



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

SUMMARY MINUTES AND ACTION REPORT

The sixth meeting of the Nevada Legislature’s Legislative Committee on Health Care was held on Wednesday, May 7, 2014, at 9 a.m. in Room 4401 of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. The meeting was videoconferenced to Room 3138 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. A copy of this set of “Summary Minutes and Action Report,” including the “Meeting Notice and Agenda” ([Exhibit A](#)) and other substantive exhibits, is available on the Nevada Legislature’s website at <http://www.leg.state.nv.us/interim/77th2013/committee/>. In addition, copies of the audio or video record are available through the Legislative Counsel Bureau’s Publications Office (e-mail: publications@lcb.state.nv.us; telephone: 775/684-6835).

COMMITTEE MEMBERS PRESENT IN LAS VEGAS:

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

COMMITTEE MEMBER PRESENT IN CARSON CITY

Assemblywoman Teresa Benitez-Thompson

ADDITIONAL LEGISLATOR PRESENT:

Assemblyman Andy Eisen

LEGISLATIVE COUNSEL BUREAU STAFF PRESENT:

Marsheilah D. Lyons, Supervising Principal Research Analyst, Research Division
Risa B. Lang, Chief Deputy Legislative Counsel, Legal Division
Eric Robbins, Deputy Legislative Counsel, Legal Division
Sally Trotter, Principal Administrative Assistant, Research Division

OPENING REMARKS

- Chair Jones welcomed members, staff, and the public to the sixth meeting of the Legislative Committee on Health Care (LCHC). He remarked that May is National Mental Health Month.

PUBLIC COMMENT

- Theresa Brushfield, Residential Care Home Owner and Administrator, Las Vegas, Nevada, provided written comments and supporting documents regarding residential care and the impact that regulation changes to *Nevada Revised Statutes (NRS) 278.02386* have on Type II, Residential Care Facilities ([Exhibit B](#), [Exhibit B-1](#), [Exhibit B-2](#), and [Exhibit B-3](#)). She voiced concern with the State Fire Marshal's interpretation of NRS regarding Level II Residential Care Homes. Ms. Brushfield asked if this issue could be revisited at the next meeting of the LCHC.
- Eunice Enrile, private citizen, Las Vegas, Nevada, testified in support of residential care group homes. She said her mother lives in a group home. Ms. Enrile stressed the importance of the small home environment.
- Rose Estrada, resident of California, commented on the care her mother receives in a residential care home in Las Vegas.
- James S. Tate, M.D., Las Vegas, Nevada, testified regarding his concerns with Nevada's Board of Medical Examiners ([Exhibit C](#)).

APPROVAL OF MINUTES OF THE MEETING HELD ON MARCH 5, 2014, IN LAS VEGAS, NEVADA

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

SENATOR HARDY MOVED TO APPROVE THE MINUTES OF THE MARCH 5, 2014, MEETING HELD IN LAS VEGAS. THE MOTION WAS SECONDED BY SENATOR WOODHOUSE AND PASSED UNANIMOUSLY.

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

LCB File No. R103-12P (Board of Psychological Examiners)

- Risa B. Lang, Chief Deputy Legislative Counsel, Legal Division, Legislative Counsel Bureau, provided copies of the proposed regulations for the Committee's consideration. (See [Exhibit D](#), [Exhibit D-1](#), and [Exhibit D-2](#).)

- Chair Jones asked if there was a representative from the Board of Psychological Examiners available. He requested any questions or comments concerning proposed regulation R103-12P.
- Morgan Aldrich, Executive Director, Board of Psychological Examiners, offered to answer any questions later in the agenda relative to the discussion on autism.

LCB File No. R025-14P (Board of Examiners for Social Workers).

- Chair Jones called for any comments or questions regarding proposed regulation R025-14P; however, there were none.

Kim Frakes, L.C.S.W., Executive Director, Board of Examiners for Social Workers, submitted a table containing comparisons of licensing fees for social workers for the record ([Exhibit E](#)).

LCB File No. R046-14P (State Board of Health)

- Chair Jones asked for any questions or comments regarding proposed regulation R046-14P; however, there were none.

PRESENTATION CONCERNING EXPANDING FEDERALLY QUALIFIED HEALTH CENTERS AND RURAL HEALTH CLINICS PURSUANT TO SENATE BILL 448 (CHAPTER 267, STATUTES OF NEVADA 2013)

- Nancy E. Hook, Chief Executive Officer (CEO), Nevada Primary Care Association, provided an update on community health centers (CHCs) and strategies to increase the number of centers in Nevada ([Exhibit F](#)). She submitted written testimony for the record provided by Daniel J. Ahearn, M.D., Chief Executive Officer, Community Health Alliance Foundation, who was unable to attend ([Exhibit F-1](#)).

Ms. Hook defined real access as a consistent, high quality place where one can go to meet their health care needs. She pointed out challenges and barriers to health care access in Nevada. Ms. Hook remarked that breaking down barriers to basic health care access is critical since improved access to primary care will improve our State's health.

She pointed out a fact sheet that provided current information on Nevada's four CHCs ([Exhibit F-2](#)). Ms. Hook referenced another handout titled "The Economic Impact of Nevada's Community Health Centers," which provided information on the community impact, economic impact, and tax impact of Nevada's primary care centers ([Exhibit F-3](#)). She testified that in 2013, two senior health centers had a \$69.9 million economic impact and were responsible for over 700 jobs. Ms. Hook commented on a Lincy Report that ranks Nevada 50 out of 50 states for receiving federal dollars.

