



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

SUMMARY MINUTES AND ACTION REPORT

The seventh meeting of Nevada's Legislative Committee on Health Care was held on Thursday, April 13, 2006, at 10 a.m. in the Turquoise Room of the Elko Convention and Visitors Authority, 700 Moren Way, Elko, 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 ELKO:

Senator Maurice E. Washington, Chairman
Assemblywoman Sheila Leslie, Vice Chairwoman
Senator Joe Heck

COMMITTEE MEMBERS EXCUSED:

Senator Steven A. Horsford
Assemblyman Joe Hardy
Assemblywoman Kathy McClain

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, gave opening remarks for the seventh meeting of the 2005-2006 interim. Chairman Washington noted that there were only three Committee members in attendance, and they were therefore acting as a subcommittee and would not be voting on any action items.

UPDATE CONCERNING THE STRATEGIC PLAN FOR RURAL HEALTH CARE DEVELOPED PURSUANT TO ASSEMBLY BILL 513 (CHAPTER 541, *STATUTES OF NEVADA 2001*), AS IT RELATES TO:

- A. MEDICAL FACILITIES**
- B. MEDICAL COVERAGE**
- C. PHARMACY COVERAGE**
- D. HEALTH CARE PROFESSIONALS**
- E. HEALTH CARE PROFESSIONAL EDUCATION**
- F. PUBLIC HEALTH**

- Robin Keith, President, Nevada Rural Hospital Partners, Reno, Nevada, gave a slide presentation titled “Integrating the Existing Rural Strategic Plan Into the New State Plan” ([Exhibit B](#)). In reviewing the planning process, Ms. Keith discussed the following: (1) the coordination of the plan with a national consulting firm; (2) the issue concerning data being derived from several sources, and the problem of compiling it for use in decision-making; and (3) the appointment by the Governor of an accountability committee to oversee input and formulation of the plan. She highlighted some of the underlying principles of the rural health strategic plan ([Exhibit C](#)). Ms. Keith quoted the plan’s policy statement ([Exhibit D](#)), and she discussed the rural health sector’s economic factors. Ms. Keith also reviewed the integration of existing rural strategic health care plan goals and objectives into new plan categories presented in a chart ([Exhibit E](#)). In addition, she discussed the progress of and contributions to improving the rural health care delivery system in Nevada, contained in a report to the Governor ([Exhibit F](#)). Finally, Ms. Keith noted some examples of that progress, including: (1) the partnerships created within the rural health care delivery system; (2) the success of the Critical Access Hospital program; (3) the autonomy of rural hospitals in sharing technology; and (4) the significant contributions to workforce development, the rural clinics, and outreach services.

There were discussions regarding the following: (1) the rural health strategic plan’s executive summary, which is available on the Internet at the Department of Health and Human Services (DHHS) Web site (<http://hr.state.nv.us/>) and includes a specific section concerning mental health; and (2) the rural health care delivery system partnerships, including details regarding collaborative efforts and the data collection process.

- Caroline Ford, M.P.H., Director, Office of Rural Health; Director, Center for Education and Health Services Outreach; Assistant Dean, School of Medicine, University of Nevada, Reno (UNR); and Co-Chair, Governor’s Accountability

Committee for the Strategic Plan for Rural Health Care, Elko, Nevada; provided a slide presentation on the strategic plan ([Exhibit G](#)). Ms. Ford addressed three specific areas, including: (1) supply and distribution of the health care workforce; (2) access to health care for the underserved; and (3) population health ([Exhibit H](#)). Ms. Ford suggested that the Committee address the health care workforce issue, including recruitment, in a future work session. She said a rural workforce could be generated if students were “cultivated” from the rural areas, obtained their education and training, and then returned to their rural communities to provide services. Ms. Ford commented that since there are no career ladder programs or the same educational advantages for rural students as in metropolitan areas, the rural students are not as competitive for certain programs. She opined that compressed video and the Internet have improved rural students’ access to school programs. Ms. Ford discussed strategies for providing educational programs, and the lack of programs, based in rural areas; she stressed the need to facilitate programs in the cities of Elko and Fallon, Nevada. Ms. Ford also reviewed strategies for locating training programs to supply and distribute a rural health care workforce, and provided several examples of programs implemented in the State.

Discussions ensued regarding the following: (1) the establishment of a frontier emergency medical services (EMS) training academy in Elko, which provides basic-level emergency medical technician (EMT) training and certification on compressed video; and (2) the establishment of dental access and care training programs in the rural areas, and the regulatory barriers preventing dental students from having patient contact without required supervision by a qualified and certified practitioner.

- Gerald J. Ackerman, Associate Director, Center for Education and Health Services Outreach, School of Medicine, UNR, Elko, provided further information regarding the rural dental training program issues. Mr. Ackerman stated that the Board of Dental Examiners of Nevada would be approached at its May 2006 meeting, concerning seven students scheduled to start August 2006 in the first-year pilot program working with the community health center.

There was discussion regarding overcoming the obstacles faced by students in the dental program. Mr. Ackerman noted the Board’s concerns, including malpractice, supervision, and licensing, and said those issues have all been addressed with the Board of Dental Examiners. It was requested that Mr. Ackerman keep the Committee informed regarding the outcome of the Board’s May 2006 meeting.

