



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

SUMMARY MINUTES AND ACTION REPORT

The seventh meeting of the Nevada Legislature's Legislative Committee on Health Care was held on Wednesday, August 24, 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. A copy of this set of "Summary Minutes and Action Report," including the "Meeting Notice and Agenda" and other substantive meeting material, 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; 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
Assemblywoman Teresa Benitez-Thompson
Assemblyman David M. Gardner

COMMITTEE MEMBER PRESENT IN CARSON CITY:

Senator Ben Kieckhefer

LEGISLATIVE COUNSEL BUREAU STAFF PRESENT:

Megan Comlossy, Senior Research Analyst, Research Division
James W. Penrose, Senior Principal Deputy Legislative Counsel, Legal Division
Eric Robbins, Deputy Legislative Counsel, Legal Division
Janet Coons, Manager of Secretarial Services, Research Division
Gayle Nadeau, Senior Research Secretary, Research Division
Christina Harper, 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. He provided opening remarks along with an explanation of the meeting's agenda, which included the work session and a majority of items from the cancelled July 13, 2016, LCHC meeting.

AGENDA ITEM II—PUBLIC COMMENT

Cynthia McFadden, resident, Las Vegas, Nevada, noted she is an advocate with Autism Speaks in Nevada and the mother of a young man with autism. Her comments focused on budgeting for autism services, the lack of services for young adults with autism, Medicaid waiver programs for home and community-based services, and the need for innovative ideas for transitional housing for individuals with autism between the ages of 18 and 27. ([Agenda Item II A](#))

Ed Guthrie, Executive Director, Opportunity Village, Las Vegas, commented on the following "Work Session Document" (WSD) ([Agenda Item VII A-1](#)) issues: (1) Medicaid managed care; (2) Autism treatment and services in Nevada, endorsing long-term support services for adults with autism and requesting similar services for people with other disabilities; and (3) Medicaid reimbursement rates, requesting that Nevada Medicaid be required to regularly analyze Medicaid reimbursement rates.

Catherine M. O'Mara, J.D., Executive Director, Nevada State Medical Association (NSMA), asked the LCHC to consider NSMA as a resource. She noted NSMA has concerns with the nurse licensure compact recommendation in the WSD and the recommendation to allow advanced practice registered nurses to perform certain tasks currently only physicians may perform.

Michael Hackett, Principal, Alrus Consulting, representing the Nevada Public Health Association, the Nevada Primary Care Association, and the Nevada Tobacco Prevention Coalition, thanked the LCHC for its support and the opportunity for the public health community to present public health concerns and challenges to the LCHC in March of 2016. ([Agenda Item II B](#))

Dan Musgrove, Volunteer Chair, Clark County Children's Mental Health Consortium, discussed the Consortium's 2016 service priorities and asked the LCHC to send a letter to Governor Brian Sandoval and Richard Whitley, M.S., Director, Department of Health and Human Services (DHHS), expressing support for including the Consortium's priorities in the budgets. ([Agenda Item II C](#))

Christopher A. Vito, M.H.A., President, Nevada Adult Day Healthcare Centers, Inc., requested that the LCHC: (1) include adult day care services in Recommendation No. 18 (“Medicaid Reimbursement Rates”) of the WSD; (2) send a letter to Richard Whitley, previously identified, expressing support for conducting regular evaluations of Medicaid provider reimbursement rates; (3) review reimbursement rates for personal care and home health care services—especially for adult day care services and for providers of community-based, long-term services and supports. He noted adult day care services offer cost-effective alternatives to institutional settings and augment the ability of family caregivers to tend to their loved ones in their own homes. ([Agenda Item II D-1](#)) ([Agenda Item II D-2](#)) ([Agenda Item II D-3](#))

Katiushka L. Posada, Baby Boomers Activities Club, Las Vegas, testified that adult day care services contribute to a better quality of life for the State’s disabled and senior populations as well as being cost-effective for the State. Ms. Posada declared funding is necessary to keep adult day care services available in Nevada and asked the LCHC to consider this service during the work session.

Paula Berkley, Healthy Communities Coalition of Lyon and Storey Counties, expressed the gratitude of the Coalition to the LCHC for recognizing that rural Nevada is not ready for expansion of Medicaid managed care into rural communities.

Richard L. Martin, BSPharm, resident, Las Vegas, a retired hospital pharmacist, testified about opioid treatment for prolonged pain. He opined there is misinformation about the benefits of treating chronic pain with opioids. Mr. Martin provided links in his handout ([Agenda Item II E-1](#)) to several related articles. He also provided a copy of a letter from Debra Houry, M.D., M.P.H, Director, National Center for Injury Prevention and Control, written in response to a letter he wrote to the Centers for Disease Control and Prevention. ([Agenda Item II E-2](#))

Agata Gawronski, M.S.W., Executive Director, Nevada’s Board of Examiners for Alcohol, Drug and Gambling Counselors (BEADGC), called attention to work session Recommendation Nos. 19 (“Oversight of Health Profession Licensing Boards”) and 20 (“Behavioral Health Licensing Boards”). Ms. Gawronski expressed concerns regarding the lack of oversight of health profession licensing boards noted in Recommendation No. 19, and she said BEADGC was never contacted about the LCHC’s concerns regarding BEADGC. ([Agenda Item II F](#))

Constance McMullen, Lobbyist, Personal Care Association of Nevada (PCAN), noted PCAN supports Recommendation No. 18. However, she said PCAN prefers annual evaluations of Medicaid provider reimbursement rates rather than “regular” evaluations as written in the recommendation.

William C. Horne, Lobbyist, Board of Dental Examiners of Nevada (BDEN), commented on Recommendation No. 19g regarding a performance audit of the Board of Dental Examiners of Nevada by the Legislative Auditor. He clarified that BDEN sent a letter to the LCHC

explaining the refusal by BDEN to accept 3 of the 14 recommendations made by the auditor ([Agenda Item II G-1](#)) and the subsequent approval of two of the three recommendations. Mr. Horne said BDEN is working through the third rejected recommendation and stated he would work with the Legislature to address the remaining concerns noted in the audit. The BDEN also submitted a letter dated August 18, 2016, regarding the timeline of events leading up to the proposed regulation changes referenced in Legislative Counsel Bureau (LCB) File No. R086-16. ([Agenda Item II G-2](#))

Benjamin Schmauss, M.P.H., Government Relations Director, American Heart Association; member, Advisory Council on the State Program for Wellness and the Prevention of Chronic Disease; and a former Nevada schoolteacher, addressed Recommendation No. 7 (“Body Mass Index Measurement in Schools” [BMI]) noting that the Trust for America’s Health ranked Nevada 51st in the nation for investment in public health. He spoke in favor of bringing back legislation to allow for collecting data on BMI measurements in Nevada’s public schools as, he opined, it will allow the public health community to apply for federal and other grants to fund public health issues in the State.

Jordon Ross, Constable, Laughlin Township Constable’s Office, expressed concern that Nevada lacks adequate numbers of mental health counselors, especially clinical social workers in rural areas of the State. He opined that the array of agencies regulating mental health professionals, which should place the welfare of the public first, have become “co-opted” by the practitioners the agencies are supposed to regulate. For this reason, Mr. Ross urged the LCHC “to consider a radical restructuring of the agencies licensing and regulating mental health professionals into a single board.” ([Agenda Item II H](#))

Neena K. Laxalt, Lobbyist, Board of Psychological Examiners (BPE), said the BPE “echoes” the comments of the BEADGC regarding Recommendation No. 20 and that the BPE would like to be involved in discussions regarding this matter.

