



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

**SUMMARY MINUTES AND ACTION REPORT**

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The fifth meeting of the Nevada Legislature's Legislative Committee on Health Care was held on Wednesday, April 9, 2014, 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. 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 website at <http://www.leg.state.nv.us/interim/77th2013/committee/>. In addition, copies of the audio or video record are available through the Legislative Counsel Bureau's Publications Office (e-mail: [publications@lcb.state.nv.us](mailto:publications@lcb.state.nv.us); telephone: 775/684-6835).

**COMMITTEE MEMBERS PRESENT IN LAS VEGAS:**

Senator Justin C. Jones, Chair  
Assemblywoman Marilyn Dondero Loop, Vice Chair  
Senator Joseph (Joe) P. Hardy, M.D.  
Senator Joyce Woodhouse  
Assemblyman James Oscarson

**COMMITTEE MEMBER PRESENT IN CARSON CITY:**

Assemblywoman Teresa Benitez-Thompson

**OTHER LEGISLATORS PRESENT:**

Senator Debbie Smith  
Senator Pat Spearman

**LEGISLATIVE COUNSEL BUREAU STAFF PRESENT:**

Marsheilah D. Lyons, Supervising Principal Research Analyst, Research Division  
Daniel Yu, Principal Deputy Legislative Counsel, Legal Division  
Eric Robbins, Deputy Legislative Counsel, Legal Division  
Sally Trotter, Principal Administrative Assistant, Research Division

## **OPENING REMARKS**

- Chair Jones welcomed members, staff, and the public to the fifth meeting of the Legislative Committee on Health Care (LCHC). He called for public comment.

## **PUBLIC COMMENT**

- LeRoy (Lee) Bernstein, M.D. pediatrician, in practice for 32 years in Las Vegas, testified regarding concern for children who have never seen a physician or received a complete, adequate physical examination. He advocates legislation requiring a child to have at least one physical examination by a pediatrician before beginning school.
- Chair Jones pointed out that children's health is one of the LCHC's priorities. He mentioned that the Committee is accepting proposals for bill draft requests and asked that proposals, particularly in the three areas of focus this interim, mental health, health care workforce development, and children and adolescent health, be submitted to the Committee or staff.
- Stephen H. Frye, M.D., physician, Las Vegas, commented on the critical state of Nevada's health care system. He called attention to Nevada's health care rating and remarked that the State's public health system is dangerously understaffed and underfunded.
- Mercedes Maharis, M.A., M.S.M.A., Las Vegas, spoke on behalf of the prison population. She testified about the lack of medical and mental health care in Nevada's prisons.

## **APPROVAL OF MINUTES OF THE MEETING HELD ON FEBRUARY 5, 2014, IN LAS VEGAS, NEVADA**

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

SENATOR WOODHOUSE MADE A MOTION TO APPROVE THE MINUTES OF THE FEBRUARY 5, 2014, MEETING HELD IN LAS VEGAS. THE MOTION WAS SECONDED BY ASSEMBLYMAN OSCARSON AND PASSED UNANIMOUSLY.

## **CONSIDERATION OF REGULATIONS PROPOSED OR ADOPTED BY CERTAIN LICENSING BOARDS PURSUANT TO NRS 439B.225**

*LCB File No. R017-14, Board of Occupational Therapy*  
*LCB File No. R020-14, Board of Dental Examiners of Nevada*

- Daniel Yu, Principal Deputy Legislative Counsel, Legal Division, Legislative Counsel Bureau, provided regulations for consideration by the Committee. (See [Exhibit B](#) and [Exhibit B-1](#)).
- Chair Jones called for comment or questions on the proposed regulations; there were none.

