



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

**SUMMARY MINUTES AND ACTION REPORT**

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The sixth meeting of the Nevada Legislature's Legislative Committee on Health Care was held on March 6, 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 LEGISLATORS PRESENT:**

Senator Maggie Carlton  
Speaker Barbara E. Buckley

**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

## **OPENING REMARKS**

Assemblywoman Sheila Leslie, Chairwoman, welcomed members, presenters, and the public to the sixth meeting of the Legislative Committee on Health Care (LCHC). She thanked Senator Maggie Carlton and Speaker Barbara E. Buckley for attending the meeting. She clarified that this was the regular monthly meeting of the LCHC, rather than a specially scheduled meeting to address the hepatitis C public health crisis, and noted items that would be addressed during the meeting related to the hepatitis C issue. Chairwoman Leslie explained that the meeting was not a criminal proceeding and explained the Committee's intent to further address the exposure and investigation during the 2007-2008 Interim.

- Assemblywoman Gerhardt disclosed that she and members of her family were former patients of the endoscopy centers being investigated and, therefore, at risk in this exposure.
- Senator Washington stated that he hoped citizens would not refrain from proceeding with necessary medical testing for the prevention of cancer and disease due to the ongoing investigations into the hepatitis C exposure.
- Assemblyman Hardy commented that those affected need to be cared for, that the situation needed to be prevented from ever happening again, and that there was a need within the medical community to regain the trust of those affected by this abuse.

## **APPROVAL OF MINUTES OF THE MEETING HELD ON FEBRUARY 12, 2008, IN LAS VEGAS, NEVADA**

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

SENATOR WASHINGTON MOVED TO APPROVE THE MINUTES OF THE FEBRUARY 12, 2008, MEETING HELD IN LAS VEGAS, NEVADA. THE MOTION WAS SECONDED BY ASSEMBLYMAN HARDY AND PASSED UNANIMOUSLY.

## **PRESENTATION CONCERNING THE INVESTIGATION OF THE HEPATITIS C CLUSTER IN LAS VEGAS AND RELATED PUBLIC HEALTH IMPLICATIONS**

- Lawrence K. Sands, D.O., M.P.H., Chief Health Officer, Southern Nevada Health District (SNHD), discussed the SNHD's role in the discovery, and subsequent patient notification of, the hepatitis C outbreak that occurred in Las Vegas, Nevada. He acknowledged the community outrage at the discovery, agreed that the problem is unacceptable, and committed to taking steps to ensure a problem like this never happens again.
- Brian Labus, M.P.H., Senior Epidemiologist, SNHD, began by explaining the symptoms and disease process of hepatitis C, noting that testing is crucial since 20 to

30 percent of infected people are unaware of their infection. [Exhibit B](#), [Exhibit C](#), and [Exhibit D](#) were available as handouts to illustrate Mr. Labus' presentation.

Mr. Labus provided a timeline for the identification of the hepatitis C cluster in Las Vegas, which began with three reported cases from the same medical facility. He described the assemblage of a response team, including the Centers for Disease Control and Prevention (CDC) personnel, ultimately identifying six diagnosed cases of hepatitis C.

Continuing, Mr. Labus described the discovery of the reuse of syringes and multi-dose vials of medication at certain southern Nevada endoscopy centers. He explained that these items were not intended for reuse and reviewed long-established, basic, safe injection practices. Mr. Labus stated that clinic staff said that these reuse practices were common. He clarified that while syringes and needles were not reused among different patients, potentially contaminated vials of medication were. Mr. Labus explained the formulary for using January 11, 2008, as the end date for the exposure and the timeline over which the SNHD requested, received, and was able to begin notifying patients of the exposure by mail and press coverage. He said that patients were being notified that if they had been to the endoscopic clinics in question between March 2004 and January 11, 2008, and had a procedure requiring injected anesthesia, that they should contact their physician and be tested for hepatitis B, hepatitis C, and human immunodeficiency virus (HIV). Mr. Labus said that the SNHD had also notified the medical community in Nevada of the investigation and the need for relevant testing.

Mr. Labus also pointed out that laboratory testing cannot identify where or when a patient was infected, with about 4 percent of the general population possibly having been exposed prior to their procedure at the clinic. The investigations would take weeks to months to provide comprehensive answers to many questions raised by the exposure.

- Dr. Sands agreed that it would be a long investigative process and explained some restrictive informational policies slowing down the sharing of information among involved agencies. He noted that it was imperative to correct the situation and to restore the public trust in the medical community. Dr. Sands felt that it was time for a review of medical regulatory oversight and review processes in Nevada, noting that New York State had implemented effective policies in response to similar exposures. Dr. Sands also suggested that it was time to review the educational and training processes, including ethics, for health care professionals in Nevada. He expressed support for the appointment of a subcommittee and of engaging stakeholders in overseeing any reformation, including leadership from patient safety advocates, medical societies, State and local agencies, and public institutions.
- Speaker Buckley asked if the investigation had revealed who directed that single-use vials of medication be reused.

- Mr. Labus responded that the investigation revealed that it seemed to be a directive from the clinics' management.
- Speaker Buckley asked how many times any single-use vial was reused.
- Mr. Labus answered that the known reuses tended to be with 50 cc vials being used to administer 10 cc doses of medication. He added that there could have been serial contamination of vials throughout a single day.
- Speaker Buckley asked how many infections could occur due to this reuse of single-use vials.
- Mr. Labus replied that he could not say exactly what the individual risk would be; it would vary based on the specifics of each procedure and patient history. He said that he did know that all of the identified patients with hepatitis C were at risk of exposure.
- Speaker Buckley asked how the patients diagnosed with acute hepatitis C were diagnosed with an acute case so quickly.
- Dr. Sands replied that the progression of the disease to an acute stage primarily depends on each patient's individual health status, not necessarily the strain of hepatitis C with which they are infected.
- Mr. Labus said that they are uncertain how many transmissions occurred on identified contamination days.
- Speaker Buckley asked about the availability of testing for all of the exposed patients, particularly those without health insurance.
- Dr. Sands responded that the SNHD was attempting to keep testing information current on the website and phone lines. He said that there was an attempt being made to address the availability of medical testing with community partners, all of whom have been extremely forthcoming with assistance. Dr. Sands noted that many of the regional health insurance plans had begun trying to identify their own members who may have been exposed and to help get them tested.
- Speaker Buckley asked that someone take the lead by the end of the day to ensure that patients could easily find out how to receive the proper testing.

- Assemblywoman Gerhardt said that she was concerned about patients who did not receive a notification letter. She shared that she and her husband had not received letters, despite having been exposed, and that it was nearly impossible to get through on the phone lines currently set up to field calls from patients. She asked about the timeline of being tested for diseases that may have a latent dormancy, such as HIV.
- Dr. Sands replied that there might be a need for multiple tests to identify whether a patient had a disease or not, depending on when the patient was treated and may have been exposed at one of the clinics being investigated.
- Assemblywoman Gerhardt asked what authority was responsible for inspecting the endoscopy centers.

Discussion followed regarding the regulatory authorities responsible for inspecting endoscopy facilities in Nevada.