Chris Ferrari, Lobbyist, Ferrari Public Affairs, representing Walden University, conveyed the University’s concerns with the Board of Psychological Examiners’ proposed regulation LCB File No. R038-16 noting that if it passed as written, 17 of the University’s Ph.D. students from Nevada would not be able to become licensed as clinical psychologists in the State.

Arthur Reitz, resident, Reno, Nevada, father of a 13-year-old son with autism, said he and his wife founded the northern Nevada nonprofit JUSTin HOPE Foundation to assist other families affected by autism. Mr. Reitz said the Foundation developed an autism training program for first responders, which was certified by Nevada’s Peace Officers’ Standards and Training Commission. He noted that during 2016 more than 560 northern Nevada first responders were trained in how to safely interact with children and adults who have autism. Beginning in September 2016, Mr. Reitz said the Foundation’s first responder autism training will be included in crisis intervention training for Las Vegas Metropolitan police officers. He offered assistance to make such training mandatory statewide. ([Agenda Item II I](#))

Barbara Paulsen, representing Nevadans for the Common Good (NCG), supports Recommendations No. 9 (“Medicaid Managed Care Expansion”), No. 10 (“Medicaid Managed Care Agreements/Request for Proposals”), and No. 18 (“Medicaid Reimbursement Rates”) in the WSD. She said NCG is particularly interested in Recommendation No. 18 because the adequacy of providers in Nevada and the ability to effectively manage the Medicaid population in the State depends on provider reimbursement rates. ([Agenda Item II J](#))

Rather than speak in person, twelve members of the public provided written comments. ([Agenda Item II K](#))

AGENDA ITEM III—APPROVAL OF MINUTES OF THE MEETING HELD ON JUNE 29, 2016, IN LAS VEGAS, NEVADA

MOTION: Senator Hardy moved to approve the “Summary Minutes and Action Report” of the June 29, 2016, meeting held in Las Vegas, Nevada. The motion was seconded by Senator Spearman and passed unanimously.

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

A. LCB File No. R131-15 (Proposed Regulation of the Board of Psychological Examiners)

B. LCB File No. R038-16 (Proposed Regulation of the Board of Psychological Examiners)

C. LCB File No. R086-16 (Proposed Regulation of the BDEN)

D. LCB File No. R120-16 (Proposed Regulation of the State Board of Health)

E. LCB File No. R144-16 (Proposed Regulation of the Administrator of the Aging and Disability Services Division of the DHHS)

Chair Oscarson stated LCB File No. R038-16 would not be addressed at the meeting.

Eric Robbins, previously identified, reviewed the above regulations, with the exception of R038-16. ([Agenda Item IV A-1](#)) ([Agenda Item IV A-2](#)) ([Agenda Item IV A-3](#)) ([Agenda Item IV A-4](#)) ([Agenda Item IV A-5](#))

Senator Hardy expressed a number of concerns with the BDEN’s proposed regulation R086-16. Senator Hardy said he did not support it, and he would express his concerns to the Legislative Commission when it is submitted to the Commission.

AGENDA ITEM V—UPDATE ON THE NEVADA PRESCRIPTION DRUG ABUSE PREVENTION SUMMIT, AUGUST 31 THROUGH SEPTEMBER 1, 2016, IN LAS VEGAS

(This agenda item was taken out of order.)

Elyse C. Monroy, Health and Human Services Policy Analyst, Office of the Governor, provided a brief update on the Prescription Drug Abuse Prevention Summit, scheduled for Wednesday, August 31, 2016, and Thursday, September 1, 2016, at the MGM Grand in Las Vegas. Ms. Monroy said the goal of the statewide Summit, as directed by Governor Brian Sandoval, was to develop legislative policy and budgetary recommendations to support the State's efforts around prescription drug and opioid abuse.

AGENDA ITEM VI—PRESENTATION CONCERNING NEVADA PHYSICIAN ORDER FOR LIFE-SUSTAINING TREATMENT

Sally P. Hardwick, M.S., President, Nevada Physician Order for Life-Sustaining Treatment (POLST), discussed Nevada's POLST program. She said a POLST is activated only when patients cannot make decisions for themselves, and Nevada's POLST organization provides free training to most hospitals, hospices, nursing homes, and other facilities in many of Nevada's counties. Ms. Hardwick articulated POLST's issues of concern in Recommendation No. 11 ("Physician Orders for Life-Sustaining Treatment") of the WSD, and she pointed out that the matter in section "g" of this recommendation (i.e., not withholding life-sustaining treatment to a patient know to be pregnant who's fetus is likely to develop to the point of a live birth) is already in Nevada's POLST statute (subsection 4 of NRS 449.624).

Concluding, Ms. Hardwick stated Nevada POLST is a volunteer organization, and it has one volunteer who takes care of about 90 percent of the operations of the organization. She said legislation providing for the use of physician orders for life-sustaining treatment in Nevada passed in 2013 without a fiscal note (Assembly Bill 344, [Chapter 417, *Statutes of Nevada*]). However, because the program needs quality assurance along with stable leadership and staff, she requested the LCHC support legislation to sustain Nevada's POLST program. ([Agenda Item VI A-1](#)) ([Agenda Item VI A-2](#)) ([Agenda Item VI A-3](#)) ([Agenda Item VI A-4](#))

A lengthy discussion ensued among various LCHC members; the LCHC's legal counsel; Ms. Hardwick; Cody L. Phinney, M.P.H., Administrator, Division of Public and Behavioral Health (DPBH), DHHS; Peggy Ewald, R.N., C.C.M., Clinical Operations Manager, Geriatric Specialty Care, Nevada POLST; and John DiMuro, D.O., M.B.A., Chief Medical Officer, DPBH, DHHS, regarding the following issues:

- Avoiding a "homicide" investigation scenario by having a signed POLST form on record if a patient dies at home rather than having only a Do Not Resuscitate (DNR) order;

- Drawbacks to an out-of-hospital DNR compared to a POLST;
- Issues and time involved in rescinding a POLST;
- Possibility of modifying the current POLST form before the end of 2016 to address needed revisions that would not require statutory changes rather than waiting to address all modifications during the 2017 Session;
- The DPBH's commitment to work with Nevada's POLST organization on updating the POLST form and ensuring it continues to be available, as well as assisting in locating funding sources to ensure the DNR and POLST programs are well coordinated to avoid conflicts;
- Organ donation option listed on the POLST form;
- Decisional capacity determination by physicians versus Nevada POLST's proposal to expand the authority to advanced practice registered nurses (APRNs) and physician assistants (PAs) because of a lack of available physicians; and
- Justification for a physician, APRN, or PA to determine a patient's "decisional capacity" versus a judicial adjudication of someone to be incompetent.

AGENDA ITEM VII—WORK SESSION—DISCUSSION AND POSSIBLE ACTION ON RECOMMENDATIONS RELATING TO:

(Various recommendations in the WSD were taken out of order.)

