



NEVADA LEGISLATURE LEGISLATIVE COMMITTEE ON HEALTH CARE

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

SUMMARY MINUTES December 11, 2019

The second meeting of the Legislative Committee on Health Care for the 2019–2020 Interim was held on Wednesday, December 11, 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
Assemblywoman Robin L. Titus, M.D.

COMMITTEE MEMBERS PRESENT IN CARSON CITY:

Senator Julia Ratti, Vice Chair

LEGISLATIVE COUNSEL BUREAU STAFF PRESENT:

Patrick B. Ashton, Senior Policy Analyst, Research Division
Cesar O. Melgarejo, Senior Policy Analyst, Research Division
Risa B. Lang, Chief Deputy Legislative Counsel, Legal Division
Eric W. Robbins, Principal Deputy Legislative Counsel, Legal Division
Joe F. Steigmeyer, 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 second meeting of the Legislative Committee on Health Care (LCHC) for the 2019–2020 Interim to order and reviewed meeting protocol.

AGENDA ITEM II—PUBLIC COMMENT

Chair Cohen called for public comment. She announced that each person could speak for two minutes, and any written comments submitted before, during, or after the meeting would become part of the public record.

Andrew Pasternak, M.D., M.S., Silver Sage Center for Family Medicine Sports and Fitness Lab, submitted written comments regarding immunization ([Agenda Item II A](#)). He stated immunization policies protect those with underlying medical conditions and help prevent costly outbreaks in the state.

Vivian Leal, Nevada resident and multiple sclerosis patient and advocate, submitted written comments regarding immunization ([Agenda Item II B](#)). She encouraged the LCHC to consider eliminating all vaccine exemptions for any reason other than medical conditions.

Jared Busker, Associate Director, Children's Advocacy Alliance, stated his concerns for the number of uninsured children in Nevada and its correlation to a lack of immunizations and vaccinations; shared his support for the recommendations that Immunize Nevada will present in Agenda Item XI; and urged the LCHC to look into innovative ways to increase the state's rate of vaccinations and insurance coverage for children.

Leann D. McAllister, M.B.A., Executive Director, Nevada Chapter of the American Academy of Pediatrics, submitted written testimony that stated vaccines are the best way to protect children from viruses and bacteria that cause devastating harm ([Agenda Item II C](#)).

Tatum Cohen, Nevada resident, shared that she has not been vaccinated, but she is healthy and takes many preventative measures. She stated she wants to maintain her medical freedom, not only for herself, but also for her future children. She asked the Committee members to complete basic research before making any decisions that might harm many people.

Sue Green, Nevada resident, shared a story about her nephew who received all the recommended vaccines before going to college, but unfortunately, he contracted meningococcal disease and died. She said his family discovered this disease was vaccine preventable in 1998, but there was no recommendation at that time for adolescents. Ms. Green implored those listening to vaccinate and support prevention to save lives.

Nancy Jones, Nevada resident, representing Nevada Families for Freedom and Health Freedom Nevada, submitted written comments regarding the severe lack of oversight regarding vaccinations ([Agenda Item II D](#)). She also submitted a document titled "The Danger of Eliminating Vaccine Exemptions & Curtailing Vaccine Criticism" from the Informed Consent Action Network ([Agenda Item II D-1](#)).

AGENDA ITEM II—PUBLIC COMMENT (CONTINUED)

Jamie Hepworth, board member for Health Freedom Nevada, stated the only fair, sensible policies regarding vaccinations are those that completely protect informed consent or the consumer's right to say "No" to these liability-free pharmaceutical products. She stated there is limited understanding of all genetic and environmental predispositions to injury from vaccines. She suggested vaccines, like all drugs, are inherently and unavoidably unsafe and should not be mandated or coerced on the population.

Angela Perry, Nevada resident, said the National Vaccine Injury Compensation Program has paid out over \$4 billion in the past 33 years for injury and death by vaccines. She questioned why—if there is no risk to vaccines—have the pharmaceutical companies declared the need for immunity from lawsuits. As medical exemptions become harder to obtain, Ms. Perry suggested religious exemptions and an additional personal belief exemption are needed to protect children from an industry gone rogue.

Sheronda Strider-Barraza, D.M.D. and Nevada resident, testified that the human papillomavirus (HPV) vaccination is linked to oral cancer prevention. She noted that cancer is the second leading cause of death in the United States, and oral cancer is the eighth leading cause of death among males. Dr. Strider-Barraza said the national goal for the HPV vaccination is 80 percent, but Nevada's level is below 60 percent. She proposed expanding the scope of practice for dentists to prescribe and administer vaccinations and to include this language in [Chapter 631](#) of NRS.

Diane Bishop, Nevada resident, shared written comments that stated vaccine programs are violating the rights of bodily integrity, education, consumers, parents, privacy, and religion across the globe ([Agenda Item II E](#)).

Julia Hevle, Nevada resident and nurse, stated she is vaccine-damaged, which is why she does not vaccinate her children. She said she received 15 recommended vaccines as a child, despite being hospitalized after each injection. Ms. Hevle cited numerous conditions from which she suffers because of vaccinations, the worst being an anaphylactic allergy to peanuts. She does not want to subject her son to the now 72 recommended vaccines.

Candace Liddell, Nevada resident, mentioned the current pertussis outbreak of four fully vaccinated students in Reno schools, which excluded 19 exempt children from school. She said this should give us pause about a vaccine program that no longer follows evidence-based practices but rather discriminates against and demonizes children. Ms. Liddell said she is a walking example of the harm vaccines can cause; she suffered permanent brain damage and uncontrollable seizures and had three inches of her brain removed. She is one of five in her family who have had the same reaction; therefore, she will not vaccinate her daughter due to genetic makeup.

Greg Cantin, Nevada resident, submitted written testimony that stated the Pharmaceutical Research and Manufacturers of America, also known as PhRMA, has no incentive to assure vaccine safety ([Agenda Item II F](#)). Rather than develop safer vaccines, Mr. Cantin said the U.S. Congress passed [H.R. 5546](#) of the 99th Congress, known as the National Childhood Vaccine Injury Act of 1986, which eliminated drug companies' liability for injuries caused by vaccine products. He noted PhRMA is the largest contributor to both federal and state political campaigns.

