



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

**SUMMARY MINUTES AND ACTION REPORT**

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The sixth meeting of Nevada's Legislative Committee on Health Care was held on Wednesday, March 15, 2006, at 9 a.m. in Room 3137 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. The meeting was videoconferenced to Room 4401 of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. A copy of this set of "Summary Minutes and Action Report," including the "Meeting Notice and Agenda" ([Exhibit A](#)) and other substantive exhibits, is available on the Nevada Legislature's Web site at [www.leg.state.nv.us/73rd/Interim](http://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](mailto:publications@lcb.state.nv.us); telephone: 775/684-6835).

**COMMITTEE MEMBERS PRESENT IN CARSON CITY:**

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

**COMMITTEE MEMBERS PRESENT IN LAS VEGAS:**

Senator Joe Heck  
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, made opening comments for the sixth meeting of the 2005-2006 interim.

## **APPROVAL OF MINUTES OF THE FEBRUARY 9, 2006, MEETING**

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

ASSEMBLYWOMAN LESLIE MOVED FOR APPROVAL OF THE MINUTES FROM THE MEETING HELD ON FEBRUARY 9, 2006, IN CARSON CITY, NEVADA. THE MOTION WAS SECONDED BY SENATOR HECK AND PASSED UNANIMOUSLY.

## **OVERVIEW CONCERNING PROVIDERS OF HEALTH INSURANCE LICENSED BY THE STATE OF NEVADA**

- Rebecca E. Trenouth, Associate Actuary, Life and Health Section, Division of Insurance (DOI), Nevada's Department of Business and Industry, Carson City, gave an overview regarding health plans in the State of Nevada, including: (1) the number of licensed organizations offering health plans; (2) potential barriers to coverage, including affordability and eligibility; and (3) primary complaints or problems communicated by consumers to the Division regarding the various health plans offered. Ms. Trenouth reviewed the types of complaints, which are separated into the following four categories: (1) claims handling; (2) marketing and sales; (3) policyholder services; and (4) underwriting. She also discussed implemented strategies to increase the number of insured Nevadans. Ms. Trenouth noted that consumers have a choice of several carriers in each market (both individual and small-group), and she said the proposed rates are reviewed to ensure compliance within the rating structures established by statute.

There were discussions regarding the following: 1) the number of health carriers in the State; 2) the function of health maintenance organizations; and 3) the health care information tracked by the Division.

- Louis F. Roggensack, Actuary, Life and Health Section, DOI, Nevada's Department of Business and Industry, Carson City, commented regarding how Nevada compares with other states concerning the tracking of health care information.

Discussion ensued regarding the accuracy of uninsured and underinsured data in the State. Members of the Committee requested further information from the Division of Insurance, including: (1) a breakdown of insurance carriers by category; (2) the types of health plan coverage available, and who has access to them; (3) the statutory obligations of the Division; and (4) the Division's guidelines, qualifications, and standards for health care insurance providers. Ms. Trenouth and Mr. Roggensack responded that the Division would provide further information to the Committee.

## DISCUSSIONS REGARDING HEALTH INSURANCE IN THE STATE OF NEVADA

- Jack Kim, member, Nevada Association of Health Plans, and Director of Legislative Programs, Sierra Health Services, Las Vegas, gave a slide presentation ([Exhibit B](#)) including these topics: (1) Medicare and Medicaid membership; (2) health insurance challenges; (3) affordability and accessibility of health care; (4) state and federal regulations and requirements, and the Employee Retirement Income Security Act (ERISA); (5) challenges and methods for expanding coverage; and (6) pharmaceutical coverage.

There were discussions regarding the following: (1) the difficulties and obstacles in offering product flexibility; (2) a comparison of limited health benefit plans, or “strip-down” plans, with comprehensive benefit plans; (3) the types of health care plans currently allowed under state and federal law, including the ERISA plans; (4) the current small business and employer plans that are available; and (5) the state and national statistical data covered in Mr. Kim’s presentation.

