



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

SUMMARY MINUTES AND ACTION REPORT

The seventh meeting and work session of the Nevada Legislature's Legislative Committee on Health Care was held on Monday, June 2, 2014, at 9 a.m. in Room 4412 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 (LCB) 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

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 seventh meeting and work session of the Legislative Committee on Health Care (LCHC).

PUBLIC COMMENT

- Rose Sharpe, private citizen, Las Vegas, testified regarding the importance of Category 2 residential group homes to senior citizens.
- Barry Gold, Director, Government Relations, AARP Nevada, requested the LCHC recognize and support family caregivers.
- James S. Tate, Jr., M.D., Las Vegas, discussed his concerns with the Board of Medical of Examiners. He provided a packet of information supporting his testimony ([Exhibit B](#)).
- Wendy Simons, Director of Assisted Living Development, Nevada Assisted Living Center, Henderson, Nevada, provided written testimony and a copy of regulations from Chapter 449 of the *Nevada Administrative Code* “Medical and Other Related Facilities” ([Exhibit C](#) and [Exhibit C-1](#)). She gave a brief history of the evacuation processes and defined the categories of residential care homes for groups. Ms. Simons discussed efforts to work with the State Fire Marshal Division and industry partners. She reported that the State Fire Marshal Division had created an alternative design currently being considered in proposed regulations (R123-13). Ms. Simons added that the Nevada Assisted Living Center would ask for an amendment to the proposed regulations to address their concerns. She thanked the agencies for their efforts to work with the residential care providers to develop a solution for this issue.
- George J. Chanos, former Attorney General, Las Vegas, testified regarding his mother who suffers from Alzheimer’s and the quality of care she receives in a group home. He discussed the hardships encountered by small group homes to meet the current requirements in Chapter 278 of NRS and the impact a reduction in beds would have on the patients.
- Kerry McGivney, private citizen, Las Vegas, asked for individuals in the audience to stand to express their support of residential care homes.
- Ronald L. Lynn, Director/Building and Fire Official, Clark County Department of Building and Fire Prevention Bureau, stated that any solution must be derived from a safety point of view. He talked about habits of people with dementia who may return to their rooms in an emergency and the importance of providing an emergency plan.

- Girard Page, Senior Deputy Fire Chief, Clark County Department of Building and Fire Prevention Bureau voiced support to efforts made by the State Fire Marshal to keep group home residents safe.

Discussion ensued between Assemblyman Oscarson and Mr. Page regarding the number of fires that have occurred in Clark County group homes. Mr. Page stated that the Department does not have any statistics regarding residential care homes specifically. He added there were two deaths that occurred in single-family dwellings in Clark County in 2014. Assemblyman Oscarson wondered whether there have been any deaths due to fires in residential facilities since 1997. Mr. Page commented he did not have that information. He offered to research back to 1996 and provide those figures to the Committee.

- Joe Tinio, Chair, Adult Residential Care Providers of Nevada, Las Vegas, clarified there had been one death due to fire in 2002, attributed to negligence by the owner who is no longer licensed. He opined that current regulations are sufficient to protect residents in small group homes.
- Chair Jones requested testimony received from Mark Olson, resident of Henderson, regarding Recommendation No. 19 be entered into the record ([Exhibit D](#)).
- Patricia Theresa Brushfield, Consultant, Residential Care Homes, offered to provide video testimony of Thomas Sawyer, a former Clark County fire inspector.

APPROVAL OF MINUTES OF THE MEETING HELD ON APRIL 9, 2014, IN LAS VEGAS, NEVADA

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

SENATOR HARDY MADE A MOTION TO APPROVE THE MINUTES OF THE APRIL 9, 2014, MEETING HELD IN LAS VEGAS, NEVADA. THE MOTION WAS SECONDED BY SENATOR WOODHOUSE AND PASSED UNANIMOUSLY.

UPDATE REGARDING THE SILVER STATE HEALTH INSURANCE EXCHANGE

- Steve Fisher, Interim Executive Director, Silver State Health Insurance Exchange (SSHIX), provided an update on the SSHIX including a decision by the Board to release a Request for Proposal that will provide a new alternate system to run the eligibility and enrollment process and end the relationship with Xerox. He detailed actions made to retain a supported State based marketplace ([Exhibit E](#)).

Responding to Senator Hardy's question regarding navigators, Mr. Fisher stated they would utilize the existing navigators, which contain nonprofits.

- Assemblyman Oscarson thanked Mr. Fisher for his presentation. He asked about cost savings to the State.
- Mr. Fisher responded there is no cost involved to move the enrollment process to the federal marketplace. He added there is a cost to the State to move the Medicaid eligible to the federal exchange. Mr. Fisher offered to provide that information.

There was discussion between Vice Chair Dondero Loop and Mr. Fisher regarding Xerox's future responsibility. Mr. Fisher stated that the SSHIX would retain Xerox's services until March 2015 to enable parties with Qualifying Life Events (QLEs) the opportunity to add to existing policies. Vice Chair Dondero Loop wondered whether Xerox was still receiving payment for services. Mr. Fisher pointed out that Xerox has not been paid since December 2013. He added they have been paid \$12 million to date. Mr. Fisher commented the SSHIX is in negotiation with Xerox as far as the existing contract.

Discussion ensued between Assemblywoman Benitez-Thompson and Mr. Fisher regarding Xerox and the future of the SSHIX. Assemblywoman Benitez-Thompson asked for solutions to address her constituents' concerns. Mr. Fisher said that more transparency and communication are important. He suggested a strong project management team responsible for communicating to all stakeholders. Assemblywoman Benitez-Thompson asked about the process for members submitting QLEs through 2015. Mr. Fisher testified that Xerox would continue to operate a call center to assist with the QLE process. He remarked that due to some problems with the system, the QLE process is a manual process but would move to an automated process within a short time.

In response to Assemblywoman Benitez-Thompson's inquiry regarding additional call centers, Mr. Fisher affirmed in 2015, members will enroll with a qualified health plan (QHP) through the federal infrastructure and any issues or concerns would be handled by the federal call center. Additionally, he said any member eligible for Medicaid would have a Medicaid call center for assistance. Assemblywoman Benitez-Thompson commented on the potential for confusion with three different call centers. Mr. Fisher stressed the importance of good communication with consumers regarding the process.

- Chair Jones followed up with a question regarding the use of the existing portal to sign up for the SSHIX and Medicaid.
- Mr. Fisher stated until December 31, 2014, QHP members would use the existing portal for QLE changes and Medicaid members would use the Nevada Health Link site until November 15, 2014.

There was discussion between Chair Jones and Mr. Fisher regarding the single-point entry system. Mr. Fisher explained there would be a single-point entry with a prescreening process to route the consumer appropriately and streamline the process. Chair Jones wondered about cost. Mr. Fisher clarified after November 15, 2014, there will be a cost for the electronic application process between Medicaid and the federal infrastructure.

Discussion continued between Chair Jones and Mr. Fisher regarding complaints about the restrictive process and the ability to provide health care to Nevadans. Chair Jones asked if there were any statutory changes needed to make the process more flexible.

- Mike Willden, Director, Department of Health and Human Services (DHHS), commented on restrictions in statute that prohibit the DHHS from going to a full federally financed marketplace. He stressed the importance of the State retaining control of the single portal Nevada Health Link webpage and the carriers.

Responding to Assemblyman Oscarson's remark regarding oversight for the Xerox Corporation, Mr. Fisher mentioned three projects: (1) termination of the Xerox contract; (2) the RFP; and (3) the federal supported state based marketplace. He pointed out the significance of having a strong project oversight.

