



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

**SUMMARY MINUTES AND ACTION REPORT**

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The fifth meeting of the Nevada Legislature's Legislative Committee on Health Care was held on February 12, 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

## **OPENING REMARKS**

Assemblywoman Sheila Leslie, Chairwoman, welcomed members, presenters, and the public to the fifth meeting of the Legislative Committee on Health Care (LCHC). She noted that Senator Heck will be absent excused until the May 2008 meeting due to his deployment to Iraq.

## **APPROVAL OF MINUTES OF THE MEETING HELD ON JANUARY 23, 2008, IN CARSON CITY, NEVADA**

The Committee **APPROVED THE FOLLOWING ACTION:**

ASSEMBLYWOMAN GERHARDT MOVED TO APPROVE THE MINUTES OF THE JANUARY 23, 2008, MEETING HELD IN CARSON CITY, NEVADA. THE MOTION WAS SECONDED BY SENATOR WASHINGTON AND PASSED UNANIMOUSLY.

## **PRESENTATION CONCERNING OPPORTUNITIES TO IMPROVE PUBLIC SAFETY THROUGH EFFECTIVE SUBSTANCE ABUSE AND MENTAL HEALTH TREATMENT FOR PERSONS IN THE CRIMINAL JUSTICE SYSTEM IN NEVADA**

- Fred C. Osher, M.D., Director of Health Systems and Services Policy, Justice Center, Council of State Governments (CSG), used a Microsoft PowerPoint presentation and discussed the potential for improved public safety in Nevada through effective substance abuse and mental health treatment for the criminal justice population ([Exhibit B](#)). He briefed the LCHC on: principles of effective mental health and substance abuse treatment; efficient use of resources; targeting treatment appropriately; continuity of care and integration of treatment for co-occurring health care needs; an analysis of substance abuse and mental health treatment needs in Nevada; and the application of a behavioral health blueprint for policymakers.
- Assemblyman Hardy asked if there has been any new data published since 2003.
- Dr. Osher replied that he would look into it and provide the information to the LCHC. He discussed the particular needs of the target population of paroled people with substance abuse problems, including a lack of resources to pay for treatment, relapse rates, and rates at which these individuals then reoffend, providing an overall blueprint for creating an effective treatment system.
- Chairwoman Leslie pointed out that Nevada is below the national standard with regard to treatment availability and accessibility.
- Dr. Osher reviewed the challenges and opportunities to providing mental health and substance abuse treatment in Nevada, including: (1) accurate assessment; (2) matching offenders with appropriate placement in evidence-based treatment programs; (3) the

importance of not expanding the criminal justice capacity without displacing non-criminal justice populations; (4) increasing treatment completion rates; (5) the development of performance measures; and (6) challenges specific to Nevada.

Discussion ensued as to the best time for Dr. Osher and his staff to return to present additional, Nevada-specific information on this topic to the LCHC, with the May 6, 2008, meeting being the decided upon date.

- Senator Washington asked what co-occurring mental illnesses are related to marijuana use.
- Dr. Osher said that there is a range of psychiatric symptoms that may be exhibited with the use of most drugs, which may not necessarily be considered mental disorders. He added that, for marijuana specifically, long-term use can be associated with some symptoms of paranoia and flat affect, but it would need to be evaluated on a case-by-case basis as to whether those would be symptomatic of mental illness as well.

Discussion followed regarding the awareness of law enforcement personnel of the impact of drug use on behavior and the availability of relevant training for law enforcement personnel and “downline providers,” such as employees who assist with housing needs for substance abusers, in Nevada.

