



NEVADA LEGISLATURE LEGISLATIVE COMMITTEE ON HEALTH CARE

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

SUMMARY MINUTES November 20, 2019

The first meeting of the Legislative Committee on Health Care for the 2019–2020 Interim was held on Wednesday, November 20, 2019, 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 3137, 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:

Assemblywoman Lesley E. Cohen, Chair
Senator Joseph (Joe) P. Hardy, M.D.
Senator Joyce Woodhouse
Assemblywoman Connie Munk

COMMITTEE MEMBERS PRESENT IN CARSON CITY:

Senator Julia Ratti, Vice Chair
Assemblywoman Robin L. Titus, M.D.

LEGISLATIVE COUNSEL BUREAU STAFF PRESENT:

Marsheilah D. Lyons, Deputy Research Director, Research Division
Patrick B. Ashton, Senior Policy Analyst, Research Division
Eric Robbins, Principal Deputy Legislative Counsel, Legal Division
Janet Coons, Manager of Research Policy Assistants, Research Division
Crystal Rowe, 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 Cohen called the first meeting of the Legislative Committee on Health Care (LCHC) for the 2019–2020 Interim to order. She reviewed meeting protocol and asked Committee members and staff to introduce themselves.

AGENDA ITEM II—PUBLIC COMMENT

Sarah Adler, President, National Alliance on Mental Illness (NAMI) Western Nevada, stated her interest in the Crisis Now Model and the Institutions for Mental Diseases (IMD) waivers. She mentioned the Nevada Population Health Conference 2019 that was held last Friday in Las Vegas.

Don Butterfield, Director of Business Development, Reno Behavioral Healthcare Hospital, submitted written comments regarding fee-for-service Medicaid reimbursement for patients 21 through 64 years of age at freestanding psychiatric hospitals as well as his full support for the Crisis Now Model ([Agenda Item II A](#)).

Robert Talley, D.D.S., Executive Director, Nevada Dental Association, provided information on the Give Kids A Smile® event ([Agenda Item II B](#)), and he also mentioned a program called Medical Miles for Rural Smiles, which will take place in April.

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

- A. LCB FILE R072-18 OF THE STATE BOARD OF ORIENTAL MEDICINE** ([Agenda Item III A](#))
- B. LCB FILE R004-19 OF THE STATE BOARD OF PHARMACY** ([Agenda Item III B](#))
- C. LCB FILE R005-19 OF THE STATE BOARD OF PHARMACY** ([Agenda Item III C](#))
- D. LCB FILE R034-19 OF THE STATE BOARD OF PHARMACY** ([Agenda Item III D](#))
- E. LCB FILE R072-19 OF THE STATE BOARD OF PHARMACY** ([Agenda Item III E](#))
- F. LCB FILE R007-19 OF THE CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA** ([Agenda Item III F](#))
- G. LCB FILE R064-19 OF THE CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA** ([Agenda Item III G](#))
- H. LCB FILE R009-19 OF THE BOARD OF MEDICAL EXAMINERS** ([Agenda Item III H](#))
- I. LCB FILE R010-19 OF THE BOARD OF MEDICAL EXAMINERS** ([Agenda Item III I](#))
- J. LCB FILE R011-19 OF THE STATE BOARD OF OSTEOPATHIC MEDICINE** ([Agenda Item III J](#))
- K. LCB FILE R025-19 OF THE STATE BOARD OF PODIATRY** ([Agenda Item III K](#))
- L. LCB FILE R051-19 OF THE BOARD OF EXAMINERS FOR MARRIAGE AND FAMILY THERAPISTS AND CLINICAL PROFESSIONAL COUNSELORS** ([Agenda Item III L](#))

M. LCB FILE R054-19 OF THE NEVADA PHYSICAL THERAPY BOARD

([Agenda Item III M](#))

N. LCB FILE R055-19 OF THE BOARD OF EXAMINERS FOR SOCIAL WORKERS

([Agenda Item III N](#))

O. LCB FILE R057-19 OF THE BOARD OF PSYCHOLOGICAL EXAMINERS

([Agenda Item III O](#))

P. LCB FILE R058-19 OF THE BOARD OF PSYCHOLOGICAL EXAMINERS

([Agenda Item III P](#))

Q. LCB FILE R062-19 OF THE BOARD OF OCCUPATIONAL THERAPY

([Agenda Item III Q](#))

Eric Robbins, previously identified, stated that pursuant to [NRS 439B.225](#), the LCHC is required to review each regulation proposed by certain licensing boards that license health care professionals. He explained the LCHC does not have any formal power to accept or reject a regulation and it does not vote on them; however, the LCHC can make informal recommendations to an agency or the Legislative Commission ([NRS 218E.150](#)) on the advisability of adopting or revising a regulation. Mr. Robbins added the LCHC can use the regulations to suggest legislation for the next legislative session.

