MINUTES OF THE MEETING
OF THE
TASK FORCE ON THE POLICY OF THE STATE OF NEVADA CONCERNING
ACCESS TO PUBLIC HEALTH SERVICES
(SB 556)
May 17, 2000
Las Vegas, Nevada

The fifth meeting of The Task Force on the Policy of the State of Nevada Concerning Access to Public Health Services was held on Wednesday, May 17, 2000, at 8:30 a.m., in Room 4401 of the Grant Sa\IVYer Office Building, 555 E. Washington Avenue, Las Vegas, Nevada. The meeting was video conferenced to Room 1214, of the Legislative Counsel Building, 401 S. Carson Street, Carson City, Nevada. The UMeeting Notice and Agenda" is attached to these Minutes.

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TASK FORCE MEMBERS PRESENT IN LAS VEGAS:

Dr. Javaid Anwar, Chairman
Senator Mark Amodei, Vice Chairman
Keith Beagle, Nevada Association of Health Plans
Bobbette Bond, Culinary Union
Charlotte Crawford, Director, Department of Human Resources Larry Matheis, Nevada State Medical Association
Bob Ostrovsky, Nevadans for Affordable Health Care
Scott Craigie, Nevada Public Health Foundation
Anne Cory, Nevada Women's Lobby
Randy Capuro, Private Health Insurance
Senator Terry Care
Assemblywoman Merle Berman
Assemblywoman Ellen Koivisto

TASK FORCE MEMBERS PRESENT IN CARSON CITY:

Assemblywoman Sheila Leslie

TASK FORCE MEMBERS WITH AN EXCUSED ABSENCE:

Senator Randolph T o~send

DEPARTMENT OF HUMAN RESOURCES STAFF PRESENT IN LAS VEGAS:

John Yacenda, Deputy Director, Department of Human Resources Rachel Rogers, Management Assistant III
NEVADA DIVISION OF INSURANCE STAFF PRESENT IN LAS VEGAS:

Guy Perkins, Supervisor, Life & Health Section

OFFICE OF THE ATTORNEY GENERAL STAFF PRESENT IN LAS VEGAS

Nancy Angres, Deputy Attorney General

APPROV At OF MINUTES

Senator Mark Amodei, Vice Chairman, motioned to approve, seconded by
AssemblyVllOman Merle Berman. Unanimously approved.

OPENING REMARKS

Chairman, Dr. Javaid Anwar, announced the busy agenda and moved immediately to updates on the progress of his t\'\IO subcommittees.

SUB-COMMITTEE UPDATES

Larry Matheis, Chairman of the subcommittee on health insurance indicated the subcommittee met on March 28, 2000, and addressed the nine questions assigned to them. Not all ans'Ners 'Nere provided, and additional meetings Y.()uld be needed to achieve the subcommittee's tasks. Minutes of the meeting will be made available to the full Task Force at the next meeting.

Senator Terry Care, Chairman of the Chairman's Question subooCOmmittee reported a
first meeting on April 4, 2000, and informed the Task Force of some of the materials prepared for the subcommittee, one of 'Nhich was presented to the Task Force members (Exhibit AA). Senator Care indicated his subcommittee will meet again on May 16, 2000, and that the subcommittee expected to have a staff from the National Council of State legislatures present to address one of the main tasks of the subcommittee. Minutes of the meeting will be made available to the full Task Force at the next meeting.

Dr. Anwar accepted the reports and indicated room \'till be made on either or both the May of June agendas to discuss the information being obtained, and the need for more specifics. Dr. Anwar indicated he planned to meet \'tith the chairmen of the sub- committees, and \'tith Dr. John Yacenda, his Principal Staff, and Deputy Director of the Department of Human Resources. The Chairman indicated that timelines were being considered for the sub-committees.