Additional discussions ensued concerning: (1) underwriting procedures and reinsurance; (2) creating high-risk insurance pools; (3) offering preventative care in health plans; (4) using emergency rooms for primary care, and its effect on the cost of health care; (5) offering insurance coverage for newborn hearing screenings; and (6) determining capacity and need regarding accessibility to primary care and preventative health care facilities, including clinics. Mr. Kim agreed to provide more information on some of these specified topics, per the request of Committee members.

- Bobbette Bond, M.P.H., Manager, Government and Community Affairs, Culinary Health Fund, Hotel Employees and Restaurant Employees International Union, Las Vegas, gave an overview on the Culinary Health Fund ([Exhibit C](#)). Ms. Bond discussed the similarities and differences between the Culinary Health Fund, ERISA funds, and nonprofit funds. She also reviewed provider contract requirements and fiduciary responsibilities of the Fund, including reserves. Ms. Bond noted that the Culinary Health Fund does not have to comply with state mandates, yet still provides the same coverage as the state plans. Ms. Bond also discussed preventative care, disease management programs, and other health care services provided in their plan. She said the Fund is contracted with all of the community health centers in Las Vegas.

Discussion ensued concerning federal changes allowing insurance companies to offer “strip-down plans,” and their effect on ERISA plans.

Ms. Bond continued her presentation by discussing cost factors, and said the Culinary Health Fund’s fastest growing and increasing trend involves hospital costs. In addition, Ms. Bond referred to a statistical chart she provided ([Exhibit D](#)), indicating Nevada’s national ranking for the percentage of population covered by health insurance in 2004. She said the Fund is focusing on provider performance and moving toward using a “paper performance model” similar to other markets in the country.

Ms. Bond noted that the cost of prescription drugs is also one of the Fund's highest cost drivers, and briefly discussed the Generic Rx drug campaign.

Finally, Ms. Bond listed the Culinary Health Fund's legislative recommendations, including: (1) increasing access to financial and quality provider information; (2) supporting preventative care efforts, including increased state funding; (3) providing better access to care and provider specialties, due to emergency room overuse and the decrease in the number of 24-hour "quick cares"; (4) planning a process to identify implementation of new services in order to prevent duplication of existing services and costs, as well as identifying specific gaps; and (5) implementing cost containment methods. Ms. Bond said the Fund would like to see further implementation of the priorities listed in the Administration of Public Health chapter in statute that address cost containment, including: (1) effective uses and methods for controlling increases in cost; (2) adequate supply and distribution of resources; (3) equal access to quality care at a reasonable cost; and (4) public education on proper health care. Concluding, Ms. Bond added that the Culinary Health Fund would be willing to partner with the State to continue efforts in those priority areas.

There was a discussion regarding prescription drugs, including: (1) the ability of the Culinary Health Fund to negotiate prices or obtain rebates; (2) the bidding process with the pharmacy benefit management (PBM) company that oversees the Fund's pharmacy and medication contracts; (3) the implementation of transparent health prescription plans; (4) the increased cost for specific drugs used by minimal populations; (5) the affect of new drug advertisement on medication costs; and (6) the cost savings from creating a stronger market and increasing the use of generic drugs over the more expensive patent drugs.

- Chris Campbell, Executive Director, Corporate Benefits, MGM MIRAGE, Las Vegas, provided testimony regarding his company's health care plan. Mr. Campbell discussed the differences between state and ERISA plans, and their impacts on his company's self-funded plan. He provided details on the benefits that the company's plan provides for their employees. Mr. Campbell noted the company's methods for managing health plan costs, including: (1) investing in health education and health risk assessments; (2) implementing the Generic Rx drug campaign; (3) providing assistance on impacting the relationship between the patient and physician; (4) compiling, publicizing, and managing data; (5) making improvements by reviewing and discussing employee/family health care needs; and (6) controlling pharmaceutical coverage and drug costs, including price setting by manufacturers.

