



NEVADA LEGISLATURE
LEGISLATIVE COMMITTEE ON HEALTH CARE
(Nevada Revised Statutes 239B.200)

SUMMARY MINUTES AND ACTION REPORT

The first meeting of the Nevada Legislature’s Legislative Committee on Health Care was held on October 31, 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 Steven A. Horsford
Assemblywoman Susan I. Gerhardt
Assemblyman Joe Hardy

COMMITTEE MEMBER EXCUSED:

Senator Joseph J. Heck

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
Roxanne Duer, Chief Principal Research Secretary, Research Division
Rebecca C. Dobert, Senior Administrative Assistant, Research Division

INTRODUCTION AND OPENING REMARKS

- Assemblywoman Sheila Leslie, Chair, welcomed members, presenters, and the public to the first meeting of the Legislative Committee on Health Care (LCHC). Chairwoman Leslie noted the general expectations of the Committee, how the Committee intends to conduct its business, and procedures for testimony. Chairwoman Leslie also introduced primary Committee staff.

PRESENTATION CONCERNING THE ACTIVITIES AND RESPONSIBILITIES OF THE LEGISLATIVE COMMITTEE ON HEALTH CARE

- Marsheilah D. Lyons, Principal Research Analyst, Research Division, Legislative Counsel Bureau (LCB), gave an overview of the responsibilities of the LCHC and provided a brief history of the Committee. The full text of her presentation is available as [Exhibit B](#).
- Sarah Lutter, Senior Research Analyst, Research Division, LCB, discussed the annual and quarterly reports entities must submit to the LCHC and outlined the additional issues the Committee must consider during the 2007-2009 Interim ([Exhibit B](#))

Discussion ensued regarding the specific nature of some required activities of the Committee and whether subcommittees are necessary to address them. It was noted that possible budget cuts could render some transparency legislation passed during the 2007 Session irrelevant.

- Ms. Lyons continued her testimony and discussed Assembly Bill 342, (Chapter 418, *Statutes of Nevada*) of the 2005 Session, which directed the LCHC to develop a comprehensive health care plan ([Exhibit B](#)). In addition, she referred to an accountability document provided by the Department of Health and Human Services (DHHS) which outlined the major recommendations and strategies that resulted from the health planning process ([Exhibit C](#))
- Michael J. Willden, Director, DHHS, began by saying he was unable to present a detailed account of proposed budget cuts, but noted:
 1. Current funding for the DHHS accounts for approximately 30 percent of State spending, with about \$2 billion of the State General Fund allocated for the current biennium;
 2. He had been directed by Governor Jim Gibbons to create a contingency plan for the DHHS, should budget cuts be necessary, with the target for cuts being approximately \$96 million;
 3. Federal funds leverage much of the DHHS's State funding and there is a potential for some of that funding to be shifted to State responsibility in coming fiscal years; and

4. Most of the DHHS's programs already run over budget, cuts notwithstanding.

Mr. Willden added that the DHHS's goal is to keep basic, client services funded and any cuts would likely be to enhancement programs.

Discussion arose as to the possibility of the LCHC members being included in the November 14, 2007, Interim Finance Committee meeting, with Chairwoman Leslie requesting that Sara Partida, Senior Deputy Legislative Counsel, Legal Division, LCB, investigate it further and report back.

- Chairwoman Leslie asked if it was fair to guess which enhancement items might be on a list of cuts with Mr. Willden replying that any enhancement items may be considered.
- Senator Horsford commented that this budget cut process is reminiscent of the 2007 Session, when the policy process was undermined by the fiscal process. He then asked two questions: (1) when would the budget cut recommendations from the DHHS become public; and (2) did Chairwoman Leslie intend to address those recommendations in future LCHC meetings.
- Chairwoman Leslie responded that a discussion of recommendations should be included on a future LCHC agenda. She commented she knew of one attempt by the media to have the cuts made public and deferred to Mr. Willden as to the timing.
- Mr. Willden stated he knew of no timeline for making the prospective cuts public, but that the review process is in place.
- Chairwoman Leslie pointed out that programs are already limited in Nevada and it would be a great disappointment to see any of these past legislative investments cut.
- Assemblyman Hardy asked: (1) if there is a graph which tracks inflation/growth funding from last biennium versus current/projected funding that factors in the proposed percentage cuts; and (2) how much funding was increased for health and human services programs during the 2007 Session
- Mr. Willden answered that those charts exist and he will provide them to the members and that, in rough numbers, funding was increased by \$200 million for caseload growth, \$100 million in enhancements, and \$300 million total.