PRESENTATION MADE BY STATE HEALTH DIVISION (Exhibit A)

Yvonne Sylva, Administrator - Ms. Sylva offered that the task force should take at look
at the underinsured as well as the uninsured. She noted that pre-natal care is not always a mandatory option on an insurance plan, and suggested insurance companies might want to look at offering options that are tailored to the individual seeking to purchase the insurance. It was also noted that dental care is an option that is not always provided, and that when it is, it is not always easy to utilize because of a lack of providers. In urban Las Vegas, she indicated, the Medicaid dental coverage is not utilized for this reason.

Karen Cummings, Special Children's Clinic (SCC), Las Vegas (Exhibit B) - Ms. Cummings indicated children from birth to age 2 have priority due to the developmental stages of that age range. The charges generated from SCC billings are not paid in full. A lot of insurance companies don't cover the services provided by the Children's Clinic, VYttether provided by SCC or by another source. If the insurance company does provide coverage for those services there is usually a large deductible or a cap for services, making it difficult for SCC to be fully reimbursed. Medicaid reimbursement is lo\\'9r than the actual cost of the services. Then are those that can't afford to pay for these services.

Questions:

Assembly'M)man Berman - Why is there such a large difference be~en the insurance
billing for Las Vegas and Reno?

A - HMO's, except in Medicaid managed care, do not pay for services provided by or through the Special Children's Clinic. Commercial plans tend not to cover these services.

Dr. An'Nar -Is there a waiting list for the services provided by the Special Children's Clinic? What about the children who require quite extensive services?

A - At the end of March there were 137 children in Las Vegas. Reno had some\Nhere between 80 to 100. Diagnostic services and evaluation are being booked 3 months out at this point in time, and it's three weeks to see an intake Social Worker.

Doesn't this pose non-compliance with Individuals with Disabilities Act (I.D.E.A.) Part C, which is listed as a aitical issue?

A - It's difficult to visit individuals in their natural environment. In doing so it requires travel time and extra money. That is the main reason for the families coming to the

center. If the families come in they are also able to see more children and begin the process for them. Therefor reducing the waiting period.

Assembl~man Koivisto - 'Nhy is there such a lack of services for autistic d1ildren?

A - There is an autism team that ~rks with families as best as they can. They don't prioritize based on any condition. These families are scheduled on a first come, first served basis.

Scott Craigie - Do you think the demand for services 'M>uld grow if the services provided ~re advertised?

A - 99.9% of the patients to the clinics are referrals and they are appropriate referrals. The referrals come from the neo-natal units, UMC, Etc.

Bob Ostrovsky - Do you not bill everyone? Or do they just not pay for services? Can you provide a break do'M1 of funds received?

A - We will try to provide the information to the Task Force.

Sandy Hanneke, Community Health Nursing (Exhibit C) - Due to time constraints her portion of the Health Division presentation was read and questions to be submitted to her in writing.

Pamela Graham, assisted by Ishan Asamm, Women's Health Connection (Exhibit D) - discussed statistics on Mammograms and the diagnosis of cancer in ~men. Ms. Graham indicated approximately 186,000 ~men in Nevada are qualified to access their screenings. There are three new cases of breast cancer detected each \\'eek in Nevada, and physicians offer much of the care provided low-income ~men assisted by this program pro bono. The program has added case management to their services.

PRESENTATION MADE BY MENTAL HEALTH AND DEVELOPMENTAL SERVICES . --- - --
(Exhibit E)

Carlos Brandenburg, Administrator - Budget funding for the Division of Mental Health and Developmental Services (MH&DS) is provided by region, actual fiscal breakdown in exhibit Lakes Crossing is the maximum security holding facility for the state of Nevada. This facility houses the patients/offenders with mental disorders, including sexual. Lakes Crossing is also the facility ~ere competency evaluations are provided for those about to go to trial. MH&DS also has someone on duty at the homeless village (MASH) for help and evaluations. Dr. Brandenburg discussed the multi-disciplinary team and intervention activities of the Program for Assertive Community Treatment (PACT). He indicated 57% of the patients treated by the Division of MH&DS are uninsured.

Questions:

Dr. Anwar - There is a large number of uninsured patients in the system, do you bill or try to collect?