- Ms. Ford continued with her presentation and discussed the following: (1) additional rural area training and educational programs; (2) issues and actions for health care workforce recruitment and retention, including funding; and (3) recommended funding for the Medical Education Council of Nevada (MECON). She provided a copy of NRS 396.908, which established MECON ([Exhibit I](#)).

Discussion ensued regarding funding for the rural-based training programs, and whether it is included in the Board of Regents’ budget. Chairman Washington requested that

Ms. Ford provide budget information to staff, and he asked Senator Heck to follow the funding for those programs in the development of the strategic plan. Ms. Ford commented regarding the statutory budget requirements for the Board of Regents, and indicated that a funding request could be presented as a budget enhancement or as an appropriation.

- Ms. Ford then discussed the following recommendations: (1) expanding the Nevada Health Service Corps loan repayment program ([Exhibit J](#)); (2) utilizing state funding, including the Western Interstate Commission on Higher Education (WICHE), to match federal funding; (3) augmenting student recruitment and outreach, including support of the Nevada System of Higher Education's Health Sciences Center; (4) resolving access to care issues for the underserved; and (5) addressing population health issues. Ms. Ford noted the travel distances between rural communities and its affect on providing services and patient care outcomes; she referred to recent news articles regarding EMS problems in the rural areas ([Exhibit K](#)). She also commented regarding the commitment made by statewide EMS volunteers, and the urgent funding need for the rural EMS system. An executive summary was provided regarding rural EMS ([Exhibit L](#)). Concluding, Ms. Ford reviewed recommendations covering three general areas: (1) population health; (2) access to care for the underserved; and (3) health care workforce ([Exhibit M](#)).

There were discussions regarding the following: (1) exploring possible funding sources for the recommendations made; (2) obtaining input from the rural communities regarding the need for services; (3) creating partnerships with participating services and providers; (4) compiling data, including conducting cost benefit analyses; (5) outlining the progress regarding EMS in the rural areas; and (6) identifying problems faced by volunteer EMT personnel. It was indicated by Chairman Washington that EMS issues would be discussed during the Committee's upcoming work session.

PRESENTATION CONCERNING THE CERTIFICATE OF NEED REQUIRED FOR CERTAIN NEW CONSTRUCTION BY HEALTH FACILITIES TO BE OBTAINED FROM THE HEALTH DIVISION, DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS), PURSUANT TO NRS 439A.100

- Michael J. Willden, Director, DHHS, Carson City, Nevada, gave a slide presentation on the Certificate of Need (CON) process ([Exhibit N](#)) in Nevada, and provided a matrix indicating CON-regulated services for each state ([Exhibit O](#)). Mr. Willden pointed out the areas of service covered by Nevada, and said the State is facility-based in its CON process, versus service- or equipment-based. He reviewed the definition of a "health facility" according to statute, and said the office of a practitioner who solely provides routine services is not included in the definition according to NRS Chapter 439A ([Exhibit P](#)). Mr. Willden also discussed the following: (1) comparative assessment applications based on established criteria; (2) the purpose of the CON process; (3) the function of health planning and its priorities; and (4) the establishment of CON in Nevada and its history, including amendments to legislation.

- Lynn Solano, Health Resource Analyst II, Bureau of Health Planning and Statistics, Health Division, DHHS, Carson City, continued her portion of the slide presentation on the CON process ([Exhibit N](#)). Ms. Solano reviewed the letter of intent requirements from the *Nevada Administrative Code* 439A ([Exhibit Q](#)), and a copy of the Department's letter of intent log was provided ([Exhibit R](#)). Concluding, Ms. Solano discussed the following: (1) the CON review requirements, including the application process and fee; (2) the letter of approval process, and reconsideration of decisions; (3) the CON matters requiring additional approval; and (4) the facilities designated as CON projects from 1995 to 2005. A separate document was also provided titled: "Certificate of Need—Activity Report 1995-2006" ([Exhibit S](#)).
- Mr. Willden concluded by discussing the following: (1) the current status of some of the CON projects that were reviewed by Ms. Solano, including ground-breaking dates on specific facilities; (2) the designated non-CON states; (3) the CON states and their reviewability thresholds indicated in 2005 (see Exhibit N); and (4) the advantages and disadvantages of CON in Nevada.

Discussion ensued regarding the pros and cons of the CON process for the State of Nevada, and Senator Heck stated his concerns regarding CON. Mr. Willden noted several issues from the perspective of his Department, including: (1) the importance of the community planning and public input process, and whether it can be handled differently; (2) the inadequate financing of projects, and (3) the status of rural hospitals that may be affected if other facilities are built nearby. Senator Heck remarked that the "bottom line" is being able to provide access to health care, and he indicated an interest in obtaining more input regarding CON. Mr. Willden referred to studies conducted on the CON process in other states, and said he would provide copies to the Committee.

Additional discussions ensued regarding CON, including the possibility of the DHHS rewriting its provisions and proposing recommendations to the Committee. Mr. Willden said the issue should be discussed with rural hospital and health care professionals before the Department can bring forth specific recommendations. Ms. Keith, previously identified in these minutes, came forward to state for the record that Nevada Rural Hospital Partners supports the CON process in rural Nevada. She noted some points of concern, and agreed that there were components of the process that could be revised.

