

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

SUMMARY MINUTES AND ACTION REPORT

The sixth and final meeting of Nevada's Legislative Committee on Health Care was held on Wednesday, August 4, 2004, at 9:30 a.m. in Room 4401 of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. The meeting was videoconferenced to Room 3137 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. A copy of this set of "Summary Minutes and Action Report," including the "Meeting Notice and Agenda" ([Exhibit A](#)) and other substantive exhibits, is available on the Nevada Legislature's Web site at www.leg.state.nv.us/Session/72nd2003/Interim. In addition, copies of the audio record may be purchased through the Publications Office, Legislative Counsel Bureau (LCB) (e-mail: publications@lcb.state.nv.us; telephone: 775/684-6835).

COMMITTEE MEMBERS PRESENT IN LAS VEGAS:

Assemblywoman Ellen M. Koivisto, Chairwoman
Senator Raymond D. Rawson, Vice Chair
Senator Barbara Cegavske
Senator Bernice Mathews
Assemblyman Joe Hardy
Assemblywoman Kathy McClain

LEGISLATIVE COUNSEL BUREAU STAFF PRESENT:

Marla L. McDade Williams, Senior Research Analyst, Research Division, LCB
Leslie K. Hamner, Principal Deputy Legislative Counsel, Legal Division, LCB
Kennedy, Senior Research Secretary, Research Division, LCB

OPENING REMARKS BY CHAIRWOMAN ELLEN M. KOIVISTO

Assemblywoman Ellen M. Koivisto, Chairwoman, welcomed members, presenters, and the public to the final meeting and work session of the Legislative Committee on Health Care.

APPROVAL OF MINUTES OF THE MAY 12, 2004, MEETING HELD IN LAS VEGAS

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

SENATOR RAWSON MOVED TO APPROVE THE MINUTES FROM THE MEETING HELD ON MAY 12, 2004, IN LAS VEGAS. THE MOTION WAS SECONDED BY ASSEMBLYWOMAN MCCLAIN AND CARRIED.

DISCUSSION CONCERNING PERSONS WAITING FOR EMERGENCY ADMISSIONS TO MENTAL HEALTH FACILITIES OR HOSPITALS IN CLARK COUNTY, INCLUDING CONSIDERATION OF RECOMMENDATIONS ADDRESSING THE ISSUE

- Dr. Dale Carrison, Emergency Department Director, University Medical Center of Southern Nevada, discussed his concerns regarding the continuous shortage of emergency room beds in Clark County health facilities caused by mental health patients awaiting psychiatric clearances. He also expressed concern for the inability of Nevada hospitals to accept increased patient loads without experiencing significant delays. Recommendations made by Dr. Carrison included funding for:

1. The completion of the 28-bed facility on the campus of Southern Nevada Adult Mental Health Services (SNAMHS) and the staffing and operation of that facility;
2. The SNAMHS budget to continue operating mobile crisis teams, staffing and operation of the 28-bed facility, recruiting psychiatrists for SNAMHS, and supporting the University of Nevada School of Medicine Psychiatric Residency program; and
3. The planning, developing, and staffing of a psychiatric emergency department at the current location of the SNAMHS facility.

Finally, Dr. Carrison distributed a one-page report titled “SNAMHS Daily Inpatient Census” and a one-page report titled “Patients Waiting in Community for Beds.” A copy of Dr. Carrison’s remarks and information are available as [Exhibit B](#).

There was a discussion regarding the ability to fund Dr. Carrison’s suggested recommendations. Senator Rawson noted that the fiscal note would be evaluated during the Bill Draft Request (BDR) process.

The Committee **APPROVED THE FOLLOWING ACTION:**

SENATOR RAWSON MOVED TO REQUEST LEGISLATION TO APPROPRIATE FUNDS FOR: (A) CONTINUED OPERATION OF MOBILE CRISIS TEAMS; (B) STAFFING AND OPERATION OF A RENOVATED 28-BED FACILITY; (C) RECRUITMENT OF PSYCHIATRISTS FOR THE DIVISION OF MENTAL HEALTH AND DEVELOPMENTAL SERVICES, NEVADA’S DEPARTMENT OF HUMAN RESOURCES (DHR); (D) THE PSYCHIATRIC RESIDENCY PROGRAM AT THE SCHOOL OF MEDICINE, UNIVERSITY OF NEVADA, RENO; AND (E) MEDICAL SCREENING AT THE MENTAL HOSPITAL IN CLARK COUNTY. THE MOTION WAS SECONDED BY ASSEMBLYMAN HARDY AND CARRIED.