Referring to Section 4 of R072-18, Assemblywoman Titus wondered whether there are other health care boards that require maintenance of national certification to keep a license in the State of Nevada.

Mr. Robbins stated that applied behavior analysis professionals covered by [Chapter 437](#) of NRS do have to maintain national certification by the Behavior Analyst Certification Board, Inc. in order to be licensed. He said he knew of no other agency that requires national certification.

Assemblywoman Titus asked whether there is only one specialty exam in the field of oriental medicine to maintain licensure.

Lisa Grant, O.M.D., Secretary/Treasurer, State Board of Oriental Medicine, explained that national licensing for oriental medicine currently has one set of general boards and one subset specialty board that involves reproductive medicine and is separate from the national boards. She said that in order for licensees to maintain their national board certification they must renew their cardiopulmonary resuscitation certification every four years and prove they have taken 60 continuing education units (CEUs) in any course approved by the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM). Dr. Grant noted that Nevada requires ten CEUs; therefore, the difference between maintaining certification with Nevada and renewing the national certification every four years is an additional 20 CEUs in any course approved by NCCAOM.

Dr. Grant agreed with Chair Cohen's observation that the field of oriental medicine is growing in Nevada, and she reminded the LCHC that there were significant changes to NRS during the 2019 Session. As a result, she said the Board will go through the workshop process in January to align its *Nevada Administrative Code* (NAC) with the new NRS changes of having its licensure practices conform to national standards.

Vice Chair Ratti and Mr. Robbins discussed the term *moral turpitude*. Mr. Robbins verified there is no definition for moral turpitude in either NRS or NAC. He said some licensing boards choose to define it; for example, the Board of Education has defined it for teacher licensing. Mr. Robbins said he did not know how many health care boards have defined the term. He explained the boards have the discretion to define moral turpitude as long as the definition they choose fits the term. Mr. Robbins stated boards could change the definition through the regulatory process as long as they have some sort of general authority to adopt the regulations.

AGENDA ITEM IV—PRESENTATION OF LEGISLATIVE COMMITTEE ON HEALTH CARE WORK PLAN, REQUIRED STUDIES, PRIORITIES, AND MEETING SCHEDULE

Patrick B. Ashton, previously identified, reviewed his role as Committee analyst, and he discussed the LCHC's work plan, required studies per [Senate Bill 363](#) (2019) and [Assembly Bill 131](#) (2019), other priority issues of study, and the Committee's meeting schedule ([Agenda Item IV](#)).

AGENDA ITEM V—PRESENTATION REGARDING NEONATAL OPIOID WITHDRAWAL SYNDROME IN NEVADA

Katie Ryan, Director, Government Relations for Nevada, Dignity Health, introduced Deepa Nagar, M.D., Neonatal-Perinatal Medicine, Pediatrics, Dignity Health, and Andria Peterson, Pharm.D., Clinical Pharmacy Specialist in Pediatrics/Neonatology, Dignity Health.

Dr. Nagar shared a presentation titled "Substance Use Disorder in Pregnancy and Neonatal Abstinence Syndrome" ([Agenda Item V A](#)). She highlighted the following areas of interest: (1) the rate of opioid use during pregnancy in Nevada and the United States; (2) maternal mortality rates during pregnancy; (3) methadone and buprenorphine as treatment options for mothers and babies; (4) in-utero effects of opioids on babies' brains; (5) symptoms of neonatal abstinence syndrome (NAS); (6) treatment for NAS; and (7) the national scope and cost of NAS.

Continuing the presentation, Dr. Peterson discussed the following topics: (1) the prevalence of NAS in Nevada; (2) the results of a two-year study from 2015 to 2016 of Nevada mothers engaged in treatment; (3) how NAS impacts communities; and (4) the long-term effects of NAS ([Agenda Item V A](#)).

Dr. Peterson provided an in-depth presentation of the EMPOWERED program, which stands for Empowering Mothers for Positive Outcomes With Education, Recovery, and Early Development ([Agenda Item V A](#)). She provided an update on program data, its contribution to Nevada's communities, and she shared barriers to care identified by the EMPOWERED program. Dr. Peterson also shared three detailed case studies of the program ([Agenda Item V B](#)) and discussed its financial impact. She noted that 90 percent of the women seen in the EMPOWERED program have Medicaid, and the most difficult part of the program is getting mothers to engage in the fourth trimester, which is the period after delivery that involves both the mother and child. Dr. Peterson requested three things from the Legislature: (1) continued funding of the EMPOWERED program; (2) home visiting programs to support postpartum period; and (3) support for barriers to care and or social determinants of health, such as housing and transportation.

Senator Hardy requested an update on finances for the EMPOWERED program.

Dr. Peterson stated the current funding will last through April, at which time the program will need continued funding.

Assemblywoman Titus asked whether the program addresses citizenship, women who may be afraid to show their documentation, and language barriers.