Mr. Campbell also discussed accessibility issues, including: (1) allowing broader provider networks so that employees may go where they need to get care, due to the lack of specialist services; (2) increasing the number of doctors available throughout the State; and (3) establishing employees/patients with regular and consistent care by physicians. He commented that patients using clinics may not receive care from the same physician every visit, which can impact health care delivery and patient communication in getting appropriate care. Finally, Mr. Campbell recommended that

one centralized database should be used for electronic medical records, so that information can be shared among the physicians' offices to improve health care.

Discussions ensued regarding the following: (1) the current PBM companies in Nevada; (2) the primary cost drivers of health care; (3) the importance of patient accountability and responsibility; (4) the implementation of a system to collect and disseminate public information regarding doctors and hospitals; (5) the control of drug pricing set by pharmaceutical manufacturers; (6) the importance of attracting more specialty services to Nevada; (7) the issues involving access to care; (8) the cost drivers concerning specialty care, and their affect on patients' health and treatment; and (9) the not-for-profit services contracted by the MGM MIRAGE.

There was also a discussion regarding increased hospital costs as being a main cost driver of health care, and the fast growth of the health and medical Consumer Price Index (CPI) national indicators. Members of the Committee suggested that a comparison be done between the national or western region CPI's and the State of Nevada, and also a comparison of private versus not-for-profit services and the availability of capacity in Nevada's market. Chairman Washington added that he would be interested in receiving recommendations from the health care providers and company employers as to the collection and access of data needed to make health care decisions for their members and employees, and what role the State should play in collecting that data.

- Jeffrey J. Shovlin, Vice President, Employee Benefits, Harrah's Entertainment, Inc., Las Vegas, gave a presentation on his company's health care plan, expenditures, and strategies ([Exhibit E](#)). Mr. Shovlin discussed the following: (1) investing in on-site medical clinics, including plans to build one in Las Vegas; (2) providing health education and awareness, and the addition of employee fitness centers at some company locations; (3) partnering with state and federal government, as well as insurers, to provide health care to employees who were impacted in the recent Gulf Coast hurricane; and (4) advising and supporting employees through newsletters and Web sites, and providing 24-hour nurse advisory assistance. Mr. Shovlin opined that there is a lack of sufficient information available to help consumers make purchasing decisions in the health care marketplace. He suggested that state government partner with the companies and health care plans, and provided an example of a partnership in the State of Illinois to develop hospital quality and cost information. Finally, Mr. Shovlin stated a concern that health insurers may rate providers differently, and he said there needs to be a standardized approach that would benefit both consumers and health care providers.

There were discussions regarding the following: (1) the example of the partnership in the State of Illinois mentioned in Mr. Shovlin's testimony; (2) the development of quality indicators; (3) the potential for collaboration with groups contracted by the Centers for Medicare and Medicaid Services in Nevada, such as HealthInsight; (4) the formulation of government partnerships to obtain information in order to plan for and address statewide health care needs; (5) the level of involvement by Harrah's Entertainment, Inc. in

compiling data and providing assistance to the State in creating a “brand” of health care; (6) the process of data collection in other states; and (7) the operations of Harrah’s health care clinics and pharmacies.

## **UPDATE REGARDING THE STATE HEALTH INSURANCE ASSISTANCE PROGRAM IN THE STATE OF NEVADA**

(As directed by Chairman Washington, this agenda item was taken out of order.)

- Marilyn Wills, Director, State Health Insurance Assistance Program (SHIP), Las Vegas, gave a presentation regarding the Medicare counseling program for the State of Nevada. Ms. Wills provided the following highlights: (1) the purpose of SHIP and its funding mechanisms; (2) the program’s reliance on trained volunteer assistance, due to minimal funding; (3) the role of SHIP in educating and enrolling beneficiaries in the Medicare Part D prescription drug program; (4) the enrollment and eligibility statistics in the Low Income Assistance and Senior Rx Programs; and (5) the implementation issues concerning Part D for Medicaid/Medicare beneficiaries. A copy of the information presented by Ms. Wills is available as [Exhibit F](#).