She discussed multiple funding opportunities for the existing CHCs and remarked that the federal budget allocates \$4.6 billion to the CHC model for Fiscal Year 2015. Ms. Hook displayed medically underserved shortage areas in Nevada. She addressed staff recruitment problems, along with other cash flow problems for CHCs, which she testified could be addressed by allowing expedited credentialing for providers and a primary care pool of funds available for start-up costs. Ms. Hook talked about State funds to support CHCs.

Discussion ensued between Chair Jones and Ms. Hook regarding funding. Ms. Hook testified that Nevada receives \$10 million in federal funding and no State funding. Chair Jones asked about the per-dollar return investment. Ms. Hook reported that CHCs provide \$1,200 per-person savings and \$80 million in cost savings annually.

Chair Jones wondered whether it would be more expedient to build or convert an existing facility into a CHC. Ms. Hook recommended setting up expansions to existing sites in communities that do not have CHCs. She explained the process to convert a district or public hospital into a CHC. Ms. Hook mentioned a hospital that created a separate tax district and advisory board that runs the entire primary care system. She commented on a lack of grant opportunities and coverage for malpractice insurance. Chair Jones requested information regarding legislative language from other states.

In response to Senator Hardy's request for clarification of expedited credentialing, Ms. Hook discussed the issues of credentialing out-of-state providers and credentialing through health plans. Senator Hardy commented on competing with other states to recruit caregivers. He asked Ms. Hook for suggestions for legislation.

- Assemblyman Oscarson remarked that the Council for Affordable Quality Healthcare is already being used in Nevada. He asked Ms. Hook for legislative priorities to facilitate services in the State.
- Joan B. Hall, R.N., B.S.N., President, Nevada Rural Hospital Partners (NRHP), provided information on rural health clinics (RHCs). (See [Exhibit G](#).) She defined RHCs as primary care-based clinics located in rural underserved areas that receive cost-based reimbursement. Ms. Hall provided a brief overview and a map displaying the 4,000 RHCs located in the United States. She presented the 2014 consortium map of NRHP hospitals in Nevada that operate RHCs. Ms. Hall explained the qualifications for a RHC, which must be located in a nonurbanized area as defined by the U.S. Census Tract and in a designated medical shortage area. Continuing, she described a typical RHC visit and listed RHC requirements. Ms. Hall requested the LCHC's assistance with RHC licensing issues.
- Steve Boline, CPA, Regional Chief Financial Officer, NRHP, focused his discussion on: (1) reimbursement advantages for provider-based RHCs; (2) Nevada Medicaid payment for existing and new RHC facilities; (3) the financial relationship between RHCs and hospitals; and (4) financial counseling to assist patients with third-party

insurance and better access to care services. Concluding, he shared the importance of support for health care in rural areas.

Responding to Chair Jones's query regarding barriers for rural hospitals to be designated as RHCs, Ms. Hall said in most facilities that decision is made by management. She commented that Nye Regional Medical Center did not convert due to difficulty providing mid-level providers to the area. Ms. Hall testified that many rural hospitals employ their physicians, so the RHC model helps the hospital maintain financial viability.

In response to Senator Hardy's comment regarding compatibility between federally qualified health centers (FQHCs) and RHCs, Ms. Hall remarked there is a competition between RHCs and FQHCs in many states, which does not exist in Nevada. She stated that one of the issues from an RHC perspective is clinics in district hospitals are purchased by tax dollars, which complicates the possibility of converting to a FQHC. Ms. Hall added that FQHCs provide comprehensive care, including mental health and dental services, which are not available in RHCs. She noted possible State benefit but was not aware of any local community benefit.

There was discussion between Assemblyman Oscarson and Ms. Hall regarding opportunities for telemedicine in RHCs. Ms. Hall testified that Medicare recognized RHCs as an originating site for telemedicine. She said extending and expanding the scope of service would be appreciated by both RHCs and rural hospitals.

PRESENTATION CONCERNING AUTISM IN NEVADA

(At the request of Chair Jones, this agenda item was taken out of order.)

- Barbara E. Buckley, Esq., Executive Director, Legal Aid Center of Southern Nevada, and former Speaker of the Assembly, mentioned a case at the Legal Aid Center that involved a child who was referred to Child Haven due to a lack of support for autism services at home. She said the child was not receiving autism services because the family was on a waiting list. Ms. Buckley discussed challenges with the Autism Treatment Assistance Program (ATAP) waiting list. She opined that the State needs a better way to serve children. Ms. Buckley recommended Applied Behavior Analysis (ABA) therapy be covered as an early preventive service by a Medicaid waiver. She suggested making changes so children could be covered by private insurance. Ms. Buckley supports not having a requirement for certification by the Board of Psychological Examiners for Certified Autism Behavior Interventionists (CABIs).

There was discussion between Senator Hardy and Ms. Buckley regarding CABI credentialing issues.

Responding to Vice Chair Dondero Loop's inquiry regarding the length of time children removed from their homes wait for services, Ms. Buckley testified that once legal aid

intervenes it could speed up the process; however, children can remain in the system for months.

- Jan Crandy, Chair, Nevada Commission on Autism Spectrum Disorders (NCASD), testified regarding the prevalence of autism ([Exhibit H](#)). She stated that the upsurge of people with Autism Spectrum Disorders (ASD) would affect access, increase expenses, stretch provider capacity, increase wait lists, and threaten the long-term viability of all State programs. Ms. Crandy addressed gaps in coverage and capacity for individuals with ASD. She provided relevant statistics reported to the NCASD. Ms. Crandy testified that ATAP is on target to meet the needs of 50 percent of the wait list. She stressed the benefits of treatment to children under 46 months old. Ms. Crandy noted sustainability of the program requires all funding sources be tapped and the minimum coverage for ABA included in the State Medicaid Plan.