PRESENTATION ON IMPROVING REGISTERED NURSE RECRUITMENT AND RETENTION THROUGH STAFFING RATIOS: THE KAISER MODEL

- Rhonda Goode, Staff Nurse, Kaiser Permanente (Kaiser), Los Angeles, California, described the nurse-to-patient ratio implementation process used by Kaiser and the results experienced in Kaiser’s California hospitals. She said Kaiser lowered its overtime costs, workers’ compensation injuries, and nurse vacancy and turnover rates while it retain more nurses at the bedside without offering bonuses. She encouraged Committee members to “follow California’s and Kaiser’s examples and enact legislation” for patient-to-nurse ratios. A copy of Ms. Goode’s remarks is available as [Exhibit C](#).

There was a discussion regarding staffing policies involving non-nurses in California hospitals. Further, Ms. Goode noted that the cost of care in California has increased overall.

PRESENTATION DISCUSSING A REPORT BY REGULATORY ECONOMICS, INC., TITLED “A WIN-WIN SOLUTION, FOCUSING ON NURSE RETENTION TO IMPROVE HOSPITAL PROFITS AND QUALITY PATIENT CARE IN NEVADA”

Dr. Alan Schlottmann, Coauthor, and Research Director of Regulatory Economics, Inc., and Professor of Economics, Department of Economics, College of Business, University of Nevada, Las Vegas, explained the dynamics of the Las Vegas health care market and shared recent research results of Regulatory Economics Inc., which demonstrated: (1) identification of hospital profitability factors; (2) how to increase shareholder values through nurse retention; (3) an examination of the cost of overtime and agency nurses to fill vacancies; (4) how to limit liability insurance, attorney’s fees, and litigation damage awards; and (5) the benefits of reducing nurse turnover rates. A copy of Dr. Schlottmann’s presentation is available as [Exhibit D](#).

DISCUSSION OF ISSUES RELATED TO IMPLEMENTATION OF CALIFORNIA’S NURSE-TO-PATIENT STAFFING RATIOS (CALIFORNIA CODE OF REGULATIONS, TITLE 22, SECTION 70217)

- Dorel Harms, Vice President of Professional Services, California Healthcare Association, gave a PowerPoint slide show ([Exhibit E](#)) describing California's difficulty in complying with mandatory nurse-to-patient staffing ratios. Ms. Harms presented a variety of statistics including the following impacts of mandated ratio implementation:
 1. Less than one in nine hospitals are in compliance with California's new law;
 2. There is an increased diversion of patients arriving to California hospitals by ambulance;
 3. California hospitals postponed nearly 1,000 surgeries to date; and
 4. Seven Los Angeles psychiatric units within hospitals closed or were downgraded, resulting in the loss of 176 beds.

There was a discussion regarding the Elder Abuse and Dependent Adult Civil Protection Act, which allows a plaintiff to claim improper care based solely on a hospital's inability to meet staffing ratios. Ms. Harms said there are allegedly lawsuits forthcoming.

REPORT CONCERNING THE ACTIVITIES AND RECOMMENDATIONS OF THE GOVERNOR'S STRATEGIC PLAN FOR RURAL HEALTH CARE ACCOUNTABILITY COMMITTEE

- Robin Keith, President, Nevada Rural Hospital Partners, and Rural Health Strategic Plan Accountability Committee Co-Chair, Reno, and Gerald Ackerman, Director, Northeastern Nevada Area Health Education Center, presented seven recommendations for the Health Committee to adopt, which included:
 1. Supporting the creation of an Advisory Committee on Health Care Workforce;
 2. Instituting an assessment fee on either speeding tickets or motor vehicle registration to support establishment of a rural Trauma Network that will provide equipment; personnel support; services; training, and data collection/support;
 3. Establishing a grant fund to support the development of services, equipment, and/or facilities that serve the needs of vulnerable rural and frontier populations;
 4. Supporting the development of a capital fund to support rural facility development, renovations, equipment, and start-up funding to support rural community needs;
 5. Considering safety net proposals that address the health care needs of rural uninsured/underinsured;
 6. Supporting efforts to investigate a Single Payer option for coverage in rural Nevada; and
 7. Developing primary care districts that may cross county/state boundaries to address service area needs in rural and frontier Nevada.

A copy of testimony and information from the presenters is available as [Exhibit F](#).

There was a discussion regarding the Rural Health Strategic Plan Accountability Committee's access to Nevada's Rainy Day Fund to research and replace emergency medical technicians.

