



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

SUMMARY MINUTES AND ACTION REPORT

The third meeting of the Nevada Legislature's Legislative Committee on Health Care was held on Wednesday, January 13, 2010, 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://leg.state.nv.us/Interim/75th2009/Committee/>. In addition, copies of the audio record may be purchased 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 Valerie Wiener, Chair
Assemblywoman Peggy Pierce, Vice Chair
Senator Allison Copening
Assemblyman Joseph (Joe) Hardy, M.D.
Assemblywoman Ellen B. Spiegel

COMMITTEE MEMBER PRESENT IN CARSON CITY:

Senator Maurice E. Washington

LEGISLATIVE COUNSEL BUREAU STAFF PRESENT:

Marsheilah D. Lyons, Principal Research Analyst, Research Division
Sara L. Partida, Principal Deputy Legislative Counsel, Legal Division
Sally Trotter, Senior Research Secretary, Research Division

INTRODUCTION AND OPENING REMARKS

- Senator Valerie Wiener, Chair, welcomed members, presenters, and the public to the third meeting of the Legislative Committee on Health Care (LCHC). Chair Wiener noted the procedures for Committee business and testimony.

DISCUSSION REGARDING PROTOCOLS FOR PATIENTS SEEKING CARE THROUGH THE EMERGENCY ROOM AT THE UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA (UMC)

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

- Kathleen Silver, M.B.A., F.A.C.H.E., F.H.F.M.A., Chief Executive Officer (CEO), UMC, explained protocols in evaluating emergency room (ER) patients.
- Dale Carrison, M.D., Chief of Staff, UMC, discussed the problems encountered in ERs. He explained that he and his staff are in charge of devising the best system possible for triage and treatment for patients. Dr. Carrison stated the UMC staff could not discuss the most recent case due to pending litigation.
- J. D. McCourt, Adult Medical Director, Emergency Department, UMC, explained that overcrowding in ERs is a national issue. He discussed processes in place to deal with the increase in the volume of patients in the ER. Dr. McCourt explained the five-level triage process, training programs, and processes that assist in the efficiency of ER care.
- Jackie Levy, Director of Emergency Services, UMC, stated that the triage system is a national system utilized by all hospitals to categorize patients in the waiting room. She added that the UMC is under federal requirement to treat all patients regardless of their ability to pay.
- Chair Wiener asked for elaboration on State and federal mandates that establish the protocols for care.
- Dr. Carrison explained the process for medical screening and transfers that are required by federal law. He stated that the UMC practices under federal standards, which preempt State regulations.

Discussion ensued regarding posting of ER protocol and information on the complaint procedure in the ER department.

Responding to a question posed by Chair Wiener regarding inspections conducted by the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), Ms. Levy responded that the last survey was conducted in December 2009.

- Ms. Silver commented on the inspection process in the event a complaint is registered and also noted that scheduled visits are conducted every three years.
- Dr. Carrison reported that the UMC had two announced and two unannounced inspections during the past three years. He detailed the inspection process conducted by the Centers for Medicaid and Medicare Services (CMS), United States Department of Health and Human Services, and noted that the CMS conducts complaint-driven inspections.
- Ms. Silver said she would provide the CMS inspection information to the Committee.
- Chair Wiener asked about support data or documentation regarding timelines for patient wait times in the ER.
- Dr. Carrison reported there is a log for each patient that is used to manage staffing levels. He detailed the steps taken at the ER to provide the most efficient triage and best patient care.
- Dr. McCourt added that expanded hours of operation for the Physician First Program in the UMC's ER helps the initial decision-making process in the triage system.

There was discussion regarding changes in the triage procedure and the efficiency of the previous system, including wait times and how often patients left the ER without being examined.

Responding to a question by Chair Wiener regarding complaint-tracking procedures and complaints about wait times, Dr. Carrison stated that every written complaint is addressed. He noted that the UMC has a department which addresses complaints. Dr. Carrison indicated that most complaints involve facility concerns, food, nursing care, and temperatures in the ER. Dr. Carrison reported that the majority of complaints received are billing charges.

Discussion ensued between Chair Wiener and Dr. Carrison regarding the CMS procedures in the event of a complaint.

Responding to a request by Chair Wiener for a compilation of complaints, Dr. Carrison stated he would provide that information to the LCHC.

- Chair Wiener asked about best practices utilized in the UMC ER.
- Dr. Carrison reported discharge times and door-to-doctor times are reviewed. He noted one of the best practices the UMC established is the Physician First Program. Dr. Carrison added that compliance reports for the last three years would be provided to the LCHC.

Discussion ensued regarding timelines in the ER, including the admitting process, the triage procedure, and the protocol for completing paperwork. Dr. Carrison explained the problems faced with overcrowding in the ER. He pointed out that there are federal regulations that prohibit any delay in a screening examination due to lack of payment or insurance information.

Responding to Assemblywoman Spiegel's question regarding the percentage of patients at the UMC who leave the ER without being examined and how that number compares nationally, Dr. McCord stated the UMC strives to attain a 2 percent level, which he noted is the national average.

In response to Assemblywoman Spiegel's inquiry regarding the UMC's internal quality assurance program and types of corrective actions, Ms. Silver stated they report core measures to the CMS and use the CMS benchmarks. She commented that anytime there is an event within the hospital there is a process for performance improvement opportunities. Ms. Silver added that database information from similar hospitals is used as benchmarks.

- Ms. Pierce asked if JCAHO requires a certain level of staffing and how the UMC ranks on a national scale.
- Ms. Silver stated that the UMC staffs by acuity. She cautioned that comparison is difficult because of differences between the UMC and other hospitals. Ms. Silver commented that they are "staff rich" compared to other hospitals in the Las Vegas Valley.

Discussion ensued regarding the closure of the UMC's outpatient dialysis center and the lack of treatment services for mentally ill patients due to budget cuts.