- Chairwoman Leslie, referring to page 18 of [Exhibit B](#), noted that the “Nevada Challenges” slide presented some daunting tasks and asked Dr. Osher to present specific actions to address these challenges.
- Dr. Osher replied that he would like to see standardized processes developed, that looking at other states’ approaches to treatment may be useful, and that considering an alternative to incarceration as treatment for substance abuse may be beneficial.
- Chairwoman Leslie addressed the idea of not displacing non-criminal populations by helping the criminal justice population. She said that reducing the recidivism rate even 10 percent would provide tremendous impact.
- Mr. Osher noted that these treatment challenges exist nationwide and part of his goal in creating a blueprint process is to provide accurate cost assessments and propose conservative estimates on what savings effective substance abuse treatment could provide by means of sustaining itself.
- Chairwoman Leslie then asked what prison admissions mapping projects are occurring in Nevada.
- Dr. Osher replied that current mapping projects in Nevada look at where offenders are being released and where there are substance abuse provider opportunities.

- La Toya McBean, Policy Analyst, Council of State Governments Justice Center, testified that there had been discussion for additional mapping projects to be initiated for the Las Vegas area at the last meeting of the Advisory Committee on Nevada Criminal Justice Information Sharing (Senate Bill 452, Chapter 242, *Statutes of Nevada 2005*).
- Chairwoman Leslie noted that these projects will provide a good indication of treatment program needs in different areas of Nevada.
- Assemblywoman Gerhardt asked whether there is a link between individuals receiving mental health treatment and a reduction in their substance abuse.
- Dr. Osher replied that if there is, it is usually due to treatment for both; treatment for mental health disorders does not generally provide treatment for substance abuse. He clarified that many people with depressive affective disorders will attempt to self-medicate via substance abuse and explained how substance abuse creates neural pathways in the brain and changes behavior.
- Senator Horsford asked if Dr. Osher was aware of any best-practice community-based models for mental health and substance abuse treatment programs.
- Dr. Osher replied in the affirmative, and said that there are many promising programs across the country. He said that funding issues are secondary: leadership and culture are of primary importance.
- Senator Horsford noted that the highest incarceration rates in southern Nevada have been mapped to correlate with poverty. He asked how the CSG can help in a state where the culture and values currently represent a lack of resources and he wondered how to make the policy argument that these programs are more cost effective and successful than incarceration.
- Dr. Osher said that cost avoidance is a viable policy goal, but the best mechanisms are not yet clear. He said his goal is to come back with specific dollar savings calculations that legislators can use to present a case for implementing more effective treatment programs.
- Chairwoman Leslie noted that Nevada is currently spending under projected levels for mental health and substance abuse treatment and was of the opinion that the saved money should be reinvested in treatment.
- Dr. Osher pointed out that while cost avoidance policy is effective, there is much work to be done to effect profound change in the treatment of substance abuse.
- Senator Horsford said that the parole and probation process is not working because community services do not exist in Nevada.

- Assemblyman Hardy asked if it is unique to Nevada that drug users commit increasingly egregious crimes to access drugs and then, in turn, do not qualify for transitional housing. He wondered if transitional housing is becoming obsolete in favor of long-term treatment programs.
- Dr. Osher answered that, while not an expert in this area, he had a sense that this is not unique to Nevada. He added that the CSG will look at the transitional housing issue and bring recommendations back to the LCHC.
- Senator Washington noted that he also had seen a problem with “back-end” services lacking and explained the progression of the understanding of legislating crime and corrections during his tenure in the Nevada Legislature.
- Dr. Osher said that an existing memorandum of understanding between the Department of Corrections and State mental health service agencies in Nevada is exactly the type of collaboration necessary to adequately attack these problems.
- Senator Washington said that there is a need for these services for juveniles as well.
- Chairwoman Leslie disclosed that she is on the Board of Directors for the Justice Center, The Council of State Governments.
- Howard Skolnik, Director, Department of Corrections (DOC), began by pointing out that when he began his corrections career over 70 percent of offenders were not residents of Nevada, so there was no need to provide community services for them. He said that currently over 80 percent of offenders have been in Nevada a year or longer, so the need for services has increased. Mr. Skolnik explained that in the past the expansion of correctional facilities was not accompanied by the expansion of peripheral facilities and programs. He said that he is not comfortable with the numbers he was presenting; the substance abuse numbers are mostly self-reported by inmates and may be inaccurate.

