



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

SUMMARY MINUTES AND ACTION REPORT

The third meeting of the Nevada Legislature's Legislative Committee on Health Care was held on December 18, 2007, at 9 a.m. in the Legislative Building, 401 South Carson Street, Carson City, Nevada, in Room 3138. The meeting was videoconferenced to Room 4401 of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, 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. 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; telephone: 775/684-6835).

COMMITTEE MEMBERS PRESENT IN CARSON CITY:

Assemblywoman Sheila Leslie, Chair
Senator Maurice E. Washington, Vice Chair

COMMITTEE MEMBERS PRESENT IN LAS VEGAS:

Senator Joseph J. Heck
Senator Steven A. Horsford
Assemblywoman Susan I. Gerhardt
Assemblyman Joe Hardy

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 third meeting of the Legislative Committee on Health Care (LCHC). Chairwoman Leslie outlined some scheduling details for 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*).

UPDATE CONCERNING CHILDHOOD IMMUNIZATION IN NEVADA, INCLUDING THE STATEWIDE IMMUNIZATION INFORMATION SYSTEM, NRS 439.265 (CHAPTER 334, STATUTES OF NEVADA 2007)

- Alexander Haartz, M.P.H., Administrator, Health Division, Department of Health and Human Services (DHHS), asked staff from the State's immunization program to come forward and present an overview and update of the program.

Discussion followed with regard to the data warehouse program and the immunization registry and the possibility of those programs being cut due to budget restraints.

- Deborah McBride, M.B.A., Chief, Bureau of Community Health, Health Division, DHHS, conducted a general overview of childhood immunization programs in Nevada and implementation of Assembly Bill 410 (Chapter 334, *Statutes of Nevada 2007*), the immunization registry.
- Doug Banghart, R.N., M.S.P.H., Program Manager, Nevada State Immunization Program (NSIP), Health Division, DHHS, reviewed Nevada's low national ranking with regard to childhood immunization and explained the reasons for the ranking. Mr. Banghart detailed vaccine purchase programs in Nevada and other states and highlighted the benefits of implementing an immunization registry.
- Tami A. Chartraw, M.P.A., H.A., Immunization Information System Manager, NSIP, DHHS, spoke about the progress of work on Nevada's immunization registry, including: the drafting of regulations to be presented to the State Board of Health; conduction of public workshops; provider input opportunities and trainings; the convention of stakeholder workgroups; and the structural setup of the official immunization database. Ms. Chartraw identified State, local government, and private agency partners working to integrate the immunization registry statewide and detailed enrollment numbers.
- Chairwoman Leslie asked how providers have reacted to the immunization registry.
- Ms. Chartraw replied that provider reaction has generally been favorable, especially as there is increased peer-to-peer input.

- Chairwoman Leslie wondered if the immunization registry will assist in moving Nevada out of 50th place for immunization of children age 2 and under. She also asked when national rankings will next be assessed and inquired about the concept of a vaccine purchasing pool.
- Mr. Banghart answered that most states use private funds to purchase vaccines. Mr. Banghart indicated that he hoped for further input from stakeholders on this.
- Cari A. Rovig, M.B.A., Statewide Executive Director, Northern Nevada Immunization Coalition, said that the coalition is in support of the registry effort. Ms. Rovig said that the immunization registry serves the following purposes: (1) to recruit providers and train providers, and (2) to provide consistent and up-to-date immunization information. She noted that Nevada's registry is based on successful, in-use models from other states.

PRESENTATION REGARDING THE CHILDHOOD LEAD POISONING PREVENTION PROGRAM

- Lawrence Sands, D.O., M.P.H., Chief Health Officer, Southern Nevada Health District (SNHD), gave an overview of the effects of lead exposure on child development, sources of lead exposure, and the history of the Childhood Lead Poisoning Prevention Program (CLPPP).
- Mark Bergtholdt, Environmental Health Supervisor, SNHD, discussed the poisoning prevention program in more detail, identifying program goals and staff responsibilities and services using a Microsoft PowerPoint presentation titled "Childhood Lead Poisoning Prevention Program," ([Exhibit B](#)). Mr. Bergtholdt discussed the development of the Lead Poisoning Strategic Elimination Plan and implementing the statewide plan ([Exhibit C](#)).
- Keith Zupnik, M.D., Childhood Lead Poisoning Project Coordinator, SNHD, continued the CLPPP presentation, focusing on the needs and challenges of the program, using [Exhibit B](#). Dr. Zupnik noted how the program is attempting to grow, some current limitations to growth, and possible ways to surmount those limitations. Dr. Zupnik noted some of the future plans for the program and commented that there is much that can be learned from other states that have already implemented lead poisoning prevention programs.

