



NEVADA LEGISLATURE

LEGISLATIVE COMMITTEE ON HEALTH CARE

(Nevada Revised Statutes [NRS] 439B.200)

SUMMARY MINUTES

The fifth meeting of the Legislative Committee on Health Care for the 2017–2018 Interim was held on Tuesday, July 17, 2018, at 9 a.m. in Room 4401, Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. The meeting was videoconferenced to Room 2134, Legislative Building, 401 South Carson Street, Carson City, Nevada.

The agenda, minutes, meeting materials, and audio or video recording of the meeting are available on the Committee's [meeting page](#). The audio or video recording may also be found at <https://www.leg.state.nv.us/Granicus/>. Copies of the audio or video record can be obtained through the Publications Office of the Legislative Counsel Bureau (LCB) (publications@lcb.state.nv.us or 775/684-6835).

COMMITTEE MEMBERS PRESENT IN LAS VEGAS:

Senator Patricia (Pat) Spearman, Chair
Senator Joseph (Joe) P. Hardy, M.D.
Assemblywoman Ellen B. Spiegel

COMMITTEE MEMBERS PRESENT IN CARSON CITY:

Assemblyman Michael C. Sprinkle, Vice Chair
Senator Julia Ratti

COMMITTEE MEMBER ABSENT:

Assemblyman James Oscarson

LEGISLATIVE COUNSEL BUREAU STAFF PRESENT:

Marsheilah D. Lyons, Chief Principal Policy Analyst, Research Division
Megan Comlossy, Principal Policy Analyst, Research Division
Eric Robbins, Principal Deputy Legislative Counsel, Legal Division
Janet Coons, Manager of Research Policy Assistants, Research Division
Jan Brase, Research Policy Assistant, Research Division

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

AGENDA ITEM I—OPENING REMARKS

Chair Spearman called the fifth meeting of the Legislative Committee on Health Care (LCHC) to order. She welcomed Committee members, staff, and the public and reviewed meeting protocol.

AGENDA ITEM II—PUBLIC COMMENT

Bill M. Welch, President and Chief Executive Officer, Nevada Hospital Association, expressed his concerns regarding Medicaid's proposed modification to the reimbursement fee schedule for neonatal intensive care unit (NICU) services, which he estimated will reduce reimbursements to NICU hospitals in excess of \$16 million annually. Mr. Welch requested the LCHC hold a hearing on the proposed modification and potential consequences to NICU services.

Sondra Cosgrove, President, League of Women Voters of Nevada and the League of Women Voters of Southern Nevada, stated the southern league has been studying early interventions in behavioral and mental health care and has developed recommendations to address the critical shortcomings in the state's behavioral health care system.

Scott W. Ferguson, Nevada resident, presented written comments regarding Assembly Bill 474 (Chapter 605, *Statutes of Nevada 2017*) ([Agenda Item II A](#)). He pointed out the bill only addresses new patients and suggested a possible solution is to have a separate group for existing, long-term patients.

The Honorable Jack Schroeder, Senior Justice of the Peace, Reno Justice Court, Reno, Nevada, requested the LCHC's help to ensure adequate funding of detox centers.

Merle R. Dawson, Nevada resident, presented written testimony ([Agenda Item II B](#)) regarding the circumstances surrounding his wife's death.

Joanna Jacob, Esq., Vice President, Ferrari Public Affairs, representing Quest Diagnostics Incorporated, shared a prescription drug monitoring report by Quest. She reported the total inconsistency rate in Nevada—a measure of inappropriate drug use that may indicate the patient is misusing one or more drugs—was 69 percent, compared to the national rate of 52 percent ([Agenda Item II C](#)).

Noelle L. Lefforge, Ph.D., representing the Nevada Psychological Association (NPA), expressed concern that access to care in Nevada is worsening rather than improving. She submitted a response issued by NPA regarding Nevada Medicaid prior authorization requirements for psychotherapy services ([Agenda Item II D-1](#)), and she shared a survey issued by NPA that identifies negative consequences resulting from changes to Medicaid ([Agenda Item II D-2](#)). Dr. Lefforge also discussed how problems with empaneling affect the behavioral health workforce in Nevada.

George Ross, representing HCA (Hospital Corp of America) Management Services, L.P., discussed how the proposed NICU state plan amendment would cost the Sunrise Children's

Hospital approximately \$7 million per year, forcing the hospital to send its premature and ill babies out of state for services.

Phillip Baker, Chief Financial Officer, Sunrise Hospital and Medical Center, stated the hospital has the largest NICU in the state with an occupancy rate of over 91 percent. He discussed how the proposed changes by Medicaid would place the hospital in a critical situation.

Dan Musgrove, representing Valley Health System, said hospitals must look at the sustainability of their service lines due to the proposed reduction in Medicaid reimbursement rates. He stated that with reduced Medicaid rates, parents will have to go out of town with their children to receive services. Mr. Musgrove requested the Legislature review the proposed reduction in Medicaid reimbursement rates.

