



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

**SUMMARY MINUTES AND ACTION REPORT**

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The ninth meeting of the Nevada Legislature's Legislative Committee on Health Care was held on April 21, 2008, at 9 a.m. in Room 4401 of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. The meeting was videoconferenced to Room 3138 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. A copy of this set of "Summary Minutes and Action Report," including the "Meeting Notice and Agenda" ([Exhibit A](#)) and other substantive exhibits, is available on the Nevada Legislature's website at [www.leg.state.nv.us/74th/Interim](http://www.leg.state.nv.us/74th/Interim). In addition, copies of the audio record may be purchased through the Legislative Counsel Bureau's Publications Office (e-mail: [publications@lcb.state.nv.us](mailto:publications@lcb.state.nv.us); telephone: 775/684-6835).

**COMMITTEE MEMBERS PRESENT IN LAS VEGAS:**

Assemblywoman Sheila Leslie, Chair  
Senator Maurice E. Washington, Vice Chair  
Senator Steven A. Horsford  
Assemblywoman Susan I. Gerhardt  
Assemblyman Joe Hardy

**COMMITTEE MEMBER ABSENT/EXCUSED:**

Senator Joseph J. Heck

**OTHER LEGISLATOR PRESENT:**

Senator Maggie Carlton

**LEGISLATIVE COUNSEL BUREAU STAFF PRESENT:**

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

## **OPENING REMARKS**

Assemblywoman Sheila Leslie, Chairwoman, welcomed members, presenters, and the public to the ninth meeting of the Legislative Committee on Health Care (LCHC).

## **APPROVAL OF MINUTES OF THE MARCH 24, 2008, MEETING IN LAS VEGAS, NEVADA**

- The Committee **APPROVED THE FOLLOWING ACTION:**

SENATOR WASHINGTON MOVED TO APPROVE THE MINUTES FROM THE MARCH 24, 2008, MEETING HELD IN LAS VEGAS, NEVADA. THE MOTION WAS SECONDED BY SENATOR HORSFORD AND PASSED UNANIMOUSLY.

## **UPDATE ON THE INVESTIGATION OF HEPATITIS C EXPOSURE IN CLARK COUNTY, NEVADA, AND RELATED PUBLIC HEALTH MATTERS**

- Lawrence K. Sands, D.O., M.P.H., Chief Health Officer, Southern Nevada Health District (SNHD), stated a press release was issued today reporting on a seventh confirmed case of acute hepatitis C associated with the Endoscopy Center of Southern Nevada. He noted the finding of the seventh case reinforced the importance of patient notification based on the risk of exposure and noted there are now a total of eight confirmed cases related to the endoscopy center.
- Brian Labus, M.P.H., Senior Epidemiologist, SNHD, clarified the difference between an acute disease and a chronic disease. He explained the ranges of the severity of illness and the range of symptoms in people infected with the hepatitis C virus and the timeline of the occurrence of symptoms. Mr. Labus explained the challenges the SNHD had encountered in identifying and classifying cases of hepatitis C and commented the process would be time consuming. Mr. Labus provided an update on recent developments concerning the individual cluster and group cluster investigations. He stated that one confirmed case was reported at the Burnham Endoscopy Center.
- Chairwoman Leslie asked if there is any information about other patients seen at the clinic who have not yet been contacted. She inquired about notification priority and if all patients seen at the Burnham Center had been contacted. Chairwoman Leslie also asked Dr. Sands about the resources available at the SNHD and if additional assistance was needed.
- Mr. Labus reported that the Burnham Center had provided some information and patients were being asked to provide personal and billing information in an effort to gather records.

Discussion ensued regarding patients' risks including dates of procedures and incident numbers. It was noted that thousands more patients may still need to be notified. Additional comments were made regarding available resources and funding.

- Mr. Labus responded to a question raised by Senator Horsford regarding access to medical records and patients' birth dates. Mr. Labus stated that law enforcement currently has the records and indicated not all of the records contain complete information making it difficult to obtain birth dates.
- Senator Horsford noted that U.S. Senator Harry Reid requested federal funds to assist with the investigation and commented that financial responsibility should be shared between the State and federal government. He stated if the SNHD had funding needs the LCHC and the Interim Finance Committee (IFC) should be notified.
- Assemblyman Hardy asked if more letters would be mailed once the records were accessed.
- Mr. Labus responded that the challenge with sending letters was the difficulty in obtaining complete addresses and direct notification would not be easy given the limitations of available data.
- Senator Washington asked about any obstacles in patient notification that may be encountered once the records were obtained.
- Mr. Labus stated that the information needed for notification would have to come from the clinic computer system, which contains the patients' procedure dates and mailing addresses. He clarified that patients' records would provide the information needed for the cluster investigation.
- In response to a question from Chairwoman Leslie regarding patient testing, Mr. Labus responded that it would likely be July 2008 before all testing was completed. He noted that the laboratories had set up an appointment schedule negating long lines and waiting periods.
- Dr. Sands testified that the SNHD had been in communication with the Health Division, Department of Health and Human Services (DHHS), and other partners. He stated that resources for affected patients are being identified and noted that SNHD had partnered with multiple agencies to offer a public forum that provided important health information. He discussed a \$25 million federal appropriations that had been requested by United States Senator Reid for southern Nevada which would provide for the recommend testing for at risk patients and a patient information line that would provide up-to-date information, patient education materials, and staff support for the SNHD investigation, as well as funding for the management and distribution of medical records that currently are in the possession of law enforcement. Dr. Sands commented

that an additional \$21 million has been requested by Senator Reid for the Centers for Disease Control and Prevention (CDC) to support their efforts related to Nevada's investigation including genetic sequencing testing and public provider education campaigns.

Dr. Sands presented the following recommendations for the Committee's consideration:

1. Revisions to the communicable disease definitions to broaden the SNHD's authority to investigate health threats to the public such as chemical spills or other environmental exposures;
  2. An expansion of the provisions of *Nevada Revised Statutes* (NRS) Chapter 441A "Communicable Diseases" to allow the sharing of information with other investigatory agencies providing protections for personal health information;
  3. An expansion of the SNHD, Chief Health Officer's authority or other designees to compel the providing of information related to a public health investigation;
  4. Granting of legal authority to issue cease and desist orders for facilities or individuals when a public health hazard is identified and where there is no other agency that has specific authority or when an agency that does have authority defers to act on that authority;
  5. Allowance for penalties to include costs of an investigation or response to an outbreak or exposure situation that is a direct result of the violations of licensing requirements;
  6. Inclusion of the recommendation of a health authority who investigates a disease outbreak or potential exposure in a licensed facility in any statement of deficiency a requirement that the appropriate response be addressed in the resulting action plan; and
  7. An expansion of the role of the Office for Consumer Health Assistance or the creation of an ombudsman position to assist the public with the filing of complaints against a facility or a health care professional with the appropriate licensing agency or board and to advocate a "no locked door" approach to make it easier for the public to navigate the contact information for the appropriate regulatory agencies. (Please see [Exhibit B-1](#) and [Exhibit B-2](#).)
- Senator Washington asked about funding requirements for the recommendations.
  - Dr. Sands said the recommendations are preliminary but have been discussed with both the State and other local health authorities.

