



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

SUMMARY MINUTES AND ACTION REPORT

The second meeting of the Nevada Legislature's Legislative Committee on Health Care was held on November 27, 2007, at 11 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. 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 LAS VEGAS:

Assemblywoman Sheila Leslie, Chair
Senator Maurice E. Washington, Vice Chair
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 J. 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 second meeting of the Legislative Committee on Health Care (LCHC). She noted that the LCHC members had taken a tour of the Rawson-Neal Psychiatric Hospital prior to the meeting.

APPROVAL OF MINUTES OF THE MEETING HELD ON OCTOBER 31, 2007, IN CARSON CITY, NEVADA

The Committee **APPROVED THE FOLLOWING ACTION:**

SENATOR WASHINGTON MOVED TO APPROVE THE MINUTES FROM THE OCTOBER 31, 2007, MEETING HELD IN CARSON CITY. THE MOTION WAS SECONDED BY ASSEMBLYWOMAN GERHARDT AND PASSED UNANIMOUSLY.

DISCUSSION CONCERNING MEDICAL CLEARANCE FOR PERSONS WAITING FOR EMERGENCY ADMISSIONS TO MENTAL HEALTH FACILITIES OR HOSPITALS

- Sara Partida, Senior Deputy Legislative Counsel, Legal Division, Legislative Counsel Bureau (LCB), reviewed a legal opinion letter from the Legal Division of the LCB detailing Nevada law as it pertains to emergency mental health facilities. The full text is available as [Exhibit B](#). Topics included: an overview of emergency admissions to a mental health facility; medical examinations which are required before certain persons may be transported to a public or private mental health facility; professionals authorized to conduct a medical examination; locations where a medical examination may be performed; timing of a medical examination; and the current status of statutes concerning medical examinations.
- Chairwoman Leslie asked if statute dictates what medical testing needs to be done upon admission to a treatment facility.
- Ms. Partida replied that statute states only that a “medical exam” is required, without detailing components of the exam.
- Chairwoman Leslie commented that she thought the issue should be studied further in order to identify if this exam criteria should be made more specific. She asked Ms. Partida to follow the issue and report back on it in the future.

Discussion ensued regarding the particulars of where a medical assessment must be made prior to admission to a mental health facility, taking into account the various ways that patients are admitted.

- Chairwoman Leslie called Julie Slabaugh, Deputy Attorney General, Office of the Attorney General, to interpret the statute regarding how a medical assessment should be completed for a patient who self-transport to a mental health facility.
- Ms. Slabaugh said she believes statute allows for medical assessment to occur at a mental health facility if necessary.
- Chairwoman Leslie asked if removal of the transportation clause in statute should be considered.
- Ms. Slabaugh replied no, that the existing transportation clause is to address medical screening prior to an emergency admission.
- Assemblyman Hardy asked if the emergency admission counts as the initial admission which starts the clock running for a 72-hour legal hold of a patient.

Discussion followed clarifying that the 72-hour period is only a legal hold and not considered admission to a facility, specifying differences that may occur in southern Nevada versus northern Nevada.

- Assemblyman Hardy noted that there seems to be a difference in the definition of “admission” between statute and for physician billing practices.
- Assemblywoman Gerhardt asked for clarification on the difference between a medical screening and a “history and physical.”
- Senator Heck explained that the 72-hour hold is strictly the legal time limit a patient subject to a psychiatric evaluation for emergency admission may be held against their will by a medical facility; this hold period may be extended only by petitioning the court. He said the workup and examination are at the discretion of the physician and many variables will inform what the physician may decide to do in that examination.
- Carlos Brandenburg, Ph.D., Administrator, Division of Mental Health and Developmental Services (MHDS), Department of Health and Human Services (DHHS), came forward to say that Southern Nevada Adult Mental Health Services (SNAMHS) psychiatric observation unit is considered an outpatient facility; therefore, patients admitted to the unit are medically cleared but not admitted to the hospital proper. He said if a patient from the unit is transferred to the hospital, then an additional full history and physical is required.
- Chairwoman Leslie asked if the current language in statute relating to transportation of patients should be changed to assist with streamlining the mental health treatment process.

