

MEETING NOTICE AND AGENDA

Name of Organization: Legislative Committee on Health Care
(*Nevada Revised Statutes* [NRS] 439B.200)

Date and Time of Meeting: Monday, June 2, 2014
9 a.m.

Place of Meeting: Grant Sawyer State Office Building, Room 4412
555 East Washington Avenue
Las Vegas, Nevada

Note: Some members of the Committee may be attending the meeting and other persons may observe the meeting and provide testimony through a simultaneous videoconference conducted at the following location:

Legislative Building, Room 3138
401 South Carson Street
Carson City, Nevada

If you cannot attend the meeting, you can listen or view it live over the Internet. The address for the Nevada Legislature website is <http://www.leg.state.nv.us>. Click on the link "[Calendar of Meetings/View](#)."

Note: Minutes of this meeting will be produced in summary format. Please provide the secretary with electronic or written copies of testimony and visual presentations if you wish to have complete versions included as exhibits with the minutes.

Note: Items on this agenda may be taken in a different order than listed. Two or more agenda items may be combined for consideration. An item may be removed from this agenda or discussion relating to an item on this agenda may be delayed at any time.

- I. Opening Remarks
Senator Justin C. Jones, Chair

EXHIBIT A HEALTH CARE Document Consists of 12 pages. Entire exhibit provided. Meeting Date 6-02-14

- II. Public Comment
(Because of time considerations, speakers are urged to avoid repetition of comments made by previous speakers. A person may also have comments added to the minutes of the meeting by submitting them in writing either in addition to testifying or in lieu of testifying. Written comments may be submitted in person or by e-mail, facsimile, or mail before, during or after the meeting.)

*For
Possible
Action*

- III. Approval of Minutes of the Meeting Held on April 9, 2014, in Las Vegas, Nevada

*For
Possible
Action*

- IV. Update Regarding the Silver State Health Insurance Exchange
Steve Fisher, Interim Executive Director, Silver State Health Insurance Exchange

*For
Possible
Action*

- V. Update Regarding the Medicaid Expansion Pursuant to the Federal Affordable Care Act
Mike Willden, Director, Department of Health and Human Services (DHHS)

*For
Possible
Action*

- VI. Discussion Regarding the Licensing of Residential Facilities for Groups in Nevada
Patricia Theresa Brushfield, Consultant, Residential Care Homes
Shawn A. McGivney, M.D.
Kyle Devine, Bureau Chief, Bureau of Health Care Quality and Compliance, Division of Public and Behavioral Health, DHHS
Peter J. Mulvihill, P.E., Chief, State Fire Marshal Division, Department of Public Safety

*For
Possible
Action*

- VII. Work Session—Discussion and Action Relating to:
- A. Behavioral Health
 - B. Children's Health
 - C. Health Care Workforce
 - D. Rural and Community Health Centers
 - E. Health Insurance Coverage
 - F. Epinephrine Auto-Injectors
 - G. Telemedicine
 - H. Autism Treatment and Services

The “Work Session Document” is attached below and contains proposed recommendations. The document is also available on the Committee’s webpage,

<http://www.leg.state.nv.us/Interim/77th2013/Committee/StatCom/HealthCare>, or a written copy may be obtained by contacting Marsheilah D. Lyons, Supervising Principal Research Analyst, Research Division, LCB, at (775) 684-6825.

VIII. Public Comment

(Because of time considerations, speakers are urged to avoid repetition of comments made by previous speakers. A person may also have comments added to the minutes of the meeting by submitting them in writing either in addition to testifying or in lieu of testifying. Written comments may be submitted in person or by e-mail, facsimile, or mail before, during or after the meeting.)

IX. Adjournment

Note: We are pleased to make reasonable accommodations for members of the public who are disabled and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify the Research Division of the Legislative Counsel Bureau, in writing, at the Legislative Building, 401 South Carson Street, Carson City, Nevada 89701-4747, or call the Research Division at (775) 684-6825 as soon as possible.

Notice of this meeting was posted in the following Carson City, Nevada, locations: Blasdel Building, 209 East Musser Street; Capitol Press Corps, Basement, Capitol Building; City Hall, 201 North Carson Street; Legislative Building, 401 South Carson Street; and Nevada State Library, 100 North Stewart Street. Notice of this meeting was faxed or e-mailed for posting to the following Las Vegas, Nevada, locations: Clark County Government Center, 500 South Grand Central Parkway; and Capitol Police, Grant Sawyer State Office Building, 555 East Washington Avenue. Notice of this meeting was posted on the Internet through the Nevada Legislature’s website at www.leg.state.nv.us.