Chris Bosse, Vice President, Government Relations, Renown Health, representing Renown Regional Medical Center in northern Nevada, said the state's proposal to modify the NICU fee schedule would increase administrative costs by creating a separate per diem for each clinical level of care and significantly affect the level of services provided for NICU patients.

Amber Federizo, Comedical Director, Hemostasis and Thrombosis Center of Nevada (HTCN), provided written comments regarding the quality of care for patients with hemophilia, issues with provider networks, and access to insurance ([Agenda Item II E](#)).

Jacey Gonzalez, Nevada resident and a patient with HTCN, discussed how her quality of care has diminished since her insurance company has forced her to see a separate hematologist rather than a federally designated hemophilia treatment center.

Betsy Van Deusen, Executive Director, Nevada Chapter of the National Hemophilia Foundation, discussed the Foundation's mission and submitted information on the hemophilia treatment center model, which the Foundation recognizes ([Agenda Item II F-1](#)). She noted that HTCN is the only provider in the state that offers this model, but it is not accepted by any Medicaid plans. Ms. Van Deusen reported that 60 percent of Nevada residents who suffer from bleeding disorders are estimated to be on Medicaid. She also submitted a fact sheet regarding bleeding disorders ([Agenda Item II F-2](#)).

Devin Brooks, Chief Executive Officer and Executive Director, Brooks Behavioral Health Center, discussed the length of time it takes Medicaid to approve a mental health assessment and for a patient to achieve access to care. He suggested there will be a health care crisis if providers who want to help Nevada's low-income population cannot be credentialed and if psychiatrists no longer work with the Medicaid population. Mr. Brooks offered to work with the committee to find solutions to this pending problem.

Madia, nonprofit coordinator for GROW, a transitional and vocational field-training program for at-risk youth, said the program's funding is in danger of being cut.

AGENDA ITEM III—APPROVAL OF MINUTES OF THE MEETING HELD ON APRIL 24, 2018

MOTION: Assemblywoman Spiegel moved to approve the minutes of the meeting held on April 24, 2018. The motion was seconded by Senator Hardy and passed unanimously.

AGENDA ITEM IV—CONSIDERATION OF REGULATIONS PROPOSED OR ADOPTED BY CERTAIN LICENSING BOARDS PURSUANT TO *NEVADA REVISED STATUTES* 439B.225

A. LCB File R137-17 of the Board of Dispensing Opticians ([Agenda Item IV A](#))

B. LCB File R062-18 of the State Board of Nursing ([Agenda Item IV B](#))

C. LCB File R066-18 of the State Board of Podiatry ([Agenda Item IV C](#))

The Committee members had no questions concerning the regulations.

AGENDA ITEM V—ACCESS TO CHILDREN AND ADOLESCENT BEHAVIORAL HEALTH SERVICES AND TREATMENT PROGRAMS IN NEVADA

Cara Paoli, Deputy Administrator, Children’s Mental Health, Division of Child and Family Services (DCFS), Department of Health and Human Services (DHHS), shared a presentation regarding the System of Care (SOC) approach for children’s behavioral health policies and services. She provided data regarding licensed mental and behavioral health professionals in Nevada for the last ten years that indicates the state’s workforce supply does not meet the demand for services for children and their families. She identified recommendations from the SOC Workforce Development Workgroup to address the healthcare workforce shortage ([Agenda Item V A](#)).

Ms. Paoli clarified the following issues for Committee members:

- Training for the specialized foster care program is open to state agencies, county agencies, and private providers, and no discrepancies have been found between the training provided in northern versus southern Nevada;
- A contract for the Desert Willow Treatment Center does not currently exist because building modifications need to meet licensing standards and accreditation through The Joint Commission—which has strict guidelines about having a distinct and separate program;
- County representatives, sister agencies, and stakeholders are involved with the process of identifying DCFS as the children’s mental health authority in Nevada as part of the SOC’s strategic plan;
- The GROW program is located in Clark County and provides transitional living services;

- To be part of the SOC, a provider should contact Ms. Paoli or Kevin McGrath, the grant manager, to discuss service delivery and the scope of work offered to the community;
- This is the last year of the four-year SOC grant; DCFS has applied for other federal grants and may apply for another SOC grant;
- Through the SOC grant, DCFS is able to offer training to most providers and citizens;
- Standards are written for subgrantees that are part of the SOC grant and staff is available for support and auditing purposes;
- The DCFS may become a certifying agency for publicly funded programs in the state, which would be a joint effort with Nevada Medicaid; and
- DCFS has a budget concept paper to expand its current services, but the total amount for budget enhancement is currently not available.

Shannon Sprout, Deputy Administrator, Division of Health Care Financing and Policy (DHCFP), DHHS, presented an overview of behavioral health covering: (1) Medicaid services for children and adults; (2) fee-for-service (FFS) expenditures; and (3) provider enrollment for outpatient services, psychologists, and other provider types. She mentioned programs of collaboration between DHCFP and DCFS ([Agenda Item V B](#)).