Discussion ensued among Senator Hardy, Mr. Fisher, and Mr. Willden regarding liability to repay federal monies. Mr. Fisher said there is no liability to reimburse at this time; he is unsure whether there would be any requests in the future. Mr. Willden commented on conversations with the Center for Medicare and Medicaid Services (CMS) and explained the two funding streams—1311 funding, provided by the federal government for a health insurance exchange, and 90-10 systems-development matching fund received by Nevada Medicaid. Continuing, he pointed out the funding to recouple Nevada Medicaid is derived from the 90-10 systems funding. Mr. Willden testified the cost to rebuild is \$25 million at a cost of \$2.5 million to the State.

There was continued discussion regarding funding among Chair Jones, Mr. Willden, and Mr. Fisher. Mr. Willden clarified the Medicaid systems development funding formula. Chair Jones commented on the increase in the member-per-month fee. Mr. Fisher testified that the fees would be used to sustain operations at the SSHIX going forward.

- Assemblywoman Benitez-Thompson poised questions regarding enrollment statistics and the difference between confirmed and paid plans, as well as the time frame for a consumer to make a decision. She also inquired about any exit questions to consumers who have a confirmed plan.
- Mr. Fisher described the process once a consumer has selected a plan and their option to make payment. He said that payments would be accepted until June 15, 2014. Mr. Fisher mentioned a survey is included for consumers once the application process is completed.

UPDATE REGARDING THE MEDICAID EXPANSION PURSUANT TO THE FEDERAL AFFORDABLE CARE ACT

- Mike Willden, previously identified, presented Affordable Care Act (ACA) implementation statistics ([Exhibit F](#)) and daily pending application counts ([Exhibit F-1](#)). He provided a brief overview of:
 - Four insurance groups and the uninsured target groups;
 - Eligibility chart by income groups;
 - The number of electronic applications received through Nevada Healthlink;
 - Pending applications and processing progress;
 - Total Medicaid eligible;
 - Managed care;
 - Medicaid expansion group (newly eligible);
 - Nevada Check Up; and
 - The mental health and substance abuse populations.

Mr. Willden discussed managed care enrollment and the increase in newly eligible beyond what was budgeted for by the Legislature. He said Nevada Check Up is currently flat with redeterminations scheduled. Mr. Willden showed the percentage of behavioral health patients served by the Division of Public and Behavioral Health (DPBH) who are now Medicaid eligible. Concluding, Mr. Willden provided an overview of the Substance Abuse Prevention and Treatment Agency clients with Medicaid.

Discussion ensued between Chair Jones and Mr. Willden regarding the number of pending applications. (See [Exhibit F-1](#).) Mr. Willden explained efforts made to request approval from the Interim Finance Committee for early hiring of eligibility workers. He remarked that 55 temporary workers were hired to provide application processing and were stationed in three areas of the State. Mr. Willden commented on a goal to be down to 15,000 pending applications in July and a significant percentage in the next five days. Chair Jones pointed out the increase from 9,800 pending applications in March to the current 28,000 pending applications. Mr. Willden assured the DHHS was doing everything within its means to hasten processing. He mentioned progress on the aged, blind, and disabled cases and a reduction in backlog for those cases. Mr. Willden acknowledged that family medical cases (FMCs) are falling behind.

In response to Chair Jones's question regarding progress with the number of cases waiting over 45 days, Mr. Willden said cases in the FMC column had started to decline over the last few days. He remarked on the number of duplicate applications or applications that were missing data and not ready to be processed. Mr. Willden stated attempts would be made to have the numbers under control by July 2014.

DISCUSSION REGARDING THE LICENSING OF RESIDENTIAL FACILITIES FOR GROUPS IN NEVADA

- Donna C. McCafferty, Health Program Manager, Bureau of Health Care Quality and Compliance (BHCQC), DPBH, DHHS, introduced Kyle Devine, Bureau Chief, BHCQC, and Julie Bell, Health Facilities Manager, BHCQC. She provided a Microsoft PowerPoint presentation ([Exhibit G](#)) titled “Regulatory Licensing Requirements for Residential Facilities for Groups.” Ms. McCafferty presented:
 - Cross agency partnerships;
 - Number of licensed facilities and licensed beds;
 - New facility licensing process;
 - License modifications;
 - Resident categories and the “four-minute rule”;
 - Inspection process;
 - Facility emergency plan adoption and education; and
 - History of automatic sprinkler systems.
- Mr. Devine offered his assistance to facilitate discussion with the State Fire Marshal and to work with group homes to ensure residents’ safety.

In response to Chair Jones’s query regarding the BHCQC’s research on fire regulations for group facilities in other states, Ms. McCafferty said that the BHCQC has begun some preliminary research.

Responding to Senator Hardy regarding any other distinguishing factor other than the Alzheimer’s endorsement between a Category 1 and Category 2 residential care home, Ms. McCafferty explained a resident of a Category 2 home may physically need more assistance to exit within the four-minute requirement and a Category 1 patient is able to exit without assistance.

In response to Assemblywoman Benitez-Thompson’s query regarding the staffing ratio for group homes with Alzheimer’s endorsement, Ms. McCafferty explained the current requirement is a 1 to 6 ratio in Category 2 facilities.

- Shawn A. McGivney, M.D., provided written comments for the Committee’s consideration ([Exhibit H](#)). He pointed out the number of supporters in the audience who share his concerns.
- Patricia Theresa Brushfield, previously identified, testified regarding the effects of the repeal of Chapter 278 of NRS “Planning and Zoning.” (See [Exhibit I](#).) She pointed out the underlined sections and provided a brief history regarding a measure, adopted in 1999, which provided for classifications for residential group homes, that she offered is consistent with the International Building Code. Ms. Brushfield reported that protections provided to disabled residents of residential homes for groups in

NRS 278.02386(1) and NRS 278.02386(2) were repealed by the passage of Senate Bill 233 (Chapter 153, *Statutes of Nevada 2013*). (See [Exhibit I-1](#).) She commented that group homes are now categorized as institutions instead of residences. Ms. Brushfield provided 180 (sic) signed “Residential Care Home Financial Impact and Advocacy Statements” and 120 (sic) “Residential Care Home Community Survey/Testimonials” for the record. (See [Exhibit I-2](#) and [Exhibit I-3](#)). She requested that Sections 1 and 2 of NRS 278.02386 be reinstated.

- Continuing, Dr. McGivney discussed his concerns with the current fire codes for group homes. He explained that many residents would be displaced if the number of beds were reduced. Dr. McGivney reviewed a cost comparison table ([Exhibit H-1](#)) in support of the cost effective benefits licensed residential care homes provide to the State. He discussed at length the benefits of residential facilities for groups. Concluding, he acknowledged that group homes should be regulated; however, he was of the opinion that enforcement should be done by the BHCQC rather than by the State Fire Marshal Division. He requested the Committee’s support to reinstate Section 1 and Section 2 of NRS 278.02386.
- Senator Hardy commented that the interest of the State Fire Marshal Division is to keep all residents safe. He remarked that changes were made to Chapter 278 of NRS to keep Nevada in compliance with federal regulations. He opined that changes made to the statute would not address the issue. Senator Hardy advised that the Committee would seek solutions to retain group homes and keep residents safe. Concluding, he stated that the Legislature does not want to hurt this industry.
- Assemblywoman Benitez-Thompson voiced her appreciation to the presenters and to Senator Hardy’s comments. She testified that residential group homes are an important option for people who need this type of placement.
- Assemblyman Oscarson echoed his colleagues’ remarks. Commenting to a statement made by Ms. Brushfield, he stressed that the State Fire Marshal is very concerned with safety. Assemblyman Oscarson testified an industry evaluation is necessary and recommended continued dialogue.
- Ms. Brushfield remarked that safety is very important. She clarified her request that group homes be considered as a single-family residence, not as a commercial licensed business. Ms. Brushfield reiterated the effect increased costs to change to a I-2 occupancy system and the requirement to lower her population would have on her ability to provide care that would be affordable to her residents.
- Peter J. Mulvihill, P.E., Chief, State Fire Marshal Division, Department of Public Safety, mentioned previous comments made at the August 22, 2012, meeting of the Legislative Committee on Health Care’s Task Force to Develop a State Plan to Address Alzheimer’s Disease (Assembly Concurrent Resolution No. 10) where he testified regarding licensing and safety issues relating to group homes. Chief Mulvihill

explained that the State Fire Marshal Division's responsibilities are defined in Chapter 477 of NRS "State Fire Marshal." He noted that authority does not extend to private residences.

