

NEVADA LEGISLATURE LEGISLATIVE COMMITTEE ON HEALTH CARE

(Nevada Revised Statutes 439B.200)

SUMMARY MINUTES AND ACTION REPORT

The eighth meeting of Nevada's Legislative Committee on Health Care was held on Tuesday, May 9, 2006, at 9 a.m. in Room 4401 of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. The meeting was videoconferenced to Room 3138 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. A copy of this set of "Summary Minutes and Action Report," including the "Meeting Notice and Agenda" (Exhibit A) and other substantive exhibits, is available on the Nevada Legislature's Web site at www.leg.state.nv.us/73rd/Interim. In addition, copies of the audio record may be purchased through the **Publications** Office, Legislative Counsel Bureau (LCB) (e-mail: publications@lcb.state.nv.us; telephone: 775/684-6835).

COMMITTEE MEMBERS PRESENT IN LAS VEGAS:

Senator Maurice E. Washington, Chairman Senator Steven A. Horsford Assemblyman Joe Hardy Assemblywoman Kathy McClain

COMMITTEE MEMBER PRESENT IN CARSON CITY:

Assemblywoman Sheila Leslie, Vice Chairwoman

COMMITTEE MEMBER EXCUSED:

Senator Joe Heck

LEGISLATIVE COUNSEL BUREAU STAFF PRESENT:

Marsheilah D. Lyons, Senior Research Analyst, Research Division, LCB Amber J. Joiner, Senior Research Analyst, Research Division, LCB Leslie K. Hamner, Principal Deputy Legislative Counsel, Legal Division, LCB Andrew K. Min, Deputy Legislative Counsel, Legal Division, LCB Erin DeLong, Senior Research Secretary, Research Division, LCB

OPENING REMARKS

• Senator Maurice E. Washington, Chairman, welcomed members, presenters, and the public to the eighth meeting of the 2005-2006 interim.

APPROVAL OF MINUTES OF THE MARCH 15, 2006, MEETING

• The Committee **APPROVED THE FOLLOWING ACTION**:

ASSEMBLYWOMAN MCCLAIN MOVED FOR APPROVAL OF THE MINUTES FROM THE **MEETING** HELD ON WEDNESDAY. MARCH 15, 2006, IN CARSON CITY, NEVADA. THE MOTION WAS BY ASSEMBLYMAN **HARDY** SECONDED AND **PASSED** UNANIMOUSLY.

PUBLIC COMMENT

(This agenda item was taken out of order at the direction of the Chairman.)

• Ruth Mills, President of the Board, Nevada Health Care Reform Project, Las Vegas, provided an overview and update on the Project (Exhibit B). She asked that the Legislative Committee on Health Care submit a resolution to the United States Congress requesting the development of a national health care system.

PRESENTATION OF THE REPORT AND RECOMMENDATIONS OF THE LEGISLATIVE COMMITTEE ON HEALTH CARE SUBCOMMITTEE TO STUDY SERVICES FOR THE TREATMENT AND PREVENTION OF SUBSTANCE ABUSE (ASSEMBLY BILL 2 [A.B. 2], CHAPTER 1, STATUTES OF NEVADA 2005, 22ND SPECIAL SESSION)

- Assemblywoman Sheila Leslie, Chairwoman, Subcommittee to Study Services for the Treatment and Prevention of Substance Abuse, updated members on recommendations agreed upon by the Subcommittee concerning substance abuse (Exhibit C).
- The Committee **APPROVED THE FOLLOWING ACTION**:

ASSEMBLYWOMAN LESLIE MOVED FOR APPROVAL OF A LETTER TO BE SUBMITTED BY THE COMMITTEE TO THE LEGISLATIVE COMMISSION'S SUBCOMMITTEE TO STUDY SENTENCING AND PARDONS, AND PAROLE AND PROBATION (A.C.R. 17) EMPHASIZING THE COMMITTEE'S CONCERNS RELATED TO SUBSTANCE ABUSE TREATMENT SERVICES FOR INCARCERATED PERSONS. THE MOTION WAS SECONDED BY SENATOR HORSFORD AND PASSED UNANIMOUSLY.

A discussion ensued concerning Recommendation No. 2, and the concept of creating a program to provide case management and wrap-around services for substance abuse with participation from both community- and faith-based organizations.

Further discussion developed regarding the transition of the Bureau of Alcohol and Drug Abuse (BADA) from the Health Division, Department of Health and Human Services (DHHS), to the Division of Mental Health and Developmental Services (MHDS), DHHS, and the relationship between the Rural Clinics and BADA concerning substance abuse. Chairman Washington voiced his concern regarding the opportunity for substance abuse providers be able to participate in the BADA to Assemblywoman Leslie indicated that the Subcommittee did not address the BADA transfer, but focused on the system of prevention and treatment of substance abuse. She opined that there is agreement among substance abuse providers regarding the transition, and a need to integrate substance abuse services with mental health services.