Supporting public material provided to Committee members for this meeting may be requested from Sally Trotter, Committee Secretary, Research Division of the Legislative Counsel Bureau at (775) 684-6825 and is/will be available at the following locations: Meeting locations and the Nevada Legislature’s website at www.leg.state.nv.us.



WORK SESSION DOCUMENT

LEGISLATIVE COMMITTEE ON HEALTH CARE (NEVADA REVISED STATUTES 439B.200)

June 2, 2014

The following "Work Session Document" has been prepared by the staff of the Legislative Committee on Health Care (LCHC) (*Nevada Revised Statutes* [NRS] 439B.200). Pursuant to NRS 218D.160, the Committee is limited to ten legislative measures and must submit its bill draft requests (BDRs) for drafting by September 1, 2014, unless the Legislative Commission authorizes submission of a request after that date.

This document contains a summary of BDRs and other actions that have been presented during public hearings, through communication with individual Committee members, or through correspondence or communications submitted to the LCHC. It is designed to assist the Committee members in making decisions during the work session. The Committee may accept, reject, modify, or take no action on any of the proposals. The concepts contained within this document are arranged under broad topics to allow members to review related issues. Actions available to the Committee members include: legislation to amend the NRS; transitory sections that do not amend the statutes; resolutions; statements in the Committee's final report; and letters of recommendation or support.

Committee members should be advised that Legislative Counsel Bureau staff may, at the direction of the Chair, coordinate with interested parties to obtain additional information for drafting purposes or for information to be included in the final report. The recommendations may have been modified by being combined with similar proposals or by the addition of necessary legal or fiscal information. It should also be noted that some of the recommendations may contain an unknown fiscal impact.

Additional recommendations may be considered based on discussions held and presentations made at the June 2, 2014, hearing. Please see the agenda for details concerning the scheduled presentations.

The approved recommendations for legislation resulting from these deliberations will be prepared as BDRs and submitted for introduction as a bill to the 2015 Legislature.

Committee members will use a “Consent Calendar” to quickly approve those recommendations, as determined by the Chair, that need no further consideration or clarification beyond what is set forth in the recommendation summary. Any Committee member may request that items on the consent calendar be removed from the consent calendar for further discussion and consideration.

RECOMMENDATIONS

Recommendations Nos. 2, 3, 4, 7, 8, 9, 10, 12, 13, 17, and 18 included in the listing below have been placed on a Consent Calendar by the Chair and Committee staff to assist the Committee in quickly taking action on certain selected items. Committee members may request to remove items from this list for further discussion and consideration. If so desired, other recommendations from the “Work Session Document” may be added to the Consent Calendar with the approval of the Committee.

PROPOSALS RELATING TO BEHAVIORAL HEALTH

1. **Redraft** Senate Bill 323 (2013), which authorized the Division of Public and Behavioral Health (DPBH) of the Department of Health and Human Services (DHHS) to enter into a contract with a person, organization, or agency to carry out or assist in carrying out a program that allows certain defendants declared incompetent to receive outpatient treatment to restore competency while incarcerated in jail or prison.
(Concepts discussed at the November 21, 2013, meeting)
2. **Send a letter** to the DHHS and the Department of Employment, Training and Rehabilitation encouraging collaborative efforts to develop and expand supported employment programs for mentally ill persons.
3. **Send a letter** to the Senate Committee on Finance and the Assembly Committee on Ways and Means expressing the Committee’s support for increasing the number of school-based psychologists, counselors, and social workers to help coordinate services and supports and to create effective links between schools and the community mental health system.
(Recommendation Nos. 2 and 3 proposed by Sita Diehl, Director, State Policy and Advocacy, National Alliance on Mental Illness)