Responding to questions from Committee members, Mr. Willden explained that the Governor's possible recommendation of a 5 percent budget cut was due to slow sales tax.

Discussion ensued relating to how the departments slated for cuts were selected, the reasons others were exempted, and that Mr. Willden received word of the \$96 million target in reductions for the DHHS at a cabinet meeting.

- Sara Partida, Senior Deputy Legislative Counsel, Legal Division, LCB, reviewed statutes relevant to the LCHC's review of certain regulations pursuant to NRS 439B.225 ([Exhibit D](#)).
- Chairwoman Leslie noted it is vital for Committee members to know and attend to the regulations, and to direct any concerns to Ms. Partida.
- Assemblyman Hardy asked when considering regulation formation, would the regulation come to the LCHC first or would it initially go to the Legislative Commission.
- Ms. Partida replied that a specific bill would not be referred to the LCHC and that NRS 439B.220 gives a detailed list of licensing boards whose regulations the LCHC can consider.

INTRODUCTION AND OPENING REMARKS

(As directed by Chairwoman Leslie, this agenda item was taken out of order.)

- Chairwoman Leslie reviewed the makeup of the LCHC and said she will likely add more Las Vegas meetings so that all members can be present at one location. She introduced the members, noting their constituencies. She also identified the notable amount of health care expertise possessed by the Committee members.
- Assemblywoman Gerhardt voiced a particular concern about child welfare issues and how budget cuts would affect them. Regarding regulations, she asked if the LCHC can get progress reports on their development. She felt that a lag in the regulation development process adversely affected legislative work during the last session and wondered if the LCHC should monitor this process.
- Chairwoman Leslie asked Ms. Partida to monitor the development of relevant regulations for the LCHC. She noted that Senator Horsford is Chairman of the Interim Study of Placement of Children in Foster Care (Senate Bill 356 [Chapter 290, *Statutes of Nevada 2007*]) this interim.

- Senator Horsford said that an aggressive set of meetings to look at standards used to remove children, as well as approaches to keep families together, has been scheduled. Senator Horsford added that he will keep the LCHC apprised of the Study's progress.
- Chairwoman Leslie commented that since there is no committee devoted to child welfare that both the Study and the LCHC bear the responsibility of reviewing those issues.
- Assemblyman Hardy voiced concern about rural health care access; licensing and provider recruiting at all levels; insurance issues, specifically in rural areas where there are no providers; and the prison inflow of substance abusers. He requested these items be put on future Committee agendas.
- Senator Washington asked that the LCHC review the Health Science System medical provider education programs. He pointed out that without programs to train providers the thrust of trying to supply services is lost. He added that the LCHC should be updated on how hospitals, universities, and the federal government are working together to address education to produce medical providers.

PRESENTATIONS CONCERNING MEDICAID AND THE STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP) IN NEVADA

- Charles Duarte, Administrator, Division of Health Care Financing and Policy (DHCFP), DHHS, gave an overview of the Medicaid and SCHIP programs, an update on where Nevada is at the federal level with these programs, and a comparative view of Nevada's SCHIP program to other states' programs ([Exhibit E](#)). The DHCFP's responsibilities are broken into three areas:
 1. Medicaid, accounting for the bulk of the DHHS's spending;
 2. Nevada Check Up, which provides health insurance to uninsured children qualifying at 200 percent below the federal poverty level; and
 3. Health care cost containment.
- Responding to questions from the Chairwoman, Mr. Duarte explained that the potential Health Plan of Nevada merger should have no impact regarding managed care enrollment in southern Nevada. However, the DHHS does have some concerns about some Medicare plans in the Las Vegas area.
- Chairwoman Leslie asked if the managed care program would remain the same and Mr. Duarte replied in the affirmative.
- Mr. Duarte explained the DHHS submitted a State plan change to the federal government in 2005 and it has yet to be resolved. Some of the issues concern how

Nevada pays to provide mental health services and whether therapeutic foster care is an allowable service under Medicaid. He went on to say that the federal government has tightened requirements on cost and documentation, but has yet to define the criteria for establishing costs.