- Dr. Brandenburg responded that it should be considered, especially given current proposals for “one-stop shop” types of facilities; he said the law would be clearer if the transportation language were removed.
- Chairwoman Leslie pointed out that medical clearance is to ensure there is no underlying medical condition requiring immediate treatment.
- Dr. Brandenburg agreed, saying 90 percent of presenting psychiatric patients do not have an underlying organic disorder.

Discussion followed as to whether complex transportation language in statute is complicating medical clearance of patients.

- Senator Washington wondered if changing the transportation language in statute might create a bottleneck situation at medical facilities.
- Dr. Brandenburg said there is already a bottleneck in all of the emergency rooms (ERs) in the Las Vegas valley. He posited that if the one-stop shop triage center concept is well planned to make wise use of resources a bottleneck situation would be less likely to occur.

Discussion followed about how thoughtful planning and consideration of public-private partnership options could best alleviate current problems with the mental health care delivery system.

- Chairwoman Leslie noted that if the State had primary responsibility for running triage programs, problems would be more immediately visible to law and policy makers.
- Ms. Slabaugh pointed out that statute still limits *who* can apply the 72-hour hold, so facilities could not become dumping grounds for people wishing to relieve themselves of potential patients for 72 hours.
- Assemblywoman Gerhardt wondered if there might be a problem with the presence of law enforcement officers in mental health facilities while waiting for patients that they transported to be cleared. She also questioned security issues at the facilities.
- Dr. Brandenburg agreed that security needs are vital to the planning process.
- Assemblyman Hardy observed that there can be more than one one-stop shop triage center. He said that if State funding is the issue, partnership options are available.
- Chairwoman Leslie stated that the LCHC is committed to making the triage center planning process organized and thorough so that any resulting plan may be properly assessed during the next legislative session.

- Senator Joseph J. Heck, D.O., Member, LCHC, used the internet website <http://corp1.emsystem.com/?home> ([Exhibit C](#)) to provide a snapshot of the current mental health patient load in Nevada. He gave a brief history of mental health services in Nevada, detailed what services Nevada facilities currently provide, and noted the hospitals that had the most holds in effect. Senator Heck said that transport issues have historically complicated the treatment process. He added that the WestCare contract for services has been helpful but problems persist, such as the reluctance of physicians to sign off on a treatment process that someone else began. Senator Heck was of the opinion that early psychiatric triage via a one-stop shop model could provide a huge positive impact on Nevada's ability to provide mental health services.
- Chairwoman Leslie asked for specifics regarding Las Vegas valley patient load.
- Senator Heck clarified that the medical community has worked to provide an accurate picture, at any given time, of the number of patients occupying space in ERs who have been assessed and are simply waiting for transport pending bed availability at the SNAMHS.
- Dr. Brandenburg, Stuart J. Ghertner, Ph.D., Agency Director, SNAMHS, MHDS, DHHS, and Leon Ravin, M.D., Senior Psychiatrist, Associate Medical Director, Director of Student and Resident Education, SNAMHS, DHHS, presented their one-stop shop mental health triage center concept using the flow chart available as [Exhibit D](#).
- Dr. Ravin explained the structure of the concept, which would provide patient services ranging from triage to treatment. He noted that the SNAMHS proposal was an outline for services that could theoretically be implemented in a variety of physical settings. The concept model included:
 1. The medical assessment of patients;
 2. Details about what initial lab work may be performed to assess medical needs and potential for transfer to a medical facility; and
 3. An outline of the transfer process for patients deemed appropriate for in-and-out-patient psychiatric care.