- Chris Bosse, Government Relations Officer, Washoe Medical Center, Reno, responded to an inquiry by Chairman Washington concerning a recent incident in Fernley, Nevada. Ms. Bosse commented that the issue concerning Fernley did not involve the CON process, but related to a change in the rules relative to critical access hospitals and removing criteria related to necessary providers. She commented that there is no current plan to build a hospital in Fernley, but the objective is to "preserve the right" to build a hospital as the community grows. Finally, Ms. Bosse said clinic services are currently provided in Fernley, and attempts to increase services will be made as needed in relation to the area's growth, and as the community can support those services.

PRESENTATION REGARDING ACCESS TO BEHAVIORAL HEALTH SERVICES IN RURAL NEVADA

- Carlos E. Brandenburg, Ph.D., Administrator, Division of Mental Health and Developmental Services (MHDS), DHHS, Carson City, gave an overview on behavioral health services in rural Nevada. Dr. Brandenburg provided a briefing paper regarding the Rural Clinics, which is a mental health agency within MHDS ([Exhibit T](#)). He noted several national statistics, including: (1) the mental health professional shortages in rural areas; (2) the larger percentage of psychologists, psychiatrists, and social workers employed in metropolitan areas; and (3) the majority of mental health care in rural areas being provided by primary care providers. Dr. Brandenburg also listed the following issues concerning rural Americans: (1) they enter care later in the course of their disorder, with more advanced symptoms and requiring more intensive and expensive interventions; (2) they have to travel farther to provide and receive services; (3) they are less likely to have insurance benefits for mental health care; and (4) they are less able to recognize mental illness and understand their care options. He opined that specialty providers, such as child psychiatrists, are highly unlikely to be available in the rural areas; comprehensive services are often not available; and very few programs train professionals to work competently in the rural areas. In addition, Dr. Brandenburg commented that Nevada's 22 psychiatrists providing services in rural clinics are basically "tourists" in those communities, not residents, and therefore must travel to rural sites in order to provide services.
- Sueann S. Bawden, MFT, Director of Clinical Services, Rural Clinics, MHDS, DHHS, Carson City, discussed services provided in Nevada by the Rural Clinics. Ms. Bawden referred to a map of the agency's community outpatient services centers ([Exhibit U](#)), which identifies Nevada's 21 rural clinic sites. She also provided a copy of the agency's organizational chart ([Exhibit V](#)), which itemizes the various clinics and individual positions within those clinics. Ms. Bawden reviewed a slide presentation handout on the Rural Clinics community mental health centers ([Exhibit W](#)), including: (1) the locations of the various satellite and service sites; (2) the staffing within the agency's five itinerant clinics; and (3) the vision, mission, philosophy, and purpose of the Rural Clinics as a community-based mental health program. She described the services provided by the agency, including: (1) individual, family, and group therapy; (2) couples and marriage counseling; (3) psychosocial rehabilitation; (4) service coordination and case management; (5) medication clinic and housing program services; (6) consultation and education services; (7) mental health court access; and (8) mobile crises services. Ms. Bawden noted that they also have a domestic violence program in Winnemucca, and she added that clinical staff training is being coordinated to provide treatment in higher-demand rural communities (such as Ely and Wendover). She continued with discussion regarding the agency's direct care staffing, including: (1) current vacant positions; (2) efforts by personnel staff to fill vacancies with qualified personnel; (3) methods of recruitment; (4) newly created and difficult-to-fill positions; and (5) efforts to recruit personnel currently residing in the rural areas to staff in the rural clinics. Ms. Bawden mentioned that the agency's psychiatric nurses

and contract psychiatrists are also responsible for telemedicine. She added that the agency's site in Silver Springs utilizes telemedicine, and there is capability for its use at other sites, including locations that are more difficult to staff, such as Elko and Ely. Finally, Ms. Bawden discussed funding by types, including: (1) self-pay, or sliding scale; (2) Medicaid; (3) private insurance; and (4) Medicare. She noted that 28 percent of patients do not have funds to pay for services, and the agency's clinics provide services regardless of ability to pay. A services brochure on the Rural Clinics was also provided ([Exhibit X](#)).

Discussions ensued regarding the following: (1) the status and definition of "licensable" mental health counselors; (2) the benefit of a separate, licensed professional counselor position within the State; (3) the term used for mental health counselors as a nomenclature for State personnel; (4) the definition of "licensed-eligible" personnel; (5) the status of budgeted projections concerning vacant positions; and (6) the staffing and related issues at the rural clinic sites in Elko, Wendover, and Ely.

- Dr. Brandenburg also discussed plans for the upcoming legislative session, and said that Mr. Willden (previously identified in these minutes) has requested that he provide a list of potential incentives for recruitment and retention in the rural areas. Concluding, Dr. Brandenburg made the following suggestions to address Nevada's health care issues, including: (1) review of all recommendations provided to the Committee regarding the expansion of primary care; (2) resolve the workforce crisis in rural Nevada; (3) develop ways to interface with institutions of higher education; (4) provide incentives to attract and retain staff; and (5) train and recruit staff from individuals already residing in the rural communities. Chairman Washington asked Dr. Brandenburg to collaborate with Ms. Keith and others to develop recommendations for the Committee.

Additional discussions included the following: (1) the "seamless" transition of the Bureau of Alcohol and Drug Abuse (BADA) from the Health Division, DHHS, to MHDS, DHHS; (2) the relationship between the Rural Clinics and BADA concerning substance abuse; (3) the integration of substance abuse treatment into all of Nevada's mental health clinics; and (4) the development of budget funding with BADA to address substance abuse services and co-occurrence issues.