Chief Mulvihill testified there are two international code documents that address the occupancy type being discussed. He described the "Life Safety Code," published by the National Fire Protection Association (also known as NFPA 101), which provides regulations to facilities that have four or more residents and a document produced by the International Code Council (publishers of the International Building Code). Chief Mulvihill stated these two documents provide a tiered approach to fire and construction safety codes for residential care group homes and these are the codes adopted by the State Fire Marshal Division. He explained the requirements for facilities with up to five patients (R-3 facilities) and the requirements for facilities with 6 to 16 patients, and facilities with 17 or more patients, which are both considered I-2 facilities.

Chief Mulvihill assured the Committee that the policies, procedures, and interpretations of the codes remain consistent with past practices. Continuing, he explained the inspection process begins once an application is provided for either a new facility or a facility that has had a change in ownership or a change in the number of beds. Chief Mulvihill remarked that fire inspections are provided by the local authority or the State Fire Marshal. He stated that he had received a request from Ms. Brushfield to revise the standards of inspection at the State level. Chief Mulvihill opined revisions would not meet the safety requirements of the DHHS or ensure the safety and welfare of the patients in these facilities. Chief Mulvihill commented the changes to the regulations are best left to the legislative process. (See [Exhibit J.](#))

There was discussion between Chair Jones and Chief Mulvihill regarding research of other states' practices. Chief Mulvihill reported on meetings held with Kyle Devine, previously identified, and Wendy Simons, previously identified. He said that Ms. Simons had conducted research on other states' regulations and provided information from New York and Massachusetts.

Responding to Chair Jones's request for suggestions regarding legislative changes to Chapter 477 of NRS, Chief Mulvihill said he did not agree to the changes discussed by Ms. Brushfield. He voiced opposition to any exemption.

In response to Chair Jones's query regarding the number of fires that have occurred in residential care facilities, Chief Mulvihill said he was not aware of any.

Discussion continued between Senator Hardy and Chief Mulvihill regarding staffing requirements and the inspection process. Senator Hardy wondered whether there were any federal regulations adopted by other states that would address the issue. Chief Mulvihill opined he was not qualified to answer but offered to be open to input from other agencies.

Responding to Assemblyman Oscarson, Chief Mulvihill affirmed he would continue dialogue with other agencies regarding this topic.

- Chair Jones commented on the importance of this matter and his respect for this industry. He requested that feedback provided by other states be submitted to the Committee.

WORK SESSION—DISCUSSION AND ACTION RELATING TO:

- *Behavioral Health*
- *Children's Health*
- *Health Care Workforce*
- *Rural and Community Health Centers*
- *Health Insurance Coverage*
- *Epinephrine Auto-Injectors*
- *Telemedicine*
- *Autism Treatment and Services*
- Chair Jones explained the process of the Committee's work session and directed members to the "Work Session Document" ([Exhibit K](#)). He called attention to the "Consent Calendar for Work Session" ([Exhibit L](#)) and asked Marsheilah D. Lyons, Supervising Principal Research Analyst, Research Division, LCB, to read the recommendations contained on the consent calendar.
- Ms. Lyons explained that recommendations placed on the consent calendar were for letters. She read each of the items and described the process for members to remove items from the consent calendar for further discussion.
- Assemblyman Oscarson requested Recommendation No. 10 be pulled from the consent calendar.
- Senator Hardy also asked that Recommendation No. 7 be removed from the consent calendar.
- Chair Jones clarified two recommendations (Recommendation No. 7 and Recommendation No. 10) were pulled from the consent calendar.

Recommendation No. 2

Send a letter to the DHHS and the Department of Employment, Training and Rehabilitation encouraging collaborative efforts to develop and expand supported employment programs for mentally ill persons.

Recommendation No. 3

Send a letter to the Senate Committee on Finance and the Assembly Committee on Ways and Means expressing the Committee's support for increasing the number of school-based psychologists, counselors, and social workers to help coordinate services and supports and to create effective links between schools and the community mental health system. *(Recommendation Nos. 2 and 3 proposed by Sita Diehl, Director, State Policy and Advocacy, National Alliance on Mental Illness)*

Recommendation No. 4

Send a letter to the Senate Committee on Finance, the Assembly Committee on Ways and Means, the DHHS, and Nevada's Department of Veterans Services expressing the Committee's support for mental health and other specialty courts. The letter will encourage collaboration to develop or support the development of:

- a. Aggressive aftercare programs to check in with participants and encourage them to stay connected to necessary services, especially with medication management;
- b. Additional supported housing options to increase stability;
- c. Institutional support for the specialty court system;
(Recommendation Nos. 4a, 4b and 4c proposed by The Honorable Peter Breen, Senior District Court Judge, Second Judicial District Court, Washoe County)
- d. Patient-aligned care teams in southern Nevada;
- e. Specialized psychiatric nursing homes for chronically ill patients who have previously been placed in group homes and have had frequent emergency readmissions to a mental health hospital or a detention center; and
- f. A forensic psychiatric facility in southern Nevada.
(Recommendation Nos. 4d, 4e, and 4f proposed by The Honorable William O. Voy, Family Division, Department A, Eighth Judicial District Court, Clark County)

Recommendation No. 8.

Send a letter to the Senate Committee on Finance and the Assembly Committee on Ways and Means expressing the Committee's support for the development and expansion of Graduate Medical Education (GME). The letter will specifically request that as funding is available:

- a. The number of residency slots within Nevada be increased. To fund a residency, an estimate of \$100,000 to \$110,000 a year was provided.
(Proposed by Gerald Ackerman, Statewide Director, Area Health Education Center, University of Nevada School of Medicine and Stacy M. Woodbury, M.P.A., Executive Director, Nevada State Medical Association [NSMA])

- b. Medicaid funding for GME be revised to establish a method that reimburses hospitals with Medicaid payments that cover a proportionate share of the cost of the program.

(Proposed by Bill Welch, President and Chief Executive Officer [CEO], NHA)

Recommendation No. 9

Send a letter to Nevada's Congressional Delegation advocating for:

- a. No additional GME funding cuts; and
- b. Redistributing FTEs/slots to Nevada hospitals.

(Proposed by Bill Welch, President and CEO, NHA)

Recommendation No. 12

Send a letter to the Senate Committee on Finance and the Assembly Committee on Ways and Means expressing the Committee's support for the expansion of Rural and Community Health Centers in Nevada. The letter will:

- a. Convey the significant role Rural and Community Health Centers play in meeting the needs of the uninsured and underinsured.
- b. Convey the significant return on investment received by states that have committed state funding to support the development or expansion of Rural and Community Health Centers by:
 - i. Establishing a state-funded Primary Care Grant that is used in part to support capital needs.
 - ii. Establishing competitive awards to support the start-up of a new health center and the expansion of existing health centers.
 - iii. Providing funds to support technical assistance to develop proposals to secure federal funds through the New Access Program.
- c. Encouraging priority be given to provide financial support for these endeavors as it becomes economically feasible.

