



**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, May 18, 2016, 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 2135 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. The meeting was also videoconferenced to Room 102, McMullen Hall, Great Basin College, 1500 College Parkway, Elko, Nevada. A copy of this set of "Summary Minutes and Action Report," including the "Meeting Notice and Agenda" and other substantive meeting materials, is available on the Nevada Legislature's website at <http://www.leg.state.nv.us/interim/78th2015/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) and may be available online at <http://www.leg.state.nv.us/Granicus/>.

**COMMITTEE MEMBERS PRESENT IN LAS VEGAS:**

Assemblyman James Oscarson, Chair  
Senator Joseph (Joe) P. Hardy, M.D., Vice Chair  
Senator Patricia (Pat) Spearman  
Assemblyman David M. Gardner

**COMMITTEE MEMBER PRESENT IN CARSON CITY:**

Senator Ben Kieckhefer

**COMMITTEE MEMBER ABSENT:**

Assemblywoman Teresa Benitez-Thompson

**LEGISLATIVE COUNSEL BUREAU STAFF PRESENT:**

Megan Comlossy, Senior Research Analyst, Research Division

Eric Robbins, Deputy Legislative Counsel, Legal Division

Gayle Nadeau, Senior Research Secretary, Research Division

*Items taken out of sequence during the meeting have been placed in agenda order.*

## **AGENDA ITEM I—OPENING REMARKS**

Chair Oscarson called the meeting of the Legislative Committee on Health Care (LCHC) to order and provided opening remarks. He noted the final meeting and work session will be held on Wednesday, August 24, 2016. Chair Oscarson announced that a formal “Solicitation of Recommendations” would be posted on the LCHC’s webpage with a deadline of Friday, June 17, 2016, for receipt of recommendations for possible consideration at the August meeting.

## **AGENDA ITEM II—PUBLIC COMMENT**

Barry W. Lovgren, resident, Dayton, Nevada, commented on the substance abuse prevention and treatment needs for pregnant women suffering from substance abuse. He said he advocated for an educational program for years that would help pregnant women dealing with substance abuse. Mr. Lovgren pointed out that such a public education campaign began about 18 months ago, and he expressed his appreciation to the Bureau of Child, Family, and Community Wellness, Division of Public and Behavioral Health (DPBH), Department of Health and Human Services (DHHS), for working with the Substance Abuse Prevention and Treatment Agency, DPBH, DHHS, in establishing this campaign.

Deb Neubecker, resident, Las Vegas, Nevada, testified about her daughter’s medical problems and opined Nevada’s health care system needs updating. She referenced the 189th General Court of the Commonwealth of Massachusetts Bill H.1977 (“An Act to Create a Massachusetts Rare Disease Advisory Council” — <https://malegislature.gov/Bills/189/House/H1977>) during her testimony. ([Agenda Item II A](#))

Denise Selleck, C.A.E., Executive Director and Chief Lobbyist, Nevada Osteopathic Medical Association, said she did not see the American Osteopathic Association noted in LCB File No. R018-16 (Proposed Regulation of the Board of Examiners for Social Workers) under Agenda Item IV as one of the organizations authorized to recognize boards that license and certify licensed clinical psychologists or psychiatrists.

Adam J. Rovit, M.D., F.A.C.S., President, Nevada Academy of Ophthalmology, Las Vegas, submitted a letter written on January 13, 2016, to Vincent Gassen, O.D., President, Nevada State Board of Optometry, regarding Legislative Counsel Bureau (LCB) File No. R045-15. Dr. Rovit did not testify. ([Agenda Item II B](#))

**AGENDA ITEM III—APPROVAL OF MINUTES OF THE MEETING HELD ON APRIL 20, 2016, IN LAS VEGAS, NEVADA**

**MOTION:** Senator Hardy moved to approve the “Summary Minutes and Action Report” of the April 20, 2016, meeting held in Las Vegas, Nevada. The motion was seconded by Senator Spearman and passed. Assemblyman Gardner was absent for the vote.

**AGENDA ITEM IV—CONSIDERATION OF REGULATIONS PROPOSED OR ADOPTED BY CERTAIN LICENSING BOARDS PURSUANT TO NRS 439B.225**

**A. LCB File No. R045-15**

*(Adopted Regulation of the Nevada State Board of Optometry)*

**B. LCB File No. R018-16**

*(Proposed Regulation of the Board of Examiners for Social Workers)*

**C. LCB File No. R030-16**

*(Proposed Regulation of the Board of Examiners for Long-Term Care Administrators)*

**D. LCB File No. R049-16**

*(Proposed Regulation of the Board of Registered Environmental Health Specialists)*

Chair Oscarson advised Eric Robbins, previously identified, that LCB File No. R045-15 would not be addressed at the meeting.

Mr. Robbins reviewed the above regulations, except R045-15. ([Agenda Item IV A-1](#)), ([Agenda Item IV A-2](#)), ([Agenda Item IV A-3](#)), and ([Agenda Item IV A-4](#))

Senator Hardy commented on the remark made by Denise Selleck, previously identified, under public comment, regarding her request that the American Osteopathic Association be included in LCB File No. R018-16.

Kim Frakes, L.C.S.W., Executive Director, Board of Examiners for Social Workers, clarified that she worked with Mr. Robbins on this regulation, and the language Ms. Selleck requested is in the current version of this proposed regulation.