4. **Send a letter** to the Senate Committee on Finance, the Assembly Committee on Ways and Means, the DHHS, and Nevada's Department of Veterans Services expressing the Committee's support for mental health and other specialty courts. The letter will encourage collaboration to develop or support the development of:
 - a. Aggressive aftercare programs to check in with participants and encourage them to stay connected to necessary services, especially with medication management;
 - b. Additional supported housing options to increase stability;
 - c. Institutional support for the specialty court system;
(Recommendation Nos. 4a, 4b and 4c proposed by The Honorable Peter Breen, Senior District Court Judge, Second Judicial District Court, Washoe County)
 - d. Patient-aligned care teams in southern Nevada;
 - e. Specialized psychiatric nursing homes for chronically ill patients who have previously been placed in group homes and have had frequent emergency readmissions to a mental health hospital or a detention center; and
 - f. A forensic psychiatric facility in southern Nevada.
(Recommendation Nos. 4d, 4e, and 4f proposed by The Honorable William O. Voy, Family Division, Department A, Eighth Judicial District Court, Clark County)
5. **Amend NRS** to authorize paramedics to initiate an emergency admission to a mental health facility or hospital and to detain and transport a nonviolent individual, alleged to be a person with mental illness, without police presence.
(Proposed by Chuck Callaway, Police Director, Office of Intergovernmental Services, Las Vegas Metropolitan Police Department)
6. **Amend NRS** by revising the emergency admission process outlined in NRS 433A, related to emergency admissions in the following manner:
 - a. Amend NRS 433A.160 and NRS 433A.200 to expand the types of professionals who may initiate taking a person into custody and who may file a petition for the involuntary court-ordered admission of a person to a mental health facility or hospital. In addition to the existing professionals authorized, add a physician's assistant who is licensed pursuant to NRS Chapter 630 or Chapter 633 of NRS and a nurse practitioner who is licensed pursuant to Chapter 632 of NRS.

- b. Amend NRS 433A.195, and any other applicable statutes, to authorize a physician's assistant, psychologist, social worker, registered nurse, nurse practitioner, or a accredited agent of the DHHS (in addition to a licensed physician) to complete the certificate for the release of a person admitted pursuant to NRS 433A.160 (emergency admission) without the signature of a licensed physician if it is determined that the person admitted is not a person with a mental illness.
(Proposed by Tracey D. Green, M.D. Chief Medical Officer, DPBH, DHHS and Marissa Brown, R.N. Director of Clinical and Nursing Services, Nevada Hospital Association [NHA])

PROPOSAL RELATING TO CHILDREN'S HEALTH

- 7. **Draft a Letter** to the State Board of Health (Board) requesting that the Board consider the following guidelines in the adoption of licensing standards, practices, and polices of child care facilities pursuant to NRS 432A.077:
 - a. Require child care entities governed by *Nevada Administrative Code* (NAC) 432A.380 to:
 - i. Establish age appropriate portions;
 - ii. Limit the amounts of foods with added sugars or low nutritional value, with specific requirements regarding milk, milk products, and juice;
 - iii. Encourage staff to set good examples by:
 - 1. Eating with the children (currently in NAC);
 - 2. Eating items that meet the U.S. Department of Agriculture Child and Adult Care Food Program (CACFP) standards; and
 - 3. Teaching children appropriate portion sizes.
 - iv. Use meal patterns established by the CACFP;
 - v. Develop a feeding plan with the child's parent that includes:
 - 1. Introduction of age-appropriate solid foods; and
 - 2. Encourages and supports breastfeeding (offering onsite arrangement for moms to breastfeed).
 - b. Strengthen the standards for child care facility programs governed by NAC 432A.390 by defining the following terms in accordance with physical activity guidelines based on the developmental age of children:
 - i. Moderate physical activity
 - ii. Vigorous physical activity
 - iii. Muscular strengthening activities
 - iv. Bone strengthening activities
 - v. Sedentary activities
 - vi. Screen/media time

- c. Require child care facility programs governed by NAC 432A.390 to:
 - i. Provide a program of physical activity that includes moderate to vigorous activity for all children, in addition to daily periods of outdoor play (weather permitting).
 - ii. Require caregivers/teachers to participate in activities, when it is safe to do so.
 - iii. Prohibit withholding or forcing physical activity as a form of discipline.
- (Proposed by Denise Tanata Ashby, J.D., Executive Director, Children's Advocacy Alliance)*