Recommendation No. 13

Include a Statement of Support in the final report for the development of an expedited credentialing process for providers, who join the staff of an established Community Health Center.

Recommendation No. 17

Draft a letter supporting the advancement of Telemedicine in Nevada. Acknowledging the efforts of the Nevada Broadband Task Force and other entities in promoting telemedicine as a "standard of care" and recognizing how telemedicine supports:

- a. The expansion of services to patients in rural and urban communities;

- b. Inadequate provider distribution;
 - c. Access to high quality, cost-effective care;
 - d. The reduction of health care spending caused by treatment delays;
 - e. Increased convenience when:
 - i. Licensed health care facility limits are removed,
 - ii. Health care provider licensing is clarified, and
 - iii. All telemedicine-enabled care is able to be provided.
 - f. Increased innovation and investment when reimbursement parity is provided for covered services;
 - g. Strengthening the health care infrastructure; and
 - h. Economic development by preserving and increasing health care related jobs and keeping patients' care in Nevada.
- (Proposed by Bill Welch, President and CEO, NHA)*

Recommendation No. 18

Draft a Letter to the DHHS encouraging the Department to:

- a. Develop mechanisms to provide readily available access to the Modified Checklist for Autism in Toddler screenings that assess risk for autism spectrum disorder in rural Nevada and a mobile diagnostic clinic for those who have red flags identified by the screenings. In rural Nevada, accessing a diagnostic evaluation is a significant barrier to treatment.
- b. Allow Autism Treatment Assistance Program (ATAP) funds to be used to support diagnostic clinics across rural Nevada, if it is determined to be feasible and appropriate.
(Recommendation Nos. 18a and 18b proposed by Korri Ward, B.S., Founder and President, Northern Nevada Autism Network)
- c. Encourage coordination between ATAP, Nevada Early Intervention Services, and rural school districts with the intent of promoting autism diagnoses, treatment, and helping coordinate providers and services to increase access to treatment and services in rural communities.
- d. Require Nevada Medicaid to cover Applied Behavior Analysis (ABA) services as soon as possible by:

- i. Seeking clarification from Centers for Medicare and Medicaid Services regarding whether ABA can be included in the Nevada Medicaid State Plan via a plan amendment;
 - ii. Preparing and submitting such an amendment;
 - iii. Initiating the process of certifying providers of ABA services and establishing rates;
 - iv. Providing ABA services to Early and Periodic Screening, Diagnostic, and Treatment children;
 - v. Making the necessary request to shift available funding during this biennium to cover these services; and
 - vi. Developing a budget for the next biennium that includes sufficient funding for Medicaid coverage of ABA and to eliminate the ATAP waiting list.
- The Committee **APPROVED THE FOLLOWING ACTION:**

SENATOR HARDY MOVED TO ADOPT RECOMMENDATION NOS. 2, 3, 4, 8, 9, 12, 13, 17, AND 18 FROM THE CONSENT CALENDAR. THE MOTION WAS SECONDED BY VICE CHAIR DONDERO LOOP AND PASSED UNANIMOUSLY.

Recommendation No. 5

Amend NRS to authorize paramedics to initiate an emergency admission to a mental health facility or hospital and to detain and transport a nonviolent individual, alleged to be a person with mental illness, without police presence.

(Proposed by Chuck Callaway, Police Director, Office of Intergovernmental Services, Las Vegas Metropolitan Police Department)

(This recommendation was taken out of order.)

- Assemblyman Oscarson asked for a representative from the Las Vegas Metropolitan Police Department (Metro) to testify. He wanted to ensure they approve of the recommendation.
- Arthur (A.J.) Delap, Government Liaison, Office of Intergovernmental Services, Metro, explained that many times a first responder had to wait for Metro officers to initiate an emergency admission. He stated that the recommendation was made in an effort to streamline the Legal 2000 process.
- Sarah McCrea, Emergency Medical Services (EMS) Quality Improvement Coordinator, Las Vegas Fire and Rescue, recommended providing the facts to all of the EMS agencies across the State to ensure there is a consensus. Ms. McCrea testified that in discussion with other EMS agencies, it was agreed that normally a patient is admitted under implied consent and Metro is only requested in the event a patient is uncooperative.

In response to Chair Jones's inquiry regarding how long it would take to survey agencies for a consensus, Mr. Delap responded it could take time. He clarified that Metro was requesting enabling legislation so that a responder could choose whether to use their authority to issue a Legal 2000. Mr. Delap assured Metro responders would be present in the event police presence is necessary in volatile situations.

- Assemblyman Oscarson said he received several calls from rural agencies that have concerns and were not contacted regarding this legislation. He requested that Metro reach out to them.
- Senator Hardy voiced concern with adding paramedics. He stressed the importance of establishing standards to train and adopt EMS personnel.
- Chair Jones announced that no action would be taken on Recommendation No. 5 at this time. He mentioned there was an option to hold another work session in August.

Recommendation No. 6

Amend NRS by revising the emergency admission process outlined in NRS 433A, related to emergency admissions in the following manner: (See **Tab B** for Sample Language).

- a. Amend NRS 433A.160 and NRS 433A.200 to expand the types of professionals who may initiate taking a person into custody and who may file a petition for the involuntary court-ordered admission of a person to a mental health facility or hospital. In addition to the existing professionals authorized, add a physician's assistant who is licensed pursuant to NRS Chapter 630 or Chapter 633 of NRS and a nurse practitioner who is licensed pursuant to Chapter 632 of NRS.
 - b. Add a new section to Chapter 433A of NRS authorizing a physician, a physician's assistant, psychologist, social worker, registered nurse (including an advanced practice registered nurse), or an accredited agent of the DHHS to certify that a person admitted to a public or private mental health facility or hospital for evaluation, observation, and treatment is no longer likely to harm himself or herself or others if allowed his or her liberty. This certificate should meet the same requirements as a certificate for emergency admission filed pursuant to NRS 433A.160. This certificate is the same as the release of such a person pursuant to NRS 433A.195. Such a person may still be hospitalized if the person has other conditions requiring hospitalization.
- Senator Hardy pointed out similar concerns to ones he stated regarding Recommendation No. 5. He said he is not comfortable extending this ability to personnel that have not had specific training. Senator Hardy stated he would like clarification of qualifications.

There was discussion between Chair Jones and Senator Hardy regarding training for personnel who would perform an emergency hold. Chair Jones questioned why Senator Hardy did not consider a physician's assistant or nurse practitioner capable to determine a Legal 2000. He discussed his concerns regarding a person's ability and training to differentiate between a patient who would or would not require a Legal 2000 hold.

In response to Assemblyman Oscarson's request for clarification of "an accredited agent of the Department," Risa B. Lang, Chief Deputy Legislative Counsel, Legal Division, LCB, noted that the term is defined in NRS 433A.160.

- Senator Hardy testified that Recommendation No. 6b would be more acceptable since personnel would perform a release of a person who has had a certificate for emergency admission filed. He opined there is a difference between performing a release and authorizing an admission. Senator Hardy wondered about the difference in the requirements between Recommendation No. 6a and Recommendation No. 6b.
- Chair Jones commented according to NRS 433A.160, treatment may only be required by an accredited agent.