PRESENTATION CONCERNING ACCESS TO CARE AND REDUCTIONS IN SERVICES OFFERED BY HOSPITALS

- Bill M. Welch, President and CEO, Nevada Hospital Association (NHA), provided a current view of the impact of economic factors on hospitals. He pointed out that in 2009, Nevada hospitals provided over \$1 billion in uncompensated care, which resulted in negative operating margins. Mr. Welch discussed efforts by hospitals to manage costs, including reductions in staff and staff salaries, supply costs, professional fees, and the reduction or elimination of services. He described steps hospitals take to balance their operations and the impact service reductions will have on the community. Mr. Welch directed attention to a sampling of the services that are currently operating at a negative margin. (Please see [Exhibit B](#) and [Exhibit B-1](#).)

Responding to Chair Wiener's question regarding how many hospitals participated in the survey, Mr. Welch stated that 16 hospitals had participated. He commented that the data was provided by urban hospitals with 100 or more beds in the Las Vegas and Reno market areas.

In response to Assemblywoman Spiegel's inquiry regarding any consideration of the ability to pay for services, Mr. Welch noted that the operating margin and revenues are reviewed, which takes a person's ability to pay into consideration.

- Mr. Welch discussed the projections for the uninsured population, health care reform, revenue shortfalls, and budget cuts that will all negatively impact hospitals in the future. He reported that further reductions will have to be made and discussed regarding Medicare underfunding and aging in the Medicare population. Mr. Welch remarked on projections of \$819 million in Medicare underfunding for cost of services by 2014. He commented that in Nevada, with reoccurring budget reductions, particularly in Medicaid programs, every 1 percent reduction in reimbursements would provide \$2 million in savings to the State, at a cost of \$6 million to hospitals. Mr. Welch reported that, in 2009, Nevada hospitals provided in excess of \$1 million in costs of uncompensated care services and projected a 15 percent increase in costs for uncompensated care in 2010.
- Chair Wiener asked how many insurance companies rely on the Medicaid rate as a reimbursement standard. Mr. Welch reported that all county indigent care is based on the Medicaid rate.

Discussion ensued regarding the Federal Medical Assistance Percentages (FMAP) enhancement, Distributive Share Hospital (DSH) payment reductions, loss of services rendered by hospitals, and efforts of the consultants working on the State Plan Amendment to increase the Medicaid reimbursement rate.

- Vince Variale, CEO, North Vista Hospital, provided a synopsis of the operations at North Vista Hospital, the percentage of Medicaid population served, and closures in the maternity and neonatal units at North Vista Hospital ([Exhibit C](#)).

Discussion continued regarding the number of Medicaid patients served at North Vista Hospital and the costs to serve them, where families are going for services that are no longer provided at North Vista Hospital, coverage for emergency obstetrical patients, contract physician services established for the ER, and patient safety.

Responding to an inquiry by Vice Chair Pierce regarding the UMC's share of uncompensated costs, Mr. Welch stated that the UMC's share is \$172 million, which is 23.4 percent of the total uncompensated cost.

- Mr. Welch asked for the LCHC's consideration of the information presented and awareness of the financial impact that budget cuts would have on hospitals.

PRESENTATIONS TO ASSIST THE LEGISLATIVE COMMITTEE ON HEALTH CARE IN REVIEWING METHODS FOR ESTABLISHING A FAIR AND EQUITABLE SYSTEM FOR THE PAYMENT OF MEDICAL SERVICES PURSUANT TO SENATE CONCURRENT RESOLUTION NO. 39 (FILE NO. 101, STATUTES OF NEVADA 2009)

Discussion Regarding Senate Bill 157 (First Reprint) of the 75th Regular Session of the Nevada Legislature

- Bobbette Bond, Legislative Liaison, Health Services Coalition, explained that the Coalition's main concern with the bill is that the definition of "usual and customary rate" (UCR) is incomplete in S.B. 157, First Reprint. She introduced Chris Campbell, Legislative Intern, Health Services Coalition.
- Charles Duarte, Administrator, Division of Health Care Financing and Policy (DHCFP), Department of Health and Human Services (DHHS), stated that the definition of "fair and equitable" services and the lack of a methodology to develop the UCR are issues the DHCFP has with S.B. 157. He mentioned that outside vendors were contacted about data collection and development of a UCR schedule. However, the current budget could not support the expenditure. Mr. Duarte pointed out concerns that the bill did not include any provisions for enforcement or compliance (see [Exhibit D](#)).
- Ms. Bond stated that a solution to defining the UCR would be to base the rate on the hospitals' average pay rate with the commercial insurance and the Employee Retirement Income Security Act (ERISA) payers. She suggested that the hospitals could provide the averages and that audits be required.
- Chris Campbell, previously identified, stated it is necessary to find a solution other than usual and customary charges and it is essential to find a benchmark to base the UCR.

Discussion ensued about blended rates, how they would be achieved, possible disparities in charges, and what rate would be used. Ms. Bond commented that each hospital could set their rate using available data and the contracted rate. Mr. Campbell added that blended rates would be exclusively for contracts held in Nevada.

- Ms. Bond stated the sunset date of June 2011, in the bill, could be resolved by lifting the sunset until 2015, which would give time to study the impact. She pointed out funding problems, due to the current budget deficit, for the Governor's Office of Consumer Health (see [Exhibit E](#) and [Exhibit E-1](#)).
- Jim Wadhams, Nevada Hospital Association, focused his discussion on: (1) the fundamental issues of S.B. 157; (2) the differences between traditional commercial insurance and managed care insurance; (3) Section 17 of S.B. 157; (4) UCR calculations; and (5) emergency transportation issues provided for in

S.B. 157, First Reprint. Mr. Wadhams stated that the bill only provides for managed care patients, which comprise 14 percent of the insured. He opined that the Division of Insurance, Department of Business and Industry, would be best suited for calculating the UCR. Concluding, Mr. Wadhams stated that S.B. 157, First Reprint, is a starting point and he offered to work with the LCHC to find an equitable resolution.