- Senator Washington advocated collaboration between county and State entities with regard to oversight of facilities and suggested that the larger counties such as, Clark and Washoe, perform inspections and investigations.
- Assemblyman Hardy agreed with Senator Washington and discussed further suggestions for streamlining the access to medical records, noting that this issue is crucial to ongoing care.
- Dr. Sands responded to Chairwoman Leslie's question regarding the status of the assessed fine, and stated that a check was issued to the Las Vegas city treasurer and discussions were ongoing with the City of Las Vegas as to how best prioritize the use of those funds.
- Senator Horsford inquired about penalty restrictions for licensed facilities and whether the penalties found in NRS 449 "Medical and Other Related Facilities" should be reviewed for possible enhancement. He also wondered if the investigation process should be streamlined.
- Dr. Sands replied that penalties are currently fixed, but that enhanced penalties and a more streamlined investigation process could be considered.
- Chairwoman Leslie said that legal staff would review the policy suggestions and noted these items would be taken under advisement at the LCHC's work session meeting.
- Dr. Sands responded to Senator Washington's concerns about patient protection while expanding the information sharing process to other agencies and stated that it would be critical to the SNHD to be specific regarding what situations would require this information. He agreed that patient protection is crucial; however, he said when investigating patient neglect or abuse, specific patient information is necessary.
- Richard Whitley, Administrator, Health Division, DHHS, provided a status report "Ambulatory Surgery Centers" ([Exhibit C](#)) and reviewed the inspection for ambulatory surgical centers. He noted that ambulatory surgery centers historically have been considered a low priority inspection for the Centers for Medicare and Medicaid (CMS). Mr. Whitley stated that a federal contract is received each year with limited funding and priorities in terms of what facilities to survey. He explained that usually funding is expended before some of the lower priority centers are surveyed. He noted that the Bureau of Licensure and Certification (BLC), Health Division, DHHS, currently performed focused inspections.

Continuing, Mr. Whitley discussed details of the surveys and the inspection reporting process and commented that two "cease and desist" orders had been ordered during the recent investigations. He also addressed the issue of notification stating that he had given a directive to the BLC to notify all clinical boards and the local health authorities

of inspection deficiencies and for all clinics to notify relevant boards of actions against them in order to ensure all parties are informed.

Commenting further, Mr. Whitley provided an overview of investigation and reporting procedures for the BLC and the DHHS. He explained strengths and weaknesses of the process, providing some suggestions for identifying problems and possible solutions.

- Chairwoman Leslie asked for clarification regarding Mr. Whitley's handout ([Exhibit C](#)) and wondered if some of the standards could be implemented without any statutory changes, and asked if there were specific areas that the Committee should focus on. Chairwoman Leslie requested that legal counsel note the standards for inclusion in possible future legislation.
- Mr. Whitley responded that some of the recommendations were simply policy changes and were incomplete due to the ongoing nature of the current investigations.
- Chairwoman Leslie asked Mr. Whitley if he had any comment on the recommendations made by the SNHD presented by Dr. Sands.
- Mr. Whitley replied that the Health Division was in contact with the other local health jurisdictions and the recommendations had been discussed.

In response to Assemblyman Hardy's question about electronic message notification with information on health outbreaks, Mr. Whitley stated there is a health alert system in place but during this crisis they discovered that the system was not configured in a way that was effective. He explained that the system was an untested tool that needs to be modified.

- Al Salinas, Captain, Organized Crime Bureau, Las Vegas Metropolitan Police Department (LVMPD), provided a history of the criminal investigation and an overview of the LVMPD's role in the public health crisis. He explained the LVMPD was notified that records were going to be destroyed at the different suspect endoscopy clinic locations and on March 10, 2008, search warrants were served to take possession of approximately 2,000 boxes of medical files and over 100,000 individual medical files. Captain Salinas discussed efforts to organize and safeguard the records and the ongoing criminal investigation. He explained that the LVMPD is not accustomed to performing this type of warehousing; therefore, it has been time consuming establishing a process to organize and distribute records and information as needed. Captain Salinas discussed the contracting of medical information management companies to assist with the process, the provision of a secure facility to house records, and details of the contract to have the records indexed and maintained, which he expects to be completed in 30 days. He noted the expense and the LVMPD's efforts to move forward despite funding issues. In conclusion, Captain Salinas explained that the LVMPD is the contractual entity with authority over the records.

- Assemblyman Hardy asked about access to records and why the records were removed from the medical offices.
- Captain Salinas responded since there is a criminal investigation, the records are considered evidence. He noted the possible destruction of the records was also a concern.
- Chairwoman Leslie asked about patient requests for access to records and how the LVMPD was handling that issue.

Discussion ensued regarding the medical record seizure, patient access to those records, the speed of indexing seized records, and the status of the criminal investigation.

- Senator Carlton questioned why the seizure law was not an option in this investigation and asked about the records management company, expressing apprehension about who they might be, whether they might be affiliated in any way with those being investigated and who was funding the expense incurred by the LVMPD.
- Captain Salinas reiterated that the records were at risk at the clinic locations. He asserted the records management company chosen was vetted and responsible. Captain Salinas noted that the LVMPD is currently funding the management effort.

In response to Assemblyman Hardy's question about potential violation of the Health Insurance Portability and Accountability Act (HIPAA) requirements, Captain Salinas said that law enforcement is not under the jurisdiction of HIPAA. He explained time limitations related to requests for access to medical records.

- Assemblyman Hardy asked for assurance that the current custodians of the medical records had been adequately educated as to the sacred and confidential nature of the medical records.
- Drennan A. Clark, J.D., Executive Director/Special Counsel, Board of Medical Examiners, provided a review of the Board's investigation into the public health crisis. He noted there were two items of evidence that were required to finalize the investigation but had not yet been obtained: (1) the CDC report on the exposure; and (2) affidavits from eye witnesses.
- Mr. Clark responded to Chairwoman Leslie's question regarding the physicians under investigation and answered that currently all but one are still in practice.
- Chairwoman Leslie asked whether the Board's website would provide information on the physicians being investigated to the public.
- Mr. Clark responded that the public could call either 775-688-2559 or toll free 1-888-890-8210 for questions about a particular physician and the location where they

are practicing, as well as residency and certification information and any malpractice or disciplinary actions against them.

- Senator Horsford asked Mr. Clark to clarify that there are doctors who are under investigation and not cooperating with the investigation who still have their license to practice. He wondered why the Board could not suspend their licenses pending investigation.