Dr. Ravin said that regardless of a patient's initial presentation, this model triage center could accept patients by all means of transport, effectively assess medical versus psychiatric needs, and offer appropriate treatment. He commented that patient and staff safety can also be properly provided for.

- Senator Heck commented that the SNAMHS model is excellent, similar to practices already in place in Pennsylvania. He said the model clearly addresses important mental health service problems and that Nevada has the resources and infrastructure to put the model into action effectively.
- Dr. Ghertner added discussion of how the one-stop shop triage center could streamline patient load and subsequent, related admissions and processing. Addressing the question of peace officers being present in the facilities, he said the one-stop shop model supplies appropriate security for officers and patients alike. Dr. Ghertner added that, ideally, a community could have more than one triage center location; the only issue preventing that being funding. He concluded that the triage center model provides a full spectrum of treatment options, therefore reducing costs and making it an efficient provider.
- Senator Washington asked what the cost and timeline would be to make the model a reality.

Discussion followed with regard to the funding, planning, and implementation process for the one-stop shop triage center model. Concerns about what entity should take the lead in facilitating the process, restrictive legislative timelines, and potential budget cuts were addressed.

- Chairwoman Leslie noted her concern that mental health programming will greatly suffer under any budget cuts. She said if this model can be agreed upon as a real solution, the plan can move forward.
- Dr. Ghertner noted that budgeting is restrictive to the process. He said that some problems with the model would need to be addressed before it can be funded, including recruiting issues.
- Senator Horsford said that until the plan is solidified and there is a cost estimate, he cannot support approving money for the program. He asked Dr. Ghertner what exactly was being requested.
- Chairwoman Leslie clarified that she had requested a presentation of what the model would *look* like. She added that the LCHC would need further details about what resources are necessary to make the model a reality.

- Dr. Ghertner stated that the SNAMHS model was very recently put together and contained no funding estimate. He noted that, given current statewide funding problems, the project will likely need to be a public-private partnership.
- Senator Horsford asked what the contingency plan is when mental health beds are lost on December 31, 2007.
- Dr. Ghertner replied that he is taking action to try and further fund the beds scheduled to be lost and that he is planning to switch the responsibility for the beds from WestCare to the SNAMHS.
- Chairwoman Leslie asked for clarification on how that could be done.
- Dr. Brandenburg reminded the LCHC that Governor Jim Gibbons has asked for potential budget cuts of 5 to 8 percent to be submitted by the DHHS. Dr. Brandenburg said he has requested to continue State funding to retain the 22 WestCare beds that will be lost. He noted that the funding uncertainty is holding up hiring.
- Dr. Ghertner said the SNAMHS is moving forward with the hope the 22 beds will be funded by the State.
- Senator Horsford commented that he is aware of the contradiction between mandated budget cuts and legislative approval for planning increases and wanted to know what the contingency plan is should those 22 beds indeed be lost.
- Dr. Ghertner answered that the number of patients waiting in ERs for available beds will jump by 22; wait times will increase and services will suffer.
- Assemblywoman Gerhardt asked what other services or staff will be lost if the 22 beds are unfunded.
- Chairwoman Leslie estimated that the MHDS will lose \$51 million.
- Dr. Brandenburg, adhering to the mandate not to provide specifics, said services will be reduced since the agency provides virtually nothing else.

Discussion ensued regarding the potential for the DHHS to lose \$51 million due to budget cuts, especially related to the fact that the Lake's Crossing Center for mentally ill offenders in Sparks is not considered exempt from cuts though it contributes to public safety.

- Senator Heck pointed out that if 22 WestCare beds are lost and waiting times increase in ERs, this will be contrary to Senate Bill 244 (Chapter 450, *Statutes of Nevada*), passed during the 2007 Session mandating a maximum 30-minute waiting time in ERs. He said not just mental health patients but all patients will suffer due to the loss of 22 mental health beds.
- Chairwoman Leslie said it seems that the most vulnerable populations will also be most affected by budget cuts.