Senator Hardy asked Mr. Robbins to ensure the American Osteopathic Association is referenced in all applicable sections of LCB File No. R018-16.

In response to a question from Chair Oscarson, Ms. Selleck said she found the version of LCB File No. R018-16 she referenced on the State of Nevada Register of Administrative Regulations (Register) via the Nevada Legislature’s website.

Mr. Robbins clarified the Register does not always have the most current version of a regulation, noting any regulation posted on the LCHC's website for applicable meetings is the most current version.

Discussion ensued between Senator Hardy and Mr. Robbins regarding complying with the Open Meeting Law (OML) notification requirement for LCB File No. R018-16 by posting the most current version of it on the LCHC's May 18, 2016, meeting page. Mr. Robbins affirmed posting the regulation on the meeting page met the OML obligation.

Chair Oscarson requested Mr. Robbins transmit a letter to the Legislative Commission accompanying LCB File No. R018-16 to convey the LCHC considers it imperative that the American Osteopathic Association be included in the regulation.

Senator Kieckhefer asked whether LCB File No. R018-16 would make it easier or more difficult to practice social work for someone moving to Nevada.

Ms. Frakes stated this regulation should make it easier because it expands the list of health care professionals who can supervise postgraduate clinical experience for social workers to include licensed clinical psychologists and psychiatrists.

#### **AGENDA ITEM V—PRESENTATIONS CONCERNING APPLIED BEHAVIOR ANALYSIS SERVICES FOR CHILDREN WITH AUTISM SPECTRUM DISORDER IN NEVADA**

Julie Kotchevar, Deputy Administrator, Operations and Early Intervention Services, Aging and Disability Services Division, (ADSD), Department of Health and Human Services (DHHS), provided introductory comments.

Brook Adie, Health Program Manager, ADSD, and Program Manager, Autism Treatment Assistance Program (ATAP), explained ATAP and its goals, services, eligibility, history, caseload, upcoming changes, coverage, workforce, and workforce development. Ms. Adie noted ATAP's goal is to ensure children diagnosed with Autism Spectrum Disorder have access to evidence-based therapies whether they have private insurance, Medicaid, or are uninsured. ([Agenda Item V A](#))

Chair Oscarson asked why some children with private insurance are unable to access Applied Behavioral Analysis (ABA) therapy, and Ms. Adie responded that some insurance plans, mainly self-funded, are not subject to the mandate to provide ABA therapy.

A lengthy discussion ensued among Chair Oscarson, Senator Hardy, Ms. Kotchevar, and Ms. Adie regarding:

- Children covered by private insurance who do not having access to ABA therapy;

- Certification requirements for Registered Behavior Technicians (RBTs) credentialed by the Behavior Analyst Certification Board, Inc. (BACB);
- Income criteria to determine ATAP eligibility for children covered by self-funded plans that do not provide insurance coverage for ABA therapy;
- Length of wait for children on the ATAP wait list and the protocol for moving some children sooner based on their needs;
- Options for children who “age out” of ATAP, but still need support;
- Changes ATAP will implement beginning on July 1, 2016;
- ATAP providers of ABA therapy;
- Private insurance billing requirements where ABA services are covered; and
- Medicaid and the reimbursement rate for RBTs.

In regard to numerous parents’ concerns over the continuity of ABA services for their children, Chair Oscarson confirmed for the record that children receiving ABA services will continue to receive services without significant gaps in treatment.

Ms. Kotchevar confirmed Chair Oscarson’s statement and said that ATAP will continue to pay families’ current ABA providers until they are able to transition to a new provider.

Ms. Kotchevar confirmed Chair Oscarson’s statement, noting that ATAP will continue to pay a family’s current ABA provider as they locate and transition to a new provider who meets the new requirements. Additionally, Ms. Kotchevar said families are encouraged to finalize their transitions as quickly as possible.

Senator Kieckhefer asked Ms. Kotchevar to provide a list of the self-insured plans that insure autistic children but do not cover ABA therapy and the number of children affected.

Shannon Sprout, Chief, Clinical Policy Team, Division of Health Care Financing and Policy, DHHS, provided an overview of ABA services. She noted that Nevada Medicaid chose ABA as the evidence-based behavioral intervention to provide changes in human behavior. Ms. Sprout noted that the Centers for Medicare and Medicaid Services mandated that Nevada Medicaid include intensive behavioral intervention services for children with autism spectrum disorder under the age of 21. ([Agenda Item V B-1](#)) and ([Agenda Item V B-2](#))

Discussion ensued among Chair Oscarson, Senator Hardy, and Ms. Sprout regarding: (1) prior authorization for requested hours versus authorized hours of ABA services;

(2) payment rate for RBTs versus the Medicaid reimbursement rate for RBTs; and (3) contact information for parents of children receiving ABA services.

Chair Oscarson requested Ms. Sprout provide the LCHC with information on the difference between the number of ABA service hours requested and hours approved.