A - The policy is that 'h"e try to collect. If they have insurance, the insurance is billed and if they have the ability to pay I there is sliding fee schedule.

AssemblYV\oOman Leslie - It seems as if the majority of Medicaid recipients are referred to Mojave. It's been said that Mojave has better care provided.

A - I believe the care our staff at MH&DS provides is exceptional.

Bob Ostrovsky - 'l'lhat percentage of the patients are referred to MH&DS by the criminal justice system?

A - 10% are referred by the criminal justice system.

PRESENTATION BY UNIVERSITY MEDICAL CENTER (Exhibit F)

Bill Hale, CEO - Mr. Hale made the point that as the County Hospital, they receive patients from for-profit hospitals who first stabilize emergency room patients and then default them to UMC for additional care and follow-up, adding to their costs. Mr. Hale made an appeal to encourage more education and enhancing their \\.ork with Nevada Check Up.

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Dr. Don Kwalick, Health Officer - Dr. Kwalick's overhead presentation (Exhibit F) provided a broad review of issues and possible interventions. In particular, the Task Force was most impressed with the concept of school-based health clinics.

Assemblyv...oman Berman (referring to the school-based clinics) - 'Nhat about a demonstration project? Staffing?

A - Staffing varies depending on Vt'ho is available. The cost of one center can range from $10,000-$15,000 to the upward amount of $100,000. The center can provide basic services including counseling.

Assembl~man Berman - Why haven't 'Ne started something like this before?

A - We are running into the family planning issues. A number of parents don't want family planning services to be available to their dlildren without their knowledge or consent. Successful school-based clinics don't have to offer family planning services.

Senator Terry Care -Is there a ~rking relationship with the Clark County Health District and the School District?

A - Yes.

Anne Cory - There are excellent models that can be used for the school based facilities. Generally. reproductive programs and information have been added to the sd1ool based facilities after their inception.

AssemblY'M:>man Sheila Leslie - When was the last time this went to the school board?

A - The board has not been approached yet.

Larry Matheis - On point presentation that's geared to our charge as a Task Force!

Dr. John Yacenda - Clarification was requested about Dr. Kwalick's reference to Children's Health Insurance Program money being used to reimburse for school based centers - Title XXI (the S-CHIP legislation) permits this kind of reimbursement under a couple of different scenarios.

PRESENTATION BY WASHOE COUNTY HEALTH DEPARTMENT (Exhibit H)

Barbara Hunt, Director of Clinical Services - Ms. Hunt reported on the Health Department's movement away from direct services to a more supportive role in assisting local organizations and providers in providing direct services to the public. Essential public health programs like immunizations, communicable diseases, TB, air quality and environmental health remain as services of the Health Department.

Ms. Hunt spoke of collaborative activities of high benefit to the community. Kids Komer and Knock and Talk/Mobile Van programs were started by a single social 'M)rker and a single police officer working on there to reach the same goal. The goal of this program is to reach the high-risk neighborhoods and assess families' needs. This program has been funded through grants from the Children's Trust fund but that funding is ending and the money will need to come from another source.

She spoke of the Teen Mall and how teens want family planning and STD testing and treatment. The Healthy Generations program targets parents a t high risk of child abuse and neglect. Three percent of clients are over 23 years of age; most clients are

teenage moms and their children.

Questions:

Scott Craigie - The direction that Washoe County Health District is a challenge to the theme of this Task Force. If our task is to better use public health services to provide

health care to the uninsured, then maybe we need to look at what Washoe County is doing and see if there are any other options for us. What options does the state have?

A - Ms. Hunt said she \Wuld consider this and provide information to the Task Force

Senator Terry Care - What or wtlo determines the neighborhood, days and times v.ttere Knock and Talk will be? Is there an alert process being used?

A - The neighborhoods that are near the homeless or transitional housing is the main goal. Yes there is an alert process - police and public health nurse.

Bobbette Bond - After the initial contact of knocking on the door, how many end up in the system?