- Chairwoman Leslie asked if it could be helpful to have a representative of the federal government come and talk about these problems, and Mr. Duarte replied that someone from the San Francisco Regional Office would be appropriate.
- Senator Washington questioned if part of the resolution delay relates to a situation where loss of life occurred in southern Nevada.
- Mr. Duarte said the delay concerns language and the idea that federal funding other than Title 19 or Medicaid is available and should be used first to fund therapeutic foster care and other issues unrelated to the death.

Continuing, Mr. Duarte added that very few people are signing up for Employee Subsidized Insurance (ESI). He said there are affordability and enrollment concerns that seem to preclude the success of the ESI program overall. However, Mr. Duarte pointed out that dental coverage for managed care enrollees, particularly preventative care for kids, has been a success.

Mr. Duarte added that the DHHS is also implementing initiatives requiring work with providers, including: federally mandated payment error rate measurement for Medicaid and SCHIP, and the federally mandated implementation of the National Provider Identifier.

- Assemblyman Hardy asked what “very few” signing up for the ESI means. Mr. Duarte answered that the number is five people total.
- Mr. Duarte also noted there is general agreement among states implementing the ESI program that the employer affordability component seems to be the largest hurdle impeding the program’s success. Mr. Duarte moved on to caseload figures, pointing out that the DHHS has already exceeded projections for the current year.
- Chairwoman Leslie asked why the caseload is already so overwhelming and Mr. Duarte explained that there are a number of factors, but most likely it is a result of the current downward turn in the economy.
- Chairwoman Leslie then asked for Nevada’s status for Medicaid enrollment. Mr. Duarte answered that Nevada is number 51 and there was brief discussion with Chairwoman Leslie regarding the reason for this last-place ranking.
- Mr. Duarte continued on to say the DHHS had a number of strategies funded to contain costs. With regard to voluntary managed care programs for the aged, blind, and

disabled, the DHHS had had recent federal guidance to withdraw a submitted Request for Proposal (RFP). He said staff is researching the new RFP requirements. Mr. Duarte said the DHHS erroneously submitted for an opt-out voluntary managed care program.

Mr. Duarte's other programmatic updates included: (1) funding for outreach; (2) inclusion of maternal dental coverage; (3) elimination of the unearned income limit to aid Medicaid patients; (4) expanded services for Traumatic Brain Injury patients; (5) efforts to avoid inappropriate Medicaid charges; (6) efforts associated with the federally mandated Medicaid Estate Recovery Program; and (7) increased transparency programs.

Discussion followed regarding transparency programs in general: if they would be cut and which programs are currently going forth. Chairwoman Leslie concluded by saying she would like to address the issue of transparency programs soon and will ask Bill Welch, President and Chief Executive Officer, Nevada Hospital Association, to provide a presentation to the LCHC on this issue.

- Mr. Duarte returned to his handout, ([Exhibit E](#)) detailing enrollment and program issues for the Nevada Check Up Program. He said a fraud unit has been created and there will be a participant survey to get feedback on Program value.

Mr. Duarte also noted that the national discussion regarding SCHIP does not affect Nevada. The Program remains in law; it is funding authority that is up for debate. Nevada has funds remaining that will carry the program forward to the end of Federal Fiscal Year 2009.

Discussion ensued regarding the Nevada Check Up Program having \$89 million left in funding, which is the result of the State under-spending its allotment. It was noted that efforts are under way to increase enrollment of eligible participants. Chairwoman Leslie felt strongly that this Program should not be included in the potential budget cuts. Mr. Duarte reiterated that it was the DHHS's hope not to reduce direct services to clients.