Committee members and Ms. Sprout discussed the following:

- Collaboration between DHCFP and DCFS to identify a package of services; and
- Service packages, provider qualifications, and a rate structure to support the model of services.

Senator Ratti requested the number of licensed professionals in the state and the number that have chosen to be part of the Medicaid system.

Ms. Sprout said she could provide that data as well as the number of those enrolled versus those actively billing. She also offered to break down the number of psychiatrists in the state by region.

Karen Taycher, Executive Director, NVPEP, stated NVPEP serves approximately 1,000 families per month who have children with disabilities and/or mental health care needs. She identified the services offered by NVPEP and commented that Nevada waits to treat children and their families when situations have become extreme. Ms. Taycher suggested the state should provide treatment at a lower, less costly level and support those services designed to keep families in their homes and communities.

Chair Spearman commented that community-based programs and outreach are critical for the access of care in emerging communities.

Ms. Taycher agreed with Chair Spearman's comments. She added that the first SOC grant created five neighborhood care centers in Las Vegas and suggested the state should focus more on these centers as part of its solution to care.

Chris Empey, M.A., L.C.S.W., Mental Health Counselor, Clinical Services, Department of Social Services, Washoe County, and Chair, Nevada Children's Behavioral Health Consortium (NCBHC), presented information about the Consortium's mission and processes. He reviewed the priorities and goals specific to the three regional consortia in Clark and Washoe Counties and the rural counties ([Agenda Item V C](#)).

Discussion ensued regarding the following issues:

- NCBHC's viewpoint regarding a statewide children's behavioral health authority;
- Whether children's issues are being pushed farther away from decision-making entities; and
- Concern about statutory authority among multiple organizations.

Dan Musgrove, Vice Chair, NCBHC, and Chair, Clark County Children's Mental Health Consortium (CCCMHC), explained the parallels of the three regional children's mental health consortiums created by the Nevada Legislature in 2001 and the four regional policy boards created by the 2017 Legislature. He said two members of the CCCMHC sit on the Southern Nevada Regional Policy Board, and the CCCMHC collaborates successfully with many of its state partners.

Further discussion took place regarding:

- The children's mental health consortiums not having the privilege of a bill draft request (BDR);
- Whether diversity is considered in the selection process of the statutory membership of the children's mental health consortiums; and
- The recent opening of the Brooks Behavioral Health Center in Hawthorne, Nevada.

AGENDA ITEM VI—BARRIERS TO ACCESSING SERVICES AND PROGRAMS FOR THE TREATMENT OF AUTISM IN NEVADA

Marc Tedoff, Ph.D., owner, Applied Behavioral Analysis Institute, Las Vegas, presented information regarding: (1) barriers to providing intervention for children with autism; (2) reasons why there are so few registered behavior technicians (RBTs) in Nevada; (3) plausible solutions to increase the number of providers; and (4) successful policies implemented by the Autism Treatment Assistance Program (ATAP), Aging and Disability Services Division (ADSD), DHHS, ([Agenda Item VI A](#)).

Rique Robb, Deputy Administrator, Children's Unit, ADSD, DHHS, presented an update on ATAP, highlighting the program's caseload; referrals; waiting and active children by age and area;

insurance coverage availability; and the increasing number of RBTs compared to behavior interventionists (BIs) ([Agenda Item VI B](#)). She reported that as of June 30, there are 40 providers, and at the end of July, there will be 47, of which 27 will be registered as Medicaid providers. Ms. Robb noted ADSD has been working closely with its sister agencies and Medicaid to overcome challenges.

Discussion ensued regarding the following:

- The transition of care with changes to plan types;
- Teaching providers how to direct bill in collaboration with Medicaid;
- The challenges with provider capacity and the time of day children can receive care; and
- The training requirements and recruitment of BIs and RBTs.

Jon Paul Saunders, Director, The Lovaas Center, Las Vegas, identified many reasons why the Center has opted out of enrolling in Medicaid, including the reimbursement rate. He stated that even though the Center is one of the largest providers in Nevada, it cannot provide care to ATAP clients without assistance from private insurance and Medicaid. Mr. Saunders noted there are Lovass Centers in other areas that use different funding sources.

Further discussion took place regarding the following topics:

- Private insurance provides a reimbursable rate of \$44 an hour, which enables RBTs to be paid between \$15 and \$20 an hour;
- 43 of the 47 providers in Nevada are direct billing Medicaid at the current reimbursement rate;
- The benefits and availability of integrated services within the school districts; and
- How the insurance mandate has changed services previously provided by the school districts.

Shannon Sprout, previously identified, shared a presentation on Nevada Medicaid applied behavioral analysis services ([Agenda Item VI C](#)). She said it takes time for new providers to learn how to bill for Medicaid claims. She added that DHCFP is modernizing its system, which has presented some challenges to providers, but a number of them are billing successfully, growing their billing each month, and enrolling more children.