REPORT FROM THE LEGISLATIVE COMMITTEE ON HEALTH CARE SUBCOMMITTEE TO STUDY STAFFING OF THE SYSTEM FOR DELIVERY OF HEALTH CARE IN NEVADA PURSUANT TO ASSEMBLY BILL 313 (CHAPTER 410, STATUTES OF NEVADA 2003)

- Marla McDade Williams, Senior Research Analyst, Research Division, Legislative Counsel Bureau (LCB), reviewed the goals, membership, and recommendations of the A.B. 313 Subcommittee and its Advisory Committee. She also gave an overview of the Subcommittee's objectives, including identification and

discussion of, and other workplace issues. She briefly reviewed the A.B. 313 Subcommittee's 15 recommendations.

A copy of information presented by Ms. McDade Williams is available as [Exhibit G](#).

DISCUSSION CONCERNING THE LIST OF PREFERRED PRESCRIPTION DRUGS FOR THE MEDICAID PROGRAM PURSUANT TO ASSEMBLY BILL 384 (CHAPTER 247, *STATUTES OF NEVADA 2003*)

- Charles Duarte, Administrator, Division of Health Care Financing and Policy (DHCFP), DHR, updated members on the progress of the Pharmacy and Therapeutics (P&T) Committee, which reviewed 25 therapeutic classes of drugs before including them on the Nevada Medicaid Preferred Drug List (PDL). He said three drug classes remain to be reviewed. Mr. Duarte said the initial "rollout" of drugs on the PDL list will be accomplished in three phases, beginning on August 25, 2004, and ending on September 22, 2004. He addressed a broad range of concerns regarding: (1) prior authorization processes; (2) procedures for refills, education, and co-pay programs; (3) drug exclusions; and (4) pharmacy needs of dual-eligible populations.
- Additionally, Mr. Duarte said supplemental rebates on therapeutic alternative drugs were accomplished through the National Medicaid Polling Initiative, of which Nevada is a member.

There was a discussion regarding the "claw back" provision in Medicare and Medicaid programs and fiscal impacts to the DHCFP budget. Mr. Duarte said more information on Nevada's repayment or claw back requirements to the Federal Government will be available in September 2004.

There also was a discussion regarding drugs for arthritis patients and how the grandfather clause could impact the availability of those drugs. Mr. Duarte said the P&T Committee has the authority to decide which drugs were grandfathered and he would provide a complete list of those drugs.

A copy of Mr. Duarte's remarks is available as [Exhibit H](#).

CONSIDERATION OF A QUARTERLY REPORT PURSUANT TO NEVADA *REVISED STATUTES* (NRS) 422.274 AND NRS 422.2745 FROM THE DIRECTOR OF THE DHR CONCERNING THE PROGRESS OF THE DIRECTOR TOWARD EXTENDING COVERAGE FOR PRESCRIPTION DRUGS AND OTHER RELATED SERVICES TO PERSONS 65 YEARS OF AGE OR OLDER AND TO PERSONS WITH DISABILITIES WHO HAVE BEEN DETERMINED TO BE ELIGIBLE FOR DISABILITY BENEFITS FROM THE FEDERAL SOCIAL SECURITY SYSTEM WHO ARE NOT ELIGIBLE FOR PHARMACY BENEFITS PURSUANT TO MEDICAID AND WHOSE INCOMES ARE NOT MORE THAN 200 PERCENT OF THE FEDERALLY DESIGNATED LEVEL SIGNIFYING POVERTY

- Michael J. Willden, Director, DHR, Carson City, updated Committee members on DHR's second quarter report on Nevada's Pharmacy Plus Waiver Program for senior and disabled populations. His update included the following information:
 1. The Centers for Medicare and Medicaid Services (CMS) cannot qualify Nevada for the Pharmacy Plus Waiver to its senior population because "cost neutrality" cannot be demonstrated. However, DHR plans to institute a revised/coordinated Senior Rx program by the end of the calendar year. Transitional assistance is available.
 2. The CMS cannot qualify Nevada for the Pharmacy Plus Waiver to its disabled populations due to lack of feasibility because of the Medicare prescription coverage. However, DHR plans to offer Disability Rx coverage with non-federal funds using the same Pharmacy Benefits Manager that is contracted to operate the Senior Rx program, among other plans.

A copy of information presented by Mr. Willden is available as [Exhibit I](#).