Shannon Crozier, Ph.D., BABC-D, L.B.A., Director, Center for Autism Spectrum Disorders, University of Nevada, Las Vegas (UNLV), testified about serving individuals with autism spectrum disorders in Nevada through ABA therapy. She highlighted that ABA is practical therapy, data driven, and highly adaptable. It can be provided to groups or individuals in homes, schools, the community, or work settings. Dr. Crozier discussed the need to increase the ABA workforce, including Board Certified Assistant Behavior Analysts and Board Certified Behavior Analysts, to build “pyramids” of service in order to serve far more children than can currently be served. Dr. Crozier said fewer than 700 Nevada children are receiving treatment but more than 7,000 could benefit from ABA therapy. ([Agenda Item V C](#))

Jan Crandy, Former Chair, Nevada Commission on Autism Spectrum Disorders (NCASD), ADSD, DHHS, testified about the need to improve: (1) access to ABA therapy for children with autism; (2) provider capacity; (3) insurance issues; and (4) the RBT rate. Ms. Crandy discussed the results of a survey about the experience of families with autistic children, including those with ATAP coverage in Nevada. She made three requests of the LCHC: (1) address the Medicaid reimbursement rate for RBTs and all ABA providers; (2) support parent choice of providers; and (3) assist in delaying some of the ATAP changes. Ms. Crandy opined that ATAP’s policy changes will create further barriers for many children who currently have access to ABA services. ([Agenda Item V D-1](#)) and ([Agenda Item V D-2](#))

At the request of Chair Oscarson, Ms. Kotchevar clarified that ATAP’s policy changes will be discussed at the next meeting of NCASD, and ADSD decided to communicate with families and ABA providers prior to the NCASD meeting so the providers would have sufficient time to begin making decisions about how they wanted to operate their business.

Korri Ward, President and Founder, Northern Nevada Autism Network, and Member, NCASD, ADSD, DHHS, provided personal testimony citing the example of two boys who began ABA treatment in Elko, Nevada, at the same time. One boy received sufficient hours of therapy, and at 22 years old, operates his own community-based business. The amount of ABA services the other boy received decreased, and he now displays violent behavior. She noted that urban areas in Nevada have behavioral hospitals, but rural Nevada does not. Ms. Ward opined that providing the medically recommended number of hours of evidence-based therapy can help even the most challenged children with autism make significant gains and live in their communities. With the proposed changes to ATAP and Nevada Medicaid, she requested the LCHC support parents’ choice for ABA providers. ([Agenda Item V E-1](#)) and ([Agenda Item V E-2](#))

***Chair Oscarson called for an additional Public Comment period at the conclusion of testimony under Agenda Item V.***

Susan Anderson, resident, Las Vegas, expressed concern with the ATAP changes and commented on her son's diagnosis of autism. She said because of the ABA therapy through ATAP he progressed from being a self-injuring, nonverbal one-and-a-half-year-old to becoming verbal enough to enter a regular kindergarten class in 2016. Ms. Anderson opined her son's significant improvement was a result of him receiving intense ABA treatment of at least 30 hours per week from a Board Certified Assistant Behavior Analyst.

Toni Richard, resident, Reno, Nevada, requested that Nevada's Medicaid provider reimbursement rates be increased, explaining that her 15-year-old son, Tyler, is mentally only 2 and a half years old with behavioral issues. She said Tyler's current provider, who is working pro bono because Medicaid rates are too low, has his behavior under control. Ms. Richard said the current providers signed up through Medicaid are only accepting young children, and she opined a new RBT provider for her son would not be able to handle her son's behavioral needs. ([Agenda Item V F](#))

Erik Lovaas, President, The Lovaas Center (TLC), Las Vegas, provided background information on the TLC; addressed its treatment models; discussed the RBT "bottleneck"; opined about Nevada Medicaid's impractical reimbursement rate and its current services; and noted that ATAP has been a viable and appreciated program. ([Agenda Item V G-1](#)) and ([Agenda Item V G-2](#))

William Knipper, resident, Las Vegas, spoke about his three children who have been diagnosed with Autism and mentioned further concerns to the public comments he provided at the April 20, 2016, LCHC meeting because of recent information from ATAP about the time frame for implementation of the proposed changes to the program.

Stephanie Hill, resident, Las Vegas, expressed concerns that her son may be assigned to a self-contained classroom. Ms. Hill pointed out three main issues: (1) the need to raise the RBT rate; (2) the need for self-directed programs; and (3) the ability for parents to hire interventionists.

Kenneth R. MacAleese, Ph.D., B.C.B.A.-D., L.B.A., resident, Las Vegas, said he is co-owner of a company providing ABA services and a doctoral-level Board Certified Licensed Behavior Analyst. His comments focused on his concern that Nevada's Medicaid reimbursement rate for an ABA treatment component critical to service delivery is too low. ([Agenda Item V H](#))

Christy Dejonker, resident, Las Vegas, said her 11-year-old son, Chase, who needs care with all aspects of his life, was diagnosed with autism at age 3, and his ABA therapy was dropped three years ago. Ms. Dejonker said she reapplied for ABA services and was notified in



February 2016 that her son was approved for ABA therapy; however, her calls to locate a provider were unsuccessful.