PRESENTATION OF THE PLAN FOR THE TRANSFER OF SERVICES FOR THE ABUSE OF ALCOHOL OR DRUGS FROM THE HEALTH DIVISION OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS) TO THE DIVISION OF MENTAL HEALTH AND DEVELOPMENT SERVICES OF THE DHHS (A.B. 2 OF THE 22ND SPECIAL SESSION)

Carlos E. Brandenburg, Ph.D., Administrator, MHDS, DHHS, Carson City, discussed
the transfer of BADA services and noted the transition plan submitted by the director of
DHHS to Governor Kenny C. Guinn and the Legislative Committee on Health Care
(Exhibit D). He noted that the transition plan was approved unanimously by all
members of the BADA Advisory Board.

There were discussions concerning the following: (1) the effect of the transition on current BADA program funding and whether it would be prevented from integrating with other DHHS services; (2) the recommendation by the Subcommittee concerning the need for BADA caseload growth funding; (3) the inclusion of senior citizens concerning unmet needs under the plan's program planning and development; (4) the implementation of one system so that providers can coordinate mental health and substance abuse needs assessments; (5) the cross-training of substance abuse and mental health staff; (6) the training of MHDS staff in the area of prevention, and training providers regarding co-occurring disorders and screening; (7) the relocation and combining of the offices and agencies for the MHDS and the BADA; (8) the presentation of budgets to the executive branch; (9) a possible name change for the Division after the transition is complete; (10) the need for an increase in funding to support the mental health hospitals in both northern and southern Nevada; and (11) the inclusion in the plan of caseload information as part of data collection.

• The Committee **APPROVED THE FOLLOWING ACTION**:

ASSEMBLYMAN HARDY MOVED FOR APPROVAL OF THE PLAN FOR THE TRANSITION OF THE BUREAU OF ALCOHOL AND DRUG ABUSE TO THE DIVISION OF MENTAL HEALTH AND DEVELOPMENTAL SERVICES, DEPARTMENT OF HEALTH AND HUMAN SERVICES, DATED MARCH 31, 2006, AND TO INCLUDE A PROVISION THAT CASELOAD PROJECTIONS WILL BE INCLUDED AS PART OF THE COLLECTION OF DATA THROUGHOUT THE STATE OF NEVADA. THE MOTION WAS SECONDED BY ASSEMBLYWOMAN MCCLAIN AND PASSED UNANIMOUSLY.

- Chairman Washington asked if there were any provider representatives present at the meeting to offer their input for the record as to whether they are in agreement with the BADA transition plan.
- Frank Perna, Executive Director, Nevada Alliance for Addictive Disorders, Advocacy, Prevention and Treatment Services, Las Vegas, said his organization is the provider association for substance abuse treatment and prevention throughout the State. Mr. Perna indicated that his organization's concerns have been addressed. Mr. Perna added that if the transfer of the BADA helps to gain more funding for the Division in order to meet the State's needs, then his organization offers its full support.
- Belinda Thompson, Goshen Community Development Coalition, Las Vegas, stated that one of the Coalition's concerns as prevention providers is to ensure that the systems developed throughout the past five years for the adequate services of prevention are honored, adhered to, and continued throughout the process. Ms. Thompson said their organization had collaborated with Dr. Brandenburg, Maria Canfield, and other members of the transition team to obtain assurance that services would continue and also be enhanced through the transition process.

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

• Charles Duarte, Administrator, Division of Health Care Financing and Policy (DHCFP), DHHS, Carson City, provided a presentation on Medicaid and the State Children's Health Insurance Program in Nevada (Exhibit E), and said the DHCFP would be proposing ideas to address the growing costs faced by the Medicaid program. Mr. Duarte indicated that the aged and disabled populations represent only 30 percent of the caseload, but use 70 percent of the budgeted funding.

• Nancy K. Ford, Administrator, Division of Welfare and Supportive Services, DHHS, Carson City, discussed the first of three major options for possible expansion of the State of Nevada's Medicaid program, implementing a medically needy program with an estimated annual cost of \$40 million. She noted that the State currently does not have a medically needy program, which makes eligibility determination standards difficult to predict, but added that the program would fall under the purview of the State welfare program.

Discussions ensued regarding the feasibility of establishing a medically needy program in Nevada, and issues relating to uninsured populations. Mr. Duarte noted that current analysis conducted by the DHCFP regarding the creation of a medically needy program only included pregnant women and children. He offered to research program expansion options including the disabled and uninsured populations and chronic diseases, and report his findings to the Committee. In addition, Mr. Duarte discussed the federal and State funding for the current Medicaid and Nevada Check Up programs, and the estimated funding for a medically needy program expansion in the State of Nevada.

• Ms. Ford discussed a second Medicaid expansion option called the "210 Option," which could streamline the State's process for determining eligibility for SSI recipients. She said the estimated cost of the second expansion option would be \$7.6 million.

There were discussions regarding administrative costs of the second expansion option and the costs for patients with clear-cut disabilities, mental illnesses, and chronic disabilities. Mr. Duarte said the Division of Welfare and Supportive Services would conduct the administration concerning eligibility, and the DHCFP would contract with appropriate positions other providers to conduct the disability determinations. Chairman Washington asked for further statistics regarding how the proposed "210 Option" would expedite the federal determination and reimbursement processes. He also requested that more detailed information on proposed staffing and costs be provided to the Committee.

There was a lengthy discussion regarding the processes of determining eligibility and subsequent compensation to Nevada. The Chairman requested that Mr. Duarte and Ms. Ford examine the application process more closely to determine if eligibility could be combined into one application process at the State level.