A - A large percentage of those engaged through the outreach become involved - 78% are 0-18 years old.

PRESENTATION BY NEVADA ASSOCIATION OF COUNTIES (Exhibit I)

Bob Hadfield, Executive Director
Cindy Hannah, Chairperson, NACO, Human Services Administration Association

Some counties contrad with health dinics or hire health care 'MJr1<ers to \\()rk in dinics.
Some counties have partnerships with the State Health Division for community health nurses for whom they pay part of their salaries. Counties pay for care rendered in Utah and California as well when Nevadans are transported for covered care outside the state. The county tax rate is the basic unit that underwrites health care in the counties. Counties provide the bulk of the money for persons in oorsing homes where the county matches the federal Medicaid dollars. The indigent accident fund is used to pay for transient indigents. The Supplemental fund (catastrophic fund). The county must spend 90% of their general fund for this kick in. The cost of medical office visits, prescriptions, inmate care and victims of sexual assault/abuse all draw from this fund.

Mental Health and Developmental Services, Cartos Braldenburg, pidc.s up the mental health portion of the funding.

Assemblywoman Leslie - What toms of transportation are available?

A - Veterans Administration offers their van and the senior center. RSVP volunteers and of course emergency services. But VYtlat must be remember is that care flight can't get to every location that it needs to.

PRESENTATION BY WASHOE COUNTY DEPARTMENT OF SOCIAL SERV1CES

(Exhibit J)

May Shelton - Washoe County's indigency standard is $1,027 per month for a family of three. They help single persons who are indigent but can't qualify for T ANF or Ihtlo are disabled but haven't *yet* been approved for Social Security. The county pays Medicaid rates for care they cover. Hospitals with 100 or more beds are required to provide free care to the indigent. .00% of the net revenues of their prior year determines the amount of free care required to be reported.

Keith Beagle - Can the county screen for Medcaid?

A - Yes - if the individual is Medicaid eligible, then they are not eligible for county services. We can do the screening and are 't\'Urking with Welfare to do a better job of cross referral.

Keith Beagle - How involved is the county with the Nevada Check-Up program?

A - We have offered to assist the state with eligibility but they have not acted on it.

Scott Craigie - You offered to help the state and they haven't taken you up on it?

A - We refer to the program, but we are ready to assist if they want us to.

PRESENTATION BY CLARK COUNTY SOCIAL SERVICES (Exhibits K and L)

Verlia Davis, Director of Social Services - See report provided to the task force.

AssemblY'NQman Koivisto - Does the dental school provide services to the county?

A - Not at this time.

Keith Beagle - Senator Rawson is very supportive of the dental school and has 15 providers. What about UMC revenue, is any from the county?

A - Clark County provides money ($30 million) from different pots of money.

John Yacenda - Will you please clarify the county medical card?

Sue Pacult - the medical services card guarantees outpatient services at UMC facilities.

PRESENTATION BY UNIVERSITY OF NEVADA SCHOOL OF MEDICINE (Exhibit M)

Dr. Trudy larson, Associate Dean - Provided information that explained the services provided by the medical school.

Ann Cory - We're looking to expand access to health care that's affordable. Is it appropriate to look at the medical school as a means to meet the health care needs?

A - We're a good match, though we have some issues including eventually not being able to provide free care. Are we set up to deliver the care - yes; is the funding mechanism there - maybe not?

Bob Ostrovsky - Do you really have the capacity?

A-Yes

Bob Ostrovsky - But not the money to do so?

Scott Craigie - If budget constraints are limiting your strategy, are there some areas 'Nhere you provide even better or more effective medical services?

A - The family medicine model is effective and efficient, and could be applied to other areas of care.

~RESENTATION BY NEVADA HOSPITAL ASSOCIATION (Exhibit N)

Bill Welch, President and CEO - Mr. Weldl presented a detailed and elaborate report on the work of hospitals in treating the uninsured. He indicated there were 15,828 uninsured who accessed inpatient services at Nevada hospitals last year. The estimated inpatient cost for the uninsured was over $125 million. Mr. Welch's report breaks dO'M1 top diagnoses in different age groups.