- Alexander Haartz, previously identified, addressed the issue of planning the CLPPP from funding and agency standpoints and pointed out its use of federal funds. Mr. Haartz commented it will be a challenge to implement this program statewide, though Clark County's implementation of the program will offer guidance for doing so.
- Chairwoman Leslie asked if testing is mandated by Medicaid and, if so, why Nevada is only testing 1 percent of Medicaid-eligible children.
- Charles Duarte, Administrator, Division of Health Care Financing and Policy (DHCFP), DHHS, responded that, while lead screening is not a statutory requirement for parents in Nevada, Medicaid does require in its early diagnosis and screening protocol that children 12 to 24 months of age receive a blood screen for lead. Mr. Duarte said that there are widespread acknowledgement issues about the extent of lead exposure in Nevada, and identified health programs that have adopted lead awareness as part of performance improvement projects.
- Chairwoman Leslie asked for clarification about the "mandates" for lead screening mentioned by Dr. Zupnik.
- Mr. Duarte explained that for Medicaid's early periodic diagnosis and treatment programs certain age and gender-related screening is required by federal legislation, therefore establishing a target for testing for states to achieve and report on.
- Chairwoman Leslie asked Dr. Zupnik to explain what was needed by Nevada in terms of legislation on the issue of lead screening.
- Denise Tanata Ashby, J.D., Executive Director, Nevada Institute for Children's Research and Policy, School of Public Health, University of Nevada, Las Vegas, said that the Institute is in the process of identifying what legislation may be needed. Ms. Tanata Ashby said that lead screening and education are current priorities, along with program sustainability beyond the expiration of Centers for Disease Control and Prevention (CDC) grants. She said education campaigns are being planned and she identified channels by which education could be disseminated.
- Assemblyman Hardy mentioned that the SNHD Board had recently discussed a concern that the CDC could be upset with Nevada for not administering grants effectively.
- Dr. Zupnik said he has weekly conversations with the CDC coordinator for their grant and they are satisfied with Nevada's administration.
- Assemblyman Hardy commented that previously physicians could identify children needing lead screening at the appropriate age and wondered how children are not currently being screened.

Discussion ensued related to the perception of Nevada's lead problem in the medical community, sources of lead poisoning, and the potential power of physicians as a tool in the effort to identify and screen children at risk for lead poisoning.

- Senator Horsford asked for a demographic breakdown of children in Nevada currently being screened for lead and for details about grant performance measurements. He commented that he was glad to hear about efforts underway to sustain program funding and wondered if school districts, head starts, and community-based organizations are involved.
- Senator Heck asked what the limits of lead detection are.

Discussion followed regarding measurable lead limits, what action may be taken once elevated lead levels are identified in a patient, and what kind of treatment tracking is involved.

- Senator Heck noted that lead screening seems to parallel immunization records in Nevada and wondered if physicians could track both via Internet-based programs.
- Dr. Sands stated that sort of tracking is possible, but first there must be increased provider participation.
- Mr. Haartz said Internet-based tracking of both immunization and lead screening certainly is possible and fits in with the idea of a medical home.
- Senator Heck noted that Nevada's online immunization registry should be well planned before it is implemented, so that it will not need to be reworked retroactively.
- Assemblywoman Gerhardt wondered how large a problem lead-contaminated toys are.

Discussion followed about the challenge that toys containing lead present, the fact that lead may be present in virtually any product, and whether a separate data collection category should exist for toys.

- Senator Horsford commented that it needs to be recognized that many homes containing lead in their structure are identifiable by the date they were built, and perhaps there are economic or community development entities that could assist with outreach.
- Chairwoman Leslie asked that the LCHC be updated on any legislative items needed that are identified in the process of implementing lead poisoning programs.

DISCUSSION REGARDING POSSIBLE REDUCTIONS TO THE BUDGET OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES

- Michael J. Willden, Director, DHHS, gave an overview of the potential budget cuts that have been requested by Governor Jim Gibbons. Mr. Willden said that the DHHS had submitted their possible cuts to the Governor's office, noting that in the past week

projected State budget cut targets changed from 8 percent to 4.5 percent. Mr. Willden said there are nine budget accounts that are exempt from cuts—including child welfare and juvenile justice—though the DHHS is working to identify any voluntary cuts that might be made to those budgets. Mr. Willden said the DHHS’s new cut target is \$78 million, down from nearly \$200 million, State General Fund dollars.

- Chairwoman Leslie asked if the target dollar number should be increased, to include federal matching funds.
- Mr. Willden said that, in his estimation, the federal matching loss would be more like one-half to one, rather than the one-to-one dollar losses originally projected with a budget cut target of 8 percent. Mr. Willden said that the DHHS is prioritizing level one cuts, which he defined as no-impact to services, into five categories: (1) capital improvements; (2) one-shot funding projects; (3) deferral of rate increases; (4) unbudgeted revenues; and (5) technology improvement requests. Mr. Willden then explained what the DHHS considered level two cuts, defined as dealing with vacancy savings, with the intention of avoiding layoffs.
- Chairwoman Leslie asked how a hiring freeze would affect programs.
- Mr. Willden answered that he will provide staff with an exempt-position list, which includes inpatient staff positions and early intervention staff. Mr. Willden noted many of the positions are already vacant and will simply remain so.
- Senator Washington wondered about a possible mandatory furlough of State employees.
- Mr. Willden said that will not happen; the priority will be to use vacancy savings, then furloughs, then layoffs, as decided by each department head.

Mr. Willden next defined level two cuts, including items such as training and travel for staff. He then explained level three cuts as minor program eligibility adjustments, a scaling back of some recently added programs.

- Senator Washington asked about scaling eligibility requirements, specifically with regard to reimbursement of physicians.
- Mr. Willden said physician reimbursement would not be considered a level three adjustment, as it is not minor. Mr. Willden then defined level four cuts as dealing with deferring growth packages, and defined level five cuts as the “ugly program cuts,” meaning reduced levels of services. He felt confident that the level one through four cuts would make level five cuts unnecessary.