**PRESENTATION CONCERNING THE IMPLEMENTATION OF EMERGENCY EPINEPHRINE AT SCHOOLS PURSUANT TO SENATE BILL 453 (CHAPTER 269, STATUTES OF NEVADA 2013)**

- Senator Debbie Smith, Senate District No. 13, provided background information on S.B. 453 and the benefits of its passage. She suggested enabling legislation to provide epinephrine auto-injectors (EpiPens) on college campuses and make them available to the public. Senator Smith introduced other testifiers who would comment.
- Colin Chiles, Senior Director, State Government Relations, Mylan Inc., Washington, D.C., testified regarding the importance of extended access to EpiPens. He commented that there are 15 states considering EpiPen legislation this year. Mr. Chiles pointed out states that allow individuals to carry EpiPens and the need to provide a stock to the entities that employ these individuals. He noted that a discussion draft was provided to members for review ([Exhibit C](#)).
- Susanne Stark, Co-Leader, Food Allergy Parent Education (FAPE), Las Vegas, explained that FAPE provides support and education to families on how to manage food allergies and prepare for life-threatening anaphylactic reactions. She remarked that over 20 EpiPens have been used in Clark County schools since the passage of S.B. 453. Ms. Stark advocates providing EpiPens to other educational institutions and private entities including child care centers and places of worship.
- Keith Norman, Food Safety Manager, South Point Hotel, Casino and Spa, Las Vegas, testified regarding clients with food allergies and the importance of providing EpiPens in restaurants.
- Kacey Larsen, R.N., Carson City, commented on the stress parents of children with food allergies endure and attested to the benefits of EpiPens in schools.
- Senator Smith requested the Committee's consideration of this issue during the next legislative session.

There were comments from Chair Jones, Vice Chair Dondero Loop, and Assemblyman Oscarson regarding personal experiences with family members who suffer from food allergies.

## **PRESENTATION CONCERNING TELEHEALTH IN NEVADA**

**(As directed by Chair Jones, this agenda item was taken out of order.)**

- Evan M. Klass, M.D., Associate Dean, Office of Statewide Initiatives, University of Nevada School of Medicine (UNSOM), provided a Microsoft PowerPoint presentation regarding Project ECHO Nevada ([Exhibit D](#)). He explained the goal of Project ECHO is to improve the health and well-being of Nevadans and to increase the capacity of primary care clinicians in rural and medically underserved communities. Dr. Klass presented:
  - How Project ECHO works;
  - An example of a case presentation template;
  - Nevada clinics in 2014;
  - Project partners;
  - Meta ECHO;
  - Ratio of doctors per 100,000 population - 2010 in Nevada and the nation;
  - Project ECHO as a worldwide effort;
  - Cost savings;
  - Impact and outcomes; and
  - The vision for the future.
- Chair Jones mentioned learning about Project ECHO during a conference. He commented on the benefits the program will provide to Nevadans. Chair Jones announced this agenda item would be re-visited after hearing Agenda Item IX.

## **PRESENTATION CONCERNING THE IMPLEMENTATION OF NURSE STAFFING REQUIREMENTS PURSUANT TO SENATE BILL 362 (CHAPTER 395, *STATUTES OF NEVADA 2013*)**

**(As directed by Chair Jones, this agenda item was taken out of order.)**

- Senator Pat Spearman, Senate District No. 1, testified regarding S.B. 362, which addresses staffing requirements for health care facilities. She pointed out concerns with three areas encountered in the implementation of the measure:
  - Staffing committee membership;
  - “Accept Despite Objection” (ADO) forms; and
  - Culture of intimidation and fear among the nursing community.

Senator Spearman testified that current legislation would need to be revised or new legislation introduced to address these issues.

- Michael Collins, R.N., University Medical Center of Southern Nevada (UNSOM), Las Vegas, steward of the Service Employees International Union (SEIU) Local 1107, and member of the SEIU Nurse Alliance, commented on the provision in S.B. 362 for staffing committees to include management and direct care providers. He objected to

hospital management's removal of direct care nurses from the decision making process. Mr. Collins desires continued efforts to provide for better relationships within the health care environment.