- Senator Horsford asked for Dr. Sands to restate the incubation periods for hepatitis and HIV.
- Dr. Sands replied that it may take up to six months after an exposure for infection to be detectable. If it had been less than six months between exposure and a negative test result, then a patient should be retested at a later date. If a patient tested positive right away there would be no need for retesting.
- Assemblywoman Gerhardt wondered if the endoscopy centers' records were being audited to establish which patients might be confirmed to have hepatitis or HIV, to assist with the investigation.
- Dr. Sands said that an audit of records to identify patients infected with hepatitis or HIV prior to treatment at the clinics likely would not identify all the patients with the diseases, since a significant portion could have a disease and not know it.
- Assemblywoman Gerhardt said it could be useful to at least try to identify clinic patients who did know of their positive disease status during their procedures at these endoscopy centers.
- Dr. Sands noted that the focus of the ongoing epidemiological investigation was the time period when the SNHD was positive patients had contracted hepatitis C at the endoscopy centers.
- Chairwoman Leslie asked about the date of March 4, 2004, established due to an office remodel, as the beginning of the possibility of contamination; she wondered if the same management procedures existed at the clinics prior to that date.

- Mr. Labus said that many things about the practice had changed on that date. He noted there had been a change in ownership and the way the clinic practiced medicine. Mr. Labus acknowledged that it was possible that the same faulty practices could have been in effect prior to March 4, 2004.
- Chairwoman Leslie noted that was not a reassuring answer. She asked Dr. Sands why it took a revocation of the endoscopy centers' business licenses by Clark County authorities to shut the clinics down.
- Dr Sands explained that the SNHD is not a licensing body. Once they were made aware of the situation they immediately contacted the Bureau of Licensure and Certification (BLC), the State licensing authority. He explained that the SNHD is an epidemiological investigative organization; they are a scientific investigative organization, as opposed to a regulatory investigative body.

Discussion followed regarding what some health insurance plans and community health care providers in Nevada were doing to provide access to testing.

- Chairwoman Leslie asked that the SNHD ensure that testing information was clearly and immediately posted for exposed patients and that it be comprehensive, clear, user-friendly, and broadly distributed. Addressing how confidential information is shared, she asked what barriers had been encountered during the investigation.
- Dr. Sands answered that in certain instances confidential patient records could not be released due to regulations.
- Mr. Labus noted that the SNHD had had difficulty sharing information with Nevada's medical and nursing licensing boards.

There was discussion of the SNHD's power of subpoena.

- Senator Washington asked if the problem of sharing information was because of confidentiality rules between patient and providers or because of licensing regulations for the facilities.

Discussion ensued clarifying that patient protection acts are not necessarily the main hindrance to sharing information. The CDC's involvement in the investigation was explained and it was noted that there was no problem sharing patient information with them. The licensing processes for medical personnel and facilities and potential law enforcement issues were also discussed.

- Senator Washington asked how the licensing of clinics will be affected as the licensing process of medical personnel is examined. He asked for insight as to what best practices or criteria for licensing clinics would be.

- Dr. Sands replied that this is an issue needing review; what should be clarified and changed with regard to the licensing of clinics could include more frequent inspections, incorporating different kinds of inspections, and adding whistleblower safeguards.
- Senator Washington asked if the SNHD provided oversight of the inspection process and for Dr. Sands to summarize how an inspection takes place.
- Dr. Sands explained that clinic inspections are run by the State.
- Assemblyman Hardy asked if all endoscopy clinics in Nevada had been investigated for reuse practices.
- Dr. Sands replied that surveyors were currently reviewing all other ambulatory surgical centers in Nevada.
- Mr. Labus reviewed details pertinent to the facilities being investigated, providing practice details for the endoscopy clinics in Las Vegas that had been closed. He noted that there had not been any further disease outbreaks affiliated with additional clinics investigated in Nevada.
- Assemblyman Hardy asked about the legality of co-pay waivers for physician and lab visits related to the exposure.
- Jack Kim, Director of Legislative Programs, Sierra Health Services, said that state law prohibits the waiver of co-pays. He explained that the Division of Insurance, Department of Business and Industry (DBI), had been contacted by Sierra Health Services to authorize a variance so that patients within their health plans needing tests and physician visits to deal with items related to the exposure may legally have their co-pays waived.
- Bobette Bond, Legislative Liaison, Health Services Coalition, said that for her organization the definition of “waived” was being challenged; the fund was simply paying the co-pay for plan participants for health care appointments related to the exposure.
- Van Mouradian, Chief Insurance Examiner, Life/Health Section, Division of Insurance, DBI, said that the waiver of co-pays had been approved by the Insurance Commissioner specific to circumstances related to the exposure.
- Assemblyman Hardy asked about coverage for specific lab and medical procedure fees.

- Mr. Mouradian replied that labs and providers did not fall under the jurisdiction of the Division of Insurance. He explained how licensed insurance carriers apply to the Division to receive waivers to allow practitioners that they contract with to waive co-pays.
- Assemblyman Hardy rephrased his question to ask what the legality of waiving co-pays for the uninsured and underinsured was; at that time providers could not waive a co-pay for these patients without breaking the law.
- Lawrence P. Matheis, Executive Director, Nevada State Medical Association, said that physicians were at risk if they were to waive a co-pay and were part of an insurance program that had a contracted co-pay agreement.
- Chairwoman Leslie noted that the LCHC's legal staff would research this question and noted it would seem inappropriate to pursue physicians for this type of violation, considering the current exposure situation.
- Senator Horsford asked about access to appropriate testing during this public health crisis: what access points were, if enough personnel and supplies were available, and how the process was being organized to provide easy access to testing.
- Dr. Sands replied that there was an effort underway to streamline access to care, including: the creation of a custom lab screening panel for relevant tests; specific coding in order to better track and relay results; and the opening of additional testing sites to facilitate fast-track testing.
- Senator Horsford asked if the SNHD was prepared to respond to test kit shortages and related lab problems.
- Dr. Sands replied that planning was in place in anticipation of dealing with such problems.
- Senator Horsford asked if rapid HIV test notification and counseling options were being made available to patients.
- Dr. Sands said the rapid tests were available but must be ordered by a physician. He noted that patients' personal physicians' involvement was important for documentation and any subsequent referral or treatment, including psychological.
- Mr. Labus added that the SNHD was using their website to provide a listing of a full spectrum of providers and resources for care.
- Assemblyman Hardy pointed out that, as of March 5, 2008, local labs were saying that it would be a ten-day wait for test results.



- Senator Carlton commented on the intense sense of betrayal that was involved in this situation; she asked how clinic employees and professionals were able to violate this trust.
- Mr. Labus answered that it had been difficult to get an answer to that question during the investigation so far. He explained that the initial onus of the investigation was on finding out what was going on, not necessarily why it was happening. Mr. Labus expressed hope that those answers would be forthcoming as the investigations progressed and added that he could not guess about clinic employees' motivation.
- Senator Carlton asked what type of professionals seemed to be most involved in the exposure.
- Mr. Labus responded that physicians, medical technologists, Certified Registered Nurse Anesthetists (CRNAs), and additional nurses were present during procedures that involved abusive practices. He further explained the roles of peripheral personnel, such as those who prepared the procedure rooms and office staff, pointing out that different staff had varying perspectives of procedures.
- Chairwoman Leslie asked for an accounting of what investigative procedures for medical facilities needed to be reviewed, improved, or changed, and for an explanation of the difference between inspections for ambulatory surgical centers and those for hospitals.
- Lisa Jones, Chief, Bureau of Licensure and Certification (BLC), Health Division, Department of Health and Human Services (DHHS), said that the response timeline was quick, though she knew it was no consolation to those who were exposed. She said her presentation would provide two items: (1) a summary of procedures used by the BLC to inspect the suspected ambulatory surgical facilities; and (2) an explanation of the future of inspections and investigations. She offered [Exhibit E-1](#), [Exhibit E-2](#), [Exhibit E-3](#), [Exhibit E-4](#), [Exhibit E-5](#), [Exhibit E-6](#), and [Exhibit E-7](#) as documentation to her presentation.