Dr. Nagar said only women who are American citizens have so far approached the EMPOWERED program, and the program has provided the support and care they need. She expressed concern that if women have pregnancy-related Medicaid, there is a potential drop-off after 60 days; subsequently, during the fourth trimester after delivery, they do not get the support they need. Dr. Nagar agreed that any woman of childbearing age should receive the support she needs.

Assemblywoman Titus expressed concern whether all women who become pregnant in Nevada and have drug-related issues have access to care. She opined that early intervention saves the state money in the long run and presents better outcomes for the infants and their families. Assemblywoman Titus asked whether the program has any information on those that have had no care because they are afraid to seek such care.

Dr. Peterson stated that every woman the program has seen has had a fear of having her baby taken away by child protective services or being judged, but she assured Assemblywoman Titus that all patients connected with the EMPOWERED program have been seen and assisted.

Vice Chair Ratti asked whether the grant funding of the EMPOWERED program pays for the wraparound services while Medicaid pays for basic medical care.

Dr. Nagar stated that is correct. She added the program has received extra funding from the Dignity Health Foundation to support basic necessities and for volunteers to hold and comfort the babies.

Dr. Peterson said the program signs up patients who do not have insurance and contacts all patients' managed care organizations to involve their care coordination and identify services.

Vice Chair Ratti asked whether there have been any conversations with Medicaid regarding waivers or additional grants since the grant funding is due to expire in April.

Ms. Ryan said there have been continued conversations with Medicaid and the Division of Public and Behavioral Health (DPBH), Department of Health and Human Services (DHHS), which is considering placing the EMPOWERED program in its budget for next session.

Vice Chair Ratti asked about the funding gap from April 2020 to July of 2021, even if the program is successful getting into DPBH's budget next year, and she questioned how much funding the program needs.

Ms. Ryan said funding is difficult because it comes from the federal government, but she hopes to find bridge funding until the next session.

Dr. Nagar said the initial grant started with \$50,000, and the program received another \$300,000 in the subsequent year. She acknowledged a significant number of patients are not getting the treatment they need and there is potential for more patients to be recognized; therefore, Dr. Nagar reported the program needs a minimum of \$250,000 to \$300,000 to keep up with the current services.

Dr. Peterson said she hopes to see a higher percentage of women recognized during their obstetric (OB) prenatal visits and more referrals from the creation and use of an OB toolkit.

Vice Chair Ratti asked how many women the \$250,000 to \$300,000 covers.

Dr. Nagar stated the program takes care of as many women as possible and does not turn anyone away, but she could not provide a concrete number. She expressed concern that during the fourth trimester after delivery, the program helps two patients—the mother and the baby—and numbers become more challenging to quantify.

Vice Chair Ratti requested that the program report the number of mothers and babies it helps at a later Committee meeting.

Chair Cohen questioned the training of the social workers.

Dr. Nagar said the social workers are doing the lion's share of the work of the program and they have successfully reached out and formed relationships with patients who could have easily fallen through the cracks. She mentioned a peer support piece will be added to the program so that women may bond better with others who have experienced the same challenges and barriers.

Dr. Peterson added that the social workers have their master's degrees and are highly qualified, and the program works with Dignity Health, which has provided a great deal of additional education in many areas.

AGENDA ITEM VI—PRESENTATION REGARDING STATE POLICY OPTIONS TO ADDRESS MATERNAL SUBSTANCE USE DISORDER AND NEONATAL ABSTINENCE SYNDROME

Tahra Johnson, Program Director, Public Health and Maternal and Child Health, National Conference of State Legislatures, shared a presentation that highlighted the following topics: (1) state policy options that address maternal substance use disorder; (2) promising state programs in Colorado, Hawaii, Pennsylvania, and West Virginia; (3) legislative trends addressing NAS and substance-exposed infants; (4) state policy options to address NAS; (5) screening and data collection from Indiana, the only state that offers universal screening; (6) Medicaid and children's health insurance program eligibility levels for pregnant women; (7) Medicaid postpartum eligibility and coverage; and (8) federal funding opportunities ([Agenda Item VI A](#)).

Ms. Johnson offered to provide additional information on the following requests from Senator Hardy and Chair Cohen, respectively:

- Data on universal screening in Indiana that tests positive for opioids or other substances; and
- Safe baby courts.

Subsequent to the meeting, Ms. Johnson provided the following information:

- Information regarding safe baby courts ([Agenda Item VI B](#));
- Information regarding family drug courts ([Agenda Item VI C](#)); and
- Information regarding Indiana's results from universal screening ([Agenda Item VI D](#)).