CONSIDERATION OF A WRITTEN REPORT PURSUANT TO ASSEMBLY BILL 323 (CHAPTER 162, *STATUTES OF NEVADA 2003*) FROM THE DHR CONCERNING A PLAN TO INCREASE THE NUMBER

OF BEDS IN NEVADA THAT ARE USED TO PROVIDE LONG-TERM CARE TO PERSONS WITH DEMENTIA

- Charles Duarte, previously identified in these minutes, summarized out-of-state provider responses and presented the information collected to date, including:
 1. Investigation of the development of behavioral health units and rate development for a behavioral health reimbursement;
 2. Expansion of service levels under the Waiver for Elderly in Adult Residential Care; and
 3. Provider education.

Additionally, Mr. Duarte discussed the decline of Medicaid bed occupancy in Nevada nursing facilities, while out-of-state nursing facility populations with Alzheimers/dementia and dementia/behavioral populations increased.

There was a discussion involving members of the public, which included:

- Brandy Bragg, Regional Director, Southern Nevada Alzheimer's Association, Las Vegas, inquired about the population of Nevada Alzheimer clientele receiving services out-of-state. Mr. Duarte responded there are approximately 70 Nevada clientele receiving services out-in-state because Nevada does not have enough beds for these patients. Assemblywoman McClain noted that expanded training has been included in facility regulations to include handling patients with dementia-related illnesses.
- Connie McMullen, Vice Chairwoman, Rural Health Strategic Plan Accountability Committee, expressed appreciation to Mr. Duarte and the DHCFP for their efforts on this issue. She said there are too many Alzheimer Advocates in northern Nevada to let the issue be forgotten.

A copy of information presented by Mr. Duarte is available as [Exhibit J](#).

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

- Leslie K. Hamner, Principal Deputy Legislative Counsel, Legal Division, LCB, reviewed 12 Health Care Regulations ([Exhibit K](#)) for the Committee's consideration.

There was a discussion regarding the State Board of Health regulations and Alex Haartz, Administrator, Health Division, and Secretary, State Board of Health, Carson City, explained that the intention of the State Board of Health in adopting the regulations is to standardize certain requirements so facilities are built to a uniform building code. Additionally the Committee reviewed the fee structure for construction site surveys and subsequent inspections of those facilities.

There also was a brief discussion regarding the regulations concerning assisted living services.

PUBLIC TESTIMONY CONCERNING RECOMMENDATIONS UNDER CONSIDERATION BY THE COMMITTEE, INCLUDING RECOMMENDATIONS IDENTIFIED IN THE ATTACHED "WORK SESSION DOCUMENT," RECOMMENDATIONS THAT ARE MADE DURING THE MEETING, OR ANY OTHER HEALTH CARE RECOMMENDATIONS MADE TO THE COMMITTEE

- Marina Valdez, mother of a disabled child, Las Vegas, suggested language to amend Chapter 629.091 of NRS to allow personal care assistants to administer medications according to the direction of: (1) a caregiver; (2) the disabled person if they are capable of giving direction/speaking; or (3) a guardian, all under orders from a health care provider and only in a home-health environment. She also commented on the philosophy of patients "self-directing" their medication and the issue of Medicaid's requirement of schooling in their assessment/decision process.

- Robert Desruisseaux, Chairman, Strategic Plan Accountability Committee for People with Disabilities, Reno, Nevada, said current law in NRS 629.091 is limited to people with physical abilities and amending the NRS would not allow people with other disabilities to benefit. He explained the consequences of creating language too “narrow to address the concerns” of all disabled groups.
- Bill Welch, President and CEO, Nevada Hospital Association, commented on the Committee’s earlier recommendation to support funding of the 28-bed mental health facility and urged that new facilities are not built at the expense of the closing existing facilities. Further, he commented that all Nevada hospitals have already “signed off on participation in the voluntary reporting program” and the \$4 million to \$5 million funds proposed to support Recommendation No. 5 could be utilized better in the state’s health care industry. Mr. Welch said that Recommendation No. 6 inadvertently applies to local nurses who are employed by nurse registries and restricting their use could negatively impact the medical community with more nurse shortages. Finally, Mr. Welch commented that Recommendation No. 7 needs to consider the Nurse Practice Act and federal compliance laws in crafting whistle-blower language.
- Delores Delarwelle, Registered Nurse (R.N.), Washoe Medical Center, and member, Operating Engineers Local 3, Reno, expressed opposition to mandatory overtime for Nevada health care workers. A copy of Ms. Delarwelle’s testimony and other information is available as [Exhibit L](#).
- Sandra Olguin, R.N., Washoe Medical Center, and member, Operating Engineers Local 3, Reno, expressed opposition to mandatory overtime for Nevada health care workers. A copy of Ms. Olguin’s testimony is available as [Exhibit M](#).
- Lisa Black, R.N., Executive Director, Nevada Nurses Association, Reno, spoke in favor of Recommendation No. 7 and said it protects nurses against retaliatory measures from their employers when a nurse refuses an unsafe assignment. Current Nevada law does not contain language specific to nurses refusing assignments.

