NEVADA LEGISLATURE
TASK FORCE FOR THE FUND FOR A HEALTHY NEVADA
(*Nevada Revised Statutes* NRS 439.625)

SUMMARY MINUTES AND ACTION REPORT

The tenth meeting of the Nevada Legislature's Task Force for the Fund for a Healthy Nevada was held on December 16, 2004, at 9 a.m. in Room 4401 of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. The meeting was videoconferenced to Room 3138 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. A copy of this set of "Summary Minutes and Action Report," including the "Meeting Notice and Agenda" (Exhibit A) and other substantive exhibits, is available on the Nevada Legislature's Web site at www.leg.state.nv.us/72nd/Interim. In addition, copies of the audio record may be purchased through the Legislative Counsel Bureau's Publications Office (e-mail: publications@lcb.state.nv.us; telephone: 775/684-6835).

COMMITTEE MEMBER PRESENT IN CARSON CITY:

Ron Mestre

COMMITTEE MEMBERS PRESENT IN LAS VEGAS:

Assemblywoman Kathy A. McClain, Chairwoman
Assemblyman Joe Hardy
Dr. John Ellerton
Dr. Elizabeth Fildes
Dr. Vishvinder Sharma

COMMITTEE MEMBERS EXCUSED:

Senator Raymond D. Rawson, Vice Chair
Greg Griffin
Carla Sloan

LEGISLATIVE COUNSEL BUREAU STAFF PRESENT:

Marsheilah D. Lyons, Senior Research Analyst, Research Division
Barbara S. Dimmitt, Senior Research Analyst, Research Division
Leslie K. Hamner, Principal Deputy Legislative Counsel, Legal Division
Kennedy, Senior Research Secretary, Research Division
Erin DeLong, Senior Research Secretary, Research Division

OPENING REMARKS

Assemblywoman Kathy McClain, Chairwoman, welcomed members and the public to the tenth meeting of the Task Force for the Fund for a Healthy Nevada.

APPROVAL OF MINUTES OF THE OCTOBER 27, 2004, MEETING

- The Task Force **APPROVED THE FOLLOWING ACTION**:

> ASSEMBLYMAN HARDY MOVED TO APPROVE THE MINUTES FROM THE OCTOBER 27, 2004, MEETING HELD IN LAS VEGAS. THE MOTION WAS SECONDED BY DR. SHARMA AND CARRIED.

Chairwoman McClain stated that at the last meeting of the Task Force on October 27, 2004, the members voted to authorize the allocation of equal amounts up to $10,000 from each grant category to pay for the update of the Needs Assessment to be completed by Social Entrepreneurs, Inc. She said the amount needed was less than $30,000; therefore, the allocated amount from each grant category would be $6,725 instead of $10,000.

- The Task Force **APPROVED THE FOLLOWING ACTION**:

> ASSEMBLYMAN HARDY MOVED TO AMEND THE MINUTES FROM THE OCTOBER 27, 2004, MEETING HELD IN LAS VEGAS, TO REFLECT THE REVISED GRANT CATEGORY ALLOCATION OF $6,725. THE MOTION WAS SECONDED BY DR. ELLERTON AND CARRIED.

UPDATE ON WORK OF THE LEGISLATIVE COMMITTEE ON HEALTH CARE SUBCOMMITTEE TO STUDY HEALTH INSURANCE EXPANSION OPTIONS

- Assemblywoman Barbara E. Buckley, Chairwoman, Legislative Committee on Health Care Subcommittee to Study Health Insurance Expansion Options, gave a slide show presentation (Exhibit B).

Chairwoman McClain requested that Assemblywoman Buckley's testimony be entered into the minutes relatively verbatim, as follows:

> Good morning, Madam Chairman, members of the committee. For the record, my name is Barbara Buckley, and I represent Assembly District 8. I am the Majority Leader of the Nevada State Assembly, and I also have the privilege to be Chair of the Legislative Committee on Health Care Subcommittee to Study Health Insurance Expansion Options. I am pleased to give you a report today which you requested of me, because you gave us the funding to make our work possible.

Thank you, Vance Hughey, who is in Carson City, for putting this slide show presentation together for me.