AGENDA ITEM VII—PRESENTATION REGARDING THE OPIOID EPIDEMIC IN NEVADA, IMPLEMENTATION OF [ASSEMBLY BILL 474](#) (2017), RECENT LEGISLATION TO ADDRESS THE EPIDEMIC ([AB 239](#) [2019]), AND STATE POLICY OPTIONS MOVING FORWARD

Stephanie Woodard, Psy.D., Senior Advisor on Behavioral Health, DBPH, DHHS, mentioned several documents of reference for the Committee: (1) an overview of Nevada funding to address the opioid crisis, which identifies grants and strategies ([Agenda Item VII A](#)); (2) an overview from the Office of the Inspector General, United States Department of Health and Human Services, which identifies a range of policies and procedures, financing, and legislation ([Agenda Item VII B](#)); and (3) a document titled *Opioid Surveillance* from the Office of Analytics, DHHS, that provides updates related to the impact of the opioid epidemic on Nevada's health care system ([Agenda Item VII C](#)).

Dr. Woodard shared a detailed presentation on the successes and challenges of Nevada's evolving opioid crisis ([Agenda Item VII D](#)). She discussed the following topics:

- Drug trends on the streets from 2016 through 2019, with an emphasis on the surge of methamphetamine use;
- 5-point strategy of DHHS to combat the opioid crisis, which includes prescription opioids as well as heroin and fentanyl;
- Six indicators of the 2018 National Safety Council;
- Federal funds to expand access to treatment and high-quality, evidence-based care;
- Integrated opioid treatment and recovery centers;
- Buprenorphine Medicaid prescribers around the state;
- Overdose education and Naloxone distribution;
- Health care utilization costs;
- Data on opioid overdose deaths in Nevada;
- Basic premises of the [Controlled Substance Abuse Prevention Act \(AB 474\)](#) and challenges with its implementation; and
- Prescription patterns in Nevada before and after the implementation of AB 474.

Continuing the presentation ([Agenda Item VII D](#)), YenH Long, Pharm.D., BCACP (Board Certified Ambulatory Care Pharmacist), State Board of Pharmacy, explained how [AB 239](#) clarified much of the confusion stemming from AB 474. She discussed: (1) the use of the prescription monitoring program (PMP) report; (2) prescribing guidelines for initial

prescription for the treatment of acute pain; (3) evaluation and risk assessment; (4) informed written consent; (5) exemptions for hospice, palliative, oncology, and sickle cell; (6) disciplinary action by regulatory agencies; (7) factors to consider prior to prescribing any controlled substances; and (8) statutory definitions for *course of treatment* and *acute pain* ([Agenda Item VII D](#)).

Continuing, Dr. Long also discussed:

- PMP data as it pertains to “doctor shoppers” and PMP queries; and
- The impact of legislation on opioid prescription counts by month ([Agenda Item VII D](#)).

Dr. Long shared four graphs depicting Nevada’s opioid and amphetamine trends from January 2016 through September 2019 ([Agenda Item VII E](#)).

Senator Hardy said that since the passage of AB 474, the number of opioid prescriptions in Clark County has decreased but the overdose deaths from heroin and fentanyl have increased. He explained that even though doctors have decreased writing prescriptions for controlled pain medications, people have turned to heroin and fentanyl with deadly consequences, which is a real challenge.

Dr. Woodard agreed with Senator Hardy, but she said there is promising data related to the initial use of youth and the misuse of prescription opioids, which are starting to decrease. However, Dr. Woodard stated that while legislation has gained some control of the amount of prescriptions, she still has major concerns with existing external threats of illicit use.

Dr. Woodard mentioned that reimbursement issues resulted in many providers not prescribing to the limit allowed, and law enforcement and public health continue to work together to watch for trends to identify fentanyl hotspots. She identified numerous ways the state can move forward in combatting the opioid crisis in Nevada ([Agenda Item VII D](#)).

Dr. Woodard discussed the plan for sustainability after federal funding. She mentioned two federal grants for treatment and prevention:

1. A state-targeted response grant—This grant funds the EMPOWERED program, and it ended last April; however, the state received a one-year, no cost extension; and
2. A state opioid response grant that runs during the federal fiscal year—Year two of the grant started this past October and DPBH intends to ask for a no-cost extension to further the work started after September 2020 into September 2021.

Dr. Woodard reported that DPBH intends to support the EMPOWERED program to the degree it is able through September 2020. Since there is no promise of additional federal funds, she said DPBH will look for opportunities with 1115 demonstration waivers, and she reported the Division has a new 18-month planning grant from the Centers for Medicaid and Medicare Services (CMS) that will allow Nevada to apply in March 2021 for a three-year demonstration program that will broadly address substance abuse disorder.

Dr. Woodard also submitted a list of additional resources related to the opioid epidemic in Nevada ([Agenda Item VII F](#)).

Committee members, Dr. Woodard, and Dr. Long discussed the following:

- A one-page pocket card for practitioners that illustrates the changes of AB 239;

- An assessment of the new data regarding amphetamine prescriptions; and
- Progress made in identifying alternative treatments for pain control, such as massage therapy and acupuncture.