AGENDA ITEM II—PUBLIC COMMENT (CONTINUED)

Joy Davis, Nevada resident, testified that her daughter is a victim of bias and exclusion because she is a partially unvaccinated child. Ms. Davis said after she testified during the 2019 Session at a hearing for [Assembly Bill 123](#) regarding how difficult it is to get a medical exemption, her daughter was excluded from her playgroup for developmentally delayed children. She said she cannot find a pediatrician or general practitioner in Washoe County who will give her daughter a medical exemption even though she qualifies. Ms. Davis stressed this is a real issue and problem.

DeAnna Fossett, Nevada resident, stated she is pro-choice for vaccine administration. She said every individual has different genetic mutations that determine how toxins affect a person's biochemistry. Ms. Fossett said Immunize Nevada is a nonprofit funded by large corporations and backed by the three largest drug companies in the world. She stressed, "Where there is risk, there must be choice."

Matt Shiel, Nevada resident, shared the story of his daughter who died within 24 hours of receiving the measles, mumps, and rubella vaccine. He implored the LCHC to listen to Nevada parents because no one should have to undergo risky medical procedures with no liability, and nobody should be shamed or blamed for being unvaccinated. Mr. Shiel thanked Assemblywoman Munk for the professional way she handled adjustments to AB 123.

Tiffany Tobin, Nevada resident, said she has been opposed to vaccines for over 23 years. She said her oldest son, who is not vaccinated, has a strong immune system; whereas, her stepson, who is fully vaccinated, is constantly sick. Ms. Tobin stated if a mother has a right to an abortion, she should be able to decide what injections the child she elected to let live and take care of should receive. She stressed that each child is different and vaccine makers do not know what is best for each person.

Sara Yelowitz, Nevada resident, submitted written testimony regarding the pertussis outbreak in Reno, the amount of money generated in the vaccine business, and the exemption of vaccine makers from any liability for injury ([Agenda Item II G](#)). She asked the Committee members to uphold and defend medical freedom as a top priority for Nevada.

Angela Summers, Nevada resident, said the administration of any current or future vaccines conflicts with her moral, religious, and ethical beliefs. She finds the development of modern vaccines using aborted fetal cells morally reprehensible and a practice she cannot condone, support, or participate in. Ms. Summers stressed the importance of Nevada keeping and upholding religious exemptions because they are one of the remaining pillars that support medical freedom.

Kevin Dick, District Health Officer, Washoe County Health District (WCHD), stated his support for the work of Heidi Parker, Executive Director, Immunize Nevada. He reminded the Committee of the solid scientific consensus of the efficacy and benefit of vaccines in controlling diseases around the world. Mr. Dick noted the threat of diseases from countries with low vaccination rates is only an airplane ride away from coming to the United States. He explained herd immunity is a reality, and it protects all of us every day. Mr. Dick urged the Committee to remember what life was like before we had vaccines; we do not want a world where epidemics spread through our communities on a regular basis.

AGENDA ITEM II—PUBLIC COMMENT (CONTINUED)

Ashlee Reeves, member of The National Community Initiative (NCI), stated she is moving to Nevada because of a dangerous precedent recently set by California. She said her vaccine-injured son has been segregated and discriminated against from going to school, and the rights of disabled children to attend school have been taken away based on their medical status. Ms. Reeves shared her hopes that Nevada legislators will listen to their constituents, not mandate vaccines, and keep the integrity of medical and religious freedom.

Brittany Sheehan, Nevada resident, stated she relocated from California in 2016 after the state eliminated the religious exemption; this forced her to homeschool her children, creating an economically oppressive situation. She stated many people want Nevada's legislators to protect their current rights under NRS, which provide religious rights for children. Ms. Sheehan thanked Assemblywoman Munk for working on AB 123. She reminded the LCHC that Immunize Nevada attempted to take away federal education and privacy protections for our children this year and wanted to include them in a neglect registry. She mentioned a document on Immunize Nevada's website about strengthening Nevada's immunization laws.

Peter A. Cohen, D.C., stated he is in the process of moving to Nevada to practice chiropractic. He said he has never told a patient not to get a vaccine even though his own children have not been vaccinated. He pointed out the number of children now in special education; he questioned why there has not been one vaccine versus unvaccinated study; and he noted there have been no national debates on vaccines.

Ashley Fern, member of NCI, stated she is also relocating to Nevada from California due to the recent bill that stripped medical exemptions. She acknowledged she is a vaccine-injured adult and almost died from the HPV vaccine. Ms. Fern said vaccines cannot be mandated as a one-size-fits-all product. She asked the LCHC to keep medical freedom in mind and urged members to listen to their constituents.

Talia Cruz, stated she is a "religious freedom refugee" who left California when the state removed her children's religious exemptions. She said the 1986 National Vaccine Injury Act does not hold PhrMA and doctors liable for these products that are hurting children. Ms. Cruz mentioned that in July of 2018, the U.S. Department of Health and Human Services admitted it had not completed one safety study in over 30 years; she suggested the reason is because it has no liability for vaccines. Ms. Cruz said she is counting on Nevada legislators to do the right thing.

Todd Bailey stated that when people are forced into a vaccination, regardless of who pays for it, the drug companies take the money and lobby lawmakers to take away people's rights. He suggested amending the *Nevada Constitution* is the only way to protect rights for medical exemptions, which will cost a lot of money and take a lot of time.

Katie Ryan, representing Dignity Health, read an article titled "[142,000 died from measles last year, WHO estimates](#)" from *The Guardian*, dated December 5, 2019.

Sarah Larabie, Nevada resident, stated her daughter was injured by a vaccine at age one, and the effects could not be undone. She said this issue is about medical freedom, informed consent, and educating people properly on the effects of not immunizing and immunizing. Ms. Larabie opined individuals and their doctor should decide together on vaccinations.