Referencing [Exhibit C](#), he said that 85 percent of prisoners with substance abuse problems have co-occurring disorders. Mr. Skolnik felt that the “back-end” problems were the result of legislative changes to probation regulations, which resulted in backing up the parole hearing process. He pointed out that Nevada has one of the lowest officer to inmate ratios in the nation.

- Chairwoman Leslie asked Mr. Skolnik if he agreed with Dr. Osher’s assessment of the challenges facing Nevada with regard to Nevada’s correctional facilities needing standardized screening and assessment for substance abuse and improved behavioral health treatment.

- Mr. Skolnik replied that he did agree. He said inmates are assessed upon intake, but staff has no way to effectively utilize that information.
- Chairwoman Leslie asked if the DOC has given thought to allowing State mental health agencies to perform mental health treatment in DOC facilities.
- Mr. Skolnik said he had asked the Division of Mental Health and Developmental Services (DMHDS), Department of Health and Human Services (DHHS), if the Division could take on that role for the DOC, but due to personnel changes it had not been possible.
- Chairwoman Leslie urged Mr. Skolnik to continue his effort to work with the DMHDS to institute their oversight of behavioral health care in the DOC facilities.
- Assemblyman Hardy asked if it possible to use unused transitional beds at the Casa Grande Transitional Center (CGTC) for mental health patients affiliated with the correctional system.
- Mr. Skolnik said anything is possible and noted that the CGTC has suffered from lack of use. He added that there is a need to streamline staffing processes for the DOC in Nevada. With regard to multi-use of the CGTC facility, he felt it would be imperative to provide adequate staffing to ensure safety.
- Chairwoman Leslie said the LCHC shared Mr. Skolnik's frustration with the inability of the DOC to acquire accurate reporting on the inmate population.
- Mr. Skolnik said that a new computer system is coming online, but that data input parameters had not yet been defined and therefore limited reporting capacity.

There was discussion of speaking with Michael J. Willden, Director, DHHS, about implementing a reorganization of mental health service provisions within the DOC.

## **UPDATE REGARDING THE BEHAVIORAL HEALTH PLAN SYSTEM REDESIGN OF THE DIVISION OF HEALTH CARE FINANCING AND POLICY, DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS)**

- Charles Duarte, Administrator, Division of Health Care Financing and Policy (DHCFP), DHHS, used [Exhibit D](#) to present an update of the behavioral health system redesign. He highlighted: the behavioral health redesign of programs for children and adults; behavioral health provider counts; State plan amendments; case management regulation; and care management, coordination, and provider recruitment contract goals.
- Chairwoman Leslie suggested that expenditures have increased because services are being used by clients.

Discussion followed about behavioral health expenditure increases and whether they demonstrate that care needs that were previously unmet are now being provided for.

- Mr. Duarte explained the ongoing negotiation process with the Centers for Medicaid and Medicare Services (CMS), U.S. Department of Health and Human Services, regarding the behavioral health redesign. He said that Nevada has yet to receive approval for many programs, leading to service delays, although some programs received extensions through June 2008. Mr. Duarte expressed concern that Nevada is not going to get approval from the CMS related to its therapeutic foster care programs, which will cause a need to radically redesign how Nevada pays for those services and what therapeutic foster care services may be provided.
- Senator Horsford asked if the LCHC should submit a letter to Nevada's Congressional Delegation supporting the current therapeutic foster care program in Nevada.
- Chairwoman Leslie asked Mr. Duarte to work with staff to draft a letter to the Delegation.
- Mr. Duarte explained some federal changes to the CMS's payment and administration strategies, regulating how states fund agencies. Most imminently, he said there would be a reduction in payment to child welfare agencies beginning on March 4, 2008. Mr. Duarte said it will require many of Nevada's State health agencies to implement a costly reorganization in order to clearly distinguish programs so that they may continue to receive federal funds.

