

## SUMMARY OF RECOMMENDATIONS

### LEGISLATIVE COMMITTEE ON HEALTH CARE

*Nevada Revised Statutes 439B.200*

This summary presents the recommendations approved by the Legislative Committee on Health Care (LCHC) (*Nevada Revised Statutes* [NRS] 439B.200) at its August 29, 2012, meeting. The LCHC submits the following recommendations and bill draft requests (BDRs) to the 77th Session of the Nevada Legislature:

#### CHILDREN'S MENTAL HEALTH SERVICES IN NEVADA

1. Send a letter to Nevada's Congressional Delegation regarding access to care for certain children who have access to care through a variety of governmental entities such as Medicaid, child welfare, and juvenile justice. The letter will:
  - a. Inform the Delegation of the Institution for Mental Diseases (IMD) exclusion that disallows group homes of 16 beds or more from being reimbursed through Medicaid and the impact of this federal regulatory hindrance on Nevada. Specifically, this prohibition is not allowing medically necessary behavioral health services to be reimbursed in a delivery model that is in the least restrictive, most normative setting for the child. The goal of the Division of Health Care Financing and Policy, Department of Health and Human Services (DHHS), is to develop funding models that are innovative and within the community setting.
  - b. Request that the Delegation advocate for the IMD exclusion regulation to be reconsidered by the Centers for Medicare and Medicaid Services (CMS) by considering the severity of the mental disease rather than the existence of a mental disease in combination with the bed count (i.e., 16 beds or more). This will place more emphasis on the acuity of the child instead of the facility.

Because of these prohibitions in current federal regulation, these facilities have been mistaken for the more traditional higher level of care psychiatric hospitals and psychiatric residential treatment facilities.

2. Send a letter to the Director of the DHHS and the Executive Director of the Silver State Health Insurance Exchange. The letter will:
  - a. Encourage the development of a mechanism for Children's Mental Health Consortiums (NRS 433B.333) to provide input into State implementation of the federal health reform initiative to ensure that targeted case management and service

delivery for children with serious emotional disturbance is provided with a family-driven, individualized, wraparound approach.

- b. Request that the appropriate Director consider the viability of pursuing the following proposals, which were presented by the Children's Mental Health Consortiums:
  - (1) Include the following as essential health benefits to be covered for children with serious emotional disturbance under benchmark plans for Medicaid, health insurance exchanges, and other plans: family-to-family support, mentoring, mental health consultation, mobile crisis intervention, and respite care.
  - (2) Build in reimbursement incentives for use of evidence-based practices in case management and direct services.
  - (3) Build family navigators into the essential benefits package to provide outreach and navigation to assist families of children with serious emotional disturbance in choosing the best benefits package.
  - (4) Develop a mechanism/legislation for reinvesting savings from health care reform's increased federal financial participation into community-based services.
  - (5) Submit to the CMS a Medicaid State plan amendment for review and approval to establish a 1915(i) Home and Community Based Services waiver, in an effort to increase the capacity of Medicaid mental health service providers to deliver in-home services and supports, and decrease the need for out-of-home care.

#### **PRESCRIPTION DRUG ABUSE AND THE PRESCRIPTION DRUG MONITORING PROGRAM IN NEVADA**

3. Send a letter to Nevada's Congressional Delegation related to prescription drugs. The letter will: (a) emphasize the impact of prescription drug abuse, misuse, and diversion in Nevada; and (b) encourage the development of policies that recognize the impact of prescription drug advertising, promotion, and marketing to health care professionals and direct-to-consumer on excessive or unnecessary prescription drug use.
4. Include a statement in the Committee's final report: (a) emphasizing the Committee's support for the efforts of the Substance Abuse Working Group within the Office of the Attorney General (Assembly Bill 61 [Chapter 89, *Statutes of Nevada 2011*]) and the Prescription Controlled Substance Abuse Prevention Task Force; and (b) recognizing their accomplishments related to addressing substance abuse issues and challenges in the State of Nevada.