- A. Health Care Workforce***
- B. Public Health***
- C. Medicaid Managed Care***
- D. Physician Orders for Life-Sustaining Treatment***
- E. Rare Diseases***
- F. Children's Health***
- G. Autism Treatment and Services in Nevada***
- H. Medicaid Reimbursement Rates***
- I. Health Profession Licensing and Licensing Boards***
- J. Behavioral Health***
- K. Ambulatory Surgical Centers***

Chair Oscarson provided remarks about the work session and the "Work Session Document" ([Agenda Item VII A-1](#)). He explained that in order to streamline the work session process and allow more time to review the legislative recommendations identified in the WSD, letters that may have consensus among members were included in a Consent Calendar

([Agenda Item VII A-2](#)). Chair Oscarson asked LCHC members whether there were any items on the Consent Calendar they preferred to have removed for later discussion.

Senator Hardy initiated discussion about adding a letter to the WSD addressing the 2016 priorities of the Clark County Children's Mental Health Consortium (CCCMHC).

MOTION: Senator Hardy moved to send a letter to Governor Brian Sandoval and Richard Whitley, Director, DHHS, expressing support for the 2016 service priorities of the CCCMHC. The motion passed unanimously.

Consent Calendar:

After input from each LCHC member, Chair Oscarson confirmed the following Consent Calendar items would be removed for further discussion: 9, 14, 15, 17, and 22. He called for a motion to approve the remaining Consent Calendar items. ([Agenda Item VII A-2](#))

MOTION: Senator Hardy moved to approve Consent Calendar items 2, 4, 5, 10, 12, 18, 19, 21, and 23. The motion was seconded by Assemblyman Gardner and passed unanimously.

Work Session:

Megan Comlossy, previously identified, provided introductory remarks about her role as an LCB employee prior to leading the LCHC members through the WSD, and she reminded members of their options for actions on WSD items.

RECOMMENDATION NO. 1—Health Professional Licensure Compacts

Eric Robbins, previously identified, clarified that this recommendation refers to only the Psychology Interjurisdictional Compact portion of Senate Bill 299 of the 2015 Session.

Assemblyman Gardner asked how many states ratified the Nurse Licensure Compact (NLC) and the Emergency Medical Services Personnel Licensure Interstate Compact (EMSPLIC). Mr. Robbins responded that 25 states had ratified the NLC, and 7 states of a required 10 ratified the EMSPLIC.

At the request of Chair Oscarson, Michael Hillerby, Lobbyist, State Board of Nursing, addressed the Nurse Licensure Compact. Mr. Hillerby informed the Committee that Bill Draft Request (BDR) 54-182 (Assembly Bill 18) to ratify the Nurse Licensure Compact was submitted on behalf of the State Board of Nursing by the Department of Administration for consideration at the 2017 Legislative Session.

Follow-up discussion occurred among members regarding sending a letter of support for BDR No. 54-182.

MOTION: Chair Oscarson moved to send a Committee letter supporting BDR 54-182 regarding the Nurse Licensure Compact. The motion passed. Senator Spearman voted no.

MOTION: Senator Hardy moved to propose legislation to enact the recognition of the Emergency Medical Services Personnel Licensure Interstate Compact and to redraft Senate Bill 299 of the 2015 Session pertaining to the Psychology Interjurisdictional Compact. The motion was seconded by Assemblyman Gardner, and it passed unanimously.

RECOMMENDATION NO. 3—Propose Legislation Regarding Advanced Practice Registered Nurses

Committee members discussed various concerns with the proposed legislation. Responses to questions and other information were provided by Jeanine Swygman, D.N.P., A.C.N.P.-B.C., C.C.R.N.-C.M.C., P.H.N, President, Nevada Advanced Practice Nurses Association, Reno, and Diane M. McGinnis, D.N.P., A.P.R.N., Las Vegas, regarding the following aspects of Recommendation No. 3: (1) 3, a, ii—allow an APRN to make all diagnoses applicable to a declaration to withhold or withdraw life-sustaining treatment and accept such a declaration; (2) 3, a, iii — complete a POLST, and assume all other privileges and duties of a physician that are applicable to a POLST; and (3) 3, a, vi — nondiscrimination in health care.

MOTION: Senator Kieckhefer moved to approve a BDR for Recommendation No. 3 to include only items i, iv, and v. The motion was seconded by Senator Hardy and passed unanimously.

RECOMMENDATION NO. 6—Propose Legislation Regarding State Employee Contracting

MOTION: Assemblywoman Benitez-Thompson moved to approve Recommendation No. 6. The motion was seconded by Senator Spearman and passed unanimously.

RECOMMENDATION NO. 7—Proposal to Redraft Section 9 of Senate Bill 178 (2015 Session) Regarding Body Mass Index Measurement in Schools

Committee members discussed various aspects of this recommendation, with responses from Joseph P. Iser, M.D., DrPH, MSc, District Health Officer, Southern Nevada Health District, Las Vegas.

MOTION: Senator Hardy moved to approve Recommendation No. 7. The motion was seconded by Assemblywoman Benitez-Thompson and passed. Senator Kieckhefer and Assemblyman Gardner voted no.

RECOMMENDATION NO. 8—Propose Legislation Regarding Vapor Products and Tobacco Products

Senator Kieckhefer and Senator Spearman expressed concern regarding increasing the legal age for tobacco use to 21 when 18-year-olds are already considered adults. Senator Kieckhefer noted he could support items “a,” “d, i,” and “d, iii.”

MOTION: Senator Hardy moved to approve Recommendation No. 8 to include items “a,” “d, i,” and “d, iii.” The motion was seconded by Assemblyman Gardner and passed unanimously.

RECOMMENDATION NO. 9—Send Letters Regarding Medicaid Managed Care Expansion

Senator Kieckhefer expressed opposition to Recommendation No. 9, opining that the Governor evaluates all sides of issues when considering policy decisions that affect the State of Nevada.

Senator Spearman said she understood the relevance of Senator Kieckhefer’s comments, but she opined such a letter would reinforce the related concerns heard by the LCHC from testifiers during the 2015–2016 Interim.

Chair Oscarson acknowledged Senator Kieckhefer’s point and said relaying the concerns of testifiers during the interim regarding Medicaid managed care expansion will provide the Governor with input he would not otherwise receive unless he had been able to attend all LCHC meetings.

MOTION: Assemblywoman Benitez-Thompson moved to approve Recommendation No. 9. The motion was seconded by Assemblyman Gardner and passed. Senator Kieckhefer voted no.

RECOMMENDATION NO. 11—Physician Orders for Life-Sustaining Treatment

Noting earlier concerns expressed regarding the POLST in Recommendation No. 3, Chair Oscarson asked Cody L. Phinney, previously identified, to provide DPBH’s perspective on this issue.

Ms. Phinney said the DPBH would recommend items in this proposal that would clarify statute. However, she requested having John DiMuro, previously identified, review this recommendation.

Chair Oscarson and Eric Robbins, previously identified, discussed the limited time frame for LCB’s Legal Division to draft a BDR for this recommendation, noting that amendments could be made during session.

Due to concern expressed by Senator Kieckhefer, Mr. Robbins recommended removing items “c” and “d” from the proposal.

Senator Kieckhefer noted his preference to also remove item “b” because the ability to determine whether someone has decisional capacity is his primary concern with this recommendation.

