



SUMMARY OF RECOMMENDATIONS

LEGISLATIVE COMMITTEE ON HEALTH CARE

Nevada Revised Statutes 439B.200

This summary presents the recommendations approved by the Legislative Committee on Health Care (NRS 439B.200) at its July 29, 2008, meeting. The Committee submits the following proposals to the 75th Session of the Nevada Legislature:

ACCESS TO CARE

1. Draft legislation requiring the Department of Health and Human Services (DHHS) to establish a system that allows applications for Medicaid and the Children's Health Insurance Program to be submitted electronically. This bill would further require an agency that is designated by the Director of the DHHS to receive applications or determine eligibility for the programs to use the system to forward applications, but applicants for services must not be required to submit applications electronically. Include a provision that designates unclaimed property funding to support the development of this e-application. **(BDR -210)**

MENTAL HEALTH AND SUBSTANCE ABUSE

2. Draft legislation to remove the term "transported" from NRS 433A.165 and replace with the term "admitted" (See Assembly Bill 225, 2007 Session). Clarify and expand the list of health care professionals authorized to release patients off of the "Legal 2000" hold status, to include: psychiatrists, psychologists, physicians (M.D., D.O.), and persons trained and licensed in clinical social work or nursing who have a graduate degree and clinical experience in mental health. **(BDR -211)**
3. Make an appropriation of \$100,000 to support the work of the Justice Center, The Council of State Governments, to continue to improve public safety through effective substance abuse and mental health treatment for persons in the criminal justice system in Nevada. **(BDR -212)**

CHILDREN AND SENIOR HEALTH ISSUES

4. Draft legislation creating the Legislative Committee on Child Welfare and Juvenile Justice in accordance with Sections 2 through 8, inclusive, of Senate Bill 170 of the 2007 Legislative Session. **(BDR -213)**

PUBLIC HEALTH PROGRAMS

5. Draft legislation to maintain the Health Insurance for Work Advancement Program and the Traumatic Brain Injury (TBI) waiver and make an appropriation for the necessary amount. **(BDR -212)**

HEPATITIS C INVESTIGATION

6. Draft legislation to define the process for a declaration of a “public health emergency.” This bill will provide clear authority and expectations for the coordinated actions of all public agencies that have statutory responsibilities for some aspects of any required investigation, intervention, or sanctions. In addition to other items, the following provisions must be included:
 - Authority to temporarily close a facility, or the appropriate portion of a facility, in order to make a determination within 24 hours as to whether the facility can be reopened and provide safe services. During that 24-hour period, the facility employees will be tested and/or educated in order to ensure that the services being rendered are safe.
 - Authority to establish a central record repository in the case of a public health emergency and ensure that the team working with the records is trained regarding Health Insurance Portability and Accountability Act compliance, and allow a facility or medical professional to voluntarily allow the records to remain on the premises if they can be secured.
 - Inclusion of electronic records in the determination as to the most appropriate manner in which to handle the medical records.
 - Development of a central information and education hotline.
 - Assurance that the appropriate law enforcement agency is included in securing medical records to maintain the chain of evidence/custody.
 - Authority for the Director of the DHHS to appoint a replacement for the State Health Officer, Health Division, DHHS, under certain circumstances. The replacement must meet the qualifications of the State Health Officer.

- Assurance that State agencies and local health authorities' current powers to react to such crises are not diminished as they await the declaration of a "public health emergency." **(BDR -214)**
7. Draft legislation requiring surgical centers for ambulatory patients (ASCs) and physicians' offices where outpatient surgical procedures are being performed to be accredited by a federally recognized accrediting entity. Set the threshold for physicians' offices that must be accredited as those that utilize any of the three deepest levels of sedation. Provide for the appropriate sanctions to be used by the Bureau of Licensure and Certification (BLC), Health Division, DHHS (who will have authority over facilities), and the Board of Medical Examiners (BME) (who will have authority over the practitioners), should there be a failure to maintain accreditation. **(BDR -215)**
 8. Draft legislation to require the BLC to survey the ASCs once every year and require the BLC to increase the fees for licensing these types of facilities to include the additional cost for conducting these surveys. Include annual inspections of physicians' offices that would be required to be accredited pursuant to Recommendation No. 7. Require the annual inspections to be unannounced. In addition, include transitional funding to support the positions required to conduct the surveys, as the new fee and survey schedule is implemented. A fee increase will be utilized in order to accomplish these more frequent inspections. **(BDR -215)**
 9. Draft legislation that requires the BLC to prepare and submit an annual report regarding the frequency of inspections of health care facilities licensed in this State and the findings from those inspections. The report must include a summary of any major issues and problems that have been identified and any follow-up. The report must be submitted to the LCHC. **(BDR -215)**

HEALTH CARE PROFESSIONAL LICENSING BOARDS

10. Draft legislation to require Governor Jim Gibbons to provide to the LCHC advance notice of potential appointments to the BME, the State Board of Osteopathic Medicine, and the Board of Homeopathic Medical Examiners. Authorize: (a) the medical societies and professional associations; (b) the University of Nevada School of Medicine; and (c) individuals to nominate persons to fill vacancies on the BME, the State Board of Osteopathic Medicine, and the Board of Homeopathic Medical Examiners.