AGENDA ITEM VII—DISCUSSION REGARDING INSURANCE COVERAGE AND ACCESS TO HEALTH CARE PROVIDERS

A. The Process for Determining the Health Care Providers Included in the Health Insurance's Network of Providers

B. Determining That a Health Plan Has an Adequate Network of Providers

C. Options to Improve the Credentialing Process and Access to Health Care Providers

Allyson Hoover, Director of Provider Solutions, Anthem Medicaid, Blue Cross Blue Shield, Amerigroup Corporation, presented information regarding Anthem's vision to transform health care and its goal to deliver a user-friendly approach to its providers. She discussed Anthem's process to determine how providers can join its network, the access and availability of the network through surveys and secret shopper calls, and various Anthem results that have improved members' lives. Ms. Hoover addressed Anthem's solutions to challenges of social determinants of health needs, provider education, policy clarification, and the lack of behavioral health professional providers ([Agenda Item VII A](#)).

Continuing the presentation, Lisa Bogard, Chief Operating Officer, Anthem Medicaid, Blue Cross Blue Shield, Amerigroup Corporation, explained the credentialing process, noting that Anthem applies the credentialing standards of the National Committee for Quality Assurance to ensure quality providers for Medicaid members ([Agenda Item VII A](#)). Ms. Bogard mentioned that a complete file can be processed in under 30 days.

Responding to questions from the Committee, Ms. Hoover clarified the following:

- Demographic information does show provider diversity;
- The information in her presentation only applies to Medicaid managed care;
- Anthem's Medicaid managed care network is open to all health care providers other than nonlicensed behavioral health care providers (Provider Type 14), which Anthem is currently auditing only in southern Nevada;
- Anthem helps patients who cannot obtain an appointment with a provider in a reasonable amount of time; single-case agreements can be provided to assist with expenses if a patient must go out of state for services;
- Anthem runs monthly, quantifiable geo access reports and reviews wait times through secret shopper calls to measure network adequacy; and
- Anthem staff members attend meetings of the children's consortia in both northern and southern Nevada.

Jeremey Gladstone, Insurance Actuarial Analyst, Life and Health Section, Division of Insurance (DOI), Department of Business and Industry, shared a presentation that highlighted the role the DOI plays in determining network adequacy and its jurisdiction over health plans. He pointed out that 4 percent of Nevadans obtain their health insurance through the individual market and 3 percent from the small group market, which the DOI regulates ([Agenda Item VII B](#)). Mr. Gladstone said the DOI is not responsible for regulating health plans for the other 93 percent of Nevadans with health insurance.

Committee members and Mr. Gladstone discussed the following:

- The DOI's lack of statutory authority over various markets as well as the credentialing process;
- The certification process for carriers that want to write business in Nevada;
- The impact of rental networks; and
- How the addition of exclusive provider organizations (EPOs) in southern Nevada have affected consumers.

Senator Ratti wondered which regulations the remaining 93 percent of the market not regulated by the DOI follow.

Cody L. Phinney, M.P.H., Deputy Administrator, Compliance, DHCFP, DHHS, explained that Nevada Medicaid maintains and oversees network adequacy for the FFS businesses and managed care organizations (MCOs) to ensure the state's contracts comply with federal regulations for time and distance standards and that recipients receive the services to which they are entitled.

Further discussion among Committee members, Mr. Gladstone, and Ms. Phinney clarified the following:

- The large group market needs less regulation for network adequacy;
- The DOI strictly looks at the metrics of time and distance for network adequacy; it does not look at capacity or the number of providers to meet the needs of consumers;
- The DOI offers outreach to consumers who have complaints or need assistance, and provider directories are updated annually; and
- DHCFP staff will assist FFS clients in finding a provider in the Medicaid network and will work with MCO management to help consumers locate services.

Rudy Cardenas, Director, Network Development and Provider Contracting, Health Plan of Nevada (HPN), United HealthCare Services, Inc., discussed: (1) the shortage of primary care physicians in Nevada and how HPN is addressing this issue; (2) contract requirements for network adequacy; and (3) increasing community access to services ([Agenda Item VII C](#)).

Continuing the presentation, Sarah Fox, Director, Provider Relations, HPN, reviewed network adequacy enhancements that offer alternatives to care and services ([Agenda Item VII C](#)).

Michelle Guerra, Medicaid Program Manager, Behavioral Health Department, HPN, discussed behavioral health provider partnerships and implementation solutions ([Agenda Item VII C](#)).

Ms. Fox concluded the presentation with a review of: (1) HPN's credentialing and improvements to the process; and (2) its secret shopper program ([Agenda Item VII C](#)). She clarified there are

two different sets of network adequacy for HPN Medicaid that follow the 25-mile rule for compliance. Ms. Fox explained that HPN also has a commercial product filed with the DOI for network adequacy. She said HPN accepts all providers and does not have any closed specialties for all products at this time.

Ms. Guerra offered to provide information that tracks cultural parity of behavioral health providers.