• Ms. Ford discussed a third Medicaid expansion option regarding presumptive eligibility for children and pregnant women. She said the estimated cost for the third expansion would be approximately \$31 million per year.

There was a discussion concerning the cost drivers of the third expansion option. Mr. Duarte opined that providers, particularly those providing higher levels of care in hospitals, believe that getting patients out of the hospital and into community-level care is difficult without a payor source. He noted that while the second expansion option included a payor source, the third option may require a higher up-front cost on a short-term basis, but a long-term savings would be incurred through a reduced rate of expenditure growth. Chairman Washington asked Mr. Duarte to work with the Committee's contracting firm assisting in the development of the comprehensive statewide health care plan by providing budgetary information concerning the third expansion option.

An additional discussion ensued regarding the possibility of implementing one system for the insured population, and the criteria for eligibility determination.

- Mr. Duarte concluded by providing updates and answering questions regarding the following: (1) the Deficit Reduction Act (DRA) of 2005; and (2) the Health Insurance Flexibility and Accountability (HIFA) waiver program.
- Lacy L. Thomas, Chief Executive Officer, University Medical Center of Southern Nevada, School of Medicine, University of Nevada, Las Vegas (UNLV), expressed support for the "210 Option" and the presumptive eligibility option for pregnant women and children. Mr. Thomas also made the following recommendations: (1) augment State funding to increase matched federal funding; (2) combine the State match and the municipal match to apply for federal funds; (3) redirect county resources to provide more funding; (4) increase Medicaid rates so that more providers may be willing to receive Medicaid clients; (5) consider a methodology to improve State funding in order to support Medicaid programs; and (6) include outpatient services and physician costs in the upper payment limit calculation, to allow the State to receive Medicaid payments at a higher Medicare rate based on certain formulas.
- Jon L. Sasser, Esq., Statewide Advocacy Coordinator, Washoe Legal Services, Reno, Nevada, suggested that the following goals be included in the State's ten-year plan: (1) reduce the percentage of Nevadans without health insurance to at least the national average; and (2) comply with the Olmstead decision of the U.S. Supreme Court by providing services to the disabled in the community, rather than in institutions. Additionally, he discussed ways to lower Nevada's uninsured rate and strategies to increase the availability of community-based services. A copy of information discussed by Mr. Sasser is available as Exhibit F.

Discussions ensued regarding Mr. Sasser's recommendations, and the possibility of creating a central system for eligibility and database management on program enrollment.

PRESENTATIONS REGARDING THE NEVADA PRESCRIPTION DRUG POLICY MAKERS SUMMIT

(This agenda item was taken out of order at the direction of the Chairman.)

- Barry Gold, Associate State Director of Advocacy, AARP Nevada, Las Vegas, provided an overview of the Nevada Prescription Drug Policy Makers Summit (Exhibit G) held in Las Vegas on September 22, 2005. He said the summit covered a number of topics including prescription drug affordability for Nevada. Mr. Gold referred to a list of formal recommendations from the Nevada Prescription Drug Policy Makers Summit, which included the following:
 - 1. Introducing strategies for the State of Nevada to buy prescription drugs in bulk;
 - 2. Passing legislation to broaden the understanding of the role of pharmaceutical benefit managers (PBMs), and examine hidden incentives that PBMs receive from manufacturers;
 - 3. Requiring pharmaceutical wholesalers or manufacturers to report costs associated with advertising brand name prescription drugs to practitioners, and prevent pharmacies from selling prescriber history for marketing use; and
 - 4. Educating physicians and consumers through the creation of outreach programs.

Finally, Mr. Gold discussed the recommendation concerning pharmaceutical detailing. A copy of his written testimony is provided as Exhibit H.

- Michael V. Saxl, Former Speaker of the House of Representatives, Maine Legislature, provided greater detail concerning bulk purchasing and the Rx Plus model program legislation passed in the State of Maine. Mr. Saxl also discussed PBMs and the basic standards included in Maine's legislation. Concluding, Mr. Saxl noted that the AARP's recommendations for the State of Nevada are to adopt a bulk purchasing plan and to use a PBM transparency to assist with the cost of prescription drugs for private purchasers.
- Ilene Henshaw, Senior Legislative Representative for State Affairs, AARP District of Columbia, indicated to the Committee that she is available to provide further information concerning pharmaceutical detailing and prescriber profiling legislation.

Discussions ensued regarding the following: (1) the benefits and drawbacks of other prescription drug discount programs offered through public and private sectors; (2) the components of a bulk purchasing program, including possible federal poverty level eligibility limits within that program; and (3) the creation of a formula to track changes in uncompensated care costs.

• Michael J. Willden, Director, DHHS, Carson City, referred to the Nevada Prescription Drug Policy Makers Summit report (Exhibit G). Mr. Willden indicated that the information provided was the result of the collective efforts of the Executive and Legislative Branches over the past five years, and it is aimed at improving pharmacy benefits for Nevadans. He noted additional information provided in the report including national issue briefs on pharmaceutical cost controls.

Chairman Washington requested that Mr. Willden keep the Legislative Committee on Health Care informed concerning budgetary requirements and fiduciary responsibilities in implementing the recommendations from the Summit.