Discussion followed about whether all work related to A.B. 146 (Chapter 447, *Statutes of Nevada 2007*) and A.B. 232 (Chapter 519, *Statutes of Nevada 2007*) has ceased, whether

anything may be done to complete their related regulations, or whether it may be possible to keep those programs moving forward without regard to budget cuts

- Senator Washington said that transparency is still being worked on in the private sector and wondered whether the DHHS is involved.
- Chairwoman Leslie wondered if there is any way to keep the bills' regulatory processes going and when budget cuts would be made public.
- Mr. Willden said all proposed cuts must be submitted by Friday, December 21, 2007, and was of the opinion that cuts would not be public until after the New Year.
- Chairwoman Leslie noted that while the budget cuts are unknown, citizens are wondering if services they use will be eliminated, pointing out the large crowd of meeting attendees. She was of the opinion that cuts will likely be over \$100 million, that there is little room for that lower amount of money to be lost. Chairwoman Leslie offered that capital improvement projects would not amount to significant cuts.
- Mr. Willden said there are not many capital improvements at the DHHS and added that some projects do not use State General Funds so they will continue.
- Senator Washington asked if it is safe to say that the DHHS's major cuts will consist mostly of level two and three cuts, vacancy savings, and minor eligibility adjustments.
- Mr. Willden reiterated that at a \$78 million cut there will be some, but not many, level four and five cuts.
- Senator Washington asked how minor program cuts will be prioritized.

- Mr. Willden said the priority will be not to harm existing levels of client services and noted he is listening to recommendations from his staff and advocacy groups. Mr. Willden said the DHHS will take administrative reductions before cutting services.
- Senator Washington asked the dollar amount of enhancements that may be cut.
- Mr. Willden said that approximately \$100 million in enhancements was allotted to the DHHS during the 2007 Session, and about \$200 million in caseload growth, including federal matching funds. He said that those matching funds will be reduced.
- Senator Horsford said that cuts will still put Nevada behind in health care. He was of the opinion that without the increased funding there must be cuts to services. Senator Horsford was concerned that Governor Gibbons would direct any budget cuts without the consultation of the body of the Legislature and said cuts are being made without regard for needed State services, such as education. Senator Horsford asked how children will access child mental health services if those services are cut.
- Chairwoman Leslie asked about the possible loss of 22 mental health beds, which was discussed during the November 27, 2007, LCHC meeting.
- Mr. Willden said he could not answer either question specifically. He reiterated the existence of nine exempt budget accounts, including those for juvenile justice and child welfare.
- Chairwoman Leslie said that it must not be forgotten that people's lives are at stake with health care issues and specified some programs that patients are waiting to hear about.
- Mr. Willden commented that DHHS staff is moving quickly to provide their proposed cuts. He reiterated that he is listening to staff, advocacy groups, and citizen recommendations and trying to minimize the impact of cuts. Mr. Willden pointed out that there just is not very much room for reductions to the DHHS's programs.
- Senator Washington said that taxpayers are asking the government to be prudent with their money, that they are feeling the economic pinch as well.
- Mr. Willden stated he does hear from taxpayers and suggested that Nevada should develop a plan to cope with economic cycles by identifying standard items that would be cut in an economic downswing.

Discussion followed about previous budget cuts under former Governors and whether preemptive budget planning could be considered.

- Chairwoman Leslie called for public testimony and asked that two items be entered into the meeting record: (1) a letter from Lorenz and Jolene Kuhn, regarding their family's

experience with healthcare ([Exhibit D](#)), and an e-mail message from Christine Stitser, M.P.T, outlining a “day in the life” of a social worker in Nevada, ([Exhibit E](#)).

- Barry Gold, Director of Government Relations, American Association of Retired Persons (AARP) Nevada, Las Vegas, urged Governor Gibbons to proceed with caution when making budget cuts. He pointed out that vulnerable populations, such as elders, are at risk. Mr. Gold noted the AARP Nevada is eager to assist with programs if possible. Mr. Gold’s written testimony is available as [Exhibit F](#).
- Chairwoman Leslie commented that perhaps AARP can help plan for the prescription drug plan program in Nevada.
- Mr. Gold replied that AARP Nevada is currently working on a fact sheet about prescription drug programs in Nevada.
- Brian Patchett, M.P.A., M.S., President/Chief Executive Officer (CEO), Easter Seals Southern Nevada, Las Vegas, said that cuts will greatly affect their constituency. He noted that this population is already subject to cuts in many levels of service in the private sector. Mr. Patchett said he sees clients with disabilities daily and understands the role of health and human services in making them successful. He noted for the record that he was opposed to any budgets cuts.
- Assemblywoman Gerhardt asked Mr. Gold, as a representative of a large portion of Nevada’s taxpaying population, what he is hearing from AARP members about how money should be spent.
- Mr. Gold replied that he has heard very little since people are still waiting to hear what the budget cuts will be. He suspected he would have a better answer after cuts were made public.
- Jan Gilbert, Northern Nevada Coordinator, Progressive Leadership Alliance of Nevada (PLAN), Reno, voiced opposition to all cuts, including any budget cuts to K through 12 education. She said human services are always forgotten when cuts are restored; therefore, even minor cuts have a large impact. Ms. Gilbert said it is unacceptable that often Nevada human services rank last in the nation and was of the opinion that the tax structure in Nevada is broken. She added that PLAN will continue to address these problems and hoped the LCHC would be of assistance.
- Bob Fulkerson, Executive Director, PLAN, said there are alternatives to making human services cuts. He addressed the rainy day fund and requested that Governor Gibbons’ administration be more open about the budget cut process.
- Shaun Griffin, Executive Director, Community Chest, Inc., Reno, stated his greatest concern is that the most vulnerable people will be most affected by cuts.