Yeni Trujillo, resident, Las Vegas, said two of her four children are autistic, and she expressed support for the services that The Lovaas Center offers. Ms. Trujillo pointed out, because of the recent changes with Nevada Medicaid, she has to locate a new provider. She asked the LCHC to be mindful of the many families who must also locate new providers because of the Medicaid changes. ([Agenda Item V I](#))

Laura Weigel, M.C., B.C.B.A., Center for Autism and Related Disorder (CARD), noted that CARD is among the world's largest organizations treating autism spectrum disorder (ASD) and the nation's third largest nongovernmental organization contributing to autism research. Ms. Weigel's comments focused on the multiple challenges CARD has encountered since the ABA benefit became available through Nevada Medicaid. ([Agenda Item V J](#))

Chantal Rainford, R.B.T, Las Vegas, expressed support for increasing the Nevada Medicaid reimbursement rates for ABA services. Ms. Rainford pointed out that families with children needing ABA therapy are willing to accommodate morning or early afternoon appointments, but they are told by the school districts if they are not in school 8 a.m. to 2:30 p.m., the schools are no longer required to meeting their individual education plan goals.

Jon L. Sasser, Esq., Legal Services, representing the Legal Aid Center of Southern Nevada, and Commissioner, Nevada Commission on Services for Persons with Disabilities, commented on the following: (1) increasing the Nevada Medicaid reimbursement rates for ABA therapy to \$42 per hour; and (2) allowing individuals currently served by ATAP to remain with their program until Nevada Medicaid has sufficient RBTs to meet the demand for services.

Kendra Gipson, resident, Las Vegas, spoke of her 9-year-old autistic daughter, opining that her daughter's number on the ATAP waitlist—161—may be more effective to share than her daughter's name. Ms. Gipson said she was not given a time frame for when a new provider might be available, so her only option is to be a number on a waitlist. ([Agenda Item V K](#))

Charles Marriott, Clinical Director and Owner, Autism Care West, commented about RBT rates. He said the RBT rate for both Medicaid and ATAP is insufficient to allow for the kind of provider growth and comprehensive staff training that Nevada requires to serve the Medicaid and ATAP-funded families.

Marlene Arboleda, resident, Las Vegas, said she has 7-year-old twins who both have autism and receive services through ATAP. She expressed concern they may not have therapy in the future and asked the LCHC to assist with increasing the Nevada Medicaid reimbursement rate for ABA services.

Dana Cassadore, resident, Elko, Nevada, testified to the impact on his family because of the Medicaid reimbursement rates. Mr. Cassadore said his autistic son's ABA provider

will no longer be able to provide services if the reimbursement rates are not raised. ([Agenda Item V L](#))

Karla Mayorga, resident, Las Vegas, said her son receives ABA services through ATAP. Ms. Mayorga said she had not heard that there would not be a gap in services and that a transition workshop is available for those transitioning providers until this meeting.

Jan Crandy, previously identified, pointed out the RBT credential is functioning for private insurance. However, she said Medicaid-eligible children currently served by ATAP need to transition to providers who accept Medicaid. Ms. Crandy said these families are facing challenges finding providers who accept Medicaid because the rates are too low. Additionally, she pointed out that providers enrolled with Medicaid are having difficulty staffing the necessary treatment hours. Ms. Crandy suggested an interim solution might be to use funds appropriated for future ATAP funding to pay for additional providers now.

Chair Oscarson addressed those commenting on applied behavior analysis services for children with autism spectrum disorder in Nevada saying the LCHC heard their concerns, and applicable State agency staff attending the meeting also heard their concerns. He opined that the issue will be addressed with available funding in a timely manner. Chair Oscarson also opined that early intervention is critical.

Rather than speak in person, 12 members of the public provided written comments. ([Agenda Item V M](#))

## **AGENDA ITEM VI—OVERVIEW CONCERNING THE HEALTH STATUS OF CHILDREN IN NEVADA**

Tara Phebus, M.A., Executive Director, Nevada Institute for Children's Research and Policy (NICRP), UNLV, testified about general statistics on children's health and began with demographics for Nevada children. Her presentation ([Agenda Item VI](#)) covered the following subject areas:

- Teen pregnancy and sexual health;
- Early prenatal care;
- Percent of low-birthweight babies;
- Child mortality data;
- Child abuse and neglect;
- Breastfeeding;
- Medical conditions in Nevada (physical health, weight factors and behaviors, immunizations, oral health, mental health); and
- Impacts to health—health insurance, food insecurity, homelessness.

## **AGENDA ITEM VII—PRESENTATION CONCERNING PERINATAL HEALTH, BIRTH OUTCOMES, AND MATERNAL AND CHILDHOOD HEALTH PROGRAMS**

Beth Handler, M.P.H., Chief, Bureau of Child, Family and Community Wellness (BCFCW), DPBH, DHHS, called attention to her handout regarding preterm births, low birthweight, and infant mortality ([Agenda Item VII A-1](#)). She noted that in 2013, Nevada was selected to participate in the National Governors Association learning collaborative to improve birth outcomes ([Agenda Item VII A-2](#)). Ms. Handler said highlights of the collaborative identified the following goals: (1) promote maternal, child, and adolescent health; (2) expand health care access; (3) reduce exposure to alcohol, drugs, and tobacco; and (4) extend gestational periods—specific to decreasing electively induced, nonmedically necessary births before 39 weeks.