The subcommittee was formed by the Legislative Committee on Health Care to have one committee focused on the issue of health care insurance expansions. It was to explore ways especially of using existing, unmatched county or state money to expand health care to people without insurance, especially the working poor.

Some statistics for you: in 2003, there were about 45 million people in the United States without health insurance; about 400,000 uninsured people in Nevada. Nevada has one of the highest rates of uninsurance, and consistently has a higher rate of uninsurance in the nation as a whole. During the subcommittee's work, the new numbers came out: we went from fifth to fourth, so we are losing ground, not gaining ground.

Here is a chart which tracks the uninsured rate nationally and then compares it to Nevada and, as you can see, Nevada is ahead of the nation in its uninsured population.

The facts that we uncovered were put into our bulletin summarizing the subcommittee's work. Most people obtain coverage from their employment; that is how most people get their health insurance. But many employers do not offer health insurance. Even if the employer offers insurance, many workers do not qualify. Typically that is because they are working not enough hours–a part-time status rather than a full-time status–and many that do qualify cannot afford their share of the insurance premiums.

The subcommittee did quite a bit of work in trying to guesstimate the numbers that went with each category, and charted out all of those different population subsets.

We found that most uninsured Nevadans are in working families. For 82 percent of uninsured Nevadans, at least one person in the family worked either full-time or part-time, and 57 percent have family members that work full-time all year. That immediately dispelled the myth that most of the uninsured are not connected to the job force; that is not true here.

Nevada's uninsured are in every age group. Medicare, of course, covers people that are over 65, so the uninsured are almost entirely under 65. The largest number of uninsured is ages 30 to 49.

Again, employer-sponsored coverage is often unavailable or unaffordable, and the statistics are off the chart. The people that work for small firms are much less likely to be offered health insurance by their employers.

Part-time and temporary workers often are not offered health insurance coverage. Small firms, from the information compiled by our consultant, are defined as having nine or less employees. You can see that the statistics are remarkably linked to the number of employees. At zero to nine employees, we have about 39 percent; 10 to 24, about 62 percent; 25 to 99, fewer than 80 percent; 100 to 999, we are almost reaching universal coverage; and 1,000 or more employees have universal coverage. So there is a direct link right there to the size of the employer.

Here are some statistics on the percentage of eligible employees in establishments that offer health insurance, and you can see the direct difference between full- and part-time workers.

Low wage workers often cannot afford their share of the premiums; they cannot afford to purchase it on their own. The cost can be astronomical, and they are less likely to be offered employer-sponsored health insurance. So there is a direct link between low wages and the ability to have insurance, getting back to the working poor issue.

And here it is, the percentage of employees offered health insurance based on the average wage quartile. Again, you can see that direct link, not exactly in a straight path, but pretty close. The lower the quartile, the less likely employees are to have insurance.

Cost – again, I am preaching to the choir here, but the cost of health insurance coverage is the significant problem for the working uninsured. Premiums continued to escalate in 2004; it was 11.2 percent, nearly five times the rate of inflation and the rate of growth in workers' wages. This is the fourth consecutive year of double-digit growth in premiums for employer-sponsored insurance.

In summary, many working Nevadans do not have employer-sponsored health insurance coverage, do not qualify for Medicaid, and cannot afford to buy it.

The subcommittee's recommendation is to use a HIFA Waiver available from the federal government. The subcommittee studied the HIFA Waiver in great detail. For anyone interested, HIFA stands for Health Insurance Flexibility and Accountability. New coverage opportunities were made available and created in 2001, and were basically financed by unclaimed check funds for children created under Title XXI.

HIFA Waivers are being used to expand health care coverage in at least ten other states, including: Arizona, California, Colorado, Idaho, New Mexico, and Oregon. The goal is to expand Medicaid coverage to populations with

incomes above current eligibility levels, and there are a lot of great things about the HIFA Waiver. It allows flexibility in terms of the benefits, it offers more flexibility in coverage groups, and flexibility in cost-sharing. The financing is at a higher rate; Medicaid covers 50 percent; the HIFA Waiver provides a 65 percent match from the federal government. Caps can be used in the coverage; it is not a full entitlement program. It allows experimentation, using model programs, and trying different things, and that is what we are proposing.