- Alfredo Serrano, R.N., Las Vegas, discussed the significance of involving direct nursing staff in discussions on improving health care policy and patient care. He talked about current hospital policy that excludes direct nursing staff in the staffing plan process. Mr. Serrano pointed out the need for collaborative staffing committees that include direct care personnel in staff planning discussions.
- Sandra Layton, CNA, Las Vegas, in practice for over 30 years, remarked on the decline in patient care. She testified that she is a member of a staffing committee and pointed out that management had submitted staffing plans to the State without consulting any of the nursing staff.
- Assemblyman Oscarson wondered whether the testifiers had an opportunity to view the staffing plans that were submitted by management. He invited feedback from the testifiers regarding ideas for staffing plans.

Responding to Assemblyman Oscarson, Mr. Collins stated he had been provided a copy of the UMC staffing plan. He commented he is working to develop new staffing grids and forward them to the State. Mr. Serrano indicated that staffing grids were not provided by the hospital. He said they were obtained from the State and are currently being reviewed. Mr. Serrano assumed the staff ratios would not be agreeable to the employees. Ms. Layton said that staffing grids were obtained from the State and mentioned employees were required to pay a fee to obtain them. She verified that staff ratios were inadequate.

In response to Senator Hardy's inquiry regarding staffing committee membership and submittal of staffing grids, Mr. Collins explained that language in S.B. 362 requires a collaborative process between management and direct care nurses to develop staffing plans. He said that all medical facilities are required to forward a staffing plan to the State annually.

- Senator Spearman explained the staffing committee requirements in S.B. 362 and the goal to address quality patient care. She emphasized both parties need to be involved to accomplish the intent of the bill. Senator Spearman testified that any organization that does not include direct care providers in its staffing committee is not in compliance with the law.

There was discussion between Senator Spearman and Senator Hardy regarding the process of recruiting direct care representatives to staffing committees. Senator Spearman stated there is no process mandated by law; however, each facility can choose a process that works following the requirements for involvement. She reiterated in order to have a fair and equitable staffing ratio process, both parties must be involved.

- Cheryl Blomstrom, Nevada Nurses Association (NNA), provided a presentation titled “Nurse Staffing in Nevada” ([Exhibit E](#)). She discussed a survey provided by the NNA regarding staffing committees. Her presentation provided an overview of the questions asked on the survey, the number of responses received, and comments from the respondents. Ms. Blomstrom provided the following suggestions: (1) further communication through panel discussions; (2) online training; and (3) continuing education credits for participating on staffing committees. She opined with better communication and training the NNA, can implement the intent of the legislation.

Responding to Assemblyman Oscarson’s inquiry regarding the number of surveys sent, Ms. Blomstrom responded approximately 3,500 were sent with a request to forward the surveys on to colleagues.

- Bill Welch, President and Chief Executive Officer (CEO), Nevada Hospital Association (NHA), in response to the question raised by Senator Hardy regarding a submission date for staffing plans, stated that hospitals must submit plans along with the annual application for re-licensure. He acknowledged the efforts of parties to provide legislation that would protect patients and nursing staff. Mr. Welch recognized the problems conveyed by previous testimony and the need for better communication. He emphasized that the hospitals are very concerned. Mr. Welch testified that most hospitals had staffing committees defined by labor agreements and opined this legislation did not supersede those agreements. He pointed out challenges to modifying labor agreements. Mr. Welch commented that most hospitals created a second staffing committee to meet the parameters of S.B. 362.

He presented steps taken to ensure compliance to S.B. 362 ([Exhibit F](#)) that included: (1) providing hospitals with new reporting and documentation requirements; (2) developing and distributing sample reporting forms; (3) noticing of policy for refusal of work assignment; and (4) workshops and conference calls to NHA members. Mr. Welch said it is imperative to provide complaints to the hospitals’ staffing committees. Concluding, he reaffirmed the NHA’s commitment to the successful implementation of S.B. 362.

In response to Chair Jones’s request for comment regarding the selection process for the S.B. 362 staffing committees, Mr. Welch stated it varies from hospital to hospital depending on labor agreements. He testified that he was unaware of a ballot process and confirmed efforts were made to reach out to all nonmanagement employees. Mr. Welch assured he would review policies and work with hospitals to guarantee a broader outreach approach to provide balanced representation on staffing committees.