COMMITTEE DISCUSSION AND ADOPTION OF CERTAIN RECOMMENDATIONS, INCLUDING RECOMMENDATIONS IDENTIFIED IN THE ATTACHED “WORK SESSION DOCUMENT,” RECOMMENDATIONS THAT ARE MADE DURING THE MEETING, OR ANY OTHER HEALTH CARE RECOMMENDATIONS MADE TO THE COMMITTEE

- Chairwoman Koivisto referred to the “Work Session Document” ([Exhibit N](#)) and explained that the recommendations contained therein do not necessarily have the support or opposition of the Committee. Rather, these possible actions are compiled and organized so the members may review them to decide if they should be adopted, changed, rejected, or further considered. The members of the Committee may vote to send as many Committee statements or letters as they choose; however, pursuant to Section 3(a) of NRS 218.2429, the Committee is authorized to request ten bill draft requests for consideration during the 2005 Legislative Session. Other items not requiring legislation such as requests for letters may be sent by the chairperson of the Committee. (The recommendations contained in the “Work Session Document” are listed below in bolded italics and precede the actions of the Committee.)

There was a discussion regarding earlier testimony from Ms. Keith and Mr. Ackerman.

- The Committee **TOOK THE FOLLOWING ACTION**

THE COMMITTEE DIRECTED STAFF TO PROVIDE A STATEMENT OF SUPPORT IN THE BULLETIN FOR RECOMMENDATIONS MADE BY THE GOVERNOR’S STRATEGIC PLAN FOR RURAL HEALTH CARE ACCOUNTABILITY COMMITTEE AS SUCH RECOMMENDATIONS RELATE TO: (A) HEALTH WORKFORCE DATA COLLECTION; (B) THE ESTABLISHMENT OF A GRANT FUND TO SUPPORT THE DEVELOPMENT OF SERVICES, EQUIPMENT, AND FACILITIES THAT SERVE THE NEEDS OF RURAL AND FRONTIER POPULATIONS; (C) THE DEVELOPMENT OF A CAPITAL FUND TO SUPPORT RURAL FACILITY DEVELOPMENT,

RENOVATIONS, EQUIPMENT, AND START-UP FUNDING TO SUPPORT RURAL COMMUNITY NEEDS; AND (D) THE DEVELOPMENT OF PRIMARY CARE DISTRICTS THAT MAY CROSS COUNTY AND/OR STATE BOUNDARIES FOR THE PURPOSE OF ADDRESSING SERVICE AREA NEEDS IN RURAL AND FRONTIER NEVADA.

Recommendation No. 1: Request legislation prohibiting insurers, medical services corporations, health maintenance organizations, and managed care organizations from retroactively denying any claim for treatment that was authorized to a provider and that was authorized in accordance with the organization's procedures, unless the provider supplied information with the willful intention to misinform the organization. The legislation should include a provision stating that a claim for treatment may not be denied if a provider follows the organization's authorization procedures and receives authorization, unless the provider supplied the information with the willful intention to misinform the organization. The legislation should exempt the Public Employees Benefits System from these provisions. (This concept was introduced by Assemblyman Garn Mabey. See Tab A for a list of other state laws that prohibit retroactive denials of claims once they have been authorized by an insurer, model legislation concerning this issue provided by the American Medical Association, and a copy of Assembly Bill 269 from the 2003 Legislative Session.)

The Committee decided against acting on the recommendation because its author, Assemblyman Mabey, withdrew the request.

Recommendation No. 2: Request legislation authorizing the Division of Insurance, Department of Business and Industry, to develop a high-risk health insurance pool for persons who are having difficulty obtaining health insurance in Nevada. (This recommendation was made by Larry Harrison, a Las Vegas health insurance broker, and President, Clark County Chapter of the National Association of Health Underwriters. See Tab B for background information concerning this issue.)

There was a discussion regarding what other states have done. Committee members decided against any action on the recommendation because more information was needed.

Recommendation No. 3: Request legislation that will enact changes necessary to assist families caring for adults and children who are disabled. Such legislation should, to the extent authorized by federal law:

- a. Require the Division of Health Care Financing and Policy, DHR, to provide home nursing on a sliding fee scale that is based on the income of the person and his family.
- b. Appropriate funding to establish, or create financial incentives for, a daycare center that will care for children with special needs.
- c. Allow certified nursing assistants and personal care assistants to administer medication in a home care setting.
- d. Amend NRS 629.091 to clarify that a person with a mental or physical disability who is under the age of 18 years old may self-direct his or her care to a personal care assistant.