Discussion ensued regarding the enrollment of participants in the Medicare Part D prescription drug benefit program.

- Carol Sala, Administrator, Aging Services Division, DHHS, Carson City, publicly acknowledged and commended Ms. Wills and her staff, and made comments regarding the amount of assistance the program has provided.

## **PRESENTATION REGARDING THE EMPLOYER INSURANCE MARKET IN THE STATE OF NEVADA**

- Christina Dugan, Vice President, Public Affairs, Government Affairs, Las Vegas Chamber of Commerce, Las Vegas, gave a presentation on the employer insurance market and businesses represented by the Chamber. Ms. Dugan discussed the following issues: (1) the difficulties faced by small employers to provide health insurance for their employees; (2) national trends of the uninsured population; (3) periodic surveys conducted by the Chamber to obtain feedback from employers regarding health insurance; (4) the unaffordable cost of employee health insurance for small businesses, (5) the idea of tax credits for small businesses offering health insurance as an employee incentive; (6) the possibility of small businesses and self-employed individuals pooling together to obtain coverage; (7) the Health Insurance Flexibility and Accountability (HIFA) waiver program, and other funding and assistance options for those who do not qualify; and (8) a proposal to conduct a study on defining the uninsured in Nevada.

There were discussions regarding the following: (1) recent changes in the HIFA waiver program that affect small businesses; (2) health care coverage offered by the State Children's Health Insurance Program for low-income employees with children, and the possibility of expanding that coverage; and (3) the shifting of revenue for health care programs from the federal level to the state level.

- Michael D. Pennington, Public Policy Director, Reno-Sparks Chamber of Commerce, Reno, Nevada, said the Chamber also conducts surveys of their members, and noted that employers' main concerns over the last three years include work force development and education, affordability and accessibility, and health care. Mr. Pennington opined that population growth and a decline in employment in northern Nevada have increased the challenges for employers to provide quality, affordable, and accessible health care coverage. He discussed the need for businesses to find cost-effective health care, and the implementation of preventative and proactive ideas for health and wellness programs, such as health risk assessments. Finally, Mr. Pennington noted that work force development information derived from a recent employer survey and discussions with higher education representatives should be available before the 2007 Legislative Session.
- Valerie J. Clark, RHU, LUTCF, Executive Vice President, Clark and Associates of Nevada, Inc., Reno, discussed the increase of insurance premiums in the area. Ms. Clark opined that small business owners are struggling to maintain quality benefit packages, which are vital in attracting and retaining quality employees. She added that small businesses are cutting their contributions for employee health insurance, as well as other benefits, in order to keep up with the high cost of medical insurance premiums. As a result, Ms. Clark said it is her observation that employees choose not to participate once they are asked to contribute part of the premium, and fewer small businesses are electing to carry health insurance coverage due to increasing premiums. Ms. Clark pointed out issues addressed daily in her insurance business, including: (1) keeping participation at the required levels of the insurance company (generally 75 percent of those eligible); and (2) finding ways to creatively help employers afford coverage, while still offering a competitive benefits package. Ms. Clark also provided information on consumer-driven health care plans ([Exhibit G](#)), and recommended the following two high-deductible plans: (1) health savings accounts (HSAs) ([Exhibit H](#)); and (2) health reimbursement arrangements (HRAs) ([Exhibit I](#)). Concluding, Ms. Clark made the following suggestions: (1) offer incentives and education to small employers; (2) create a system to bring more uninsured individuals into the "insured fold"; and (3) evaluate wellness programs on a statewide level.

Discussion ensued regarding the affordability of the HSA and HRA plans, and whether those types of plans can meet the needs of the lower-income population, even when they are offered through their employers. Ms. Clark commented regarding employees with catastrophic health issues, the option of supplemental benefits, and the importance of education regarding available health plans.