Responding to Chair Jones’s comment regarding possible redundancy by hospitals use of two separate staffing committees, Mr. Welch commented on reluctance by the labor boards to relinquish “seats.” He said he is unaware whether legislation can supersede a labor agreement.

Discussion ensued between Assemblyman Oscarson and Mr. Welch regarding the lack of a standardized process between hospitals. Mr. Welch asserted that templates were developed and most hospitals are using the standardized forms. He agreed on the importance of standardization. Assemblyman Oscarson requested that Mr. Welch provide Senator Spearman with a list of the hospitals that are currently using standardized forms.

- Senator Spearman concluded it is imperative to develop a system for sharing information. She provided an example of dissemination of information by upper management and the significance of everyone being informed. Senator Spearman also reiterated the importance of compliance. She expounded on the seriousness of everyone from upper management to health care personnel being involved to improve patient care and create a climate that will draw medical personnel to our State. Senator Spearman mentioned a requirement in the *Nevada Administrative Code*, Chapter 632, regarding signing an ADO. She offered to work with all parties to ensure the implementation of S.B. 362 to provide patients with the best medical care possible.
- Chair Jones agreed it is the responsibility of the NNA and NHA to make everyone aware of the issues and intent of the bill regarding staffing committees.

In response to Vice Chair Dondero Loop's comment and question regarding the surveys, Mr. Welch emphasized the survey by the NNA was anonymous. He stated that the NNA is the best organization to facilitate that type of survey.

- Senator Spearman commented on the culture of fear and suggested better communication between management and health care providers.

## **UPDATE REGARDING SILVER STATE HEALTH INSURANCE EXCHANGE**

- Mike Willden, Director, Department of Health and Human Services (DHHS), introduced Shawna DeRousse, Chief Operating Officer, Silver State Health Insurance Exchange (SSHIX), who presented enrollment statistics ([Exhibit G](#)). She explained (1) payment options and plan types; (2) carrier enrollment statistics; (3) service area enrollments; and (4) a special enrollment period.

Discussion ensued between Chair Jones and Ms. DeRousse regarding the extension of the enrollment period. Ms. DeRousse clarified that there is no underwriting in accordance with the rules of the Affordable Care Act (ACA). She added that when a person applies for insurance under the ACA they are not asked to provide health history. Chair Jones wondered whether the change in the enrollment figures would affect the operations. Ms. DeRousse affirmed it would affect future operations. She stressed that the numbers in the first enrollment period were significantly less than expected. Ms. DeRousse pointed out benefits the extension will extend to carriers including more enrollments and distribution of cost pools.

Continuing, Ms. DeRousse described the enrollment extension as the attestation period. She stated that a person with a qualifying life event, would not be excluded from enrolling. Ms. DeRousse described the outreach process and efforts made to reach the uninsured population.

There was discussion among Senator Hardy, Vice Chair Dondero Loop, and Ms. DeRousse regarding the enrollment process, payment, coverage dates, and enrolling for qualifying life events. Ms. DeRousse clarified there is a 60-day enrollment period to purchase insurance following a qualifying life event. She cautioned that without a qualifying life event a person could not enroll until the next open enrollment period. Senator Hardy inquired about the tax assessed by the federal government to the uninsured. Ms. DeRousse explained there is a waiver process available.

Ms. DeRousse discussed sustainability of the SSHIX. She said 2015 rates are being developed. Ms. DeRousse explained that expenses and options are being considered based on the number of enrollees.

Responding to Senator Hardy's inquiry, Ms. DeRousse clarified that the per-member, per-month fees cover the SSHIX expenses for vendors, rent, utilities, et cetera.

Concluding, Ms. DeRousse presented an overview of the Deloitte Consulting LLP Assessment that detailed goals, project approach, and timeline.