Senator Hardy also pointed out that item “e, iv” relates to decisional capacity, but whatever the BDR proposal includes, it needs to be statutorily germane to allow for applicable amendments during the 2017 Session.

Mr. Robbins, responding to Chair Oscarson, recommended including NRS 449.691 through NRS 449.697 to ensure the BDR would be germane to life-sustaining treatments and allow for discussions during consideration of possible legislation dealing with the matters in Recommendation No. 11.

MOTION: Senator Hardy moved to approve Recommendation No. 11 as noted in the WSD but with the removal of items “b” “c” “d” “e, iv and v”; remove “APRN or PA” from item “e, vi”; and incorporate item “a, ii” from Recommendation No. 3. The motion was seconded by Senator Kieckhefer and passed unanimously.

RECOMMENDATION NO. 13—Propose Legislation Regarding Posting of Child Abuse Hotline Number in Schools

Chair Oscarson asked Edward Ableser, Ph.D., Administrator, Aging and Disability Services Division (ADSD), DHHS, to provide input from the perspective of his previous position as Director for the Office for a Safe and Respectful Learning Environment with Nevada’s Department of Education (NDE).

Dr. Ableser said the anonymous “Safe-to-Tell Program” passed by the 2015 Legislature as S.B. 338 (Chapter 503, *Statutes of Nevada*) included provisions intended to bridge hotlines that deal with anonymous reporting for student and child protections. Dr. Ableser pointed out the program emphasizes marketing and educational opportunities through the schools, and he encouraged consolidation of such hotlines and the implementation of “wrap-around” mechanisms for all aspects of child safety protocols. Furthermore, he said S.B. 394 (Chapter 265, *Statutes of Nevada 2015*), a child safety standards bill, is currently being implemented in NDE to be embedded in health standards for all education courses.

Chair Oscarson reminded the LCHC that Recommendation No. 13 is not establishing a new hotline; it is intended to require posting the existing hotline number and information in the schools, which has been done successfully in other states.

Senator Kieckhefer expressed concern that this recommendation is the second of three proposed mandates (Recommendation Nos. 7 and 17) relating to the schools without representation from the schools regarding them.

MOTION: Senator Spearman moved to approve Recommendation No. 13. The motion was seconded by Assemblyman Gardner and passed unanimously.

RECOMMENDATION NO. 14—Send a Letter Regarding Children’s Health Insurance Program

Members discussed the proposal with input from Elizabeth Aiello, Deputy Administrator, Division of Health Care Financing and Policy, DHHS, and Denise Tanata, J.D., Executive Director, Children’s Advocacy Alliance. Questions concerned the estimated caseload increase and additional fiscal impact of adding lawfully residing immigrant children who have not lived in the United States for 5 years to the Children’s Health Insurance Program.

Senator Spearman asked that the letter emphasize the humanitarian component of helping children.

MOTION: Senator Kieckhefer moved to approve Recommendation No. 14 ensuring that the humanitarian component would be included in the letter. The motion was seconded by Assemblyman Gardner and passed unanimously.

RECOMMENDATION NO. 15—Send a Letter Regarding the Autism Treatment Assistance Program and Medicaid

Senator Kieckhefer said that although he has always favored services for people with autism in Nevada, his concern with the recommendation revolves around recommending an increase in Medicaid reimbursement rates before the budgetary funds are known for the 2017 Session.

Discussion ensued among Chair Oscarson, Senator Kieckhefer, and Senator Hardy regarding removing references to increasing various rates noted in Recommendation No. 15 while still showing support for those affected by autism.

Senator Spearman requested a reference in the letter about the need for services for adults with autism.

MOTION: Senator Kieckhefer moved to approve Recommendation No. 15 with the following modifications: (1) reword the first paragraph to read “Autism Treatment Assistance Program and Medicaid—Send a letter to the Director of DHHS conveying the variety of concerns related to accessing services expressed by numerous parents of children with autism, as well as providers of autism services, and to consider the following recommendations:”; (2) delete all references to increasing rates and specific rate increase amounts and replace with the word “review”; and (3) add a statement to review the programs for adults on the autism spectrum and the reimbursement structures currently available. The motion was seconded by Senator Hardy and passed unanimously.

RECOMMENDATION NO. 16—Propose Legislation to Redefine Autism

Discussion ensued between members and Jan Crandy, Former Chair, Nevada Commission on Autism Spectrum Disorders, ADSD, DHHS. Ms. Crandy explained the need to redefine “autism,” which will expand the definition and result in faster access to diagnosis and services.

MOTION: Senator Kieckhefer moved to approve Recommendation No. 16. The motion was seconded by Senator Hardy and passed unanimously.

RECOMMENDATION NO. 17—Collaboration Between School and Out-of-School Applied Behavioral Analysis (ABA) Services

Chair Oscarson explained that this recommendation is an attempt to resolve conflicts with the schools that parents testified about during the interim regarding their children being penalized for missing classes as a result of attending out-of-school ABA appointments during the school day.

Senator Kieckhefer expressed support for this issue but also noted the need for more flexibility for school districts to engage with parents to resolve this issue.

Chair Oscarson noted that Jan Crandy, previously identified, submitted a letter ([Agenda Item VII B](#)) with proposed changes related to this issue that may be referenced in drafting the letter for this recommendation.

MOTION: Senator Kieckhefer moved to approve Recommendation No. 17. The motion was seconded by Assemblyman Gardner and passed unanimously.

RECOMMENDATION NO. 20—Propose Legislation Regarding Behavioral Health Licensing Boards

Ms. Comlossy noted an error was made in drafting this proposal for the WSD, which indicated the proposal was to “consolidate” the behavioral health boards when it should have reflected the proposal was to “transfer” the boards under the State Board of Health, DPBH, DHHS.

Chair Oscarson provided commentary on the many issues raised during interim testimony regarding the severe health workforce shortages and timely licensing of professionals. He articulated the following aspects of what Recommendation No. 20 is proposing:

- Eliminate unnecessary barriers to entry into the field of behavioral health;
- Streamline the licensure application processes and improve efficiency across the behavioral health licensure boards;

- Capitalize on existing infrastructure within the Bureau of Health Care Quality, DPBH, DHHS, and Compliance to standardize and streamline the application of the licensing processes for similar professions and reduce administrative costs;
- Ensure that experts in each respective field, and potentially current board staff or board members, continue to develop regulation standards of practice and licensure requirements for their own behavioral health disciplines;
- Provide the much needed and currently nonexistent oversight of boards whose decisions will be reviewed and approved by the State Board of Health; and
- Offer a means for the LCHC to begin to address the myriad of issues heard throughout the interim and help reduce unnecessary barriers for professionals who want to work as psychologists, social workers, and counselors, or other behavioral health providers in Nevada.

Ms Phinney provided testimony at the request of Chair Oscarson regarding the perspective of the DPBH on this recommendation. Ms. Phinney referred to her handout during her testimony. ([Agenda Item VII C](#))

Chair Oscarson confirmed the goal for this proposal would be to standardize the licensing process in all the related professional disciplines.

Mr. Ableser provided input at the request of Chair Oscarson regarding his perspective from his previous role as the Director for the Office for a Safe and Respectful Learning Environment.

Assemblywoman Benitez-Thompson commented that accomplishing the intentions of this proposal will be challenging, but she said it is important to improve efficiencies in the licensing process to standardize systems so that professionals have similar time frames to becoming licensed.