- Robert A. Ostrovsky, representing Nevadans for Affordable Health Care, Las Vegas, discussed the following: (1) the statistical data on nationwide health care coverage; (2) the collection of data, including hospital outcomes and death rates; (3) the issues concerning small employers, which include cost, availability, employee confidence, and products that meet their requirements; (4) the new products available, such as health savings accounts and pooled products; (5) the importance of bringing more insurance carriers into Nevada; (6) the issue of decreasing costs versus the concentrated costs associated with in-hospital services; (7) the discount or “bare bones plans”; (8) the idea of “capping” mandates versus eliminating them; (9) the special needs of employers, and providing product flexibility; and (10) the comparison of health care plans and programs in other states, including “pay for play plans” and universal health care coverage.

Mr. Ostrovsky made the following recommendations and suggestions: (1) formulating a policy statement to resist new mandates; (2) implementing regulatory reforms, including more funding to increase staffing for the Insurance Commissioner’s office; (3) addressing uncompensated care; (4) expanding Medicaid managed care; (5) encouraging competition in the marketplace; (6) educating the public; (7) addressing the issue of supply and demand through various licensing and training methods involving hospitals, doctors, and ancillary medical services; (8) attracting more doctors to the State by putting more effort into academics; (9) expanding the current tax incentive program to allow a tax credit instead of a deduction for small employers; (10) offering State assistance to small employers, such as funding for pools, to attract new businesses and helping businesses to expand; (11) creating public-private partnerships with preventative care facilities and clinics; (12) increasing the amount of “quick care” facilities and 24-hour coverage to relieve the use of emergency rooms; and (13) investigating innovative and experimental ideas, such as public-private partnerships.

- Assemblywoman Leslie requested that Mr. Ostrovsky’s recommendations be submitted in writing to the Committee for its reference and use in the upcoming work session.

There were discussions regarding the following: (1) implementing a subsidy program aimed specifically at small businesses, with participation from employees, employers, and the State; (2) waiting times for patients to be seen by physicians for minor care, even for those with insurance; (3) operating clinics as doctor’s offices and “safety net providers”; (4) providing quality, general care and increasing access to care through State partnerships with employers and hospitals; (5) accessing specialty care for chronic or acute conditions; (7) reviewing clinic operations developed in other states; and (8) obtaining input from organizations and experts in the State.



## **PRESENTATION REGARDING HEALTH INSURANCE PLANS IN THE PUBLIC EMPLOYEES' BENEFITS PROGRAM (PEBP) FOR THE STATE OF NEVADA**

- P. Forrest (Woody) Thorne, Executive Officer, Public Employees' Benefits Program (PEBP), Carson City, gave an overview on the program and referred to a chart indicating the distribution and types of network providers ([Exhibit J](#)). Mr. Thorne also discussed the following: (1) accessing certain types of specialty care as being mostly available in metropolitan areas; (2) publishing unbiased data on cost and quality measures; (3) teaching hospitals, and their quality of care; (4) increasing access of data by the public, and its affect on the practice patterns of providers; (5) making information publicly available, and the importance of education; (6) including provider data in quality statistics to attract business; (7) addressing the lack of providers in Nevada, and population growth as being a key component; (8) offering comprehensive coverage versus "bare bones" or catastrophic coverage; and (9) developing a "reinsurance mechanism" for catastrophic expenses. Concluding, Mr. Thorne discussed utilization as an important component and cost driver of health care. He said the PEBP made significant utilization pattern changes, including the implementation of cost-sharing, due to problems that occurred in 2003-2004.

A discussion ensued regarding the State wages and the "employee/employer split" for both active and retired employees. The Committee requested that a statistical update be provided by the PEBP.