In response to Assemblyman Oscarson's question regarding the special enrollment period, Ms. DeRousse confirmed the same staff would be available. She reiterated that if an applicant was unable to enroll due to technical or other difficulties there is an attestation period and it is still possible to enroll.

- Assemblywoman Benitez-Thompson inquired about attrition surrounding pending payments.
- Ms. DeRousse described situations where an applicant chooses a provider and later decides on a different provider. She said that after the enrollment period they would be better able to determine attrition. Ms. DeRousse commented that efforts would be made to contact enrollees who have not completed their enrollment.

Responding to Senator Hardy's request for data on the population applying for insurance, Ms. DeRousse offered to provide those statistics to the Committee.

- Mike Willden, previously identified, provided information on ACA implementation statistics ([Exhibit H](#)). He presented:
  - Insured status in Nevada;
  - Uninsured below age 65 by income-to-poverty ratio;
  - Medicaid-eligible population;



- Medicaid and Check Up electronic applications;
- Daily averages by month of electronic applications received; and
- Pending applications.

There was discussion between Chair Jones and Mr. Willden regarding the application process. Chair Jones mentioned complaints from constituents regarding the processing time for applications. Mr. Willden stated that the 2013 Legislature had provided for 400 positions and 240 workers were hired immediately with efforts being made to expedite hiring of the remaining positions. He remarked on the use of temporary workers to assist with application processing. Mr. Willden noted a recent decline in the number of applications, which would reduce the workload. He called attention to an expedited process for applicants with special circumstances using a separate special processing team. Mr. Willden announced plans to be current with pending application processing in June.

In response to Chair Jones's comment regarding the Division of Welfare and Supporting Services (Welfare Office), DHHS, sending applicants to HealthLink, Mr. Willden pointed out a policy requiring the Welfare Office to accept paper applications. He remarked there are situations when it is most expedient to file electronically. Chair Jones wondered whether locations were set up in Welfare offices where an applicant could receive assistance and submit an electronic application. Mr. Willden explained the requirement of the SSHIX to provide a single portal, single entry process. He said in the future that system would be reevaluated. Mr. Willden noted a preference for electronic applications but reiterated anyone submitting a paper application could not be turned away.

Responding to Senator Hardy's comment on the remaining number of uninsured who have not yet applied to the SSHIX, Mr. Willden directed attention to Ms. DeRousse's presentation regarding outreach efforts in [Exhibit G](#).

Continuing the presentation, Mr. Willden pointed out:

- Monthly averages for pending applications;
- Medicaid applications processed per working day;
- Average processing times;
- Enrollment numbers;
- Newly eligible adults;
- Managed care enrollment; and
- Behavioral health clients with Medicaid.

## **UPDATE REGARDING THE MEDICAID EXPANSION PURSUANT TO THE FEDERAL AFFORDABLE CARE ACT**

- Elizabeth (Betsy) Aiello, Deputy Administrator, Division of Health Care Financing and Policy, DHHS, addressed Medicaid Services ([Exhibit I](#)). She presented detailed information regarding the primary care provider rate increase including:

- Who qualifies for the increase;
- Amount of the increase;
- Number of providers;
- The amount of supplemental payments;
- Budgeted State General Fund projected need (due to lag in payment);
- Development of the Alternative Benefit Plan (ABP);
- Emphasis on preventative care in the ACA;
- Essential health benefits every plan must include;
- Benefit design for the ABP;
- Enrichment of substance abuse service coverage;
- Training; and
- Clarification of the existing Medicaid preventative care services.

She concluded with two issues of concern: (1) access to care for Medicaid recipients and (2) requests from providers to expand Medicaid to cover provided services.