In response to Chair Wiener's question regarding what percentage of insured are under a managed care plan, Mr. Wadhams stated that 42.81 percent of insured have managed care plans and 13.45 are insured under self-funded programs. He stated he will provide details to the LCHC.

There was discussion between Vice Chair Pierce and Mr. Wadhams regarding Health Maintenance Organizations and health care reform passed during the 1995 Session, which is codified at NRS 695G. Mr. Wadhams commented that the laws may need to be redefined. He stated that S.B. 157, First Reprint, addresses individuals with managed care insurance who are transported by ambulance to hospitals with noncontracted providers. Mr. Wadhams opined that laws are already in place to address those issues.

- Marsheilah D. Lyons, Principal Research Analyst, Research Division, Legislative Counsel Bureau (LCB), provided a copy of S.B. 157, First Reprint ([Exhibit F](#)).
- Senator Steven A. Horsford, Clark County, Senatorial District No. 4, noted that the problems which led to the drafting of S.B. 157 are well documented. He stated that many hearings were held on the bill during the 2009 Session, with testimony from consumers, physicians, and insurers. Senator Horsford stated that he expected the parties who could not reach consensus on the bill during the legislative session would propose specific legislative language to reach a compromise.

Responding to Chair Wiener's request for specific solutions or alternatives, Mr. Wadhams stated that the solution offered by the NHA would be to transfer the UCR evaluation process from the DHHS to the Insurance Division. He directed attention to a handout offered by the NHA listing items that S.B.157 does not adequately address. (Please see Exhibit G.)

- Chair Wiener asked for clarification of the issues noted by the NHA.
- Mr. Wadhams affirmed the options listed in the NHA handout were the suggestions offered by the NHA.

Discussion ensued between Assemblyman Hardy and Mr. Wadhams regarding billed charges and the UCR. Mr. Wadhams noted that the "dollar shift" in S.B. 157, First Reprint, will assist the managed care population when they require care with noncontracted providers. He reiterated the need for a methodology to produce a calculation for the UCR.

In response to Assemblywoman Spiegel's inquiry regarding available industry data that would provide the UCR and average contract charge information, Mr. Wadhams stated that the data compiled in the quarterly reports sent to the DHHS would include that information.

- Ms. Bond commented that the billed charges methodology is not a plausible method to calculate the UCR. She stated the UCR needed to be defined using a methodology that would be agreeable to all parties.
- Senator Washington stated that this issue has been ongoing for a long time. He opined that the self-funded groups want to have leverage to contract with out-of-network hospitals and physicians. Senator Washington stated that this is a contractual issue and it should not be the job of the Legislature to solve it.
- Bill Welch, previously identified, reported that all recommendations will be evaluated by the NHA. He emphasized the intent of the legislation was to ensure that payers include payment for uncompensated in- or out-of-network charges. Mr. Welch offered the following solutions: (1) having sufficient hospitals to provide contract services; (2) establishing a methodology to calculate the UCR; (3) expanding the role and providing funding for the Governor's Office for Consumer Health Assistance; (4) requiring insurance companies to cover the difference between the UCR amount and the patients' share amounts; (5) requiring the managed care organizations to protect consumers; and (6) requiring providers to accept less payment for services. (See Exhibit G.)

Discussion followed regarding suggested language changes to the revised version of S.B. 157 and worker's compensation fee schedules.

- Valerie M. Rosalin, R.N., Director, Office of the Governor, Consumer Health Assistance, (CHA), stated the concerns of CHA are about the lack of monitoring of provider billing practices, especially in hospitals when the services of a specialist are required. She recommended that providers check on coverage or be offered a fact sheet disclosing coverage prior to or at the time of service. Ms. Rosalin reported more education should be available to the insured on policy coverage, co-payments, and deductibles. She noted the importance of transparency of policy costs and guidelines and parameters on billed charges. Ms. Rosalin reported that of the 4,300 cases CHA handles, up to 48 percent are billing issues. (See [Exhibit H.](#))

In response to Chair Wiener's inquiry regarding how many cases CHA handled since the office was created, Ms. Rosalin stated CHA handles 3,000 to 4,000 cases per year, and up to 48 percent involve billing issues.

Discussion ensued on the topic of patients' responsibility for payment of services at a noncontracted facility and the billing problems that occur. Ms. Rosalin noted negotiations are entered into on the patients' portion of billed differences.

- Lawrence P. Matheis, Executive Director, Nevada State Medical Association, discussed three critical issues necessary for managed health care plans that included: (1) transparency in policies; (2) patient understanding of the adequacy of networks; and (3) availability and accessibility of provider network information to patients. Mr. Matheis stated that physicians should provide information in advance regarding their fees, and health insurers should provide disclosures that consumers can understand. Concluding, he said the problem is the structure of coverage. (Please see [Exhibit I](#) and [Exhibit I-1](#).)
- Senator Copening asked Mr. Matheis to provide the specific language that was drafted for the proposed changes to S.B. 157.

Discussion of Differences Between State Licensed Insurance Plans and Other Types of Contractual Agreements With Third Parties That Provide Coverage for the Provision of Health Care Relating to Developing Provider Networks and Providing Coverage for Emergency Care

- Scott J. Kipper, Commissioner of Insurance, Division of Insurance, Department of Business and Industry, explained the Division of Insurance's jurisdiction.
- Jack Kim, Nevada Association of Health Plans, provided a fact sheet outlining the requirements for health insurance plans in Nevada ([Exhibit J](#)). Mr. Kim shared the background on hospital cost-containment laws. He discussed: (1) the adequacy of networks; (2) the lack of services available in rural areas; (3) the differing rates charged by employers; and (4) the billed internal rates versus direct costs for hospitals.
- Bobbette Bond, previously identified, reported that problems occur when patients do not have a choice. She stated that self-funded plans are overseen by trustees who have full fiduciary responsibility to act solely in the interest of plan participants.
- Chris Campbell, previously identified, added that the average self-funded network is larger than the commercial plan. He added that most of the ERISA networks access the same networks that the commercial plans do. Mr. Campbell stated that ERISA plans do comply with the mandates in order to be competitive and to provide the same benefits.
- Ms. Bond reported that all self-funded plans are required to have a written plan document and include treatment for emergency care.