There was discussion regarding the Board's lack of authority to suspend physicians who are under investigation and in response to questions regarding voluntarily suspension, Mr. Clark noted if a physician were to voluntarily suspend practice it would represent a permanent black mark on his record that would be reported nationally.

- Senator Horsford asked why the physicians were not cooperating with the investigation.

Discussion ensued about why doctors were not participating in the investigation and if there were any provisions for a physician to stop practice while under investigation without sustaining damage to their record.

- Mr. Clark stated that doctors were advised by legal counsel to not make statements to the Board because of pending potential criminal action.
- Debra Scott, M.S.N., R.N., A.P.N., Executive Director, State Board of Nursing, stated the Nursing Board does have the ability to voluntarily suspend nurses' licenses without any permanent damage. She explained summary suspension, which she noted is another option available to the State Board of Nursing.

Discussion continued regarding summary suspension, national reporting, and the difference between national reporting for nursing personnel and physicians.

- Ms. Scott provided written testimony ([Exhibit D](#)) and a review of the Board of Nursing's ongoing investigation into the current public health crisis. She noted a two-tiered complaint structure in existence in Nevada for nursing personnel. Ms. Scott said that a complaint had been opened on all of the suspect nursing personnel who worked in the facilities under investigation and that approximately 20 nurses were interviewed on April 1, 2008. She said the basis for the complaint is failure to report.

Discussion among LCHC members and Ms. Scott continued regarding the investigation of the nurses and the license suspensions pending investigation.

There was discussion between Senator Horsford and Mr. Clark regarding testing of the competency of the physicians who are being investigated as authorized by NRS.

- Chairwoman Leslie declared the primary concern of the LCHC was public safety.



- Mr. Clark expressed frustration at the process and the inability of the Board to obtain witness statements so that disciplinary action could be pursued. He noted that the Board is continuing investigation through the Office of the Attorney General and stated that investigation was on hold pending a report from the CDC.
- Chairwoman Leslie called for public comment on the agenda item.
- James S. Tate, Jr. M.D., President, Association of Black Physicians, Las Vegas, Nevada, opined that Mr. Clark's testimony was not accurate. He stated that on other occasions the Board has suspended licenses pending results of an investigation. Dr. Tate commented that a physician who did voluntarily stop practicing could still practice in any other state. Dr. Tate opined that nepotism and the makeup of the Board was the primary issue. He provided written testimony ([Exhibit E](#)).
- Stephanie Antel Thornton, Registered Medical Assistant, Las Vegas, Nevada, and former patient of Dr. Carmelo Herrero, explained problems she had with procedures performed by Dr. Herrero. Ms. Thornton stated her concerns with the notification process and the fact that the doctors' under investigation are continuing to practice in Clark County.
- Thomas McGowan, Las Vegas, Nevada, thanked the LCHC members for their forthright and aggressive stance regarding the exposure. Mr. McGowan suggested reports be certified and signed so that they would be admissible in court.
- Carl A. Ricceri, Jr., CPA, North Las Vegas, Nevada, opined that Mr. Clark's testimony was faulty and commented that the Nursing Board practice seemed a more accurate representation of appropriate disciplinary action. He suggested patients boycott clinics where physicians under investigation are continuing to practice.

## **PRESENTATION CONCERNING NATIONAL PERSPECTIVES ON INFECTION PREVENTION AND CONTROL AND RESPONSE TO OUTBREAKS**

- Michael Bell, M.D., Associate Director for Infection Control, Division of Healthcare Quality Promotion, CDC, submitted a written statement ([Exhibit F](#)) and provided a national perspective on infection control.
- Joseph F. Perz, Prevention Team Leader, Prevention Response Branch, Division of Healthcare Quality Promotion, CDC, stated that the CDC appreciated the opportunity to work with Nevada officials during the public health investigation. He noted that the problems encountered were not unique to Nevada and were not limited to ambulatory surgical centers.
- Evelyn McKnight, Founder, Hepatitis Outbreaks' National Organization for Reform (HONORReform), provided written testimony ([Exhibit G](#)) about her experience with a similar outbreak situation in another state. She stated that the focus of the

HONORreform organization is to advocate for comprehensive injection safety practices and reforms at the state and national levels. She explained the mission of HONORreform, the effort to create standard medical safety practices and safe injection practices especially in ambulatory care settings, and highlighted guidelines recommended by the CDC. Dr. McKnight discussed a three-prong strategy designed by HONORreform to address the problems associated with exposures due to unsafe injection practices which included safety incentives, education and outreach programs, public service announcements, and a public hotline to report abuse of infection control procedures in health care settings. She reported that HONORreform is working with several key partners to develop a national public education campaign designed to accomplish three key goals: (1) raise awareness of basic safety injection practices among healthcare providers; (2) empower patients to ask questions about infection control in advance of treatment; and (3) to build basic safety and trust in ambulatory centers and with certain basic procedures so that the public will seek the critical or preventative care that they need.

Dr. McKnight suggested the following steps be taken to eliminate human error from the health care delivery system in ambulatory-based surgery centers and office-based practices that conduct invasive procedures: ensure implementation of emergency protocol; establish equipment requirements; encourage proper recordkeeping; and require physicians to use engineering controls to eliminate or minimize patient exposure to blood borne pathogens.

- Chairwoman Leslie requested the Health Division incorporate Dr. McKnight's testimony with their recommendations to the LCHC. She asked for comment from the CDC representatives regarding Ms. McKnight's comments.
- Dr. Bell explained the CDC has worked with Dr. McKnight and he noted that program details may differ from state to state.
- Assemblyman Hardy repeated his question to the CDC regarding what response options may exist in states other than Nevada when a public outbreak occurs.
- Dr. Perz answered that the CDC is not a regulatory agency. He discussed how public health is struggling in developing capacity and infrastructure to be able to respond to and prevent health care associated infections. He noted that New Jersey has a requirement for an affiliation of certified infection control practitioners with ambulatory surgical centers.
- Assemblyman Hardy asked if accreditation of facilities has proven effective in other states.
- Dr. Perz responded that it is too early to fully determine the effectiveness of accreditation but it is an important issue to evaluate. He said that accreditation

requirements have been set by other states and it appears to have the potential to raise the safety standards for patients.

- Assemblyman Hardy requested that Dr. McKnight's remarks from the SNHD forum on Saturday, April 19, 2008, be entered into the record. (See [Exhibit H](#).)
- Chairwoman Leslie noted that it would be positive if Nevada became a leader in the nation for effectively responding to this event. She called for public comment on the agenda item.
- James S. Tate, Jr., previously identified, stated a restructuring of the Board of Medical Examiners was necessary to prevent future outbreaks.
- Thomas McGowan, previously identified, stated that with the prevalence of nosocomial infections in hospitals, health providers need motivation to make ethical decisions in the use of proper procedures.
- Larry Matheis, Executive Director, Nevada State Medical Association (NSMA), stated that the NSMA is working with Ms. McKnight and HONORreform and commented that this weekend at their annual meeting the "One and One Only" campaign will be presented.