Dr. Woodard offered to provide follow-up information to Assemblywoman Titus regarding her questions about a presumptive correlation between an increase in marijuana use and a decrease in prescription drugs and the possibility of the state using a broader drug screen versus the traditional drug screen and who would pay for such a test.

AGENDA ITEM VIII—PRESENTATION REGARDING BEHAVIORAL HEALTH CRISIS RESPONSE IN NEVADA

Stephanie Woodard, previously identified, referenced the following documents: (1) a list of resources related to behavioral health crisis response ([Agenda Item VIII A](#)); and (2) information on the Crisis Response Team in southern Nevada ([Agenda Item VIII B](#)).

Dr. Woodard shared a personal account of her interaction with a patient in 2013 that encouraged and inspired her to turn her professional attention to policy to help fix a broken system. She then presented an update on Nevada's progress in addressing crisis by highlighting the following topics ([Agenda Item VIII C](#)):

- Examples of reactive crisis services in Nevada;
- Nevada's 51st ranking in the nation for mental health services based on 15 measures according to [Mental Health America's 2020 report](#);
- Data on emergency room boarding;
- The concept and funding of crisis triage centers;
- The concept of moving beyond "beds" developed by the National Association of State Mental Health Program Directors; and
- Elements of Nevada's ideal crisis continuum.

Misty Vaughan Allen, State Suicide Prevention Coordinator, Office of Suicide Prevention, DPBH, DHHS, reported that Nevada's rate of suicide has been one of the highest in the nation for decades but it is starting to decline. She identified responsive and resilient communities that care and discussed the services they provide ([Agenda Item VIII C](#)).

Dr. Woodard stressed the importance of Nevada's communities being equipped to identify early individuals who are struggling, provide prevention services and support, and have communities connect people to care, especially youth, who often do not reach out for help to professionals but rather to other youth.

Continuing the presentation ([Agenda Item VIII C](#)), Dr. Woodard discussed the following crisis services provided in the state:

- The National Suicide Prevention Lifeline and its crisis support services in Nevada;
- Mobile crisis teams and the number of clients served;
- Data regarding the Crisis Response Team in southern Nevada ([Agenda Item VIII B](#));

- The necessity of criminal and juvenile justice deflection and diversion as a continuous crisis system of care, including Mobile Outreach Safety Teams;
- Outpatient crisis stabilization services for individuals who need less than 24 hours observation, which is one of the more lacking services in the state;
- [AB 66](#) (2019), which established crisis stabilization centers that require Medicaid reimbursement; and
- Inpatient psychiatric and substance abuse services, including civil commitment holds and psychiatric advanced directives.

Ms. Allen discussed the Zero Suicide Initiative and its impact on the state. She pointed out the facilities that have implemented the Initiative and the need for increased training ([Agenda Item VIII C](#)). She mentioned a Zero Suicide Academy will take place in the spring of 2020 that will help engaged leaders and their teams develop implementation strategies for each health care system and community.

Dawn Yohey, Clinical Program Planner, DPBH, DHHS, provided information on OpenBeds®, an electronic health care referral network that allows providers to be connected with real time referral and acceptance, which will increase the ability to refer appropriate levels of care, ensuring that individuals get the care they need ([Agenda Item VIII C](#)). She added the system will provide policy makers and community leaders with the ability to identify system resources and level of care gaps.

Ms. Yohey also identified the four pillars of the Crisis Now model: (1) high-tech crisis call centers; (2) 24/7 mobile crisis team; (3) crisis stabilization; and (4) essential principles and practices ([Agenda Item VIII C](#)). Ms. Yohey provided data from the success of a crisis model in Maricopa County in Phoenix, Arizona. She shared that a crisis calculator in Nevada showed an approximate savings of 43 percent with the Crisis Now model.

Concluding the presentations, Dr. Woodard summarized that Nevada: (1) has operational crisis support services, which will be able to grow due to an expansion grant; (2) will tailor the Crisis Now Model to fit the needs of the state; (3) needs crisis stabilization centers or community triage centers; (4) will use data from the OpenBeds® platform; and (5) needs to ensure the state has the ability to pay not only for uncompensated care but also for residential level of care. She stressed that a subacute residential level of care is all but missing in Nevada. Dr. Woodard said the 1115 demonstration waiver specifically focused on substance use disorder, and the other four serious mental illnesses and severe emotional disturbance are two potential policy and financing levers the state can optimize to build a sustainable level of care.

Vice Chair Ratti recalled a community triage center operating in Washoe County that fell apart due to the three-tiered funding model of money from the county, hospitals, and the state. She recollected that the state budget allocated the money but the other two parties did not contribute. Vice Chair Ratti asked whether the state still has community triage centers and how they differ from a crisis stabilization center.