- Gretchen Greiner, Vice Chair, Commission on Mental Health and Developmental Services, Elko, gave an overview on the Commission and said once the BADA transition is complete, another commissioner will be added to represent BADA. Ms. Greiner stated that the Commission has policy oversight of the public agencies dealing with mental health patients, and assists those agencies in resolving issues that confront the mental health service delivery system. She also discussed the following: (1) the difficulty for all age groups to obtain access to care for mental health services throughout the State; (2) the differences in mental health care issues in each community; (3) the attempts to increase dental care services through Medicaid for patients with mental illnesses or who receive developmental services; (4) the issues

concerning children's dental health; (5) the problems regarding personnel recruitment and retention; and (6) the issue of suicide prevention.

There were discussions regarding the following: (1) the high rate of suicide and its relation to substance abuse; (2) the coordination with law enforcement to provide substance abuse treatment versus incarceration; (3) the lack of access to nearby psychiatric facilities for the rural populations; (4) the need for an acute care clinic in northeastern Nevada; (5) the provision of essential public services in the rural areas, including suicide prevention counseling; (6) the combination of State employees and private practitioners acting as social workers and marriage and family counselors in the rural communities; and (7) the creation of partnerships to assist in providing behavioral health care services for rural Nevada.

DISCUSSION REGARDING EMERGENCY MEDICAL SERVICES TRANSPORTATION ISSUES IN RURAL NEVADA

- William Z. Webb, Emergency Manager, Elko County Emergency Management, Elko County, Nevada, discussed emergency medical services (EMS) transportation issues in rural Nevada. Mr. Webb discussed the following: (1) the non-stop ambulance coverage provided in the rural areas; (2) the importance of the volunteer EMS workforce; (3) the average travel time for ambulances to reach health care facilities in the rural areas; (4) the different demographics of the rural communities, and variables that affect volunteer staffing; (5) the importance of EMS education and recruitment to maintain staffing; (6) the benefit of compressed video education in the rural areas; (7) the training and licensing of rural EMS personnel; (8) the funding needed for rural EMS equipment, education, and to reimburse instructors for travel expenses to the rural areas in order to conduct training programs; and (9) the possibility of procuring other funding sources. Concluding, Mr. Webb mentioned a former funding program for new ambulances through the Division of Emergency Management, in which the Federal Emergency Management Agency provided 75 percent of the funding and the counties covered the other 25 percent.

Discussion ensued regarding the following: (1) revitalizing the advisory committee through the Office of EMS; (2) obtaining funding for EMS staffing, vehicles, and communication equipment; (3) continuing maintenance and operation of EMS equipment; and (4) improving radio communication and interoperability between counties. Assemblywoman Leslie recommended that legislation for rural EMS ambulance and equipment funding be discussed during the Committee's work session.

- Cash A. Minor, C.P.A., Assistant County Manager and Chief Financial Officer, Fiscal Affairs, Elko County, noted that an important issue concerning interoperability is obtaining the necessary funding to cover the cost of a switch for the communication system. Mr. Minor opined that the current system used by the highway patrol is not efficient for rural Nevada, due to the various mountain ranges and inundation of the mountaintop radio frequencies. Finally, Mr. Minor indicated that the operating frequencies would work more efficiently with the switch added onto the system,

creating communication among all services: the highway patrol, EMS, ambulances, sheriffs' offices, and police departments.

There was discussion regarding obtaining the necessary funding for the communication system's switch. Chairman Washington asked that Mr. Minor meet with the other rural counties' representatives to obtain a consensus. The Chairman also requested that Mr. Minor communicate with staff in order to draft a letter addressed to Nevada's congressional representatives, indicating this request for funding as a priority of the rural communities.

Additional discussions ensued regarding the following: (1) the coordination and development of a proposal for a matching fund to be used for rural EMS; (2) the immediate need versus the ongoing need for EMS equipment; (3) the level of aero medical support in the rural areas; and (4) the various proposed funding mechanisms.

PRESENTATION REGARDING THE TELEMEDICINE NETWORK IN RURAL NEVADA

- Caroline Ford, previously identified in these minutes, began a slide presentation on rural health and telemedicine ([Exhibit Y](#)), and indicated the designated frontier counties in the U.S. on a map provided. Ms. Ford gave an overview on the Office of Rural Health within the Center for Education and Health Services Outreach, including: (1) the establishment of the Office of Rural Health in statute ([Exhibit Z](#)); (2) the Office's locations and funding sources; and (3) the agency's strategies for data, and linking policy with program development.
- Gerald J. Ackerman, previously identified in these minutes, assisted with the slide presentation concerning the topics of telecommunications and telemedicine. Mr. Ackerman said the first grant in 1992 funded the "telehealth" network, which he noted is another term for telemedicine. He discussed the following: (1) partnerships and development of community sites; (2) telehealth site locations ([Exhibit AA](#)); (3) telemedicine consultations, which are limited due to the community-based medical school and faculty that is located nationwide; (4) telemetry, which is the newest expansion and assists with staffing issues; and (5) incentives for telemedicine development. A chart was provided concerning statistics regarding interactive telemeds ([Exhibit BB](#)).

Discussions ensued regarding the following: (1) the issue of non-reimbursement for telemedicine through State Medicaid; (2) the high cost of advanced technology and its affect on staffing; and (3) the funding sources for telemedicine.