#### **PRESENTATION CONCERNING THE INSPECTION, LICENSURE, AND ACCREDITATION OF CERTAIN OUTPATIENT CARE FACILITIES**

- Sarah J. Lutter, Senior Research Analyst, Research Division, Legislative Counsel Bureau (LCB), referenced a memorandum dated April 9, 2008, ([Exhibit I-1](#)) and an enclosed packet containing four items that include a document titled "Office-Based Surgery Regulation Overview by State" ([Exhibit I-2](#)), an article titled "Increasing Focus on Accreditation of Office-Based Surgical Suites," ([Exhibit I-3](#)), a notice from the BLC, Health Division, DHHS, ([Exhibit I-4](#)), and CMS, *State Operations Manual*, Appendix L-Guidance to Surveyors: Ambulatory Surgical Services ([Exhibit I-5](#)). Ms. Lutter reported that, nationally, surgical procedures performed in outpatient settings have more than doubled in the last decade and noted that ten million procedures had been performed annually in office-based settings since 2000. She commented that many states had begun to promulgate various regulations for ambulatory surgical centers and noted that the regulations are primarily based on the level of anesthesia used. Ms. Lutter noted that the State of Pennsylvania adopted a regulation requiring facilities to be licensed by the state and inspected annually. She also reviewed a law passed by the State of New York in July 2007, mandating that all doctors performing office-based surgeries have their facilities accredited by July 14, 2009, with penalties assessed by the state medical board for failure to comply. Ms. Lutter provided the names of organizations providing accreditation for ambulatory surgery centers and explained that states could allow a center to receive accreditation. She stated if a center chose the option of gaining accreditation through a national organization, the survey

and inspection responsibilities would shift from the BLC to the national accreditation organization, with the BLC following through with any complaints.

- Richard Whitley, previously identified, introduced Tracy Walters, Personnel Officer, Health Division, DHHS, who created the comprehensive report on ambulatory surgery centers which Mr. Whitley previously provided for the Committee's review ([Exhibit C](#)). He detailed the recommendations made by the Health Division for current staff recruitment strategies. (Please see [Exhibit J](#).)

Discussion ensued regarding compensation challenges in hiring nurses as facility surveyors for the Health Division.

- Assemblyman Hardy asked if funding for fewer positions at a higher level of pay would be feasible. In response, Mr. Whitley stated it would be necessary to look at parity among the existing staff and the impact on the budget. He commented that compensation would be the greatest factor in filling the vacant positions.
- Chairwoman Leslie asked if Mr. Whitley would present the hiring and funding challenges of the Health Division to the IFC in an attempt to make adjustments to the pay schedule during the interim.
- Michael J. Willden, Director, DHHS, replied he would consult with the Department of Personnel and noted the DHHS could offer the maximum pay for difficult to recruit positions. He noted a study would need to be conducted by the Department of Personnel before a two-step pay grade increase adjustment could be applied to the nurse surveyor position.
- Chairwoman Leslie requested that option be explored and stated the hepatitis C outbreak situation warrants it.
- Mr. Willden presented a brief discussion of the problems encountered with the compensation of State-employed nurses. He added that the DHHS needs recruiting tools, such as signing bonuses, to be competitive in hiring.
- Chairwoman Leslie asked if there was an immediate action that could be taken and if the report provided by Mr. Whitley included a long-term plan with a different model using various positions to cover the shortage of surveyors.
- Mr. Whitley responded affirmatively and reviewed several options, such as adding an epidemiologist to the surveying and investigative teams.

Further discussion ensued about options available for a long-term plan including public-private partnerships and models used by other states.

- Continuing his testimony, Mr. Whitley stated there are licensing issues that need to be resolved in order to facilitate hiring of nurses from other states. He recommended that job descriptions be changed to maximize use of the surveyors' time on the actual surveys. He noted there is a history of practices within the Health Division that need to be reviewed.
- Senator Horsford asked if the surveyor positions are funded by the fees charged to the medical facilities. He requested that the Division look at funding stream models and asked how they would be structured. He commented that a facility he spoke with was agreeable to paying increased fees associated with oversight of their facility to restore public confidence. Senator Horsford asked that the Division provide the LCHC with a fee structure to support the additional positions.
- Mr. Whitley responded that the funding is provided by federal contracts and fees paid by the facilities. He stated that the Health Division was prepared to provide the fee structure information and noted some variables that could occur in the fee structure.
- Chairwoman Leslie offered the Committee's assistance to the Health Division and the BLC, and stated a thorough overhaul of the BLC is warranted.
- Mary Guinan, M.D., Ph.D., Acting State Health Officer, Health Division, DHHS, reiterated that an immediate solution is needed for the infection control problem identified in the State. She outlined a plan that would include all involved agencies engaging in a dialogue to resolve the issue and working on recommendations to bring about infection control in all health care facilities in Nevada. Dr. Guinan stated there had to be a comprehensive review and noted the necessity of an annual report. She also said there needs to be a creation of standard surveying and inspection procedures.
- Chairwoman Leslie commented that there likely would be a statute enacted in the future requiring an annual report and asked Dr. Guinan to consider a framework of information to be included in the annual report.
- Pam Graham, Acting Chief, BLC, Health Division, DHHS, was not present to testify.
- Bill Welch, President and Chief Executive Officer, Nevada Hospital Association (NHA), used a Microsoft PowerPoint presentation and supporting documents to provide an overview of the response from Nevada hospitals to the public health crisis related to the hepatitis C exposure ([Exhibit K-1](#) and [Exhibit K-2](#)). He reviewed the organizations that provide oversight to hospitals and outlined recommendations for improvement to prevent any future health outbreak events which included improved notification processes with the health care professions, standardized event reporting requirements and credentialing processes in place for all ambulatory surgical centers.
- Senator Carlton asked if the NHA could have acted faster than the Board of Medical Examiners in suspension proceedings.

Discussion ensued regarding suspension of physicians working in hospitals and the protocol if an exposure were to happen in a hospital, as well as the capability of a hospital to provide procedures that are presently performed in ambulatory surgical centers.

- Mr. Welch stated that the NHA's legal counsel is looking into available legal recourse in the case of a public health outbreak situation.
- Rudy Manthei, D.O., Member, Nevada Ambulatory Surgery Association (NASA), provided recommendations to the LCHC regarding the hepatitis C cluster and public health crisis ([Exhibit L-1](#)). The recommendations included: (1) mandatory accreditation of all ambulatory and office-based surgery centers; (2) notification to the State Health Division if a facility loses their accreditation; (3) review of regulations to bring them up-to-date with current industry standards; and (4) a provision for oversight in clinical operations following a certification by the State.