Addressing the question of why the BLC was unable to immediately close the suspect facilities, Ms. Jones explained the statutory authority of the BLC is to license ambulatory surgery centers. She explained the complaint and inspection processes, including applicable State and federal regulations. Ms. Jones described the staff makeup of the investigative teams reviewing the suspect endoscopy centers in southern Nevada. Ms. Jones noted the violations that were found at the clinics, including: reuse of medicine vials labeled for single use; improper cleaning of endoscopes; and a lack of current policies related to the reuse of other equipment in the facilities, such as biopsy equipment.

- Chairwoman Leslie asked Mr. Jones to reiterate whether biopsy equipment was reused without sterilization.

- Ms. Jones clarified that it was not necessarily a sterilization issue, but non-adherence to infection control procedural policy.
- Chairwoman Leslie asked why, with so many egregious abuses going on, the clinic could not be immediately closed; she wanted to know what in statute needed to be changed so that the BLC could immediately shut such abusive clinics down.
- Ms. Jones explained that current procedure had been to notify facilities of problems and give them time to address the problems.
- Chairwoman Leslie noted that these clinics had not had minor infractions, but major abuses. She asked if statute needed to be changed to reflect that when infractions are found which exposed patients to the risk of fatal diseases that a facility could be immediately closed.

Discussion ensued regarding the details of the primary investigation, noting the BLC's initial uncertainty as to whether it was the endoscopic facilities at fault for the hepatitis C outbreak, the particulars of how such an investigation generally works, and what the statutory capacity of the BLC to close a facility was.

- Speaker Buckley said that the State needed to take appropriate action once all the relevant infraction information was known. She relayed that the stiffest fines possible should be applied, and retroactively, to all clinics found to have unsafe procedural policies, including the revocation of all licenses.
- Ms. Jones said that there would be further administrative action and explained the co-investigative capacities of the involved State agencies. Ms. Jones said that the BLC had the preliminary findings of the investigations but not all of the reports and documents necessary to tie the pieces of the investigation together. She noted that due process must be allowed for all parties.
- Chairwoman Leslie said that clearly statute needs to be reexamined to prevent bureaucracy from getting in the way of public health and to allow the State to act more expeditiously.

- Ms. Jones proceeded to explain how the BLC identified additional facilities that could have been related to the exposure, specifically the Desert Shadow Endoscopy Center. She said that, even at that point in the very well publicized investigation, they still identified a staff member at the Desert Shadow Endoscopy Center facility who continued reusing vials of medication, though no syringes were observed being reused, nor was there information given identifying syringe reuse in the Desert Shadow clinic. Ms. Jones acknowledged that it would be naïve to dismiss that abusive practices were taking place in medical facilities.
- Chairwoman Leslie asked for details about the inspection teams being sent to all ambulatory surgery centers in Nevada.
- Ms. Jones said that there are 50 ambulatory surgery centers licensed in Nevada and inspections would be ongoing in all of them. She said that the BLC had been finding infractions at a variety of levels and noted the creation and distribution of a technical bulletin about the exposure to medical facilities ([Exhibit E-5](#)).
- Chairwoman Leslie said that it seemed that the emphasis needed to be on medical professionals to follow safe practices, not on health care consumers to quiz their practitioners. Ms. Leslie asked for a written response within 30 days detailing what may be needed to complete inspections of ambulatory surgical centers.
- Richard Whitley, Administrator, Health Division, DHHS, said that inspections were ongoing at ambulatory surgical facilities and that even with all of the publicity there were still violations being found. He said that he would be prepared to report to the LCHC as soon as possible.
- Senator Washington said that he wanted a list of the violations being looked at included with Mr. Whitley's report on inspections.
- Assemblywoman Gerhardt wondered if the BLC was charged with inspecting hospitals in Nevada and questioned if hospitals were doing any better in Nevada, with regard to infection control.
- Ms. Jones said the BLC oversees 33 types of providers including: assisted living facilities, halfway houses, hospice agencies, hospitals, nursing homes, outpatient rehabilitation clinics, specialty hospitals, and transitional living facilities for released offenders.
- Chairwoman Leslie said that she knew that hospitals were subject to the Joint Commission on the Accreditation of Healthcare Organizations inspections, which are even more rigorous than State inspections.
- Senator Horsford asked what was being done right at that moment to stop exposures that risked the life and safety of patients.

- Ms. Jones responded that, when any imminent hazards are found, immediate correction is demanded; if correction is resisted in any way, further action is taken. She said that the BLC's surveyors understand that if they see a violation their instruction is to immediately inform the clinic to cease the harmful action.
- Senator Horsford said he wanted to know what type of follow-up occurred once a clinic was identified as a violator.
- Ms. Jones said follow up included sanctions such as unannounced site visits. She said requests had been made for inspection waivers from the Centers for Medicare and Medicaid Services (CMS) for federally funded facilities, as well as for federally trained surveyors to assist. She said that there had also been positive response from medical practitioners in Nevada.
- Senator Horsford asked if a waiver for inspection had been requested from the CMS and if that meant those facilities would not be inspected.
- Ms. Jones clarified that the BLC had asked to be waived from penalties related to changing the inspection schedule of the relevant facilities.
- Senator Horsford asked what the BLC needed to complete inspections of all of Nevada's ambulatory surgical centers while continuing to maintain their regularly scheduled workload. He said the legislative goal was not to move resources to the detriment of the BLC's other work.
- Chairwoman Leslie said that she had decided against creating a subcommittee and would instead conduct a special meeting of the LCHC to address this public health crisis, since every member of the LCHC had requested to be on the subcommittee.
- Senator Washington requested that the examining boards be present during any special meeting.
- Assemblyman Hardy said he was concerned about some of the inspection documentation, noting that some letters and items did not seem to be copied to relevant parties. He noted a need to act to protect patients as immediately as possible and pointed out that could not happen if all of the relevant organizations and bodies were not aware of all pertinent information.
- Assemblywoman Gerhardt asked if physicians could perform endoscopic procedures in their private offices.
- Ms. Jones answered that physicians are able to perform these procedures in their private offices and that private offices are not inspected by the BLC.

- Assemblywoman Gerhardt expressed concern that the physicians who owned the endoscopic clinics in violation were still licensed and might still be performing these abusive procedures in their private offices.
- Assemblyman Hardy said that there was a database of private practitioners performing procedures requiring the rendering of patients semiconscious.
- Assemblywoman Gerhardt said she was aware of the database but was still concerned about the lack of inspection for private physician offices.
- Senator Washington wondered if a medical provider's insurance would also track these types of procedures performed by providers.
- Mr. Labus responded to Assemblyman Hardy's concern about communication between the SNHD and the BLC to assure him that efforts were being made to keep communication active.
- Chairwoman Leslie reiterated that the LCHC would hear this issue again in the near future.
- Mr. Whitley then addressed the identification of procedural practices in private medical settings, noting that the DHHS does formally communicate with licensing boards.
- Chairwoman Leslie asked the representatives of the licensing boards present to come forward and testify for the record regarding their participation in the investigations related to the public health crisis.
- Debra Scott, Executive Director, State Board of Nursing, discussed the Board's participation in the investigation so far ([Exhibit F-1](#)). She said that the five CRNAs at the center of this investigation had surrendered their licenses. Regarding preventative measures, Ms. Scott said that these abuses of universal caution were completely outside the scope of the acceptable standard of nursing practice.
- Chairwoman Leslie asked Ms. Scott to provide further information about what can be done, from a nursing standpoint, to increase compliance in safe practices and to inform nurses as to what they can do if they are told to participate in unsafe practices at a workplace.
- Ms. Scott said that she had published a recent article for the *Nevada State Board of Nursing News*, titled "A Nurse's Responsibility to the Board, It Includes Knowing When to Report" ([Exhibit F-2](#)), which was illustrative of what nurses could do if they are asked to perform abusive practices.