Other topics Ms. Handler discussed include:

- Modifiable risk factors for pregnant women to ensure a healthy child—alcohol use, prenatal visits, nutrition, obesity, tobacco e-cigarettes and vaping ([Agenda Item VII A-3](#));
- Nevada’s receipt of the United States Department of Agriculture’s breastfeeding bonus award of about \$80,000 for the greatest increase in exclusive breastfeeding rates among Women, Infants, and Children Program participants between 2013 and 2014;
- Two current Nevada breastfeeding campaigns: (1) training hospital medical staff to help mothers attain breastfeeding success; and (2) educating businesses to provide welcoming environments for mothers to breastfeed at work;
- Opioid use among pregnant women and Senate Bill 459 (Chapter 26, *Statutes of Nevada 2015*) enacting the “Good Samaritan Drug Overdose Act” ([Agenda Item VII A-4](#));
- The Centers for Disease Control and Prevention (CDC) grant for \$160,000, awarded to Nevada on May 3, 2016, which will help enhance the pregnancy risk assessment monitoring system;
  - A news release announcing the launch of a DPBH website (<http://sobermomshealthybabies.org/>) to increase awareness of many of the risk factors associated with substance abuse use during pregnancy ([Agenda Item VII A-5](#));
- The Substance Abuse and Mental Health Block Grants of approximately \$840,000 for women’s services through the Substance Abuse and Mental Health Services Administration; and
- BCFCW is working in alliance with the recommendations outlined in S.B. 459 to enhance provider education.

Chair Oscarson said he understood that one of the rural hospitals acquired a grant as a result of S.B. 459 to distribute naloxone through first responders.

Senator Kieckhefer asked Ms. Handler to provide statistics on elective, medically induced, but not medically necessary, delivery of babies before 39 weeks gestation.

Joseph P. Iser, M.D., Dr.P.H., M.Sc., District Health Officer, Southern Nevada Health District, responded to two questions from Chair Oscarson, the first regarding the availability and usefulness of epinephrine in Nevada schools, noting it is his understanding that the drug is available in Clark County's public schools, but not in the private schools. Replying to the Chair's second inquiry regarding naloxone distribution in rural Nevada counties, Dr. Iser said he understands this opioid antagonist is semiaccessible, but that he would get back to the LCHC after gathering data on its availability from the southern Nevada rural counties.

Discussion ensued among Senator Kieckhefer, Senator Hardy, and Dr. Iser regarding prescribing and administering epinephrine in public and private schools and some associated hesitations on the part of physicians to prescribe the drug to schools.

Dr. Iser testified regarding the Maternal Child Health Home Visiting Program (MCHHVP). He said the goal of the MCHHVP is to assist families in becoming more resilient, to enable the development of healthier children, and to allow women to make better choices in terms of when and how often they have children. ([Agenda Item VII B](#))

## **AGENDA ITEM VIII—UPDATE CONCERNING CHILDHOOD DISEASES AND PREVENTION EFFORTS IN NEVADA**

### ***A. Immunizations and Infectious Disease***

Karissa Loper, M.P.H., Program Manager, Nevada State Immunization Program (NSIP), DPBH, DHHS, provided an overview of the State's immunization program. Ms. Loper said NSIP is primarily funded as a federal entitlement program awarded by the CDC to administer and monitor the vaccines for children across Nevada. She said the core of NSIP's operations fund immunizations for children from birth to 18 years of age. Ms. Loper noted NSIP receives some discretionary funding, known as 317 Vaccine Funds, to vaccinate vulnerable (uninsured/underinsured) adults. ([Agenda Item VIII A](#))

Senator Hardy asked about unused vaccines, and Ms. Loper explained they are tracked in the State and CDC's online reporting system, and any unused vaccines are returned to the federal distribution center.

Senator Hardy further inquired of the percentage of returned vaccines; Ms. Loper said she would provide that data to the LCHC.

Chair Oscarson noted that it is important to recognize there is a cost to providing vaccines throughout the State; they are not free.

Heidi S. Parker, M.A., Executive Director, Immunize Nevada, reported on the Immunize Nevada coalition by providing a brief history of its formation, its impact across the State, and its goals for 2016. She noted Immunize Nevada became a 501c3 nonprofit to diversify its funding options—for the common goal of increasing the State’s immunization rates. Immunize Nevada strives to achieve vaccination success by developing an immunization culture utilizing the following three avenues: (1) outreach, (2) education, and (3) advocacy.

### ***B. Chronic Disease***

Monica Morales, M.P.A., Deputy Bureau Chief, Bureau of Child, Family and Community Wellness, DPBH, DHHS, provided an overview of chronic disease in Nevada, focusing on high school and middle school students. Ms. Morales said her testimony would address the statistical data on slides 8 through 18 in her handout ([Agenda Item VIII B](#)), and the data was gathered through the Youth Risk Behavioral Surveillance System.