She pointed out advances in screening and diagnosis tools that provide the ability to identify children with ASD at an earlier age. Ms. Crandy remarked that the number of diagnosed children receiving treatment has not improved. She discussed requirements in NRS 427A.880, “Referral to Autism Treatment Assistance Program,” that provide for referral and treatment plans for infants and toddlers. Ms. Crandy referenced “Guidelines: Health Plan Coverage of Applied Behavior Analysis Treatment for Autism Spectrum Disorder” ([Exhibit H-1](#)) and a table indicating studies that examined the effectiveness of intensive behavioral intervention ([Exhibit H-2](#)). She also provided information on the cost-effectiveness of autism funding ([Exhibit H-3](#)); a document by the L & M Policy Research regarding Medicaid waivers ([Exhibit H-4](#)); and a table containing intervention specific analyses ([Exhibit H-5](#)).

Ms. Crandy testified regarding the shortage of CABIs and in-network providers. She stated that CABIs work under the supervision of nationally certified behavior analysts. Ms. Crandy explained the training for CABIs and their responsibilities to children diagnosed with ASD. She referenced a flow chart (page 25 of [Exhibit H-1](#)).

In response to Senator Hardy’s request for clarification regarding the shortage and certification of providers, Ms. Crandy stated there is a shortage of certified CABIs. She agreed with Ms. Buckley’s suggestion that CABIs not be required to be certified.

Continuing, Ms. Crandy noted the disparity between the number of CABIs, of the service delivery hours they provide, and the number of children currently waiting for treatment. She pointed out issues that delay the start of treatment for children covered by insurance, including: (1) the time frame to become certified; (2) limited testing times and locations; (3) additional credentialing requirements by insurance companies; and (4) limited in-network providers who deliver intensive behavior intervention. Ms. Crandy recommended adjusting the private insurance \$36,000 cap since it does not adequately address the level of treatment ASD children need.

- Chair Jones requested Ms. Crandy provide suggestions for changes to statutory language for consideration at the Committee’s work session in June.
- Jon Paul Saunders, B.A., Behavioral Consultant, The Lovaas Center for Behavior Intervention, submitted a Microsoft PowerPoint presentation and supporting documents on ABA. He offered to answer any questions based on ABA or early intensive behavior services for children with autism. (See [Exhibit I](#), [Exhibit I-1](#), [Exhibit I-2](#), and [Exhibit I-3](#)).

Responding to Senator Hardy, Mr. Saunders stated he agreed 100 percent with the recommendations of Ms. Buckley and Ms. Crandy.

- Tina Gerber-Winn, Deputy Administrator, Aging and Disability Services Division (ADSD), Department of Health and Human Services (DHHS), provided an outline of the ATAP program in Nevada ([Exhibit J](#)). Her presentation highlighted:
 - Eligibility;
 - Service plans and types of treatment offered;
 - Insurance assistance and collaboration plans;
 - Plans for families and treatment targets;
 - Caregiver and parent involvement;
 - Provider qualifications;
 - Supervision rates;
 - Direct service costs per child per month; and
 - Costs per plan type.

Ms. Gerber-Winn mentioned caseloads and the need to build the program by providing information to parents about available services. Concluding, she offered assistance to simplify the process of recruiting and training behavioral interventionists.

Discussion ensued between Chair Jones and Ms. Gerber-Winn regarding wait times (page 27 of [Exhibit J](#)). Chair Jones pointed out the longest number of days waiting and the average number of days until placement. Ms. Gerber-Winn said this is a reflection of the program from the beginning. She opined the best fix would be to have more resources for the program. Ms. Gerber-Winn commented that the caseload allotment numbers were doubled. Chair Jones wondered whether ADSD had requested additional resources for this budgetary cycle to address the waiting list. Ms. Gerber-Winn affirmed ADSD had asked for more resources. She mentioned an increase in referrals and could not guarantee that the resources would be sufficient. Chair Jones voiced his concern with children waiting five years for service.

Responding to Senator Hardy’s query regarding ATAP’s budget, Ms. Gerber-Winn stated it is approximately \$7 million annually. She offered to provide exact figures. Senator Hardy asked about changing the credentialing requirements to end the wait lists

for children. Ms. Gerber-Winn pointed out that ATAP does not require providers to be certified.

- Ms. Crandy clarified that ATAP serves children with private insurance. She added that private insurers would not cover the in-network providers. Ms. Crandy testified that ATAP spent \$250,000 to provide services to children.
- Ms. Gerber-Winn said approximately 307 children were served this year and 578 would be served during the next fiscal year. She said the double caseload figure would be 1,200.
- Assemblyman Oscarson recognized the financial responsibility created by not treating children earlier and providing care at an early age. He commented on the impact to schools providing services.

In response to Vice Chair Dondero Loop, Ms. Gerber-Winn said there is federal match funding. She said if Medicaid would allow for coverage through the State Plan then other families who do not have private insurance would be covered.