**PRESENTATION CONCERNING TELEHEALTH IN NEVADA**  
**(This agenda item was re-visited at the request of Chair Jones.)**

- Gerald J. Ackerman, Statewide Director, Nevada Area Health Education Center, Nevada Office of Rural Health, UNSOM, gave a brief history of the Tele-Radiology Project and a partnership with the Nevada Rural Health Project. He mentioned difficulties with the current bandwidth and barriers due to connectivity issues. Mr. Ackerman summarized projects at various hospitals throughout the State. He pointed out a special pediatric sexual assault project supported by Child Protective Services, Nevada's Division of Child and Family Services, DHHS, in Elko, coordinated with UNSOM. Mr. Ackerman briefly discussed tele counseling programs and listed the barriers to greater implementation of telehealth services ([Exhibit J](#)).

In response to Chair Jones's request for suggestions regarding the barriers presented, Mr. Ackerman stated that Bill Welch, previously identified, would provide suggestions during his upcoming presentation.

- Daphne O. DeLeon, CA, Chair, Nevada Broadband Task Force (NBTF), Nevada State Librarian, Administrator, Division of State Library and Archives, Department of Administration, provided a brief overview of rural broadband in Nevada ([Exhibit K](#)). She explained the essential ingredients for a broadband infrastructure and provided maps of underserved areas, broadband growth from 2010 to 2013, and projected broadband growth in Nevada. Ms. DeLeon called attention to future opportunities including a Public Safety National Broadband Network that will prioritize traffic from first responders with possible secondary usage when available and a Federal Communications Commission rural broadband experiment with funding opportunities opening in fall 2014.
- Assemblyman Oscarson encouraged members to be involved with the NBTF.

- Ms. DeLeon remarked that the NBTF will lose funding on December 19, 2014, and encouraged support for broadband telemedicine.
- Mr. Welch emphasized the importance of telehealth to address the challenges of workforce development, education, health, and the aging workforce in Nevada ([Exhibit L](#)). He presented four categories of the telemedicine delivery system. Mr. Welch testified that parity laws for private insurance coverage of telemedicine have passed or are pending in 30 states. He focused on two challenges to telemedicine in Nevada: broadband connectivity and regulatory challenges. Mr. Welch provided information on a project to provide broadband connectivity between Reno and Las Vegas with a planned completion date of the end of 2014. He submitted the following recommendations for parity legislation:
  - Recognize telemedicine as a “standard of care”;
  - Expand services to patients in rural and urban communities;
  - Increase convenience by removing licensed health care facility limits;
  - Improve access and quality by allowing all telemedicine-enabled care; and
  - Expand access by clarifying health care provider licensing.

Concluding, Mr. Welch encouraged: (1) reimbursement parity for covered services; (2) support for timely access to high quality, cost-effective care; and (3) economic development to preserve and increase health care related jobs in Nevada.

A discussion ensued regarding Mr. Welch’s reference to telehealth physicians who are not licensed in Nevada. Mr. Welch gave the example of an out-of-state licensed physician or specialist providing consultation for a patient whose direct care would be provided by a physician licensed in Nevada. Assemblyman Oscarson voiced his concern regarding authority over these physicians. Mr. Welch clarified that the out-of-state physician would only have a participatory role to consult with an attending physician who is licensed in Nevada. Chair Jones testified that the legislation passed with the intent that a Nevada-licensed physician would provide care. He noted protections would be put in place by the board responsible for licensing the out-of-state physician.

Responding to Chair Jones’s query regarding patient privacy concerns, Mr. Welch answered all telemedicine functions are required to meet the same privacy protections as traditional health services.

- Bob Ostrovsky, United Health Care Services, Inc., commented on growing opportunities provided by telehealth and challenges to provide legislation while preserving privacy protection. He introduced Lynn Rosenbach, Senior Vice President, Clinical Integration and System Development, Optum, United Health Group.
- Ms. Rosenbach presented an information and technology-enabled health service platform ([Exhibit M](#)) provided through a collaboration with United Healthcare, Optum,

and Southwest Medical Associates (SMA), made possible by the passage of S.B. 327 (Chapter 378, *Statutes of Nevada 2013*). She provided an overview of Southwest Medical Options of Care throughout Nevada. Ms. Rosenbach explained the on-demand service model at SMA urgent care clinics. She described the NowClinic, a telemedicine service technology used to connect patients with a Nevada-licensed SMA provider for health care services. Ms. Rosenbach added the service is available to all commercially insured members of Health Plan of Nevada and Sierra Health and Life insurance. She pointed out benefits of the NowClinics, including the ability to access SMA patient records and 24/7 availability. Concluding, Ms. Rosenbach testified there have been 7,953 enrollments since January 2014.