The technical requirements of the Waiver state that coverage must be expanded. There must be a public-private coordination component, a goal of reducing the rate of uninsurance, a methodology for monitoring it, a maintenance of effort and, as the federal government always requires, it must be budget-neutral. These cannot be accomplished by reducing mandatory services of Medicaid, and it cannot cover over 200 percent of poverty.

There is a particular emphasis in requirement that private health insurance be maximized. Part of this must be in the model, or else the Waiver will not be approved.

I have already discussed advantages; one is matching federal funds. This is a time where the Legislature is not going to raise taxes, so it gives us an opportunity to look at how we can improve, stop the growth in the number of the uninsured, and do something about the problem. Certainly, this element of the HIFA Waiver is very attractive for that reason.

The first thing the subcommittee did was use your funds [the Healthy Nevada funding from the grant approved by the Task Force]. We hired EP&P Consulting to assist in developing the options and alternatives. The consultants were also used to negotiate and facilitate meetings with all of the people that had an interest in it, which I will discuss a little bit later. There were a lot of people very concerned about this, and the consultants really helped us; not just to provide options, but to help make everybody in the end support this consensus product, which they did. In the beginning there was great opposition, and I will discuss that also a little bit later.

Out of $172,800 [grant], we spent $125,750 for the consulting; we did not use it all. We also convened a technical working group to work with the committee. We put in the group some of the people that were the most vocal with concerns; I think we may have a list of the members. We called them the technical working group; including Mike Willden from the State. I think he and Mike Alastuey might have co-chaired it. There were also local governments, hospitals, insurance companies, workers, and state officials represented in the group.

These are the recommendations of the group. First, pregnant women. Right now, Medicaid only covers pregnant women up to 133 percent of federal poverty level, so we have approximately 2,500 pregnant women every year in the State of Nevada, under 185 percent of the federal poverty level, delivering in hospitals with no health insurance. That probably means no prenatal care, low birth-weight babies, and babies with more problems, and the only issue is that these pregnant women cannot afford health insurance. So that was one of our recommendations; it would extend coverage to about 2,500 eligible pregnant women per year.

The second coverage group is employees of small employers. The option selected by the committee was to provide assistance to employees of small businesses with help in being able to afford their premiums. The benefit attaches to the employee, so if they move from one low-wage job to another low-wage job, their coverage is not interrupted. The cost of the coverage would be a public-private partnership; it is shared by the employee, the employer, and the subsidy amount covered by the new program. The employers are required to cover at least 50 percent of the cost as a safeguard, to make sure that no one is taking advantage of it; and that was seen as being a good minimum. Some parameters were added into the program design to require that the employer be without health insurance for six months in order to qualify. That is the same provision in the CHIP Program and Nevada Check Up. It is used to guard against crowd-out, the phenomenon where people drop their coverage and therefore it is not really "making a dent" in the uninsured problem. So that same technique was copied from the Nevada Check Up Program. The goal for the small employers is to start covering 2,000 employees the first year; and by the end of the fourth year, up to 8,000. More can be covered, but the plan is to have a build-up. I think it has been learned from every program in about the last ten years, whether it is Nevada Check Up or Senior Rx; as much as we know the need is out there, it takes a while for people to find out about programs available. Instead of raising expectations, we started with a staggered approach. A full benefit package would also be provided: physician, in-patient, out-patient, ER, laboratory, and x-ray.

The last coverage group is the medically needy; coverage for people that have high medical costs and do not qualify for Medicaid because of their income and resources, and basically are accumulating huge medical bills. This will allow them to "spend down" in order to get coverage. This is one of the saddest populations there are; people that have worked their entire lives and have to qualify for Medicare and Social Security. The severely disabled have a waiting period for Medicare. Their claims have been accepted by the federal government regarding their disability, but they have to wait for health insurance coverage. So what do people do, people with catastrophic illnesses that go through everything they have? Most states

handle this by having a medically needy program; Nevada has nothing. This would be a first step toward trying to reach some of that population. These people are already getting medical care, but they are just doing it on the back end by waiting in a waiting room in a hospital until they can be seen. This is the third population that we chose to help.