- Phillip D. Nowak, Social Services Chief III, Division of Health Care Financing and Policy, DHHS, offered to obtain a response for the Committee regarding an explanation for the current Medicaid policy concerning telemedicine. Chairman Washington asked Mr. Nowak to provide the information for the Committee's next meeting.

- Ms. Ford continued with the next portion of the slide presentation concerning rural services and programs. She discussed the following: (1) the Rural Obstetrical Access Program established in statute ([Exhibit CC](#)); (2) dental access in rural Nevada, and its partnerships; (3) health profession shortage areas ([Exhibit DD](#)); (4) the functions of the Nevada Health Service Corps (NHSC) established in statute ([Exhibit EE](#)), which operates under the Office of Rural Health; (5) the Area Health Education Center (AHEC) program ([Exhibit FF](#)); (6) the primary activities of the AHEC as defined by statute ([Exhibit GG](#)); (7) the CAH program, also known as the Nevada FLEX Program; and (8) the automated external defibrillator (AED) program, and the number of units distributed throughout the State ([Exhibit HH](#)).

There was discussion regarding the AED program, including: (1) the program's funding source; (2) the education and training programs operating within each unit; and (3) the agency and site locations that demonstrated the need for the units.

- Mr. Ackerman concluded the slide presentation by discussing rural health and telemedicine recommendations for legislation, including: (1) developing a budget concept through Medicaid to fund telemedicine services; (2) providing funds to initiate a telemedicine pilot program for rural Medicaid recipients; (3) defining telemedicine as a legitimate provision of medical services; and (4) requiring public and private insurers to recognize payment and delivery of telemedicine services to isolated populations ([Exhibit II](#)). Finally, Mr. Ackerman provided examples of similar legislation enacted in other states ([Exhibit JJ](#)).

Discussion ensued regarding current statute in Nevada, and whether the definition of telemedicine should be mandated.

- Concluding her portion of the presentation, Ms. Ford reviewed recommendations regarding health services ([Exhibit II](#)), concerning: (1) health workforce; (2) education; and (3) student recruitment.

PRESENTATION REGARDING COMMUNITY HEALTH CENTERS IN RURAL NEVADA

- Steven C. Hansen, Chief Executive Officer, Nevada Health Centers, Inc. (NVHC), Carson City, gave a slide presentation focusing on rural health in Nevada ([Exhibit KK](#)). Mr. Hansen noted that their organization's name changed in the rural areas; it was formerly known as the Rural Health Consortium, a federal agency which began in 1995, and then Nevada Rural Health Centers until 2000, when it changed to NVHC. He also discussed the following: (1) a description of the organization, and its clinic site locations; (2) a list of primary care services provided, including pharmacy and dispensary services; and (3) a breakdown of urban and rural patient pay sources. Mr. Hansen pointed out that most of the rural uninsured population is located in Elko and Wendover. He also reviewed NVHC revenues, which includes support from the following: (1) local county government; (2) patients, who pay through insurance or by a sliding scale fee schedule; and (3) federal government funding.

There were discussions concerning the following: (1) the NVHC's cost per patient and maintenance of operation; (2) the difference in the organization's revenue in each community due to financial composition; (3) the issue of providing access in the rural community clinics versus the issue of cost in the urban areas and its relation to insurance; and (4) the fees charged by community health centers based on poverty levels and the sliding scale fee criteria provided by the federal government.

- Mr. Hansen discussed some of the issues impacting the rural areas including: (1) increasing costs, such as salaries and supplies; (2) decreasing numbers of rural primary care providers; (3) declining recruitment of foreign-born medical school graduates coming to the United States to receive their residency program training; (4) requiring recruiters to fill positions, and the added cost for that service; and (5) ongoing staffing issues, such as the high turnover of physicians in Wendover.
- Carl E. Heard, M.D., Chief Medical Officer, Nevada Health Centers, Inc., Carson City, noted that the staffing challenge will be a critical issue in Nevada over the next several years. Dr. Heard opined that even a dramatic change in the country's education system would not have an affect on staffing for several years. He also stressed that efforts should be made to help the State of Nevada become more welcoming, innovative, and "friendly" for licensed health care professionals. Dr. Heard mentioned an estimated shortage of physicians nationwide, and commented that rural areas would be affected first.

Discussion ensued regarding the process and difficulties with the State licensing boards and obtaining the necessary certifications in order to practice health care professions in the State of Nevada.

- Dr. Heard also discussed needed improvements in the regulatory environment, and recommended the following: (1) requiring all licensing boards to maintain certain universal standards of quality that are similar between states; and (2) creating a more innovative regulatory environment to help prevent and improve the shortage of physicians. Dr. Heard noted that innovation, such as telemedicine, needs to be encouraged in the delivery of services to rural areas.

There was a discussion regarding delays in processing licensing applications for health care providers in Nevada. Mr. Hansen recommended that temporary licensure be implemented in the State, which would allow physicians already licensed in other states to provide care while waiting to be licensed in Nevada.

- Mr. Hansen continued and reviewed other rural health care challenges including: (1) the provision of care for pregnant women; and (2) the payment for services of obstetric and gynecologist (ob/gyn) medical providers. Mr. Hansen noted that their facility in Elko will no longer be able to provide care for prenatal patients. He said physicians have no consult or resource to refer ob/gyn patients for delivery of services and, as a result, they will have to access the hospital emergency room when it is time to

give birth. Finally, Mr. Hansen added that the Elko community must now develop a new system for providing prenatal care.