Early Screening and Early Intervention Services

- Julie Kotchevar, Clinical Program Manager, Early Intervention Services (EIS), ADSD, DHHS, explained that EIS provides services to children from birth to age three. She gave an overview of efforts to provide increased screening and diagnosis of ASD. Ms. Kotchevar mentioned EIS had provided 2,300 screenings this year and employed a different provider to better diagnosis ASD. She explained the struggle to provide treatment between initial diagnosis and when children age out of the program. Ms. Kotchevar said they are training staff on a method of ABA designed to integrate with federal requirements for early intervention.

She testified that Chapter 689A of NRS, “Individual Health Insurance,” does not allow EIS to bill private insurance for any behavioral therapy and the therapy is not covered by Medicaid. Ms. Kotchevar added that similar to ATAP, EIS are provided by noncertified interventionists supervised by licensed staff. She said EIS is attempting to identify more children through screening and referrals from pediatricians and hiring additional therapists to provide more services.

There was discussion between Chair Jones and Ms. Kotchevar concerning EIS’s efforts to identify more children and the current wait list for ATAP services. Ms. Kotchevar explained once a child is identified, the focus is to obtain a diagnosis in order for families to qualify for services through private insurance. She mentioned other services EIS provides. In response to Chair Jones’s inquiry regarding removing the statutory prohibition on EIS billing private insurance, Ms. Kotchevar affirmed it would assist EIS, and she commented EIS could recoup the funds it is paying for behavioral therapy from the General Fund.

Discussion ensued between Senator Hardy and Ms. Kotchevar regarding EIS outreach to pediatricians and physicians. Ms. Kotchevar mentioned EIS works with universities to provide training and free screenings at day care facilities.

Medicaid and Other Insurance Coverage for Services

- Elizabeth “Betsy” Aiello, MBS, OTR/L, Deputy Administrator, Division of Health Care Financing and Policy, DHHS, discussed Medicaid service coverage ([Exhibit K](#)). She explained that although currently ABA is not covered, Medicaid pays for any rehabilitative and habilitative services for skills acquisition and maintenance. Ms. Aiello reported that the federal government has notified the states it is looking for a method to add coverage for ABA under prevention regulations in the health care reform. She commented that a State Plan could be drafted to add services and submitted for approval. Ms. Aiello mentioned that anytime State Plan services are added or expanded there is a federal match. She cautioned that Medicaid service expansion also requires State funding. Ms. Aiello agreed that children need services. She talked about the number of children on Medicaid who have private insurance coverage using Medicaid as the payer of last resort.
- Chair Jones asked Ms. Aiello to discuss the State Plan amendment development process.
- Ms. Aiello described the process to develop a State Plan amendment to add a service and the timeline for rate studies, public hearings, notifications per tribal agreements, and submission.

There was discussion between Senator Hardy and Ms. Aiello regarding the Medicaid match when a service is added to the State Plan. Ms. Aiello clarified the federal match includes only the expansion population. She testified that currently it is approximately 64 percent.

- Todd Rich, Chief Deputy Insurance Commissioner, Division of Insurance, Department of Business and Industry (DBI), shared how autism benefits have changed under the Affordable Care Act (ACA). He provided a background on the Division of Insurance.
- Glenn Shippey, Senior Analyst on Health, Division of Insurance, DBI, testified that the treatment of ASD is an essential health benefit. He reported the Commissioner of Insurance had selected the small group plan as an essential mental health package in Nevada. He noted the plan would provide coverage for autism services for all new individual policies as of January 1, 2014. Mr. Shippey testified that this plan could be purchased to provide coverage to a child diagnosed with ASD. He mentioned the plans are posted on the Division’s website. Mr. Shippey commented that although the open enrollment period is over, plans could be

purchased with a 90-day waiting period. He stated that one change to autism services is that the ACA does not allow a dollar limit on essential benefits. Mr. Shipley explained that carriers have substituted number of visits or number of service hours instead of using the \$36,000 cap. He stressed that in the individual marketplace, options are available and no child can be refused coverage.

Responding to Chair Jones's comment, Mr. Shipley announced that the Division has achieved network adequacy for the first time this year. He reported that the Division is building a process to ensure adequacy. Mr. Shipley talked about the difficulties caused by the shortage of interventionists in the provider networks.

There was discussion between Senator Hardy and Mr. Shipley regarding coordination of benefits for multiple insurance policies.

Access to Rural Services in Nevada

- Korri L. Ward, B.S., Founder and President, Northern Nevada Autism Network, testified regarding services provided to her twin boys in Elko, Nevada ([Exhibit L](#)). She identified problems accessing diagnosis and collaboration between the school her sons attended and ATAP services while living in rural Nevada. Ms. Ward offered the following suggestions:
 - Provide for ABA coverage in the State Plan;
 - Reinstate the self-directed community-based waiver program and job development training services;
 - Remove limits on insurance benefits for autism treatment and access to benefits;
 - Base insurance coverage on skills acquisition and development rather than age;
 - Create better coordination between EIS diagnosis and referral to ATAP;
 - Work to rid the stigmatism of autism;
 - Provide screenings by local pediatricians; and
 - Implement a collaborative program between Elko County Schools and ATAP.
- Assemblyman Oscarson offered to work with Ms. Ward to provide additional mobile diagnostic services.
- Rachelle Reynolds, parent, Las Vegas, Nevada, discussed issues with Health Plan of Nevada covering ABA services for her son. She pointed out a ten-month waiting list and difficulty locating an individual insurance plan. Ms. Reynolds commented that certified therapists would not work for large companies. She suggested that the large companies be required to hire per diem therapists. (See [Exhibit M](#).)
- Chair Jones commented on the lack of adequate networks and efforts by the Insurance Division to ensure network adequacy.