(These recommendations were made by Marina Valdez. Background information concerning these issues is included at Tab C.)

There was a discussion regarding a possible interim study on daycare centers for children with special needs.

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

THE CHAIRWOMAN OF THE COMMITTEE WILL SEND A LETTER TO THE DIRECTOR OF THE DHR, WITH A COPY TO THE ADMINISTRATOR OF THE DIVISION OF HEALTH CARE FINANCING AND POLICY, URGING THE DEPARTMENT TO SUBMIT A BILL DRAFT REQUEST TO ADDRESS CERTAIN ISSUES RELATED TO HOME CARE FOR PERSONS WHO ARE DISABLED. THE LETTER SHOULD URGE THE DEPARTMENT TO: (A) RESOLVE ISSUES RELATED TO NRS 629.091 AND ITS EXISTING LIMIT TO ALLOW ONLY PERSONS WITH PHYSICAL DISABILITIES TO SELF-DIRECT THEIR CARE; AND (B) DEVELOP SOLUTIONS THAT WILL ALLOW A PERSONAL CARE ASSISTANT TO ADMINISTER MEDICATIONS IN A HOME CARE SETTING.

Recommendation No. 4: Consider a recommendation to establish a statewide office within the University and Community College System of Nevada (UCCSN) that would collect and analyze health care workforce data. In conjunction with the establishment of the office, the UCCSN will establish an advisory committee comprised of legislators, representatives of the state's licensing boards, individuals involved with education and training of health professionals in the state, and other stakeholders.

The office should be authorized to: (a) review health workforce data presented by the Medical Education Council of Nevada and other Nevada health professions agencies, organizations, and programs; (b) review supply and demand data; and (c) conduct scientific research concerning the need for health professionals in Nevada. The office will provide staff support to the advisory committee.

The advisory committee should be authorized to: (a) direct the work of the office; (b) make recommendations regarding specific qualitative and quantitative needs that pertain to outcomes of health workforce data; (c) make recommendations to the Legislature through the Legislative Committee on Health Care (LCHC) concerning regulatory barriers to licensing health professionals in Nevada; (d) make recommendations to the LCHC concerning recruitment and retention strategies that require legislative action; (e) make recommendations to the LCHC concerning education and training programs in Nevada; and (f) receive public comment concerning these issues. (The recommendation as represented here combines two recommendations. See Tab E for documents submitted by representatives of the Chancellor's Office, UCCSN, and of the School of Medicine, University of Nevada, Reno, concerning this issue.)

There was a discussion regarding the Graduate Medical Education Counsel and its scope of service. Trudy Larson, Assistant Chancellor, UCCSN, said the counsel was never meant to be statewide. She said the recommendation would address workforce issues with a broader approach. Members also discussed various funding mechanisms for the recommendation.

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

THE COMMITTEE DIRECTED STAFF TO PROVIDE STATEMENTS OF SUPPORT IN THE BULLETIN FOR THE FOLLOWING ISSUE: THE ESTABLISHMENT OF A STATEWIDE OFFICE WITHIN THE UNIVERSITY AND COMMUNITY COLLEGE SYSTEM OF NEVADA (UCCSN) THAT WOULD COLLECT AND ANALYZE HEALTH CARE WORKFORCE DATA. IN CONJUNCTION WITH THE ESTABLISHMENT OF THE OFFICE, THE COMMITTEE SUPPORTS THE SUGGESTION BY THE UCCSN TO CREATE AN ADVISORY COMMITTEE COMPRISED OF LEGISLATORS, REPRESENTATIVES OF THE STATE'S LICENSING BOARDS, INDIVIDUALS INVOLVED WITH EDUCATION AND TRAINING OF HEALTH PROFESSIONALS IN THE STATE, AND OTHER STAKEHOLDERS TO DIRECT THE WORK OF THE OFFICE.

Recommendation No. 5: Require hospitals to report data concerning hospital-specific information about patients admitted for common medical procedures and treatments. Such information should include risk-adjusted measures of mortality, average lengths of hospitalization, length of stay outlier rates and ratings, readmission rates for any reason and for complication/infection, and regionally adjusted average hospital charges. (This recommendation was still under discussion by the Subcommittee, and therefore no action was taken concerning this issue. A presentation was made by a representative of the Pennsylvania Health Care Cost Containment Council at the May 12, 2004, meeting of the LCHC that further discussed this issue. Issues such as whether a new agency or an existing agency will collect this data remain to be discussed.)