Discussions ensued regarding the following: (1) the Medicaid eligibility of women depending on their residency, insurance, and income; (2) the employment status of women patients and their inability to pay the high cost of prenatal care and birth without insurance; (3) the large “gap” in the rural communities concerning obstetric and prenatal care; (4) the hiring of obstetric doctors in the rural communities and their associated salaries; and (5) the individual patient cost for prenatal care. Chairman Washington requested that Mr. Hansen provide statistical data to the Committee concerning ob/gyn and prenatal care, including how many patients are undocumented, employed, and ineligible for Medicaid.

- Dr. Heard provided additional remarks concerning obstetrical care, and the importance of prenatal care as a preventative measure from children developing more serious health problems continuing after birth. He also noted the development of certain “hot spots” in Nevada’s health care environment, including malpractice coverage. He pointed out that obstetrics is a “hot spot” in Elko, and he opined that a general practice physician should not be expected to provide that type of care without being able to refer those patients for prenatal care. In addition, Dr. Heard commented that private physicians should not be expected to go bankrupt due to providing care for ob/gyn patients that cannot afford to pay for services. Dr. Heard said the community has been unable to organize discussions to resolve Elko’s obstetric dilemma. Concluding, Dr. Heard offered two recommendations, including: (1) providing Medicaid coverage for every unborn child; and (2) implementing a crisis intervention approach in Elko’s community, with assistance from the Legislature.

DISCUSSION REGARDING CERTAIN HEALTH ISSUES IN ELKO, LYON, AND STOREY COUNTIES IN THE STATE OF NEVADA

Chairman Washington stated for the record that written testimony was submitted by Lyon County ([Exhibit LL](#)).

- Warren Russell, County Commissioner, Chair of the Elko County Commission, Elko County, provided a copy of his written testimony ([Exhibit MM](#)). Mr. Russell discussed Elko County, its cities, and medical facilities. He pointed out two issues that impact Elko County, including: (1) the need to locate a Veteran’s Administration Community Based Outpatient Clinic (CBOC) in northeastern Nevada; and (2) recent efforts to improve services for the medically underserved, uninsured, and Medicare and Medicaid populations in the area. Mr. Russell discussed a possible site and remodeling of an existing facility for the Nevada Health Center’s Medicare clinic. Additionally, Mr. Russell stated that the Veterans Administration (VA) must complete a three-year strategic planning process before a veteran’s clinic is considered for the county. Finally, he requested that the Committee write a letter to the VA and also to Nevada’s congressional representatives indicating support and interest in locating a VA clinic in Elko County.

Discussion ensued regarding the following: (1) the current veteran population in Elko County; (2) collaborative efforts with the State Department regarding the issue; and (3) the required three-year planning process, and developments during that period. Committee members expressed their support for a VA clinic in Elko County, and Chairman Washington said a letter would be drafted and forwarded to Mr. Russell.

PUBLIC COMMENT

- Dorothy North, CEO, Vitality Unlimited, Elko, said her health care organization also functions as a community service agency involved with affordable housing, including providing assistance for seniors and the disabled. Ms. North discussed the following: (1) the financial hardships in Elko; (2) the cost of living in the community and its affect on those moving into the area, particularly in real estate; (3) the willingness of professionals to be recruited into the State of Nevada to provide mental health and substance abuse services; (4) the problem of bringing licensed professionals into the State due to current licensing regulations; and (5) the concept that Nevada is not a “friendly” State for recruiting health care professionals from other states. Concluding, Ms. North recommended temporary licensure to allow employment of health care professionals in Nevada until they can obtain permanent licensure in the State.
- Janet Thompson, R.N., Northeastern Nevada Regional Hospital, Elko, discussed issues at the hospital in Elko where she is employed, including: (1) the profit margins of the corporately-owned hospital; (2) accountability and public reporting requirements; and (3) the possibility of the hospital investing funds back into the community. A copy of Ms. Thompson’s testimony is available as [Exhibit NN](#).

ADJOURNMENT

There being no further business to come before the Committee, the meeting was adjourned at 3:30 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

[Exhibit A](#) 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 Microsoft PowerPoint presentation titled “Integrating the Existing Rural Strategic Plan Into the New State Plan,” given by Robin Keith, President, Nevada Rural Hospital Partners, Reno, Nevada.

[Exhibit C](#) is a document dated October 2002, and titled “Strategic Plan for Rural Health Care—Principles of Rural Health Strategic Plan,” provided by Robin Keith, President, Nevada Rural Hospital Partners, Reno.

[Exhibit D](#) is a document titled “Nevada Strategic Plan for Rural Healthcare 2002—Policy Statement,” offered by Robin Keith, President, Nevada Rural Hospital Partners, Reno.

[Exhibit E](#) is a document titled “Integration of Existing Rural Strategic Health Care Plan Goals and Objectives Into New Plan Categories,” given by Robin Keith, President, Nevada Rural Hospital Partners, Reno.

[Exhibit F](#) is a document dated June 2005, and titled “Contributions to Improving the Rural Healthcare Delivery System in Nevada—Report to the Governor,” furnished by Robin Keith, President, Nevada Rural Hospital Partners, Reno.