- Drennan A. Clark, J.D., Executive Director/Special Counsel, Board of Medical Examiners, testified that the Board licenses only individual physicians, physician assistants, and respiratory therapists. He said that as soon as the Board was made aware of the public health crisis related to the hepatitis C cluster in Las Vegas, they prepared subpoenas for the medical records of the six known infected patients, the names of all other patients treated during the identified transmission days, and the names of all staff working at the suspect clinics, which were served to the clinics as immediately as possible. Mr. Clark said that the Board was told by attorneys for the clinics that the requested information would be available ten days after they received the subpoenas and that Board investigators would begin taking witness statements from persons identified in that information during the week of March 10, 2008, to determine whether medical practice violations had occurred. Mr. Clark said that punitive action might include summary procedures for suspension and/or revocation of medical licenses.
- Speaker Buckley said that due process was important, but if the allegations were proven true there needed to be strong, quick action, with revocation of licenses and the largest fines allowable under law administered.
- Chairwoman Leslie said that she expected Mr. Clark to attend any special LCHC meeting to provide an update on the Board's investigation.
- Senator Carlton asked if any of the physicians involved had been asked to voluntarily surrender their licenses.
- Mr. Clark replied that they had not.

Discussion followed culminating with Senator Carlton requesting that Mr. Clark ask the involved physicians to voluntarily surrender their medical licenses, the same as the State Board of Nursing had requested of the involved nursing personnel.

**PRESENTATION REGARDING THE ESTABLISHMENT OF PROGRAMS TO INCREASE PUBLIC AWARENESS OF HEALTH CARE INFORMATION RELATED TO HOSPITALS AND SURGICAL CENTERS FOR AMBULATORY PATIENTS PURSUANT TO ASSEMBLY BILL 146 (CHAPTER 447, *STATUTES OF NEVADA 2007*)**

- Diane Comeaux, Administrative Services Officer IV, Division of Health Care Financing and Policy (DHCFP), DHHS, reviewed a requirement in A.B. 146 that the DHHS establish and maintain a program to increase public awareness of health care information related to: hospital uniform bill charges, hospital charges for outpatient services, hospital compliance, and the total number of patients discharged, average length of stay, and average bill charges (listed by hospital). Ms. Comeaux offered a timeline of the beginning of the regulatory process and work within the DHHS related to enacting this requirement ([Exhibit G](#)). She noted that as a result of budget cuts some work was suspended. She said that some funds had been recently restored as part of the UnitedHealth Group's acquisition of Sierra Health Services. Ms. Comeaux then provided a brief overview of the regulation adoption process as related to this project.
- Lynn O'Mara, M.B.A., Health Planning Program Manager, Bureau of Health Planning and Statistics, Health Division, DHHS, testified about the Department's work to establish and maintain programs to increase public awareness of health care quality information for Nevada Hospitals and ambulatory surgical centers. Specifically, she reviewed select quality indicators best representing reporting Nevada facilities ([Exhibit H](#)).
- Bobette Bond, Legislative Liaison, Health Services Coalition, used a Microsoft PowerPoint presentation to describe public reporting and quality improvement work by health facilities in Nevada ([Exhibit I](#)). Highlights included: (1) identification of Health Service Coalition members; (2) review of the *Commonwealth Fund Study: 2007*; (3) quality/price transparency legislation in the U.S. by state; (4) discussion of public performance transparency as a motivator of hospital and physician performance improvement; (5) costs of transparency programming; (6) introduction to the National Quality Forum; (7) the Nevada Sentinel Events Registry; (8) how patient care reporting works; (9) regulations needed to implement A.B. 146; and (10) priorities for reporting.
- Senator Washington asked if the Health Services Coalition had been able to settle disagreement with the Nevada Hospital Association regarding quality indicator policy.

Discussion followed regarding the history and reasoning behind the disagreement and what steps had been taken to resolve the difference.

- Ms. Bond resumed her presentation, reviewing quality assurance reporting standards for hospitals and ambulatory surgical centers in Nevada. She included information regarding the development of a database to house this reported information and efforts to make it amenable to evolving quality indicators.
- Chairwoman Leslie noted that it made sense to adapt regulations to accommodate flexibility in quality measures.
- Ms. O'Mara said that reporting standards for A.B. 146 presented a challenge to maintaining absolute flexibility with regard to regulatory changes and identified some strategies by which this might be more readily achieved.
- Chairwoman Leslie stated that public pressure would be intense for medical facilities in Nevada to report on sentinel events as soon and as often as possible. She asked Ms. O'Mara to provide her with a list of what is needed to achieve greater flexibility in reporting, with regard to accommodating changing regulations.
- Ms. Bond discussed what priorities for quality assurance reporting should be.
- Senator Horsford asked if there were other well-developed state models that Nevada might be able to use as a best practices guide.
- Ms. Bond pointed to Pennsylvania's model as a results-oriented example and said a subcommittee of the LCHC would be useful in assisting with the development of a website or database.
- Senator Washington asked if quality assurance best practices are driven by states or by the market.

Discussion ensued regarding the economic forces at work and the role that government plays in health care.

- Senator Horsford asked if there was something the State could do to bring stakeholders together regarding development of the quality assurance website.
- Ms. Bonds replied that she would defer to the State and the committees that were already set up to address this.
- Ms. O'Mara further explained the design process and stakeholder strategies for planning the transparency reporting website being developed for Nevada.
- Chairwoman Leslie asked when the website would be publicly accessible.
- Ms. O'Mara replied that she did not have a timeline, but would have staff report to the LCHC on that.



- Senator Washington requested that a prototype be available prior to the website going online.

## **PRESENTATION CONCERNING QUALITY MEASURES IN HEALTH CARE**

- Kristen Boucher, R.N., M.B.A., C.P.H.Q., Director, External Relations, HealthInsight, explained that her organization is the federally designated quality control oversight authority for Nevada and other states. She explained “outcome” and “process measures,” the two main types of quality measures used by HealthInsight. Ms. Boucher described the reporting of hospital quality measures, including discussion of: what a quality measure is; current national hospital reporting programs; current Nevada hospital reporting; the Agency for Healthcare Research and Quality (AHRQ) and Quality Indicators (QI); differences between the AHRQ QIs and the CMS quality measures; current uses of the AHRQ QIs; what other states are doing; the strengths and limitations of the AHRQ QIs as related to the implementation of A.B. 146; and HealthInsight’s recommendations for the implementation of A.B. 146. ([Exhibit J-1](#), [Exhibit J-2](#), [Exhibit J-3](#), [Exhibit J-4](#), [Exhibit J-5](#), [Exhibit J-6](#), [Exhibit J-7](#), [Exhibit J-8](#), [Exhibit J-9](#), and [Exhibit J-10](#) ).
- Senator Washington asked who participated in New York State’s Health Care Report Card program.
- Ms. Boucher replied that hospitals and commercially managed health plans participated and continued her presentation discussing indicator quality and HealthInsight staff qualifications.