Responding to Senator Hardy's question regarding an accredited agent, Ms. Lang stated that the statute is not specific. She noted that NRS 433A.160 defines an accredited agent of the Department as "any person appointed or designated by the Director of the Department to take into custody and transport to a mental health facility."

In response to Senator Hardy's additional inquiry regarding an accredited agent, Mike Willden, previously identified, said currently no individuals are designated as accredited agents in the Department. He added this issue was discussed by the Governor's Behavioral Health and Wellness Council. Mr. Willden testified the DHHS relies on an authorized officer or persons currently authorized in statute. He opined that a nurse practitioner and physician's assistant should be authorized in this statute since a registered nurse was already included.

Discussion continued regarding the definition of a nurse practitioner. Senator Hardy wondered whether it would be redundant to include a nurse practitioner. Ms. Lang remarked that a nurse practitioner is a registered nurse so it would not be necessary to add that designation. Chair Jones commented on the lack of the term "nurse practitioner" in the statute. Assemblyman Oscarson said he is not opposed to a nurse practitioner with proper training or assessment initiating an emergency hold. He pointed out often in rural areas a nurse practitioner is the only person available. Ms. Lang testified that an advanced practitioner is a registered nurse so it is not necessary to add the term. Vice Chair Dondero Loop offered the possibility of denoting different license levels. Chair Jones commented the intent is for the term to be defined for the first time in statute. Senator Hardy mentioned if the term "nurse practitioner" is included, it would be necessary to retain the term "registered nurse."

- Ms. Lang reaffirmed that a physician's assistant is a registered nurse so they would already be included in the statute.
- Chair Jones stated he would entertain a motion to modify Recommendation No. 6a to add a physician's assistant, who is licensed pursuant to Chapter 630 of NRS.
- The Committee **APPROVED THE FOLLOWING ACTION:**

SENATOR HARDY MOVED TO APPROVE RECOMMENDATION NO. 6A TO ALLOW A PHYSICIAN'S ASSISTANT WHO IS LICENSED PURSUANT TO CHAPTER 630 AND CHAPTER 633 OF NRS TO AUTHORIZE FILING A PETITION FOR THE INVOLUNTARY COURT-ORDERED ADMISSION OF A PERSON TO A MENTAL HEALTH FACILITY OR HOSPITAL. THE MOTION WAS SECONDED BY ASSEMBLYMAN OSCARSON AND PASSED UNANIMOUSLY.

- Chair Jones asked for consideration of Recommendation 6b. He commented that this recommendation was provided by Tracey D. Green, M.D., Chief Medical Officer, DBPH, DHHS, and by the Governor's Behavioral Health and Wellness Council.
- Senator Hardy questioned how a social worker or an accredited agent of the DHHS could have hospital privileges without going through the accreditation process.
- Richard Whitley, M.S., Administrator, DBPH, DHHS, responded that a discharge from a hospital would require hospital privileges. Mr. Whitley clarified the recommendation is to authorize for decertification.

There was discussion among Chair Jones, Senator Hardy, and Mr. Whitley regarding the intent of the recommendation. Chair Jones explained that the recommendation was to authorize individuals to decertify a person and that the admitting physician would still be discharging. Mr. Whitley agreed. Senator Hardy commented on the difference between a release from a facility and the release from certification of an emergency hold. Mr. Whitley remarked the statute is silent on decertification so the suggested language was to include it. Senator Hardy clarified that a person who was decertified but needed to remain hospitalized for another condition would not be released. Chair Jones commented Dr. Green had proposed specific legislation under medical clearance.

- Ms. Lang explained the proposal was to amend NRS 433A.195 to provide for the release of a person who has been admitted under an emergency admission.
- Senator Hardy said the intent is to allow a person to be decertified of a mental illness and not discharged from a hospital.

- Chair Jones remarked that the proposal suggests adding a new section to Chapter 433A of NRS.
- Ms. Lang suggested the Committee put the intent regarding decertification on the record and then work with Dr. Green to clarify the language in the statute.
- **VICE CHAIR DONDERO LOOP MOVED TO APPROVE RECOMMENDATION NO. 6B TO AMEND CHAPTER 433A OF NRS TO ALLOW FOR DECERTIFICATION OF A PERSON WHO HAS HAD A PETITION INITIATED FOR INVOLUNTARY COURT-ORDERED ADMISSION. THE MOTION WAS SECONDED BY SENATOR WOODHOUSE.**
- Senator Hardy clarified that this action would pertain only to a decertification and not a discharge by a physician.
- The Committee **APPROVED THE FOLLOWING ACTION:**

THE MOTION AS STATED BY VICE CHAIR DONDERO LOOP AND SECONDED BY SENATOR WOODHOUSE PASSED UNANIMOUSLY.

Recommendation No. 1

Redraft Senate Bill 323 (2013), which authorized the Division of Public and Behavioral Health (DPBH) of the Department of Health and Human Services (DHHS) to enter into a contract with a person, organization, or agency to carry out or assist in carrying out a program that allows certain defendants declared incompetent to receive outpatient treatment to restore competency while incarcerated in jail or prison. (See **Tab A.**)
(*Concepts discussed at the November 21, 2013, meeting*)

(This recommendation was taken out of order.)

- Senator Hardy voiced approval of the process of restoration to competency.
- Chair Jones reiterated this is enabling legislation and authorizes rather than requires the DPBH to enter into a contract.
- The Committee **APPROVED THE FOLLOWING ACTION:**

SENATOR HARDY MADE A MOTION TO APPROVE RECOMMENDATION NO. 1. THE MOTION WAS SECONDED BY ASSEMBLYMAN OSCARSON AND PASSED UNANIMOUSLY. ASSEMBLYWOMAN BENITEZ-THOMPSON WAS ABSENT FOR THE VOTE.

Recommendation No. 7

Draft a Letter to the State Board of Health (Board) requesting that the Board consider the following guidelines in the adoption of licensing standards, practices, and policies of child care facilities pursuant to NRS 432A.077:

- a. Require child care entities governed by *Nevada Administrative Code* (NAC) 432A.380 to:
 - i. Establish age appropriate portions;
 - ii. Limit the amounts of foods with added sugars or low nutritional value, with specific requirements regarding milk, milk products, and juice;
 - iii. Encourage staff to set good examples by:
 1. Eating with the children (currently in NAC);
 2. Eating items that meet the U.S. Department of Agriculture Child and Adult Care Food Program (CACFP) standards; and
 3. Teaching children appropriate portion sizes.
 - i. Use meal patterns established by the CACFP;
 - ii. Develop a feeding plan with the child's parent that includes:
 1. Introduction of age-appropriate solid foods; and
 2. Encourages and supports breastfeeding (offering onsite arrangement for moms to breastfeed).
- b. Strengthen the standards for child care facility programs governed by NAC 432A.390 by defining the following terms in accordance with physical activity guidelines based on the developmental age of children:
 - i. Moderate physical activity
 - ii. Vigorous physical activity
 - iii. Muscular strengthening activities
 - iv. Bone strengthening activities
 - v. Sedentary activities
 - vi. Screen/media time
- c. Require child care facility programs governed by NAC 432A.390 to:
 - i. Provide a program of physical activity that includes moderate to vigorous activity for all children, in addition to daily periods of outdoor play (weather permitting).
 - ii. Require caregivers/teachers to participate in activities, when it is safe to do so.
 - iii. Prohibit withholding or forcing physical activity as a form of discipline.