This group is the hardest one; the one that needs the most details and flushing out. The committee is still trying to work out what the income level would be, what the spend-down period would be, and what the minimum amount of hospital cost would be. Initially what we are trying to do is to match it to those funds already spent by hospitals, so that instead of paying the bills for these people, we are providing them with health insurance coverage. We are trying to match it to actual expenditure rates currently being provided in hospitals; so we are still working that out.

Financing – there is approximately $38 million available in the first year, growing to $49 million in the fifth year. The plan is to use for financing the money that is already being spent through the supplemental fund and the indigent accident fund. Basically, to break it down, right now those two funds are being used to pay the back-end hospital bills. Those funds will be used that are currently not being matched, and that is the key. Taxes are not going to be raised; we want to provide health insurance. This is how it would be done: the unmatched funds that we have in this State would be put into another pot in order to attract the 65 percent funding. That is the condensed version; that is basically the mechanism.

The proposal received unanimous bipartisan support of all members of the subcommittee. Your own Assemblyman Hardy served on the committee, and a Bill Draft Request, BDR 736, has been submitted for drafting.

Some of the interesting dynamics of the committee was that when we walked into it, there was a lot of concern and a lot of opposition. What we did was we put a county commissioner on the committee, Commissioner Rory Reid. I think Clark County and Washoe County probably were at the top of the list of people that had concerns about the proposal, and they were legitimate concerns. What they were concerned about was, if we took these pots of money away from them, how they would deal with the people that came to the emergency room that would still have to be covered, that cannot qualify up front for health insurance, because we cannot provide health insurance to everyone with this proposal. So we put a county commissioner on the legislative committee, which we normally never do; and then we appointed Clark County representatives to the technical advisory committee. We told them we were not going to proceed with this recommendation unless they supported it. I think that made them all feel better right up front that we were not going to go forward if we did not get their support; we were not going to go around them.

We agreed not to take all of those funds; but approximately half, to allow them to have the rest of the money to cover those that come into the hospitals. That amount is approximately $8 million, and we are going to approach the State for the other $8 million. That creates a state-county partnership; it is not just the county that is financing it. We all know that these people are currently being served by county dollars, anyway.

Regarding pregnant women – there is no question about whether a delivery could be postponed; it cannot. It is not as if additional surgeries are being provided that could have been postponed. We are shifting the approach; instead of having women come into the emergency room to have their babies, we are going to get them health insurance up front. We are targeting pregnant women and people that are working. Our real focus in this whole approach is people who are working; they are doing all they can, but they cannot afford health insurance.

It is not a long-term fix; we do need a long-term fix. But that needs to come from the federal government. In the meantime, we have fashioned a recommendation that will: reduce the number of uninsured by returning unclaimed federal dollars back to Nevada, which otherwise will be used by other states to cover their residents; be done a way that has the support of everyone (at the final meeting, everyone testified in favor of it, and we were able to solve all of the concerns by working collaboratively with everyone); and be able to significantly reduce the number of the uninsured, which needs to be done.

Our next steps: draft the legislation, hopefully obtain legislative approval, and then get the Waiver drafted. The reason we would like to keep your funds [the unexpended portion of the Healthy Nevada funds] is to use them to actually write the Waiver and submit it to the federal government. With that, I will close, and I am happy to take any questions.

Chairwoman McClain said: Are there any questions? I think you did a great job. I know there is a huge need for it, and I think this is a very reasonable approach. Certainly, I think everybody on the Task Force will support it.

Laura Hale, Chief, Grants Management Unit, Department of Human Resources (DHR), identified herself and said: I just wanted to point out to you the spreadsheet that Julie Brand presented at the last meeting. She identified that $125,750 in expenditures as being the end. We had understood that to be all of the expenditures for that program at the time, and she rolled that into our projections going into Fiscal Year (FY) 2006. We are looking at a negative $29,000 that again, will be somewhat dependent on what kind of federal dollars we get in April of 2005, and then

how many grants we continue for FY 2006. So I just wanted you to be aware the projections that we have are based on the total funding for that project of the $125,000. I was not sure from Assemblywoman Buckley's presentation when they would be in need of those funds, but I think you may want to consider that those funds were taken out of the children's health grant pot of money.