PROPOSALS RELATING TO THE HEALTH CARE WORKFORCE

8. **Send a letter** to the Senate Committee on Finance and the Assembly Committee on Ways and Means expressing the Committee's support for the development and expansion of Graduate Medical Education (GME). The letter will specifically request that as funding is available:
 - a. The number of residency slots within Nevada be increased. To fund a residency, an estimate of \$100,000 to \$110,000 a year was provided.
(Proposed by Gerald Ackerman, Statewide Director, Area Health Education Center, University of Nevada School of Medicine and Stacy M. Woodbury, M.P.A., Executive Director, Nevada State Medical Association [NSMA])
 - b. Medicaid funding for GME be revised to establish a method that reimburses hospitals with Medicaid payments that cover a proportionate share of the cost of the program.
(Proposed by Bill Welch, President and Chief Executive Officer [CEO], NHA)
9. **Send a letter** to Nevada's Congressional Delegation advocating for:
 - a. No additional GME funding cuts; and
 - b. Redistributing FTEs/slots to Nevada hospitals.

(Proposed by Bill Welch, President and CEO, NHA)
10. **Send a letter** to DHHS and the Nevada System of Higher Education expressing the Committee's support for increasing the health care work force in Nevada by formalizing the role of community health workers (CHWs). Specifically, the Committee supports the development of a CHW type that meets the requirements for Medicaid reimbursement. This effort should consider the necessity and feasibility of:
 - a. Changing the Nevada Medicaid State Plan to include CHWs as a provider type;
 - b. Establishing additional reimbursement mechanisms to support prevention services by CHWs;

- c. Creating and expanding training programs for CHWs at the university and/or the community college level;
- d. Creating a governing body to oversee CHW activities;
- e. Educating providers and the community about the role of the CHW; and
- f. Developing a pipeline of individuals interested in becoming a CHW.

(Proposed by Tracey D. Green, M.D. Chief Medical Officer, DPBH, DHHS and Monica Morales, M.P.A., Program Development Manager, Chronic Disease Prevention and Health Promotion, DPBH, DHHS)

11. **Redraft** Senate Bill 324, First Reprint (2013), which authorized certain qualified professionals who hold a license in another state or territory of the United States to apply for a license by endorsement to practice in this State. In addition, the measure authorized certain regulatory bodies to enter into a reciprocal agreement with the corresponding regulatory authority in another state or territory of the United States for the purposes of authorizing a licensee to practice concurrently in this State and another jurisdiction and the regulation of such licensees. In addition to other provisions, the measure authorized a medical facility to employ or contract with a physician to provide health care to patients of the medical facility.

(Concepts discussed at the January 8, 2014, meeting)

PROPOSALS RELATING TO RURAL AND COMMUNITY HEALTH CENTERS

12. **Send a letter** to the Senate Committee on Finance and the Assembly Committee on Ways and Means expressing the Committee's support for the expansion of Rural and Community Health Centers in Nevada. The letter will:
 - a. Convey the significant role Rural and Community Health Centers play in meeting the needs of the uninsured and underinsured.
 - b. Convey the significant return on investment received by states that have committed state funding to support the development or expansion of Rural and Community Health Centers by:
 - i. Establishing a state-funded Primary Care Grant that is used in part to support capital needs.
 - ii. Establishing competitive awards to support the start-up of a new health center and the expansion of existing health centers.
 - iii. Providing funds to support technical assistance to develop proposals to secure federal funds through the New Access Program.

- c. Encouraging priority be given to provide financial support for these endeavors as it becomes economically feasible.

- 13. **Include a Statement of Support** in the final report for the development of an expedited credentialing process for providers, who join the staff of an established Community Health Center.
- 14. **Redraft** Senate Bill 340, Second Reprint (2013), which proposed the creation of the Office for Patient-Centered Medical Homes and the Advisory Council on Patient-Centered Medical Homes. The redraft will exclude the provisions related to medical records.
(Recommendation Nos. 12, 13, and 14 concepts proposed by Nancy E. Hook, CEO, Nevada Primary Care Association)

PROPOSAL RELATING TO HEALTH INSURANCE COVERAGE

- 15. **Amend NRS** to require any insurer issuing a policy of insurance to contract with any qualified providers who meet the terms of the insurer if:
 - a. The Division of Insurance has determined that the insurer has an inadequate number of the specified provider types for all insurance including those required to have an adequacy review, or
 - b. The area in which the services are to be provided has been designated by the Health Resources and Services Administrations, U. S. Department of Health and Human Services as a Health Professional Shortage Area.*(Proposed by Stacy M. Woodbury, M.P.A., Executive Director, NSMA)*