There was discussion of funding relevant to HealthInsight programs and an explanation of HealthInsight’s jurisdiction.

- Ms. Bond clarified that HealthInsight had been involved with quality measures planning for Nevada, but the Center for Health Information and Analysis (CHIA) of the University of Nevada, Las Vegas, was contracted to produce the Nevada data.
- Senator Washington asked how HealthInsight was chosen as a partner.
- Ms. Bond replied that HealthInsight was built into the quality improvement legislation for Nevada, as they are federally designated by the CMS as a critical partner.

There was further discussion of funding sources, who directly funds HealthInsight, and an overview of HealthInsight’s contract process with the CMS.

- Senator Horsford asked who would provide services to create the quality improvement website and who would be responsible for collecting the data to be included.

- Ms. O'Mara replied that CHIA was contracted to develop and maintain that website, and that CHIA would likely subcontract work to a professional website designer.
- Chairwoman Leslie referenced [Exhibit J-3](#) as an excellent resource and asked if something similar would be part of Nevada's website.
- Ms. Boucher answered that it could be and explained the methodology for compiling the chart.
- Senator Horsford asked to hear from users regarding its ease of use once the website is designed and to see some established websites to save trial and error time and funding.
- Ms. Boucher pointed out that the New York State Health Care Report Card was an excellent model.
- Senator Washington asked what would happen if a user established, by using the website, that their insurance provider's contracted medical facility is not rated well; he asked what options would that consumer have.
- Ms. Bond answered that quality should be part of the medical facility contracting process and should include quality improvement programs.
- Senator Horsford noted that this is the market component of the economic force of healthcare. He felt that this type of transparency would provide tools to the consumer to motivate improvements in health care.
- Senator Washington felt that it could be a dual-edged sword, as used in contract negotiations.
- Chairwoman Leslie said that it could also be a tool for improvement, with low-rated centers needing to address issues in order to get insurance contracts.
- Ms. Bond clarified that her organization would renegotiate their quality improvement contracts based on a low quality rating, not service fee contracts.
- Ms. Boucher added that HealtInsight also listed rankings related to nursing homes and home health agencies as well as hospitals.

**PRESENTATION CONCERNING NEVADA HOSPITAL PRICEPOINT SYSTEM,  
NEVADA HOSPITAL ASSOCIATION (NHA)**

- Bill Welch, President and Chief Executive Officer (CEO), Nevada Hospital Association (NHA), used a Microsoft PowerPoint slideshow to present the NHA's "Patient and Consumer Hospital Transparency Plan" ([Exhibit K](#)). Mr. Welch discussed: Nevada hospitals committed to transparency, NHA's transparency plan, and industry standards for hospital quality transparency.

Mr. Welch reviewed discussions between the NHA and HealthInsight regarding data presentation and timelines for data reception and online posting, saying that the process continues to evolve.

- Vicki Wright, Nurse Executive, NHA, provided a live demonstration of the prototype of the Nevada Hospital Quality Compare website, explaining reporting and footnote criteria used in its design.

Chairwoman Leslie excused herself temporarily and turned over the Chair to Vice Chair Washington.

- Vice Chair Washington asked how the confidentiality of proprietary information was handled, with regard to the website design.
- Mr. Welch replied that confidentiality of organizational proprietary information was not as important in the process as protecting patient data confidentiality and reviewed relevant transparency reporting criteria.

Discussion followed regarding data collection methodology and analysis and strategies to continue transparency work despite statewide budget reductions, followed by the continuation of Ms. Wright's demonstration of the Nevada Hospital Quality Compare website.

- Assemblywoman Gerhardt asked why some data were reported via the use of a coding system, rather than using the actual numbers.
- Ms. Wright clarified that the live website included a footnoting capacity, for the sake of brevity, on the charts. She also demonstrated the comparison functions of the website.
- Mr. Welch pointed out that they were still working on expanding the comparison capabilities of the website to enhance its user-friendliness. He said that lay users had been brought in to test the website and provide recommendations for improvement.
- Senator Washington asked Ms. Wright if health care provider information would be available on the website.
- Ms. Wright said that consumers are usually required to know what facilities and providers their insurance contracts with and pointed out that they should be able to find that information on their insurance plan's website.

- Mr. Welch noted that it could certainly be looked into as a suggestion to provide contractor information for various insurance plans on the Nevada Hospital Quality Compare website.
- Ms. Wright suggested that provider and insurance company links could easily be provided on the website.
- Senator Horsford asked why the CMS measures were listed on the website and why consumers should care.
- Mr. Welch said the issue was finding a clearinghouse with the most data available; for a consumer there could be value to seeing the CMS measures as it would make available some component to judge with.
- Senator Horsford suggested that it be clearly explained on the website why CMS measures could be useful to users.
- Dwight Hansen, Director of Financial Services, NHA, provided a live demonstration of the Nevada PricePoint website. He said the site was designed with health care consumers in mind and that the Wisconsin Hospital Association's (WHA) model provided an outline for Nevada's website development. Mr. Hansen demonstrated some basic informational queries and reviewed the website's content.
- Senator Horsford asked what the bill charges represent, as listed on the website.
- Mr. Hansen said the amount shown was the average hospital bill charge. He said if a hospital had less than five particular charge cases then the data may not be available and explained that there is a notes section providing data interpretation on the live website.
- Senator Horsford noted that the WHA website used performance indicators other than the CMS data.
- Mr. Welch explained that the WHA website designer had substantially more data available to them from the state of Wisconsin itself.

There was discussion of the use of CMS data on the Nevada PricePoint website, pricing differences that may be seen in the reporting, what reporting data should be included, and what the future programmatic development of the website may include.

- Mr. Hansen discussed Nevada PricePoint data flow.
- Mr. Welch reiterated the NHA's commitment to the transparency website and their acceptance of suggestions for improvement to it.

- Senator Washington noted that he would like to see a prototype as the Nevada PricePoint website is further developed.
- Senator Horsford asked if, since the Nevada PricePoint website was live, the NHA was working with State agencies to help coordinate response to the hepatitis C public health crisis.
- Mr. Welch responded that they were willing to assist, but had limited relevant data. He felt that they would be most helpful posting information at that point.

**PRESENTATION REGARDING THE PROVISION OF CERTAIN INFORMATION RELATING TO PHARMACIES AND THE PRICES OF COMMONLY PRESCRIBED PRESCRIPTION DRUGS TO CONSUMERS PURSUANT TO ASSEMBLY BILL 232 (CHAPTER 519, *STATUTES OF NEVADA 2007*)**

Chairwoman Leslie resumed the Chair.

- Diane Comeaux, previously identified, presented an overview of work in developing a website related to implementing A.B. 232 (Chapter 519, *Statutes of Nevada 2007*). She said that funding would not be available until the fourth year of the biennium of the project, prohibiting work from moving forward. Ms. Comeaux noted other funding sources were being sought.
- Chairwoman Leslie was disappointed and said that she would discuss this interruption of work with Michael J. Willden, Director, DHHS, and asked how much funding was needed to get the regulatory process started.
- Ms. Comeaux said that the initial funding to hire a programmer was frozen due to recent State budget cuts.
- Chairwoman Leslie said she would like to at least have the regulatory discussion begun by the time funding becomes available.
- Senator Washington asked if the Retail Association of Nevada, particularly the chain drugstores, had been asked to assist with funding, since they were also involved in the tracking component of the legislation.
- Ms. Comeaux said she did not know for certain if the drugstores had been asked for funding and said that Mr. Willden would know the answer.
- Senator Washington asked Ms. Comeaux to follow up on this with Mr. Willden.