Roxanne Coulter, Vice President of Quality, SilverSummit Healthplan, reported that SilverSummit just celebrated its first year anniversary. She shared information on the: (1) process for determining health care providers included in the network of providers; (2) process for determining that a health plan has an adequate network of providers; and (3) options to improve the credentialing process and access to health care providers ([Agenda Item VII D](#)). Ms. Coulter mentioned that network adequacy is the same for both Medicaid and Ambetter; the network is open for all provider types for both products of business; and she ensures cultural competency within the health plan and network of providers through quarterly reports.

Ms. Phinney said DHCFP oversees MCOs and their network adequacy. She explained that Nevada Medicaid is required to assess federal compliance of MCOs once every three years, and the state system annually assesses portions of federal regulations. Ms. Phinney said all providers are required to enroll in a FFS product before they can be credentialed with an MCO. She noted that since credentialing is a rigorous process, Nevada Medicaid and the MCOs have discussed the possibility of a centralized credentialing process designed to minimize administrative burdens of multiple processes on providers and make Medicaid more appealing for enrollment.

Senator Ratti questioned why some providers claim they cannot join a network because the panels are closed, and yet, the MCOs state they accept all providers, except nonprofessional categories.

Ms. Phinney suggested the MCO vendors are claiming they accept all providers that meet their credentialing standards, but it is possible that some providers are not meeting all the criteria required in the MCO credentialing process. She said she will investigate the disconnect and share the results with the Committee. Ms. Phinney also offered to share any public information from the MCO's secret shopper surveys.

Damon Haycock, Executive Officer, Board of the Public Employees' Benefits Program, stated the Board has a different perspective because it represents a government health plan. He said the Board leases the networks through the state's solicitation process pursuant to Chapter 333 ("Purchasing: State") of NRS. Mr. Haycock explained the process of solicitation and how the Board negotiates with networks for a comprehensive list of providers. He shared the following information about the Board's health plan:

- Medically necessary services not available in the state are supplemented with a comprehensive national network;
- The Board does not have a network adequacy regulation; it relies on the networks, and if there are not enough providers, the Board looks for solutions internally;

- Health maintenance organizations (HMOs) maintain their own network adequacy as part of their contract with the Board;
- Memberships are surveyed regularly;
- A quality control unit tracks complaints and appeals;
- The Board does not credential its providers; that function is shifted to the networks; and
- The Board has implemented a telemedicine service called “doctor-on-demand.”

Sunshine Moore, Regional Director, State Affairs, America’s Health Insurance Plans, submitted written testimony on the value of health plan networks in the commercial market and how health plans work to provide Nevadans with access to high-quality care at lower cost through its networks. She discussed the differences between the credentialing process and contracting. Ms. Moore said the size of a network, in addition to meeting minimum adequate standards, depends on whether the network is an HMO. She explained that in an HMO, consumers must designate a primary care physician and generally are required to stay in the network, while coverage for out-of-network services is only allowed in emergencies or if an in-state provider cannot be located for complex cases ([Agenda Item VII E](#)).

Ms. Moore shared that in a preferred provider organization (PPO), enrollees do not have to stay in network nor do they have to select a primary care provider. She added that an incentive to selecting a PPO is that copays are lower and they offer possible out-of-network coverage, but with a higher copay. Ms. Moore stated that since there are price variations among providers and facilities, even in the same geographic region, PPOs tend to be more expensive than HMOs. Robust PPO plans come with a higher monthly premium, and tailored or narrow HMOs or EPOs have lower premiums. She pointed out that consumers are price-sensitive due to rising health care costs, and they appreciate the option to select from a broader network with higher premiums or a narrower network with lower premiums. Ms. Moore stressed there must be a balance between providing flexibility, choice, and affordability for the consumers ([Agenda Item VII E](#)).

Catherine M. O’Mara, J.D., Executive Director, Nevada State Medical Association, testified that the physician community is of the opinion many networks remain inadequate but health plans are working to improve network adequacy. She discussed: (1) challenges with the quality of reported data either to or from the DOI; (2) shrinking networks due to workforce shortages; (3) overworked physicians and nurses; and (4) the impact of restrictive or narrow networks.

Ms. O’Mara suggested the following policy recommendations to improve the credentialing process and access to health care providers:

1. Support the DOI in its efforts to review the networks through audits that include whether physicians are taking patients and accurate provider directories;
2. Require data to be clear and accurate;

3. Promote policies that encourage workforce development;
4. Promote policies that streamline regulatory burdens;
5. Discourage policies that promote narrow networks; and
6. Use the American Medical Association's model for credentialing that creates a metric for state oversight.

Ms. O'Mara stressed that the cost a physician is willing to accept for a service should not be the only barrier for the physician not to be credentialed with a network. She said there should be a transparent appeals process if a physician is denied credentialing.