AGENDA ITEM II—PUBLIC COMMENT (CONTINUED)

Gail Warthen, Nevada resident, said she is a measles, mumps, and chicken pox survivor and has a lifetime immunity to these diseases, which vaccines do not provide. She said three of her grandchildren live in California and have to relocate because they will not be able to continue school after this year; the law is taking away their right to an education if her daughter cannot homeschool them. Ms. Warthen said she has four healthy and productive grandchildren who live in Las Vegas and none of them received vaccinations. She opined that vaccines take away our constitutional rights of liberty and the pursuit of happiness.

Monica Marquez, mother of a vaccine-injured child, said her son is autistic with seizures, which began after his yearly shots. She demanded the Nevada legislators say no to anything that jeopardizes parents' rights to take care of their children. If Nevada removes religious and medical exemptions, Ms. Marquez asked the LCHC members to remember that where there is liability, there must be a remedy.

Selema Malova, Nevada resident, discussed the following unintended consequences of the recent laws passed in California and New York: (1) doctors are scared to practice medicine; (2) medical exemptions are being taken away; (3) the patient/doctor relationship has been compromised; (4) medical refugees now exist; and (5) religious communities, such as the Amish in New York, cannot go to their own schools.

The following individuals submitted written testimony regarding vaccines and immunizations:

- Kathleen Chandler ([Agenda Item II H](#));
- Melissa Dillon ([Agenda Item II I](#));
- Sosi Dilsizian ([Agenda Item II J](#));
- Erin Fontanilla ([Agenda Item II K](#));
- Amber Hart ([Agenda Item II L](#));
- Carissa Hoover ([Agenda Item II M](#));
- Deborah Lammam ([Agenda Item II N](#));
- Soma Miller ([Agenda Item II O](#));
- Chantia Mitchell ([Agenda Item II P](#));
- Susan Roaldson, R.N. ([Agenda Item II Q](#));
- Katrin Sienkiewicz ([Agenda Item II R](#));
- Nicole Thomas ([Agenda Item II S](#));
- Natalie Vogel, M.D., F.A.A.P., Chief Medical Officer, Northern Nevada HOPES ([Agenda Item II T](#)); and
- Joe Vondra ([Agenda Item II U](#)).

AGENDA ITEM III—APPROVAL OF THE MINUTES FOR THE MEETING ON NOVEMBER 20, 2019

MOTION: Senator Hardy moved to approve the minutes of the November 20, 2019, meeting. The motion was seconded by Assemblywoman Titus and passed unanimously.

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

A. LCB FILE R086-19 OF THE BOARD OF MEDICAL EXAMINERS ([Agenda Item IV A](#))

B. LCB FILE R094-19 OF THE STATE BOARD OF PHARMACY ([Agenda Item IV B](#))

C. LCB FILE R095-19 OF THE SPEECH-LANGUAGE PATHOLOGY, AUDIOLOGY AND HEARING AID DISPENSING BOARD ([Agenda Item IV C](#))

Eric W. Robbins, previously identified, stated representatives from each of the boards are present to answer any questions.

Chair Cohen questioned why the State Board of Pharmacy regularly submits hard copies of its minutes to the Committee, as well as the entire Legislature, but other boards do not.

Mr. Robbins replied he is not aware of any statutory requirement that requires boards to submit their minutes to the LCHC.

J. David Wuest, R.Ph., C.P.M., Executive Secretary, State Board of Pharmacy, replied the Board is following the reporting requirements in statute and regulation. He said he would work with Mr. Robbins to see whether this practice is required.

AGENDA ITEM V—REVIEW OF REPORTS STATUTORILY REQUIRED TO BE SUBMITTED TO THE LEGISLATIVE COMMITTEE ON HEALTH CARE

Patrick B. Ashton, previously identified, reviewed a table of reports statutorily required to be submitted to the LCHC ([Agenda Item V](#)).

Senator Hardy suggested the LCHC should decide whether it still wants to receive all of these reports.

Eric W. Robbins, previously identified, explained that statute requires the submission of most of the reports; therefore, if the LCHC does not want them anymore, it would have to propose a bill amending the statutes to eliminate the reports. He explained one bill could deal with numerous reports.

Committee members discussed the best way to determine which reports are valuable and whether the LCHC still needs to receive them. Senator Ratti suggested that staff could send Committee members a link to the reports so they could review them and reach out to the various entities for their opinion on the value of the reports.

AGENDA ITEM VI—IMPACT OF RECENT COMMERCIAL REIMBURSEMENT RATE ADJUSTMENTS BY ANTHEM BLUE CROSS AND BLUE SHIELD ON PATIENTS IN NEED OF PATHOLOGY SERVICES

Marci Haas, Vice President, Managed Care, Aurora Diagnostics, testified that Anthem Blue Cross and Blue Shield's reclassification of pathologists as laboratory technicians and its reduction of reimbursement are severely impacting pathology services in Nevada. She said Anthem's actions will force pathology services to be out of network in February 2020, and patients of Nevada hospitals will receive surprise out-of-network bills. Ms. Haas reported that Anthem is no longer credentialing pathologists as physicians. She submitted the following information to the LCHC:

- A fact sheet regarding pathology services under attack in Nevada ([Agenda Item VI A](#));
- An article titled "Trends in the US and Canadian Pathologist Workforces From 2007 to 2017," distributed by *JAMA Network Open* ([Agenda Item VI A-1](#)); and
- A link to a document titled "US Pathologist Supply Down Relative to Diagnostic Demands," from *Medscape*, May 31, 2019 ([Agenda Item VI A-2](#)).

Jonathan H. Hughes, M.D., Ph.D., Managing Director, Aurora Diagnostics, and Joel S. Bentz, M.D., Director, Aurora Diagnostics, submitted a letter on behalf of Laboratory Medicine Consultants of Las Vegas and Western Pathology Consultants of Reno regarding Anthem's actions to classify physician pathologists as "technical providers" ([Agenda Item VI B](#)).

Dr. Hughes submitted written testimony that explained the vital role pathologists play in the diagnosis and management of every patient admitted to a hospital ([Agenda Item VI B-1](#)). He expressed concern that Anthem's actions will severely undermine the ability of all pathology practices in Nevada to provide the highest level of service to patients and will inevitably lead to increased health care costs and decreased access for Anthem patients.