## **PRESENTATION CONCERNING NEW HEALTH INSURANCE PRODUCTS AND INITIATIVES**

- Larry Harrison, President, Nevada Chapter, National Association of Health Underwriters (NAHU), Reno, gave a presentation ([Exhibit K](#)) which included information on the following: (1) health plan basics; (2) the marketplace in Nevada; (3) health savings accounts; (4) the Fair Share Act and the "pay or play" system; (5) new trends, including wellness programs; and (6) available opportunities, including high-risk pools. Mr. Harrison made the following recommendations: (1) using excess funds in the General Fund to offset nonreimbursed medical expenses; (2) having intercity or roving clinics for the rural areas; (3) incorporating the dental school as a mechanism for providing dental care; and (4) using the medical school as a possible clinic.

There were discussions regarding the following: (1) defining "wants and needs" concerning health insurance plans, and their affect on costs; (2) imposing mandates, and the idea of spreading costs "across the board"; (3) using association plans which have mandate exemptions, versus providing insurers with a "level playing field"; (4) educating employers regarding available insurance products; (5) clarifying possible advantages of an HSA versus an Individual Retirement Account or a regular savings account; (6) specifying types of investments and restrictions regarding HSAs; (7) determining the NAHU's stance concerning high-risk pools; and (8) implementing various state funding mechanisms.

Other discussions ensued, including: (1) model health care programs in other states, such as high risk pools; (2) Nevada's uninsured population, and the use of emergency rooms for primary care; (3) reasons individuals are unable to obtain insurance, such as preexisting conditions; and (4) qualifications for people to "get guaranteed issue" of health insurance.

#### **PRESENTATION REGARDING THE OFFICE FOR CONSUMER HEALTH ASSISTANCE (NRS 223.550) IN THE STATE OF NEVADA**

- Valerie M. Rosalin, R.N., B.S.N., M.S., C.P.U.R., Director, Bureau for Hospital Patients, Office for Consumer Health Assistance, Office of the Governor, Las Vegas, gave a presentation regarding the Office for Consumer Health Assistance ([Exhibit L](#)). Ms. Rosalin discussed the following: (1) the legislative creation of the Office and its jurisdiction; (2) other legislation introducing policies that are handled by the Office; (3) the mission, funding sources, staffing, and confidentiality issues of the Office; (4) a review of consumer requests and inquiries; (5) the Office's disposition and resolution of cases; (6) consumer savings and external reviews; and (7) the reports that the Office is required to produce. Concluding, Ms. Rosalin discussed three proposed legislative issues: (1) clarifying timely billing by providers to include language for the consumer (including the uninsured); (2) providing and clarifying provider information for consumers receiving collection notices; and (3) addressing the usual, customary charges for the uninsured involving cash payments.
- Teresa Rogers, Management Analyst, Operations, Office for Consumer Health Assistance, Office of the Governor, Las Vegas, testified regarding the Office's statistics for the first part of 2006, and the increase of Hispanic consumers. Ms. Rogers said the increase was partly due to recent legislation that requires that their Office's contact information be provided along with workers' compensation information, and she commented regarding the large Hispanic work population in the State. Concluding, Ms. Rogers pointed out the need for the Office to have more Spanish-speaking staff in order to assist that consumer population.

Discussions ensued regarding the following: (1) the percentage of consumers requesting assistance concerning hospital costs and uninsured issues; (2) the implementation of posting notices required by law that outline consumer rights, and their success in informing consumers; and (3) the number of inquiries regarding inappropriate or early hospital discharges of patients. Ms. Rosalin offered to provide further information to the Committee regarding hospital involvement on problems concerning discharge plans.

#### **PRESENTATION CONCERNING TRENDS OF THE UNINSURED IN THE STATE OF NEVADA, AND CERTAIN PILOT PROGRAMS TO ACCESS HEALTH CARE SERVICES**

- Wendy S. Lay, Deputy Director, Great Basin Primary Care Association (GBPCA), Carson City, conveyed highlights and trends in GBPCA's uninsured study for 2003 and 2004 ([Exhibit M](#)). Ms. Lay discussed the following: (1) the study's definition of the

uninsured; (2) uninsured statistics for 2003 and 2004 at the state level; (3) 2004 uninsured estimates for Clark and Washoe Counties; and (4) income levels and trends, including the Hispanic population, men versus women, and their implications on health care.