MOTION: Senator Hardy moved to approve Recommendation No. 20. The motion was seconded by Assemblyman Gardner and passed unanimously.

RECOMMENDATION NO. 22—Send a Letter Regarding Mental Health Courts

Assemblyman Gardner said his concern with this recommendation is to ensure that the victims of crimes are considered by these specialty courts.

Senator Spearman requested that the letter include a reference to public/private partnerships to minimize the fiscal impacts of the specialty courts.

MOTION: Assemblyman Gardner moved to approve Recommendation No. 22 to include mentioning the victim component and utilizing public/private partnerships in funding aspects of

the mental health courts. The motion was seconded by Senator Spearman and passed. Assemblywoman Benitez-Thompson was absent for the vote.

RECOMMENDATION NO. 24—Propose Legislation Regarding Ambulatory Surgical Centers

Chair Oscarson offered introductory remarks regarding a meeting with several of the stakeholders affected by this recommendation, noting that constructive dialogue from all perspectives resulted on how best to proceed with this proposal. Chair Oscarson then requested James Wadhams, Lobbyist, Nevada Hospital Association (NHA), and Kristen Swilley, CHBC, CHFP, Vice President for the Nevada Ambulatory Surgery Center Association (NASCA), to provide input for the LCHC from their perspectives of the meeting.

Mr. Wadhams agreed with Chair Oscarson's viewpoint of the stakeholder meeting and called attention to the issue of the ambulatory surgical centers (ASC) not fully complying with the ASC laws that have been in Nevada's statutes since 2005 and 2007. He said a final resolution was not reached, but the group did find some principals for agreement, which were the need for clarity, transparency, and ultimately, accountability. Mr. Wadhams opined that the statutes, as noted in the WSD for Recommendation No. 24, need to be updated to include the broadest possible application that will afford the most reasonable solution.

Ms. Swilley said she echoed Mr. Wadham's remarks and expressed support for the items noted in Recommendation No. 24. She declared NASCA fully understands NHA's perspective and that the surgery center industry is not well-served when there is a lack of full compliance with existing regulations.

MOTION: Assemblyman Gardner moved to approve Recommendation No. 24. The motion was seconded by Senator Hardy and passed unanimously.

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

Ryan Gustafson, Deputy Administrator, Division of Child and Family Services (DCFS), DHHS, provided an update on the System of Care (SOC) Grant and the associated strategic plan. ([Agenda Item VIII](#))

Discussion ensued between Senator Hardy and Mr. Gustafson regarding the role of the DCFS within the SOC Grant, which is to develop the DCFS as the lead authority for children's behavioral health services in the State, increase the availability of emergency responses to behavioral health services, and increase access to care and care coordination services.

Discussion also ensued between Senator Spearman and Mr. Gustafson regarding the intent of DCFS's mobile crisis services, which will coordinate a clinical caseworker and a psychiatric caseworker to offer intensive services to youths and families until long-term services are in place.

AGENDA ITEM IX—OVERVIEW OF THE FORENSIC BEHAVIORAL HEALTH SEQUENTIAL INTERCEPT MODEL, A CONCEPTUAL FRAMEWORK FOR COMMUNITIES DEVELOPING STRATEGIES TO ADDRESS BEHAVIORAL HEALTH DISORDERS AMONG PEOPLE INVOLVED IN THE CRIMINAL JUSTICE SYSTEM

(This agenda item was taken out of order.)

Elizabeth W. Neighbors, Ph.D., Statewide Forensic Program Director, DPBH, DHHS, discussed the sequential intercept model (SIM), which was developed to provide a conceptual framework for communities to assist individuals with mental health disorders who become involved in the criminal justice system. She noted that the DPBH adopted the SIM as a way of organizing its data collection and some of its performance improvement activities to better evaluate what the State is doing in terms of helping to prevent mentally ill individuals from entering the criminal justice system. Dr. Neighbors said the Stepping Up Initiative incorporates the SIM to address the issue of criminal justice involving mentally ill individuals from prearrest to discharge. She explained the five intercept points and said the model is an organized approach to identify actions to be taken at each juncture, maintain measurable data, and use the model to assist in future planning. ([Agenda Item IX A-1](#)) ([Agenda Item IX A-2](#))

Discussion ensued among Senator Spearman, Senator Hardy, and Dr. Neighbors regarding: (1) cost savings that would likely occur if individuals with mental health disorders were identified at the first intercept ("Law Enforcement/Emergency Services") and treated at mental health facilities rather than being arrested; and (2) requested support from the LCHC—both philosophically and financially for data collection—to use the SIM approach to keep mentally ill individuals out of the criminal justice system.

AGENDA ITEM X—PRESENTATION CONCERNING THE STEPPING UP INITIATIVE, A NATIONAL EFFORT TO DIVERT PEOPLE WITH MENTAL ILLNESS FROM JAILS AND INTO TREATMENT

This topic was discussed by Michael J. Pawlak, Director, Clark County Social Service Department (CCSSD), under agenda item XI.

AGENDA ITEM XI—REGIONAL COMMUNITY-BASED EFFORTS TO PREVENT ARREST OF INDIVIDUALS WITH MENTAL ILLNESS IN NEVADA

(This agenda item was taken out of order.)

James Seebock, Captain, Bureau Commander, Las Vegas Metropolitan Police Department (LVMPD), said the LVMPD recognizes that mental illness is a major concern to the community. He explained that LVMPD has taken steps to train its police and corrections officers to manage the mentally ill and assist them in getting the help they need. Captain Seebock briefly discussed the information provided in his handout. ([Agenda Item XI A](#))

Nita Schmidt, Lieutenant, Clark County Detention Center (CCDC), LVMPD, said she is the administrative lieutenant who oversees the mental health, medical, and many units where the CCDC houses inmates with mental illness inmates. Responding to Senator Hardy's question about how many of the CCDC inmates are prescribed psychotropic medicines, Lieutenant Schmidt said the average is 30 percent, and to Senator Spearman's question about the cost to house mentally ill inmates in the CCDC, she said it is approximately \$135 per day.

Senator Spearman pointed out for the record that, based on her calculations, with approximately 33 percent of the CCDC inmates needing mental health services, the cost to house them—with an average daily population of 1,320 at \$135 per day—would be \$178,200 per day.

Michael J. Pawlak, previously identified, offered highlights of what the Clark County Department of Social Service is doing to prevent the arrest of individuals with mental illness in Nevada, which include:

- ***Stepping Up Initiative***—a county-based national initiative aimed at developing plans to keep individuals who commit low-level crimes, primarily due to mental illness, out of jail prior to arrest and linking them to case management and other community-based services.
- ***Data-Driven Justice Initiative***—focus on addressing the key populations of “super-utilizers” who are often chronically homeless individuals with mental illness; have substance abuse issues; and have health problems that cause them to cycle through jails, hospitals, emergency rooms, shelters, and other services.
- ***Frequent Users of System Engagement Initiative***—known as the FUSE Initiative, it is an evidence-based initiative that Clark County is piloting in order to target frequent users of the criminal justice and homeless systems and place them in supportive housing to break the cycle of repeated use of costly crisis services.