(Proposed by Denise Tanata Ashby, J.D., Executive Director, Children's Advocacy Alliance)

- Ms. Lyons observed this item was removed from the consent calendar for further discussion. She summarized the recommendation and noted it was proposed by Denise Tanata Ashby.

- Senator Hardy testified concerns for children who are not receiving nutritional support and wanted to ensure that no children go hungry. He opined that the Committee could work with the proponent of the bill to draft a letter that would address his concerns.

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

SENATOR HARDY MADE A MOTION TO APPROVE RECOMMENDATION NO. 7. THE MOTION WAS SECONDED BY SENATOR WOODHOUSE AND PASSED UNANIMOUSLY. ASSEMBLYWOMAN BENITEZ-THOMPSON WAS ABSENT FOR THE VOTE.

Recommendation No. 10

Send a letter to DHHS and the Nevada System of Higher Education expressing the Committee's support for increasing the health care work force in Nevada by formalizing the role of community health workers (CHWs). Specifically, the Committee supports the development of a CHW type that meets the requirements for Medicaid reimbursement. This effort should consider the necessity and feasibility of:

- a. Changing the Nevada Medicaid State Plan to include CHWs as a provider type;
- b. Establishing additional reimbursement mechanisms to support prevention services by CHWs;
- c. Creating and expanding training programs for CHWs at the university and/or the community college level;
- d. Creating a governing body to oversee CHW activities;
- e. Educating providers and the community about the role of the CHW; and
- f. Developing a pipeline of individuals interested in becoming a CHW.

(Proposed by Tracey D. Green, M.D. Chief Medical Officer, DPBH, DHHS and Monica Morales, M.P.A., Program Development Manager, Chronic Disease Prevention and Health Promotion, DPBH, DHHS)

- Ms. Lyons reminded the members this item was removed from the consent calendar for further consideration.
- Assemblyman Oscarson commented he is in support of the recommendation. He requested to send an additional letter backing community paramedicine as a resource in rural and urban areas.

- Ms. Lang approved adding the letter to Recommendation No. 10.

Discussion ensued among members regarding support for community paramedicine noticed in a letter sent to the DHHS and whether the letter should be sent to NSHE. Senator Hardy discussed issues regarding training and courses offered by NSHE for the community paramedicine program.

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

ASSEMBLYMAN OSCARSON MOVED TO APPROVE RECOMMENDATION NO. 7 TO SEND A LETTER IN SUPPORT OF INCREASING THE HEALTH CARE WORK FORCE IN NEVADA AND TO INCLUDE IN THE LETTER SUPPORT FOR COMMUNITY PARAMEDICINE AS A RESOURCE. THE MOTION WAS SECONDED BY SENATOR HARDY AND PASSED UNANIMOUSLY. ASSEMBLYWOMAN BENITEZ-THOMPSON WAS ABSENT FOR THE VOTE.

Recommendation No. 11

Redraft Senate Bill 324, First Reprint (2013), which authorized certain qualified professionals who hold a license in another state or territory of the United States to apply for a license by endorsement to practice in this State. In addition, the measure authorized certain regulatory bodies to enter into a reciprocal agreement with the corresponding regulatory authority in another state or territory of the United States for the purposes of authorizing a licensee to practice concurrently in this State and another jurisdiction and the regulation of such licensees. In addition to other provisions, the measure authorized a medical facility to employ or contract with a physician to provide health care to patients of the medical facility. (See **Tab C.**)

(Concepts discussed at the January 8, 2014, meeting)

- Senator Hardy explained the intent of the redraft is to facilitate physicians coming to the State and obtaining employment.
- Chair Jones mentioned constituent requests for a provision that would allow a similar process for psychologists.
- Senator Hardy mentioned that reciprocity for veterans should be incorporated into the redraft of Senate Bill 324. He referenced a bill sponsored by Assemblywoman Irene Bustamante Adams in the 2013 Session.
- Morgan Alldredge, Executive Director, Board of Psychological Examiners, explained that the Board has a simplified process for professional reciprocity. She offered to discuss this issue with Board members.

- Ms. Lang commented that veterans are included in Section 2 of Senate Bill 324 (2013). She stated that psychologists and other professionals are included in the bill under Sections 2, 4, and 10.
- The Committee **APPROVED THE FOLLOWING ACTION:**

SENATOR HARDY MADE A MOTION TO APPROVE RECOMMENDATION NO. 14. THE MOTION WAS SECONDED BY SENATOR WOODHOUSE AND PASSED UNANIMOUSLY. ASSEMBLYWOMAN BENITEZ-THOMPSON WAS ABSENT FOR THE VOTE.

Recommendation No. 14

Redraft Senate Bill 340, Second Reprint (2013), which proposed the creation of the Office for Patient-Centered Medical Homes and the Advisory Council on Patient-Centered Medical Homes. The redraft will exclude the provisions related to medical records. (See **Tab D.**)

(Recommendation Nos. 12, 13, and 14 concepts proposed by Nancy E. Hook, CEO, Nevada Primary Care Association)

- Senator Hardy commented this bill would facilitate the process for patient-centered medical homes in Nevada.

Responding to Chair Jones's question whether the bill provided for State best practices legislation in patient-centered homes, Senator Hardy affirmed it did.

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

SENATOR HARDY MADE A MOTION TO APPROVE RECOMMENDATION NO. 11. THE MOTION WAS SECONDED BY VICE CHAIR DONDERO LOOP AND PASSED UNANIMOUSLY. ASSEMBLYWOMAN BENITEZ-THOMPSON WAS ABSENT FOR THE VOTE.

Recommendation No. 15

Amend NRS to require any insurer issuing a policy of insurance to contract with any qualified providers who meet the terms of the insurer if:

- a. The Division of Insurance has determined that the insurer has an inadequate number of the specified provider types for all insurance including those required to have an adequacy review, or
- b. The area in which the services are to be provided has been designated by the Health Resources and Services Administrations, U. S. Department of Health and Human Services as a Health Professional Shortage Area.

(Proposed by Stacy M. Woodbury, M.P.A., Executive Director, NSMA)

There was discussion between Chair Jones and Ms. Woodbury regarding the proposal. Ms. Woodbury testified that this proposal would provide the groundwork to test whether this process will work in Nevada. She pointed out the advantages to the rural areas that have provider shortages.

Discussion ensued between Senator Hardy and Ms. Woodbury regarding circumstances that led to the recommendation and where the shortages exist.

Discussion continued among Chair Jones, Senator Hardy, and Ms. Woodbury regarding a population cap. Chair Jones commented that the recommendation would be based on provider shortage not population cap.

- Assemblyman Oscarson agreed with Senator Hardy. He said this recommendation is important for shortage areas.
- **A MOTION IN SUPPORT OF RECOMMENDATION NO. 15 WAS MADE BY SENATOR WOODHOUSE AND SECONDED BY ASSEMBLYMAN OSCARSON.**
- Chair Jones asked for discussion on the motion.
- Senator Hardy remarked that he would reserve the right to look at the final language. He added the intent to get adequacy of access is important.
- Assemblyman Oscarson discussed concerns with language “requiring an insurer,” which he opines can become problematic.
- The Committee **APPROVED THE FOLLOWING ACTION:**

THE PREVIOUS MOTION IN SUPPORT OF RECOMMENDATION NO. 15 MADE BY SENATOR WOODHOUSE AND SECONDED BY ASSEMBLYMAN OSCARSON PASSED UNANIMOUSLY. ASSEMBLYWOMAN BENITEZ-THOMPSON WAS ABSENT FOR THE VOTE.