**UPDATE CONCERNING CRITICAL CONGENITAL HEART DISEASE SCREENING
PURSUANT TO SENATE BILL 92 (CHAPTER 391, STATUTES OF NEVADA 2013)**

(At the request of Chair Jones, this agenda item was taken out of order.)

- Christine Mackie, Chief, Bureau of Child, Family, and Community Wellness, Division of Public and Behavioral Health (DPBH), DHHS, presented an update on screening for critical congenital heart disease (CCHD) using pulse oximetry ([Exhibit N](#)). She provided an overview of:
 - Positive screening results information;
 - Results from data collected between July 1, 2013, and March 31, 2014;
 - Prevalence rates in Nevada from 2008 to 2012;
 - Feedback from participating hospitals; and
 - Other states participating in CCHD screenings.

Ms. Mackie commented that CCHD is the most commonly identified birth defect in the U.S. and accounts for nearly 30 percent of infant deaths due to birth defects. She added that about 300 infants with an unrecognized CCHD are discharged every year from newborn nurseries in the U.S.

- Michelle Gorelow, MAEd, Director of Program Services, Advocacy, and Government Affairs, March of Dimes Nevada Chapter, gave a brief history of newborn screening. She testified CCHD is one of the more common birth defects. Ms. Gorelow shared a story regarding a family's experience with an infant who had an undiagnosed CCHD. She discussed additional benefits from pulse oximetry screening. (See [Exhibit O](#), [Exhibit O-1](#), and [Exhibit O-2](#)).
- Benjamin Schmauss, Government Relations Director, American Heart Association, read an article in support of CCHD screening and stressed its importance.
- Assemblyman Eisen, M.D., Assembly District No. 21, testified he supports screening for CCHD. He expressed concern regarding overreliance on pulse oximetry screening. Assemblyman Eisen commented on data reported by the Children's Heart Center Nevada that indicated of the approximate one dozen referrals, none were identified with CCHD. He added during that time there were approximately 240 children with noncritical congenital heart disease and 27 with CCHD, all of whom had a normal screen or would have had a normal CCHD screen based on their particular condition. Assemblyman Eisen addressed the effective prenatal screening program in Nevada based on ultrasound. He discussed his fear that families are reassured by a normal screen and could disregard other signs. Assemblyman Eisen stressed the importance of ultrasound and prenatal assessment.
- Chair Jones asked Assemblyman Eisen to provide data from the Children's Heart Center Nevada to the LCHC.

DISCUSSION REGARDING EMERGENCY ADMISSION TO MENTAL HEALTH FACILITIES

- Tracey D. Green, M.D., Chief Medical Officer, DPBH, DHHS, presented information on emergency admission to mental health facilities ([Exhibit P](#)). She remarked that this issue has been a topic for the LCHC over the past few months. Dr. Green pointed out the current Legal 2000 form and the definition of mental illness (page 6 of [Exhibit P](#)). She clarified changes to NRS 433A.115, “Person with Mental Illness,” are applicable to persons who are at a danger to themselves or others. Dr. Green explained the process for a person to be placed on a Legal 2000, which allows a court to stipulate a 72-hour hold to evaluate a person who is at risk to themselves or others to determine if an acute in-patient admission is required.

She directed attention to a copy of NRS 433A.200, “Involuntary Court Ordered Admission,” (page 3 of [Exhibit P](#)) and pointed out that nurse practitioners or nurse’s assistants are excluded as persons who can initiate a Legal 2000. Dr. Green talked about the process once a Legal 2000 is initiated and barriers to admittance to community triage centers and psychiatric facilities, which create a bottleneck in emergency rooms (ERs). She opined current medical clearance language in NRS does not need any change, but lacks language for the assessment and decertification of a client in an ER. Dr. Green explained that current data shows that at least 57 percent of clients on a Legal 2000 do not meet the criteria for acute inpatient admission to a psychiatric unit. She provided a mock-up of the new Legal 2000 and the proposed language regarding decertification.

Dr. Green suggested the addition of language (example provided in [Exhibit P](#)) to NRS Chapter 433A, “Admission to Mental Health Facilities or Programs of Community-Based or Outpatient Services,” to allow for decertification of a person who has had a Legal 2000 initiated for involuntary court-ordered admission. She added that the client would still need to be discharged by the ER doctor.

- Marissa Brown, R.N., Workforce and Clinical Services Director, Nevada Hospital Association, voiced support for revising NRS to change the Legal 2000 decertification process. She noted challenges due to limited authority to decertify that create ER overcrowding. Ms. Brown also supports efforts to expand authority to nurse practitioners and physician’s assistants to decertify Legal 2000 patients in the ER. (See [Exhibit Q](#).)

In response to Chair Jones’s inquiry regarding clarification of the language on the revised Legal 2000 form ([Exhibit P](#)), Dr. Green testified that a physician would discharge from a hospital, and she will make the correction on the form. Regarding Chair Jones’s query about duplicative efforts by the Governor’s Commission, Dr. Green assured Chair Jones there would not be any duplication of efforts since the Governor’s Commission would not ask for any bill draft requests.

Responding to Assemblyman Oscarson's questions regarding Legal 2000 training for law enforcement, Dr. Green stated that all officers on the Las Vegas Metropolitan Police Department are trained as part of the Crisis Intervention Team (CIT) program. She said they are working on enhancing that training and expanding the mobile outreach team statewide to provide available resources at the State level.

- Chair Jones asked Dr. Green to provide information on other states.

