

SUMMARY OF RECOMMENDATIONS

LEGISLATIVE COMMITTEE ON HEALTH CARE

(Nevada Revised Statutes 439B.200)

This summary presents the recommendations approved by the Legislative Committee on Health Care (*Nevada Revised Statutes 439B.200*) at its August 10, 2006, meeting. The Committee submits the following proposals to the 74th Session of the Nevada State Legislature:

1. Draft legislation that appropriates \$2,007,353 over the biennium from the State General Fund to the Division of Health Care Financing and Policy (DHCFP), Department of Health and Human Services (DHHS), to fund Nevada Medicaid's traumatic brain injury (TBI) request. **(BDR-309)**
2. Draft legislation authorizing the creation of a Legislative Committee on Child Welfare and Juvenile Justice. With regard to child welfare, the Committee may review topics including, but not limited to, child welfare service programs, licensing, reimbursement for foster care providers, mental health services, and compliance with federal requirements. Additionally, the Committee may review juvenile justice topics concerning, but not limited to, coordination of juvenile justice community-based programs and services; the availability of treatment programs, and programs for after care and reintegration; representation and treatment of minority youth in the juvenile justice system; gender specific services; and the quality of care provided in State institutions. The Committee will consist of six members appointed by the Legislative Commission (three members of the Assembly and three members of the Senate). The chairmanship will rotate between both houses of the Nevada State Legislature. **(BDR-310)**
3. Draft legislation authorizing the creation of a Legislative Committee on Aging and Veterans Services. **(BDR-310)**
4. Draft legislation that authorizes certified nursing assistants (CNAs) who meet certain training requirements (completed certified medication assistant training) to administer medications in a facility for intermediate care, and a facility for skilled nursing under the direction of a registered nurse or a licensed practical nurse. Additionally, require the State Board of Nursing to approve and certify a certified medication assistant program. Additionally, the State Board of Nursing will certify that CNAs meet the program requirements. Currently, NRS 453.375 and NRS 454.213 list professionals and entities that may possess and administer controlled substances and dangerous drugs. This list does not include CNAs under the supervision of a registered nurse or licensed practical nurse. **(BDR-302)**

5. Draft legislation that amends NRS 629.071 to require that a bill from a provider of health care be provided to the patient no later than 120 days after the charge is incurred. Currently, NRS 629.071 requires each provider of health care to itemize all charges on each bill in terms the patient is able to understand, and requires the bill to be provided in a timely manner after the charge is incurred at no additional cost to the patient. Also, amend the provisions of NRS 629.071 to ensure that the provisions only apply to hospitals when they are billing independently for services provided by a provider of care. **(BDR-303)**
6. Draft legislation to rewrite certain provisions of the certificate of need (CON) process as defined in NRS 439A.100 to provide greater clarity for the DHHS. Specifically, three revisions were approved:
 - a. Increase the new construction threshold noted in NRS 439A.100 from \$2 million to \$4.5 million;
 - b. Establish a two-year limit for construction to begin. In the event construction does not begin within the statutorily defined timeframe, the CON expires; and
 - c. Add an exemption to the CON process if the facility/service being considered is a “new service” to the community in question. The DHHS will define “new service” in regulation.

According to the DHHS, the fiscal note associated with these changes is estimated at less than \$5,000, the cost of promulgating new regulations. **(BDR-304)**

7. Draft legislation regarding the privacy of electronic medical records that revises certain provisions related to the transfer (confidentiality) of medical records in NRS, and provides for the establishment of uniform privacy and confidentiality laws for the transfer of electronic medical records in compliance with the Health Insurance Portability and Accountability Act (HIPAA). **(BDR-305)**
8. Draft legislation that appropriates \$3 million from the State General Fund to be distributed by the State’s Committee on Emergency Medical Services as grants to providers of nonprofit emergency medical services and hospital emergency departments serving rural counties and rural areas of urban counties. These grants will be used to purchase equipment and fund training programs. **(BDR-311)**
9. Draft legislation that revises NRS 433A.165 to require medical screening to occur before an allegedly mentally ill person is admitted to a mental health facility. In addition, clarify the statute to specify that for the purposes of the medical screening provisions, “mental health facility” does not include a community triage center. **(BDR-306)**
10. Draft legislation to implement the following recommendation to establish a coordinated statewide health care planning effort by:

- a. Revising certain health care planning statutes;
 - b. Adding responsibilities and resources to the DHHS:
 - i. Create the Office of Health Planning, Analysis, and Policy Support which, in addition to other duties, collects and disseminates information regarding health care quality and performs community health care assessments;
 - ii. Create an Advisory Committee to the Office of Health Planning, Analysis, and Policy Support; and
 - iii. Conduct a special project on Health Information Technology (HIT) and Health Information Exchange (HIE);
 - c. Adding resources to the Nevada System of Higher Education (NSHE):
 - i. Consolidate certain functions related to health care professionals; and
 - ii. Enhance health care workforce resources; and
 - d. Adding resources to the Legislative Committee on Health Care to establish a subcommittee to conduct a study regarding health care workforce regulation. **(BDR-307)**
11. Draft legislation to implement the following recommendations to expand funding among safety net providers by:
- a. Providing a biannual appropriation of \$10 million from the State General Fund for the creation of a grant program to support the expansion of federally qualified health centers (FQHCs), FQHC look-alikes, and rural health care centers as defined by the federal government. The funding may be used to assist with capital or operational costs that enhance or expand the ability for the health centers to provide primary care services, including dental services;
 - b. Providing an annual appropriation of \$1 million from the State General Fund to the DHHS for the support of an access to health care shared responsibility pilot program in Nevada. The pilot program will be evaluated by the Legislative Committee on Health Care during the interim following the 2009 Session. The program:
 - i. Creates a pilot program that consists of a medical discount plan as defined by NRS 695H.050. Participants in the program must be: (1) employed but not offered insurance by their employer; (2) within 100 to 250 percent of the

federal poverty level; and (3) not eligible for any other State or local health insurance program;

- ii. Authorizes the pilot program to collect fees for the administration of the pilot program from participants in the medical discount plan and their employer. The fee collected for participation in this medical discount plan is \$300 per year (\$250 covered by the employer and \$50 covered by the employee). Additionally, the contribution by the employer shall be considered an allowable modified business tax deduction pursuant to NRS 363B.115;
 - iii. Designates that funding to the pilot program pursuant to the appropriation and the collection of fees for participation which are not expended at the end of State Fiscal Year (SFY) will be placed in a “member care fund” to be used to cover major health care costs for pilot program participants that have exhausted their resources. Select criteria for the use of this fund will be established by the administering body of the pilot program in consultation with the DHHS;
 - iv. Commences in Clark and Washoe Counties as soon as practicable, and a portion of the administration fees must be utilized to develop a plan to expand the program to additional areas in Nevada with special emphasis on the rural areas; and
 - v. Requires that the pilot program provide a quarterly performance and fiscal report to the DHHS. **(BDR-311)**
12. Draft legislation that consolidates the Board of Examiners for Marriage and Family Therapists, the Board of Examiners for Social Workers, and the Board of Examiners for Alcohol, Drug Abuse, and Gambling Counselors into one Board of Examiners for Behavioral Health. In addition, establishes the Licensed Professional Counselor (LPC) credential in Nevada. Licensed Professional Counselors are trained and licensed to provide a broad range of services including substance abuse and mental health counseling. **(BDR-308)**

STATEMENTS OF SUPPORT

The Legislative Committee on Health Care directed staff to provide statements of support in the bulletin for the following issues:

- 13. Reduction of the number of individuals currently on waiting lists for the Disability Rx program and/or Senior Rx Program administered by the DHHS.
- 14. Expansion and initiation of programs that will improve the overall health status of Nevadans through focusing on prevention and wellness by:

- a. Providing funding to the DHHS for the enhancement of the State immunization registry;
 - b. Providing funding to the DHHS for the expansion of certain prenatal services through new outreach and education initiatives. The funds should be used to expand the existing media campaign that informs women about the necessity of prenatal care, encourages them to access care, and directs them to providers. An expanded outreach campaign that targets the Hispanic and African American populations should also be launched;
 - c. Providing funding to the DHHS to fund the State Dental Health Officer. Pursuant to NRS 439.272, the State Dental Health Officer's duties include: determining the needs of the residents of Nevada for public dental health; providing the Health Division with advice regarding public dental health; making recommendations to the Health Division and the Legislature regarding programs for public dental health in Nevada; supervising the activities of the State Public Health Dental Hygienist; and seeking information and advice from the dental school of the NSHE as is necessary to carry out these duties; and
 - d. Providing funding to the DHHS for the expansion of wellness programs to prevent chronic disease through State funding for statewide initiatives. Any additional funding provided should be used to provide technical assistance and grants to community organizations, school districts, coalitions, taskforces, and employers; assist communities in establishing prevention programs; conduct chronic disease screening and educational activities; and engage in outreach at public events to promote awareness. The funded entities should be required to present concrete spending plans before funding is provided and the programs must be branded statewide. Finally, as a part of the expansion, one full-time equivalent staff should be designated to work on the chronic disease prevention issues in the Office of Minority Health.
15. Support the implementation of the NSHE nursing plan for 2006, which doubles the capacity for enrollment of students in nursing programs within the NSHE institutions.
16. Provide State funding for the support of the following actions to address certain substance abuse services in Nevada:
- a. Development of a pilot program that provides a long-term residential treatment facility for substance abusers, with an emphasis on providing comprehensive prevention and treatment services and programs. The program would provide intensive case management and wrap-around services to be administered by a community- or faith-based organization. It is the expectation of the Subcommittee to Study Services for the Treatment and Prevention of Substance Abuse that such a

pilot program will provide outcomes that will help establish best practices for residential treatment and prevention services in the State;