Discussion followed as to how continued funding for the 22 WestCare beds might be possible.

- Senator Washington stated that perhaps the LCHC should send a letter to the office of Governor Gibbons stating the importance of keeping the 22 mental health beds, currently provided by WestCare, available.
- Chairwoman Leslie asked if LCHC members desired to send a letter.
- Assemblyman Hardy commented that any decision about sending a letter should be made after hearing all further testimony that day.
- Dr. Ravin said the proposed triage center model suggests a partnership between the community and other agencies.
- Dr. Ghertner reiterated that the SNAMHS is a service agency so any funding cut is service money.
- Senator Horsford said that the cost of the proposed model still needs to be calculated so cost comparisons may be made. He stated that Nevada cannot keep going backwards with regard to mental health services.
- Chairwoman Leslie pointed out that the Rawson-Neal Psychiatric Hospital in Las Vegas is a positive example of mental health care in Nevada.
- Dr. Lesley Dickson, President Elective, Nevada Psychiatric Association and Clinical Professor of Psychiatry, University of Nevada School of Medicine, gave a Microsoft PowerPoint presentation reviewing recruitment issues relevant to mental health care in Nevada ([Exhibit E](#)). Highlights of Dr. Dickson's presentation included:
 1. Shortages in psychiatric staffing that exist nationwide;
 2. Demographics related to Nevada's psychiatrists; and
 3. The primary practice details of Nevada psychiatrists.
 Dr. Dickson expressed general support for the SNAHMS's proposed one-stop shop triage center model.

Discussion ensued, detailing recruiting and hiring particulars for Nevada.

- Assemblyman Hardy asked Dr. Dickson to detail the licensing difficulties some physicians have in Nevada.
- Dr. Dickson identified professionals in two groups: the newly graduated, who can be easily licensed, and the longer term practitioners who are subject to recertification exam criteria. She said many psychiatrists in the U.S. are foreign-trained and related paperwork problems can slow the licensing process down.
- Assemblyman Hardy wondered if job flexibility in Nevada could be improved and asked about how the mobile crisis team is funded and what its hours of operation are.
- Dr. Ghertner answered that the mobile crisis team operates seven days a week from 8 a.m. to 10 p.m. He added that improving doctor privileges could assist with the team's triage and treatment process and that the licensing board has been diligent in looking at options for practitioners. Dr. Ghertner further commented on the licensing process and locum tenens laws in Nevada, pointing out that some other states have reached solutions that could be effective in Nevada.
- Chairwoman Leslie invited Dr. Dickson to participate in the regional planning process for Las Vegas.
- Dr. Dickson replied that she would welcome the opportunity.
- Bill Welch, President and Chief Executive Officer (CEO), Nevada Hospital Association (NHA), said that the remarks he planned to use for testimony today had since been updated and he planned to distribute the updated information as soon as possible. The full text of his testimony is available as [Exhibit F](#).

Mr. Welch said that he continues to review the proposed one-stop shop triage center model and that the NHA is very supportive of the concept. Mr. Welch concluded by saying that the NHA suggests that there be a blue ribbon committee to steer the planning process for implementing the model.

- Chairwoman Leslie, referenced the "Reform Medical Clearance Procedure Requirements" on page 7 in [Exhibit F](#), and asked if NHA hospitals want to allow screening to be conducted as described.

Discussion followed regarding the possibility of NHA facilities adding psychiatric beds, whether the proposed triage center model is a thorough and positive option from the NHA's perspective, and the importance of presumptive eligibility to medical clearance procedure reform.

- Mr. Welch detailed which Nevada facilities currently accept Medicaid patients and funding issues.
- Chairwoman Leslie pointed out that most of the NHA's concerns are money issues and wondered if they had informed Governor Gibbons of that.
- Assemblywoman Gerhardt asked if most private mental hospitals provide transport as part of their services.
- Ingrid Whipple, CEO, Montevista Hospital (Montevista), Las Vegas, answered that they do not. She added that Montevista provides transport only for certain outpatient programs.