Mr. Pawlak requested the LCHC's support for CCSSD's efforts to prevent arrest of individuals in Nevada with mental illness and listed the following priorities for accomplishing this goal: (1) establish a leadership committee to champion the effort of addressing the prevalence of

people with mental illness in jail; (2) develop a mechanism to evaluate the current jail system and ensure that time and screening assessments are conducted; (3) compile baseline data to include a comprehensive process to analyze and inventory services and evaluate and prioritize policy practices; (4) acquire funding for improvements; and (5) create a mechanism to track the progress of all these efforts.

Concluding, Mr. Pawlak presented three initial solutions to move forward toward the goal of keeping individuals with mental illness out of the criminal justice system:

1. Create or expand real-time local data exchanges that combine justice, health, or other system data as appropriate and consistent with applicable legal and privacy protections to help identify multiple system users and super-utilizers of those systems;
2. Divert the multiple system users and super-utilizers, as well as people who may be committing low-level crimes primarily due to mental illness, from the criminal justice system prior to arrest, where appropriate, and link them to case management and other community-based services; and
3. Implement data-driven, risk assessment tools to ensure that decisions on pretrial release are informed by empirically validated methods of gauging defendants' risk to the community—not their ability to pay or factoring in other extraneous information.

Rangal Yorks, L.C.S.W., Coordinator, Mobile Outreach Safety Team (MOST), Northern Nevada Adult Mental Health Services (NNAMHS), DPBH, DHHS, said he is the coordinator of MOST for Washoe County, which began between 2008 and 2009 and employs mental health clinicians to accompany law enforcement officers and assist people struggling with mental illness earlier than having them end up in emergency rooms. He said during 2015, MOST clinicians responded to 1,622 calls for service; however, because the program currently has one clinician vacancy, only day shifts are staffed. However, if funding becomes available to hire more clinicians, additional shifts could be covered and more calls could be handled. ([Agenda Item XI B](#))

Senator Kieckhefer asked who is responsible for dispatching MOST clinicians, and Mr. York explained that the majority of calls for such service come through the dispatch centers.

Andrew Hines, Mental Health Counselor, NNAMHS, DPBH, DHHS, stated he is the Forensic Mental Health Team (FMHT) supervisor for NNAMHS. Mr. Hines explained that the FMHT was formed because the Washoe County Detention Center noticed a “revolving door” of inmates needing mental health services. He said the FMHT’s role is to assist with reintegration and continue to provide mental health services while reducing both recidivism and readmission to mental health institutions in Washoe County. Mr. Hines said the FMHT was not able to accept a new client for the previous 14 months due to funding limitations. ([Agenda Item XI C](#))

Jessica Flood, Regional Behavioral Health Coordinator, Carson Tahoe Behavioral Health Services, Carson Tahoe Health, provided an overview of the rural perspective of jail diversion for inmates with mental health issues, noting the rural counties are enthusiastic about the jail diversion initiatives. Ms. Flood discussed the following during her presentation ([Agenda Item XI D](#)):

- The counties of Carson City, Churchill, Douglas, and Lyon passed the Stepping Up Initiative and engage in monthly behavioral health task force discussions;
- The SIM model was used by many of the rural counties in developing their behavioral health jail diversion programs, with crisis intervention and behavioral health training specific to Carson City, Churchill, Douglas, and Lyon Counties;
- Behavioral health training is being implemented through crisis intervention, Forensic Assessment Services Triage Team (FASTT), MOST, and the Stepping Up Initiative;
- Involvement of rural communities in supporting law enforcement intervention with people with mental health issues and jail diversion;
- FASTT is an initiative that began in Carson City as an effort to stop the cycle of recidivism by assembling case management teams to meet with inmates with mental health issues and create a discharge plan to connect those persons with treatment.
- Carson City, Churchill, Douglas, and Lyon Counties are working on creating a database where these counties can coordinate and share information between agencies;
- The Ohio Risk Assessment System—a national “best practice” risk and needs-based responsivity model—is being implemented to target frequent high-need, high-risk individuals entering the judicial system.

In closing, Ms. Flood said these programs are a challenge for rural communities, but the counties are willing and enthusiastic about continuing them. However, she noted their work has been accomplished with limited resources, and for these programs to become permanent, sustainable funding must be found. Ms. Flood pointed out one such option is 2011 North Carolina legislation known as the Justice Reinvestment Act, which is a data-driven approach to criminal justice policy.

Al McNeil, Sheriff, Lyon County, testified about his County’s strategic plan for criminal justice reform. He pointed out that while Lyon is considered a rural county, its demographic projection is to become the third most populated county in Nevada by 2018. Unfortunately, Sheriff McNeil said, with this expected population growth, the County’s per capita income is ranked the 15th poorest in the State, which contributes to its host of social and economic issues. He highlighted the fact that 35 percent of all the County’s deaths are the result of alcoholism, drug addiction, and other social issues. Sheriff McNeil cited two encouraging

events toward the goal of improving Lyon County's public safety issues: (1) two days of behavioral health training for the entire Lyon County Sheriff's Office will occur before the end of 2016; and (2) the Office was recently awarded a grant for a full-time behavioral health peace officer to work in its jail, which is the first type of position in the State of Nevada. He said the focus for the position is to increase collaboration between the mental health community and law enforcement. ([Agenda Item XI E](#))

AGENDA ITEM XII—PRESENTATION CONCERNING MENTAL HEALTH COURT IN NEVADA

(This agenda item was taken out of order.)

The Honorable Deborah E. Schumacher, Senior District Court Judge, Carson City, addressed the goals and some of the challenges and successes for the mental health courts serving Churchill, Lyon, Mineral, and Washoe Counties. The following are highlights of Judge Schumacher's presentation ([Agenda Item XII A](#)):

Goals:

- Two goals of the mental health courts are: (1) societal—reduce the inappropriate entry into the criminal justice system and reduce recidivism and the burden on communities that come from the crimes committed by individuals unable to conform their behavior to society's laws; and (2) individual offender—guide individuals struggling with mental health issues toward personal mental health stability and sobriety.

Challenges:

- Inappropriate burden, which national data reflects, on the criminal justice system that is set up to handle the more traditional offender but is now more often dealing with a growing number of offenders with mental health problems;
- Bureau of Justice Statistics published data that at least a quarter of the prisoners with mental health problems had served at least three prior incarcerations;
- Referral process—mental health court is a multijurisdictional court with referrals coming from a number of sources and levels of jurisdiction (municipal court, justice court, and district trial courts);
- Referrals often come with inadequate information for the mental health courts to determine whether the person is well-served;
- Court budget lacks specific funds to provide a mental health assessment for someone to determine the appropriateness for mental health court;

- While the court waits for additional information, the person may languish in jail, which is both a public funding issue and an inappropriate way to deal with those individuals;
- Once a process is established for an individual, one of the greatest challenges is securing appropriate housing as many of the mental health court clients require 24-hour supervised group homes, which also challenges the court's housing budget;
- Mental health courts are multilevel jurisdictional; therefore, some cases are misdemeanors that are referred from the lower courts with those individuals not being eligible for probation in mental health court as they were in the lower courts, so these individuals are without supervision; and
- Sex offenders—those individuals with mental health issues but also have a sex offender background—the courts have not been successful in serving them as they cannot be housed in many of the available housing options.