### ***C. Childhood Obesity and Overweight***

Denise Tanata, J.D., Executive Director, Children’s Advocacy Alliance (Alliance), testified about childhood obesity in Nevada. She said more than 30 percent of children entering kindergarten are either overweight or obese. Statistics indicate that most of these children will continue to have weight issues in adulthood, and they are more likely to develop chronic diseases. Ms. Tanata said to combat this trend, the Alliance is focusing on physical activity and nutrition education. She also provided an update on Assembly Bill 152 (Chapter 305, *Statutes of Nevada 2015*), which requires the State Board of Health to adopt regulations setting forth certain requirements for child care facilities relating to breastfeeding and physical activity, meals or snacks, and media-viewing guidelines. ([Agenda Item VIII C-1](#)) and ([Agenda Item VIII C-2](#))

### ***D. Oral Health***

Christina A. Demopoulos, D.D.S., M.P.H., Associate Professor in Residence, Clinical Sciences, School of Dental Medicine, UNLV, provided a brief overview of some of the challenges to achieve good oral health for Nevada’s children. She noted that because of a lack of funds, the last oral health surveillance survey was done in 2011 and 2012. ([Agenda Item VIII D](#))

Senator Hardy requested current and past statistics on the percentage of Nevada dental school graduates who accept Medicaid.

Assemblyman Gardner asked where Nevada's dental students go if they do not stay in the State after graduating. He also asked whether the UNLV School of Dental Medicine offers dental care to needy residents.

Dr. Demopoulos offered to provide the profile statistics to answer Mr. Gardner's question regarding dental school graduates who leave the State. She also said the dental school offers treatment for children, adults, and seniors with special needs—approximately 55,000 patient visits a year. Dr. Demopoulos noted the dental school provides community outreach and education that totals almost \$3 million a year in donated services.

**AGENDA ITEM IX—PRESENTATION CONCERNING PRIORITIES TO IMPROVE CHILDREN'S MENTAL HEALTH AND MENTAL HEALTH CARE SERVICES, AS DEVELOPED BY STATE AND REGIONAL CHILDREN'S MENTAL HEALTH CONSORTIA (ESTABLISHED PURSUANT TO NRS 433B.333)**

Jackie Harris, M.A., M.F.T., L.A.D.C, Chair, Nevada Children's Behavioral Health Consortium (NCBHC), provided introductory remarks, introduced a handout ([Agenda Item IX A-1](#)) from Charlene Frost, Director, Statewide Family Network for Children's Mental Health, and read an overview of the NCBHC. She said the mission of the NCBHC is to provide Nevada's children and their families with timely access to an array of behavioral health treatment services and support. ([Agenda Item IX A-2](#))

Dan Musgrove, Chair, Clark County Children's Mental Health Consortium (CMHC), recognized the value of the consortia created by the 2001 Legislature as vital to providers, State and county agencies, and especially the parents impacted regularly by their children's mental health issues. Mr. Musgrove pointed out four priorities for the Clark County CMHC, and he noted the importance of the Nevada Legislature's continued support of the System of Care federal cooperative agreement to provide services for children with serious emotional disturbances. ([Agenda Item IX B](#))

Carol Broersma, Chair, Rural Nevada CMHC, testified that the Rural Nevada CMHC represents 15 rural counties, which covers a geographical area of approximately 87 percent of the State. She said the primary issues affecting rural Nevada are limited access to services and insufficient availability of providers. Ms. Broersma provided three recommendations for the LCHC to consider: (1) greater use of technology, such as telehealth; (2) a unifying mental health authority; and (3) implementation of mental health providers in public schools. ([Agenda Item IX C](#))

Discussion ensued among Senator Kieckhefer, Ms. Broersma, and Mr. Musgrove regarding the different needs of the rural and urban areas in the State for serving children with serious emotional disturbances and whether there should be a mental health authority to address issues uniformly across the State or have locally-controlled mental health coordination with statewide oversight.

Chair Oscarson suggested Ms. Broersma contact the Governor's Office of Science, Innovation and Technology regarding the Office's efforts to bring broadband infrastructure to rural Nevada communities.

Amber Reid, Social Worker, Washoe County School District, spoke to the LCHC as a voting member of the Rural Nevada CMHC and expressed support for the implementation of mental health providers in the public schools in alignment with S.B. 514 (Chapter 534, *Statutes of Nevada 2015*) and S.B. 515 (Chapter 537, *Statutes of Nevada 2015*).

Alexis Tucey, Chair, Washoe County (WC) CMHC, commented that Washoe County's CMHC supports the issue of unifying regional issues with statewide perspectives, and she testified to her handout summarizing the 2016 goals and recommendations of the WC CMCH. ([Agenda Item IX D](#))

#### **AGENDA ITEM X—UPDATE ON THE FEDERAL COOPERATIVE AGREEMENT FOR EXPANSION AND SUSTAINABILITY OF THE COMPREHENSIVE COMMUNITY MENTAL HEALTH SERVICES FOR CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCES (SYSTEM OF CARE GRANT)**

Kelly Wooldridge, Administrator, Division of Child and Family Services (DCFS), DHHS, provided an update on the System of Care Grant (SOC) and focused her testimony on the SOC's oversight, the four common themes of the consortia to improve children's mental health and mental health care services, and the SOC's current and future action steps. Regarding the NCBHC, Ms. Wooldridge pointed out that: (1) all members serve on the SOC Subcommittee; (2) the Subcommittee participated in developing SOC's strategic action and communication plans; and (3) the DCFS is evolving from being a direct care service provider to managing the SOC by providing technical assistance, recruiting local community providers, and monitoring quality. ([Agenda Item X A-1](#)) and ([Agenda Item X A-2](#))

#### **AGENDA ITEM XI—PRESENTATION CONCERNING YOUTH SUICIDE RATES AND PREVENTION EFFORTS IN NEVADA**

Misty Vaughan Allen, M.A., State Suicide Prevention Coordinator, Statewide Program for Suicide Prevention, DPBH, DHHS, discussed the statistics and data in her handout ([Agenda Item XI](#)) and said dedicated suicide prevention efforts began nationally in 1999. In Nevada, there was a decrease in suicide rates until 2014 when the rates began to rise slightly. She said the 2015 data is preliminary, but a decrease seems apparent. Ms. Allen stated that once the official data is compiled, and if the preliminary data is confirmed, Nevada's youth suicide rate will have dropped from 20.4 per 100,000 youth to 17.2 per 100,000 youth.