UPDATE CONCERNING H1N1 INFLUENZA IN NEVADA

- Tracey D. Green, M.D., State Health Officer, Health Division, DHHS, offered statistics on availability and distribution of the H1N1 vaccine, the number of reported cases of H1N1 in the State and in the nation, and adverse events ([Exhibit K](#)). She reported on Phase IV funding in the amount of \$4.1 million for the completion of activities. Dr. Green said that due to a waning of interest, vaccines were being promoted by hotlines and public notices throughout the State. She provided a letter from Kathleen Sebelius, Secretary of the U. S. Department of Health and Human Services regarding National Influenza Vaccination Week ([Exhibit K-1](#)).

Discussion ensued regarding HINI screening reports, the process for screening requests, and the use of Tamiflu for H1N1 treatment.

PRESENTATION CONCERNING FOOD SECURITY, OBESITY, AND FEDERALLY FUNDED NUTRITION PROGRAMS IN NEVADA

- Tami M. Chartraw, M.P.A., Chronic Disease and Wellness Section Manager, Bureau of Community and Family Wellness, Health Division, DHHS, provided a website (www.health.nv.gov) where documents regarding food security, obesity, and federally funded nutrition programs can be accessed. She commented on the toll that untreated obesity takes on the State.

In response to Chair Wiener's request for a definition of food insecurity, Ms. Chartraw explained that food insecurity is the lack of adequate food at all times to live a healthy lifestyle.

- Cherie Jamason, President and CEO, Food Bank of Northern Nevada, provided a Microsoft PowerPoint presentation and outlined statistics of Nevadans who live below the poverty threshold and the percentages of Nevada's population who are food insecure. Ms. Jamason provided information regarding the relationship of hunger, food insufficiency, and obesity. She discussed the importance of offering healthy foods in schools. Ms. Jamason offered suggestions for services to children, families, and seniors to end hunger, which include: (1) food stamp outreach; (2) mobile pantry programs; (3) nutrition education; and (4) summer and afterschool meals. She directed attention to the increase in both short-term assistance and families receiving food stamp assistance. Ms. Jamason suggested some additional solutions: (1) full implementation of the U.S. Department of Agriculture (USDA) nutrition programs; (2) education for social service providers and the public regarding nutrition programs; (3) public-private partnerships; (4) simplifying the food stamp application process; (5) developing a State plan to end hunger and food insecurity; and (6) a benchmark measurement for "end of hunger" in Nevada. She also reported there are \$200 million federal dollars available to combat hunger ([Exhibit L](#)).

- Chair Wiener commented that the LCHC would send a letter to the Department of Education to determine the status of recommendations made to the school districts and to request reports. She recognized the importance of receiving federal funds to combat food insecurity. Chair Wiener asked for any suggestions from the presenters to implement programs that would maximize opportunities to receive federal dollars in Nevada to feed children and their families.
- Darlene A Dougherty, M.S., R.D., SNAP Ed Nutrition Specialist, Division of Welfare and Supportive Services, DHHS, reported on the increase in the number of Supplemental Nutrition Assistance Program (SNAP) participants in Nevada. Ms. Dougherty commented on an increase of participants in the Women, Infants, and Children (WIC) program. She stated that the only decrease in federally funded nutrition program participants in 2009 was in the distribution of the USDA Commodity Food Program. Ms. Dougherty pointed out the various SNAP education programs and statistics on the number of participants. She recognized the University of Nevada, Reno, Cooperative Extension as the largest education provider. (Please see [Exhibit M](#), [Exhibit M-1](#), [Exhibit M-2](#), and [Exhibit M-3](#).)
- Mary Wherry, Deputy Administrator, Health Division, DHHS, provided a synopsis of the WIC program and noted that WIC is a supplemental food program. Ms. Wherry discussed the eligibility requirements, the education provided, and the process in the event there is a waiting list. She stated there are 43 WIC clinics throughout the State.

In response to Vice Chair Pierce's question regarding the number of children in the WIC program who tested high for lead levels and the follow-up process, Ms. Wherry stated she would provide that information.

Responding to Chair Wiener's inquiry regarding education for WIC participants, Ms. Wherry explained that the WIC program focuses on each participant with one-on-one counseling, training classes, and individualized care plans. She added there is a nutritional specialist at each WIC office.

- Julie Murray, President and CEO, Three Square, provided a Microsoft PowerPoint presentation ([Exhibit N](#)). She reported on a trend of growth in first-time users and reported on federal reimbursement programs including the "kids café" and the summer food service programs. Ms. Murray stated there were 11 sites in the State last year and additional sites would be added this year. She commented that the goal of Three Square is to provide an efficient and effective distribution of food utilizing as many federal funds as possible.
- Jodi Tyson, Research and Advocacy Manager, Three Square, provided an overview of the number of meals provided to various age groups of children, statistics on the food insecure population in Nevada, plans to increase the number of meals served, USDA reimbursement for the Kids Café program, and a new SNAP outreach program that will

benefit seniors and leverage an additional \$2 million in federal funds to provide food for families.

- Chair Wiener questioned if the statistic of children under the age of 18, who are food insecure, was a statewide number and how many children were homeless or living with relatives.
- Ms. Murray responded that information received from the school district reported there are 6,000 homeless children enrolled in school districts statewide. Also, 48 percent of the children are enrolled in school lunch programs.