Successes:

- In Washoe County's Fiscal Year 2016, the Western Regional Mental Health Court served 157 people with 104 graduating. Judge Schumacher cited an example of a recent graduate who spent 20 years self-medicating but now appears to be on a career path as a veterinary clinic.

The Honorable David Barker, Chief Judge, Eighth Judicial District Court, Department 18, Civil/Criminal Division, Clark County, said after listening to Judge Schumacher's testimony, it is encouraging for southern Nevada to learn that its efforts mirror the challenges in northern Nevada. He noted funding sources in southern Nevada are coordinated at the State level, but there is a lack of coordination at the local level. Judge Barker stated efforts are underway to create a program to place a mental health expert in the jails to identify individuals sooner who are in need of the mental health court process. ([Agenda Item XII B-1](#)) ([Agenda Item XII B-2](#))

AGENDA ITEM XIII—PRESENTATIONS CONCERNING EFFORTS TO REINTEGRATE CRIMINAL JUSTICE INVOLVED INDIVIDUALS WITH BEHAVIORAL HEALTH ISSUES INTO THE COMMUNITY

A. Assisted Outpatient Treatment in Clark County

(This agenda item was taken out of order.)

The Honorable William O. Voy, District Judge, Eighth Judicial District Court, Department A, Family Division, Clark County, testified about Clark County's outpatient treatment program (OTP), which was funded by the 2013 Nevada Legislature. Judge Voy noted there was initial trepidation among some involved in the initial phases of the program, but Clark County's OTP has been highly successful in outpatient commitment of individuals to the program through

the court process. He said the initial patients entered the program in April of 2014, and the caseload is currently between 80 and 85 individuals, which is as many as the assisted outpatient treatment (AOT) team is able to currently serve.

Judge Voy said the OTP needs another AOT team as Clark County has the capacity to serve another 80 to 85 patients; however, funding is needed in order to establish another team.

Ellen Richardson-Adams, M.Ed., Outpatient Administrator, Southern Nevada Adult Mental Health Services (SNAMHS), DPBH, DHHS, provided enthusiastic remarks about the AOT program at SNAMHS. She noted that the program has proven beneficial for those where other programs have not.

Discussion ensued among Senator Hardy, Judge Voy, and Ms. Richardson-Adams regarding funding and the cost benefit of the OTP to every member of the communities, both at the county, State, and private-sector levels.

B. Crossroads

Ken Retterath, Division Director, Adult Services, Department of Social Services, Washoe County, provided an overview of Washoe County's Crossroads program, which is a tiered housing model that targets the County's super-utilizer homeless clients. He said the program works very closely with the courts and has partnered with many entities in Washoe County, such as Catholic charities. Mr. Retterath said the program has been successful in reducing incarceration by providing and expanding services to young offenders and to the serial inebriated population. Mr. Retterath pointed out that many of the individuals brought into Crossroads struggle with addiction and mental health issues. The program focuses on reducing the homelessness cycle by providing housing until a "bridge to opportunity" can be facilitated for these individuals. ([Agenda Item XIII-B](#))

Discussion ensued between Senator Kieckhefer and Mr. Retterath regarding the Crossroads staffing requirements, operating costs, and status of a waitlist to get into the program.

AGENDA ITEM XIV—PRESENTATION CONCERNING A NATIONAL TRAINING PROGRAM ON THE STORAGE AND USE OF AUTO-INJECTABLE EPINEPHRINE

Chair Oscarson announced that this agenda item would not be addressed at the meeting.

AGENDA ITEM XV—PRESENTATION CONCERNING THE COST OF PRESCRIPTION DRUGS

Rocky Finseth, Managing Director and Company Principal, Carrara Nevada, provided introductory remarks.

Saiza-Jem Elayda, J.D., Director, State Advocacy-Policy, Pharmaceutical Research and Manufacturers of America (PhRMA), focused on three main issues as she addressed the information in her handout: (1) the value of medicine for patients' lives; (2) the economic impact that the biopharmaceutical industry has in the State of Nevada; and (3) the investment that PhRMA-member companies make towards research and development. ([Agenda Item XV](#))

Lengthy discussion ensued among Senator Kieckhefer, Chair Oscarson, Senator Hardy, and Ms. Elayda regarding: (1) the cost of new drugs coming into the marketplace; (2) off-label applications for a product that as physicians learn such drugs are effective for various ailments and begin to prescribe such drugs, the drug companies raise prices of such products; (3) the rebate structure negotiated by manufacturers to sell their drugs; (4) immunological disorders; (5) how insurance is structured for coverage of various health care needs; and (6) patient noncompliance with medicines and the costly affect to the medical industry.

AGENDA ITEM XVI—PUBLIC COMMENT

Sara Hunt, Ph.D., Director, University of Nevada, Las Vegas (UNLV) Mental and Behavioral Health Coalition (MBHC), explained that UNLV's MBHC is a collaborative effort of faculty members from seven programs on the UNLV campus to graduate mental health providers and address workforce shortages in behavioral health in Nevada. She highlighted the following matters relative to the meeting's testimony: (1) transferring the monitoring of behavioral health licensing boards to DHHS; (2) centering criminal justice programs around individuals with mental health issues—Ms. Hunt suggested connecting such programs with Nevada's institutes of higher education to be proactive in training future generations of mental health professionals; and (3) being included in mental health summits and discussions. ([Agenda Item XVI](#))

Concluding, Ms. Hunt said, speaking personally as a licensed psychologist, she was encouraged to hear discussion about the criminal justice programs that are focusing on treating individuals with mental health issues to avoid repeated incarcerations. Ms. Hunt expressed concern that many of these individuals most likely struggle with obtaining primary care; and therefore, she suggested the models include an integrated approach to providing health care along with mental health support.

Diane M. McGinnis, D.N.P., A.P.R.N., Las Vegas, expressed her gratitude to the LCHC for approving the letter to the National Health Service (NHS) Corps. She said, having been a Nurse Corps scholar in rural Nevada and most recently working for Searchlight Healthcare (SH), a federally qualified health center that is eligible for these types of scholars, SH is having difficulty recruiting NHS Corps participants. Ms. McGinnis also commented on the prescription drug payer dilemma for SH's clients who are uninsured, underinsured, Medicare, or Medicaid patients. She said a person with insurance pays a significantly lower price than a person without insurance.

AGENDA ITEM XVII—ADJOURNMENT

There being no further business to come before the Committee, the meeting was adjourned at 4:58 p.m.