Discussion resulted as to why the CMS would implement administrative rules that effectively limit funding to programs such as Medicaid, what the CMS's regulation change process has entailed, and timelines associated with the changes.

- Senator Horsford asked if there is an accounting of the total fiscal impact these changes could have in Nevada.

- Mr. Duarte said that the worst case scenario is \$28 million lost to agencies in Nevada. He explained that the changes will greatly affect case management programs and felt that some of the loss could be mitigated by ensuring strict compliance with the new regulations.

There was discussion as to whether Governor Jim Gibbons was aware of these additional losses to State health agency programs when he made recent budget cuts.

- Mr. Duarte said that the \$28 million consists primarily of payments made to all Nevada agencies that handle case management, not only to the DHHS programs, and reiterated that there may be ways to offset some portion of the loss. He said that a letter is being drafted to U.S. Representative Henry H. Waxman, D-California, Chairman, Committee on Oversight and Government Reform, which is examining whether the CMS has overstepped its authority in these regulatory matters.
- Chairwoman Leslie said this loss of funds will create a gap in services to children and families in Nevada and asked how much of the loss could potentially be mitigated.
- Mr. Duarte replied he did not yet know and concluded his presentation by noting approval to hire a contractor to provide mental health services for youth in Nevada.
- Chairwoman Leslie said that the effort to expand the definition of who can provide mental health services under Medicaid had been successful, with the end result of that being better care for children in Nevada.
- Patricia Merrifield, Deputy Administrator, Children's Mental Health, Division of Child and Family Services (DCFS), DHHS, used [Exhibit E](#) to give a progress report on key performance indicators for the behavioral health redesign. Ms. Merrifield highlighted: (1) a decrease in the number of moves for children in child welfare custody; (2) a decrease in the average length of stay for children in acute inpatient psychiatric residential treatment services; and (3) the increase in the number of nonresidential services provided to children. Ms. Merrifield explained the implications to Nevada programs relative to the CMS regulation changes, such as excluding child welfare and juvenile justice services as Medicaid reimbursable services and limitations to case management services. She said that the DHHS is working on exploring options to replace some of the lost federal funding.
- Senator Horsford asked what is the ultimate goal for behavioral health services for youth.
- Ms. Merrifield replied that the ultimate goals would include:
  1. Reducing to zero the number of moves for patients within levels of care, unless it is to complete treatment and return to a family setting;



2. Ensuring that the average lengths of program stay continues to be reduced; and
  3. Continuing to increase nonresidential program availability.
- Senator Horsford asked, per the behavioral health redesign, who makes the determination to move a client out of a treatment home.
  - Ms. Merrifield explained the process of placing youth patients in and removing them from treatment programs, including family involvement and the clinical assessment tools used.
  - Senator Horsford asked if a fiscal consideration comes into play when removing youth from treatment.
  - Ms. Merrifield said that removal is based on meeting the client's treatment needs.
  - Senator Horsford said that some participants in the foster care system testified before the Interim Study Committee on the Placement of Children in Foster Care (Senate Bill 356, Chapter 290, *Statutes of Nevada 2007*) and their perspective was that reducing moves is crucial and that foster families need to be willing to meet mental health treatment needs. He asked who is evaluating the behavioral health redesign and whether a report will be produced.
  - Mr. Duarte answered that the DCFS and the DHCFP both had funded positions to assess the redesign.
  - Ms. Merrifield added that the DCFS is completing a quality analysis and that she could provide an overview of the process. She explained some of the tracking and progress assessment tools and indicators.

Discussion followed regarding what data is available to track how many youth in the mental health system in Nevada receive treatment and take medication.