- Michelle Estrada, R.N., Service Employees International Union (SEIU) Nevada member, Las Vegas, testified that the clients of human services programs have extremely complex needs and are often lacking in health insurance. Ms. Estrada detailed statistics related to children and their health in Nevada and commented that proposed budget cuts will do little to help them. Ms. Estrada testified that cuts to human services always affect families' lives and asked for cuts to be avoided.
- Patrick Schreiber, member of the SEIU, Nevada, Las Vegas, said that child welfare budgets are only part of the continuity of care for child health in Nevada and testified in strong opposition to budget cuts. Mr. Schreiber advocated a more comprehensive solution to address State funding needs.
- Paul Gowins, Reno, testified using his written comments, available as [Exhibit G](#). He stated that important autism and traumatic brain injury programs are considered “one-shots” and are likely to be cut. He felt that there were other State budgets that could more easily absorb budget cuts. Mr. Gowins said that community services staff are integral to human services and added that these cuts will affect future generations.
- Connie McMullen, Chair, Strategic Plan for Seniors Accountability Committee, Reno, testified about the needs of seniors in Nevada, noting their vulnerability. Ms. McMullen said that for every social worker that is lost 50 seniors are left without assistance.
- Diane Rossman, member, People First of Nevada, Carson City, testified that people who are disabled want to be successful and need resources to allow them to live productive lives.
- Gina Greisen, member, Local 4041, American Federation of State, County and Municipal Employees, American Federation of Labor and Congress of Industrial Organizations, Las Vegas, testified that staff serving vulnerable populations will be heavily impacted by unfilled vacancies. She noted that the human services planning process has been flawed and said that caseloads for health care workers are overwhelming.
- Chairwoman Leslie reminded the public, as a policy point, that Governor Gibbons is making the budget cuts, not the LCHC or the Legislature.
- Julie Wedge, Government Relations Director, American Cancer Society Nevada, Reno, addressed the issues of cancer patients. Ms. Wedge felt the largest impacts would affect the middle class, the underinsured, and uninsured. She said there is a “trickle-up effect,” meaning that when the most vulnerable in our society fail, then so does the middle class.
- Bobette Bond, Legislative Liason, Health Services Coalition, Las Vegas, reiterated the testimony of PLAN. She said that the Coalition consists mostly of middle class—teachers, firemen, healthcare workers—members and stated it is frustrating that for

every piece of legislation that makes it through the legislative process there are 50 that do not. Ms. Bond encouraged moving forward with regulatory planning processes, pointing out studies determining that the quality of hospital care in Nevada is among the worst in the nation.

- Nora Behrens, Parent Co-Chair Northern Region-Incline Village, Nevada Interagency Coordinating Council, Nevada Early Intervention Services (NEIS), Health Division, DHHS, testified about the importance of early intervention services to children. She said Nevada is already in violation of certain early intervention funding related regulations and, as families wait for services, their rights are being violated. Ms. Behrens noted the State has an obligation to provide these programs upon acceptance of federal funding. She reviewed services currently provided and said fulfilling this obligation could save the State money.
- Deborah Campbell, Interim Executive Director, Nevada Blind Children's Foundation, Las Vegas, testified opposing cuts to the DHHS budget, especially to early intervention services. She said that cuts exacerbate the national impression that Nevada is a risky place to raise children.
- Chairwoman Leslie requested that a letter from Shane Hefley, regarding health benefits, be entered into the record, [Exhibit H](#). She then addressed the issue of submitting a letter to Governor Gibbons, as discussed at the previous LCHC meeting.

Members discussed a draft letter from Chairwoman Leslie to Governor Gibbons regarding budget cuts and found it acceptable to send ([Exhibit I](#)).

- Senator Washington clarified that he understood that the State cannot be all things for all people. He said that an effort is made to reach as many needy people as possible and said that none of the programs mentioned today will definitely be cut; their level of funding may simply be reduced. Senator Washington compared the budget process to that of any household, noting that it is Governor Gibbons' job to ask departments to live within their means.
- Chairwoman Leslie was of the impression Mr. Willden's testimony meant there will be cuts; what they are is not yet known, and there will be real impacts as a result.

PRESENTATION REGARDING THE PREVALENCE AND TREATMENT OF EATING DISORDERS IN NEVADA

- Wendy Oliver-Pyatt, M.D., Founder, Oliver-Pyatt Centers; Chair, Academy for Eating Disorders Advocacy Committee, gave a Microsoft PowerPoint presentation ([Exhibit J](#)) and reviewed the prevalence of and treatment for eating disorders in Nevada; diagnostic criteria for certain eating disorders; the epidemiology of eating disorders; psychological issues related to eating disorders; medical complications associated with eating disorders; and treatment options for patients.

Ms. Oliver-Pyatt also presented a video titled “Onslaught” from the Dove Beauty Campaign, accessed via the Internet at: www.youtube.com. Ms. Oliver-Pyatt presented facts from a national expert regarding the effectiveness of treatment for eating disorders.

- Chairwoman Leslie wondered if federal parity legislation will include eating disorders.
- Ms. Oliver-Pyatt said that her understanding is that a compromise is being worked on to possibly include eating disorders in federal parity legislation.

Discussion followed regarding general misconceptions facing eating disorder patients and how that may limit their treatment options.

- Rebecca Thole-Clements, Reno, spoke using written testimony and an informational packet ([Exhibit K](#)) and presented her family’s personal experience with eating disorders.
- Chairwoman Leslie asked why Nevada has no inpatient services to serve those suffering from eating disorders.
- Ms. Oliver-Pyatt responded that it is very complicated to create an eating recovery environment and that general psychiatric hospitals are often not suitable for these patients. She noted that it is also a very costly treatment to provide and most insurance providers in Nevada will not cover eating disorders as a serious mental illness, regardless of the serious medical ailments associated with them.

Discussion followed about the cost of treatment for eating disorders, its effectiveness, and insurance coverage.