DISCUSSION REGARDING PHARMACIES IN NEVADA

(This agenda item was taken out of order at the direction of the Chairman.)

- Elizabeth MacMenamin, Director of Government Affairs/Membership Services, Retail Association of Nevada, Carson City, stated that she represented chain drug stores in Nevada. A slide presentation was provided to the Committee by the presenters of this agenda item (Exhibit I).
- Joseph G. Yost, R.Ph., Pharmacy Manager, Longs Drugs, Carson City, stated that he has been a local pharmacist for 36 years. Mr. Yost discussed some of the challenges for Nevada's community pharmacies, including: (1) implementing the Medicaid Part D program requirements, including staffing and customer service challenges for pharmacies; (2) receiving adequate Medicaid reimbursement, due to a decrease in profits and an increase in customer service; and (3) developing and implementing the use of "e-prescribing" to help eliminate paperwork.
- Ryan Lenz, R.Ph., Store Manager and Pharmacist, Walgreens, Reno, expressed concerns regarding work force shortages, including: (1) the need for another pharmacy school in Nevada; and (2) the hardships in the industry as a result of the current mandatory 2-to-1 ratio of technicians to pharmacists in Nevada. Mr. Lenz recommended that the current ratio be increased.

There were discussions regarding the following: (1) Nevada's current regulatory and statutory staffing requirements for pharmacies; (2) consideration of an additional pharmacy school; and (3) the need to encourage physician participation in "e-prescribing." Ms. MacMenamin said she would conduct a survey among the members of the Retail Association of Nevada regarding the RxPlus program, and provide the Committee with the results.

• Jack Kim, Director of Governmental Affairs, Sierra Health Services, Inc. (SHS), Las Vegas, stated that a southern Nevada SHS clinic utilizes the "e-prescribing" process, which offers benefits to doctors and pharmacists. Mr. Kim urged the members to encourage State financial support and assist private doctors in setting up "e-prescribing," which would otherwise require the doctors' personal investments.

There was a discussion concerning pseudo-ephedrine, an ingredient in making methamphetamine drugs, which is contained in products sold in local convenience stores. Assemblywoman Leslie noted that new products without pseudo-ephedrine are now available, but said that stores continue to carry products containing pseudo-ephedrine. Mr. Yost responded that pseudo-ephedrine could be made a prescription item in order to alleviate the problem. Ms. MacMenamin commented that retail theft is also a factor. She added that her organization represents some of the convenience stores, and she offered to work with the Committee regarding the issue.

PRESENTATION CONCERNING CERTAIN PHARMACY MANUFACTURER PRESCRIPTION ASSISTANCE PROGRAMS AND MARKET INNOVATIONS

(This agenda item was taken out of order at the direction of the Chairman.)

- Peter Anderson, Director, State Policy, and Jake Mater, Consultant, Education and Community Outreach, Pharmaceutical Research and Manufacturers of America, provided overviews on the Partnership for Prescription Assistance (PPA) and the Medicare Part D programs. Mr. Mater distributed information on PPA (Exhibit J) and said the program is available for uninsured and underinsured populations. Mr. Anderson commented that one of the fastest growing groups in America is the population of people ages 85 and over, who are expecting better medical care and looking for new, innovative drugs to help solve chronic health problems. Mr. Anderson noted that there are approximately 6,000 rare diseases affecting 25 million Americans. He provided Committee members with additional information on the treatment of rare diseases (Exhibit K) and Medicare prescriptions (Exhibit L).
- Mr. Willden, previously identified in these minutes, pointed out that the Office for Consumer Health Assistance, Office of the Governor, is an additional resource that provides information and assistance for consumers.

PRESENTATION CONCERNING THE CANADIAN PRESCRIPTION DRUG PROGRAM IN NEVADA

(This agenda item was taken out of order at the direction of the Chairman.)

• Louis A. Ling IV, General Counsel, Nevada's State Board of Pharmacy, Reno, stated that the Board has been working continuously on implementing the Canadian

drug program since the passage of Senate Bill 5 (Chapter 11, Statutes of Nevada 2005, 22nd Special Session). Mr. Ling said the Canadian drug program is now operating since the Committee on Regulations approved the Board of Pharmacy's regulations in early May 2006. He indicated that four Canadian pharmacies have been inspected and approved by the Board, and their names have been relayed to the Office for Consumer Health Assistance, Office of the Governor. Mr. Ling commented that his office has been receiving inquiries and referring people to the Office of Consumer Health Assistance. He said it is anticipated that three to ten additional applications will be received based on contacts with Canadian pharmacies. In conclusion, Mr. Ling noted that the Board would probably be conducting another inspection tour in fall 2006 to approve more participant pharmacies, if they meet the qualifications.

Discussion ensued concerning the Canadian prescription drug program in Nevada. It was suggested that consumers should still shop and compare for the cost of prescription drugs. A concern was raised on the possibility of legal opposition from the federal government or the U.S. Food and Drug Administration regarding implementing that type of program at the State level.