Discussed ensued about different patient transportation options and whether they are currently available.

- Senator Washington asked Mr. Welch about the medical screening process, specifically pertaining to what New Hampshire does, as highlighted by Item I.C, of [Exhibit B](#) (page 3).
- Mr. Welch said that his understanding is that midlevel practitioners are allowed to do the basic medical screening of patients.
- Sara Partida clarified that the item states that New Hampshire requires a medical screening within 72 hours.
- Chairwoman Leslie pointed out that midlevel practitioners can do the medical screening in Nevada. She asked Ms. Partida if private hospitals could also perform the medical screening.
- Ms. Partida replied in the affirmative and noted that medical screening must be completed by a licensed practitioner.

Discussion clarified that the medical screening process does not require a full ER facility.

- Senator Washington advocated a subcommittee to facilitate the triage center planning process.
- Mr. Welch assured the LCHC that the full spectrum of organizations represented by the NHA is committed to being engaged in the planning process.

- Chairwoman Leslie opened the floor to public testimony on this agenda item.
- Gary Milliken, GEM Consulting of Las Vegas, representing American Medical Response and Medic West ambulance companies, discussed transportation statistics tracked by those companies. He highlighted the type and volume of services provided, their cost, and the fact that transport companies absorb the bulk of those costs due to lack of payment for services. Mr. Milliken expressed the companies' support for the one-stop shop triage center proposal.
- Janelle Kraft, Budget Director, Office of Finance, Las Vegas Metropolitan Police Department, and Chair, Southern Nevada Mental Health Coalition (SNMHC), voiced support for the one-stop shop triage center model. Ms. Kraft noted that the approximately 80 organizations in the SNMHC are open to assisting with the planning process. She emphasized that a dedicated triage facility would be beneficial to both the health care and correctional systems in Nevada.

There was discussion regarding the SNMHC's contact with Governor Gibbons about proposed budget cuts and the value of a law enforcement perspective to the discussion.

- Senator Heck commented that the benefits of a one-stop shop triage facility continue to be reinforced and that it could contribute to easing the transportation difficulties currently experienced.
- Ms. Kraft agreed that a one-stop shop facility would ease the transport burden for law enforcement officers.
- Assemblywoman Gerhardt asked if mental health patients in correctional facilities have already been medically screened.
- Ms. Kraft answered that they have been screened; they would not have been incarcerated had they not been properly screened.
- Davette Shea, Director of Emergency Services, Southern Hills Hospital and Medical Center, Las Vegas, spoke representing ER nurses in the Las Vegas valley, offered a nursing perspective and statistics regarding mental health patient volume, adequate staffing to handle patient volume, and hours mental health patients have been held at facilities. She detailed specific numbers for some local facilities, referencing [Exhibit G](#). She commented that most nurses, despite their training, cannot offer long-term psychiatric treatment and getting patients to the proper facilities would be beneficial. Ms. Shea said that the loss of 22 mental health beds in January 2008 could be devastating. She agreed that the transportation issue is huge, expensive, and a critical part of the triage center planning process; that mental health patients often present in complicated scenarios; and that a dedicated triage center would be ideal.

- Bobby Kountz, President, National Alliance on Mental Illness (NAMI) of Southern Nevada, Las Vegas, testified in support of the triage center model presented today. He added that the budget cut process seems ill-timed and mental health funding is crucial to State health and should not be considered for cuts.
- Senator Horsford asked Mr. Kountz what the governance structure for the triage center planning process should look like.
- Mr. Kountz responded that there are many existing programs that could serve as models and suggested specific facilities to look at as examples.
- Jim Gubbels, Vice President and Chief Administrative Officer, Regional Emergency Medical Services Authority (REMSA), Reno, testified that Nevada's medical clearance process must be changed. He testified that the process currently impinges upon ambulance availability and that REMSA is supportive of a one-stop shop concept.