PRESENTATION CONCERNING CERTAIN CHILDREN AND ADOLESCENT BEHAVIORAL HEALTH SERVICES AND TREATMENT PROGRAMS IN NEVADA

- Fernando Serrano, Administrator, Division of Child and Family Services (DCFS), DHHS, presented an overview of adolescent behavioral services in Nevada. He identified facilities in Nevada dedicated to these services and the specific treatment each provides. Mr. Serrano detailed caseloads for treatment in both northern and southern Nevada.
- Patricia Merrifield, Deputy Administrator, Children's Mental Health, DCFS, DHHS, gave the first half of a presentation on available adolescent behavioral services. She outlined the history of the Nevada Child Behavior Health Consortium and reviewed financing for public health agencies in Nevada that provide adolescent behavioral health services. Ms. Merrifield specified the programs that her office is working on, their regulations and programmatic aspects, quality assurance components, sampling reviews of treatment programs, and provided clientele profiles.
- Charles Duarte, previously identified, said that a child behavioral health redesign has increased the number of providers in Nevada. He explained that therapeutic foster care homes have increased in number, as have child and adolescent behavioral treatment programs overall. Mr. Duarte said that the goal to expand outpatient services of this type has had mixed results; there has been a three-year increase in the use of the programs, though with less success in Clark County than in other areas of Nevada.

Addressing the budget-saving initiative from the 2007 Legislative Session for children needing long-term inpatient care, Mr. Duarte said the procurement should soon be complete and they anticipate awarding a contract in early 2008.

Mr. Duarte updated the LCHC on the DHCFP's federally funded programs, noting that some programs are currently under review, pending audit of Nevada's provider payment policies. Addressing the funding of therapeutic foster care, Mr. Duarte said there is still ongoing discussion as to whether this will be approved for federal funding.

Mr. Duarte concluded by saying that target case management services could sustain significant fiscal impacts from proposed federal regulations, to be implemented in March 2008, particularly in juvenile justice and child welfare.

- Chairwoman Leslie asked about the child and adolescent behavioral health redesign and whether there are enough providers in Nevada with the appropriate expertise.
- Mr. Duarte said he has not heard that it is a problem, adding that many children have multiple service needs, and that is where Nevada lacks capacity.

- Ms. Merrifield thought that youth with co-morbidities are underserved, with regard to providers with appropriate expertise. She noted that ten mental health beds for youth had been added in March of 2007; however, they have a constant wait list, with most on the list having dual diagnoses. Ms. Merrifield added that an ongoing needs assessment is going to be very helpful for building a network of provider trainers in Nevada.
- Chairwoman Leslie asked if Medicaid covers treatment for eating disorders.
- Mr. Duarte said all *Diagnostic and Statistical Manual of Mental Disorders IV* diagnoses are covered, but he would need to look at the specific billing codes.
- Senator Heck asked why there has been an increase in the level of inpatient service use in Clark County.
- Mr. Duarte thought it was due to a percentage increase in utilization and not related to caseload growth.
- Scott G. Reynolds, Executive Director, Special Student Services, Clark County School District, representing the Clark County Children's Mental Health Consortium, referenced [Exhibit L](#) and explained that some gains have been made in terms of behavioral health services for youth in southern Nevada, but there is room to grow. He said that all child services are critical and the failure to provide them denies children the opportunity to thrive. Mr. Reynolds noted that services are compromised by: inappropriate use and lack of adequate crisis services in communities. He pointed out that there has been a marked increase in the need for behavioral health services for children and nothing can supplant the critical services being provided. Mr. Reynolds said that cutting costs not only infringes on the duty of care, but will be disastrous to families and communities.
- Pam Becker, Regional Children's Mental Health Consortiums in Nevada; Chair, Washoe County Children's Mental Health Consortium, voiced concern that beds for adolescents added to the Northern Nevada Adult Mental Health Services treatment center in Sparks may be considered a one-shot allocation and could be cut. She stated that of the funds approved by the 2007 Legislature to support public works projects, 9 percent was allocated for youth projects. She noted the age of the adolescent treatment center and asked that older buildings be considered for public works money first. Ms. Becker said that children's mental health services still hadn't recovered from budget cuts in the 1990s.

- Lorraine Vasquez, Chair, Rural Mental Health Consortium, DCFS, DHHS, spoke as the adoptive parent of 12 children from the Nevada system. She said that Nevada's child mental health care system is operating in crisis mode: services and funding for children's health is severely limited in the rural areas. Ms. Vasquez noted her efforts to provide support and encouragement to the parents of children in the system as well.
- Karen Miller, member, Nevada Parents Encouraging Parents, Las Vegas, spoke as a parent of three children in the system. She said that there is not enough mental health treatment available for children in Nevada, which creates larger consequences for the families and the community.

PRESENTATION REGARDING CERTAIN SERVICES AND PROGRAMS FOR CHILDREN WITH DISABILITIES IN NEVADA

- Alexander Haartz, previously identified, identified several important health care programs for children in Nevada.
- Janelle Mulvenon, Bureau Chief, Bureau of Early Intervention Services (EIS), Health Division, DHHS, presented an overview of caseload growth in early intervention services ([Exhibit M](#)). She explained performance indicators; compliance standards; and Nevada's work to increase program standards despite the referral rate for services increasing by 74.7 percent since Fiscal Year 2004.
- Chairwoman Leslie wondered how program waiting lists have been affected by the hiring freeze.
- Ms. Mulvenon replied that three positions were recently released for hiring, but therapy waits are now longer than 30 days. Ms. Mulvenon further detailed program performance indicators and said system saturation is resulting in children experiencing delays receiving services. Ms. Mulvenon then detailed growth projections for early intervention programs.
- Karen Taycher, Executive Director, Nevada Parents Encouraging Parents, Las Vegas, spoke of the potentially devastating outcome if there are budget cuts to programs for children with disabilities. She presented statistics associated with children waiting for health services and commented that law enforcement officers are becoming de facto mental health care providers. Ms. Taycher reviewed the inadequacies of programs in Nevada for children born with disabilities; she said that only the most severely disabled children are currently eligible to receive services. Ms. Taycher pointed out that the educational and juvenile justice systems also suffer when behavioral health care services for children are inadequate. Concluding her testimony, Ms. Taycher addressed the difficulties of getting child health services in Nevada, including for those with insurance, and detailed the cost of sending children out of state for services.
- Senator Horsford asked if any community groups in Nevada have considered taking legal action if service cuts are imposed.