Dr. Woodard said community triage centers are supposed to be the crisis stabilization centers, but in practice, they have not fulfilled the vision put before them. She added the triage centers should be able to accept not only individuals who need support for withdrawal management and substance abuse disorders, but also individuals who need psychiatric triage as well. Dr. Woodard stated the intention and the law are still there, but she opined

that implementation is the issue. She said the triage centers are just one piece of what the state would like to see in the overall crisis stabilization centers. Dr. Woodard added not only does the state need more of them with greater access, but the state also needs to ensure the quality of care is high enough to produce the offsets that would encourage the hospitals and counties to kick in the additional financing. She reported the triage center in Clark County is active; the center in Washoe County completed its contracting with WellCare Health Plans, Inc.; and contracts were awarded in southern Nevada to Bridge Counseling Associates and Crossroads of Southern Nevada.

Assemblywoman Titus asked for clarification on how the OpenBeds concept will work, whether it will tie in with 2-1-1, and how it will address follow-up care.

Dr. Woodard explained that hospitals in the first stage would have access to the technology, but DPBH is also working with state-funded substance abuse treatment providers, who have some of the higher levels of care, and with certified community behavioral health centers and other community providers that want to be part of the system so they can receive referrals from step-down programs. Currently, she said that in many of the communities, a discharge planner knows five or six programs and the right person to call to facilitate transfer of care. Dr. Woodard said she has learned from other states that have implemented OpenBeds, that the program highlights primary gaps and Nevada's areas of focus. She said providers will be able to choose from a menu of options that will better identify and narrow their search by payer and type of service, such as 2-1-1. Dr. Woodard agreed that information and referral for many people is one of the essential connectivity pieces that the state needs to figure out.

Assemblywoman Titus expressed concern about using computer-based technology that will allegedly communicate with all facilities.

Dr. Woodard said she would have to refer to someone in her technology department and get back to Assemblywoman Titus, but she added that in the states that use the OpenBeds platform, the technology exponentially cut down on administrative time.

AGENDA ITEM IX—OVERVIEW OF MEDICAID 1115 SUBSTANCE USE DISORDER DEMONSTRATION WAIVERS AND STATUS OF WAIVERS IN NEVADA

Sarah Dearborn, Social Services Program Specialist, Division of Health Care Financing and Policy, DHHS, shared a presentation regarding waivers to increase reimbursable substance use disorder (SUD) services ([Agenda Item IX](#)). She focused on the purpose of a waiver, current guidance from CMS, waiver financing, and Nevada's current status. Ms. Dearborn reported the state has secured a planning grant through the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act, also known as the SUPPORT Act, which will include additional work on development and other pieces of the services infrastructure within the waiver.

AGENDA ITEM X—UPDATE FROM THE OFFICE OF THE ATTORNEY GENERAL REGARDING NEVADA'S LAWSUIT AGAINST PRESCRIPTION DRUG MANUFACTURERS AND DISTRIBUTORS

Mark Krueger, Consumer Counsel and Chief Deputy Attorney General, Bureau of Consumer Protection, Office of the Attorney General (OAG), provided a high-level overview of opioid litigation in Nevada as well as the rest of the country. He stated Nevada hired outside

counsel to litigate the state's lawsuit against opioid manufacturers, pharmacies, distributors, and others responsible for the opioid epidemic in Nevada. Mr. Krueger said a complaint was filed on June 17, 2019, with roughly 54 defendants named; it has been ongoing in Clark County and has survived a motion to dismiss filed by the manufacturer defendants. He said there is a pending motion to dismiss filed by the distributor and pharmacy defendants, which will be heard on December 2, 2019, in Clark County. Mr. Krueger explained that particular counties and cities in Nevada also started litigation, which are independent lawsuits from the state's lawsuit.

Mr. Krueger identified one manufacturer in particular that Nevada and some of its counties have sued—Perdue Pharma L.P., which is owned by the Sackler family. In mid-September, he said Perdue approached some states regarding a coordinated bankruptcy filing; 24 states and 5 U.S. territories agreed to that filing, and on September 15, 2019, Perdue filed bankruptcy in New York. He noted that Nevada did not consent to the coordinated bankruptcy filing and joined an ad hoc committee created of nonconsenting states. Mr. Krueger said there is a temporary stay of proceedings that includes Perdue, its entities, and the Sackler family that has been extended through April 8, 2020. He noted this does not mean the state's lawsuit that is moving forward in Clark County stops; it will continue forward.

Mr. Krueger reported there are over 2,600 local government lawsuits throughout the country. Many have been consolidated in what is called a multidistrict litigation, or MDL, which is out of the eastern district of Ohio. He noted the MDL cases are separate and distinct from Nevada's case as well as the state's counties' cases because they were not consolidated into the MDL. Mr. Krueger added that Oklahoma had a successful verdict against Johnson and Johnson. He did not speculate as to what judgment Nevada may get, but he anticipates success on the merits of the case.