UPDATE REGARDING THE SENIOR RX AND DISABILITY RX PROGRAMS IN NEVADA

• Laurie Olson, Program Manager, Senior Rx and Disability Rx, DHHS, Carson City, provided a report and update on the Nevada Senior Rx and Disability Rx programs (Exhibit M). Ms. Olson reviewed the eligibility requirements and income limits for both of the State programs, and she said Medicare Part D allows their programs to offer additional benefit packages. She provided enrollment statistics and funding information for both programs. Finally, Ms. Olson indicated that there is an enrollment cap for Disability Rx, which has resulted in a large waiting list for the program.

There was discussion concerning the deadline for enrolling in the Medicare Part D program, and whether that deadline would be extended by the federal government.

DISCUSSIONS REGARDING PUBLIC HEALTH CARE IN NEVADA

• Alexander Haartz, M.P.H., Administrator, Health Division, DHHS, Carson City, said the Health Division is a public health agency that focuses on the "front end" of the public health care continuum, including: (1) the ability for people to access health care; and (2) the establishment of an appropriate "medical home," whether it is for primary health care, oral health care, or pharmaceutical care. Mr. Haartz reported several recommendations from the Committee's focus groups, including: (1) continuing prevention for communicable and chronic diseases, life style issues, and personal health challenges; and (2) providing treatment for physical and mental health issues, substance abuse, and palliative care, and emphasizing what resources are needed.

Discussions ensued regarding public health, including: (1) the definition of public health in statute, and various chapters containing aspects of public health topics; (2) the possibility of combining all of the public health topics into one chapter in statute for organizational and budgetary benefits, and therefore helping to forecast and determine needs within the public health arena; and (3) the creation of a solid safety net system in Nevada, including public and private health care providers and facilities.

- Rota Rosaschi, M.P.A., Executive Director, Nevada Public Health Foundation, Carson City, gave an overview of the Foundation and its recent activities. Ms. Rosaschi provided highlights on a recent Inaugural Forum on Public Health Issues, including discussions concerning public health. She also discussed the issue of access to care in Nevada. Finally, Ms. Rosaschi mentioned another recent conference addressing obesity and its affect on wellness and the health care system. A copy of Ms. Rosaschi's remarks is available as Exhibit N.
- Ken Retterath, Division Director, Adult Services, Department of Social Services, Washoe County, Reno, gave an overview and slide presentation (Exhibit O) of the Department's duties. He commented regarding the complexity of the Medicaid program, and said there is an advantage at the county level of not being constricted by federal policy. Mr. Retterath pointed out that counties have the flexibility to operate differently from one another throughout the State.
- Dan Musgrove, representing the University Medical Center of Southern Nevada, Las Vegas, introduced Ms. Pate, the new director for the Social Services Department in Clark County, Nevada.
- Patricia K. Pate, Director, Social Service Department, Clark County, Las Vegas, provided members with a slide presentation (Exhibit P) containing an overview of the Department and its medical assistance services. Ms. Pate described the Department's "holistic approach" and diversity of services available. In conclusion, Ms. Pate opined that Clark County has a strong non-profit provider community, and she commented regarding the advantages of flexibility and local control of services at the county level.

PRESENTATION CONCERNING THE HIV PROGRAM IN NEVADA

• Alexander Haartz, previously identified in these minutes, gave a presentation regarding Nevada's HIV program, and said there were discussions as to whether sufficient funding existed for the AIDS drug assistance program, caseload growth, and pharmaceutical costs. He added that a legislative increase was provided through the budget process to serve additional clients. However, Mr. Haartz indicated that this year, while they were fairly accurate on budgeting for caseload growth, pharmaceutical costs were much higher than projected. As a result, he said the Health Division approached the Interim Finance Committee and asked that funding be transferred from Fiscal Year (FY) 2007 to FY 2006 to avoid establishing waiting lists for the program. Mr. Haartz provided members with additional information, including an overview on HIV/AIDS in Nevada (Exhibit Q) and an AIDS drug assistance program profile (Exhibit R).

Discussions concerning Nevada's HIV program ensued, including the following: (1) the funding for prevention, surveillance, and prescription drugs for HIV/AIDS; (2) the administration of funds at the State, county, and city levels; (3) the grant cycle and availability of federal funding to support the program; (4) the implementation of cost reduction strategies; and (5) the possible creation of a waiting list for the program, and efforts to keep current participants enrolled.

DISCUSSIONS REGARDING CHRONIC DISEASE PREVENTION AND CONTROL IN NEVADA

- Bradford Lee, M.D., J.D., M.B.A., State Health Officer, Health Division, DHHS, Carson City, gave a slide presentation (Exhibit S) regarding chronic disease prevention and control in Nevada, including the following: (1) the definition and impact of chronic disease; (2) the prevalence of multiple chronic disease conditions; (3) the 2003 statistics concerning mortality and major causes of death in Nevada; (4) the statistics for Nevada concerning chronic disease costs in 2001; (5) the projected statistics in the State for chronic disease; (6) the programs currently funded that address chronic conditions; and (7) the chronic diseases that are not currently being addressed through programs in the Health Division due to lack of funding.
- Jennifer Stoll-Hadayia, M.P.A., Public Health Program Manager, Washoe County District Health Department, Reno, gave a slide presentation (Exhibit T-1) regarding the Washoe County Chronic Disease Prevention Program. Highlights included the following: (1) identifying the leading causes of death and disabilities in Washoe County; and (2) changing lifestyle choices to prevent chronic disease. Ms. Stoll-Hadayia said the county's program takes a preventative approach to implement cost-effective, evidence-based strategies aimed at reducing the risk factors of tobacco use, physical inactivity, and poor nutrition. Copies of Ms. Stoll-Hadayia's remarks (Exhibit T-2) and the county's strategic plan (Exhibit T-3) were also provided.
- Lawrence K. Sands, D.O., M.P.H., Division Director, Community Health, Southern Nevada Health District (SNHD), Las Vegas, gave a slide presentation on chronic disease in Clark County (Exhibit U-1). Additionally, Dr. Sands explained the purpose of the Office of Chronic Disease Prevention and Health Promotion programs (Exhibit U-2) and said their efforts focus on reducing and controlling the use of tobacco products, increasing physical activity, improving dietary choices, and reducing injuries among Clark County residents and visitors. A copy of remarks given by Dr. Sands is available as Exhibit U-3.