- Nancy Whitman, Project Director, AccessHealth, and Community Development Director for GBPCA, Las Vegas, testified regarding access to care programs. Ms. Whitman provided an abstract of the AccessHealth program ([Exhibit N](#)), and reviewed the function and history of access to care programs. She discussed cooperation among safety net providers, the health care delivery system, and public partnerships to implement a primary care model for access to care for the uninsured in Nevada. Finally, Ms. Whitman discussed the AccessHealth program for the uninsured in Clark County, which began in June 2005, and reviewed its funding sources.
- Sherri Rice, Project Director, Access to Healthcare Network, Reno, gave an overview of the Access to Healthcare Network program in Washoe County and its grant funding. She provided a project abstract on the program ([Exhibit O](#)) and a fact sheet on the uninsured in Nevada ([Exhibit P](#)). Ms. Rice discussed the following: (1) eligibility requirements of the program; (2) services and information received by program members; (3) patient responsibilities of network members; and (4) reasons that the medical community and physicians are supportive of the model program. She noted that the program's members are recruited through primary care centers and community outreach. Concluding, Ms. Rice suggested the addition of employer groups to the network in order to recruit their uninsured employees. She added that legislation may be presented if a waiver is needed to approach employer groups in order to expand the network.

There was discussion regarding the Access to Healthcare Network program, including: (1) the program's function, and the coordination of care provided by primary doctors and specialists; (2) reasons that specialists, physicians, and laboratories want to participate in the program; (3) benefits of the program for providers, medical staff, and consumers; and (4) the program's funding sources.

- Chairman Washington commented regarding the following: (1) finding opportunities to expand access and quality of care, and access to care programs as being part of that solution; (2) the concept of using health care clinics as primary care, and the access to care programs as the administrative agent to specialty care; and (3) the idea of creating a private-public partnership, and the opportunity of including the insurance providers. Chairman Washington asked staff to contact GBPCA and other organizations for input as to what would work best for the State of Nevada, and added that a critical component is the issue concerning the uninsured.
- Tim Crowley, representative, Pfizer, Inc., Reno, discussed the Partnership Prescription Assistance program (PPA), as well as programs offered through Pfizer, Inc., which are available to assist the uninsured and underinsured populations in obtaining prescription drugs at a lower cost or no cost. Concluding, Mr. Crowley said the public needs to be

better informed regarding available programs, and he mentioned some local and national media advertisement campaigns currently being conducted.

Discussions ensued regarding the following: (1) incorporating available drug assistance program information into the Nevada 2-1-1 hotline; (2) the uninsured study update being completed in the fall for Fiscal Year 2005-2006; and (3) a request by the Committee for GBPCA to provide further information regarding a model access to care program in Memphis, Tennessee, mentioned in prior testimony.

## **CONSIDERATION OF HEALTH CARE REGULATIONS**

- Leslie K. Hamner, Principal Deputy Legislative Counsel, Legal Division, LCB, Carson City, noted two proposed regulations, one from the State Board of Medical Examiners, and one from the Board of Registered Environmental Health Specialists ([Exhibit Q](#)).

## **PUBLIC COMMENT**

There were no comments from the public.

## **ADJOURNMENT**

There being no further business to come before the Committee, the meeting was adjourned at 3:25 p.m.

Respectfully submitted,

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Erin DeLong  
Senior Research Secretary

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Marsheilah D. Lyons  
Senior Research Analyst

APPROVED BY:

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Senator Maurice E. Washington, Chairman

Date: \_\_\_\_\_

## **LIST OF EXHIBITS**

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

[Exhibit B](#) is an 18-slide Microsoft PowerPoint presentation titled “Nevada Association of Health Plans,” given by Jack Kim, member of the Nevada Association of Health Plans, and Director of Legislative Programs, Sierra Health Services, Las Vegas, Nevada.