Discussion ensued between Senator Hardy and Dr. Green regarding the hospitals' process to credential personnel. Dr. Green explained that Crisis Response Teams report to the ER and each participant is required to get privileges at the hospital. She is unaware whether the privilege extends to discharge privileges. Dr. Green testified that a psychiatrist would be the initiator and as a part of the medical clearance would be the discharger from the ER.

- Assemblyman Oscarson asked that consideration be given to funding needs for CIT programs in rural areas.

UPDATE ON INVOLUNTARY COURT-ORDERED ADMISSION OF CERTAIN PERSONS WITH MENTAL ILLNESS TO PROGRAMS OF COMMUNITY-BASED OR OUTPATIENT SERVICES PURSUANT TO ASSEMBLY BILL 287 (CHAPTER 537, STATUTES OF NEVADA 2013)

- Tracey D. Green, previously identified, discussed Kendra's law, which was initiated in New York in 1999 and required persons with severe and persistent mental illness to comply with court-ordered assisted outpatient treatment (AOT) or face hospitalization or incarceration. She mentioned the passage of A.B. 287, which provided for AOT in Nevada. Dr. Green stated that the Southern Nevada Adult Mental Health Services has developed, introduced, and implemented the AOT program. She shared eligibility criteria for the AOT program in southern Nevada ([Exhibit R](#)).

Dr. Green said that currently referrals come from within the hospital; however, they are considering expanding to jails and detention centers. She detailed: (1) the rehabilitative services provided by community service providers; (2) the status of current petitions; and (3) the challenges.

In response to Chair Jones's request for recommendations, Dr. Green said the family court referral should be considered. She recommended expansion to other parts of the State with additional funding for AOT teams.

PRESENTATION CONCERNING THE HEALTH CARE WORKFORCE AND THE ROLE OF COMMUNITY HEALTH WORKERS

- Monica Morales, M.P.A., Chronic Disease and Health Promotion, Program Development Manager, DPBH, DHHS, introduced Jeffrey Kline, member of the Deputies Policy Work Group.

- Jeffrey A. Kline, M.D., Deputies Policy Work Group, Chair, Nevada Commission on Aging, and President, Nevada Senior Services, testified regarding the population growth and increase in the aging population in Nevada. He provided funding statistics and pointed out the shortage of health care workers in the State. Mr. Kline opined that community health workers (CHWs) could provide temporary relief for the shortage of health care workers. He mentioned other states that successfully use CHWs in the health care delivery system. Mr. Kline requested that the Legislature be prepared to: (1) develop training, certification, and scope of practice for CHWs; (2) provide workforce development resources; (3) add a sustainable mechanism for funding; and (4) create and implement guidelines for common measures to be used in evaluation and relationships of CHWs. In closing, he noted the effectiveness of CHWs' interventions on persons with chronic diseases, seniors, and the disabled.
- Ms. Morales highlighted necessary steps to create a viable CHW model in Nevada ([Exhibit S](#)). She presented education development and training information. Ms. Morales commented that the Department of Employment, Training and Rehabilitation had received grants to provide CHW training in two junior colleges. She remarked that most states have a certification process in place and pointed out the benefits of having that process.
- Tracey D. Green, previously identified, testified about the importance of sustainable funding. She noted two aspects of CHW services, which can be either individual or through an agency (page 15 of [Exhibit S](#)). Dr. Green remarked that Medicaid is the reimbursable entity for the CHW services. She opined that CHWs are the connector between health care consumers and providers in order to promote health care. Dr. Green discussed three state models, focusing on Minnesota. She pointed out requirements for Medicaid reimbursement, covered services, the requirements for the fee-for-service model and the billing procedure codes under Medicaid used in Minnesota. Concluding, Dr. Green presented the next steps including: (1) work with Medicaid to amend the State Plan to include CHWs; (2) create training programs to educate providers; and (3) seek out individuals interested in becoming a CHW.
- Viridiana Nolasco, Community Health Advocate, Join Together Northern Nevada, testified regarding her role as a CHW and stressed the importance of training and certification.
- Dr. Green offered to provide models from other states that legislate the CHW's role.

PRESENTATION CONCERNING THE CENTERS FOR MEDICARE AND MEDICAID SERVICES HEALTH CARE INNOVATION AWARD

- Jim Gubbels, B.S.N., R.N., President and CEO, Regional Emergency Medical Services Authority (REMSA) and Care Flight, introduced Brenda Staffan, Project Director, Health Care Innovation Award, REMSA, who provided a presentation on

REMSA's services to the community ([Exhibit T](#)). She gave an overview of the Centers for Medicare and Medicaid Services' Health Care Innovation Award. Ms. Staffan described the Community Health Programs (CHPs) and a new Health Care Innovation Center. She reported there are three new interdependent services in Washoe County: (1) ambulance transport to alternative destinations of care; (2) specially trained community health paramedics who provide in-home services; and (3) a nurse health line service.

Ms. Staffan provided an overview of the CHP partnerships. She testified that the CHP goal is to provide better care to the community at lower costs. Ms. Staffan discussed development of new models of care and payment. She explained the scope of practice and commented on next steps to improve early access to quality care at lower costs.

Responding to Senator Hardy's query regarding a model in southern Nevada, Ms. Staffan said a process was underway in southern Nevada and Winnemucca, Nevada. She admitted there was a focus on preliminary outcomes.

- Assemblyman Oscarson testified that he had promoted legislation on CHPs last legislative session. He wondered how the program would be implemented in rural Nevada and asked for suggestions for legislation.