- Pam Becker, Chair, Washoe County Children's Mental Health Consortium, said that the Consortium participates in a monthly phone meeting to discuss service use statistics and invited the LCHC staff to participate. She noted the complexity of working within the Medicaid/Medicare system and said that the Consortium is hopeful that the behavioral health redesign will address some problems with case management and mental health care programs for youth in Nevada. She noted that case management services are crucial since patients and families often have great difficulty maneuvering within the Medicaid/Medicare systems.
- Karen Taycher, Chair, Clark County Children's Mental Health Consortium, reviewed the initial goals of the behavioral health redesign: meeting children's mental health service needs in their homes and communities; a reduced number of placement disruptions; continuity of care and increased family involvement; increased access to behavioral health care; and adding new services, such as peer-to-peer and family-to-family support. She felt that stakeholders had been included in the planning process but also thought that while there had been some significant increases in services, the goals of redesign had not been reached. She said she had spoken to members of Nevada's Congressional Delegation about these issues and encouraged the LCHC to send a letter of support for programs. Addressing the earlier question about program placement and release, she said that the reality is that there are forces other than strict adherence to policy influencing those decisions. Ms. Taycher noted a disparity in services based on what type of Medicaid a child has and distributed the Clark County Mental Health Consortium's annual report to the LCHC members ([Exhibit F](#)).
- Ms. Becker testified that the Washoe County Mental Health Consortium recently tried to develop a grant but they had difficulty getting the necessary matching funds. Ms. Becker said State General Fund money needs to be available to meet matching fund needs, just as State agencies do.
- Chairwoman Leslie noted that Governor Jim Gibbons' office would be the authority to discuss the use of State General Fund money and polled the LCHC members about sending a letter to Nevada's Congressional Delegation regarding Medicaid cutbacks.

## **UPDATE REGARDING THE J-1 PHYSICIAN VISA WAIVER PROGRAM**

- Richard Whitley, Administrator, Health Division, DHHS, said that the DHHS has taken several actions to improve the accountability and oversight of the J-1 Physician Visa Waiver Program (J-1 Program).

- Lyon O'Mara, M.B.A., Health Planning Program Manager, Bureau of Health Planning and Statistics, Health Division, DHHS, referred to [Exhibit G](#) and provided an update of administrative revisions to the J-1 Program since the LCHC last heard testimony about the Program in December 2007. She also used [Exhibit H-1](#), [Exhibit H-2](#), [Exhibit H-3](#), [Exhibit H-4](#), [Exhibit H-5](#), [Exhibit H-6](#), and [Exhibit I](#) to provide a detailed discussion of the revision process. Steps taken to work on improving the J-1 Program included:
  1. All J-1 Program programming functions have been integrated into the Bureau of Health Planning and Statistics;
  2. The J-1 Program is designated as a top priority for the Health Planning Unit, Bureau of Health Planning Statistics;
  3. Recruitment has begun for the J-1 Program and Primary Care Advisory Council;
  4. Meetings with every J-1 Program physician in Nevada has been planned for the next six months to determine facts and gather suggestions for additional improvements that might be made; and
  5. An evaluation of the effectiveness of implemented improvements is planned.
- Lawrence P. Matheis, Executive Director, Nevada State Medical Association, testified that the improvement process has been positive and is addressing concerns that were initially raised by a series of articles in the *Las Vegas Sun* detailing abuses existing in the J-1 Program. Mr. Matheis explained that streamlining the processes involved and addressing abuses will only be positive for Nevada and increases the ability to provide health care, to plan for future J-1 Program physician recruitment needs, and will lead to a much better paper trail for the program, which in turn provides a safety net for providers and better enables the Board of Medical Examiners to address problems.

Discussion followed regarding the potential membership and administrative issues of the Advisory Council, confidential meetings with complainants, what the remedy process for verified J-1 Program abuses will be, and what reviews will occur during employer site visits.

- Mr. Whitley said that it is a valuable process to review policies and change them if they are no longer relevant.
- Mr. Matheis commented that Governor Gibbons had just announced the appointment of Dr. Harold Cook, Ph.D., as Administrator of the DMHDS.