Recommendation No. 16

Amend NRS to authorize certain entities or organizations at which allergens capable of causing anaphylaxis may be present, including, but not limited to, amusement parks, recreation camps, restaurants, sports arenas, and youth sports leagues, to obtain and maintain a supply of epinephrine auto-injectors for emergency administration. Authorize a trained employee or agent of the entity or organization to administer an epinephrine auto-injector under certain circumstances. (See **Tab E** for Sample Language.)

(Proposed by Senator Debbie Smith, Colin Chiles, Senior Director, State Government Relations, Mylan Inc., and Susanne Stark, Co-leader, Food Allergy Parent Education, Las Vegas)

- Ms. Lyons read the recommendation and directed the Committee to Tab E in the “Work Session Document” ([Exhibit K](#)) for sample language provided by Mylan, Inc.
- The Committee **APPROVED THE FOLLOWING ACTION:**

SENATOR HARDY MOVED TO APPROVE RECOMMENDATION NO. 16. THE MOTION WAS SECONDED BY VICE CHAIR DONDERO LOOP AND PASSED UNANIMOUSLY. ASSEMBLYWOMAN BENITEZ-THOMPSON WAS ABSENT FOR THE VOTE.

Recommendation 19

Revise the following provisions of NRS related to autism services and insurance coverage:

- a. Remove the requirement that autism behavior interventionists be certified by the Board of Psychological Examiners. Instead, autism behavior interventionists will continue to work under the supervision of a licensed and Board Certified Behavior Analyst or a Board Certified Assistant Behavior Analyst but without their own certification.
- b. Remove the requirement that an autism behavior interventionist be certified as a condition to insurance coverage for autism spectrum disorders.
- c. Remove the statutory limitation of \$36,000 per year for applied behavior analysis treatment for consistency with the Affordable Care Act.

(Recommendation Nos. 18c, 18d, and 19 proposed by Barbara Buckley, Esq. Executive Director, Legal Aid Center of Southern Nevada, Jan Crandy, Chair, Nevada Commission on Autism Spectrum Disorders, DHHS, and Korri Ward, B.S., Founder and President, Northern Nevada Autism Network)

- Chair Jones remarked that he had received some concerns from the Board of Psychological Examiners regarding this recommendation.
- Morgan Alldredge, previously identified, indicated she had provided a copy of her testimony to the Committee ([Exhibit M](#)).

In response to Chair Jones’s inquiry about the “Registered Behavior Technician” (RBT) program and how it relates to the existing system, Ms. Alldredge explained the program is new and that other states are looking into certifying and licensing. She mentioned a bill that required licensing by a licensing board in order to be paid by

insurance companies. Ms. Alldredge offered to provide more information to the Committee.

Discussion ensued between Chair Jones and Ms. Alldredge regarding Certified Assistant Behavior Interventionists (CABIs). Ms. Alldredge said that Nevada is the only state that requires certification by the Board of Psychological Examiners. She was unsure how many other states paid for CABIs.

- Jan Crandy, Chair, Nevada Commission on Autism Spectrum Disorders, DHHS, testified there are 31 other states that reimburse CABIs through insurance payment.

Responding to Chair Jones's inquiry regarding any opposition to the RBT program, Ms. Crandy stated she would support the program. She noted the RBT program is less costly and the process is shorter.

There was discussion between Senator Hardy and Ms. Crandy regarding the payment and oversight of CABIs.

- Vice Chair Dondero Loop asked about the 91 CABIs and 25 new applications referenced in Ms. Alldredge's testimony ([Exhibit M](#)).
- Ms. Alldredge affirmed there are currently 91 CABIs, with 15 in the exam process and 25 new applications.

In response to Vice Chair Dondero Loop's inquiry regarding how many children in Nevada have autism, Ms. Crandy said there are approximately 5,700. She pointed out there are over 500 behavior interventionists available who do not have the certification.

- Patrick Ghezzi, Ph.D., Board of Psychological Examiners, described the RBT program, explaining it would launch in January 2015. Dr. Ghezzi stated that the National Behavior Analysis Certification Board is following Nevada's lead for certification.

Discussion ensued among Chair Jones, Senator Hardy, and Ms. Crandy regarding Recommendation No. 19b. Chair Jones asked about the intent. Ms. Crandy explained that insurance providers would not cover treatment if the behavior analysts were not certified so that requirement would need to be removed. Senator Hardy wondered whether Nevada is the only state with that requirement. Ms. Crandy said yes. She added that eventually the RBT would require certification for insurance payment, but currently it is not required in any other state.

Discussion continued between Chair Jones and Ms. Crandy regarding the \$36,000 cap limiting coverage for treatment. Ms. Crandy summarized the legislation and Nevada's decision to allow the insurance companies to determine how many visits or number of hours equals the \$36,000. She testified that \$36,000 per year does not cover

evidence-based levels of treatment. Ms. Crandy suggested a 30 hour-per-week limit or to remove the cap altogether. Chair Jones asked about implications to the ACA since autism is not a covered benefit. Ms. Crandy responded treatment is included in the ACA under essential health benefits.

- Chair Jones proposed to remove the requirement in Recommendation No. 19a, with a sunset of July 1, 2017, when RBT certification will be required.
- The Committee **APPROVED THE FOLLOWING ACTION:**

SENATOR WOODHOUSE MADE A MOTION TO APPROVE RECOMMENDATION NO. 19A, WITH A REVISION TO INCLUDE A SUNSET OF JULY 1, 2017, WHEN REGISTERED BEHAVIOR TECHNICIAN CERTIFICATION WOULD BE REQUIRED. SENATOR HARDY SECONDED THE MOTION, AND IT PASSED UNANIMOUSLY. ASSEMBLYWOMAN BENITEZ-THOMPSON WAS ABSENT FOR THE VOTE.

- Chair Jones asked for discussion on Recommendation No. 19b; however, no testimony was provided.
- The Committee **APPROVED THE FOLLOWING ACTION:**

SENATOR HARDY MADE A MOTION TO APPROVE RECOMMENDATION NO. 19B. THE MOTION WAS SECONDED BY SENATOR WOODHOUSE AND PASSED UNANIMOUSLY. ASSEMBLYWOMAN BENITEZ-THOMPSON WAS ABSENT FOR THE VOTE.

- Chair Jones asked for discussion on Recommendation No. 19c; however, no testimony was provided.
- The Committee **APPROVED THE FOLLOWING ACTION:**

SENATOR HARDY MADE A MOTION TO APPROVE RECOMMENDATION NO. 19C. THE MOTION WAS SECONDED BY SENATOR WOODHOUSE AND PASSED UNANIMOUSLY. ASSEMBLYWOMAN BENITEZ-THOMPSON WAS ABSENT FOR THE VOTE.

- Chair Jones announced a meeting in August to continue work on issues deliberated during presentations regarding Recommendation Nos. 5 and 6.

PUBLIC COMMENT

- Thomas Fitzgerald, owner, administrator, and caregiver, Diamond Retirement Living, Henderson, read from prepared testimony concerning residential care group homes and the negative impact the State Fire Marshal's regulations have had on both the owners and the residents ([Exhibit N](#)).

The following individuals submitted written testimony in support of Recommendation Nos. 18 and 19 contained in the "Work Session Document" ([Exhibit K](#)).