Discussion ensued between Assemblyman Oscarson and Ms. Staffan regarding implementation of CHPs in rural Nevada. Ms. Staffan testified that the program in Washoe County is appropriate for both suburban and rural settings. She added that applications in rural areas might be different. Ms. Staffan noted creating the Medicaid reimbursement would be critical to this program.

In response to Assemblyman Oscarson's inquiry regarding coordination with home health entities, Mr. Gubbels explained that before the CHPs began, REMSA met with the State Board of Nursing and Humboldt General Hospital to explain the role of the CHP paramedics. He said paramedics render episodic and follow-up care, which is different from home health care nursing. Mr. Gubbels said they would continue to work with home health entities to retain a strong relationship and clarify the role differences.

PUBLIC COMMENT

- Nancy E. Hook, previously identified, voiced her support of CHWs and clarified their role.
- Chair Jones reminded that the LCHC is soliciting suggestions for legislation for the Committee's work session in June.

Subsequent to the meeting, Shannon Crozier, Ph.D., Director, University of Nevada, Las Vegas, Center for Autism Spectrum Disorders, submitted public comment containing support for suggestions to abolish State certification of CABIs ([Exhibit U](#)).

ADJOURNMENT

There being no further business to come before the Committee, the meeting was adjourned at 3:16 p.m.

Respectfully submitted,

Sally Trotter
Principal Administrative Assistant

Marsheilah D. Lyons
Supervising Principal Research Analyst

APPROVED BY:

Senator Justin C. Jones, Chair

Date: _____

LIST OF EXHIBITS

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

[Exhibit B](#) is the written testimony of Theresa Brushfield, Residential Care Home Owner and Administrator, Las Vegas, Nevada.

[Exhibit B-1](#) is a copy of *Nevada Revised Statutes* 278.0238 through 278.02387 “Group Homes,” submitted by Theresa Brushfield, Residential Care Home Owner and Administrator, Las Vegas.

[Exhibit B-2](#) is a packet containing “Residential Care Home Financial Impact and Advocacy Statement” forms signed by residential care home owners and providers in Clark County furnished by Theresa Brushfield, Residential Care Home Owner and Administrator, Las Vegas.

[Exhibit B-3](#) is a document titled “Statement to the Task Force on Alzheimer’s Disease from Category (sic) II, Residential Facilities for Groups with Dementia & Alzheimer’s Endorsement,” offered by Theresa Brushfield, Residential Facility Owner and Administrator, Las Vegas.

[Exhibit C](#) is the written testimony of James S. Tate, M.D., Las Vegas, Nevada.

[Exhibit D](#) is the Digest and Proposed Regulation of the Board of Psychological Examiners, LCB File No. R103-12, dated April 14, 2014, submitted by Risa B. Lang, Chief Deputy Legislative Counsel, Legal Division, LCB.

[Exhibit D-1](#) is the Digest and Revised Proposed Regulation of the Board of Examiners for Social Workers, LCB File No. R025-14, dated April 21, 2014, furnished by Risa B. Lang, Chief Deputy Legislative Counsel, Legal Division, LCB.

[Exhibit D-2](#) is the Digest and Proposed Regulation of the State Board of Health, LCB File No. R046-14, dated April 14, 2014, provided by Risa B. Lang, Chief Deputy Legislative Counsel, Legal Division, LCB.

[Exhibit E](#) is a table titled “Comparison of Licensing Fees: Behavioral Sciences Boards in Nevada and Neighboring Western States Social Work Licensing Boards,” submitted by Kim Frakes, L.C.S.W., Executive Director, Board of Examiners for Social Workers.

[Exhibit F](#) is a Microsoft PowerPoint presentation dated May 7, 2014, offered by Nancy E. Hook, Chief Executive Officer (CEO), Nevada Primary Care Association, Carson City.

[Exhibit F-1](#) is the written testimony of Daniel J. Ahearn, M.D., Chief Executive Officer, Community Health Alliance Foundation, Reno, provided by Nancy E. Hook, CEO, Nevada Primary Care Association, Carson City.

[Exhibit F-2](#) is a document titled “Nevada Community Health Center Fact Sheet” dated April 2014, furnished by Nancy E. Hook, CEO, Nevada Primary Care Association, Carson City.

[Exhibit F-3](#) is a document titled “The Economic Impact of Nevada’s Community Health Centers,” offered by Nancy E. Hook, CEO, Nevada Primary Care Association, Carson City.

[Exhibit G](#) is a Microsoft PowerPoint presentation titled “Rural Health Clinics,” dated May 7, 2014, furnished by Joan B. Hall, R.N., B.S.N., President, Nevada Rural Hospital Partners (NRHP), and Steve Boline, CPA, Regional Chief Financial Officer, NRHP.

[Exhibit H](#) is the written testimony dated May 7, 2014, of Jan Crandy, Chair, Nevada Commission on Autism Spectrum Disorders, Las Vegas.

[Exhibit H-1](#) is a report titled *Guidelines, Health Plan Coverage of Applied Behavior Analysis Treatment for Autism Spectrum Disorder*, by the Behavior Analyst Certification Board, submitted by Jan Crandy, Chair, Nevada Commission on Autism Spectrum Disorders, Las Vegas.

[Exhibit H-2](#) is a table titled “Table C-1 Studies That Examined the Effectiveness of Intensive Behavioral Interventions,” dated March 20, 2011, provided by Jan Crandy, Chair, Nevada Commission on Autism Spectrum Disorders, Las Vegas.