PRESENTATION CONCERNING TRIAGE SERVICES FOR PERSONS WITH MENTAL ILLNESS

- Dick Steinberg, Executive Director, WestCare Nevada, presented a handout, available as [Exhibit H](#), and gave a general history of the WestCare Community Triage Center for Adult Medical Evaluation and Psychiatric Unified Services concept. He explained that the concept can solve multiple health care system delivery problems at once and, with funding, may be quickly implemented.
- Chairwoman Leslie asked if patient counts included repeat clients.
- Mr. Steinberg replied that they did and detailed some patient scenarios. He added that WestCare is something of a national model for triage services and noted they are preparing to open a program in Reno. Mr. Steinberg said WestCare is working to ensure that mental health beds are not lost in January 2008.
- Chairwoman Leslie asked if Mr. Steinberg could provide financial information for the WestCare program.
- Mr. Steinberg referred her to the "Budget" section of [Exhibit H](#) and gave further details of the organization of the WestCare program.
- Assemblyman Hardy asked if there is a Clark County representative who would be willing to discuss funding WestCare.
- Darryl Martin, Assistant County Manager, Clark County, said the WestCare mental health treatment center model is fantastic and the County has budgeted to help fund a public-private partnership.

- Senator Horsford questioned why there are two models for care: the WestCare model and the SNAMHS one-stop shop model. He wondered why WestCare is not going to continue to provide this component of the health care system.
- Mr. Steinberg responded that during the organizational process initiating the WestCare program the State had reservations as to whether the WestCare program would be able to meet mental health care needs. Mr. Steinberg added that the models are similar and what needs to be considered is whether to continue a partnership.

Discussion followed regarding the timeline over which WestCare could implement programming if authorized, WestCare's budgeting process, and what would be needed to maintain the current level of services being provided by WestCare before their licensure expires at the end of 2007.

- Stuart J. Ghertner, previously identified, clarified that the difference between the SNAMHS and WestCare treatment center models is they are private versus public-private partnership programs. Dr. Ghertner was of the opinion that privatization will be detrimental to vulnerable mental health patient populations and that implementing any program in 30 days would be impossible.
- Mr. Steinberg felt WestCare could continue to fill the gaps in mental health care in Nevada indefinitely.
- Chairwoman Leslie noted that the State cannot move funds quickly. She added that she did think both models, WestCare and SNAMHS, are similar.
- Dr. Ghertner reiterated that the difference between models is that WestCare provides a program that is entirely private; the State has no provider role other than operating the Rawson-Neal Psychiatric Hospital. He questioned if the State should completely privatize mental health treatment, or if the State should continue to operate core services.
- Senator Horsford stated that the LCHC's goal is to make mental health care better and if that requires a public-private partnership then that should be investigated.
- Chairwoman Leslie interjected that none of the current parties discussing these models have the authority to decide on a program right now; the discussion must go before the full Legislature.
- Mr. Steinberg said that Nevada's mental health care system has been bifurcated for some time and said that the WestCare program is a blended design.
- Assemblyman Hardy stated that WestCare is currently operating as a public-private partnership and noted that this is all part of the ongoing general budget cut discussion. He added that perhaps a private program is better than none at all.

- Senator Washington said the State has a compelling argument in that they have the facilities and can orchestrate a public-private contract in the long-term, providing more latitude for the big picture.
- Chairwoman Leslie asked Mr. Steinberg if he thought a legislative subcommittee or a regional planning committee would be better suited to develop a short-term plan for the 22 mental health beds that might be lost and for future planning.
- Mr. Steinberg answered that a combination would be best, with all the stakeholders together to discuss the issues. He added that WestCare welcomes the bid process.
- Senator Horsford asked that cost details be provided to the LCHC by the SNAMHS for their proposal.
- Chairwoman Leslie said she would like to see WestCare and the State come back with an agreement with regard to a concept. .
- Dr. Ghertner pointed out that the delivery systems are different.
- Bobby Kountz, previously identified, testified that WestCare and the private hospitals should be recognized for their work and their efforts to raise awareness about mental health issues generally. He added that both plans could combine to be great.