- Chair Jones and Vice Chair Dondero Loop commented on the benefits of telemedicine urgent care services.

## **PRESENTATION CONCERNING COMMUNITY PARAMEDICINE IN NEVADA**

- Louis Mendiola, B.S., EMT-II, Humboldt General Hospital, provided a Microsoft PowerPoint presentation titled “Community Paramedicine Program,” ([Exhibit N](#)). He highlighted three core aspects of health within the Program: population health, per capita expenditure, and patient experience. Mr. Mendiola explained what community paramedicine is and what the program can offer, especially to the rural and underserved areas. He described the difference between the services offered by community paramedics and home health care. Mr. Mendiola presented opportunities the community paramedic service can provide and the positive benefits of a community paramedicine program including:
  - Reducing the number of 911 calls, emergency room visits, and hospitalizations;
  - Reducing the demand for long-term care beds;
  - Providing economic efficiencies in the overall health care system;
  - Decreasing costs; and
  - Providing for additional career opportunities and retaining emergency medical service personnel.

He discussed the Regional Emergency Medical Services Authority (REMSA), a paramedicine program in Reno, and its partnership with the University of Nevada, Reno, to provide education and training. Mr. Mendiola pointed out legislative priorities that included: (1) working with stakeholders to develop statutory language that allows for reimbursement by Medicaid and protection to providers for their services; (2) assuring that any legislation allows for flexibility with regard to any gaps found in Nevada’s communities; and (3) allowing programs to be controlled locally by individual medical directors (physicians).

Responding to Chair Jones’s query regarding the use of community paramedicine personnel to assist in clearing Legal 2000 holds, Mr. Mendiola commented that in Humboldt County

there are a limited number of cases. He affirmed the need in urban areas and recommended providing education to address those needs.

- Jim Gubbels, B.S.N., R.N., President and CEO, REMSA, submitted information on REMSA's community health programs ([Exhibit O](#)). He discussed three interventions initiated through a Centers for Medicare and Medicaid Services grant: a nurse health line, the community health paramedic program, and ambulance transport alternatives. He asked to present comprehensive information about the program to the LCHC.
- Chair Jones agreed to add this item to a future agenda for a more detailed discussion on the program and proposals to increase community paramedicine programs in the State.

## **PUBLIC COMMENT**

- Barry Gold, Director of Government Relations, American Association of Retired Persons (AARP) Nevada, testified regarding the role of the AARP to provide information about the ACA to Nevadans across the State. He stated it is important to remember that despite problems with the implementation, there are now 150,000 Nevadans who have insurance and can receive medical care.
- Paula Berkley, Board of Occupational Therapy and Board of Examiners for Audiology and Speech Pathology, mentioned the Board of Examiners had drafted regulations to allow for telehealth services; however, she noted it was necessary to provide enabling legislation to submit those regulations. She testified if the Committee passed a recommendation to allow all health care professions to use telehealth services, it would save money, as well as enhance the legislative process. Ms. Berkley offered her assistance to the Committee.
- Chair Jones thanked Ms. Berkley for her offer of assistance. He voiced support for allowing telehealth services for all health care professions.

## **ADJOURNMENT**

There being no further business to come before the Committee, the meeting was adjourned at 1:56 p.m.

Respectfully submitted,

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Sally Trotter  
Principal Administrative Assistant

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Marsheilah D. Lyons  
Supervising Principal Research Analyst

APPROVED BY:

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Senator Justin C. Jones, Chair

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

## LIST OF EXHIBITS

[Exhibit A](#) is the “Revised Meeting Notice and Agenda” provided by Marsheilah D. Lyons, Supervising Principal Research Analyst, Research Division, Legislative Counsel Bureau (LCB).