[Exhibit H-3](#) is a document titled “Funding Autism Treatment is Cost Effective,” offered by Jan Crandy, Chair, Nevada Commission on Autism Spectrum Disorders, Las Vegas.

[Exhibit H-4](#) is a document titled “Appendix E: Medicaid 1915(C) ASD Specific Waivers,” by L & M Policy Research, LLC, furnished by Jan Crandy, Chair, Nevada Commission on Autism Spectrum Disorders, Las Vegas.

[Exhibit H-5](#) is a table titled “Table 16: Intervention Specific Analysis,” submitted by Jan Crandy, Chair, Nevada Commission on Autism Spectrum Disorders, Las Vegas.

[Exhibit I](#) is a Microsoft PowerPoint presentation titled “Applied Behavior Analysis (ABA),” given by Jon Paul Saunders, B.A., Behavioral Consultant, The Lovaas Center for Behavior Intervention, Las Vegas.

[Exhibit I-1](#) is a document titled “Behavioral Treatment and Normal Educational and Intellectual Functioning in Young Autistic Children,” by O. Ivar Lovaas, University of California, Los Angeles, from the *Journal of Consulting and Clinical Psychology*, 1987, Vol. 55, No. 1, pgs. 3-9, provided by Jon Paul Saunders, B.A., Behavioral Consultant, The Lovaas Center for Behavior Intervention, Las Vegas.

[Exhibit I-2](#) is a document titled “Optimal Outcome in Individuals with a History of Autism,” National Institute of Health (NIH) Author Manuscript, offered by Jon Paul Saunders, B.A., Behavioral Consultant, The Lovaas Center for Behavior Intervention, Las Vegas.

[Exhibit I-3](#) is a document titled “Early Behavioral Intervention Is Associated With Normalized Brain Activity in Young Children With Autism,” NIH Author Manuscript, furnished by Jon Paul Saunders, B.A., Behavioral Consultant, The Lovaas Center for Behavior Intervention, Las Vegas.

[Exhibit J](#) is a Microsoft PowerPoint presentation titled “Autism Treatment Assistance Program,” submitted by Tina Gerber-Winn, Deputy Administrator, Aging and Disability Services Division, Department of Health and Human Services (DHHS).

[Exhibit K](#) is a Microsoft PowerPoint presentation titled “Medicaid Service Coverage,” provided by Elizabeth (Betsy) Aiello, Deputy Administrator, Division of Health Care Financing and Policy, DHHS.

[Exhibit L](#) is the written testimony of Korri L. Ward, B.S., Founder and President, Northern Nevada Autism Network, Elko.

[Exhibit M](#) is the written testimony of Rachelle Reynolds, parent, Las Vegas, Nevada.

[Exhibit N](#) is a Microsoft PowerPoint presentation titled “Critical Congenital Heart Disease ~ Failed Screening Report Summary,” dated May 7, 2014, furnished by Christine Mackie, Chief, Bureau of Child, Family, and Community Wellness, Division of Public and Behavioral Health (DPBH), DHHS.

[Exhibit O](#) is the written testimony on behalf of the March of Dimes, dated May 7, 2014, presented by Michelle Gorelow, MAEd, Director of Program Services, Advocacy, and Government Affairs, March of Dimes Nevada Chapter, Las Vegas.

[Exhibit O-1](#) is a document titled “Pulse oximetry screening: do we have enough evidence now?” dated April 23, 2014, offered by Michelle Gorelow, MAEd, Director of Program Services, Advocacy, and Government Affairs, March of Dimes Nevada Chapter, Las Vegas.

[Exhibit O-2](#) is a document titled “The impact of routine pre-discharge pulse oximetry screening in a regional neonatal unit,” published on March 19, 2014, submitted by Michelle Gorelow, MAEd, Director of Program Services, Advocacy, and Government Affairs, March of Dimes Nevada Chapter, Las Vegas.

[Exhibit P](#) is a document titled “Discussion Regarding Emergency Admission to Mental Health Facilities,” dated May 7, 2014, provided by Tracey D. Green, M.D., Chief Medical Officer, DPBH, DHHS.

[Exhibit Q](#) is a the written testimony dated May 7, 2014, of Marissa Brown, R.N., Workforce and Clinical Services Director, Nevada Hospital Association, Reno.

[Exhibit R](#) is a Microsoft PowerPoint presentation titled “Assisted Outpatient Treatment,” offered by Tracey D. Green, M.D., Chief Medical Officer, DPBH, DHHS.

[Exhibit S](#) is a Microsoft PowerPoint presentation titled “Community Health Workers and Nevada,” dated May 7, 2014, furnished by Monica Morales, M.P.A., Chronic Disease and Health Promotion, Program Development Manager, DPBH, DHHS.

[Exhibit T](#) is a Microsoft PowerPoint presentation titled “REMSA’s Community Health Programs,” dated May 7, 2014, submitted by Brenda Staffan, Project Director, Health Care Innovation Award, Regional Emergency Medical Services Authority, Reno.

[Exhibit U](#) is the written testimony of Shannon Crozier, Ph.D., Director, University of Nevada, Las Vegas, Center for Autism Spectrum Disorders.

This set of “Summary Minutes and Action Report” is supplied as an informational service. Exhibits in electronic format may not be complete. Copies of the complete exhibits and other materials distributed at the meeting are on file in the Research Library of the Legislative Counsel Bureau, Carson City, Nevada. You may contact the Library online at www.leg.state.nv.us/lcb/research/library/feedbackmail.cfm or telephone: 775/684-6827.