Addressing Assemblywoman Spiegel's inquiry about food banks running out of food, Ms. Murray reported there were problems at one time but with the receipt of a \$1 million dollar grant, as well as donations, Three Square is now able to stock its warehouse with groceries available for purchase at reduced prices or at no charge.

In response to Chair Wiener's question regarding legislation passed in the 2009 Session that would allow collection and distribution of prepared foods from restaurants, Ms. Murray stated that there have been improvements made in the program but some challenges still remain. She offered to discuss these issues further and provide more information.

- Donnell Barton, C.F.C.S., Director, Office of Child Nutrition and School Health, Nevada's Department of Education (NDE), provided the *National School Lunch Program and School Breakfast Program Report for the Committee on Health Care* ([Exhibit O](#)). She outlined:

1. Free and reduced price eligibility.
2. Participation in school and after-school food programs.
3. Recommendations for improving school meals.
4. A computer system for reporting child nutrition program participation in the State.
5. How NDE has addressed childhood obesity.
6. Reasons why eligible children do not participate in the school meal program.
7. Recommendations for alternative breakfast programs.
8. The fresh fruits and vegetables program.

Ms. Barton presented a table that indicated an increase in the number of free and reduced price eligible students in 15 out of Nevada's 17 school districts. She provided the "2008-2009 AYP School Designation in Need of Improvement" report. Ms. Barton commented that high-poverty schools with a high eligibility rate for the school meal program also have low participation rates. She asked the LCHC to provide a letter to these schools in an effort to boost participation in the school meals programs. (Please see [Exhibit O-1](#), [Exhibit O-2](#), and [Exhibit O-3](#).)

- Chair Wiener instructed staff to work with Ms. Barton and stated a letter would be provided.

- Ms. Jamason commented that one barrier to breakfast in the classroom is an issue with instructional time requirements. She noted that other states have implemented a policy so that school breakfast counts as instructional time when it is provided in the classroom.
- Continuing, Ms. Barton pointed out problems with “competitive foods,” which are foods found in vending machines and ala carte school stores. She outlined possible solutions to provide better nutrition in schools that included: (1) revising the statewide wellness policy to meet the national nutrition standards; (2) placing the school wellness policy in statute with sanctions for noncompliance; and (3) prohibiting food as a reward or punishment in schools. Ms. Barton reported a low number of schools returning questionnaires and suggested ideas to gather more information from school districts, such as adding questions to teachers’ evaluations regarding the implementation of the wellness policy in classrooms. She stated that the Office of Child Nutrition and School Health is asking school districts to increase fruits, vegetables, and whole wheat flours, and to provide only low fat or nonfat milk.

Responding to Chair Wiener’s inquiry about the number of schools in Clark County that are providing fruits and vegetables, Ms. Barton stated there are 123 eligible schools and currently 6 schools are participating. She added that each eligible school is encouraged to participate.

In response to Assemblywoman Spiegel’s question regarding how Nevada compares to the national rate for students eligible for free and reduced lunches, Ms. Barton stated she will provide that information.

PRESENTATION CONCERNING HEIGHT AND WEIGHT OF CHILDREN PURSUANT TO ASSEMBLY BILL 191 (CHAPTER 285, STATUTES OF NEVADA 2009)

- Alicia Chancellor Hansen, M.S., Chief Biostatistician, Office of Health Statistics and Surveillance, Bureau of Health Statistics, Planning, and Emergency Response, Health Division, DHHS, discussed how Nevada is addressing the issue of height and weight of school children by examining childhood body mass index via the collection of the height and weight of students. She stated that two years of data has been collected with 14 counties reporting. Ms. Hansen reported on the statistical results of the data. She noted challenges in collecting and utilizing data and provided suggestions that included encouraging all counties to report data and working to improve the quantity and quality of the data collected to better target high-risk groups and improve the accuracy of the statistics ([Exhibit P](#)).
- Tracey D. Green, previously identified, discussed the goals of the State Program for Fitness and Wellness. She pointed out a collaborative agreement with the NDE to encourage nutrition and promote physical fitness. Dr. Green discussed a preventative

health services block grant, which will allot approximately \$364,000 to the Nevada Healthy School Project, in addition to funding for the Nevada State Fitness and Wellness Advisory Council. She stated that there are two grants, one funded and one pending, that will focus on children and youth by: (1) requiring 30 minutes of physical exercise daily; (2) creating safe environments for physical activity; (3) requiring child care facilities to address the use of sweetened foods and juices; (4) addressing food labeling; and (5) promoting the production, procurement, and distribution of foods from local and community gardens. Dr. Green added that the American Recovery and Reinvestment Act of 2009 (AARA) grant will provide for the study of obesity in the elderly and noted that the Robert Wood Johnson Foundation had expanded a grant to reduce childhood obesity by building playgrounds and promoting healthy foods.

PRESENTATION REGARDING THE NEVADA CENTER FOR ETHICS AND HEALTH POLICY, UNIVERSITY OF NEVADA, RENO (UNR)

- Sally Hardwick, M.S., Director, Nevada Center for Ethics and Health Policy, UNR, provided an update on the Center's activities and duties. She outlined three areas of activities: (1) outreach to the community and health care providers, participation in community events, and rural health care ethics; (2) research activities including availability of advance directives; and (3) academic education. Ms. Hardwick provided status on funding for the Center and commented that the current State funding ends on June 30, 2010, and stated that there were no viable options for retaining the Center. Ms. Hardwick proposed to maintain an online presence with voluntary support and to continue to be involved in vetting and consulting for medical education on ethics ([Exhibit Q](#)).