5. Send a letter to the DHHS encouraging collaboration with the United States Drug Enforcement Administration, Nevada Statewide Coalition Partnership, and other entities as appropriate, to provide for safe and available destruction and disposal of medications; including the creation of safe disposal sites in each county in Nevada.
6. Send a letter to the DHHS encouraging collaboration with the Nevada Statewide Coalition Partnership, and other entities, as appropriate, to develop consumer education related to prescription medications. The letter will encourage the development of:
  - a. A media campaign that teaches consumers how to work with their health care professionals around prescription drugs, including how to store, keep, and use their prescriptions; and
  - b. Training information for consumers on safe handling, storage, et cetera, along with education on potential for abuse and misuse.
7. Send a letter to the Chairs of the Senate Committee on Judiciary and the Assembly Committee on Judiciary forwarding the record concerning the LCHC discussion regarding penalties for trafficking prescription medications and request that the respective committees work with law enforcement and other interested parties to address concerns and penalties related to trafficking schedule III, IV, and V controlled substances.

### **CANCER DRUG DONATION PROGRAM**

8. Send a letter to the following medical and related groups: the Clark County Medical Society, the Washoe County Medical Society, the Nevada Nurses Association, the Nevada Osteopathic Medical Association, the Nevada State Medical Association, the Nevada Pharmacist Association, the Nevada Society of Health-System Pharmacists, the Retail Association of Nevada, and other relevant groups. The letter will: (a) emphasize the Committee's strong support for the Cancer Drug Donation Program; (b) highlight the cost of prescriptions for the treatment of cancer and the availability of unused medication; and (c) encourage the groups to educate their members about the program in an effort to make them more knowledgeable and comfortable referring individuals who may benefit.
9. Amend NRS 457.460 to allow dispensing practitioners (physicians and osteopathic physicians) to dispense donated cancer drugs through the Cancer Drug Donation Program. **(BDR 40-500)**

**STANDARDIZING LANGUAGE IN CHAPTER 450B, “EMERGENCY MEDICAL SERVICES,” OF THE *NEVADA REVISED STATUTES* TO CONFORM TO THE *NATIONAL EMERGENCY MEDICAL SERVICES EDUCATION STANDARDS* RELEASED BY THE NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION IN 2009**

10. Amend Chapter 450B of the NRS to:
  - a. Remove all references to “advanced emergency medical technician” (currently defined at NRS 450B.025) in the NRS and change the term to “paramedic.”
  - b. Remove all references to “intermediate emergency medical technician” (currently defined at NRS 450B.085) in the NRS and change to “advanced emergency medical technician.” **(BDR 40–501)**

**UNLICENSED HEALTH CARE IN NEVADA**

11. Amend the NRS to provide consistent practices, and authority to address the unlicensed practice of health care and related issues to the following health care professional licensing boards: Board of Examiners for Audiology and Speech Pathology (NRS 637B.100); Chiropractic Physicians’ Board of Nevada (NRS 634.020); State Board of Cosmetology (NRS 644.030); Board of Dental Examiners of Nevada (NRS 631.120); Board of Hearing Aid Specialists (NRS 637A.030); Board of Examiners for Long-Term Care Administrators (NRS 654.050); Board of Homeopathic Medical Examiners (NRS 630A.100); Board of Medical Examiners (NRS 630.003); State Board of Nursing (NRS 632.020); Board of Occupational Therapy (NRS 640A.080); Board of Dispensing Opticians (NRS 637.030); Nevada State Board of Optometry (NRS 636.030); State Board of Oriental Medicine (NRS 634A.030); State Board of Osteopathic Medicine (NRS 633.181); State Board of Pharmacy (NRS 639.020); State Board of Physical Therapy Examiners (NRS 640.030); and State Board of Podiatry (NRS 635.020).
  - a. Specifically:
    - (1) Make unlicensed practice a category D felony;
    - (2) Authorize each board to cite and fine any unlicensed person who performs an act that requires a license or represents themselves to be licensed;
    - (3) Authorize each board to seek an injunction from the district court prohibiting unlawful conduct;
    - (4) Authorize each board to write and enforce a cease and desist letter;