PRESENTATION ON CERTAIN OUTPATIENT AND TREATMENT SUPPORT SERVICES PROVIDED TO PERSONS WITH MENTAL ILLNESS:

Medication Clinics

Housing Support

Case Services Coordination

Counseling Services

- Dr. Ghertner, previously identified, introduced Mark A. Stets, M.S., CPM II, Community Services Director, SNAMHS, DHHS, and acting administrator of the Rawson-Neal Psychiatric Hospital, and gave a general overview of the SNAMHS clinics, their patient load, services, setup, staffing, and general funding issues.
- Mr. Stets reviewed how the SNAMHS's functions. He detailed their "hospital without walls" program and programs for patients who are also involved with the legal system. Mr. Stets explained that housing support programs are crucial and explained the different types available.
- Chairwoman Leslie asked about the status of housing support programs that were funded by the 2007 Legislature.

- Dr. Ghertner answered that waiting lists have been started while programs are on hold until the proposed budget cuts are known. He said this especially affects planning for crisis beds and housing placement.
- Bobby Kountz, previously identified, offered that Governor Gibbons should be made aware of how vital the mental health court is. He said the mental health budget needs to be left intact and implored the LCHC to reach out to the Governor.

APPOINTMENT OF A SUBCOMMITTEE OF THE LEGISLATIVE COMMITTEE ON HEALTH CARE TO REVIEW THE LAWS AND REGULATIONS GOVERNING PROVIDERS OF HEALTH CARE PURSUANT TO SENATE BILL 4 (CHAPTER 4, STATUTES OF NEVADA 2007, 23RD SPECIAL SESSION)

- Kelly Gregory, Senior Research Analyst, Research Division, LCB, gave an overview of the history of Senate Bill 4 (Chapter 4, *Statutes of Nevada 2007, 23rd Special Session*), using [Exhibit I](#) as a guide. She noted that she and William L. Keane, Senior Principal Deputy Legislative Counsel, Legal Division, LCB, will staff the Subcommittee.
- Senator Washington requested that the Subcommittee keep in mind the possibility of using one centralized administrative staff to address health professional staffing.
- Chairwoman Leslie appointed the Subcommittee members: Senator Carlton, Chair; Senator Heck; and Assemblywoman Gerhardt.

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

LCB File No. R033-07, State Board of Pharmacy
LCB File No. R172-07, State Board of Health
LCB File No. R176-07, State Board of Health

- Sara Partida, previously identified, reviewed regulations proposed or adopted by certain licensing boards pursuant to NRS 439B.225 ([Exhibit J](#)).
- Senator Heck voiced concern regarding LCB file No. R033-07, since it seems prostheses should not be considered as a drug by the State Board of Pharmacy, but rather as a physical therapy board issue.
- Ms. Partida commented that this is correct; the scope of the State Board of Pharmacy is quite broad, including prostheses.

Discussion followed regarding the scope of the definition of medical products, including packaging issues, as related to the State Board of Pharmacy and the NRS.

- Senator Washington asked about LCB File No. R172-07, concerning transitional housing and if the State Board of Health is being authorized to provide regulation regarding the number of beds allowed in a facility.
- Ms. Partida replied that the State Board of Health is simply a regulatory authority, so the DHHS will have overall authority.

Discussion followed as to how the bed numbers were produced, what authority the LCHC has to address the proposed regulatory changes, how licensing of transitional housing facilities is affected by sex offender clients, and the Attorney General's review of the constitutionality of certain legislation regarding this subject.