PRESENTATION CONCERNING THE REPORT REGARDING THE TRANSFER OF PATIENTS FROM ONE HOSPITAL TO ANOTHER HOSPITAL PURSUANT TO ASSEMBLY BILL 52 (CHAPTER 469, STATUTES OF NEVADA 2009)

- Kathleen Silver, previously identified, reported on improvements in the area of hospital transfers since hospitals began collaborating with each other to track patient transfers.
- Bill M. Welch, previously identified, provided a Microsoft PowerPoint presentation that detailed: (1) five categories the NHA is required to track and identify through a reporting mechanism; (2) a list of hospitals required to participate; (3) efforts made to meet the intent of A.B. 52; and (4) summary reports. (Please see [Exhibit R](#) and [Exhibit R-1](#).)
- Chair Wiener asked if hospitals were now maximizing resources within their own groups since the passage of A.B. 52.
- Mr. Welch affirmed that the hospitals tracking the data are more cognizant and are attempting to do a more effective job of managing their resources.

In response to Assemblywoman Spiegel's question regarding any decrease in the amount of transfers, Ms. Silver stated the number of transfers are about the same. She noted a shift in the reasons transfers are occurring. Ms. Silver added that the number of transfers are an indication of the burden on services.

Responding to Senator Copenig's inquiry about what had been identified as the biggest problem in patient transfers, Mr. Welch stated that lack of availability of specialty provider coverage is one of the most challenging issues.

Discussion ensued regarding ambulance transfers to ERs and the percentage of transfers that result in admission. Mr. Welch noted that Clark County Emergency Management Services is collecting data and has a system in place to provide that information.

- A document was submitted for the record by the Division of Mental Health and Developmental Services, DHHS, providing information on psychiatric patient transfers. ([Exhibit S](#)).

PRESENTATION CONCERNING THE REPORT REGARDING THE NUMBER OF YEARLY TRANSPORTS MADE BY EACH FIRE DEPARTMENT AND AMBULANCE SERVICE IN CLARK COUNTY PURSUANT TO ASSEMBLY BILL 225 (CHAPTER 289, STATUTES OF NEVADA 2009)

- Troy Tuke, Emergency Medical Services Coordinator, Clark County Fire Department, reported an ordinance was passed by Clark County on December 15, 2009, which allowed the Department to fulfill the mandates of A.B. 225 and bill for transports. He noted that they are working on compliance issues regarding the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and establishing a mechanism to bill private vendors. Mr. Tuke stated that the Department was unable to provide information until next quarter.
- Sabra Smith-Newby, Director of Administrative Services, Clark County, stated that all of the other agencies and private carriers that provide transport were noticed and advised of reporting requirements. She commented that Mercy Inc., doing business as American Medical Response (AMR), Las Vegas and MedicWest had provided reports for the third quarter of 2009 and a summary of each was provided ([Exhibit T](#) and [Exhibit T-1](#)). She added that upon receipt of a Medicare and Medicaid billing number, Clark County can provide the required information. Ms. Smith-Newby stated that the bill requires identifying a patient's pay source and asked staff for clarification on that reporting requirement.

In response to Chair Wiener's request for a legal opinion regarding the reporting, Sara L. Partida, Principal Deputy Legislative Counsel, Legal Division, LCB, commented the bill specified "health insurance." She stated she will provide further information on a legal interpretation and Vice Chair Pierce, who sponsored A.B. 225, offered to provide information on the legislative intent.

PRESENTATION CONCERNING THE NUMBER OF LICENSES ISSUED AND AN OVERVIEW OF THE LICENSING AND ENDORSEMENT PROCESSES FOR VARIOUS HEALTH CARE PROFESSIONALS IN NEVADA

- Debra Scott, M.S.N., R.N., A.P.N., F.R.E., Executive Director, State Board of Nursing, provided a handout that described the requirements for licensure by endorsement and included a list of the number of licensees in Nevada ([Exhibit U](#)). She reported that Nevada's Board of Nursing is rated one of the top ten boards in the United States.

Responding to Chair Wiener's inquiry regarding the number of nurses who are taking courses to renew or restore their licenses and if many were applying for the volunteer licenses, Ms. Scott said the numbers were increasing for people renewing or restoring their licenses and that a process was in place for the volunteer application.

- Dianna Hegeduis, Esq., Executive Director/Board Counsel, State Board of Osteopathic Medicine, testified regarding: (1) the number of licensed osteopathic positions in Nevada; (2) the application process; (3) the length of time to receive a license; (4) the endorsement procedure; (5) the types of licensing available; and (6) regulation workshops. (Please see [Exhibit V](#), [Exhibit V-1](#), and [Exhibit V-2](#).)

In response to Chair Wiener's inquiry regarding who uses special licenses, Ms. Hegeduis stated they are typically used by students to complete a residency program in Nevada, as well as the military, and those who are qualified to practice clinical medicine.

Referring to Assemblywoman Spiegel's request for clarification on volunteer licenses and under what authority they exist, Ms. Hegeduis stated that the volunteer license was created for emergency situations or for pro bono services to the uninsured under S.B. 269 (Chapter 494, *Statutes of Nevada 2009*).

- Douglas C. Cooper, C.M.B.I., Interim Executive Director, Board of Medical Examiners, gave an overview of the Board and reviewed its mission statement. He also discussed the licensing process, license statistics, and endorsement statistics for 2007 to 2009. Mr. Cooper also commented on an expedited process for volunteer licenses. In conclusion, he stated that the Administrators in Medicine will perform an assessment of the Board's operations ([Exhibit W](#)).
- Chair Wiener asked Mr. Cooper to provide a copy of the report by the Administrators in Medicine once it is available.
- Assemblyman Hardy questioned why the numbers of licenses by endorsement are down and if any problems exist with physicians from California receiving endorsements.

- Mr. Cooper responded the endorsement license process was very complicated so not many applications were received. He stated that they expect to receive more applications in 2010 as a result of a new endorsement law.
- Lynette L. Daniels, Chief of Licensing, Board of Medical Examiners, stated that applicants from every state are accepted. Referring to [Exhibit W](#), she discussed old endorsement law and new endorsement law requirements and reasons why applications are denied.
- Larry L. Pinson, Pharm.D, Executive Secretary, State Board of Pharmacy, submitted written comments regarding the shortage of pharmacists in Nevada for the record ([Exhibit X](#)).