Dr. Bentz also submitted written testimony expressing concern for Anthem's actions ([Agenda Item VI B-2](#)). He outlined the differences in education between pathologists and technical providers and provided examples of how reduced reimbursement for pathology services will affect care and treatment for patients. Dr. Benz asked the Committee for its assistance in three areas: (1) protecting the professional status of pathologists as physicians; (2) protecting Nevada's patients from "surprise billing"; and (3) ensuring that pathologists will continue to practice in Nevada.

Discussion ensued regarding the following:

- The licensing of technical providers by the Division of Public and Behavioral Health (DPBH), Department of Health and Human Services (DHHS), pursuant to [Chapter 652](#) of NRS;
- How the reclassification of pathologists and lower reimbursement rates would affect the treatment of patients and the level of care provided in hospitals;
- Anthem's unilateral effort across the United States to reclassify pathologists and lower its reimbursement rates; and
- Whether the Centers for Medicare and Medicaid Services (CMS) has contemplated this same change.

Senator Hardy expressed chilling concern for pathologists in Nevada if Anthem's practice moves forward, and he said he could not support Anthem's labeling of pathologists as technical providers.

Chair Cohen clarified this move by Anthem would not impact the licensing of pathologists; they would still have to be licensed as doctors pursuant to either [Chapter 630](#) or [633](#) of NRS, regardless of how insurers classify them.

Tracey Woods, Senior Director, Government Relations, Anthem Blue Cross and Blue Shield, submitted a letter ([Agenda Item VI C](#)), which stated, "Anthem's goal is to help ensure access to high quality, affordable healthcare, and one of the ways to help achieve that goal is to routinely analyze and rebalance professional fees and schedules for medical services."

AGENDA ITEM VII—OVERVIEW OF PUBLIC HEALTH PREVENTION AND WELLNESS SUCCESSES, CHALLENGES, POLICY OPTIONS, AND PRIORITIES

A. Nevada Public Health Association

John Packham, Ph.D., American Public Health Association Affiliate Representative, Nevada Public Health Association (NPHA), and Michael Hackett, Lobbyist, NPHA, submitted a presentation depicting the successes, challenges, and opportunities facing public health in Nevada ([Agenda Item VII A](#)). Mr. Packham cited various Nevada rankings according to the *Annual Report 2018* from America's Health Rankings of the United Health Foundation. He noted that Nevada reports a low infectious disease rate, which he attributes to the state's attention to immunization and vaccination, but the state ranks 50th regarding general fund support for core public health services. Mr. Packham shared that according to a report in the *Journal of the American Medical Association*, if Nevada reduced the smoking prevalence among its Medicaid population by 1 percent, it could save taxpayers \$65 million the next year.

Mr. Packham clarified the statistics for sexually transmitted diseases (STDs) noted in his presentation include only the adult population. He announced that the *Annual Report 2019* from America's Health Rankings was recently published, and Nevada's overall ranking improved by one, but there were only modest changes in many of the indicators listed in his presentation ([Agenda Item VII A](#)).

B. State and Regional Health Authorities

Julia Peek, M.H.A., C.P.M., Deputy Administrator, Community Health Services, DPBH, DHHS, provided an overview of public health prevention and wellness successes, challenges, policy options, and priorities of state and regional health authorities. She focused her presentation on: (1) Nevada's hybrid role in public health; (2) the makeup and responsibilities of county boards of health for counties with populations of 700,000 or less; (3) opportunities for regionalization of public health; (4) public health in frontier counties; and (5) the successes and challenges of the 2019 Legislative Session ([Agenda Item VII B-1](#)).

Recognizing that fees are to be used for the sole purpose of defraying the costs and expenses of the procedures for issuing licenses and permits and related investigations, Senator Hardy asked at what point county boards of health are allowed to keep a balance of money to complete their business. He also asked to whom the county boards report when they want to raise their fees.

Ms. Peek stated that reviews regarding rates and the cost of doing business for rural county programs happen on a regular basis. She noted that one challenge of doing business in the rural areas is that overhead is much higher because of the patient volume.

Kevin Dick, previously identified, explained that statute establishes permit fees, which provide revenue to cover the costs of services provided, but he speculated whether NRS is specific regarding an accumulation of revenue for several months.

Chair Cohen questioned whether more infrastructure is needed in providing telehealth opportunities in rural counties.

Ms. Peek stated good telehealth opportunities have been developed with the rural hospitals, and they do have a team of clinicians who can address various issues. She mentioned one challenge in the rural areas regarding mental health is that technicians can run equipment but they are not prepared to fix technical problems. Ms. Peek stressed that limited funding is an issue that needs to be addressed.

Nicki Aaker, Director, Carson City Health and Human Services (CCHHS); Mr. Dick; and Fermin Leguen, M.D., Acting Chief Health Officer, Southern Nevada Health District (SNHD), shared a combined presentation of public health authorities and health priorities in Nevada ([Agenda Item VII B-2](#)), which contained a link to a video on public health (<https://www.youtube.com/watch?v=8PH4JYfF4Ns>).

Mr. Dick submitted written comments for his part of the presentation. His first portion focused on: (1) how health dollars are spent; (2) key components of Public Health 3.0; and (3) a cross-sector approach with a common agenda to address community health priorities ([Agenda Item VII B-3](#)).

Continuing the presentation, Ms. Aaker discussed: (1) public health accreditation; (2) a community health roadmap; (3) administration of public health pursuant to [Chapter 439](#) of NRS; and (4) service areas of the local health authorities ([Agenda Item VII B-2](#)).

Resuming his portion of the presentation, Mr. Dick presented an overview of the common services provided by CCHHS, SNHD, and WCHD ([Agenda Item VII B-2](#)).

Ms. Aaker then discussed the specific services provided by CCHHS. She noted that Carson City collaborates with Washoe County on mosquito abatement; chronic disease prevention focuses primarily on tobacco prevention and control; and clinical services focus on women's health. Ms. Aaker stressed the community has many chronic disease needs and flexible funding would be helpful. She also discussed the makeup and successful programs of CCHHS ([Agenda Item VII B-2](#)).