AGENDA ITEM VIII—UPDATE CONCERNING CERTAIN PROVISIONS OF FAMILY PLANNING IN NEVADA

A. Title X Funding and Related Programs

B. Family Planning Related Provisions of Senate Bill 122 (Chapter 164, Statutes of Nevada 2017) and Assembly Bill 397 (Chapter 433, Statutes of Nevada 2017)

Tina Gerber-Winn, M.S.W., L.S.W., Agency Manager, Rural Community Health Services (CHS), DPBH, DHHS, provided an overview of Title X funding ([Agenda Item VIII A](#)). She noted Title X is the only federal grant program dedicated solely to providing individuals with comprehensive family planning and related preventive health services. Ms. Gerber-Winn explained that CHS offers reproductive health and family planning services with priority to the underserved, underinsured, and low-income communities in rural and frontier counties of Nevada. She noted that Medicaid is a financing partner for CHS; if clients do not have the ability to pay, then CHS uses Title X funding. Ms. Gerber-Winn reviewed some results of corrective actions implemented and how proposed federal changes might affect future Title X funding.

Julia Peek, M.H.A., Deputy Administrator of Community Services, DPBH, DHHS, presented an overview of SB 122. She also reviewed AB 397, focusing on its funding process, awardees, and services provided ([Agenda Item VIII A](#)).

Ms. Peek discussed in detail the following challenges with implementing the bills:

- It was DPBH's understanding that SB 122 and AB 397 were related and AB 397 funding was to be placed in the SB 122 account. When DPBH received the funds, it was directed that the two bills were not associated. Therefore, since the bills were unrelated, DPBH did not develop any regulations and instead contacted the Office of Grant Procurement, Coordination and Management, Department of Administration, regarding a request for proposal for spending the funds.

- Testimony during the 2017 Session indicated the bills were related and directed at rural counties, but that appears not to be the intention of the bills and was not specifically written into either of the bills.
- SB 122 allowed funds to go to the community health nursing program; however, AB 397 did not specifically say the program could receive the funding, which caused confusion with implementing the two bills.
- SB 122 allowed 10 percent of the funds to be used for administrative purposes and to provide technical assistance as needed, but DPBH does not have any money in that account since AB 397 was not related.
- AB 397 provided a one-time appropriation. The way the bill is written, it will be necessary for DPBH to ask the Legislature to pass a bill each session requesting the funds, if needed.

Ms. Peek stressed that a few technicalities caused frustration for stakeholders, but DPBH did its best to execute the bills.

Elisa Cafferata, owner, Cafferata & Company Government Relations, Reno, Nevada, representing Nevada Advocates for Planned Parenthood Affiliates and other family planning providers who worked on SB 122 and AB 397, highlighted information regarding family planning in Nevada. She pointed out that for years Nevada has been falling behind in helping women who need publicly supported family planning. Ms. Cafferata discussed proposed changes to the parameters of Title X family planning grants and rule changes ([Agenda Item VIII B-1](#)).

She proposed the following recommendations for 2019:

- Create an “Account for Family Planning”;
- Appropriate \$12 million over the biennium;
- Evaluate Medicaid rules and reimbursement rates to cover costs for family planning providers; and
- Change Medicaid rules so that health centers can bill Medicaid for community health workers ([Agenda Item VIII B-2](#)).

Ms. Cafferata also submitted an update on 12-month dispensing for birth control in Nevada ([Agenda Item VIII B-3](#)).

Senator Ratti suggested the LCHC may want to submit a BDR to fix the alignment issues with SB 122 and AB 397.

AGENDA ITEM IX—AMPHETAMINE AND OPIOID ABUSE, PREVENTION, AND TREATMENT IN NEVADA

Kyle Devine, M.S.W., Chief, Bureau of Behavioral Health and Wellness and Prevention, DPBH, DHHS, stated the Bureau oversees the Substance Abuse Prevention and Treatment Agency. He submitted a presentation containing extensive data for the Committee's reference, and he reviewed information on funding sources and requirements for prevention; the decision-making process regarding the distribution of funds; data provided by the Office of Analytics, DHHS; and priorities for the Multidisciplinary Advisory Committee ([Agenda Item IX A](#)).

Discussion ensued regarding the following:

- The reason for the 2016 spike in suicide and what can be done to address the issue;
- Nevada's Suicide Death Review Committee;
- Violent death reporting system;
- Volkswagen settlement money to the Boys & Girls Clubs of America for opioid prevention;
- Possible links between the mental health of adolescents, sexual exploitation, and suicide; and
- The use of cannabis by veterans for treating posttraumatic stress disorder.

Linda Lang, Director, Nevada Statewide Coalition Partnership, shared a presentation on opioid prevention efforts that highlighted the structures of community coalitions and identified statewide prevention initiatives and programs ([Agenda Item IX B-1](#)). She submitted a 2018 coalition member list ([Agenda Item IX B-2](#)).

Jamie Ross, Executive Director, PACT (Prevention, Advocacy, Choices, Teamwork) Coalition for Safe & Drug-Free Communities, discussed prevention approaches in Nevada, which she noted are locally driven, and evidence-based curriculums. Ms. Ross also reviewed the process of distributing funds ([Agenda Item IX B-1](#)).