PROPOSAL RELATING TO THE EMERGENCY USE OF EPINEPHRINE AUTO-INJECTORS IN NEVADA

- 16. **Amend NRS** to authorize certain entities or organizations at which allergens capable of causing anaphylaxis may be present, including, but not limited to, amusement parks, recreation camps, restaurants, sports arenas, and youth sports leagues, to obtain and maintain a supply of epinephrine auto-injectors for emergency administration. Authorize a trained employee or agent of the entity or organization to administer an epinephrine auto-injector under certain circumstances.
(Proposed by Senator Debbie Smith, Colin Chiles, Senior Director, State Government Relations, Mylan Inc., and Susanne Stark, Co-leader, Food Allergy Parent Education, Las Vegas)

PROPOSAL RELATING TO TELEMEDICINE

17. **Draft a letter** supporting the advancement of Telemedicine in Nevada. Acknowledging the efforts of the Nevada Broadband Task Force and other entities in promoting telemedicine as a “standard of care” and recognizing how telemedicine supports:
- a. The expansion of services to patients in rural and urban communities;
 - b. Inadequate provider distribution;
 - c. Access to high quality, cost-effective care;
 - d. The reduction of health care spending caused by treatment delays;
 - e. Increased convenience when:
 - i. Licensed health care facility limits are removed,
 - ii. Health care provider licensing is clarified, and
 - iii. All telemedicine-enabled care is able to be provided.
 - f. Increased innovation and investment when reimbursement parity is provided for covered services;
 - g. Strengthening the health care infrastructure; and
 - h. Economic development by preserving and increasing health care related jobs and keeping patients’ care in Nevada.

(Proposed by Bill Welch, President and CEO, NHA)

PROPOSALS RELATING TO AUTISM TREATMENT AND SERVICES IN NEVADA

18. **Draft a Letter** to the DHHS encouraging the Department to:
- a. Develop mechanisms to provide readily available access to the Modified Checklist for Autism in Toddler screenings that assess risk for autism spectrum disorder in rural Nevada and a mobile diagnostic clinic for those who have red flags identified by the screenings. In rural Nevada, accessing a diagnostic evaluation is a significant barrier to treatment.
 - b. Allow Autism Treatment Assistance Program (ATAP) funds to be used to support diagnostic clinics across rural Nevada, if it is determined to be feasible and appropriate.

(Recommendation Nos. 18a and 18b proposed by Korri Ward, B.S., Founder and President, Northern Nevada Autism Network)

- c. Encourage coordination between ATAP, Nevada Early Intervention Services, and rural school districts with the intent of promoting autism diagnoses, treatment, and helping coordinate providers and services to increase access to treatment and services in rural communities.
- d. Require Nevada Medicaid to cover Applied Behavior Analysis (ABA) services as soon as possible by:
 - i. Seeking clarification from Centers for Medicare and Medicaid Services regarding whether ABA can be included in the Nevada Medicaid State Plan via a plan amendment;
 - ii. Preparing and submitting such an amendment;
 - iii. Initiating the process of certifying providers of ABA services and establishing rates;
 - iv. Providing ABA services to Early Periodic Screening Diagnosis, and Treatment children;
 - v. Making the necessary request to shift available funding during this biennium to cover these services; and
 - vi. Developing a budget for the next biennium that includes sufficient funding for Medicaid coverage of ABA and to eliminate the ATAP waiting list.

19. Revise the following provisions of NRS related to autism services and insurance coverage:

- a. Remove the requirement that autism behavior interventionists be certified by the Board of Psychological Examiners. Instead, autism behavior interventionists will continue to work under the supervision of a licensed and Board Certified Behavior Analyst or a Board Certified Assistant Behavior Analyst but without their own certification.
- b. Remove the requirement that an autism behavior interventionist be certified as a condition to insurance coverage for autism spectrum disorders.
- c. Remove statutory limitation of \$36,000 per year for applied behavior analysis treatment for consistency with the Affordable Care Act.

(Recommendation Nos. 18c, 18d, and 19 proposed by Barbara Buckley, Esq. Executive Director, Legal Aid Center of Southern Nevada, Jan Crandy, Chair, Nevada Commission on Autism Spectrum Disorders, DHHS, and Korri Ward, B.S., Founder and President, Northern Nevada Autism Network)