- Brittany Bates, CABI, Las Vegas ([Exhibit O](#))
- Sims-Houston Collison, CABI, Las Vegas ([Exhibit P](#))
- Mary Curler, BCBA, LBA, Las Vegas ([Exhibit Q](#))
- Janelle Drown, resident, Las Vegas ([Exhibit R](#))
- Emmanuel Duron, B.S., Las Vegas ([Exhibit S](#))
- L. Horton-Williams, M.Ed., CABI, Las Vegas ([Exhibit T](#))
- Lenise Kryk, M.Ed., BCBA, LBA, Las Vegas ([Exhibit U](#))
- Mary Liveratti, Member, Governor's Commission on Autism Spectrum Disorders, Carson City ([Exhibit V](#))
- Erik Lovaas, President, The Lovaas Center, Las Vegas ([Exhibit W](#))
- Alexandra Pontillas, ABA Interventionist, Las Vegas ([Exhibit X](#))
- Janday Vargas, CABI, Las Vegas ([Exhibit Y](#))
- Monica Ramirez, CABI, Las Vegas ([Exhibit Z](#))
- Desirae Wingerter, CABI, Las Vegas ([Exhibit AA](#))

ADJOURNMENT

There being no further business to come before the Committee, the meeting was adjourned at 2:30 p.m.

Respectfully submitted,

Sally Trotter
Principal Administrative Assistant

Marsheilah D. Lyons
Supervising Chief 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 a packet of information submitted by James S. Tate, M.D., Las Vegas, that includes the following:

- Testimony to the Legislative Committee on Health Care;
- A report titled *Medical Education in the United States and Canada* by Abraham Blexner;
- A transcript from *The Washington Post* of the U.S. Attorney General Eric Holder’s speech to Morgan State University graduates;
- A facsimile transmittal from Vernon C. Smith, M.D. to James S. Tate, M.D.;
- A letter dated March 19, 2008, to Gregory A. Brower, Esq., from James S. Tate, Jr. M.D., Chairman, Board of Governors, Association of Black Physicians; and
- A document titled “Items for Consideration to Increase Public Participation on Certain Title 54 Occupational and Professional Licensing Boards.”

[Exhibit C](#) is the written testimony dated June 2, 2014, of Wendy Simons, Director, Nevada Assisted Living Center, Henderson.

[Exhibit C-1](#) is document titled “NAC 449 Regulations,” offered by Wendy Simons, Director, Nevada Assisted Living Center, Henderson.

[Exhibit D](#) is the testimony of Mark Olson, resident of Henderson, in support of Recommendation No. 19 “Autism Treatment and Services.”

[Exhibit E](#) is a Microsoft PowerPoint presentation titled “Nevada Health Link,” dated June 2, 2014, furnished by Steve Fisher, Interim Executive Director, Silver State Health Insurance Exchange.

[Exhibit F](#) is a Microsoft PowerPoint presentation titled “ACA Implementation Statistics,” provided by Mike Willden, Director, Department of Health and Human Services (DHHS).

[Exhibit F-1](#) is a document titled “DWSS Daily Pending Application Counts,” submitted by Mike Willden, Director, DHHS.

[Exhibit G](#) is a Microsoft PowerPoint presentation titled “Regulatory Licensing Requirements for Residential Facilities for Groups,” furnished by Donna C. McCafferty, Health Program Manager, Bureau of Health Care Quality and Compliance (BHCQC), Division of Public and Behavioral Health (DPBH), DHHS, Kyle Devine, Bureau Chief, BHCQC, DPBH, DHHS, and Julie Bell, Health Facilities Manager, BHCQC, DPBH, DHHS.

[Exhibit H](#) is a document dated June 2, 2014, to Chairman Justin Jones and Committee Members, from Patricia Theresa Brushfield. Consultant, Residential Care Home and Dr. Shawn McGivney regarding “Presentation and Request for a Committee BDR consideration relative to Residential Facilities for Groups (NRS 449.017) and a recent determination by the State Fire Marshall (sic) that is negatively affecting all small facilities.”

[Exhibit H-1](#) is a document titled “Cost Comparison Table” offered by Shawn McGivney, M.D., Las Vegas.

[Exhibit I](#) is a document titled NRS: Chapter 278 – Planning Zoning “Group Homes” Page 1 of 3, provided by Patricia Theresa Brushfield, Consultant, Residential Care Homes, Las Vegas.

[Exhibit I-1](#) is a copy of Senate Bill No. 233 (Chapter 153, *Statutes of Nevada 2013*) submitted by Patricia Theresa Brushfield, Consultant, Residential Care Homes, Las Vegas.

[Exhibit I-2](#) is a packet of 179 signed “Residential Care Home Financial Impact and Advocacy Statements,” furnished by Patricia Theresa Brushfield, Consultant, Residential Care Homes, Las Vegas.

[Exhibit I-3](#) is a packet containing 118 signed “Residential Care Home Community Survey/Testimonials,” offered by Patricia Theresa Brushfield, Consultant, Residential Care Homes, Las Vegas.

[Exhibit J](#) is the written testimony of Peter J. Mulvihill, P.E., Chief, State Fire Marshal Division, Department of Public Safety.

[Exhibit K](#) is the “Work Session Document” dated June 2, 2014, prepared by Marsheilah D. Lyons, Supervising Principal Research Analyst, Research Division, LCB.

[Exhibit L](#) is the “Consent Calendar for Work Session” dated June 2, 2014, provided by Marsheilah D. Lyons, Supervising Principal Research Analyst, Research Division, LCB.

[Exhibit M](#) is a memorandum dated May 29, 2014, to Legislative Committee on Healthcare (sic) from Nevada State Board of Psychological Examiners regarding Ms. Jan Crandy’s Testimony submitted by Morgan Alldredge, Assistant Director, Board of Psychological Examiners.

[Exhibit N](#) is the written testimony of Thomas Fitzgerald, owner, administrator and caregiver, Diamond Retirement Living, Henderson.

[Exhibit O](#) is the written testimony in support of Recommendation Nos. 18 and 19 provided by Brittany Bates, CABI, Las Vegas.

[Exhibit P](#) is the written testimony in support of Recommendation Nos. 18 and 19 submitted by Sims-Houston Collison, CABI, Las Vegas.

[Exhibit Q](#) is the written testimony in support of Recommendation Nos. 18 and 19 furnished by Mary Curler, BCBA, LBA, Las Vegas.

[Exhibit R](#) is the written testimony in support of Recommendation Nos. 18 and 19 offered by Janelle Drown, Las Vegas.

[Exhibit S](#) is the written testimony in support of Recommendation Nos. 18 and 19 provided by Emmanuel Duron, B.S., Las Vegas.

[Exhibit T](#) is the written testimony in support of Recommendation Nos. 18 and 19 submitted by L. Horton-Williams, M.Ed., CABI, Las Vegas.

[Exhibit U](#) is the written testimony in support of Recommendation Nos. 18 and 19 furnished by Lenise Kryk, M.Ed., BCBA, LBA, Las Vegas.

[Exhibit V](#) is the written testimony in support of Recommendation Nos. 18 and 19 offered by Mary Liveratti, Member, Governor's Commission on Autism Spectrum Disorders, Carson City.

[Exhibit W](#) is the written testimony in support of removal of certification requirements for interventionists provided by Erik Lovaas, President, The Lovaas Center, Las Vegas.

[Exhibit X](#) is the written testimony in support of Recommendation Nos. 18 and 19 submitted by Alexandra Pontillas, ABA Interventionist, Las Vegas.

[Exhibit Y](#) is the written testimony in support of Recommendation Nos. 18 and 19 furnished by Janday Vargas, CABI, Las Vegas.

[Exhibit Z](#) is the written testimony in support of Recommendation Nos. 18 and 19 offered by Monica Ramirez, CABI, Las Vegas.

[Exhibit AA](#) is the written testimony in support of the removal of the CABI certification provided by Desirae Wingerter, CABI, Las Vegas.

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.