The Committee decided against any action on the recommendation.

Recommendation No. 6: Prohibit employers of traveling nurses who have been employed by the employer for less than six months from requiring or otherwise authorizing traveling nurses to be responsible for staffing assignments.

There was a discussion regarding the need for an accurate definition of a “traveling nurse.”

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

THE COMMITTEE DIRECTED STAFF TO PROVIDE A STATEMENT OF SUPPORT IN THE BULLETIN URGING CONSIDERATION BY ADMINISTRATORS AND MANAGERS OF HOSPITALS IN NEVADA TO LIMIT THE ABILITY OF TRAVELING NURSES TO BE RESPONSIBLE FOR STAFFING ASSIGNMENTS.

Recommendation No. 7: Implement a law that protects the jobs of nurses when they object to an assignment. The law should prevent an employer from retaliating against or terminating a nurse who objects to or refuses an assignment because the nurse is unable to perform the tasks required for care or because the nurse is unable to adequately care for a patient because of other patients for whom the nurse is responsible during a shift. (The details of this proposal are included at Tab F.)

There was a discussion regarding whether the proposed whistle-blower language benefited the employer or the employee. The Committee decided against any action on the recommendation.

Recommendation No. 8: Send a letter to the Division of Health Care Financing and Policy, DHR, encouraging the Division to resolve the issue of the late payment of Medicaid claims to providers.

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

THE CHAIRWOMAN OF THE COMMITTEE WILL SEND A LETTER TO THE ADMINISTRATOR OF THE DIVISION OF HEALTH CARE FINANCING AND POLICY, DHR, ENCOURAGING THE DIVISION TO RESOLVE THE ISSUE OF THE LATE PAYMENT OF MEDICAID CLAIMS TO PROVIDERS.

Recommendation No. 9: Send a letter to Nevada’s Congressional representatives urging them to consider legislation revising the eligibility requirements in Medicaid for children who are disabled. The letter should address the issue of school attendance as part of the eligibility decision making process and of expanding recertification requirements of the Centers for Medicare and Medicaid Services, United States Department of Health and Human Services, to bi-annually rather than every two months.

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

THE CHAIRWOMAN OF THE COMMITTEE WILL SEND A LETTER TO THE ADMINISTRATOR OF THE DIVISION OF HEALTH CARE FINANCING AND POLICY, DHR, CONCERNING ELIGIBILITY AND SERVICES RELATED TO PERSONS WITH DISABILITIES, PARTICULARLY AS SUCH ISSUES RELATE TO THE CARE OF CHILDREN WHO ARE DISABLED.

Recommendation No. 10: Send a letter to Governor Kenny C. Guinn asking him to include in the Medicaid budget that is proposed to the 2005 Nevada Legislature an initiative that reimburses physicians who provide care for elderly persons who receive physician visits in their home on a per capita basis or a set fee that is comparable to the actual cost of care for these patients.

The Committee decided against any action on the recommendation.

Recommendation No. 11: Send a letter to Nevada’s Congressional representatives urging them to consider legislation to establish a nationwide program of health insurance that provides medically necessary services to all citizens.

The Committee decided against any action on the recommendation.

Recommendation No. 12: Send a letter to the Division of Health Care Financing and Policy, DHR, encouraging the division to consider establishing parameters, as allowed by federal law, for parents of children who are disabled to stay home with their children.

- The Committee noted this issue is supported in Recommendation No. 3.

Recommendation No. 13: Send a letter to the president of the Nevada Organization of Nurse Leaders urging the organization and its nurse executive members to open the lines of communication with nurses who provide direct patient care. The letter should encourage nurse managers to be receptive to requests for assistance from nurses who provide patient care when such nurses request assistance with their respective work loads during a shift.

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

THE CHAIRWOMAN OF THE COMMITTEE WILL SEND A LETTER TO THE PRESIDENT OF THE NEVADA ORGANIZATION OF NURSE LEADERS URGING THE ORGANIZATION AND ITS NURSE EXECUTIVE MEMBERS TO OPEN THE LINES OF COMMUNICATION WITH NURSES WHO PROVIDE DIRECT PATIENT CARE. THE LETTER SHOULD ENCOURAGE NURSE MANAGERS TO BE RECEPTIVE TO REQUESTS FOR ASSISTANCE FROM NURSES WHO PROVIDE PATIENT CARE WHEN SUCH NURSES REQUEST ASSISTANCE WITH THEIR RESPECTIVE WORK LOADS DURING A SHIFT.