- Mr. Duarte said that the federal government will likely approve a phase-out of adults enrolled in SCHIP, meaning pregnant women.
- Senator Washington asked Mr. Duarte to clarify the difference between SCHIP and the Child Health Assurance Program (CHAP).
- Mr. Duarte explained that the CHAP program is a mandatory coverage group under Medicaid, including children age 18 and younger below 100 percent of the poverty level, and children zero to age six below 133 percent of the poverty level. Children who are below 200 percent of the poverty level, who are six months uninsured and who are not eligible for other Medicaid, are covered by SCHIP. The two coverage groups are distinct.

- Chairwoman Leslie asked how it would affect Nevada if the federal SCHIP Reauthorization bill reduces the federal match rate above 300 percent of the federal poverty level, since Nevada covers at 200 percent.

Discussion followed as to how the percentage limits are set by states. Mr. Duarte pointed out that the majority of states cover up to 200 percent. Responding to questions from the Committee, Mr. Duarte then addressed possible penalties for not achieving coverage for 95 percent of the eligible; different fund matching rates for SCHIP and CHAP and their mandated decrease; eligibility thresholds for SCHIP; whether coverage at 200 percent of the poverty level is feasible for Nevada; and outreach strategies.

- Mr. Duarte said prenatal care is currently covered in Nevada through SCHIP under a Health Insurance Flexibility and Accountability Waiver and discussed whether this coverage will continue. Mr. Duarte then referred to [Exhibit E](#) for an overview of:
 1. Internet applications for SCHIP; and
 2. Presumptive eligibility.
- Chairwoman Leslie asked if Nevada can do presumptive eligibility through SCHIP and/or Medicaid just for children. Mr. Duarte stated Nevada could but is not currently doing so due to cost.
- Mr. Duarte referred back to his handout to discuss joint Medicaid/SCHIP applications and electronic applications.

Discussion followed about identification verification and documentation, different electronic application impediments, and the details of how other states deal with them. There was also discussion of the possibility of using community outlets to provide joint program applications, which Mr. Duarte summed up by saying if the Legislature wants the DHHS to develop a joint application then the agency would comply.

PRESENTATION CONCERNING THE STATUS OF THE J-1 PHYSICIAN VISA WAIVER PROGRAM

- Chairwoman Leslie said this subject has been in the press lately, but suggested the Committee focus on the status of the program, specifically in two areas:
 1. Ensure doctors can provide information and complaints confidentially; and
 2. Assure the program's intent is not subverted.
- Alexander Haartz, M.P.H., Administrator, Health Division, DHHS, began his presentation by introducing Judith M. Wright, Bureau Chief, Bureau of Family and Health Services, DHHS, and noted they would present an overview of how Nevada and other states have implemented the J-1 Physician Visa Waiver Program (J-1 Program). He commented that policy discussion needs to occur regarding whether the J-1 Program is valued, what appropriate levels of accountability should be, and how to fund those activities.
- Ms. Wright detailed highlights of the J-1 Program using a printout of a Microsoft PowerPoint presentation, available as [Exhibit F-1](#). Supporting informational charts distributed are available as [Exhibit F-2](#) and [Exhibit F-3](#). Ms. Wright added pertinent details about rules referencing further supporting documents available as [Exhibit G-1](#), [Exhibit G-2](#), and [Exhibit G-3](#), including:
 1. Visa rules;
 2. Service area definitions and classification criteria for the J-1 Program;
 3. Scope of practice for J-1 Program providers in Nevada;
 4. Rules of consideration for physicians and potential work sites; and
 5. J-1 Program physician and employer contracts.

Ms. Wright responded to the Chairwoman's inquiry about current J-1 Program monitoring by saying, though unfunded, a letter submission requirement is in place for both the J-1 Program physician and their employer. Discussion ensued about site visits and the current application and monitoring processes.

- Chairwoman Leslie wondered if Mr. Haartz and Ms. Wright had any recommendations to improve J-1 Program accountability.
- Ms. Wright said one would be to address noncompete clauses.