- Senator Horsford said that he wanted to wait on this proposed regulation pending further investigation.
- Chairwoman Leslie asked Ms. Partida to review the parameters of the authority of the LCHC with regard to regulations.
- Ms. Partida stated the LCHC participates in an advisory capacity.
- Chairwoman Leslie asked Alexander Haartz, M.P.H, Administrator, Health Division, DHHS, to work with Senator Horsford on the transitional housing bed issue.

PUBLIC COMMENT

- Mark Nichols, Executive Director, National Association of Social Workers (NASW), Las Vegas, commented on the potential letter from the LCHC to Governor Gibbons regarding budget cuts, saying that the concept of cutting \$51 million from the vulnerable mental health services patient population is inhumane and fiscally irresponsible.
- Chairwoman Leslie said that she is not prepared to create another subcommittee to address medical clearance, though she likes the idea of regional planning. She asked for updates from stakeholders on the work toward the one-stop shop concept planning. With regard to sending a letter from the LCHC to Governor Gibbons, she wanted guidance from the LCHC members as to whether it should be sent and what should be addressed.
- Senator Washington noted his concern about not only funding approved during the 2007 Session, but also the 22 mental health beds that might be lost. He felt that the beds should be specifically mentioned in any letter to Governor Gibbons.
- Assemblywoman Gerhardt thought that a letter should mention the federal money that will be lost if State funds are cut and some examples of program services that could be lost.

- Assemblyman Hardy said he was also concerned about the federal funding loss and the potential loss of 22 mental health beds. He wanted to include language about public-private partnerships and the inclusion of the use of local entities.

There was discussion of how the letter will be drafted and sent.

- Chairwoman Leslie noted that the issue of childhood health, not specific to child welfare, will be the topic of the December 18, 2007, meeting of the LCHC and discussed January 23, 2008, as an alternate day for the January meeting.

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:

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 letter dated April 25, 2006, to Senator Maurice Washington, regarding medical screening processes for the allegedly mentally ill, submitted by Sara Partida, Senior Deputy Legislative Counsel, Legal Division, LCB.

[Exhibit C](#) is the website referenced by Senator Joseph J. Heck, Member, Legislative Committee on Health Care, at <http://corp1.emssystem.com/?home>.

[Exhibit D](#) is a flow chart, untitled, presented by Carlos Brandenburg, Ph.D., Administrator, Division of Mental Health and Developmental Services (MHDS), Department of Health and Human Services (DHHS); Stuart J. Ghertner, Ph.D., Agency Director, SNAMHS, MHDS, DHHS; and Leon Ravin, M.D., Senior Psychiatrist, Associate Medical Director, Director of Student and Resident Education, SNAMHS, DHHS.

[Exhibit E](#) is a Microsoft PowerPoint presentation titled “Psychiatry in Southern Nevada 2007,” presented by Dr. Lesley Dickson, President Elective, Nevada Psychiatric Association, and Clinical Professor of Psychiatry, University of Nevada School of Medicine.

[Exhibit F](#) is the written testimony of Bill Welch, President and Chief Executive Officer, Nevada Hospital Association dated November 27, 2007.

[Exhibit G](#) is a document titled “Legal Adult 2000 Tracking 2007,” provided by Davette Shea, Director of Emergency Services, Southern Hills Hospital and Medical Center dated November 20, 2007.

[Exhibit H](#) is a document dated November 26, 2007, titled “WestCare Community Triage Center C.A.M.P.U.S. (Center for Adult Medical Evaluation & Psychiatric Unified Services),” presented by Dick Steinberg, Executive Director, WestCare Nevada.

[Exhibit I](#) is a memorandum dated November 27, 2007, to the Members of the Legislative Committee on Health Care, titled “Subcommittee to Study the Regulation of Health Care Providers,” prepared by Kelly Gregory, Senior Research Analyst, Research Division, LCB.

[Exhibit J](#) 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.

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