There was discussion about asking chain drug stores in Nevada to assist with funding for this work and whether or not that would be appropriate.

- Barry Gold, Director of Government Relations, AARP Nevada, was in support of work on A.B. 232 going forward and presented materials AARP Nevada had recently had printed that would need amendment if the work could not progress ([Exhibit L](#)).

**PRESENTATION CONCERNING THE DEVELOPMENT OF A SYSTEM OF COLLECTING DATA RELATING TO WAITING TIMES AT HOSPITALS PURSUANT TO SENATE BILL 244 (CHAPTER 450, *STATUTES OF NEVADA 2007*)**

- Bill Welch, President and CEO, NHA, gave an overview of continuing work related to the implementation of S.B. 244, including: related staff training guideline development; formation of an ad hoc committee; development of draft regulations; scheduling of future committee meetings; ROAM-IT software installation; and report access at Emergency Medical Services (EMS) transfer of care sites ([Exhibit M-1](#), [Exhibit M-2](#), [Exhibit M-3](#), [Exhibit M-4](#), and [Exhibit M-5](#)).
- Fergus Laughridge, Supervisor, EMS, Health Division, DHHS, provided an update on the status of draft regulation development pursuant to collecting data relating to waiting times at hospitals in Clark County pursuant to S.B. 244 ([Exhibit N](#)).
- Senator Washington asked what the current average wait time in Clark County hospitals was.
- Mr. Laughridge replied that he did not know.
- John Wilson, Executive Partner, MedicWest Ambulance, Las Vegas, responded that for MedicWest Ambulance the current wait time was about 38 minutes and about 41 minutes for American Medical Response, which was a slight increase during the flu season of the last month.
- Senator Washington noted that the times were much improved from the past.
- Assemblywoman Gerhardt asked Mr. Welch if work related to S.B. 244 was achieving previously outlined goals.
- Mr. Welch answered that there had been significant improvement in the progression of the work, as well as in wait times at facilities generally. He said that outstanding issues were minor at that point and explained that the streamlining of software and technical systems had contributed significantly. Mr. Welch reminded the LCHC that this legislation did not come with funding support, so that had caused some delay.

- Assemblywoman Gerhardt was concerned that some medical facilities were not cooperating with the streamlining and improving the consistency of transfer of care processes.
- Mr. Wilson was of the opinion that the facilities were all trying to implement this work, but there were simply logistical issues impacting the transfer of care. He noted that the EMS was still in a crisis mode in Nevada, with relation to mental health patients; Mr. Wilson pointed out that over ten ambulances a day were being tied up with transfer of care issues. He said that a 29-hour to 32-hour wait was still standard for the transfer of care of mental health patients.
- Assemblywoman Gerhardt said she would like continued updates of hospitals not proving fully compliant.
- Mr. Welch clarified that no hospital was resisting cooperating with this process; rather, some facilities were merely in different stages of coming online with the requirements of for the S.B. 244 legislation. He said that all of the Clark County hospitals were now online with the appropriate reporting software.
- Assemblywoman Gerhardt asked when comprehensive data would be available.
- Rory Chetelat, EMS Manager, SNHD, answered that comprehensive data would be forthcoming very soon, by April 2008. He said that there had been offers of support with data management and stressed that all facilities had been cooperative. Mr. Chetelat detailed a small discrepancy between wait times between reporting systems that would soon be sorted out. He submitted [Exhibit O](#) as supporting documentation for this topic.
- Chairwoman Leslie asked if paramedics were reusing syringes, saying that she felt obligated to ask.
- Mr. Wilson answered emphatically no, that it would not happen nor would there be a delay in reporting it should any EMS personnel be discovered not adhering to safe practices. Finally, Mr. Wilson assured the Committee that they would provide refresher education to staff to this point and would not hesitate in having the licenses of any EMS personnel involved in such abuses revoked.

**PRESENTATION REGARDING THE PROPOSED ACQUISITION OF SIERRA HEALTH SERVICES, INCORPORATED, BY UNITEDHEALTH GROUP, INCORPORATED**

- Jack Kim, Director of Legislative Programs, Sierra Health Services, updated the LCHC on the proposed acquisition of Sierra Health Services by UnitedHealth Group, which was no longer proposed but completed. Mr. Kim reviewed the terms of the merger, including: conditions for final approval from the U.S. Department of Justice; work with various regulatory agencies to ensure that requirements for plan members were met, noting that programmatic aspects of the Senior Dimensions program would remain the same; and member outreach in an effort to maintain transparency.
- Chairwoman Leslie asked Mr. Kim to comment on the merger helping the State meet its budget obligations.
- Mr. Kim said that, as part of the merger approval process, attorneys from UnitedHealth Group and Sierra Health Services worked with Catherine Cortez Masto, Nevada's Attorney General, to address constituent concerns, which resulted in the following:
  1. A charitable contribution would be made by UnitedHealth Care; with contributions beginning ten days after divestiture was completed, or no later than May 15, 2008.
  2. Funds will be given to create a Nevada Attorney General's Blue Ribbon Committee on Health Care.
  3. Funds for nursing scholarships, in the amount of \$500,000, will be given to assist with the shortage of nursing staff in Nevada.
  4. The University Medical Center will receive \$7.175 million over the next five years to assist with health care delivery, as well as a two-year rate guarantee.
  5. Funds given to the DHHS include: \$250,000 for hospital transparency websites; \$160,000 for prescription drug websites; \$500,000, over two years, for mental health triage programs; the mobile mental health unit in Sparks will receive \$340,000 over two years; the Nevada Family Resource Center will receive \$273,290 over two years; the Nevada autism program will receive \$87,600; fetal alcohol diagnostic clinics will receive \$101,169; the community health nursing program will receive \$324,000 over three years; the mobile mammography van program will receive \$250,000 over four years; Nevada 211 will receive \$208,000 over two years; and funds will be provided for EMS to purchase ambulances.
  6. The Governor's Office of Consumer Health will receive \$625,000 over a five-year period to provide more health care advocacy for small employers and assist with appeals and grievances.
  7. The Division of Insurance, DBI, will receive \$350,000 to assist with insurance audits.



Mr. Kim said there will also be a physician's council formed, including administrative representatives from UnitedHealth Group and contracted physicians, as a quarterly forum to address issues and promote collaborative dialogue. He detailed who will monitor the merger and noted that the inclusion of an additional viable health plan in Nevada will benefit the State.