- Ms. Taycher responded that she knows of discussions about doing so but could not comment specifically.
- Marcia O'Malley, Executive Director, Family TIES of Nevada, Reno, reviewed the scope of services of her organization, and noted her personal interest in children's health. Her presentation is available as [Exhibit N](#). Ms. O'Malley reviewed who the children with special health care needs are and how Nevada compares nationally in providing them services. Ms. O'Malley detailed the expense and impact imposed on families of children with special health care needs, both now and if cuts were to be made to child health services. She added that Family TIES of Nevada joins PLAN in their request for no cuts to be made to human services budgets.
- Chairwoman Leslie called for public testimony.
- Diana Rovetti, Reno, spoke as a parent of a child with Down's syndrome. She testified that her child is a success story due to early intervention services.
- Brian Patchett, previously identified, said that he strongly believes that early intervention is one of the most important services that can be provided to prepare children with disabilities for success in life. He said that Easter Seals of Nevada also requests no cuts be made to human services budgets.
- Mary Ellen Stephen, Southern Regional Program Manager, EIS, DHHS, detailed caseload increases at EIS and how staff processes them ([Exhibit O](#)). She shared a story of a child referred to the program primarily for autism: his treatment plan, the staff involved, and the difficulties his family encountered trying to get treatment as his siblings were also diagnosed with autism.

UPDATE REGARDING VARIOUS SERVICES AND PROGRAMS FOR THE TREATMENT OF AUTISM IN NEVADA

- Jan Crandy, Executive Director, Southern Nevada, Autism Coalition of Nevada, stated that autism services cannot withstand any budget cuts. She explained the increased awareness of autism and thus the increased need for services; the full text of her testimony is available as [Exhibit P](#). Ms. Crandy also told a success story of autism treatment that she recently experienced and contrasted it with the fact that most health insurance does not cover autism treatment.
- Chairwoman Leslie said that autism programs are minimally funded and losses could be distressing. She then called for public testimony.
- Deborah Meinberg, Director of Autism Services, Easter Seals Southern Nevada, Las Vegas, noted the difficulties encountered providing autism services in Nevada,

which families often must go into debt to pay for. She encouraged the retention of funding for autism programs.

PRESENTATION CONCERNING PREVENTION AND TREATMENT OF SUBSTANCE ABUSE BY ADOLESCENTS IN NEVADA

- Maria Canfield, M.S., Agency Director, Substance Abuse Prevention and Treatment Agency (SAPTA), Division of Mental Health and Developmental Services, DHHS, presented an update on adolescent substance abuse prevention and treatment programs in Nevada ([Exhibit Q-1](#) and [Exhibit Q-2](#)).

There was brief discussion regarding the number of adolescents in Nevada whose need for substance abuse treatment is unmet.

- Ms. Canfield reviewed additional data to assess substance abuse treatment needs. She pointed out that national data show Nevada youth have a high rate of substance abuse, with the highest use being marijuana. She explained SAPTA's data gathering methodologies and detailed several of the Agency's prevention program goals and funding strategies, including those specific to methamphetamine.
- Chairwoman Leslie called for public testimony.
- Kevin Quint, Executive Director, Join Together Northern Nevada; President, Nevada Adapt, Reno, testified about the inadequacy of the adolescent substance abuse treatment available in Nevada, with particular regard to domestic situations. He said that often child substance abusers end up returning to domestic situations that are not supportive or suitable after receiving treatment. Mr. Quint recommended more treatment programs for adolescents and encouraged the integration of the entire substance abuse treatment process. He also recommended that gaps in substance abuse care be filled; for example, transitional care for adolescents, recovery support services, and early intervention services. He noted that treatment availability in Nevada is not keeping up with population growth. Mr. Quint stated that gains made in the 2007 Session will be nullified by budget cuts.
- John Yacinda, President and CEO, Health Care Strategies, Inc., Carson City, testified about his organization, a Christian-based substance abuse treatment program for boys. He pointed out that:
 1. The teen challenge program serves boys from all over the U.S.;
 2. The program is successful due to a one-year commitment from families;
 3. Monthly tuition is \$1800, which is low by treatment standards;
 4. The program is licensed as a degree-granting high school;

5. The program utilizes individual and group counseling, including family counseling, to address an array of life problems, as substance abuse is rarely a single occurring problem;
6. The basic tenets of Christianity are used in treatment;
7. The program can be used as an alternative to juvenile incarceration; and
8. The program teaches boys that they are capable of change and must give back to their communities when they graduate.

Dr. Yacinda suggested that some of these policies could be useful to secular programs.

- Senator Washington said that Dr. Yacinda's program is excellent and explained that Dr. Yacinda and his family have been the primary fundraisers for the program.
- Senator Horsford asked if at a future LCHC meeting staff from the Council of State Governments West could testify about initiatives pertaining to substance abuse funding as related to corrections issues; particularly justice reinvestment initiatives.

Discussion ensued as to when the best time would be for this presentation to happen.

PRESENTATION CONCERNING THE IDENTIFICATION OF HEALTH-RELATED ISSUES, NEEDS, AND PRIORITIES OF CHILDREN PURSUANT TO ASSEMBLY BILL 354 (CHAPTER 414, *STATUTES OF NEVADA 2007*)

Designated Health Authorities in Nevada

- Alexander Haartz, previously identified, introduced the presenters assisting him, explaining that multiple agencies are involved with this topic and are seeking a systems approach. He noted that additional child health data is forthcoming from Nevada schools.
- Lawrence Sands, previously identified, spoke about the work of the SNHD ([Exhibit R](#)). He advocated adopting the Nurse-Family Partnership Program.