Discussion ensued about future LCHC meetings, including the April 10, 2008, meeting to be held in Las Vegas and the inclusion of a tour of the University Medical Center, and the May 6, 2008, meeting that will include a report from the Legislative Committee on Health Care Subcommittee to Review the Laws and Regulations Governing Providers of Health Care, the Use of Lasers and Intense Pulsed Light Therapy, and the Use of Injections of Cosmetic Substances (Senate Bill 4, Chapter 4, *Statutes of Nevada 2007, 23rd Special Session*).

#### **PUBLIC COMMENT**

There was no further public comment.

#### **ADJOURNMENT**

There being no further business to come before the Committee, the meeting was adjourned at 2:21:23 p.m.

Respectfully submitted,

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Rebecca C. Dobert  
Senior Administrative Assistant

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Marsheilah D. Lyons  
Principal Research Analyst

APPROVED BY:

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Chairwoman Sheila Leslie

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.

[Exhibit B](#) is a Microsoft PowerPoint presentation titled “Nevada’s Opportunities to Improve Public Safety Through Effective Substance Abuse and Mental Health Treatment for the Criminal Justice Population,” dated February 12, 2008, presented by Fred C. Osher, M.D., Director of Health Systems and Services Policy, Justice Center, Council of State Governments.

[Exhibit C](#) is a document titled “Substance Abuse Statistics and Mental Health Classification,” presented by Howard Skolnik, Director, Department of Corrections.

[Exhibit D](#) is a document dated February 12, 2008, titled “Division of Health Care Financing and Policy Behavioral Health Update,” presented by Charles Duarte, Administrator, Division of Health Care Financing and Policy, Department of Health and Human Services (DHHS).

[Exhibit E](#) is a document dated February 12, 2008, titled “Division of Child and Family Services Behavioral Health System Redesign,” presented by Patricia Merrifield, Deputy Administrator, Children’s Mental Health, Division of Child and Family Services, DHHS.

[Exhibit F](#) is a report titled *Clark County Children’s Mental Health Consortium Sixth Annual Plan*, which was provided by Karen Taycher, Chair, Clark County Children’s Mental Health Consortium, dated July 2007.

[Exhibit G](#) is the written testimony of Lyon O’Mara, M.B.A., Health Planning Program Manager, Bureau of Health Planning and Statistics, Health Division, DHHS, dated February 12, 2008.

Richard Whitley, Administrator, Health Division, DHHS, provided a packet of information which includes:

[Exhibit H-1](#) is a letter dated February 7, 2008, to Lawrence P. Matheis, Executive Director, Nevada State Medical Association (NSMA), regarding strategic organizational changes planned for the J-1 Physician Visa Waiver Program (J-1 Program), from Richard Whitley, Administrator, Health Division, DHHS;

[Exhibit H-2](#) is a letter dated January 14, 2008, to Judith Wright, Chief, Bureau of Family Health Services, Health Division, DHHS, from Lawrence P. Matheis, Executive Director, NSMA, suggesting changes to the J-1 Program;

[Exhibit H-3](#) is a document titled “Restoration and Integration of the J-1 Visa Program and Primary Care Office within the Bureau of Health Planning and Statistics”;

[Exhibit H-4](#) is an article from the *Las Vegas Sun* written by Marshall Allen, dated January 16, 2008, titled “Protect Foreign Doctors who Work in Nevada, Colleagues Urge”;

[Exhibit H-5](#) is an article from the *Las Vegas Sun* written by Marshall Allen, dated January 29, 2008, titled “New Watchdog: Doctors’ Abusers are In for It”; and

[Exhibit H-6](#) is an editorial article from the *Las Vegas Sun* dated January 30, 2008, titled “Vigorous Investigation: Those who Abused a Program Intended to Serve Needy Patients Should Face Discipline.”

[Exhibit I](#) is a letter dated January 14, 2008, to Judith Wright, Chief, Bureau of Family Health Services, Health Division, DHHS, from Lawrence P. Matheis, Executive Director, NSMA.

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.