PUBLIC COMMENT

- Dianna Hegedius, previously identified, testified that the endorsement statutes will sunset in 2011 and stated a permanent statute was crucial. She asked for the LCHC's assistance to provide for the necessary legislative changes.

ADJOURNMENT

There being no further business to come before the Committee, the meeting was adjourned at 5:14 p.m.

Respectfully submitted,

Sally Trotter
Senior Research Secretary

Marsheilah D. Lyons
Principal Research Analyst

APPROVED BY:

Senator Valerie Wiener, Chair

Date: _____

LIST OF EXHIBITS

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

[Exhibit B](#) is a document dated January 11, 2010, titled “Decreasing Access to Health Care Services in Nevada,” submitted by Bill M. Welch, President and Chief Executive Officer (CEO), Nevada Hospital Association (NHA), Reno.

[Exhibit B-1](#) is a Microsoft PowerPoint presentation titled “Access to Hospital Care Service Reductions due to Economic Environment,” prepared by Bill M. Welch, President and CEO, NHA, Reno, and Vince Variale, CEO, North Vista Hospital, North Las Vegas, dated January 13, 2010.

[Exhibit C](#) is the written testimony of Vince Variale, CEO, North Vista Hospital, North Las Vegas, titled “Presentation to Interim Health Care Committee, North Vista Hospital – Maternity Closure.”

[Exhibit D](#) is a document dated January 13, 2009, titled “Legislative Committee on Health Care, January 13, 2009, Discussion Regarding Senate Concurrent Resolution 39,” offered by Charles Duarte, Administrator, Division of Health Care Financing and Policy, Department of Health and Human Services (DHHS).

[Exhibit E](#) is a Microsoft PowerPoint presentation titled “SB 157 Outstanding Issues,” prepared by Bobbette Bond, Legislative Liaison, Health Services Coalition, and Chris Campbell, Legislative Intern, Health Services Coalition, Las Vegas, dated January 13, 2010.

[Exhibit E-1](#) is a document titled “Self Fund Plans, Legislative Interim Health Committee,” submitted by Bobbette Bond, Legislative Liaison, Health Services Coalition, and Chris Campbell, Legislative Intern, Health Services Coalition, Las Vegas, dated January 13, 2010.

[Exhibit F](#) is a copy of Senate Bill No. 157, First Reprint, provided by Marsheilah D. Lyons, Principal Research Analyst, Research Division, LCB.

[Exhibit G](#) is a Microsoft PowerPoint presentation titled “SCR 39/SB 157 Follow Up,” submitted by Bill M. Welch, President and CEO, NHA, Reno, dated January 13, 2010.

[Exhibit H](#) is a letter dated January 13, 2010, to Chair Valerie Wiener and Members of the Legislative Committee on Health Care regarding Hospital Billing, offered by Valerie M. Rosalin, R.N., Director, Governor’s Office for Consumer Health Assistance.

[Exhibit I](#) is a document titled “Presentation to Legislative Committee on Health Care Regarding Out-of-Network Coverage Issues,” submitted by Lawrence P. Matheis, Executive Director, Nevada State Medical Association, Reno, dated January 13, 2010.

[Exhibit I-1](#) is a document titled “Health Care Report, The Consumer Reimbursement System is Code Blue,” State of New York, Office of the Attorney General, provided by Lawrence P. Matheis, Executive Director, Nevada State Medical Association, Reno, dated January 13, 2009.

[Exhibit J](#) is a document titled “Nevada Association of Health Plans, Fact Sheet 1-13-10,” submitted by Jack Kim, Nevada Association of Health Plans, Las Vegas.

[Exhibit K](#) is a document titled “Nevada State Health Division, Public Health Preparedness,” provided by Tracey D. Green, M.D., State Health Officer, Health Division, DHHS, dated January 8, 2010.

[Exhibit K-1](#) is a letter dated December 31, 2009, regarding National Influenza Vaccination Week, from Kathleen Sebelius, Secretary of the U.S. Department of Health and Human Services, offered by Tracey D. Green, M.D., State Health Officer, Health Division, DHHS.

[Exhibit L](#) is a Microsoft PowerPoint presentation titled “Poverty and Hunger in Nevada in 2010,” presented by Cherie Jamason, President and CEO, Food Bank of Northern Nevada, Reno, dated January 13, 2009.

[Exhibit M](#) is a document titled “Nevada Department of Health and Human Services, Division of Welfare and Supportive Services, ‘Quick Facts’: Supplemental Nutrition Assistance Program (SNAP),” provided by Darlene A Dougherty, M.S., R.D., SNAP Ed Nutrition Specialist, Division of Welfare and Supportive Services, DHHS.

[Exhibit M-1](#) is a document titled “Nevada Department of Health and Human Services Director’s Office, ‘Nassir Notes’: Women, Infants and Children Program (WIC),” offered by Darlene A Dougherty, M.S., R.D., SNAP Ed Nutrition Specialist, Division of Welfare and Supportive Services, DHHS.

[Exhibit M-2](#) is a document titled “Nevada Department of Administration, Purchasing Division, Food Distribution Program, ‘Quick Facts’: United States Department of Agriculture Commodity Food Programs,” submitted by Darlene A Dougherty, M.S., R.D., SNAP Ed Nutrition Specialist, Division of Welfare and Supportive Services, DHHS.

[Exhibit M-3](#) is a document titled “Nevada Department of Health and Human Services, Division of Welfare and Supportive Services, ‘Quick Facts’: Supplemental Nutrition Assistance Educational Programs (SNAP Ed),” presented by Darlene A Dougherty, M.S., R.D., SNAP Ed Nutrition Specialist, Division of Welfare and Supportive Services, DHHS.

[Exhibit M-4](#) is a document titled “University of Nevada Cooperative Extension, ‘Quick Facts’: Supplemental Nutrition Assistance Education Programs,” provided by Darlene A Dougherty, M.S., R.D., SNAP Ed Nutrition Specialist, Division of Welfare and Supportive Services, DHHS.