AGENDA ITEM X—PUBLIC COMMENT

Amber Federizo, previously identified, stated HTCN is the only center in the state that travels to the Indian reservation in Owyhee, Nevada, near Elko, and the prison systems. She read e-mail correspondence from Amerigroup Nevada, Incorporated, dated January 12, 2018, regarding its open empanelment, which stated:

Thank you for your interest in joining the Amerigroup Medicaid provider network. At this time, we are at capacity for providers of your specialty and are unable to welcome you into our network. We will keep your information on file and contact you if we have availability in the future, or please feel free to check with us in 6 to 8 months.

Ms. Federizo said she is privileged and credentialed on the Medicaid panel but Ambetter has never reached out to her regarding its panel. She submitted an article titled, “The Viability and Necessity of APRN-Led Care Models in the Clinical Management of Haemophilia and Other Inherited Bleeding and Clotting Disorders.” (*Haemophilia*. 2018;00:1-7.)

Sarah Hunt, Ph.D., Assistant Dean of Behavioral Health Sciences, School of Medicine, University of Nevada, Las Vegas (UNLV), and Director, UNLV Mental and Behavioral Health Coalition, reminded the Committee that the Coalition is a multidisciplinary faculty workgroup that has been meeting to address the shortage of the mental health workforce in the state. She addressed the issue of keeping graduates in Nevada and expressed a desire for a seamless pipeline for graduates of the Nevada System of Higher Education to become licensed and empaneled to increase access to care for mental health.

Dr. Hunt encouraged the Committee to reach out to the Nevada Psychology Association and the Nevada Counseling Association regarding member surveys on paneling. She said members do not have an issue with credentialing, but commercial insurers are informing them that panels are closed and they have to practice a certain number of years, which stymies workforce development. Dr. Hunt stated the number of providers does not equal capacity to treat, and the wait time to see providers is important data to review. She suggested the metrics for mental and behavioral health should equal those of primary care regarding time and distance.

Chair Spearman asked Dr. Hunt to provide the name of the survey she mentioned.

Trey Delap, Executive Director, Recovery Advocacy Project (RAP), and Director, Group Six Partners, LLC, stated the RAP is interested in ensuring that adequate attention is given to issues of recovery addiction and recovery systems of care in the state. He suggested there is no evidence that a public hearing was held for the most recent block grant that allowed public engagement. Mr. Delap said the only public hearing was before the Interim Finance Committee when there was a need to transfer money. He stressed that being included in the civic process is important for people in recovery, and if the state is going to lead on this topic, it must comply with regulations and statutes to engage people who represent different sectors of this community.

The following documents were submitted for the record:

1. A letter from Nancy J. Bowen, Executive Director, Nevada Primary Care Association, regarding Title X funding ([Agenda Item X A](#)).
2. Written comments from Lyndi Cooper-Schroeder, Citizen Diplomat, Northern Nevada International Center, University of Nevada, Reno, regarding adequate funding for safe detox centers ([Agenda Item X B](#)).
3. A follow-up memorandum ([Agenda Item X C](#)) from Cara Paoli, previously identified, regarding the following topics:
 - The implementation of Together Facing the Challenge, the approved model for specialized foster care; and

- Racial and ethnic profiles of DCFS staff and children served in the mental health programs.

Chair Spearman reminded the Committee that its next meeting is scheduled for Monday, August 27, 2018.

AGENDA ITEM XI—ADJOURNMENT

There being no further business to come before the Committee, the meeting was adjourned at 4:45 p.m.

Respectfully submitted,

Janet Coons
Manger of Research Policy Assistants

Marsheilah D. Lyons
Chief Principal Policy Analyst

APPROVED BY:

Senator Patricia (Pat) Spearman, Chair

Date: _____

MEETING MATERIALS

AGENDA ITEM	PRESENTER/ENTITY	DESCRIPTION
<u>Agenda Item II A</u>	Scott W. Ferguson, Nevada resident	Written comments
<u>Agenda Item II B</u>	Merle R. Dawson, Nevada resident	Written comments
<u>Agenda Item II C</u>	Joanna Jacob, Esq., Vice President, Ferrari Public Affairs, representing Quest Diagnostics Incorporated	Prescription drug monitoring report
<u>Agenda Item II D-1</u>	Noelle L. Lefforge, Ph.D., representing the Nevada Psychological Association (NPA)	Letter
<u>Agenda Item II D-2</u>	Noelle L. Lefforge, Ph.D., representing the NPA	Survey results
<u>Agenda Item II E</u>	Amber Federizo, Comedical Director, Hemostasis and Thrombosis Center of Nevada	Written comments
<u>Agenda Item II F-1</u>	Betsy Van Deusen, Executive Director, Nevada Chapter of the National Hemophilia Foundation	Information regarding hemophilia
<u>Agenda Item II F-2</u>	Betsy Van Deusen, Executive Director, Nevada Chapter of the National Hemophilia Foundation	Information regarding bleeding disorders
<u>Agenda Item IV A</u>	Eric Robbins, Principal Deputy Legislative Counsel, Legal Division, Legislative Counsel Bureau (LCB)	Proposed regulation of the Board of Dispensing Opticians, LCB File R137-17
<u>Agenda Item IV B</u>	Eric Robbins, Principal Deputy Legislative Counsel, Legal Division, LCB	Proposed regulation of the State Board of Nursing, LCB File R062-18
<u>Agenda Item IV C</u>	Eric Robbins, Principal Deputy Legislative Counsel, Legal Division, LCB	Proposed regulation of the State Board of Podiatry, LCB File R066-18
<u>Agenda Item V A</u>	Cara Paoli, Deputy Administrator, Children's Mental Health, Division of Child and Family Services (DCFS), Department of Health and Human Services (DHHS)	Microsoft PowerPoint presentation