In response to questions by Senator Washington about the membership and standards of the NASA, Texas Gustafson, R.N., President, NASA, explained that the NASA organization is new and is comprised of 20 members. She stated that the membership is open to all ambulatory surgery centers and office-based surgery centers and there are bylaws that govern the organization. (Please see [Exhibit L-2](#), [Exhibit L-3](#), and [Exhibit L-4](#).)

- Dr. Manthei commented that ambulatory surgery center employees had to be certified to be employed by an accredited center and opined that the centers were just as safe as a hospital setting where infection exposure tends to be much higher.

Discussion ensued regarding random inspections of ambulatory surgery centers and ideas for the funding of an ombudsman office by the NASA.

- Senator Carlton asked for clarification regarding conformity of standards of care between ambulatory surgery centers and hospitals.
- Ms. Gustafson stated that the standards at accredited ambulatory surgery facilities are just as stringent as at hospitals.
- Carolyn Kurtz, J.D., Senior Counsel and Director, Government/Public Affairs, Accreditation Association for Ambulatory Health Care (AAAHC), provided a handbook ([Exhibit M-1](#)) and letter ([Exhibit M-2](#)) for the record. She presented an overview of the duties of the organization; a review of standards; member organizations and board makeup; the survey accreditation process; and the types of surveys offered.
- Assemblyman Hardy asked for clarification of the different priority levels.
- Ms. Kurtz replied that priorities are tiered by the CMS. She reported that ambulatory surgical centers are in tier four, which is the lowest priority tier.

Discussion on the priorities and how they effect the application and survey processes ensued.

- Chairwoman Leslie noted that some of the suspect clinics were nationally accredited and stated that the report provided by Mr. Whitley indicated that the Endoscopy Center of Southern Nevada was accredited by the AAAHC. She asked if infection control is a specific part of the AAAHC's accreditation.
- Ms. Kurtz stated that the AAAHC does have standards on infection control. She noted that the Endoscopy Center of Southern Nevada lost their accreditation on March 6, 2008. Ms. Kurtz reported the AAAHC heard of the health crisis in Las Vegas through media reports. She commented that the AAAHC does practice random unannounced surveys and, as a result of the Nevada crisis, they have increased the AAAHC budget to conduct more random surveys in the future. Ms. Kurtz stated a patient safety taskforce would report at the next board meeting and any standards change could be addressed at that time.
- Chairwoman Leslie asked about the costs to accredit a center.
- Ms. Kurtz said there is a range, based on certain criteria, such as facility size and number of procedures performed. She gave examples ranging from \$4,100 for an office-based practice with no more than two procedure rooms to \$12,000 for a very large practice.

Discussion ensued regarding the accreditation organizations and how a center decides which organization to use.

- In response to Senator Washington's question about any mandates by malpractice insurance providers to require accreditation, Ms. Kurtz said many providers do require accreditation.

Discussion about differences between insurance company accreditation and the AAAHC accreditation followed.

- Assemblyman Hardy asked about ongoing education for member organizations and if it was available and affordable. He asked if random follow-up surveys are conducted after education is provided. Additionally, Assemblyman Hardy asked if the fees charged by the AAHS were ongoing or annual.
- Ms. Kurtz said that the AAHS had partner organizations to encourage quality studies and improvement education. She stated that charges are incurred by application and by surveys. Ms. Kurtz commented that discretionary and nondiscretionary surveys are conducted.

Discussion followed regarding whistleblower and violation notification posting procedures.

- Jennifer M. Hoppe, M.P.H., Associate Director, State Relations, The Joint Commission (Commission), provided an overview of the accreditation processes for the Commission ([Exhibit N](#)). She reported on the Commission's accreditation requirements specifically aimed to improve the safety and quality of care provided; oversight activities with regard to adverse events and complaints; communication with state and federal regulatory agencies; and specific actions that will be taken in response to the recent events in Nevada which will be used to improve the survey process. Ms. Hoppe explained national patient safety goal requirements that included improving the safety of using medications, reducing the risk of health care acquired infections, and preventing wrong-site surgeries. She discussed the Commission's policy that allows violation notification without sanction to reporting parties. Ms. Hoppe said open communication is maintained at all times with state and federal agencies. In closing, she noted information-sharing and complaint-sharing agreements made available to state agencies.

Discussion ensued regarding why three different organizations exist and the differences in the organizations.

- Jeff Percy, M.P.A., C.A.E., Executive Director, American Association for Accreditation of Ambulatory Surgery Facilities, Inc. (AAAASF), referenced two packets of information ([Exhibit O-1](#) and [O-2](#)) he provided. Mr. Percy pointed out a fact sheet ([Exhibit O-3](#)); the accreditation process for the AAAASF ([Exhibit O-4](#)), including a peer review process; and discussed what other states have done to improve oversight based on the AAAASF accreditation process. He discussed the AAAASF's requirement that each facility post a statement of patients' rights and explained that pamphlets on patient safety are provided to every center accredited by the AAASF. He also provided a document titled "Analysis of Outpatient Surgery Center Safety Using an Internet-Based Quality Improvement and Peer Review Program" ([Exhibit O-5](#)).
- Assemblyman Hardy asked if the level of charge is tiered by the level of anesthesia used.
- Mr. Percy replied in the affirmative and reported that is how most of the state regulations are written.
- Chairwoman Leslie asked if there is any state that could be considered a model in providing "best-practices" for this type of accreditation.
- Mr. Percy cited California, Florida, and New York as good examples of states that enforce regulations effectively. Additionally, he commented on a problem with the lack of reciprocity between state medical boards and the AAAASF.
- Senator Washington asked if there is a mechanism in place to track individual vials of medicine.



- Mr. Percy stated that purchases are tracked however the major issue is the lack of regulation. He suggested legislation to regulate anesthesia purchases in the office-based surgery industry.
- Theresa J. Griffin, C.A.E., Director of Legislative Affairs and Education, AAAASF, was not available to testify.
- Shelli Miller, Las Vegas, retired registered nurse and former Joint Commission surveyor, was of the opinion there needs to be improvement in health care overall.
- Thomas McGowan, previously identified, pointed out that the U.S. Department of Veterans Affairs Administration's facilities are nationally accredited; however, some of their services are contracted out and those contractors may not be accredited.