Mr. Dick provided an overview of WCHD's establishment, makeup, budget, and specific programs ([Agenda Item VII B-2](#)). He acknowledged that WCHD does not have a home visitation program—an area that could benefit from flexible spending. Mr. Dick highlighted WCHD's recent public health accreditation ([Agenda Item VII B-3](#)).

Continuing the presentation, Dr. Leguen discussed the composition, services provided, and the status of successful programs of the SNHD ([Agenda Item VII B-2](#)). He declared the hepatitis A outbreak among the Clark County homeless population is under control and is almost over. Dr. Leguen highlighted challenges faced by all the health districts, such as:

- The rise in STD rates, of which Nevada ranks first nationally in primary and secondary syphilis and third in congenital syphilis;
- Five deaths in Nevada due to the vaping outbreak;
- The demand of services due to heavy population growth; and
- A lack of funding.

Mr. Dick concluded the presentation by submitting five policy requests from the local health authorities: (1) public health improvement fund; (2) reform of the classic vehicle plate and smog check legislation; (3) Tobacco 21 legislation with appropriate enforcement; (4) sex education legislation to help reduce the spread of STDs and unwanted pregnancies; and (5) expanding the data collected on health care providers to better understand the populations served ([Agenda Item VII B-2](#)) ([Agenda Item VII B-3](#)).

Discussion ensued on the following topics:

- Access to prenatal care and its relation to the number of cases of congenital syphilis;
- The allocation of money spent on the administration of health care and the delivery of services;
- How CCHHS decides what services it provides to other counties and funding mechanisms for these services;
- Fees charged by the county health boards pursuant to [NRS 439.360](#); and
- Training and licensing of the preventative medicine residency program.

Michael Hackett, previously identified, and Mr. Packham presented NPHA's policy priorities and options of improving public health in Nevada ([Agenda Item VII B-4](#)). Mr. Hackett identified the following priorities for 2020 and the 2021 Session: (1) Tobacco 21 legislation; (2) community-based health promotion and chronic disease prevention; (3) comprehensive sex education reform; (4) immunizations and other infectious and communicable disease prevention strategies; (5) support for evidence-based injury prevention, such as gun violence prevention; (6) workforce shortages among physicians and physician assistants; and (7) the collection of certain data by the medical professional licensing boards as a condition of relicensure.

Mr. Packham concluded the presentation by stating what has been discussed this morning holds a great deal of promise to the public's health as well as the taxpayers' wallet. He mentioned a recent study on family planning that concluded for every dollar spent on public family planning, the government saved \$7.09 in preventing STDs, unwanted pregnancies, preterm births, et cetera.

Vice Chair Ratti requested a one-page summary of NPHA's request for policy ideas, such as Tobacco 21, for legislative requests for the 2021 Session.

AGENDA ITEM VIII—PRESENTATION CONCERNING COMMUNITY HEALTH WORKERS

Kayla Valy, M.S.W., Project Manager, Nevada Community Health Worker Association, shared a presentation on community health workers (CHWs) that focused on: (1) the definition of

CHWs; (2) settings where CHWs work; and (3) examples of CHW efforts in a school setting ([Agenda Item VIII](#)).

Erik Schoen, Executive Director, Community Chest, Inc., provided examples of how CHWs work with community-based organizations ([Agenda Item VIII](#)).

Ms. Valy continued the presentation by discussing: (1) the role of CHWs in medical clinics or treatment facilities; (2) CHW workforce development and the two levels of certification; and (3) training and a career pathway model ([Agenda Item VIII](#)).

Mr. Schoen discussed opportunities for CHWs ([Agenda Item VIII](#)). He stressed the CHW model of developing capacity in rural Nevada is far superior to the “import-a-professional” model because CHWs are oftentimes experts of the communities they serve; they have the advantage of seeing the strengths, not just the deficits, of their communities. Mr. Schoen reported that when CHWs are added to a clinical team providing health and medical services in Nevada, there is a return of nearly \$2 for every \$1 spent.

Ms. Valy pointed out summaries of [Senate Bill 489](#) (2015) and [SB 344](#) (2019) as points of reference ([Agenda Item VIII](#)).

Continuing the presentation, DuAne Young, Deputy Administrator, Division of Health Care Financing and Policy (DHCFP), DHHS, mentioned that CHWs are not licensed and must work under a licensed provider of health care. He discussed the parameters for the CHW budget proposal from DHCFP and identified the provider types for which Nevada Medicaid would provide reimbursement ([Agenda Item VIII](#)). Mr. Young stated the vision of DHCFP is to: (1) see CHW as a reimbursable service through Medicaid; and (2) hope that other payers would see the benefit of investment and reimburse CHW services through other private mechanisms.

Mr. Young reported DHCFP is participating in three different multistate collaborations in the areas of maternal child health, the integration of primary care with behavioral care, and the expansion of primary to managed care network. Mr. Young said CHWs have been discussed in these collaboratives as a viable extension of primary care services to reach and integrate not only behavioral health care services, but to also reach those in our most disparate communities in Nevada, linking them to ongoing care that physicians do not have the capacity to provide.

Discussion ensued regarding the following topics:

- The role of CHWs going into an individual’s home to provide education and resources regarding the social determinants of health;
- How services of CHWs are billed;
- Similarities and differences between the certification of CHWs and peer recovery support specialists overseen by the Nevada Certification Board, a private organization;
- Concerns regarding the reimbursement of physicians supervising CHWs;
- Reasons why SB 344 did not pass during the 2019 Session;
- Fiscal analysis of CHWs and possible expansion of services; and

- A partnership with Nye County, DPBH, and Medicaid in 2018 for a pilot to practice Medicaid reimbursable services through CHWs.