Terry Kerns, Substance Abuse and Law Enforcement Coordinator, OAG, presented an overview of the Overdose Detection Mapping Application Program (ODMAP), which provides near real time suspected overdose surveillance data across jurisdictions to support public safety and public health efforts to mobilize an immediate response to a sudden increase or spike in overdose events. She discussed information related to funding, how law enforcement and public health can use ODMAP, and successes and challenges of the program ([Agenda Item X](#)). Ms. Kerns reported that at least one agency from every county has registered to use ODMAP, and community response plans either have been developed or are in the process of being developed. She also reported that Nevada is one of the first states to have statewide coverage utilizing ODMAP. Ms. Kerns stated that while the focus of the drug crisis has been on opioids, the idea behind ODMAP is to have information on all overdoses to include methamphetamines because meth remains a problem or threat in Nevada.

Committee members and Ms. Kerns discussed the following:

- Additional ODMAP analysis regarding overdose data of drugs other than opioids;
- Lack of communication across state lines, especially with California; and
- Data-sharing agreements.

AGENDA ITEM XI—PUBLIC COMMENT

Valerie Cauhape, M.A., M.P.H., Rural Regional Behavioral Health Coordinator, expressed her appreciation for looking at whole state coverage and implementing the Crisis Now Model fully instead of just in part. She encouraged the exploration of a maximum drive time model for placement of crisis stabilization centers because there are areas where people have to drive three to six hours to reach the centers, provided they have access to a vehicle.

Robin V. Reedy, Executive Director, NAMI Nevada, stated her support for both the 1115 IMD waiver and the SUD waiver. She noted the IMD exclusion is the only part of the Medicaid program that does not pay for medically necessary care simply because of the type of illness treated, which has resulted in unequal coverage of mental health care as well as the impact on people's ability to access needed treatment. Ms. Reedy stated the waivers will: (1) reduce utilization and lengths of stay in emergency departments; (2) reduce preventable readmissions to acute care hospitals and residential settings; (3) improve availability of crisis stabilization services; (4) improve access to community-based services; (5) improve care coordination, especially continuity of care in the community following episodes of acute care in hospitals and residential treatment facilities; and (6) save lives and make the lives of the family members better in this state.

AGENDA ITEM XII—ADJOURNMENT

Chair Cohen mentioned that today is Transgender Day of Remembrance to remember those who were killed due to transphobia. She expressed to members of the transgender community that they are valued members of our society and state.

There being no further business to come before the Committee, the meeting was adjourned at 2:05 p.m.

Respectfully submitted,

Janet Coons

Manager of Research Policy Assistants

Patrick B. Ashton

Senior Policy Analyst

APPROVED BY:

Assemblywoman Lesley E. Cohen, Chair

Date: _____

MEETING MATERIALS

AGENDA ITEM	PRESENTER/ENTITY	DESCRIPTION
Agenda Item II A	Don Butterfield, Director of Business Development, Reno Behavioral Healthcare Hospital	Written comments
Agenda Item II B	Robert Talley, D.D.S., Executive Director, Nevada Dental Association	Written comments
Agenda Item III A	Eric Robbins, Principal Deputy Legislative Counsel, Legal Division, Legislative Counsel Bureau (LCB)	LCB File R072-18 of the State Board of Oriental Medicine
Agenda Item III B	Eric Robbins, Principal Deputy Legislative Counsel, Legal Division, LCB	LCB File R004-19 of the State Board of Pharmacy
Agenda Item III C	Eric Robbins, Principal Deputy Legislative Counsel, Legal Division, LCB	LCB File R005-19 of the State Board of Pharmacy
Agenda Item III D	Eric Robbins, Principal Deputy Legislative Counsel, Legal Division, LCB	LCB File R034-19 of the State Board of Pharmacy
Agenda Item III E	Eric Robbins, Principal Deputy Legislative Counsel, Legal Division, LCB	LCB File R072-19 of the State Board of Pharmacy
Agenda Item III F	Eric Robbins, Principal Deputy Legislative Counsel, Legal Division, LCB	LCB File R007-19 of the Chiropractic Physicians' Board of Nevada
Agenda Item III G	Eric Robbins, Principal Deputy Legislative Counsel, Legal Division, LCB	LCB File R064-19 of the Chiropractic Physicians' Board of Nevada
Agenda Item III H	Eric Robbins, Principal Deputy Legislative Counsel, Legal Division, LCB	LCB File R009-19 of the Board of Medical Examiners
Agenda Item III I	Eric Robbins, Principal Deputy Legislative Counsel, Legal Division, LCB	LCB File R010-19 of the Board of Medical Examiners