<u>Agenda Item V B</u>	Shannon Sprout, Deputy Administrator, Division of Health Care Financing and Policy (DHCFP), DHHS	Microsoft PowerPoint presentation
<u>Agenda Item V C</u>	Chris Empey, M.A., L.C.S.W., Mental Health Counselor, Clinical Services, Department of Social Services, Washoe County, and Chair, Nevada Children's Behavioral Health Consortium	Microsoft PowerPoint presentation
<u>Agenda Item VI A</u>	Marc Tedoff, Ph.D., owner, Applied Behavioral Analysis Institute, Las Vegas, Nevada	Written comments
<u>Agenda Item VI B</u>	Rique Robb, Deputy Administrator, Children's Unit, Aging and Disability Services Division (ADSD), DHHS	Microsoft PowerPoint presentation
<u>Agenda Item VI C</u>	Shannon Sprout, Deputy Administrator, DHCFP, DHHS	Microsoft PowerPoint presentation
<u>Agenda Item VII A</u>	Allyson Hoover, Director of Provider Solutions, Anthem Medicaid, Blue Cross Blue Shield, Amerigroup Corporation, and Lisa Bogard, Chief Operating Officer, Anthem Medicaid, Blue Cross Blue Shield, Amerigroup Corporation	Microsoft PowerPoint presentation
<u>Agenda Item VII B</u>	Jeremey Gladstone, Insurance Actuarial Analyst, Life and Health Section, Division of Insurance, Department of Business and Industry	Microsoft PowerPoint presentation
<u>Agenda Item VII C</u>	Rudy Cardenas, Director, Network Development and Provider Contracting, Health Plan of Nevada, United HealthCare Services, Inc.; Sarah Fox, Director, Provider Relations, HPN; and Michelle Guerra, Medicaid Program Manager, Behavioral Health Department, HPN; and	Microsoft PowerPoint presentation

<u>Agenda Item VII D</u>	Roxanne Coulter, Vice President of Quality, SilverSummit Healthplan	Microsoft PowerPoint presentation
<u>Agenda Item VII E</u>	Sunshine Moore, Regional Director, State Affairs, America's Health Insurance Plans	Written comments
<u>Agenda Item VIII A</u>	Tina Gerber-Winn, M.S.W., L.S.W., Agency Manager, Rural Community Health Services, DPBH, DHHS, and Julia Peek, M.H.A., Deputy Administrator of Community Services, DPBH, DHHS,	Microsoft PowerPoint presentation
<u>Agenda Item VIII B-1</u>	Elisa Cafferata, owner, Cafferata & Company Government Relations, Reno, Nevada	Microsoft PowerPoint presentation
<u>Agenda Item VIII B-2</u>	Elisa Cafferata, owner, Cafferata & Company Government Relations, Reno, Nevada	Memorandum
<u>Agenda Item VIII B-3</u>	Elisa Cafferata, owner, Cafferata & Company Government Relations, Reno, Nevada	Update on birth control in Nevada
<u>Agenda Item IX A</u>	Kyle Devine, M.S.W., Chief, Bureau of Behavioral Health and Wellness and Prevention, DPBH, DHHS	Microsoft PowerPoint presentation
<u>Agenda Item IX B-1</u>	Linda Lang, Director, Nevada Statewide Coalition Partnership, and Jamie Ross, Executive Director, PACT (Prevention, Advocacy, Choices, Teamwork) Coalition for Safe & Drug-Free Communities	Microsoft PowerPoint presentation
<u>Agenda Item IX B-2</u>	Linda Lang, Director, Nevada Statewide Coalition Partnership	2018 Member list
<u>Agenda Item X A</u>	Nancy J. Bowen, Executive Director, Nevada Primary Care Association	Letter

Agenda Item X B	Lyndi Cooper-Schroeder, Citizen Diplomat, Northern Nevada International Center, University of Nevada, Reno	Written comments
Agenda Item X C	Cara Paoli, Deputy Administrator, Children's Mental Health, DCFS, DHHS	Memorandum

The Summary Minutes are supplied as an informational service. All meeting materials are on file in the Research Library of the Legislative Counsel Bureau, Carson City, Nevada. For copies, contact the Library at (775) 684-6827 or <https://www.leg.state.nv.us/Division/Research/Library/About/Contact/feedbackmail.cfm>.