[Exhibit N](#) is a document titled “Three Square,” Interim Health Care Committee, prepared by Julie Murray, President and CEO, Three Square, and Jodi Tyson, Research and Advocacy, Three Square, Las Vegas, dated January 13, 2010.

[Exhibit O](#) is a packet of information titled “National School Lunch Program and School Breakfast Program Report for the Committee on Healthcare,” provided by Donnell Barton, C.F.C.S., Director, Department of Education (NDE), Office of Child Nutrition and School Health, dated January 13, 2010, which includes:

- A chart titled “State Total by School Year Free and Reduced Price Eligible Students”;
- A memorandum dated December 27, 2007, to National School Lunch Program (NSLP) Sponsors, from Pat Cook and Katherine Stewart, Consultants, Child Nutrition Programs, titled “Incorporating the 2005 Dietary Guidelines for Americans into School Meals”;
- A memorandum dated July 8, 2009, to National School Lunch Program (NSLP) Sponsors, from Pat Cook and Katherine Stewart, Consultants, Child Nutrition Programs, titled “Incorporating the 2005 Dietary Guidelines for Americans into School Meals (Re-issue)”;
- A document titled “2010 Criteria for Meeting the Dietary Guidelines in Menu Planning”;
- A table titled “September 2008 and October 2008 Comparison with September 2009 and October 2009”; and
- A document titled “Nevada Department of Education Child Nutrition Program Participation Report.”

[Exhibit O-1](#) is the written testimony of Donnell Barton, C.F.C.S., Director, Office of Child Nutrition and School Health, NDE.

[Exhibit O-2](#) is a document titled “Nevada Schools: Number of Free and Reduced Price Eligible Students by School Building, 2008-2009 and 2009-2010 Comparison,” submitted by Donnell Barton, C.F.C.S., Director, Office of Child Nutrition and School Health, NDE.

[Exhibit O-3](#) is a document titled “2008-2009 AYP School Designation In Need of Improvement,” offered by Donnell Barton, C.F.C.S., Director, Office of Child Nutrition and School Health, NDE.

[Exhibit P](#) is a document titled “Presentation Concerning Height and Weight of Children Pursuant to Assembly Bill 191,” provided by Alicia Chancellor Hansen, M.S.,

Chief Biostatistician, Office of Health Statistics and Surveillance, Bureau of Health Statistics, Planning, and Emergency Response, Health Division, DHHS, dated January 13, 2010.

[Exhibit Q](#) is a document titled “Nevada Center for Ethics & Policy: A Status Update, NCEHP Legislative Mandate Fulfillment,” submitted by Sally Hardwick, M.S., Director, Nevada Center for Ethics and Health Policy, University of Nevada, Reno.

[Exhibit R](#) is a Microsoft PowerPoint presentation titled “Nevada Hospital Association AB 52 Presentation,” presented by Bill M. Welch, President and CEO, NHA, Reno, dated January 13, 2009.

[Exhibit R-1](#) is a document titled “Summary AB 52 Report – Transfers In,” provided by Bill M. Welch, President and CEO, NHA, Reno.

[Exhibit R-2](#) is a document titled “Summary AB 52 Report – Transfers Out,” provided by Bill M. Welch, President and CEO, NHA, Reno.

[Exhibit S](#) is a document titled “Transfer of Patients,” submitted by the Division of Mental Health and Developmental Services, DHHS.

[Exhibit T](#) is a document titled “AB 225 Reporting (Summary Report), Period: 3rd Quarter 2009, July thru September,” Mercy, Inc., DBA AMR, Las Vegas, provided by John Wilson, General Manager, MedicWest Ambulance/American Medical Response (AMR), Las Vegas.

[Exhibit T-1](#) is a document titled “AB 225 Reporting (Summary Report), Period: 3rd Quarter 2009, July thru September,” MedicWest Ambulance, submitted by John Wilson, General Manager, MedicWest Ambulance/AMR, Las Vegas.

[Exhibit U](#) is a document titled “‘RECIPROACITY’ for Nursing Licensure in Nevada,” offered by Debra Scott, M.S.N., R.N., A.P.N., F.R.E., Executive Director, State Board of Nursing, Reno, dated January 13, 2010.

[Exhibit U-1](#) is a document titled “Licensure/Certification Statistics for the Board of Nursing,” submitted by Debra Scott, M.S.N., R.N., A.P.N., F.R.E., Executive Director, State Board of Nursing, Reno, dated January 13, 2010.

[Exhibit V](#) is the written testimony of Dianna Hegeduis, Esq., Executive Director/Board Counsel, State Board of Osteopathic Medicine, Henderson, dated January 2010.

[Exhibit V-1](#) is a chart provided by Dianna Hegeduis, Esq., Executive Director/Board Counsel, State Board of Osteopathic Medicine, Henderson.

[Exhibit V-2](#) is a bar graph submitted by Dianna Hegeduis, Esq., Executive Director/Board Counsel, State Board of Osteopathic Medicine, Henderson.

[Exhibit W](#) is a document titled “Regarding the licensure of Medical Doctors in the state of Nevada,” offered by Douglas C. Cooper, C.M.B.I., Interim Executive Director, Board of Medical Examiners, and Lynette L. Daniels, Chief of Licensing, Board of Medical Examiners, Reno, dated January 13, 2010.

[Exhibit X](#) is a document titled “Comments for Legislative Committee on Health Care, RE: Shortage of Pharmacists in Nevada,” submitted by Larry L. Pinson, Pharm.D., Executive Secretary, Nevada State Board of Pharmacy, Reno.

This set of “Summary Minutes and Action Report” is supplied as an informational service. Exhibits in electronic format may not be complete. Copies of the complete exhibits, other materials distributed at the meeting, and the audio record 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.