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

- Marsheilah D. Lyons, Principal Research Analyst, Research Division, LCB, provided information ([Exhibit P](#)) on the review of items of consideration to increase public participation on certain Title 54 occupational professional licensing boards and whistleblower protections for certain medical professions. Discussion included ideas for the creation, composition, and leadership of these licensing boards.
- Senator Horsford stated that the recommendations provided were drawn directly from suggestions for solutions heard in public testimony. He reviewed the duties of the Board of Medical Examiners (Board) found in Chapter 630 of NRS, "Physicians, Physician Assistants and Practitioners of Respiratory Care." Senator Horsford also reviewed NRS 233B.127, "Applicability of chapter to grant, denial or renewal of license; expiration of license; notice of adverse action by agency; summary suspension of license," and opined that the Board had been negligent in its role provided by statute to protect the public. He declared that the LCHC should make the necessary recommendations to review the roles, composition, and responsibilities of the Board by: (1) eliminating the conflict of interest of appointed members; (2) holding the Board responsible for the oversight and accountability of medical professions; and (3) ensuring investigations are conducted in an expedient manner when issues arise to restore public confidence in the Nevada health care system.
- Keith Lee, Legislative Counsel, Board of Medical Examiners, responded on behalf of Drennan A. Clark, to comments made by Senator Horsford. He stated that NRS 233B.127 spoke to a broader perspective and was of the opinion the Board is governed by Chapter 630 of NRS. Mr. Lee reported he could not find any provision in Chapter 630 that specifically allows the Board to summarily suspend a physician's license. He voiced his concerns over some of the recommendations made regarding restructuring of the Board.

Discussion of the Board's current authority to suspend physicians' licenses and possible structure changes in the future to enable the Board to have license suspension authority ensued.

- Chairwoman Leslie reiterated that these recommendations came directly from public testimony.
- Senator Horsford commented that his responsibility is to the public. He said that he would like to see a legal opinion regarding the Board's authority to act in this situation and opined that Chapter 233B of NRS "Nevada Administrative Procedures Act," does give the Board authority due to the emergency nature of the public health and safety. Senator Horsford requested a legal opinion from the Board on the license suspension issue.
- Assemblyman Hardy commented that some of the proposed restructuring could be cumbersome. He opined the recusal process should be streamlined and cited the need for additional expertise on the Board. Assemblyman Hardy commented that the barriers which deter doctors and nurses from practicing in Nevada should be removed.
- Senator Washington recalled a recommendation from the LCHC during the 2005-2006 interim to form a subcommittee to study the medical boards. He declared it is time for action to provide a substantive overhaul of the Board of Medical Examiners.
- Senator Carlton commented she is willing to continue to deal with and work on problems concerning the Board. She said the Board needs to be given the necessary tools to perform its duties.
- Debra Scott, previously identified, stated that many of the board restructuring suggestions could be beneficial. She commented that the State Board of Nursing takes public protection very seriously and asked that each board be considered by its merits. Ms. Scott offered the benefit of her expertise to the LCHC.
- Chairwoman Leslie encouraged the medical boards to consider the suggestions made and report their specific responses to each suggestion to the LCHC.
- Ms. Scott reported that the National Council of State Boards of Nursing, which represents nursing boards in all of the United States, has some best practice models that she would provide to the LCHC.
- Senator Washington emphasized the invitation by the LCHC to the boards to work together on these issues.
- Dr. Tate, previously identified, stated that the appointment process to the Board of Medical Examiners should be transparent. He voiced his concerns with the current

appointment process and make-up of the board. Dr. Tate questioned the lack of appointment of any black physician to the Board.

- Chairwoman Leslie asked Dr. Tate if the Association of Black Physicians would participate in the discussion of potential Board restructuring and stated the LCHC would be open to his ideas.
- Dr. Tate asked to be invited to address the LCHC on this topic when it is heard again.
- Katrina Kelly, Executive Administrator, State Board of Osteopathic Medicine, advised the LCHC that she was present and available for any questions.
- Thomas McGowan, previously identified, concurred with Dr. Tate's statement. He read from written testimony regarding the health care system of the U.S. Department of Veterans Affairs, and the victims of the Endoscopy Center of Southern Nevada ([Exhibit Q](#)).
- Patty Allen, R.N., representing the healthcare workers of State Employees International Union (SEIU) Nevada, summarized her testimony ([Exhibit R](#)) urging stronger whistleblower protection for frontline health care workers and support for safe patient care standards.
- Rosalind Tuana, Executive Director, Board of Examiners for Social Workers, indicated that the Board of Examiners for Social Workers is willing to work with the LCHC. She stated that many of the issues discussed are already covered in the law and urged the Committee to consider current ethics laws, and Chapter 630 of the *Nevada Administrative Code*, "Physicians, Physician Assistants and Practitioners of Respiratory Care."

## **DISCUSSION OF EDUCATION CONCERNING INFECTION CONTROL, MEDICAL ETHICS, AND RELATED PUBLIC HEALTH ISSUES**

- Maurizio Trevisan, M.D., M.S., Executive Vice Chancellor, University of Nevada Health Sciences System, University of Nevada, Las Vegas, explained that ethical training is integral and paramount to all professional medical education.
- Chairwoman Leslie stated that the LCHC did not understand why so many professionals in this situation seemed to have overlooked any ethical training.
- Dr. Trevisan responded that it appears to be a matter of individual accountability.

Discussion ensued regarding ethical issues training by educational institutions and ethical standards.

- Larry Matheis, previously identified, clarified he was not the physician referenced in previous testimony by Mr. McGowan. Mr. Matheis explained what continuing medical education is provided by the NSMA. He said that there is ample availability of ethic training programs for physicians. Mr. Matheis presented his recommendations as follows:
  1. Adopt a “please ask me” approach to enable the initiation of discussion between physicians and patients;
  2. Work with the Nevada Public Health Foundation and the Nevada Center for Ethics and Health Policy, College of Health and Human Services, University of Nevada, Reno, for assistance in developing further educational material;
  3. Conduct a medical ethics summit in Nevada;
  4. Appoint a contact from each relevant agency in the event of a public health emergency and have an interstate compact to request additional surveyors in emergency situations; and
  5. Utilize a streamlined complaint process for all of the medically-related boards in the State.
- Chairwoman Leslie requested that Mr. Matheis submit his suggestions in writing.
- Ms. Lyons, previously identified, submitted information regarding whistleblower protection ([Exhibit S-1](#), [Exhibit S-2](#), and [Exhibit S-3](#)), which she pointed out would be discussed in detail at the next meeting.
- Betty Razor, Nevada Nurses Association, testified on behalf of Lisa Black, Ph.D., R.N., Nevada Nurses Association, and addressed the key points expanding on the current statute regarding whistleblower protection so that it will delineate the nurses’ roles and responses in providing information in a confidential manner without fear of retaliation or repercussion by employers ([Exhibit T](#)).
- Denise Selleck Davis, Executive Director, Nevada Osteopathic Medical Association (NOMA), explained that NOMA is accredited and is the only association in the State which requires continuing medical education. She stated that two training meetings are held annually and one hour of that meeting includes medical ethics training. She noted difficulties in providing ethics training due to time limitations and stated that often physicians who could most benefit from the training are least likely to seek it. Ms. Selleck Davis encouraged the Committee to require specified amounts of training hours in statute, with sunsets, so that requirements could be updated. In conclusion, she encouraged more awareness campaigns for patients to ask questions and become involved in their own health care.