[Exhibit G](#) is a Microsoft PowerPoint presentation dated April 13, 2006, and titled “Governor’s Accountability Committee Strategic Plan for Rural Health Care,” submitted by Caroline Ford, M.P.H., Director, Office of Rural Health; Director, Center for Education and Health Services Outreach; Assistant Dean, School of Medicine, University of Nevada, Reno (UNR); and Co-Chair, Governor’s Accountability Committee for the Strategic Plan for Rural Health Care, Elko, Nevada.

[Exhibit H](#) is a document titled “Supply and Distribution of Rural Health Care Workforce,” provided by Caroline Ford, M.P.H., Director, Office of Rural Health; Director, Center for Education and Health Services Outreach; Assistant Dean, School of Medicine, UNR; and Co-Chair, Governor’s Accountability Committee for the Strategic Plan for Rural Health Care, Elko.

[Exhibit I](#) is a copy of *Nevada Revised Statutes* (NRS) 398.908 on the establishment of the Medical Education Council of Nevada, given by Caroline Ford, M.P.H., Director, Office of Rural Health; Director, Center for Education and Health Services Outreach; Assistant Dean, School of Medicine, UNR; and Co-Chair, Governor’s Accountability Committee for the Strategic Plan for Rural Health Care, Elko.

[Exhibit J](#) is a document titled “Nevada Health Service Corps—History of Funding—Loan Repayment and Scholarship Awards,” submitted by Caroline Ford, M.P.H., Director, Office of Rural Health; Director, Center for Education and Health Services Outreach; Assistant Dean, School of Medicine, UNR; and Co-Chair, Governor’s Accountability Committee for the Strategic Plan for Rural Health Care, Elko.

[Exhibit K](#) is a copy of two special reports from the Reno Gazette-Journal titled “State of Emergency on Nevada’s Rural Highways,” and “65 Minutes from Crash to Hospital: Nevada Rural Response Times Worst in U.S.,” provided by Caroline Ford, M.P.H., Director, Office of Rural Health; Director, Center for Education and Health Services Outreach; Assistant Dean, School of Medicine, UNR; and Co-Chair, Governor’s Accountability Committee for the Strategic Plan for Rural Health Care, Elko.

[Exhibit L](#) is a cover page titled “The Vision,” with an attached Executive Summary, offered by Caroline Ford, M.P.H., Director, Office of Rural Health; Director, Center for Education and Health Services Outreach; Assistant Dean, School of Medicine, UNR; and Co-Chair, Governor’s Accountability Committee for the Strategic Plan for Rural Health Care, Elko.

[Exhibit M](#) is a document titled “Recommendations Summary—Strategic Plan for Rural Health,” given by Caroline Ford, M.P.H., Director, Office of Rural Health; Director, Center for Education and Health Services Outreach; Assistant Dean, School of Medicine, UNR; and Co-Chair, Governor’s Accountability Committee for the Strategic Plan for Rural Health Care, Elko.

[Exhibit N](#) is a Microsoft PowerPoint presentation titled “Certificate of Need (CON)—Overview for Nevada,” presented by Michael J. Willden, Director, Department of Health and Human Services (DHHS), and Lynn Solano, Health Resource Analyst II, Bureau of Health Planning and Statistics, Health Division, DHHS, Carson City.

[Exhibit O](#) is a one-page document titled “The CON Matrix of 2005 Relative Scope and Review Thresholds: CON Regulated Services by State,” submitted by Michael J. Willden, Director, DHHS, Carson City.

[Exhibit P](#) is a copy of NRS Chapter 439A – Planning for the Provision of Health Care, provided by Lynn Solano, Health Resource Analyst II, Bureau of Health Planning and Statistics, Health Division, DHHS, Carson City.

[Exhibit Q](#) is a copy of *Nevada Administrative Code* 439A offered by Lynn Solano, Health Resource Analyst II, Bureau of Health Planning and Statistics, Health Division, DHHS, Carson City.

[Exhibit R](#) is a document titled “Letter of Intent Log,” given by Lynn Solano, Health Resource Analyst II, Bureau of Health Planning and Statistics, Health Division, DHHS, Carson City.

[Exhibit S](#) is a document titled “Certificate of Need—Activity Report 1995-2006,” submitted by Lynn Solano, Health Resource Analyst II, Bureau of Health Planning and Statistics, Health Division, DHHS, Carson City.

[Exhibit T](#) is a document dated April 2006, and titled “Rural Clinics (RC), An Agency Within the Division of Mental Health and Developmental Services—Briefing Paper,” provided by Carlos E. Brandenburg, Ph.D., Administrator, Division of Mental Health and Developmental Services (MHDS), DHHS, and Sueann S. Bawden, MFT, Director of Clinical Services, Rural Clinics, MHDS, DHHS, Carson City.

[Exhibit U](#) is a map titled “Rural Clinics Community Outpatient Service Centers,” offered by Sueann S. Bawden, MFT, Director of Clinical Services, Rural Clinics, MHDS, DHHS, Carson City.

[Exhibit V](#) is a document titled “Rural Clinics Community Mental Health Organization Chart,” given by Sueann S. Bawden, MFT, Director of Clinical Services, Rural Clinics, MHDS, DHHS, Carson City.

[Exhibit W](#) is a document dated April 13, 2006, and titled “Rural Clinics Community Mental Health Centers,” presented by Sueann S. Bawden, MFT, Director of Clinical Services, Rural Clinics, MHDS, DHHS, Carson City.