Ms. Allen responded to a question from Senator Spearman about training medical professionals to identify the signs of someone who may be at risk of attempting suicide. She said DPBH is continuously working to improve intervention training and education. Ms. Allen noted that



A.B. 93 (Chapter 403, *Statutes of Nevada 2015*) mandated two hours of intervention training for all behavioral health care providers, but the legislation did not require such training for primary health care professionals. Additionally, Ms. Allen stated there is a national movement called “Zero Suicide Initiative” (<http://zerosuicide.sprc.org/>) that drastically reduces suicides. She said the Initiative focuses on systems of care training at all levels—leadership down, protocols, policies, assessments. It is also called “complete depression care,” and DPBH is working to include that Initiative to augment other known successful interventions.

## **AGENDA ITEM XII—PUBLIC COMMENT**

Chair Oscarson called for public comment; however, no testimony was presented.

Chair Oscarson offered closing remarks and reminded anyone wishing to submit a recommendation(s) for possible consideration by the LCHC at its final meeting on August 24, 2016, to get them to Megan Comlossy, previously identified, by June 17, 2016.



### **AGENDA ITEM XIII—ADJOURNMENT**

There being no further business to come before the Committee, the meeting was adjourned at 4:22 p.m.

Respectfully submitted,

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Gayle Nadeau  
Senior Research Secretary

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Megan Comlossy  
Senior Research Analyst

APPROVED BY:

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Assemblyman James Oscarson, Chair

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

## MEETING MATERIALS

AGENDA ITEM	WITNESS/ENTITY	DESCRIPTION
<a href="#"><u>Agenda Item II A</u></a>	Deb Neubecker, resident, Las Vegas, Nevada	Prepared testimony
<a href="#"><u>Agenda Item II B</u></a>	Adam J. Rovit, M.D., F.A.C.S., President, Nevada Academy of Ophthalmology, Las Vegas	Letter to Vincent Gassen, O.D., President, Nevada State Board of Optometry
<a href="#"><u>Agenda Item IV A-1</u></a>	Eric Robbins, Deputy Legislative Counsel, Legal Division, Legislative Counsel Bureau (LCB)	R045-15
<a href="#"><u>Agenda Item IV A-2</u></a>	Eric Robbins, Deputy Legislative Counsel, Legal Division, LCB	R018-16
<a href="#"><u>Agenda Item IV A-3</u></a>	Eric Robbins, Deputy Legislative Counsel, Legal Division, LCB	R030-16
<a href="#"><u>Agenda Item IV A-4</u></a>	Eric Robbins, Deputy Legislative Counsel, Legal Division, LCB	R049-16
<a href="#"><u>Agenda Item V A</u></a>	Brook Adie, Health Program Manager, Aging and Disability Services Division (ADSD), and Program Manager, Autism Treatment Assistance Program (ATAP)	ATAP presentation
<a href="#"><u>Agenda Item V B-1</u></a>	Shannon Sprout, Chief, Clinical Policy Team, Division of Health Care Financing and Policy (DHCFP), DHHS	Applied Behavioral Analysis (ABA) presentation
<a href="#"><u>Agenda Item V B-2</u></a>	Shannon Sprout, Chief, Clinical Policy Team, DHCFP, DHHS	Nevada Medicaid ABA Services — Finding a Provider
<a href="#"><u>Agenda Item V C</u></a>	Shannon Crozier, Ph.D., BABC-D, L.B.A., Director, Center for Autism Spectrum Disorders (ASD), University of Nevada, Las Vegas (UNLV)	Serving Individuals with ASD in Nevada presentation
<a href="#"><u>Agenda Item V D-1</u></a>	Jan Crandy, Former Chair, Nevada Commission on Autism Spectrum Disorders (NCASD), ADSD, DHHS	Prepared testimony
<a href="#"><u>Agenda Item V D-2</u></a>	Jan Crandy, Former Chair, NCASD, ADSD, DHHS	ABA Nevada survey results