Discussion ensued in which Chairwoman Leslie and Mr. Haartz discussed the general legality and authority of restricting noncompete clauses.

- Chairwoman Leslie asked about Web-based complaint systems.
- Ms. Wright said they would like to develop such a system and she and Mr. Haartz detailed what might be part of the system, such as confidential exit interviews versus a real-time system. Ms. Wright also referenced [Exhibit G-2](#), and reviewed current J-1 Program guidelines.
- Mr. Haartz stated that a Web link for complaints should be operational within two weeks and random site visits have begun.

There was discussion regarding the possibility of providing status reports on what statutory authority and resources are needed to implement monitoring and whether a fee may be necessary.

- Assemblyman Hardy stated the J-1 Program is an access issue, and the State needs to encourage the Program in underserved areas. He questioned how a process may be created that could achieve this. He felt the emphasis should be who can hire J-1 Program physicians, conditions under which they can work, and retention.
- Chairwoman Leslie concluded the discussion by observing that the State needs to know when the Program is not working. She said there is a need to provide coverage to the people being served by these J-1 Program providers.
- Steven C. Hansen, Chief Executive Officer, Nevada Health Centers, Inc., presented the organization's mission and scope. He stated that over the last 12 years Nevada Health Centers, Inc., has recruited approximately 28 J-1 Program physicians, who often are the primary physicians in the area in which they serve. He explained there is a national shortage of primary care physicians creating intense competition for physicians and the situation in Nevada is indicative of the general degradation of health care access.

Mr. Hansen said the State can assist the federal government in identifying loopholes in the Program. Many J-1 Program physicians now achieve H-1, the primary official U.S. work visa, status before they get to the U.S. This means that when they graduate, they no longer have a commitment to a specific patient area or population, such as the underserved. The State can also improve the current licensing difficulties that make Nevada a low-quality competitor in recruitment.

- Chairwoman Leslie asked if loopholes can be closed would that make doctors available for vacancies. Mr. Hansen replied it would ease some supply and demand situations.
- Carl Heard, M.D., Chief Medical Officer and Acting Chief Executive Officer, Nevada Health Centers, Inc., began his testimony by stating that foreign physicians are

elite professionals and it is a unique opportunity to work with them. He noted there is a supply and demand challenge. He explained that the impetus for foreign physicians to come to the U.S. seems to be diminishing overall, which creates an increase in vacancies. He explained that the U.S. has built a dependence on foreign physicians, with approximately 25 percent of U.S. doctors now being foreign-born. Therefore, if loopholes are tightened, it could close vacancies that are not now being filled.

Dr. Heard requested the LCHC rewrite the J-1 Program to be more specific to meet the needs of the underserved in Nevada. He also felt the Committee should consider: (1) improving Nevada's ability to attract physicians by specifically issuing a license to practice before a visa is granted; and (2) a fee adjustment for the application process.

- Chairwoman Leslie asked Dr. Heard to address how exploited J-1 Program physicians can effectively voice a complaint and what role should the State have in the monitoring process.
- Dr. Heard replied that a Web-based complaint system would be useful and could be quickly implemented. He thought the idea of a noncompete clause would not be helpful. Dr. Heard added that exclusivity may be worth considering, though a restricted license could be touchy.
- Chairwoman Leslie wished Mr. Hansen a fond farewell as he leaves Nevada for a new job. Dr. Heard echoed the sentiment and noted that he will be the interim Chief Executive Officer for Nevada Health Centers, Inc. Chairwoman Leslie asked the doctors in the audience to testify.
- Dr. Shaji O. Mathew, M.D., Ph.D., Reno, Nevada, gave an overview of his training, education, and the process he went through to get his J-1 Visa. He discussed his commitment to the northern Nevada community and the ensuing practice, work, and financial problems he ran into when he was exploited by an employer. He impressed upon the Committee that his has been a 14-year struggle, and his difficulties have yet to be resolved. His general opinion was that as a physician working under a J-1 Visa some of his rights seemed subjugated to the will of his employer.
- Chairwoman Leslie asked Dr. Mathew what the best way would be for the State to address these issues.
- Dr. Mathew went on to detail what he felt were inappropriate legal actions taken against him for leaving the exploitative practice. Dr. Mathew noted that perhaps if the exploitation potential can be addressed, the J-1 Program can continue to be a good program.
- John Hickok, Chief Operating Officer, Redrock Medical Group, Las Vegas, Nevada, began by stating his medical group operates three clinics in southern Nevada, two of which are in underserved areas. He noted he was present today with two of the