PRESENTATIONS REGARDING HEALTH CARE SAFETY NET PROGRAMS AND PROVIDERS IN NEVADA

• Doreen Begley, M.S., R.N., Administrator, Orvis Nursing Clinic, Orvis School of Nursing, College of Human and Community Sciences, University of Nevada, Reno (UNR), discussed the "working uninsured" and Medicaid populations. She said the Clinic's biggest challenge, next to reimbursement, is determining who is eligible for care. Further, she discussed the difficulties in obtaining specialty care access. Concluding, Ms. Begley requested the opportunity to expand her staff. A copy of testimony provided by Ms. Begley is available as Exhibit V.

There were discussions regarding the possibility of incorporating volunteer physicians or other health care providers at the Clinic, budget and funding issues, and clientele statistics.

- Patricia Durbin, Executive Director, Great Basin Primary Care Association, Carson City, gave a slide presentation (Exhibit W) containing the details of a proposed community health center expansion act modeled after the Illinois Public Health Act. She discussed potential savings that would affect the Medicaid program, use of emergency rooms, and taxpayers. Finally, Ms. Durbin discussed expenditure statistics and funding options, and itemized several existing expansion needs.
- Bill Welch, President/CEO, Nevada Hospital Association, Carson City, commented that a number of hospitals are moving in the direction of developing and organizing formal urgent care centers within the hospitals for the purpose of providing similar services and reducing the number of patients unnecessarily using the emergency rooms. He added that some urgent care centers do not exist within hospitals, but are located in parts of the community that are best served by their location. Mr. Welch noted that there are certain costs, various regulations, and reimbursement situations involved which need to be reviewed, regardless of whether it is a community health center, clinic, or hospital urgent care center.
- Chairman Washington mentioned the possibility of a partnership or collaboration with the community health care centers, clinics, and hospitals to develop some type of concept and provide primary care for the uninsured or underinsured populations. He added that the dental care community should be included, as well.
- Mr. Duarte, previously identified in these minutes, commented regarding other state models and possible creative solutions, including collaboration between community hospitals and community health centers. He suggested looking outside of Nevada for opportunities and options, and explained a method used under his administration of a community health center in the State of Hawaii in 1993-1994 through a federal grant which provided health care for the homeless. Mr. Duarte noted that there is Medicaid funding available, and the DHCFP would want to be involved in those discussions.

• Assemblywoman Leslie requested that Ms. Durbin develop a budget for the community health center expansion act before presenting the proposal during the 2007 Legislative Session.

PRESENTATIONS CONCERNING PUBLIC HEALTH EDUCATION IN NEVADA

• Mary E. Guinan, M.D., Ph.D., Interim Dean, School of Public Health, UNLV, explained components of southern Nevada's public health education curriculum. Dr. Guinan indicated that the School of Public Health is only two years old, and she discussed the issue of whether there are enough students being educated to fill the health care needs in the State. She commented regarding the overlapping of access to health care and public health, and opined that the medical model of diagnosis and treatment and the wellness model of prevention and health promotion is a continuum. Dr. Guinan said that the School needs more baseline data, and stressed the importance of collection and analysis of data. A copy of information presented by Dr. Guinan is available as Exhibit X.

There was a discussion regarding graduate statistics from the school and anticipated needs for more student participation in public and environmental health fields. Dr. Guinan noted the need for policy analysis, as well.

PRESENTATIONS REGARDING CERTAIN ORAL HEALTH CARE PROGRAMS IN NEVADA

• Maury Astley, C.A.E., Executive Director, Nevada Dental Association, Las Vegas, discussed access issues for the uninsured patients with oral health problems. Mr. Astley shared statistics of patients (including uninsured children) who were treated through fixed-base and mobile clinics, traveling dentists, and screening programs in schools conducted throughout the State. He gave an overview of programs that promote prevention, access, and awareness for improved oral health to the residents of Clark County. Mr. Astley provided copies of his written testimony (Exhibit Y-1), a brochure regarding the Community Coalition for Oral Health (Exhibit Y-2), and a list of the dental health recommendations from his association (Exhibit Y-3) being submitted for the Committee's consideration.

Discussion ensued regarding expanding dental and oral health care for Nevada's elderly population. Mr. Astley commented on his organization's efforts to find additional sources of funding for staffing, including grants on State and federal levels.

