Concluding her presentation, Ms. Peek discussed funding sources and federal spending; she acknowledged the benefits of A.B. 388 (Chapter 432, *Statutes of Nevada 2017*) for women's health and A.B. 397 (Chapter 433, *Statutes of Nevada 2017*) for family planning ([Agenda Item VII A](#)).

AGENDA ITEM VIII—PUBLIC COMMENT

Chair Spearman called for public comment.

Joseph P. Iser, M.D., previously identified, commented on four issues: (1) the funding for FQHCs; (2) the loss of grants at the local level; (3) opioids and dual diagnosis with HIV; and (4) antibiotic susceptibility, resistance, and stewardship, which he requested the LCHC place on a future agenda.

Catherine O'Mara, Nevada State Medical Association, commented on the educational events that have been held since the end of the 2017 Session and January 1, 2018, regarding the implementation of A.B. 474. She said she is working with the licensing boards and the State Board of Pharmacy to develop clarifying regulations.

Chair Spearman announced the next meeting is scheduled for February 20, 2018.

AGENDA ITEM IX—ADJOURNMENT

There being no further business to come before the Committee, the meeting was adjourned at 3:24 p.m.

Respectfully submitted,

Janet Coons
Manager of Secretarial Services

Marsheilah D. Lyons
Chief Principal Research Analyst

APPROVED BY:

Senator Patricia (Pat) Spearman, Chair

Date: _____

MEETING MATERIALS

AGENDA ITEM	WITNESS/ENTITY	DESCRIPTION
<u>Agenda Item II</u>	Adrianna Wechsler Zimring, Ph.D., President, Nevada Psychological Association	Letter
<u>Agenda Item III A</u>	Eric Robbins, Principal Deputy Legislative Counsel, Legal Division, Legislative Counsel Bureau (LCB)	LCB File No. R133-15 State Board of Health
<u>Agenda Item III B</u>	Eric Robbins, Principal Deputy Legislative Counsel, Legal Division, LCB	LCB File No. R149-15 State Board of Health
<u>Agenda Item III C</u>	Eric Robbins, Principal Deputy Legislative Counsel, Legal Division, LCB	LCB File No. R121-16 State Board of Health
<u>Agenda Item III D</u>	Eric Robbins, Principal Deputy Legislative Counsel, Legal Division, LCB	LCB File No. R163-16 Board of Medical Examiners
<u>Agenda Item III E</u>	Eric Robbins, Principal Deputy Legislative Counsel, Legal Division, LCB	LCB File No. R038-16 Board of Psychological Examiners
<u>Agenda Item III F</u>	Eric Robbins, Principal Deputy Legislative Counsel, Legal Division, LCB	LCB File No. R010-17 Chiropractic Physicians' Board of Nevada
<u>Agenda Item III G</u>	Eric Robbins, Principal Deputy Legislative Counsel, Legal Division, LCB	LCB File No. R064-17 Chiropractic Physicians' Board of Nevada
<u>Agenda Item III H</u>	Eric Robbins, Principal Deputy Legislative Counsel, Legal Division, LCB	LCB File No. R004-17 Board of Dental Examiners of Nevada
<u>Agenda Item III I</u>	Eric Robbins, Principal Deputy Legislative Counsel, Legal Division, LCB	LCB File No. R044-17 Board of Dental Examiners of Nevada
<u>Agenda Item III J</u>	Eric Robbins, Principal Deputy Legislative Counsel, Legal Division, LCB	LCB File No. R116-17 State Board of Osteopathic Medicine
<u>Agenda Item III K</u>	Eric Robbins, Principal Deputy Legislative Counsel, Legal Division, LCB	LCB File No. R023-17 Board of Examiners for Social Workers
<u>Agenda Item III L</u>	Eric Robbins, Principal Deputy Legislative Counsel, Legal Division, LCB	LCB File No. R110-17 Board of Examiners for Social Workers

<u>Agenda Item IV</u>	Marsheilah D. Lyons, Chief Principal Research Analyst, Research Division	Legislative Committee on Health Care Work Plan
<u>Agenda Item V A</u>	Nancy J. Bowen, Executive Director, Nevada Primary Care Association	Microsoft PowerPoint Presentation
<u>Agenda Item V B</u>	Marta Jensen, Administrator, Division of Health Care Financing and Policy, Department of Health and Human Services (DHHS)	Microsoft PowerPoint Presentation
<u>Agenda Item V C-1</u>	Glenn Shippey, Analyst and Reviewer, Health Benefit Plans, Life and Health Section, Division of Insurance, Department of Business and Industry	Microsoft PowerPoint Presentation
<u>Agenda Item V C-2</u>	Heather Korbolic, Executive Director, Silver State Health Insurance Exchange	Microsoft PowerPoint Presentation
<u>Agenda Item VI A-1</u>	Amy Roukie, Administrator, Division of Public and Behavioral Health (DPBH), DHHS	Microsoft PowerPoint Presentation
<u>Agenda Item VI A-2</u>	Amy Roukie, Administrator, DPBH, DHHS	Matrix—Social Determinants of Health
<u>Agenda Item VI D-1</u>	Elyse C. Monroy, Health and Human Services Policy Analyst, Office of the Governor	Microsoft PowerPoint Presentation
<u>Agenda Item VI D-2</u>	Elyse C. Monroy, Health and Human Services Policy Analyst, Office of the Governor	Document Regarding Prescribing Protocols in Nevada
<u>Agenda Item VI D-3</u>	Elyse C. Monroy, Health and Human Services Policy Analyst, Office of the Governor	Document Regarding Opioid Abuse Prevention Funding Sources
<u>Agenda Item VI D-4</u>	Elyse C. Monroy, Health and Human Services Policy Analyst, Office of the Governor	Opioid Fact Sheet
<u>Agenda Item VI D-5</u>	Elyse C. Monroy, Health and Human Services Policy Analyst, Office of the Governor	Clarifying Written Comments
<u>Agenda Item VII A</u>	Julia Peek, M.H.A., Deputy Administrator of Community Services, DPBH, DHHS	Microsoft PowerPoint Presentation
<u>Agenda Item VII B</u>	Michael Hackett, Principal, Alrus Consulting	Microsoft PowerPoint Presentation
<u>Agenda Item VII C</u>	Michael Hackett, Principal, Alrus Consulting	Microsoft PowerPoint Presentation

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