[Exhibit X](#) is a brochure titled “Rural Clinics—Services Brochure,” provided by Sueann S. Bawden, MFT, Director of Clinical Services, Rural Clinics, MHDS, DHHS, Carson City.

[Exhibit Y](#) is a Microsoft PowerPoint presentation titled “Rural Health and Telemedicine,” presented by Caroline Ford, M.P.H., Director, Office of Rural Health; Director, Center for Education and Health Services Outreach; Assistant Dean, School of Medicine, UNR; and Co-Chair, Governor’s Accountability Committee for the Strategic Plan for Rural Health Care, Elko; and by Gerald J. Ackerman, Associate Director, Center for Education and Health Services Outreach, School of Medicine, UNR, Elko.

[Exhibit Z](#) is a copy of NRS 396.906 on the establishment of the Nevada Office of Rural Health, provided by Caroline Ford, M.P.H., Director, Office of Rural Health; Director, Center for Education and Health Services Outreach; Assistant Dean, School of Medicine, UNR; and Co-Chair, Governor’s Accountability Committee for the Strategic Plan for Rural Health Care, Elko.

[Exhibit AA](#) is a map titled “University of Nevada School of Medicine— Telehealth Sites,” given by Caroline Ford, M.P.H., Director, Office of Rural Health; Director, Center for Education and Health Services Outreach; Assistant Dean, School of Medicine, UNR; and Co-Chair, Governor’s Accountability Committee for the Strategic Plan for Rural Health Care, Elko.

[Exhibit BB](#) is a chart titled “Interactive Telemeds,” offered by Caroline Ford, M.P.H., Director, Office of Rural Health; Director, Center for Education and Health Services Outreach; Assistant Dean, School of Medicine, UNR; and Co-Chair, Governor’s Accountability Committee for the Strategic Plan for Rural Health Care, Elko.

[Exhibit CC](#) is a copy of NRS 396.905 and titled “Rural OB Access,” provided by Caroline Ford, M.P.H., Director, Office of Rural Health; Director, Center for Education and Health Services Outreach; Assistant Dean, School of Medicine, UNR; and Co-Chair, Governor’s Accountability Committee for the Strategic Plan for Rural Health Care, Elko.

[Exhibit DD](#) is a map titled “Nevada HPSA Designations,” submitted by Caroline Ford, M.P.H., Director, Office of Rural Health; Director, Center for Education and Health Services Outreach; Assistant Dean, School of Medicine, UNR; and Co-Chair, Governor’s Accountability Committee for the Strategic Plan for Rural Health Care, Elko.

[Exhibit EE](#) is a copy of NRS 396.899 through 396.903 and titled “Nevada Health Service Corps (NHSC),” provided by Caroline Ford, M.P.H., Director, Office of Rural Health; Director, Center for Education and Health Services Outreach; Assistant Dean, School of Medicine, UNR; and Co-Chair, Governor’s Accountability Committee for the Strategic Plan for Rural Health Care, Elko.

[Exhibit FF](#) is a map titled “Nevada Area Health Education Centers,” submitted by Caroline Ford, M.P.H., Director, Office of Rural Health; Director, Center for Education and Health Services Outreach; Assistant Dean, School of Medicine, UNR; and Co-Chair, Governor’s Accountability Committee for the Strategic Plan for Rural Health Care, Elko.

[Exhibit GG](#) is a copy of NRS 396.907 regarding the establishment of the Area Health Education Center Program, given by Caroline Ford, M.P.H., Director, Office of Rural Health; Director, Center for Education and Health Services Outreach; Assistant Dean, School of Medicine, UNR; and Co-Chair, Governor’s Accountability Committee for the Strategic Plan for Rural Health Care, Elko.

[Exhibit HH](#) is a chart dated 2002-2006, and titled “Nevada Rural AED Program,” offered by Caroline Ford, M.P.H., Director, Office of Rural Health; Director, Center for Education and Health Services Outreach; Assistant Dean, School of Medicine, UNR; and Co-Chair, Governor’s Accountability Committee for the Strategic Plan for Rural Health Care, Elko.

[Exhibit II](#) is a document titled “Rural Health and Telemedicine Recommendations,” provided by Caroline Ford, M.P.H., Director, Office of Rural Health; Director, Center for Education and Health Services Outreach; Assistant Dean, School of Medicine, UNR; and Co-Chair, Governor’s Accountability Committee for the Strategic Plan for Rural Health Care, Elko.

[Exhibit JJ](#) is a document titled “Telemedicine Citations,” provided by Gerald J. Ackerman, Associate Director, Center for Education and Health Services Outreach, School of Medicine, UNR, Elko.

[Exhibit KK](#) is a PowerPoint presentation titled “Nevada Health Centers, Inc.” submitted by Steven C. Hansen, Chief Executive Officer (CEO), Nevada Health Centers, Inc., Carson City.

[Exhibit LL](#) is a copy of written testimony titled “Discussion Regarding Certain Health Care Issues in Lyon County,” submitted by Lyon County Human Services.

[Exhibit MM](#) is copy of written testimony presented by the Honorable Warren Russell, Chair, Elko County Board of Commissioners, Elko County, Nevada.

[Exhibit NN](#) is a copy of written testimony offered by Janet Thompson, R.N., Northeastern Nevada Regional Hospital, Elko.

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.