• Michael L. Johnson, Director, Mission Outreach and Community Benefit Services, St. Mary's Regional Medical Center, Reno, gave an overview of the northern Nevada dental health programs (Exhibit Z-1). He explained that St. Mary's offers mobile and medical dental services, and stationary community-based clinics for the indigent. Additionally, Mr. Johnson reviewed city and county services available, including preventative and restorative dental care throughout the State (Exhibit Z-2).

PRESENTATIONS CONCERNING PUBLIC HEALTH EDUCATION IN NEVADA

(This agenda item was taken out of order at the direction of the Chairman.)

• Manuel Bayona, M.D., Ph.D., Professor and Director, School of Public Health, UNR, gave a slide presentation (Exhibit AA) and overview of the School of Public Health, UNR campus. He said the northern Nevada School of Public Health began at about the same time as its southern Nevada counterpart, and he expressed a need and willingness for both Schools to collaborate in working together for the public health of the State. He also noted that Nevada's undergraduate curriculum is unique because most schools of public health do not offer undergraduate degree programs. Dr. Bayona reviewed the chronological development of the School of Public Health at UNR, and he summarized the needs of the School in order for the program to fully develop. Concluding, Dr. Bayona indicated that the School's current budget is \$1.5 million, but \$5 million is needed for program expansion plans and additional faculty/staff.

PUBLIC COMMENT

• Bonnie Sorenson, R.N., B.S.N., Director of Clinic and Nursing Services, SNHD, Las Vegas, discussed the importance of Nevada to have a complete immunization registry. Ms. Sorenson asked that the State assist with more financial resources, due to federal funding cutbacks. She indicated that incompatible software is being used for the registry, and there is insufficient staffing. Ms. Sorenson commented that the State currently operates with an incomplete registry that is in various stages of development. A copy of her written testimony is available as Exhibit BB.

There was a discussion regarding the status of the statewide immunization registry, including funding and staffing issues. It was indicated by Ms. Sorenson that cost information concerning the registry would be provided to the Committee.

CONSIDERATION OF HEALTH CARE REGULATIONS PURSUANT TO NRS 439B.225 (CONTACT THE LEGAL DIVISION, LEGISLATIVE COUNSEL BUREAU [LCB] FOR A LIST OF REGULATIONS.)

• Chairman Washington said this agenda item would be carried over to the next meeting of the Legislative Committee on Health Care.

ADJOURNMENT

There being no further business to come before the Committee, the meeting was adjourned at 5:09 p.m.

	Respectfully submitted,	
	Erin DeLong Senior Research Secretary	
	Marsheilah D. Lyons Senior Research Analyst	
APPROVED BY:		
Senator Maurice E. Washington, Chairman	-	
Date:		

LIST OF EXHIBITS

<u>Exhibit A</u> is the Meeting Notice and Agenda provided by Marsheilah D. Lyons, Senior Research Analyst, Research Division, Legislative Counsel Bureau (LCB), Carson City, Nevada.

Exhibit B is a copy of written testimony submitted by Ruth Mills, President of the Board, Nevada Health Care Reform Project, Las Vegas, Nevada.

Exhibit C is a document, dated May 9, 2006, and titled "Report of the Subcommittee to Study Services for the Treatment and Prevention of Substance Abuse–Assembly Bill 2 (Chapter 1, *Statutes of Nevada 2005, 22nd Special Session*)," given by Assemblywoman Sheila Leslie, Chairwoman, Subcommittee to Study Services for the Treatment and Prevention of Substance Abuse (A.B. 2 of the 22nd Special Session), Carson City.

Exhibit D is a packet of information concerning the plan for the transfer of services provided by the Bureau of Alcohol and Drug Abuse (BADA) from the Health Division, Department of Health and Human Services (DHHS), to the Division of Mental Health and Developmental Services (MHDS), DHHS, furnished by Carlos E. Brandenburg, Ph.D., Administrator, MHDS, DHHS, Carson City.

Exhibit E is a slide presentation handout dated May 9, 2006, and titled "Presentation on Medicaid and Nevada Check Up" presented by Charles Duarte, Administrator, Division of Health Care Financing and Policy, DHHS, and Nancy K. Ford, Administrator, Welfare and Supportive Services, DHHS, Carson City.

<u>Exhibit F</u> is a copy of written testimony given by Jon L. Sasser, Esq., Statewide Advocacy Coordinator, Washoe Legal Services, Reno, Nevada.

Exhibit G is a spiral bound publication titled "Nevada Prescription Drug Policy Makers Summit," presented by Barry Gold, Associate State Director of Advocacy, AARP Nevada, Las Vegas, and Michael J. Willden, Director, DHHS, Carson City.

<u>Exhibit H</u> is a copy of written testimony given by Barry Gold, Associate State Director of Advocacy, AARP Nevada, Las Vegas.

<u>Exhibit I</u> is a Microsoft PowerPoint presentation titled "Nevada Community Pharmacy," provided by Elizabeth MacMenamin, Director of Government Affairs/Membership Services, Retail Association of Nevada, Carson City.

<u>Exhibit J</u> is a packet of information titled "Partnership for Prescription Assistance," submitted by Jake Mater, Consultant, Education and Community Outreach, Pharmaceutical Research and Manufacturers of America (PhARMA).