medical group's J-1 Program physician employees. Speaking from his prepared testimony ([Exhibit H](#)), Mr. Hickok addressed the allegations presented in recent *Las Vegas Sun* articles.

Mr. Hickok addressed some issues related to the number of J-1 Program physicians in Nevada, the idea of noncompete clauses and contract specifics, and made a general statement regarding the nature of serving medically underserved populations.

- Chairwoman Leslie asked Mr. Hickok to clarify if he would object to more State oversight of the program. Mr. Hickok replied that he would not object since the federal oversight is so scant. Chairwoman Leslie suggested Mr. Hickok bring his concerns to stakeholders.
- Seema Sharma, M.D., Las Vegas, Nevada, recounted the licensing difficulties she encountered in Nevada. She agreed that increasing continuity of care, increased State monitoring, a decrease in fees, and a computer-based complaint system all would be beneficial to the J-1 Program.
- Chairwoman Leslie commented that a dialogue needs to be initiated.
- Ammar Webbeh, M.D., Las Vegas, Nevada, an obstetrician-gynecologist employed by the Redrock Group, characterized his experience with the Redrock Medical Group and the J-1 Program in general as very positive.
- Chairwoman Leslie thanked all of the physician testifiers and opened the floor to questions.
- Assemblywoman Gerhardt asked Mr. Hickok about the details of the fees J-1 Program employers pay.
- Mr. Hickok said Redrock Medical Group pays recruiting fees, typically about \$20,000, and hospital fees for credentialing, which average about \$300 per hospital per physician. He then gave an overview of how a medical practice pays physicians.

Discussion ensued to clarify whether Redrock assists its physicians with licensing fees. It was established that Redrock does pay licensing fees, not including legal fees. There was also discussion of whether problems with the J-1 Program might be an issue of a few bad employers and the need to regulate to address the concerns.

- Assemblyman Hardy asked if federally qualified clinics are under a cap for medical liability insurance.
- Mr. Hickok answered that Redrock Medical Group pays in full for medical malpractice insurance. He also pointed out that the Group's funds come from patient revenue, unlike many other clinics who receive funding from varied sources.

- Assemblyman Hardy commented that if Nevada has retained 32 to 36 J-1's, he doubts Nevada has that retention rate with members of its graduating medical school classes.
- Dr. Heard said that Nevada Health Centers, Inc., is covered under a federal tort claims program for insurance, designating their physicians as federal employees. They, as a community health center, also have a wider margin to provide services without receiving payment from the patient.
- Chairwoman Leslie said the LCHC will need future updates on what action would be needed to improve the J-1 Program.

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

- Sara Partida, previously identified, reviewed regulations proposed or adopted by certain licensing boards which the LCHC is required to review pursuant to NRS 439B.225. The full text of her presentation is available as [Exhibit I-1](#) and [Exhibit I-2](#).

SCHEDULING OF FUTURE MEETINGS

- Chairwoman Leslie, referencing [Exhibit J](#), noted that a preliminary calendar had been set and that members should identify if they have a meeting conflict. Currently one meeting is scheduled for Las Vegas and she will consider adding more. She stated the June and July meetings should meet together as a full Committee if possible. There was no dispute to the November 27, and December 18, 2007, meetings; therefore, the dates were considered verified.

PUBLIC COMMENT

- Pam Becker, Director of Community Collaborations, The Children’s Cabinet, Reno, Nevada, came forward with two concerns:
 1. Receiving updates on licensed professional counselors and when they will be available; and
 2. The Children’s Cabinet is creating a mental health survey and would like to add survey results to the statistics required for the implementation of Assembly Bill 354 (Chapter 414, *Statutes of Nevada 2007*).