Bob Ostrovsky - We can't ignore the reproductive issues so apparent in your report on the top diagnoses. These are costing hospitals in uninsured costs and it's a top problem. Seems it could be dealt with by school-based clinics.

Scott Craigie - Can you provide the top 5 reasons that uninsured people show up to the emergency rooms? Can you provide the same for self pay as well?

A - We could try to provide this information.

Charlotte Crawford - Do these figures include county I public and Disproportionate Share of Hospital Costs (DSH) figures?

A - The figures do not include DSH reimbursement.

Larry Matheis -It'd be helpful if we knew the percentage of emergency room diagnoses that resulted in serious illness and that could have been prevented?

Scott Craigie - These are some of the questions that need to be answered so we can go before the next legislature to request changes.

pRESENTATION BY NEVADA RURAL HOSPITAL PROJECT (Exhibit OJ

Grant Assey, President - Mr. Assey presented an observation that the most significant revenue obstacle for rural hospitals was in their disproportionately high number of Medicare and Medicaid patients, of which reimbursements are much less than actual cost. This is compounded by the uninsured uncompensated care costs of which a small portion is covered by the DSH program.

Charlotte Crawford - What are the billing procedures? What can be done to shore up/reach out and help the administrators in small hospitals more effectively engage their billing policies and procedures, particularly as these relate to Medicare and Medicaid?

A - We are hiring a Chief Financial Officer to 'M>rk with rural hospitals, and staff to assist them. All of this is in line with the Critical Access Hospital program.

Vance Huahev and Marla McDade (Exhibit AA)

Chairman Dr. Javaid Anwar asked Vance Hughey and Marla McDada to explain the information that they put together regarding innovative programs to address the uninsured and underinsured in other states, and that was presented to the Chairman's Question Subcommittee on April 4, 2000. They reviewed the voluminous document (exhibit AA).

fRESENTATION BY NEVADA RURAL HEALTH CENTERS (Exhibits P&Q)

Kenneth A. McBain, Executive Director - Provided information regarding the services provided in rural areas at the health centers. Transportation in these areas is very difficult, where the common rescue resulting positively is the "golden hour" they are lucky to have the -golden three hours" to provide adequate transportation. Community transportation is limited in Carson City or there is no access to primary care for over 30% of the population.

19.5% uninsured -1/3 being children 17.4 minority
13.2 Hispanic

Mr. McBain indicated a need to balance good business with compassion and be prudent managers of the health of the community. The

federal government has challenged community health centers to become lean and mean and compete fairly in the marketplace. NVRHC has a network of 10 health clinics throughout Nevada covering an area of 60,000 square miles. They are renewing the Community Health Centers of Southern Nevada clinic and intend to expand it to a series of neighborhood clinics throughout Las Vegas' medically underserved communities.

Mr. McBain indicated 11 counties in Nevada are officially considered frontier. In 1999, NVRHC clinics had 37,000 patient visits (17 I 000 clients). He noted that only 130 children covered by Nevada Check Up were seen last year. He ventured the reason was related to pride among the rural people. This children's health insurance program needs to be sold not as welfare but as insurance for the children. Another obstacle is the 6 months of being uninsured for the children. Covering Kids (the Robert Wood Johnson Foundation funded program) needs to do more to motivate people and educate communities. He also indicated the need to have outstationed eligibility 'M:>rkers in their clinics and that they have had no success in getting them from the State.

PRESENTATION BY HEALTH ACCESS WASHOE COUNTY (Exhibit R)

Dr. Michael Rodolico, Executive Director

HA WC is ranked 18 out of 536 health centers nationwide in cost efficiency.