AGENDA ITEM IX—SUCCESSIONS, CHALLENGES, AND POLICY OPTIONS TO PREVENT AND CONTROL THE SPREAD OF INFECTIOUS DISEASES

Julia Peek, previously identified, and Melissa Peek-Bullock, State Epidemiologist, DPBH, DHHS, submitted a presentation on the successes, challenges, and policy options to prevent and control the spread of infectious diseases ([Agenda Item IX](#)). Ms. Peek mentioned the frontier counties have two generally funded epidemiologists who address the needs at hand and have an extensive workload. She stated the best policy that relates to the pertussis outbreak and multistate food borne outbreaks is flexible public health funding.

Ms. Peek-Bullock discussed the following topics: (1) the sexual health epidemic and Nevada's rankings; (2) factors causing the rise in STDs; (3) the resurgence of congenital syphilis; (4) coordinated efforts for outbreak responses; (5) current outbreaks and large-scale public health responses, including syphilis, acute hepatitis A, pertussis, E-cigarette or vaping product use associated lung injury, and West Nile Virus; (6) staffing challenges; and (7) funding challenges for vaccination costs ([Agenda Item IX](#)).

Ms. Peek acknowledged the assistance provided by the Centers for Disease Control and Prevention (CDC) in dealing with outbreaks, specifically relating to congenital syphilis and interventions with pertussis.

Discussion took place on the following issues:

- The effectiveness of existing vaccines, such as those for pertussis;
- How mosquito abatement programs are funded throughout the state and why the program no longer exists in Clark County;
- Concern for congenital syphilis, rising STDs, access to care, and the potential cost to Nevada for offering syphilis testing at state laboratories, regardless of citizenship;
- Challenges with universal screening of syphilis using family planning reproductive health funds; and
- Whether articles and press releases on E-cigarettes are beneficial for the public.

After the meeting, Ms. Peek-Bullock submitted two memorandums regarding:

1. Pertussis vaccine effectiveness ([Agenda Item IX A](#)); and
2. Congenital syphilis update ([Agenda Item IX B](#)).

AGENDA ITEM X—PREVENTING THE EMERGENCE OF MULTIDRUG RESISTANCE THROUGH ANTIMICROBIAL STEWARDSHIP

Julia Peek, previously identified, discussed the various steps Nevada has taken since the last interim regarding antibiotic resistance ([Agenda Item X](#)).

Continuing the presentation, Beth Slamowitz, Pharm.D., Senior Advisor on Pharmacy, DHCFP, DHHS, discussed the following topics:

- A new [prior authorization \(PA\) policy](#) for third generation cephalosporins, fluoroquinolones, and oxazolidinones implemented by Medicaid in 2019;
- The timeline for implementing the PA policy;
- Exception criteria for the PA policy;
- An example of the PA form;
- Criteria for PA approval; and
- The need to capture baseline utilization data and establish a utilization monitoring tool ([Agenda Item X](#)).

Ms. Peek concluded the presentation with an overview of the CDC's 6/18 Initiative, a technical assistance opportunity—for which Nevada has been selected—to help Medicaid and public health officials collaborate on cost-effective prevention interventions that have improved health and controlled costs for inappropriate antibiotic use. She identified the goals the collaboration will work on over the next 18 months. Ms. Peek highlighted several results of a CDC report related to antibiotics and shared specific CDC recommendations to stop antibiotic resistance ([Agenda Item X](#)). She presented three policy options for the LCHC to consider: (1) expirations on antibiotic prescriptions; (2) reporting of all prescriptions; and (3) more flexible public health funding.

Responding to questions from Senator Hardy, Dr. Slamowitz clarified the following:

- How the PA policy affects inpatient settings, such as emergency rooms and nursing homes, when doctors discharge individuals who had previously been on intravenous (IV) antibiotics and give them a prescription to fill at a local pharmacy for the oral form of the antibiotic;
- The PA form contains a place for physicians to indicate whether a patient had previously been on an IV antibiotic;
- When doctors discharge patients from an inpatient setting, most of them go home with medications; they will then see their primary care providers who write extended prescriptions, if needed, which the PA policy addresses;
- The PA requirement does not address medication given to individuals during their stay in an inpatient setting; and
- The PA call center is open 24 hours a day, 7 days a week, and the average turnaround time for approval is 3.5 hours.

Responding to questions and concerns from Assemblywoman Titus, Dr. Slamowitz discussed the following:

- The 60 percent denial rate will be discussed in greater detail at the January meeting of the Drug Use Review Board meeting;
- How the use of a place of service override at the point of sale allows bypassing the PA requirement for prescriptions written on the prescription pads for an emergency room or a long-term care facility; the system does not recognize an individual prescriber override, which stops the prescription from receiving prior authorization;

- The intent of the PA policy regarding fluoroquinolones and their inappropriate use as front- or first-line therapy and how the side effect profiles of fluoroquinolones have changed the landscape causing their use to be scaled back; and
- 836 antibiotic prescriptions per 1,000 population is a nationwide statistic from CDC data.

AGENDA ITEM XI—OVERVIEW OF THE STATE OF IMMUNIZATIONS IN NEVADA

Heidi Parker, previously identified, said the LCHC requested a survivor of HPV-associated cancer to speak at today's meeting.

Megan Toniono shared her emotional story of surviving stage 2-B cervical cancer, which was caused by HPV. She explained that anyone 11 through 25 years of age could receive the vaccine, but her doctor told her she was not eligible because she would be turning 26 years of age before she could receive all three doses of the vaccine. Megan was diagnosed with cervical cancer at the age of 37 in 2019; she described the difficult treatment she endured and how it affected her family. Megan was declared cancer free on June 27, 2019, but she said the radiation to her lower pelvis has damaged much of her lower spine, causing painful side effects. Megan stressed that we, as a population, should do everything possible to eliminate HPV-associated cancers.