Respectfully submitted,

Gayle Nadeau
Senior Research Secretary

Megan Comlossy
Senior Research Analyst

APPROVED BY:

Assemblyman James Oscarson, Chair

Date: _____

MEETING MATERIALS

AGENDA ITEM	WITNESS/ENTITY	DESCRIPTION
<u>Agenda Item II A</u>	Cynthia McFadden, resident, Las Vegas, Nevada	Prepared testimony
<u>Agenda Item II B</u>	Michael Hackett, Principal, Alrus Consulting, representing the Nevada Public Health Association, the Nevada Primary Care Association, and the Nevada Tobacco Prevention Coalition	Prepared testimony
<u>Agenda Item II C</u>	Dan Musgrove, Volunteer Chair, Clark County Children's Mental Health Consortium (CCCMHC)	CCCMHC's 2016 Service Priorities
<u>Agenda Item II D-1</u>	Christopher A. Vito, M.H.A., President, Nevada Adult Day Healthcare Centers, Inc. (NADHC)	Adult Day Services Association of Nevada letter to Legislative Committee on Health Care (LCHC)
<u>Agenda Item II D-2</u>	Christopher A. Vito, M.H.A., President, NADHC	Adult Day Services Request
<u>Agenda Item II D-3</u>	Christopher A. Vito, M.H.A., President, NADHC	Information sheet regarding Adult Day Services
<u>Agenda Item II E-1</u>	Richard L. Martin, PSP Pharm, resident, Las Vegas	Prepared testimony
<u>Agenda Item II E-2</u>	Richard L. Martin, PSP Pharm, resident, Las Vegas	Letter to Richard Martin from Debra Houry, M.D., M.P.H., Director, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, United States Department of Health and Human Services
<u>Agenda Item II F</u>	Agata Gawronski, M.S.W., Executive Director, Nevada's Board of Examiners for Alcohol, Drug and Gambling Counselor	Prepared testimony
<u>Agenda Item II G-1</u>	William C. Horne, Lobbyist, Board of Dental Examiners of Nevada (BDEN)	August 23, 2016, Letter to LCHC from Debra Shaffer- Kugel, Executive Director, BDEN
<u>Agenda Item II G-2</u>	William C. Horne, Lobbyist, BDEN	August 18, 2016, Letter to LCHC from Debra Shaffer- Kugel, BDEN

<u>Agenda Item II H</u>	Jordon Ross, Constable, Laughlin Township Constable's Office	Prepared testimony
<u>Agenda Item II I</u>	Arthur Reitz, resident, Reno, Nevada	Prepared testimony
<u>Agenda Item II J</u>	Barbara Paulsen, representing Nevadans for the Common Good (NCG)	Letter from NCG to the LCHC
<u>Agenda Item II K</u>	Thirteen members of the public contributing prepared public comments	Packet of public comments
<u>Agenda Item IV A-1</u>	Eric Robbins, Deputy Legislative Counsel, Legal Division, Legislative Counsel Bureau (LCB)	LCB File No. R131-15
<u>Agenda Item IV A-2</u>	Eric Robbins, Deputy Legislative Counsel, Legal Division, LCB	LCB File No. R038-16
<u>Agenda Item IV A-3</u>	Eric Robbins, Deputy Legislative Counsel, Legal Division, LCB	LCB File No. R086-16
<u>Agenda Item IV A-4</u>	Eric Robbins, Deputy Legislative Counsel, Legal Division, LCB	LCB File No. R120-16
<u>Agenda Item IV A-5</u>	Eric Robbins, Deputy Legislative Counsel, Legal Division, LCB	LCB File No. R144-16
<u>Agenda Item VI A-1</u>	Sally P. Hardwick, M.S., President, Nevada Physician Order for Life-Sustaining Treatment (POLST)	Presentation titled "Nevada POLST NRS 449.691-449.697 Proposed Revisions"
<u>Agenda Item VI A-2</u>	Sally P. Hardwick, M.S., President, Nevada POLST	Document of NRS POLST citations related to proposed revisions
<u>Agenda Item VI A-3</u>	Sally P. Hardwick, M.S., President, Nevada POLST	Document titled "Nevada POLST Proposed Statutory Revisions"
<u>Agenda Item VI A-4</u>	Sally P. Hardwick, M.S., President, Nevada POLST	Sample Nevada POLST form
<u>Agenda Item VII A-1</u>	Megan Comlossy, Senior Research Analyst, Research Division, LCB	Work Session Document (WSD)
<u>Agenda Item VII A-2</u>	Megan Comlossy, Senior Research Analyst, Research Division, LCB	WSD Consent Calendar
<u>Agenda Item VII B</u>	Jan Crandy, Former Chair, Nevada Commission on Autism Spectrum Disorders, Aging and Disability Services Division, DHHS	Document related to WSD Recommendation No. 17
<u>Agenda Item VII C</u>	Cody L. Phinney, M.P.H., Administrator, Division of Public and Behavioral Health, Department of Health and Human Services	Document related to WSD Recommendation No. 20

<u>Agenda Item VIII</u>	Ryan Gustafson, Deputy Administrator, Division of Child and Family Services, DHHS	Prepared presentation titled “Nevada System of Care Implementation Grant”
<u>Agenda Item IX A-1</u>	Elizabeth W. Neighbors, Ph.D., Statewide Forensic Program Director, Division of Public and Behavioral Health (DPBH), Department of Health and Human Services (DHHS)	Prepared presentation titled “Overview of the Sequential Intercept Model”
<u>Agenda Item IX A-2</u>	Elizabeth W. Neighbors, Ph.D., Statewide Forensic Program Director, DPBH, DHHS	Flow chart titled “Intercepts Between Criminal Justice and Mental Health Systems”
<u>Agenda Item XI A</u>	James Seebock, Captain, Bureau Commander, Las Vegas Metropolitan Police Department	Prepared testimony
<u>Agenda Item XI B</u>	Rangal Yorks, L.C.S.W., Coordinator, Mobile Outreach Safety Team (MOST), Northern Nevada Adult Mental Health Services (NNAMHS), DPBH, DHHS	Brief on MOST for the Reno/Sparks area
<u>Agenda Item XI C</u>	Andrew Hines, Mental Health Counselor, NNAMHS, DPBH, DHHS	Prepared presentation titled “Forensic Mental Health Team”
<u>Agenda Item XI D</u>	Jessica Flood, Regional Behavioral Health Coordinator, Carson Tahoe Behavioral Health Services, Carson Tahoe Health	Prepared presentation titled “Jail Diversion: A Rural Perspective”
<u>Agenda Item XI E</u>	Al McNeil, Sheriff, Lyon County	Prepared testimony
<u>Agenda Item XII A</u>	The Honorable Deborah E. Schumacher, Senior District Court Judge, Carson City	Overview of the Western Regional Mental Health Court
<u>Agenda Item XII B-1</u>	The Honorable David Barker, Chief Judge, Eighth Judicial District Court, Department 18, Civil/Criminal Division, Clark County	Prepared presentation titled “Eighth Judicial District Court Mental Health Court Program”
<u>Agenda Item XII B-2</u>	The Honorable David Barker, Chief Judge, Eighth Judicial District Court, Department 18, Civil/Criminal Division, Clark County	Data sheet regarding the Eighth Judicial District Court Mental Health Court
<u>Agenda Item XIII-B</u>	Ken Retterath, Division Director, Adult Services, Department of Social Services, Washoe County	Prepared presentation titled “CrossRoads Program”

<u>Agenda Item XV</u>	Saiza-Jem Elayda, J.D., Director, State Advocacy-Policy, Pharmaceutical Research and Manufacturers of America	Prepared presentation titled “The Cost of Prescription Drugs in Context: Benefits of Medicines to Patients, the Health Care System, and the Economy”
<u>Agenda Item XVI</u>	Sara Hunt, Ph.D., Director, University of Nevada, Las Vegas, Mental and Behavioral Health Coalition	Document titled “Nevada Statewide Mental Health Workforce Development Forum”

This set of “Summary Minutes and Action Report” is supplied as an informational service. Copies of the complete meeting materials and other material 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 <http://www.leg.state.nv.us/lcb/research/library/feedbackmail.cfm> or telephone: (775) 684-6827.