Assemblywoman Buckley said: In terms of timing for that, I think the State does not want to write the Waiver until it gets legislative backing, which seems prudent. The timeline would probably be that they would be ready to write it in the summer. If it passed sooner in the Legislature, the consultants could then start writing the Waiver.

Chairwoman McClain said: Laura, that is what I was thinking. It is really good until June 30, 2005, those grants?

Marsheilah D. Lyons, Senior Research Analyst, Research Division, of the Legislative Counsel Bureau (LCB), acknowledged technical difficulties with the videoconference.

Chairwoman McClain stated: The question was, Laura, this is 'on paper,' the reversion money, right? So, if we get this legislation passed, will we still be able to use it before the end of the grant cycle?

Ms. Hale said: Yes, in our current fiscal year, we actually have $50,000 showing. So for FY 2005, in the children's health category, we have that $50,000. Now, the issue was that, going into FY 2006, we would have a deficit. I guess the other thing that I am thinking of when I look at this is that some of the categories of people being served through the HIFA Waiver, from my understanding, might be considered to have disabilities. So you might be able to look at that pot, as well. I am trying to recall how the discussion went, and how the decision was made to put all of that into children's health. But I am sure there is a way to do it; I just wanted you to be aware the projections that were given to you were based on the $125,000 being the total expenditures. You could look at it and come back when the Legislature has made some kind of decision about how much money is needed for this, and when.

Chairwoman McClain said: Okay, I appreciate that. So, we still have some flexibility and some time on it.

Ms. Hale said: Yes; that is correct.

Chairwoman McClain said: Okay. I appreciate the presentation; it was very good. I think it is a great idea, and I hope it will work out. Thank you.

Assemblywoman Buckley said: I would be remiss if I did not thank the Governor, the Department of Human Resources, and all of the staff of Medicaid that made this possible, as well as all of the technical subcommittees and the rest of the committee. We had a great committee, and a lot of people put in a lot of work to make it happen; it was not easy. And then, of course, thank you to our excellent staff for getting all of these ideas down. It was really a group effort.

PRESENTATION REGARDING TOBACCO CESSATION SERVICES PROVIDED BY THE NEVADA MEDICAID PROGRAM

- Mary Wherry, Deputy Administrator, Division of Health Care Financing and Policy, DHR, provided a presentation for Medicaid on behalf of Charles Duarte, Administrator, Division of Health Care Financing and Policy (DHCFP), DHR. She began with a summary of a meeting with Dr. Fildes, DHCFP Medicaid staff, and Health Division representatives on December 6, 2004, regarding Medicaid coverage issues. Ms. Wherry said it was agreed that the Medicaid recipient handbook would be updated to include smoking cessation products, and they discussed the need for recipient education. She said the long-term goal of the Division would be to conduct an open enrollment for recipients to discuss their benefits and Medicaid health care coverage options. Ms. Wherry added that their staff would be working with managed care plans to assure marketing of smoking cessation products, consumer education, and provider collaboration.

- There was a discussion regarding the recipient handbook, including timelines for publication and updates.

DISCUSSION AND CONSIDERATION OF RECOMMENDED PRIORITIES FOR GRANTING $300,000 IN REVERSION FUNDS FOR DISABILITY SERVICES AND OF A DRAFT APPLICATION FOR REQUESTING SUCH FUNDS

- Laura Hale, Chief, Grants Management Unit, DHR, referred to a memorandum (Exhibit C) regarding the subcommittees that convened to set priorities for the pilot Request for Application (Exhibit D). She explained that after the recommended priorities were approved by the Block Grant Commission and the Statewide Governing Board, the Request for Application (RFA) could be published. Ms. Hale said there would then be a limited time to accept applications and make recommendations for the funding in FY 2006, because federal funding would be received by the third week of April 2005. She indicated the date for the Task Force to follow up on the subcommittee's recommendations and determine the grants for FY 2006 was designated in April 2005. Further, mandatory attendance was required for applicant orientation sessions scheduled in January 2005. Ms. Hale concluded her testimony by reviewing the remainder of the draft RFA including details regarding equipment recycling and respite and transitional housing with case management.