Ms. Parker provided an overview of the state of immunizations in Nevada. She discussed: (1) immunization successes in the state; (2) factors that influence immunization rates; (3) trend data for Nevada counties; (4) immunization barriers cited by parents; (5) challenges to vaccine access, both statewide and in rural areas; and (6) funding challenges and potential solutions ([Agenda Item XI A](#)). She also noted the following:

- Nevada's public access portal, also known as Nevada webIZ, is a leader in the United States;
- Teens in Nevada are accessing the recommended adolescent vaccines, but they are not receiving the HPV vaccine at that time;
- The flu kills more Americans each year than any other vaccine preventable disease;
- Pharmacies are helpful in providing vaccines, but their retail policies prevent them from vaccinating children of certain ages;
- [SB 94](#) (2019) added vaccines to a grant program for rural providers to help cover the cost of providing and stocking vaccines;
- Immunize Nevada works closely with the American Medical Association, Children's Advocacy Alliance, local health authorities, and NPHA regarding policy;
- Stronger language is needed in NRS regarding reimbursement for privately purchased vaccines; and
- Immunize Nevada funds a voucher program through individual donations.

Ms. Parker submitted a copy of the Nevada Immunization Report Card for 2016–2018 ([Agenda Item XI A-1](#)).

The following topics were discussed:

- Possible reasons why trend data for Eureka County in 2018 was at 84 percent;
- Training and education given to Nevada providers statewide to help them stay current with changing populations of available vaccines;
- Two-factor authentication required for a random person to access his or her records from Nevada webIZ; and
- The Medicaid reimbursement rate and the different structure of ordering and billing for vaccines for pharmacists compared to physicians.

After the meeting, Ms. Parker submitted the following documents:

- Fact check for the LCHC regarding vaccines, requested by Senator Hardy ([Agenda Item XI A-2](#)); and
- An October 2018 fact sheet titled “The HPV Vaccine: Access and Use in the U.S.” from the Henry J. Kaiser Family Foundation ([Agenda item XI A-3](#)).

AGENDA ITEM XII—PUBLIC COMMENT

Chair Cohen called for public comment. She asked members of the public to keep their comments to two minutes, urged them to avoid repetition of comments made during the first segment of public comment, and reminded them that comments can be submitted in writing.

Karen Beckerbauer, M.S., Manager of Social Services, Douglas County, submitted a letter on behalf of the Nevada Association of County Human Service Administrators regarding the benefit CHWs bring to the community ([Agenda Item XII](#)).

Joan Hall, representing Nevada Rural Hospital Partners, encouraged the LCHC to continue having conversations about CHWs. She said CMS has established a rural health council to look at policies and programs that affect rural health delivery, which suggests using CHWs to decrease the actual cost of care.

Faith Barber, employee of CCHHS, reported that CCHHS is currently using two CHWs to connect residents to services they may not be receiving. She opined CHWs would save money in the long run.

Brittany Sheehan said she figured it would cost Clark County over \$7 million to provide the hepatitis A vaccine for its homeless population. She suggested this is not feasible; this is more of a drug problem. Ms. Sheehan said the public wants to collaborate with the electorate on public health policies.

Daphne Lee, Nevada resident, said she is grateful to hear that Nevada ranks high in the lack of infectious diseases. She expressed concern about the long-term ramifications of the bills passed in New York and California that are removing children from school as residents are fleeing these states to Nevada as medical refugees.

An unidentified member of the public said a segment of our nation's population is suffering discrimination regarding vaccines, which violates their constitutional rights. She said honestly debating the issue requires identifying the motivations of each side, who benefits, and what can be gained.

Kristin Reeves said she moved from California to Nevada because of [SB 277](#). She opined that vaccines are not safe and effective. She noted the dangers of E-cigarettes were brought up numerous times today, but when parents and medical professionals bring up the dangers of vaccines, they are ignored. Ms. Reeves opined that mandating or taking exemptions away will not solve infectious diseases.

Diane Bishop, Nevada resident, said the Washoe County mosquito abatement program is a good thing, but she encouraged any county using such a program to inform the public they should stay inside when spraying takes place.

Michelle Agasi, Nevada resident, stated the Legislature works for the people, not pharmaceutical companies. As bills are proposed that address vaccines, exemptions, and mandates, she encouraged the LCHC to listen to the men and women who spoke today and will continue to speak about maintaining our constitutional rights and freedoms.

Ashley Reeves, California resident, pointed out the NPHA statistics shared earlier show that Nevada has a low rate of infectious diseases while having a high rate of under immunized people. She said even though California has a strict mandate for vaccinations, it still has outbreaks among the highly vaccinated population. Ms. Reeves remarked that she looks forward to moving to Nevada and being engaged in her community to discuss future legislation; she chose Nevada as her future home because it is respectful of parental rights and medical freedom.

Norman Wright, Nevada resident and public health nurse, discussed the worldwide problem of antibiotics. He said Nevada has a problem in reporting CRE, which stands for carbapenem-resistant Enterobacteriaceae (strains of bacteria that are resistant to carbapenem, a class of antibiotics used to treat severe infections). Mr. Wright opined any bad law is worse than no law at all, and he hopes the LCHC works to draft good health care laws that include antimicrobial stewardship.

Chair Cohen announced the next LCHC meeting will be on Wednesday, January 15, 2020.

AGENDA ITEM XIII—ADJOURNMENT

There being no further business to come before the Committee, the meeting was adjourned at 3:43 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	Andrew Pasternak, M.D., M.S., Silver Sage Center for Family Medicine Sports and Fitness Lab	Public Comment
Agenda Item II B	Vivian Leal	Public Comment
Agenda Item II C	Leann D. McAllister, M.B. A., Executive Director, Nevada Chapter of the American Academy of Pediatrics	Public Comment
Agenda Item II D	Nancy Jones, representing Nevada Families for Freedom and Health Freedom Nevada	Public Comment
Agenda Item II D-1	Nancy Jones, representing Nevada Families for Freedom and Health Freedom Nevada	Article regarding vaccine exemptions
Agenda Item II E	Diane Bishop	Public Comment
Agenda Item II F	Greg Cantin	Public Comment
Agenda Item II G	Sara Yelowitz	Public Comment
Agenda Item II H	Kathleen Chandler	Public Comment
Agenda Item II I	Melissa Dillon	Public Comment
Agenda Item II J	Sosi Dilsizian	Public Comment
Agenda Item II K	Erin Fontanilla	Public Comment
Agenda Item II L	Amber Hart	Public Comment
Agenda Item II M	Carissa Hoover	Public Comment
Agenda Item II N	Deborah Lammam	Public Comment and fact sheet regarding doses of vaccines
Agenda Item II O	Soma Miller	Public Comment