- Steven Sertich, C.R.N.A., M.A.E., J.D., President-Elect, Nevada Association of Nurse Anesthetists, submitted written testimony ([Exhibit U](#)) and discussed the health care delivery system in Nevada. He urged the regulatory agencies to work effectively and cohesively in identifying problems and to take corrective disciplinary action to protect Nevada's citizens.
- Wanda Wilson, President, American Association of Nurse Anesthetists (AANA), provided actions and recommendations, as well as written testimony ([Exhibit V-1](#) and [Exhibit V-2](#)), and reported the AANA has initiated education of their membership on infection control in light of multiple abusive practice outbreaks, and has approached the U.S. Food and Drug Administration (FDA) to review labeling issues on medications.

## **PUBLIC COMMENT**

- Shelli Miller, previously identified, suggested that a website be developed where the public could post ratings and comments on physicians to assist patients in choosing medical providers. She noted the continuing need for a centralized hotline regarding the public health crisis. Ms. Miller requested that health officials publish guidelines regarding testing for exposed patients.
- The following documents were submitted for the record:
  1. Written testimony provided by Judge Eve Ellingwood (ret.) aka Cohen and Sternlight, Las Vegas, Nevada ([Exhibit W](#)).
  2. Written remarks submitted by Raushanah Abdullah, R.N., Universal Health Services (UHS), Valley Hospital, Las Vegas, Nevada ([Exhibit X](#)).
  3. A pamphlet provided by Valerie Rosalin, R.N., B.S.N., M.S.H.S.A., C.P.U.R., Director, Office of the Governor, Office for Consumer Health Assistance, Bureau for Hospital Patients ([Exhibit Y](#)).

## ADJOURNMENT

There being no further business to come before the Committee, the meeting was adjourned at 4:57 p.m.

Respectfully submitted,

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Sally Trotter  
Senior Research Secretary

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Marsheilah D. Lyons  
Principal Research Analyst

APPROVED BY:

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Assemblywoman Sheila Leslie, Chairwoman

Date: \_\_\_\_\_

## LIST OF EXHIBITS

[Exhibit A](#) is the “Meeting Notice and Agenda” provided by Marsheilah D. Lyons, Principal Research Analyst, Research Division, Legislative Counsel Bureau (LCB).

[Exhibit B-1](#) is a memorandum dated March 28, 2008, to Lawrence K. Sands, D.O., M.P.H., Chief Health Officer, Southern Nevada Health District (SNHD) from the Southern Nevada Health District Outbreak Investigation Team, titled “Interim Report on the Endoscopy Center of Southern Nevada Hepatitis C Investigation.”

[Exhibit B-2](#) is a table dated April 21, 2008, titled “Southern Nevada Health District Policy Recommendations,” provided by Lawrence K. Sands, D.O., M.P.H., Chief Health Officer, SNHD.

[Exhibit C](#) is a report titled “Ambulatory Surgery Centers,” dated April 21, 2008, prepared by the Health Division, Department of Health and Human Services (DHHS), presented by Richard Whitley, Administrator, Health Division, DHHS.

[Exhibit D](#) is the written remarks of Debra Scott, M.S.N., R.N., A.P.N., Executive Director, State Board of Nursing, dated April 21, 2008.

[Exhibit E](#) is the written testimony of James S. Tate, Jr., M.D., President, Association of Black Physicians.

[Exhibit F](#) is a statement provided by Michael Bell, M.D., Associate Director of Infection Control, Division of Healthcare Quality Promotion, National Center for Preparedness, Detection, and Control of Infectious Disease, Centers for Disease Control and Prevention (CDC), dated April 21, 2008.

[Exhibit G](#) is the written testimony of Evelyn McKnight, Co-Founder, Hepatitis Outbreaks’ National Organization for Reform (HONORreform), dated April 21, 2008.

[Exhibit H](#) is the written remarks of Evelyn McKnight, Co-Founder, HONORreform, presented at the SNHD forum on Saturday, April 19, 2008.

[Exhibit I-1](#) is a memorandum dated April 9, 2008, to Chairwoman Sheila Leslie and Members of the Legislative Committee on Health Care, from Sarah J. Lutter, Senior Research Analyst, Research Division, LCB, titled “Accreditation Information of Outpatient Procedures.”

[Exhibit I-2](#) is a notice regarding the Federal CMS Medicare/Medicaid Reimbursement Program, from the Bureau of Licensure and Certification, Health Division, DHHS, updated on February 5, 2008, provided by Sarah J. Lutter, Senior Research Analyst, Research Division, LCB.

[Exhibit I-3](#) is a table titled “Office-Based Surgery Regulation Overview by State,” updated on April 1, 2008, provided by Sarah J. Lutter, Senior Research Analyst, Research Division, LCB.

[Exhibit I-4](#) is an article titled “Increasing Focus on Accreditation of Office-Based Surgical Suites” from the American Academy of Otolaryngology-Head and Neck Surgery Bulletin, dated March 2007, provided by Sarah J. Lutter.

[Exhibit I-5](#) is an appendix from the Centers for Medicaid and Medicare Services (CMS) *State Operations Manual*, titled “Appendix L-Guidance to Surveyors: Ambulatory Surgical Services (Rev. 1, 05-21-04).”

[Exhibit J](#) is packet of information provided by Richard Whitley, Administrator, Health Division, DHHS, which includes:

- A pamphlet titled “State of Nevada Social Workers: Benefits of Employment with the State of Nevada”;
- A pamphlet titled “State of Nevada Social Workers: A Career as a Social Worker”;
- A pamphlet titled “State of Nevada Licensed Clinical Social Worker: Benefits of Employment with the State of Nevada”;
- A pamphlet titled “State of Nevada Nurse Recruitment”;
- A document from the Director’s Office of the DHHS, titled “DHHS Recruiting Committee”;
- A document from the Director’s Office of the DHHS titled “General Marketing Plan”;
- A document from the DHHS website titled “Employment Opportunities, DHHS Hot Jobs,” dated Friday, April 11, 2008, ([http://dhhs.nv.gov/Employment\\_Default.htm](http://dhhs.nv.gov/Employment_Default.htm)); and
- A report prepared by Tracey Walters, Personnel Officer, Health Division, DHHS, dated April 2008, titled “Health Facilities Surveyor Recruitment Plan.”

[Exhibit K-1](#) is a document provided by Bill Welch, President and Chief Executive Officer, Nevada Hospital Association (NHA), dated April 18, 2008.

[Exhibit K-2](#) is a Microsoft PowerPoint presentation titled “Patient Safety is what Nevada’s Hospitals are all about,” presented by Bill Welch, President and Chief Executive Officer, NHA, dated April 21, 2008.

[Exhibit L-1](#) is an email to Marsheilah D. Lyons, Principal Research Analyst, Research Division, Legislative Counsel Bureau, containing recommendations provided by



Texas Gustavson, R.N., Registered Assistant V.P., UHS/ASC Division, President, Nevada Ambulatory Surgery Center Association (NASA), dated May 19, 2008.