The Task Force **TOOK THE FOLLOWING ACTION:**

> DR. ELLERTON MOVED TO APPROVE THE DRAFT RFA AND REVERSION FUNDS. THE MOTION WAS SECONDED BY DR. FILDES AND CARRIED.

PRESENTATION OF A REQUEST BY THE COALITION TO PROMOTE CHILDHOOD OBESITY RESEARCH FOR FUNDS AND POSSIBLE LEGISLATION TO ESTABLISH A DATABASE ON THE INCIDENCE OF SUCH OBESITY IN NEVADA

- Susan Meacham, R.D., Ph.D., Associate Professor, Department of Nutrition Sciences, University of Nevada, Las Vegas (UNLV), and Dr. Audrey McCool, Department of Food and Beverage Management, UNLV, requested funding for the Coalition to Promote Childhood Obesity Research to develop a research database containing heights and weights of Nevada's school children (Exhibit E). Dr. Meacham gave a slide show presentation on programs currently promoting healthy lifestyles of children to prevent obesity. She also reviewed obesity trends in Nevada and the United States (Exhibit F).

- Dr. Craig Kadlub, Director, Public Affairs, Clark County School District, Las Vegas, said the school district would work cooperatively with the Coalition.

- There was a discussion regarding the Coalition's participation in the Health Care Committee's Subcommittee to Study Medical and Societal Costs and Impacts of Obesity (Senate Concurrent Resolution No. 13, File No. 89, *Statutes of Nevada 2003*). Dr. Meacham was directed to contact the Health Division, the Public Health Foundation, Medicaid, and school districts that are currently addressing this issue. Chairwoman McClain encouraged Ms. Meacham to submit an application for funding during the next grant cycle.

PRESENTATION OF REVISED EXPENDITURE CHART DETAILING USE OF HEALTHY NEVADA FUNDS FROM FISCAL YEAR (FY) 2001 THROUGH FY 2006

- Wendy S. Lay, Social Services Program Specialist III, Grants Management Unit, DHR, presented a revision of the chart that was given to the Task Force in September 2004 (Exhibit G). She stated that the previous chart contained the 2004 awards, as well as rollover funds from 2003. She said the 2003 rollover funds were deleted to be more accurate.

PROGRAM UPDATE ON STATUS OF CERTAIN GRANTEES THROUGH 1ST QUARTER, FY 2004:

- **CLARK COUNTY HEALTH DISTRICT**
- **MILES FOR SMILES**

- **NEVADA COMMUNITY ENRICHMENT PROGRAM (NCEP)**
- **NEVADA URBAN INDIANS, INC.**

- Wendy S. Lay, previously identified in these minutes, provided an update regarding grant funded programs (Exhibit H). She informed the Task Force that the grant for the school-based health centers in the Clark County Health District had been processed and finalized.

- Jann Carson, with the Miles for Smiles Program, provided an update on the senior program and requested that it be continued. She discussed the minimum provisions of the $100,000 grant from the Aging Services Division, DHR. Ms. Carson reviewed the statistics regarding dental services and treatments provided. She noted that there was currently a six-month waiting list with many people in need.

PRESENTATION REGARDING USE OF NON-TASK FORCE FUNDS TO EXPAND THE SCOPE OF THE UPDATE OF NEVADA'S HEALTH NEEDS ASSESSMENT, TO BE PERFORMED BY SOCIAL ENTREPRENEURS, INC.

- Laura Hale, previously identified in these minutes, said there were federal funds available for the State under the Community Services Block Grant that were going to be used to expand the scope of the needs assessment, which the Task Force had approved to be updated from FY 2003 (Exhibit I). She estimated that Social Entrepreneurs, Inc., would require between $5,000 and $10,000.