- Bonnie Sorenson, Director of Nursing, SNHD, explained the Nurse-Family Partnership Program ([Exhibit S](#)). She noted that it is a well established, evidence-based public health program. Ms. Sorenson gave an overview of the program, its goals, and its scope of implementation. Ms. Sorenson provided details of the successes associated with the program, including:

1. Reduction of child abuse; and
2. Reduced time spent in jail for families involved in the program.

Ms. Sorenson listed the funding components of the program and federal funding that may be available. She said that the SNHD is in favor of implementing the program.

- Mary Anderson, M.D., M.P.H., District Health Officer, Washoe County District Health Department, added the Department's support for the Nurse-Family Partnership Program ([Exhibit T](#)). She noted several additional studies that reached favorable conclusions about the impact of the Program on communities.
- Chairwoman Leslie noted it sounds like a positive program, but funding may not be possible.
- Dr. Anderson said that looking at State and federal funding should be a partnership effort, with an eye to the return on investment.
- Vicky L. Fogelman, D.V.M., M.P.H., Director, Carson City Health and Human Services, addressed child health issues. Dr. Fogelman's written testimony is available as [Exhibit U](#). She said that social support is crucial to child health and commented that an effort needs to be made to entice more Medicaid providers to Nevada. She expressed support for the Nurse-Family Partnership Program and proposed a small best practices grant program to incentivize solutions in the community.
- Senator Washington observed that these are all recurring issues and recommended that the LCHC consider developing an interim committee specific to child, youth, family, and juvenile issues encompassing all aspects of child health and development.
- Chairwoman Leslie asked that staff make note of the recommendation for the LCHC's work session.

Various Children's Health Organizations and Representatives

- Larry Matheis, Co-Chair, Nevada Covering Kids and Families, recognized that Nevada has always made cooperation among public health officials a public health priority, referencing [Exhibit V](#), a letter from Rota Rosachi, Executive Director, Nevada Public Health Foundation, advocating a public health forum. Mr. Matheis then outlined the work of Nevada Covering Kids and Families with the uninsured children of the State ([Exhibit W](#)).
- Chairwoman Leslie noted that the LCHC will consider the idea of a public health forum and opened public testimony.
- Ignacio Aviles, Family TIES of Nevada, Las Vegas, testified that thanks to Medicaid and public health programs, his family has been able to access healthcare. He said that as he transitioned away from public health assistance, he appreciated having been able to maintain their health needs during difficult financial times.
- Paula Garriott, Coordinator, Community Coalition for Oral Health, Las Vegas, explained that the coalition acts as an umbrella coalition to support provider participation in oral health programs for uninsured and low-income patients. She noted that over 80,000 children in Clark County do not have oral health coverage and that dental problems are highly treatable. Ms. Garriott said many children with dental health problems use emergency rooms for care at a great cost. She explained the broad spectrum of effects of dental problems on child health and advocated the maintenance of dental care through Nevada Check Up and Medicaid programs.
- Chairwoman Leslie said an oral health item will be included in future hearings on child health.

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

Legislative Counsel Bureau (LCB) File No. R182-07, State Board of Health

- Sara Partida, Senior Deputy Legislative Counsel, Legal Division, Legislative Counsel Bureau, reviewed LCB File No. R182-07, proposed by Nevada's State Board of Health ([Exhibit X](#)). Ms. Partida presented the history of the proposed regulation.
- Chairwoman Leslie asked if the regulation would be adopted.
- Alexander Haartz, previously identified, stated that this version of the proposed regulation is more responsive to statutory changes than previous versions.
- Chairwoman Leslie indicated that she has not heard any objection to the proposed regulation.

PUBLIC COMMENT

- Chairwoman Leslie allowed further public comment and noted that the January meeting may include juvenile justice issues and if the LCHC members had a subject they want on the agenda they should contact staff.

The following written items were submitted for the record without the presenter's verbal testimony:

1. A letter dated December 17, 2007, from Colette McKenzie regarding the Self-Directed Family Support Arrangement Program (Acumen Program) ([Exhibit Y](#)).
2. A letter, dated December 17, 2007, from Julie Bemus Ortiz, M.S., CCC-SLP, in support of maintaining funding for the Acumen Program ([Exhibit Z](#)).

ADJOURNMENT

There being no further business to come before the Committee, the meeting was adjourned at

Respectfully submitted,

Rebecca C. Dobert
Senior Administrative Assistant

Marsheilah D. Lyons
Principal Research Analyst

APPROVED BY:

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 (LCB).

[Exhibit B](#) is a Microsoft PowerPoint presentation titled “Childhood Lead Poisoning Prevention Program,” dated December 18, 2007, presented by Mark Bergtholdt, Environmental Health Supervisor, Southern Nevada Health District (SNHD), and Keith Zupnik, M.D., Childhood Lead Poisoning Project Coordinator, SNHD.

[Exhibit C](#) is a letter dated November 19, 2007, to Charles Duarte, Administrator, Division of Health Care Financing and Policy, Department of Health and Human Services (DHHS), titled “Request for Demographic Data on Medicaid and SCHIP Recipients,” provided by Mark Bergtholdt, Environmental Health Supervisor, SNHD.

[Exhibit D](#) is letter dated December 10, 2007, to Governor Jim Gibbons, staff, and legislators of Nevada, regarding potential health and human services budget cuts, from Lorenz, Jolene, and Samantha Kuhn, Reno.