There was no further comment offered from the public.

ADJOURNMENT

- There being no further business to come before the Committee, the meeting was adjourned at 1:16 p.m.

Respectfully submitted,

Rebecca C. Dobert
Senior Research Secretary

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 memorandum dated October 31, 2007, to the Chair and Members of the Legislative Committee on Health Care, titled “Activities and Responsibilities of the Legislative Committee on Health Care,” presented by Marsheilah D. Lyons, Principal Research Analyst, Research Division, LCB, and Sarah J. Lutter, Senior Research Analyst, Research Division, LCB.

[Exhibit C](#) is a document dated October 25, 2007, and titled “Nevada Strategic Health Care Plan: Nevada Department of Health and Human Services-Accountability Document-October 25, 2007,” submitted by the Department of Health and Human Services (DHHS) and presented by Marsheilah D. Lyons, Principal Research Analyst, Research Division, LCB.

[Exhibit D](#) is a memorandum dated October 31, 2007, to the Chair and Members of the Legislative Committee on Health Care, titled “Information Concerning the Review 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 E](#) is a printout of slides from a Microsoft PowerPoint presentation titled “Division of Health Care Financing & Policy, Nevada Medicaid & Nevada Check Up Update,” dated October 31, 2007, prepared by Charles Duarte, Administrator, Division of Health Care Financing and Policy, DHHS.

[Exhibit F-1](#) is a printout of slides from a Microsoft PowerPoint presentation titled “Nevada’s J-1 Visa Application Process” prepared by Judith M. Wright, Bureau Chief, Bureau of Family and Health Services, Health Division, DHHS, and presented by Ms. Wright and Alexander Haartz, M.P.H., Administrator, Health Division, DHHS.

[Exhibit F-2](#) is a chart titled “J-1 Visa State Comparisons,” prepared by Alexander Haartz, M.P.H., Administrator, Health Division, DHHS.

[Exhibit F-3](#) is a chart titled “J-1 Visa Waiver State Programs,” prepared by Alexander Haartz, M.P.H., Administrator, Health Division, DHHS.

[Exhibit G-1](#) is a packet of information offered by Judith M. Wright, Bureau Chief, Bureau of Family and Health Services, Health Division, DHHS containing two letters:

- A letter dated September 17, 2007, to Marsha Pryce, Visa Services, U.S. Department of State, from Alexander Haartz, M.P.H., Administrator, Health Division, DHHS, regarding the J-1 Visa application of the applicant Jose Ramon Duncan, M.D.

- A letter dated September 24, 2007, to Paul Pierre, Acting Service Center Director, Nebraska Service Center, from Karen Robinson, Waiver Review Division, United States Department of State, titled “212(e) Waiver Recommendation based on a State application.”

[Exhibit G-2](#) is a document titled “J-1 Visa Waiver Program Guidelines,” submitted by Judith M. Wright, Bureau Chief, Bureau of Family and Health Services, Health Division, DHHS.

[Exhibit G-3](#) is a document titled “Sec. 212.7 Waiver of certain grounds of excludability,” submitted by Judith M. Wright, Bureau Chief, Bureau of Family and Health Services, Health Division, DHHS.

[Exhibit H](#) is the written testimony of John Hickok, Chief Operating Officer, Redrock Medical Group, Las Vegas, Nevada, titled “Statement to the Legislative Committee on Health Care, Wednesday, October 31, 2007.”

[Exhibit I-1](#) is a document dated October 31, 2007, and titled “Regulations to be Reviewed at the Next Meeting of the Legislative Committee on Health Care,” presented by Sara Partida, Senior Deputy Legislative Counsel, Legal Division, LCB.

[Exhibit I-2](#) 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 J](#) is a chart titled “List of Future Meeting Dates for the Legislative Committee on Health Care 2007-2008 Interim,” submitted by Sarah Lutter, Senior Research Analyst, Research Division, LCB.

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.