- There was a discussion regarding reassessment of the impact of tobacco use in Nevada, and the sustainability of funded programs. Dr. Fildes recommended that the reassessment include reimbursement for nicotine dependence treatment, and the possibility of future funding for nicotine dependence counseling.

DISCUSSION AND CONSIDERATION OF A DRAFT TASK FORCE POLICY ON EQUIPMENT PURCHASES

- Laura Hale, previously identified in these minutes, explained the transfer of the Miles for Smiles Program from the Community College of Southern Nevada (CCSN) to Nevada Health Centers, and said the question arose as to whether the equipment the Task Force had funded would transfer over with the program. Ms. Hale said in that particular case, CCSN requested a letter from the department asking that the vehicles be transferred with the Miles for Smiles Program. However, the Grants Management Unit staff thought there should be a formal policy with regard to grant-purchased equipment for similar situations that might arise in the future. Ms. Hale referred to a memorandum outlining the draft for a Task Force policy on equipment purchases (Exhibit J).

- There was a discussion regarding the need for a policy to address grantee transfers of equipment. Previously, the Grants Management Unit addressed the matter internally by completing a revised grant agreement.

The Task Force **TOOK THE FOLLOWING ACTION:**

> DR. SHARMA MOVED TO APPROVE THE TASK FORCE POLICY ON EQUIPMENT PURCHASES AS WRITTEN. THE MOTION WAS SECONDED BY DR. ELLERTON AND CARRIED.

PUBLIC COMMENT

Chairwoman McClain acknowledged changes in Task Force staffing and welcomed Barbara S. Dimmitt, Senior Research Analyst, and Erin DeLong, Senior Research Secretary, both of the Research Division, LCB.

There were no comments by the public.

ADJOURNMENT

There being no further business to come before the committee, the meeting was adjourned at 10:44 a.m.

Respectfully submitted,

_____
Erin DeLong
Senior Research Secretary

_____
Barbara S. Dimmitt
Senior Research Analyst

APPROVED BY:

_____
Assemblywoman Kathy McClain, Chairwoman

Date: _____

LIST OF EXHIBITS

Exhibit A is the "Meeting Notice and Agenda" provided by Barbara S. Dimmitt, Senior Research Analyst, Research Division, Legislative Counsel Bureau, Carson City, Nevada.

Exhibit B is a 33-slide Microsoft PowerPoint presentation titled "Legislative Committee on Health Care's Subcommittee to Study Health Insurance Expansion Options," presented by Assemblywoman Barbara E. Buckley.

Exhibit C is a one-page memorandum dated December 8, 2004, to the Task Force members regarding recommended priorities for granting $300,000 in reversion funds for disability services from Laura Hale, Chief, Grants Management Unit, Department of Human Resources (DHR).

Exhibit D is a 21-page document titled "Grants Management Unit, Grant Application Guide – Fiscal Year 2006," from Laura Hale, Chief, Grants Management Unit, DHR.

Exhibit E is a one-page document titled "Coalition to Promote Childhood Obesity Research," submitted by Susan Meacham, R.D., Ph.D., Associate Professor, Department of Nutrition Sciences, at the University of Nevada, Las Vegas (UNLV).

Exhibit F is an 18-slide Microsoft PowerPoint presentation titled "Coalition to Promote Childhood Obesity Research," presented by Susan Meacham, R.D., Ph.D., Associate Professor, Department of Nutrition Sciences, UNLV.

Exhibit G is a one-page document titled "Fund for a Healthy Nevada – Funding Levels by Type of Funding (SFY01-SFY06)," submitted by Wendy S. Lay, Social Services Program Specialist III, Grants Management Unit, DHR.

Exhibit H is a one-page memorandum dated December 6, 2004, to the Task Force Members regarding an update on grant funded programs from Wendy S. Lay, Social Services Program Specialist III, Grants Management Unit, DHR.

Exhibit I is a one-page memorandum dated December 8, 2004, to the Task Force members regarding information on expansion of needs assessment from Laura Hale, Chief, Grants Management Unit, DHR.

Exhibit J is a two-page memorandum dated December 8, 2004, to the Task Force members regarding a draft Task Force policy on equipment purchases from Laura Hale, Chief, Grants Management Unit, DHR.