- (5) Authorize each board to enter any premises where a licensed person practices the profession or where an unlicensed person performs activities that require licensure; and
    - (6) Authorize each board to investigate based on an anonymous complaint unless the lack of identity of the complainant would make processing the complaint impossible or unfair to the subject of the complaint.
  - b. Amend NRS 179.121 to include the felony for unlicensed practice, in each chapter referenced, as a crime for which all personal property used in the crime is subject to forfeiture. **(BDR 54-502)**
12. Amend the chapters for each board referenced in Recommendation No. 11 to:
- a. Require each board to refer all substantiated violations to the proper entity for prosecution and to take all lawful and necessary actions to discontinue the unlawful practice; and
  - b. Allow each board to combine resources and work collaboratively with any other listed board to investigate unlicensed practice. **(BDR 54-502 and BDR 54-503)**
13. Amend Chapter 200, “Crimes Against the Person,” of the NRS to:
- a. Provide that the performance of a health care procedure without a license that results in:
    - (1) Substantial bodily harm is a category C felony for the first offense and a category B felony for a subsequent offense.
    - (2) Death is a category B felony and the sentence not be suspended nor probation granted.
  - b. Provide that the performance of a surgical procedure without a license that results in:
    - (1) No substantial bodily harm is a category C felony for the first offense and a category B felony for a subsequent offense.
    - (2) Substantial bodily harm is a category B felony.
    - (3) Death is a category B felony and the sentence may not be suspended nor probation granted.

- c. Ensure that a person who is legally authorized to perform a health care procedure without a license is not subject to these offenses for performing any procedure that they are legally authorized to perform. **(BDR 15–504)**

**PROPOSALS RELATING TO CHILDREN IN THE CARE OF  
CERTAIN GOVERNMENTAL ENTITIES**

- 14. Amend Chapter 432B, “Protection of Children From Abuse and Neglect,” of the NRS to:

- a. Require each agency which provides child welfare services to:

- (1) Collect certain information concerning the actions of persons legally responsible (PLRs) for the psychiatric care of a child, including data on the number of medical evaluations attended by the PLR, the number of medications approved or denied by the PLR, and the number of second opinions requested by the PLR; and
- (2) Provide the information collected to the Division of Child and Family Services (DCFS) of the DHHS.

- b. Require the DCFS to:

- (1) Submit a report annually to the LCHC containing the information gathered in Item 14a;
- (2) Adopt regulations establishing a limit on the number of children for whom a person may be nominated as a person legally responsible for psychiatric care;
- (3) Establish a standardized training curriculum that must be completed by a person before they may be nominated as a person legally responsible for the psychiatric care of a child and must be provided online; and
- (4) Ensure that children in foster care receive age-appropriate information about any psychotropic medication that they are prescribed before they begin taking the medication. The information must notify them about the risks and benefits of the medication, including any side effects of taking the medication, the potential impact of taking the medication on future employment, and any other issues related to the use of the psychotropic medication. If the child objects to the medication, the objection must be noted in the child’s record with the Division. **(BDR 38–505)**

- c. Amend Chapter 432B of the NRS to allow a child to be placed with fictive kin even if the record indicates that a previous instance of child abuse or neglect was

substantiated, if a case plan was established and subsequently completed.  
**(BDR 38-506)**

**PROPOSALS RELATING TO THE USE OF EPINEPHRINE  
AUTO-INJECTORS AT SCHOOLS IN NEVADA**

15. Amend the NRS as follows:

- a. Provide authority for each public or private school or institution of higher education to:
  - (1) Stock epinephrine auto-injectors for use in emergencies, regardless of whether the student has been previously diagnosed with an allergy;
  - (2) Accept gifts, grants, and donations to stock epinephrine auto-injectors;
  - (3) Provide food allergy training to food service workers and other school personnel and develop a comprehensive anaphylaxis action plan that enables students, teachers, and school employees to:
    - i. Understand the risk of anaphylaxis;
    - ii. Avoid their allergic triggers;
    - iii. Recognize the signs and symptoms;
    - iv. Be prepared with access to epinephrine auto-injectors (two doses); and
    - v. Know to seek emergency medical care following administration of treatment.
- b. Authorize physicians to write a prescription for an epinephrine auto-injector for an entity, such as a school, in addition to a natural person.
- c. Allow a school nurse or any other trained school employee to administer an epinephrine auto-injector to a person at the school or a school function when the nurse or trained employee believes that the person is experiencing anaphylaxis.
- d. Extend Good Samaritan protections to schools, school nurses, and trained school employees who administer or allow the administration of an epinephrine auto-injector to a person when acting in good faith in an emergency. **(BDR -513)**

## **PATIENT-CENTERED MEDICAL HOMES**

16. Draft a resolution encouraging the DHHS and the Commissioner of Insurance to work with health care providers and insurers to:
  - a. Develop a patient-centered medical home model of care; and
  - b. Adopt payment models that allow for the implementation of this model of care.  
**(BDR R-507)**