- Assemblywoman Gerhardt asked to be briefed on what Sierra Health Services was doing to be a part of the response to the hepatitis C public health crisis in Nevada.
- Mr. Kim replied that they were assisting by holding back some co-pays, streamlining the testing process by eliminating the need for multiple appointments to have labs ordered, increasing lab hours at facilities, and by sending letters to all at-risk patients that they had identified via their own records. Mr. Kim pointed out that Sierra Health Services was working with its members to address the possible need for re-testing of some members due to delayed disease processes.
- Chairwoman Leslie asked how it would affect a patient's future health coverage if they were diagnosed with a chronic illness.
- Mr. Kim said that, if they are currently covered, it would not result in a loss of coverage. He explained some planning processes that had begun to address these kinds of issues.
- Senator Horsford asked the LCHC staff to analyze and identify all that is being funded by the UnitedHealth Group settlement so that planning could account for when those funds are no longer available.
- Chairwoman Leslie pointed out that much of the settlement money was intended to be for start-up or one-shot costs.
- Mr. Kim said that the timing of the charitable contributions could not have been better, in terms of budget constraints, to enable some programs to continue operating.
- Senator Horsford wondered, with respect to the Attorney General's authority, how items to receive funding were decided upon.
- Assemblyman Hardy asked if pre-authorization of referrals will be made simpler for practitioners, with regard to the hepatitis C testing, and whether patients should be counseled prior to HIV testing.
- Mr. Kim said that the influx of patients needing testing had necessitated an approach emphasizing getting the initial testing completed. With regard to the approval process, he said he did not know the specifics but would do some research and report back to the Committee.

- Chairwoman Leslie added that Anthem Blue Cross and Blue Shield had awarded a \$50,000 grant to fund testing for patients exposed in the hepatitis C crisis.
- Senator Washington asked if funding for the Nevada Health Academy was considered.
- Mr. Kim replied that he did not know, nor did he know how the targeted projects were specifically selected.

Discussion followed about funding strategies for using the UnitedHealth Group's charitable contributions.

- Senator Washington asked if work stemming from legislation regarding e-scribing would proceed.
- Mr. Kim said that this had been a good project for Sierra Health Services, though there have been a few difficulties with privacy issues. He noted that many people had already signed up and that giving patients access to review their own medical records had met with a positive response.
- Chairwoman Leslie commented that the more information consumers have about their health care the better.

## **CONSIDERATION OF REGULATIONS PROPOSED OR ADOPTED BY CERTAIN LICENSING BOARDS PURSUANT TO NRS 439B.225**

*Legislative Counsel Bureau (LCB) File No. R200-07, Board of Medical Examiners*

*LCB File No. R208-07, Board of Medical Examiners*

*LCB File No. R209-07, Board of Medical Examiners*

- Sara Partida, Senior Deputy Legislative Counsel, Legal Division, LCB, reviewed regulations proposed or adopted by the Board of Medical Examiners using [Exhibit P](#). She provided the legislative history of the proposed regulations.
- Chairwoman Leslie asked if it was determined whether the Board of Medical Examiners had the authority to adopt LCB File No. R200-07.
- Ms. Partida replied that it had been determined that the Board did not have the authority to enact LCB File No. R200-07.
- Drennan A. Clark, J.D., previously identified, explained the motivation of staff for proposing the regulations. He specifically addressed LCB File No. R200-07 as having been proposed in an attempt to regulate out-of-state physicians performing cosmetic procedures at large event venues within Nevada. He explained why physician assistants were hoping to enact File No. R208-07, concerning streamlining license renewal.

Finally, he explained the justification for proposing File No. R209-07, granting continuing medical education credits for Board membership.

- Assemblyman Hardy asked, with regard to LCB File No. R200-07, how it could be possible to train physicians to perform certain procedures without them being able to practice the procedures in teaching venues.
- Mr. Clark said the main concern that the Board had was with practitioners coming to Nevada and temporarily practicing medicine here without any sort of regulation. He said it was not an attempt to stop the cosmetic procedure event from happening, but rather to ensure that the practitioners taking part were accountable to a regulating body.
- Assemblyman Hardy asked if there are such regulations for procedures other than the proposed regulation for Botox procedures.
- Mr. Clark said there are regulations covering some medical practitioners from out of state, primarily radiologists and pathologists who practice long distance.

There was discussion as to how out-of-state practitioners may become licensed to perform certain procedures.

## **PUBLIC COMMENT**

- Lawrence P. Matheis, previously identified, commenting on the proposed acquisition of Sierra Health Services by UnitedHealth Group, said that the Nevada State Medical Association was fully committed to helping in any way it could with the current public health crisis related to abusive practices at endoscopy clinics in Nevada. He applauded the SNHD and Dr. Sands for doing a good job and surmised that the crisis would become a case study. Mr. Matheis agreed that the first priority should be getting at-risk patients tested and added that there seems to be a general sense of outrage among medical personnel that these few practitioners would be so bold as to put any patients at risk.
- Larry Hurst, Director, Government Relations, Anthem Blue Cross and Blue Shield of Nevada, identified steps that they had taken to assist their members in dealing with the public health crisis, including funding a \$50,000 grant to provide assistance with testing ([Exhibit Q](#)).
- Senator Washington said that, by working together, Nevada will be able to get through this public health crisis and put in place preventative measures to ensure that it never happens again. He was thankful that people and organizations had come forward to use their own resources to provide help.

- Chairwoman Leslie added that there was much work to be done and noted that the LCHC staff would be contacting the LCHC members to schedule the special meeting relating to the public health crisis.

Written testimony regarding the investigation of the hepatitis C cluster in Las Vegas from Ellen Spiegel, President, Strategems Consulting, of Henderson, Nevada, was submitted for the record without the presenter's verbal testimony ([Exhibit R](#))

## ADJOURNMENT

There being no further business to come before the Committee, the meeting was adjourned at 4:22:36 p.m.

Respectfully submitted,

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Rebecca C. Dobert  
Senior Research Secretary

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Marseheilah D. Lyons  
Principal Research Analyst

APPROVED BY:

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Assemblywoman Sheila Leslie, Chair

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](#) is a chart titled “Unsafe Injection Practices and Disease Transmission,” presented by Brian Labus, M.P.H., Senior Epidemiologist, Southern Nevada Health District (SNHD).

[Exhibit C](#) is a document titled “Hepatitis C Investigation” presented by Brian Labus, M.P.H., Senior Epidemiologist, SNHD.

[Exhibit D](#) is an article printed from the SNHD website, [http://health.nv.gov/index.php?option=com\\_content&task=view&id=622&Itemid=1394](http://health.nv.gov/index.php?option=com_content&task=view&id=622&Itemid=1394), titled “February 27, 2008: Health District notifies patients of potential exposure to hepatitis C urges testing for approximately 40,000 patients,” presented by Brian Labus, M.P.H., Senior Epidemiologist, SNHD.

[Exhibit E-1](#) is a letter dated February 4, 2008, to Dipak Desai, M.D., Administrator, Endoscopy Center of Southern Nevada, regarding a statement of deficiencies and plan of correction, from Denise L. Hoyes James, R.N., B.S.N., Health Facility Surveyor III, Bureau of Licensure and Certification (BLC), Health Division, Department of Health and Human Services (DHHS).

[Exhibit E-2](#) is a letter dated February 4, 2008, to Dipak Desai, M.D., Administrator, Endoscopy Center of Southern Nevada, LLC, regarding requirements for an ambulatory surgical center to participate in the Medicare Program, from Denise L. Hoyes James, R.N., B.S.N., Health Facility Surveyor III, BLC, Health Division, DHHS.

[Exhibit E-3](#) is a certified letter dated February 25, 2008, to Dipak Desai, M.D., Administrator, Endoscopy Center of Southern Nevada, LLC, regarding notification of intended sanctions from Sonya Hill, R.N., M.P.A., Health Facility Surveyor IV, for Lisa Jones, M.P.A., R.E.H.S., Bureau Chief, BLC, Health Division, DHHS.