AGENDA ITEM	PRESENTER/ENTITY	DESCRIPTION
<u>Agenda Item III J</u>	Eric Robbins, Principal Deputy Legislative Counsel, Legal Division, LCB	LCB File R011-19 of the State Board of Osteopathic Medicine
<u>Agenda Item III K</u>	Eric Robbins, Principal Deputy Legislative Counsel, Legal Division, LCB	LCB File R025-19 of the State Board of Podiatry
<u>Agenda Item III L</u>	Eric Robbins, Principal Deputy Legislative Counsel, Legal Division, LCB	LCB File R051-19 of the Board of Examiners for Marriage and Family Therapists and Clinical Professional Counselors
<u>Agenda Item III M</u>	Eric Robbins, Principal Deputy Legislative Counsel, Legal Division, LCB	LCB File R054-19 of the Nevada Physical Therapy Board
<u>Agenda Item III N</u>	Eric Robbins, Principal Deputy Legislative Counsel, Legal Division, LCB	LCB File R055-19 of the Board of Examiners for Social Workers
<u>Agenda Item III O</u>	Eric Robbins, Principal Deputy Legislative Counsel, Legal Division, LCB	LCB File R057-19 of the Board of Psychological Examiners
<u>Agenda Item III P</u>	Eric Robbins, Principal Deputy Legislative Counsel, Legal Division, LCB	LCB File R058-19 of the Board of Psychological Examiners
<u>Agenda Item III Q</u>	Eric Robbins, Principal Deputy Legislative Counsel, Legal Division, LCB	LCB File R062-19 of the Board of Occupational Therapy
<u>Agenda Item IV</u>	Patrick B. Ashton, Senior Policy Analyst, Research Division, LCB	Committee work plan
<u>Agenda Item V A</u>	Deepa Nagar, M.D., Neonatal-Perinatal Medicine, Pediatrics, Dignity Health, and Andria Peterson, Pharm.D., Clinical Pharmacy Specialist in Pediatrics/Neonatology, Dignity Health	PowerPoint presentation

AGENDA ITEM	PRESENTER/ENTITY	DESCRIPTION
<u>Agenda Item V B</u>	Andria Peterson, Pharm.D., Clinical Pharmacy Specialist in Pediatrics/Neonatology, Dignity Health	Case studies from the EMPOWERED program
<u>Agenda Item VI A</u>	Tahra Johnson, Program Director, Public Health and Maternal and Child Health, National Conference of State Legislatures (NCSL)	PowerPoint presentation
<u>Agenda Item VI B</u>	Tahra Johnson, Program Director, Public Health and Maternal and Child Health, NCSL	Information on safe baby courts
<u>Agenda Item VI C</u>	Tahra Johnson, Program Director, Public Health and Maternal and Child Health, NCSL	Information on family drug courts
<u>Agenda Item VI D</u>	Tahra Johnson, Program Director, Public Health and Maternal and Child Health, NCSL	Email containing information on Indiana's results from universal screening
<u>Agenda Item VII A</u>	Stephanie Woodard, Psy.D., Senior Advisor on Behavioral Health, Division of Public and Behavioral Health (DBPH), Department of Health and Human Services (DHHS)	Nevada funding to address the opioid crisis
<u>Agenda Item VII B</u>	Stephanie Woodard, Psy.D., Senior Advisor on Behavioral Health, DBPH, DHHS	Letter and factsheets from the Office of Inspector General, United States Department of Health and Human Services
<u>Agenda Item VII C</u>	Stephanie Woodard, Psy.D., Senior Advisor on Behavioral Health, DBPH, DHHS	Report titled <i>Opioid Surveillance</i> from the Office of Analytics, DHHS

AGENDA ITEM	PRESENTER/ENTITY	DESCRIPTION
<u>Agenda Item VII D</u>	Stephanie Woodard, Psy.D., Senior Advisor on Behavioral Health, DBPH, DHHS	PowerPoint presentation
<u>Agenda Item VII E</u>	Yenh Long, Pharm.D., BCACP (Board Certified Ambulatory Care Pharmacist), State Board of Pharmacy	Graphs depicting opioid and amphetamine trends in Nevada
<u>Agenda Item VII F</u>	Stephanie Woodard, Psy.D., Senior Advisor on Behavioral Health, DBPH, DHHS	Resources related to the opioid epidemic in Nevada
<u>Agenda Item VIII A</u>	Stephanie Woodard, Psy.D., Senior Advisor on Behavioral Health, DBPH, DHHS	Resources related to behavioral health crisis response
<u>Agenda Item VIII B</u>	Stephanie Woodard, Psy.D., Senior Advisor on Behavioral Health, DBPH, DHHS	Information on the Crisis Response Team of southern Nevada
<u>Agenda Item VIII C</u>	Stephanie Woodard, Psy.D., Senior Advisor on Behavioral Health, DBPH, DHHS	PowerPoint presentation
<u>Agenda Item IX</u>	Sarah Dearborn, Social Services Program Specialist, Division of Health Care Financing and Policy, DHHS	PowerPoint presentation
<u>Agenda Item X</u>	Terry Kerns, Substance Abuse and Law Enforcement Coordinator, Office of the Attorney General	Written comments regarding the Overdose Detection Mapping Application Program

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