AGENDA ITEM	PRESENTER/ENTITY	DESCRIPTION
<u>Agenda Item II P</u>	Chantia Mitchell	Public Comment
<u>Agenda Item II Q</u>	Susan Roaldson, R.N.	Public Comment
<u>Agenda Item II R</u>	Katrin Sienkiewicz	Public Comment
<u>Agenda Item II S</u>	Nicole Thomas	Public Comment
<u>Agenda Item II T</u>	Natalie Vogel, M.D., F.A.A.P., Chief Medical Officer, Northern Nevada HOPES	Public Comment
<u>Agenda Item II U</u>	Joe Vondra	Public Comment
<u>Agenda Item IV A</u>	Eric W. Robbins, Principal Deputy Legislative Counsel, Legal Division, Legislative Counsel Bureau (LCB)	LCB File R086-19 of the Board of Medical Examiners
<u>Agenda Item IV B</u>	Eric W. Robbins, Principal Deputy Legislative Counsel, Legal Division, LCB	LCB File R094-19 of the State Board of Pharmacy
<u>Agenda Item IV C</u>	Eric W. Robbins, Principal Deputy Legislative Counsel, Legal Division, LCB	LCB File R095-19 of the Speech-Language Pathology, Audiology and Hearing Aid Dispensing Board
<u>Agenda Item V</u>	Patrick B. Ashton, Senior Policy Analyst, Research Division, LCB	Reports statutorily required to be submitted to the Legislative Committee on Health Care
<u>Agenda Item VI A</u>	Marci Haas, Vice President, Managed Care, Aurora Diagnostics	A fact sheet regarding pathology services under attack in Nevada
<u>Agenda Item VI A-1</u>	Marci Haas, Vice President, Managed Care, Aurora Diagnostics	An article titled "Trends in the US and Canadian Pathologist Workforces From 2007 to 2017," distributed by <i>JAMA Network Open</i>

AGENDA ITEM	PRESENTER/ENTITY	DESCRIPTION
<u>Agenda Item VI A-2</u>	Marci Haas, Vice President, Managed Care, Aurora Diagnostics	A link to a document titled "US Pathologist Supply Down Relative to Diagnostic Demands," from <i>Medscape</i>
<u>Agenda Item VI B</u>	Jonathan H. Hughes, M.D., Ph.D., Managing Director, Aurora Diagnostics, and Joel S. Bentz, M.D., Director, Aurora Diagnostics	Letter
<u>Agenda Item VI B-1</u>	Jonathan H. Hughes, M.D., Ph.D., Managing Director, Aurora Diagnostics	Written comments
<u>Agenda Item VI B-2</u>	Joel S. Bentz, M.D., Director, Aurora Diagnostics	Written comments
<u>Agenda Item VI C</u>	Tracey Woods, Senior Director, Government Relations, Anthem Blue Cross and Blue Shield	Letter
<u>Agenda Item VII A</u>	John Packham, Ph.D., American Public Health Association Affiliate Representative, Nevada Public Health Association (NPHA), and Michael Hackett, Lobbyist, NPHA	Microsoft PowerPoint presentation
<u>Agenda Item VII B-1</u>	Julia Peek, M.H.A., C.P.M., Deputy Administrator, Community Health Services, Division of Public and Behavioral Health (DPBH), Department of Health and Human Services (DHHS)	Microsoft PowerPoint presentation
<u>Agenda Item VII B-2</u>	Nicki Aaker, Director, Carson City Health and Human Services; Kevin Dick, District Health Officer, Washoe County Health District (WCHD); and Fermin Leguen, M.D., Acting Chief Health Officer, Southern Nevada Health District	Microsoft PowerPoint presentation

AGENDA ITEM	PRESENTER/ENTITY	DESCRIPTION
<u>Agenda Item VII B-3</u>	Kevin Dick, District Health Officer, WCHD	Written comments
<u>Agenda Item VII B-4</u>	Michael Hackett, Lobbyist, NPHA, and John Packham, Ph.D., American Public Health Association Affiliate Representative, NPHA	Microsoft PowerPoint presentation
<u>Agenda Item VIII</u>	Kayla Valy, M.S.W., Project Manager, Nevada Community Health Worker Association; Erik Schoen, Executive Director, Community Chest, Inc.; and DuAne Young, Deputy Administrator, Division of Health Care Financing and Policy (DHCFP), DHHS	Microsoft PowerPoint presentation
<u>Agenda Item IX</u>	Julia Peek, M.H.A., C.P.M., Deputy Administrator, Community Health Services, DPBH, DHHS, and Melissa Peek-Bullock, State Epidemiologist, DPBH, DHHS	Microsoft PowerPoint presentation
<u>Agenda Item IX A</u>	Melissa Peek-Bullock, State Epidemiologist, DPBH, DHHS	Memorandum
<u>Agenda Item IX B</u>	Melissa Peek-Bullock, State Epidemiologist, DPBH, DHHS	Memorandum
<u>Agenda Item X</u>	Julia Peek, M.H.A., C.P.M., Deputy Administrator, Community Health Services, DPBH, DHHS, and Beth Slamowitz, Pharm.D., Senior Advisor on Pharmacy, DHCFP, DHHS	Microsoft PowerPoint presentation
<u>Agenda Item XI A</u>	Heidi Parker, Executive Director, Immunize Nevada	Microsoft PowerPoint presentation
<u>Agenda Item XI A-1</u>	Heidi Parker, Executive Director, Immunize Nevada	Nevada immunization report card

AGENDA ITEM	PRESENTER/ENTITY	DESCRIPTION
<u>Agenda Item XI A-2</u>	Heidi Parker, Executive Director, Immunize Nevada	Fact sheet
<u>Agenda Item XI A-3</u>	Heidi Parker, Executive Director, Immunize Nevada	Fact sheet
<u>Agenda Item XII</u>	Karen Beckerbauer, M.S., Manager of Social Services, Douglas County	Letter

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