<a href="#"><u>Agenda Item V E-1</u></a>	Korri Ward, President and Founder, Northern Nevada Autism Network (NNAN), and Member, NCASD, ADSD, DHHS	Prepared testimony
<a href="#"><u>Agenda Item V E-2</u></a>	Korri Ward, President and Founder, NNAN, and Member, NCASD, ADSD, DHHS	Table of Medical WIOA providers
<a href="#"><u>Agenda Item V F</u></a>	Toni Richard, resident, Reno, Nevada	Prepared testimony
<a href="#"><u>Agenda Item V G-1</u></a>	Erik Lovaas, President, The Lovaas Center, Las Vegas	Prepared testimony
<a href="#"><u>Agenda Item V G-2</u></a>	Erik Lovaas, President, The Lovaas Center, Las Vegas	<i>Journal of Applied Behavioral Analysis</i> article by O. Ivar Lovaas, et cetera
<a href="#"><u>Agenda Item V H</u></a>	Kenneth R. MacAleese, Ph.D., B.C.B.A.-D., L.B.A., resident, Las Vegas	Prepared testimony
<a href="#"><u>Agenda Item V I</u></a>	Yeni Trujillo, resident, Las Vegas	Prepared testimony
<a href="#"><u>Agenda Item V J</u></a>	Laura Weigel, M.C., B.C.B.A., Center for Autism and Related Disorder	Prepared testimony
<a href="#"><u>Agenda Item V K</u></a>	Kendra Gipson, resident, Las Vegas	Prepared testimony
<a href="#"><u>Agenda Item V L</u></a>	Dana Cassadore, resident, Elko, Nevada	Prepared testimony
<a href="#"><u>Agenda Item V M</u></a>	Twelve members of the public contributing written remarks	Packet of comments
<a href="#"><u>Agenda Item VI</u></a>	Tara Phebus, M.A., Executive Director, Nevada Institute for Children's Research and Policy (NICRP), UNLV	Children's Health in Nevada presentation
<a href="#"><u>Agenda Item VII A-1</u></a>	Beth Handler, M.P.H., Chief, Bureau of Child, Family and Community Wellness (BCFCW), Division of Public and Behavioral Health (DPBH), DHHS	Charts regarding preterm births, low birthweight, and infant mortality in Nevada and nationally
<a href="#"><u>Agenda Item VII A-2</u></a>	Beth Handler, M.P.H., Chief, BCFCW, DPBH, DHHS	Learning collaborative action plan
<a href="#"><u>Agenda Item VII A-3</u></a>	Beth Handler, M.P.H., Chief, BCFCW, DPBH, DHHS	Information sheet regarding improving birth outcomes in Nevada
<a href="#"><u>Agenda Item VII A-4</u></a>	Beth Handler, M.P.H., Chief, BCFCW, DPBH, DHHS	Technical bulletin regarding Senate Bill 459

<a href="#"><u>Agenda Item VII A-5</u></a>	Beth Handler, M.P.H., Chief, BCFCW, DPBH, DHHS	New release regarding website to promote substance-free pregnancies
<a href="#"><u>Agenda Item VII B</u></a>	Joseph P. Iser, M.D., Dr.P.H., M.Sc., District Health Officer, Southern Nevada Health District	Maternal Child Health Home Visitation Programs presentation
<a href="#"><u>Agenda Item VIII A</u></a>	Karissa Loper, M.P.H., Program Manager, Nevada State Immunization Program, DPBH, DHHS	Document regarding the Nevada State Immunization Program
<a href="#"><u>Agenda Item VIII B</u></a>	Monica Morales, M.P.A., Deputy Bureau Chief, BCFCW, DPBH, DHHS	Presentation regarding chronic disease in Nevada
<a href="#"><u>Agenda Item VIII C-1</u></a>	Denise Tanata, J.D., Executive Director, Children's Advocacy Alliance (CAC)	Document regarding childhood obesity prevention
<a href="#"><u>Agenda Item VIII C-2</u></a>	Denise Tanata, J.D., Executive Director, CAC	Parent perceptions of quality health care factsheet
<a href="#"><u>Agenda Item VIII D</u></a>	Christina A. Demopoulos, D.D.S., M.P.H., Associate Professor in Residence, Clinical Sciences, School of Dental Medicine, UNLV	Presentation regarding children's oral health in Nevada
<a href="#"><u>Agenda Item IX A-1</u></a>	Charlene Frost, Director, Statewide Family Network for Children's Mental Health	Written remarks
<a href="#"><u>Agenda Item IX A-2</u></a>	Jackie Harris, M.A., M.F.T., L.A.D.C, Chair, Nevada Children's Behavioral Health Consortium (NCBHC)	NCBHC summary of legislative priorities
<a href="#"><u>Agenda Item IX B</u></a>	Dan Musgrove, Chair, Clark County Children's Mental Health Consortium (CMHC)	Clark County CMHC presentation
<a href="#"><u>Agenda Item IX C</u></a>	Carol Broersma, Chair, Rural Nevada CMHC	Rural Nevada CMHC presentation
<a href="#"><u>Agenda Item IX D</u></a>	Alexis Tucey, Chair, Washoe County CMHC	Washoe County CMHC presentation
<a href="#"><u>Agenda Item X A-1</u></a>	Kelly Wooldridge, Administrator, Division of Child and Family Services (DCFS), DHHS	System of Care Implementation Grant presentation
<a href="#"><u>Agenda Item X A-2</u></a>	Kelly Wooldridge, Administrator, DCFS, DHHS	Mobile crisis data sheet

<a href="#">Agenda Item XI</a>	Misty Vaughan Allen, M.A., State Suicide Prevention Coordinator, Statewide Program for Suicide Prevention, DPBH, DHHS	Youth suicide prevention in Nevada presentation
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