PUBLIC TESTIMONY

There was no public testimony.

ADJOURNMENT

There being no further business to come before the Committee, the meeting was adjourned at 3:16 p.m.

Respectfully submitted,

Kennedy
Senior Research Secretary

Marsheilah Lyons
Senior Research Analyst

APPROVED BY:

Assemblywoman Ellen M. Koivisto, Chairwoman

Date: _____

LIST OF EXHIBITS

[Exhibit A](#) is the Meeting Notice and Agenda provided by Marla L. McDade Williams, Senior Research Analyst,

Research Division, Legislative Counsel Bureau (LCB), Carson City, Nevada.

[Exhibit B](#) is a three-page copy of testimony and a two-page copy of requested information furnished by Dr. Dale Carrison, Emergency Department Director, University Medical Center of Southern Nevada, Las Vegas, Nevada.

[Exhibit C](#) is a four-page copy of testimony titled “Nurse Ratio Implementation At Kaiser Permanente,” presented by Rhonda Good, Kaiser Permanente, Los Angeles, California.

[Exhibit D](#) is a 26-page booklet titled “A Win-Win Solution — Focusing on Nurse Retention to Improve Hospital Profits and Quality Patient Care in Nevada,” presented by Dr. Alan Schlottmann, Coauthor, and Research Director of Regulatory Economics, Inc., and Professor of Economics, Department of Economics, College of Business, University of Nevada, Las Vegas.

[Exhibit E](#) is an 18-slide PowerPoint presentation titled “Impact of Legislated Ratios – the California Experience,” provided by Dorel Harms, Vice President of Professional Services, California Healthcare Association.

[Exhibit F](#) is a 15-page packet of information submitted by Robin Keith, President, Nevada Rural Hospital Partners, and Co-Chair of the Governor’s Strategic Plan for Rural Health Care Accountability Committee, Reno, Nevada, including:

- A three-page copy of testimony dated August 4, 2003, and titled “Testimony for the Legislative Committee on Health Care”;
- A one-page document titled “Summary of Requests for Consideration by the Legislative Committee on Health Care”; and
- A ten-page document titled “Strategic Plan for Rural Health Care – Positions and Recommendations re: Implementation of the Rural Health Care Strategic Plan.”

[Exhibit G](#) is a 29-page document dated April 13, 2004, and titled “Background Report and Discussion of the Recommendations Included in the Work Session Document,” prepared for the Legislative Committee on Health Care Subcommittee to Study Staffing of the System for Delivery of Health Care in Nevada Pursuant to Assembly Bill 313 (Chapter 410, *Statutes of Nevada 2003*), presented by Marla L. McDade Williams, Senior Research Analyst, Research Division, LCB, Carson City.

[Exhibit H](#) is a one-page document dated July 28, 2004, and titled “Legislative Committee on Health — Status of the Medicaid Preferred Drug List,” provided by Charles Duarte, Administrator, Division of Health Care Financing and Policy (DHCFP), Department of Human Resources (DHR), Carson City.

[Exhibit I](#) is a 12-page packet of information provided by Michael J. Willden, Director, DHR, Carson City.

[Exhibit J](#) is an 11-page letter dated June 25, 2004, to Lorne J. Malkiewich, Director, LCB, regarding an annual report for increasing the number of beds, from Charles Duarte, Administrator, DHCFP, DHR, Carson City.

[Exhibit K](#) is a 23-page packet of Health Care Regulations Pursuant to NRS 439B.225, presented by Leslie K. Hamner, Principal Deputy Legislative Counsel, Legal Division, LCB, Carson City.

[Exhibit L](#) is a two-page copy of testimony titled “Testimony to Nevada Legislative Committee on Health Care – August 4, 2004,” and a 11-page document titled “The Working Hours of Hospital Staff Nurses and Patient Safety,” Health Affairs, July/August 2004, provided by Delores Delarwelle, Registered Nurse (R.N.), Washoe Medical Center, and member, Operating Engineers Local 3, Reno.

[Exhibit M](#) is a two-page copy of testimony titled “Testimony to Nevada Legislative Committee on Health Care – August 4, 2004,” given by Sandra Olguin, R.N., Washoe Medical Center, and member, Operating Engineers Local 3, Reno.

[Exhibit N](#) is a 73-page bound document with tabs but due to size limitations, a four-page document dated August 4, 2004, and titled “Work Session Document,” presented by Marla L. McDade Williams, Senior Research Analyst, Research Division, LCB, Carson City, is available on the Internet.

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.