[Exhibit B](#) is the Digest and Revised Proposed Regulation of the Board of Occupational Therapy, LCB File No. R017-14, dated March 20, 2014, submitted by Daniel Yu, Principal Deputy Legislative Counsel, Legal Division, LCB.

[Exhibit B-1](#) is the Digest and Proposed Regulation of the Board of Dental Examiners, LCB File No. R020-14, dated March 14, 2014, furnished by Daniel Yu, Principal Deputy Legislative Counsel, Legal Division, LCB.

[Exhibit C](#) is a document titled “Entity Prescribing for Other Entities,” with proposed language to amend Chapter 450B of *Nevada Revised Statutes*, offered by Colin Chiles, Senior Director, State Government Relations, Mylan, Inc., Washington, D.C.

[Exhibit D](#) is a Microsoft PowerPoint presentation titled “Project ECHO Nevada, Extension for Community Health Outcomes,” provided by Evan M. Klass, M.D., Associate Dean, Office of Statewide Initiatives, University of Nevada School of Medicine (UNSOM).

[Exhibit E](#) is a Microsoft PowerPoint presentation titled “Nurse Staffing in Nevada,” dated April 9, 2014, furnished by Cheryl Blomstrom, Nevada Nurses Association, Reno.

[Exhibit F](#) is a Microsoft PowerPoint presentation titled “SB 362 Implementation Update,” dated April 9, 2014, submitted by Bill Welch, President and Chief Executive Officer (CEO), Nevada Hospital Association (NHA), Las Vegas.

[Exhibit G](#) is a Microsoft PowerPoint presentation titled “Silver State Health Insurance Exchange, Exchange Enrollment,” given by Shawna DeRousse, Chief Operating Officer, Silver State Health Insurance Exchange.

[Exhibit H](#) is a Microsoft PowerPoint presentation titled “Department of Health and Human Services, ACA Implementation Statistics,” provided by Mike Willden, Director, DHHS.

[Exhibit I](#) is a Microsoft PowerPoint presentation titled “Department of Health and Human Services, Division of Health Care Financing and Policy, Medicaid Services,” offered by Elizabeth (Betsy) Aiello, Deputy Administrator, Division of Health Care Financing and Policy, DHHS.

[Exhibit J](#) is a Microsoft PowerPoint presentation titled “Telemedicine Update,” furnished by Gerald J. Ackerman, Statewide Director, Nevada Area Health Education Center, Nevada Office of Rural Health, UNSOM.

[Exhibit K](#) is a Microsoft PowerPoint presentation titled “Rural Nevada Broadband,” submitted by Daphne O. DeLeon, CA, Chair, Nevada Broadband Task Force, Nevada State Librarian, Administrator, Division of State Library and Archives, Department of Administration.

[Exhibit L](#) is a Microsoft PowerPoint presentation titled “The ‘State’ of TeleHealth in Nevada: Challenges and Proposed Solutions,” provided by Bill Welch, President and CEO, NHA, Las Vegas.

[Exhibit M](#) is a Microsoft PowerPoint presentation regarding the Southwest Medical Associates information and technology-enabled health service platform, given by Lynn Rosenbach, Senior Vice President, Clinical Integration and System Development, Optum, United Health Group Optum, Las Vegas.

[Exhibit N](#) is a Microsoft PowerPoint presentation titled “Community Paramedicine Program,” dated April 9, 2014, offered by Louis Mendiola, B.S., EMT-II, Humboldt General Hospital, Winnemucca.

[Exhibit O](#) is a report titled *REMSA’s Community Health Programs, Responding to our Community’s healthcare need*, furnished by Jim Gubbels, B.S.N., R.N., President and CEO, Reno Emergency Medical Services Association, Reno.

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 and other materials distributed at the meeting 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](http://www.leg.state.nv.us/lcb/research/library/feedbackmail.cfm) or telephone: 775/684-6827.