[Exhibit L-2](#) is a document titled “Ambulatory Surgery Centers, A Positive Trend in Health Care,” provided by Texas Gustavson, R.N., Registered Assistant V.P., UHS/ASC Division, President, NASA.

[Exhibit L-3](#) is the proposed vision/mission statement of the NASA provided by Texas Gustavson, R.N., Registered Assistant V.P., UHS/ASC Division, President, NASA.

[Exhibit L-4](#) is the Bylaws of the Nevada Ambulatory Surgery Center Association, titled “Bylaws 07,” provided by Texas Gustavson, R.N., Reg. Assist V.P., UHS/ASC Division, President, NASA.

[Exhibit M-1](#) is a handbook presented by Carolyn Kurtz, J.D., Senior Counsel and Director, Government/Public Affairs, Accreditation Association for Ambulatory Health Care (AAAHHC) titled “2008 Accreditation Handbook for Ambulatory Health Care” ([http://www.aaahc.org/Accreditation Handbook for Ambulatory Health Care](http://www.aaahc.org/Accreditation%20Handbook%20for%20Ambulatory%20Health%20Care)).

[Exhibit M-2](#) is a letter dated April 18, 2008, to Marsheilah D. Lyons, Principal Research Analyst, Research Division, LCB, from Carolyn Kurtz, J.D., Senior Counsel and Director, AAAHC.

[Exhibit N](#) is a written statement by Jennifer M. Hoppe, Associate Director, State Relations, The Joint Commission, dated April 21, 2008.

[Exhibit O-1](#) is a packet of information provided by Jeff Percy, M.P.A. C.A.E., Executive Director, American Association for Accreditation of Ambulatory Surgery Facilities, Inc., (AAAASF) that includes:

- A publication from *The ASF Source*, titled “The Impact of MRSA How It Affects The Approach of Elective Plastic Surgery On Health Care Workers,” Winter 2008, ([http://www.aaaasf.org/newsletters/ASF Winter2008.pdf](http://www.aaaasf.org/newsletters/ASF%20Winter2008.pdf));
- A booklet titled *ASF Regular Standards and Checklist for Accreditation of Ambulatory Surgery Facilities* ([http://www.aaaasf.org/pub/AAAASF Standards.pdf](http://www.aaaasf.org/pub/AAAASF%20Standards.pdf));
- A compact disc titled “ASF Resource Guide for Accreditation of Ambulatory Surgery Centers,” AAAASF; and
- A digital video disk titled “AAAASF Inspector Training Overview,” [www.aaaasf.org](http://www.aaaasf.org).

[Exhibit O-2](#) is a report titled “American Association for Accreditation of Ambulatory Surgery Facilities Procedural Standards and Checklist for Accreditation of Ambulatory Procedural

Facilities” ([www.aaaasf.org/pub/AAAASF\\_Standards.pdf](http://www.aaaasf.org/pub/AAAASF_Standards.pdf)) Version 1, dated February 2008, provided by Jeff Percy, M.P.A. C.A.E., Executive Director, AAAASF.).

[Exhibit O-3](#) is a Fact Sheet offered by Jeff Percy, M.P.A. C.A.E., Executive Director, AAAASF.

[Exhibit O-4](#) is a background paper on the American Society of Plastic and Reconstructive Surgeons Accreditation Program provided by Jeff Percy, M.P.A. C.A.E., Executive Director, AAAASF, revised April 16, 2008.

[Exhibit O-5](#) is an article from *Plastic and Reconstructive Surgery*, May 2004, Vol. 113, No. 5, titled “Analysis of Outpatient Surgery Center Safety Using an Internet-Based Quality Improvement and Peer Review Program,” provided by Jeff Percy, M.P.A. C.A.E., Executive Director, AAAASF.

[Exhibit P](#) is a document presented by Marsheilah D. Lyons, Principal Research Analyst, Research Division, LCB, titled “Items for Consideration to Increase Public Participation on Certain Title 54 Occupational and Professional Licensing Boards,” dated April 21, 2008.

[Exhibit Q](#) is the written remarks of Thomas McGowan, private citizen, Las Vegas, Nevada.

[Exhibit R](#) is the written testimony of Patty Allen, R.N., Renown Hospital, representing the health care workers, State Employees International Union Nevada.

[Exhibit S-1](#) is a memorandum dated April 18, 2008, to Assemblywoman Sheila Leslie from Marsheilah D. Lyons, Principal Research Analyst, Research Division, LCB, titled “Whistleblower Protections for Certain Medical Professionals.”

[Exhibit S-2](#) is a document submitted by Marsheilah D. Lyons, Principal Research Analyst, Research Division, LCB, from the American Nurses Association, titled “Whistleblower Protection.”

[Exhibit S-3](#) is a document listing *Nevada Revised Statutes* (NRS) 449.205, NRS 449.207, NRS 630.293, NRS 630.296, NRS 633.505, and NRS 633.507, provided by Marsheilah D. Lyons, Principal Research Analyst, Research Division, LCB.

[Exhibit T](#) is the written remarks of Lisa Black, Ph.D., R.N., Nevada Nurses Association, dated April 21, 2008.

[Exhibit U](#) is the written testimony of Steven M. Sertich, C.R.N.A., M.A.E., J.D., President-Elect, Nevada Association of Nurse Anesthetists, dated April 21, 2008.

[Exhibit V-1](#) is the written comments of Wanda O. Wilson, C.R.N.A., Ph.D., President, American Association of Nurse Anesthetists, dated April 21, 2008.

[Exhibit V-2](#) is a document titled “AANA Action and Recommendations,” provided by Wanda O. Wilson, C.R.N.A., Ph.D., President, American Association of Nurse Anesthetists.

[Exhibit W](#) is a document and résumé provided by Judge Eve Ellingwood (ret.) a.k.a. Cohen and Sternlight, Las Vegas, Nevada, dated April 21, 2008.

[Exhibit X](#) is the written testimony of Raushanah Abdullah, R.N., Universal Health Services Valley Hospital, dated April 21, 2008.

[Exhibit Y](#) is a pamphlet from the Office of the Governor, Bureau for Hospital Patients, Office for Consumer Health Assistance, submitted by Valerie M. Rosalin, R.N., B.S.N., M.S.H.S.A., C.P.U.R., Director.

This set of “Summary Minutes and Action Report” is supplied as an informational service. Exhibits in electronic format may not be complete. Copies of the complete exhibits, other materials distributed at the meeting, and the audio record are on file in the Research Library of the Legislative Counsel Bureau, Carson City, Nevada. You may contact the Library online at [www.leg.state.nv.us/lcb/research/library/feedbackmail.cfm](http://www.leg.state.nv.us/lcb/research/library/feedbackmail.cfm) or telephone: 775/684-6827.