[Exhibit C](#) is an eight-slide Microsoft PowerPoint presentation titled “Legislative Committee on Health Care,” offered by Bobbette Bond, M.P.H., Manager, Government and Community Affairs, Culinary Health Fund, Hotel Employees and Restaurant Employees International Union, Las Vegas.

[Exhibit D](#) is a one-page document titled “Percent of Population Covered by Health Insurance in 2004,” provided by Bobbette Bond, M.P.H., Manager, Government and Community Affairs, Culinary Health Fund, Hotel Employees and Restaurant Employees International Union, Las Vegas.

[Exhibit E](#) is a seven-page document, dated March 15, 2006, and titled “Prepared by Harrah’s Entertainment, Inc. for the Legislative Committee on Health Care,” given by Jeffrey J. Shovlin, Vice President of Employee Benefits, Harrah’s Entertainment, Inc., Las Vegas.

[Exhibit F](#) is a two-page document furnished by Marilyn Wills, Director, State Health Insurance Assistance Program, Aging Services Division, Department of Health and Human Services, Las Vegas.

[Exhibit G](#) is an 18-slide Microsoft PowerPoint presentation titled “Consumer-Driven Healthcare,” submitted by Valerie J. Clark, RHU, LUTCF, Executive Vice President, Clark and Associates of Nevada, Inc., Reno, Nevada.

[Exhibit H](#) is a three-page document titled “What is an HSA?” provided by Valerie J. Clark, RHU, LUTCF, Executive Vice President, Clark and Associates of Nevada, Inc., Reno.

[Exhibit I](#) is a two-page document titled “What is an HRA?” given by Valerie J. Clark, RHU, LUTCF, Executive Vice President, Clark and Associates of Nevada, Inc., Reno.

[Exhibit J](#) is a two-page letter, dated March 7, 2006, to staff for the members of the Legislative Committee on Health Care, with a two-page attachment titled “PEBP Summary of Benefits—Plan Year 2006,” submitted by P. Forrest (Woody) Thorne, Executive Officer, Public Employees’ Benefits Program, Carson City.

[Exhibit K](#) is a 45-page document titled “Nevada Health Plan Project,” provided by Larry Harrison, President, Nevada Chapter, National Association of Health Underwriters, Reno.

[Exhibit L](#) is a 28-slide Microsoft PowerPoint presentation titled “Consumer Health Assistance–Bureau for Hospital Patients,” submitted by Valerie M. Rosalin, R.N., B.S.N., M.S., C.P.U.R., Director, Bureau for Hospital Patients, Office for Consumer Health Assistance, Office of the Governor, Las Vegas.

[Exhibit M](#) is a 33-slide Microsoft PowerPoint presentation titled “Uninsured Persons in Nevada—2003 and 2004 Estimates and Trends,” given by Wendy S. Lay, Deputy Director, Great Basin Primary Care Association (GBPCA), Carson City.

[Exhibit N](#) is a one-page document titled “Project Abstract,” provided by Nancy Whitman, Project Director, AccessHealth, and Community Development Director, GBPCA, Las Vegas.

[Exhibit O](#) is a one-page document titled “Access to Healthcare Network Project Abstract,” submitted by Sherri Rice, Project Director, Access to Healthcare Network, Reno.

[Exhibit P](#) is a four-page document titled “Fact Sheet on the Uninsured in Nevada,” submitted by Sherri Rice, Project Director, Access to Healthcare Network, Reno.

[Exhibit Q](#) is a packet of information to the members of the Legislative Committee on Health Care from Leslie K. Hamner, Principal Deputy Legislative Counsel, Legal Division, LCB, Carson City, including:

1. LCB File No. R002-06; and
2. LCB File No. R003-06.

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