[Exhibit E](#) is an e-mail message to Assemblywoman Sheila Leslie and Assemblyman David P. Bobzien regarding potential budgets cuts for early intervention services in Nevada, from Christine Stitser, M.P.T.

[Exhibit F](#) is the written testimony of Barry Gold, Director of Government Relations, American Association of Retired Persons Nevada, dated December 18, 2007.

[Exhibit G](#) is a letter dated December 18, 2007, to members of the Nevada Legislative Health Committee, regarding possible budget cuts to programs for persons with disabilities in Nevada, submitted by Paul Gowins, Reno.

[Exhibit H](#) is a letter dated December 18, 2007, to the Legislative Committee on Health Care (LCHC), regarding potential budget cuts to health programs for children and adolescents in Nevada, provided by Shane Hefley.

[Exhibit I](#) is a letter dated December 18, 2007, to the Honorable Governor Jim Gibbons, regarding potential budget cuts to health and human services programs in Nevada, from Chairwoman Sheila Leslie on behalf of the LCHC members.

[Exhibit J](#) is a Microsoft PowerPoint presentation titled “Eating Disorders in Our Community: A Real Problem in Need of Solutions,” presented by Wendy Oliver-Pyatt, M.D., Founder, Oliver-Pyatt Centers; Chair, Academy for Eating Disorders Advocacy Committee.

Exhibit K is a packet of information offered by Rebecca Thole-Clements, Reno, which includes:

- Written testimony and personal photos presented by Ms. Thole-Clements to the LCHC at the December 18, 2007, meeting;
- A document titled “Eating Disorders: Myths,” acquired through the website <http://www.teenhealthconnection.org/eating.htm>; and
- A document titled “Famous People who have DIED from EDS,” acquired from http://www.edreferral.com/Celebrities_who_died_or_have_Eating_Disorders.htm.

Exhibit L is a letter dated November 29, 2007, to Michael J. Willden, Director, DHHS, from Karen Taycher, Chair, Clark County Children’s Mental Health Consortium, regarding potential budget cuts to child health services in Nevada, and provided by Scott G. Reynolds, Executive Director, Special Student Services, Clark County School District.

Exhibit M is a document dated December 18, 2007, titled “Presentation to the Legislative Committee on Health Care,” presented by Janelle Mulvenon, Bureau Chief, Bureau of Early Intervention Services (EIS), Health Division, DHHS.

Exhibit N is a document titled “Data Resource Center Tour,” acquired through the website <http://www.childhealthdata.org/content/Default.aspx>, presented by Marcia O’Malley, Executive Director, Family TIES of Nevada.

Exhibit O was offered by Mary Ellen Stephen, Southern Regional Program Manager, Bureau of EIS, DHHS, and includes:

- A document dated December 14, 2007, titled “Annual Review of Direct Services Staffing-NEIS South”; and
- A document dated December 18, 2007, titled “Family Stories-NEIS-South, Legislative Subcommittee Meeting.”

Exhibit P is the written testimony of Jan Crandy, Executive Director Southern Nevada, Autism Coalition of Nevada.

Exhibit Q-1 is a Microsoft PowerPoint presentation titled “Adolescent Substance Abuse Prevention and Treatment Services Briefing,” prepared by Maria Canfield, M.S., Agency Director, Substance Abuse Prevention and Treatment Agency (SAPTA), Division of Mental Health and Developmental Services (DMHDS), DHHS, dated December 18, 2007.

Exhibit Q-2 is a document dated November 16, 2007, titled “Substance Abuse Prevention and Treatment Agency Certified Treatment Programs,” presented by Maria Canfield, M.S., Agency Director, SAPTA, DMHDS, DHHS.

[Exhibit R](#) is the written testimony of Lawrence Sands, D.O., M.P.H., Chief Health Officer, SNHD, and Bonnie Sorenson, Director of Nursing, SNHD, dated December 18, 2007.

[Exhibit S](#) is a packet of information offered by Bonnie Sorenson, Director of Nursing, SNHD, which includes:

- A document titled “Nurse-Family Partnership, Costs and Benefits: The Economic Return on Investment”;
- A document titled “Nurse-Family Partnership, Overview”;
- A document titled “Nurse-Family Partnership Site Planning Guide Overview”; and
- A document titled “Nurse-Family Partnership Site Planning Guide—Guidance for Communities.”

[Exhibit T](#) is the written testimony of Mary Anderson, M.D., M.P.H., District Health Officer, Washoe County District Health Department, dated December 18, 2007.

[Exhibit U](#) is the written testimony of Vicky L. Fogelman, D.V.M., M.P.H., Director, Carson City Health and Human Services.

[Exhibit V](#) is a letter dated December 17, 2007, to Chairwoman Sheila Leslie, LCHC, from Rota Rosachi, M.P.A., Executive Director, Nevada Public Health Foundation, regarding a request for a public health forum for health officials in Nevada, presented by Larry Matheis, Co-Chair, Nevada Covering Kids and Families.

[Exhibit W](#) is a document dated December 18, 2007, titled “Nevada Covering Kids and Families, Legislative Committee on Health Care Presentation,” which was submitted by Larry Matheis, Co-Chair, Nevada Covering Kids and Families.

[Exhibit X](#) is a document titled “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 Y](#) is a letter dated December 17, 2007, to Governor Gibbons and members of the Assembly and Senate, regarding potential budget cuts to child health services in Nevada, provided by Colette McKenzie.

[Exhibit Z](#) is a letter dated December 17, 2008, to members of the Assembly and Senate, regarding potential budget cuts to child health services in Nevada, submitted by Julie Bemus Ortiz, M.S., CCC-SLP

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 or telephone: 775/684-6827.