<u>Exhibit K</u> is a color booklet titled "A Decade of Innovation–Advances in the Treatment of Rare Diseases," given by Peter Anderson, Director, State Policy, PhARMA.

<u>Exhibit L</u> is a document titled "Medicare Rx Fact Sheet," provided by Peter Anderson, Director, State Policy, PhARMA.

Exhibit M is a document, dated May 9, 2006, and titled "Nevada Senior Rx and Disability Rx–Report for Nevada Legislative Committee on Health Care," furnished by Laurie Olson, Program Manager, Senior Rx and Disability Rx, DHHS, Carson City.

<u>Exhibit N</u> is a copy of written testimony given by Rota Rosaschi, M.P.A., Executive Director, Nevada Public Health Foundation, Carson City.

Exhibit O is a Microsoft PowerPoint presentation titled "Washoe County Department of Social Services, Health Care Assistance Program," submitted by Ken Retterath, Division Director, Adult Services, Department of Social Services, Washoe County, Reno.

<u>Exhibit P</u> is a Microsoft PowerPoint presentation titled "Clark County Social Service—Medical Assistance Services," provided by Patricia K. Pate, Director, Social Service Department, Clark County, Las Vegas.

<u>Exhibit Q</u> is a Microsoft PowerPoint presentation titled "HIV/AIDS Overview," furnished by Alexander Haartz, M.P.H., Administrator, Health Division, DHHS, Carson City.

<u>Exhibit R</u> is a document titled "AIDS Drug Assistance Program (ADAP) Profile," provided by Alexander Haartz, M.P.H., Administrator, Health Division, DHHS, Carson City.

Exhibit S is a Microsoft PowerPoint presentation, dated May 9, 2006, and titled "Chronic Disease in Nevada," given by Bradford Lee, M.D., J.D., M.B.A., State Health Officer, Health Division, DHHS, Carson City.

Exhibit T-1 is a Microsoft PowerPoint presentation titled "Chronic Disease in Washoe County: The Opportunity for Prevention," prepared by Jennifer Stoll-Hadayia, M.P.A., Public Health Program Manager, Washoe County District Health Department (WCDHD), Reno.

Exhibit T-2 is a copy of written testimony submitted by Jennifer Stoll-Hadayia, M.P.A., Public Health Program Manager, WCDHD, Reno.

Exhibit T-3 is a document titled "Chronic Disease and Injury Prevention: A Strategic Plan for Washoe County," given by Jennifer Stoll-Hadayia, M.P.A., Public Health Program Manager, WCDHD, Reno.

Exhibit U-1 is a Microsoft PowerPoint presentation titled "Preventing Chronic Disease: Investing in the Future," presented by Lawrence K. Sands, D.O., M.P.H., Division Director, Community Health, Southern Nevada Health District (SNHD), Las Vegas.

Exhibit U-2 is document titled "Office of Chronic Disease Prevention and Health Promotion—Leadership to Prevent Chronic Disease and Injury," submitted by Lawrence K. Sands, D.O., M.P.H., Division Director, Community Health, SNHD, Las Vegas.

Exhibit U-3 is a copy of testimony provided by Lawrence K. Sands, D.O., M.P.H., Division Director, Community Health, SNHD, Las Vegas.

<u>Exhibit V</u> is a copy of written testimony prepared by Doreen Begley, M.S., R.N., Administrator, Orvis Nursing Clinic, Orvis School of Nursing, College of Human and Community Sciences, University of Nevada, Reno (UNR).

<u>Exhibit W</u> is a Microsoft PowerPoint presentation titled "Proposed Community Health Center Expansion Act," offered by Patricia Durbin, Executive Director, Great Basin Primary Care Association, Carson City.

Exhibit X is a copy of information, dated May 9, 2006, provided by Mary E. Guinan, M.D., Ph.D., Interim Dean, School of Public Health, University of Nevada, Las Vegas.

<u>Exhibit Y-1</u> is a copy of written testimony submitted by Maury Astley, C.A.E., Executive Director, Nevada Dental Association, Las Vegas.

Exhibit Y-2 is a brochure titled "CCOH-Community Coalition for Oral Health" given by Maury Astley, C.A.E., Executive Director, Nevada Dental Association, Las Vegas.

Exhibit Y-3 is a document titled "Rx for Nevada's Dental Health," presented by Maury Astley, C.A.E., Executive Director, Nevada Dental Association, Las Vegas.

Exhibit Z-1 is a set of flyers regarding northern Nevada dental health programs provided by Michael L. Johnson, Director, Mission Outreach and Community Benefit Services, St. Mary's Regional Medical Center, Reno.

Exhibit Z-2 is a document titled "Oral Health Programs in northern Nevada," submitted by Michael L. Johnson, Director, Mission Outreach and Community Benefit Services, St. Mary's Regional Medical Center, Reno.

<u>Exhibit AA</u> is a Microsoft PowerPoint presentation given by Manuel Bayona, M.D., Ph.D., Professor and Director, School of Public Health, UNR.

Exhibit BB is a copy of written testimony provided by Bonnie Sorenson, R.N., B.S.N., Director of Clinic and Nursing Services, SNHD, Las Vegas.

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.