Rate paid per community health center
Just recently started the dental services - 8 months out in bookings - so at this time they are unable to take new patients. The state of Nevada is a war zone as far as dental is concerned according to the public health service dentist assigned to HAWC. Dr. Rodolico expressed concerns about the lack of outreach supported by the State, and felt the eligibility program for Medicaid and Nevada Check Up could be improved. Dr. Rodolico referred to $3.2 million in funds for outreach and education relative to the de-linking of Medicaid and AFDC, and complained that none of the money went into the communities to do the outreach and education.

Larry Matheis -I'd like a clarification of the $3.2 million referred to by Dr. Rodolico.

Dr. Rodolico explained their dental program is treating mostly Latino children, and that 80%-90% of them has never even seen a dentist. HAWC has had 103,000 visits over their four years of existence. They have had success in receiving their sliding fees and have an 85% success rate for collections. Relative to their clients: 65% are under 100% the federal poverty level; 75% are under 150% of the FPL.

Randy Capurro - Outside of more dollars, what 'M>Uld HAWC like the most.

A - The expansion of our dental program.

AssemblY'.NOman Koivisto - Perhaps our poor dental health has to do with the lack of fluoride in our water.

LAS VEGAS/MOAPA PAIUTE HEALTH AND HUMAN SERVICES (Exhibit SI

Dr. Richard Skelskey - Native Americans are not accustomed to paying for health insurance since it is provided on the reservations. IHS is responsible for paying for their

health insurance so it hasn't been a need to purchase health insurance. They may be employed but the belief in Indian Country is that there isn't a need to cover the kids.

They have limited contract health services dollars and services are not available, especially for the diabetics in the Native American community. Many are dying because diabetic services are not a covered option in their contract health services.

Dr. Skelskey indicated there were 12,863 Native Americans in Clark County, yet all referrals for hospital care are made to Phoenix & Parker, Arizona, or to OW/hee, Nevada, a very limited care hospital. He noted that any Native American living in Nevada has the right to access any tribal clinic for basic primary care services. They have a Physician's Assistant in Las Vegas t'NO days a 'Neek. He saw 100 patients last month.

PRESENTATION BY NEVADA STATE MEDICAL ASSOCIATION

Larry Matheis, Executive Director - Due to the lateness of the day and yet fully compiled and updated information, Mr. Matheis will provide the Task Force with a written report at a subsequent meeting.

Public Comment

Bob Paisano - Las Vegas Indian Center, introduced himself as a Pueblo Indian.
He said there are 2,000 -13,000 Native Americans in Clark County, and that there is a battle between the land-based (reservation) Indians and the urban Indians. He indicated there is a disconnect for Indian people 000 on one hand are told to assimilate into urban areas, and then on the other hand are denied services available to only reservation Indians. The Indian people want to be part of the State's planning of programs.

Mr. Paisano said Native Americans will not access mainstream health care insurance programs like Nevada Check Up. In part because of a lack of trust, and in part because they have been conditioned to believe that as Indians, the federal government has a trust relationship with the Indian people to ensure health care is provided - meaning they don't think there's any reason to get health insurance.

Keith Beagle mentioned that he believed the Nevada Check-Up program was going to waive premiums for Native Americans.

Mr. Paisano indicated the information about any changes and some of the opportunities with the Nevada Check-Up program have not reached the Indian people he works with
in the Las Vegas Indian Center.

TASK FORCE MEMBER DISCUSSION

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Dr. Yacenda explained the formation and function of the Native American Advisory Committee to Nevada Check Up formed by Senate Bill No.1 0 in the 1999 Legislature, and assured Mr. Paisano he Vt1:>uld be included on the next agenda of the Advisory Committee, scheduled to meet on May 19,2000.

Ann Cory - Although the tribal clinics have a number of legal issues they must deal with, they have learned to create cost effective models of care.

Dr. Javaid Anwar - The issue of catastrophic illness is something we haven't dealt with. Few states (4) have no standards for FDA approved investigational drugs. We haven't discussed mechanisms to pay for catastrophic care, and there are mechanisms we might want to look at.

ADJOURNMENT (4:10 P.M.)

Ellen Koivisto moved to adjourn at 4: 1 0 p.rn