- b. Development of a comprehensive post-incarceration treatment programs within the Department of Corrections to enable nonviolent offenders to successfully transition back into society. The appropriation would allow 100 individuals to receive treatment during the transition process by providing the opportunity to be paroled sooner and receive treatment while on parole. Funding mechanisms that can be used in Nevada's Department of Correction's budget to increase funding for treatment should be explored so that cost savings will be maximized.
- c. Continued support to the Division of Mental Health and Developmental Services for Nevada's two existing community triage centers.

LETTERS

- 17. Send a letter to Governor Kenny C. Guinn supporting the inclusion of certain items in the DHHS proposed budget to be presented to the 2007 Nevada Legislature, including: expedited Medicaid eligibility (Supplemental Security Income [SSI], pregnant women, and children), Medicaid outreach, revisions to rates paid to health care professionals and facilities, and increased funding for certain behavioral health services.
- 18. Send a letter to Governor Kenny C. Guinn and the NSHE Board of Regents supporting certain items listed in the NSHE budget to be presented to the 2007 Nevada Legislature, including: operation enhancements such as the University of Nevada School of Medicine (UNSOM) expansion, funding for Academic Health Sciences Center, additional Graduate Medical Education (GME) funding, additional Area Health Education Center (AHEC) funding; and capital investments necessary to expand UNSOM and nursing schools.
- 19. Send a letter to the following medical groups: the School of Medicine at the University of Nevada, Reno (UNR); residency programs in family practice, pediatrics, and obstetrics/gynecology in Nevada; the Clark County Medical Society, the Washoe County Medical Society, and the Nevada State Medical Association; entities offering continuing education credits; and other relevant groups. The letter will: (1) emphasize the Committee's strong support for children to have access to diagnosis and therapy for fetal alcohol spectrum disorders (FASD); (2) highlight the need for additional professionals qualified to diagnose FASD in Nevada; (3) emphasize the importance of prevention; and (4) encourage the groups to educate their members on how to diagnose FASD so that doctors in Nevada will be knowledgeable and comfortable diagnosing the disorder. The Subcommittee to Study Services for the Treatment and Prevention of Substance Abuse heard testimony that there is a long waiting list in Nevada for children and adults to be diagnosed with FASD. This results in delayed therapy, and foster and adoptive parents are not eligible to qualify for additional funding unless the child has been diagnosed as having a special need. The wait for diagnosis is long

because there is only one geneticist in Nevada who specializes in diagnosing FASD. It was suggested to the Subcommittee that the Legislature should fund another geneticist at the School of Medicine, UNR, but members decided that funding one more geneticist would not sufficiently reduce the enormous waiting list that exists.

20. Send a letter to the DHHS recommending that the budget request for the Bureau of Alcohol and Drug Abuse (BADA) include a formula for caseload growth in funding substance abuse treatment and prevention programs. The Subcommittee to Study Services for the Treatment and Prevention of Substance Abuse heard testimony that treatment programs are not able to grow with the demand for services because funding for substance abuse treatment through BADA has never included a formula for caseload growth.
21. Send a letter to the Assembly Committee on Judiciary and the Senate Committee on Judiciary emphasizing the Committee's concerns related to substance abuse treatment services for incarcerated persons. The letter will emphasize the Committee's concern for the health of inmates and acknowledge that related issues fall within the jurisdiction of the judiciary committees. The letter will encourage the judiciary committees to examine the following concerns: (1) treatment programs for incarcerated persons have lost federal funding; (2) treatment needs to be comprehensive and of adequate time to include both in-custody and transitional services; (3) the number of inmates that receive treatment should be increased to better serve the growing number in need; (4) the system of corrections should make the treatment of substance abuse a priority; and (5) the need to expand comprehensive post-incarceration treatment and explore funding options that consider cost savings.
22. Send a letter to members of the 2007 Legislature in both houses to encourage their support of, and participation in, substance abuse prevention coalitions in their communities. The Subcommittee to Study Services for the Treatment and Prevention of Substance Abuse heard extensive testimony about the dedicated community coalitions that are fighting methamphetamine and substance abuse throughout the State and believes the coalitions' efforts should be supported.
23. Send a letter to members of the Senate Finance Committee and Assembly Committee on Ways and Means encouraging the allocation of funds to support the Nevada 2-1-1 statewide health and human services telephone information service.