[Exhibit E-4](#) is a letter dated February 29, 2008, to Lisa Jones, R.E.H.S., M.P.A., Chief, BLC, Health Division, DHHS, regarding a plan of corrections, from Vishvinder Sharma, M.D., Desert Shadow Endoscopy Center, LLC.

[Exhibit E-5](#) is a Nevada State Health Division Technical Bulletin, Bulletin Number: Epi February 2008, titled “Potential Exposure to Hepatitis C (HCV) in and Ambulatory Surgical Center in Las Vegas,” presented by Lisa Jones, Chief, BLC, Health Division, DHHS.

[Exhibit E-6](#) is a flow chart titled “Ambulatory Surgical Centers: Assessment of the Multiple Opportunities for the System to Protect the Patient” presented by Lisa Jones, Chief, BLC, Health Division, DHHS.

[Exhibit E-7](#) is a document titled “Health Division Emergency Regulation *Nevada Administrative Code* Chapter 449: Proposed Regulation Amendments,” given by Lisa Jones, Chief, BLC, Health Division, DHHS.

[Exhibit F-1](#) is the written testimony of Debra Scott, Executive Director, State Board of Nursing, dated March 6, 2008.

[Exhibit F-2](#) is an article titled “A Nurse’s Responsibility to the Board, It Includes Knowing When to Report,” from the *Nevada State Board of Nursing News*, December 2007, provided by Debra Scott, Executive Director, State Board of Nursing.

[Exhibit G](#) is a document titled “A.B. 146 Update for the Legislative Committee on Health Care,” presented by Diane Comeaux, Administrative Services Officer IV, Division of Health Care Financing and Policy, DHHS, dated March 6, 2008.

[Exhibit H](#) is the written testimony of Lynn O’Mara, M.B.A., Health Planning Program Manager, Bureau of Health Planning and Statistics, Health Division, DHHS, dated March 6, 2008.

[Exhibit I](#) is a Microsoft PowerPoint presentation titled “Public Reporting and Quality Improvement,” given by Bobette Bond, Legislative Liaison, Health Services Coalition.

[Exhibit J-1](#) is a Microsoft PowerPoint presentation titled “Reporting Hospital Quality Measures,” given by Kristen Boucher, R.N., M.B.A., C.P.H.Q., Director, External Relations, HealthInsight, dated March 6, 2008.

[Exhibit J-2](#) is a document titled “AHRQ Summary Statement on Comparative Hospital Public Reporting,” provided by Kristen Boucher, R.N., M.B.A., C.P.H.Q., Director, External Relations, HealthInsight.

[Exhibit J-3](#) is a chart titled “Nevada Hospital Rankings Based on CMS Measures,” presented by Kristen Boucher, R.N., M.B.A., C.P.H.Q., Director, External Relations, HealthInsight, dated April 1, 2006, through March 31, 2007.

[Exhibit J-4](#) is a document titled “Interpreting National Hospital Performance Rankings: Data Limitations and Analytic,” submitted by Kristen Boucher, R.N., M.B.A., C.P.H.Q., Director, External Relations, HealthInsight.

[Exhibit J-5](#) is a document titled “Methods,” presented by Kristen Boucher, R.N., M.B.A., C.P.H.Q., Director, External Relations, HealthInsight.

[Exhibit J-6](#) is a document titled “Guidance for Using the AHRQ Quality Indicators for Hospital-Level Public Reporting of Payment,” presented by Kristen Boucher, R.N., M.B.A., C.P.H.Q., Director, External Relations, HealthInsight.

[Exhibit J-7](#) is a chart titled “Guidance for Using the AHRQ Quality Indicators for Public Reporting or Payment – Appendix A: Current Uses of AHRQ Quality Indicators and Considerations for Hospital-Level Reporting,” presented by Kristen Boucher, R.N., M.B.A., C.P.H.Q., Director, External Relations, HealthInsight.

[Exhibit J-8](#) is a chart titled “Guidance for Using the AHRQ Quality Indicators for Public Reporting or Payment – Appendix B: Public Reporting Evaluation Framework—Comparison of Recommended Evaluation Criteria in Five Existing National Frameworks,” presented by Kristen Boucher, R.N., M.B.A., C.P.H.Q., Director, External Relations, HealthInsight.

[Exhibit J-9](#) is a document titled “AHRQuality Indicators, Inpatient Quality Indicators,” provided by Kristen Boucher, R.N., M.B.A., C.P.H.Q., Director, External Relations, HealthInsight.

[Exhibit J-10](#) is a working paper titled *Evaluation of the Use of AHRQ and Other Quality Indicators*, by Peter S. Hussey et al., presented by Kristen Boucher, R.N., M.B.A., C.P.H.Q., Director, External Relations, HealthInsight.

[Exhibit K](#) is a Microsoft PowerPoint presentation titled “Nevada Hospital Association Patient and Consumer Transparency Plan,” dated March 6, 2008, and given by Bill Welch, President and Chief Executive Officer (CEO), Nevada Hospital Association (NHA).

[Exhibit L](#) is an informational flyer from AARP titled “Managing Your Medicine – Rx Drugs in Nevada,” presented by Barry Gold, Director of Government Relations, AARP Nevada.

[Exhibit M-1](#) is an outline titled “Interim Legislative Committee on Health Care Presentation by Bill Welch,” dated March 6, 2008, given by Bill Welch, President and CEO, NHA.

[Exhibit M-2](#) is an agenda of the NHA titled “Patient Transfer of Care AdHoc Committee,” dated August 2, 2007, presented by Bill Welch, President and CEO, NHA.

[Exhibit M-3](#) is a document titled “Proposed Changes to Regulation of the State Board of Health Emergency Medical Services Transfer of Patient Care,” submitted by Bill Welch, President and CEO, NHA.

[Exhibit M-4](#) is a draft document titled “Transfer of Care Procedure,” presented by Bill Welch, President and CEO, NHA.

[Exhibit M-5](#) is a printout of sample screens from the Emergency Medical Services (EMS) portion of the SNHD website: [http://www.southernnevadahealthdistrict.org/ems/ems\\_toc.htm](http://www.southernnevadahealthdistrict.org/ems/ems_toc.htm).

[Exhibit N](#) is the written testimony of Fergus Laughridge, Supervisor, EMS, Health Division, DHHS, titled “Update on SB 244,” dated March 6, 2008.

[Exhibit O](#) is a memorandum dated March 6, 2008, to the Legislative Committee on Health Care, from Rory Chetelat, EMS Manager, SNHD, titled “Presentation Concerning the Development of a System of Collecting Data Relating to Waiting Times at Hospitals Pursuant to Senate Bill 244 (Chapter 450, *Statutes of Nevada 2007*.”

[Exhibit P](#) is a document titled “Agenda Item Exhibit: Consideration of Regulations Proposed or Adopted by Certain Licensing Boards Pursuant to NRS 439B.225,” presented by Sara Partida, Senior Deputy Legislative Counsel, Legal Division, LCB.

[Exhibit Q](#) is a press release from Anthem Blue Cross and Blue Shield titled “Anthem Blue Cross and Blue Shield Acts to Support Las Vegas Impacted by Endoscopy Center Practices,” presented by Larry Hurst, Director, Government Relations, Anthem Blue Cross and Blue Shield of Nevada.

[Exhibit R](#) is the written testimony of Ellen Spiegel, President, Stratagems Consulting, Henderson, Nevada.

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.