Require the nominations to be submitted for consideration to the LCHC not later than 30 days after the notice of potential vacancy is made. The LCHC would be authorized to make inquiries concerning the potential appointments. The LCHC may report to the Governor concerning the advisability of making such appointments. The LCHC will have 60 days from the deadline for the receipt of nominations to make any and all inquiries. If the LCHC does not submit at least three names to the Governor within 90 days after the notice of vacancy, the Governor may act without input from the LCHC. **(BDR -216)**

11. Draft legislation that places the current statutory provisions which authorize health care professional licensing boards to temporarily suspend a practitioner's license in Chapter 630 of NRS, "Physicians, Physician Assistants and Practitioners of Respiratory Care" (BME); Chapter 630A of NRS, "Homeopathic Medicine" (Board of Homeopathic Medical Examiners); and Chapter 633 of NRS, "Osteopathic Medicine" (State Board of Osteopathic Medicine). **(BDR -217)**
12. Draft legislation that establishes grounds for a health care professional licensing board to suspend or revoke a professional license held by the owner or another principal of a health care facility that has responsibility in the creation of a public health threat or is currently being investigated, under certain circumstances. This provision is similar to the provisions of NRS 449.160. **(BDR -217)**
13. Draft legislation that requires all members of health care professional licensing boards to be provided a copy of the conflict of interest provisions of Chapter 281A of NRS, "Ethics in Government," and require the signature of each board member acknowledging receipt of the conflict of interest provisions. **(BDR -216)**
14. Draft legislation to require all health care professional licensing boards to retain every complaint that is filed with the board, including, without limitation, complaints that receive no action for at least ten years. **(BDR -217)**

WHISTLEBLOWER PROTECTIONS

15. Draft legislation to provide statutory protections for a nurse who: (a) reports concerns about patients being exposed to substantial risk of harm due to failure of a facility or practitioner to conform to minimum professional standards, regulations, or accreditation standards; (b) is requested to engage in conduct that would violate the nurse's duty to protect patients from actual or potential harm as defined in Chapter 632 of NRS, "Nursing," and Chapter 632 of *Nevada Administrative Code* (NAC), "Nursing"; (c) refuses to engage in conduct that would violate the provisions of Chapter 632 of NRS or Chapter 632 of NAC or that would make the nurse reportable to the State Board of Nursing; (d) reports the actions of another nurse who engages in conduct subject to mandatory reporting to the State Board of Nursing as defined in Chapter 632 of NRS or Chapter 632 of NAC; or (e) reports staffing concerns or situations that reasonably could contribute to patient harm. **(BDR -219)**

**THE SUBCOMMITTEE OF THE LEGISLATIVE COMMITTEE ON
HEALTH CARE TO REVIEW THE LAWS AND REGULATIONS
GOVERNING PROVIDERS OF HEALTH CARE,
THE USE OF LASERS AND INTENSE PULSED LIGHT THERAPY,
AND THE USE OF INJECTIONS OF COSMETIC SUBSTANCES
(SENATE BILL 4, CHAPTER 4, STATUTES OF NEVADA 2007,
23RD SPECIAL SESSION)**

16. Draft legislation to modify the requirement that an applicant for a license to practice medicine must prove to the BME he is a citizen or lawfully entitled to remain and work in the United States by creating an exception for applicants who are trying to enter the J-1 Visa Waiver Program. This bill would allow an application for a license to be processed; however, the applicant would not be permitted to begin the practice of medicine until the J-1 Visa Waiver has been issued. **(BDR -220)**
17. Draft legislation to allow physicians who have recently completed a residency program to be provisionally licensed upon receipt of satisfactory fingerprint reports, pending completion of the remainder of the board application process, including completion of certain examinations or board certifications. **(BDR -220)**
18. Draft legislation to make it easier for professionals licensed in other states to become licensed in Nevada if certain criteria are met. Establish a pilot program to apply to professionals licensed by the following boards: the Board of Examiners for Social Workers; the BME; the Board of Psychological Examiners; and the State Board of Osteopathic Medicine. Model this legislation after similar legislation related to the Board of Dental Examiners of Nevada. **(BDR -220)**
19. Draft legislation to specify that supervision of physician assistants can be done through telecommunications and remote file review. **(BDR -220)**
20. Draft legislation to allow professional licensing boards to hire counsel outside the Office of the Attorney General when appropriate. **(BDR -220)**
21. Draft legislation to provide professional licensing boards with the authority to investigate and refer unlawful professional practice to authorities for penalties, applicable only to the health care-related boards. Model the legislation after similar authority given to the State Contractors' Board. Allow the boards to fine those that misrepresent themselves as a professional licensed by the boards. **(BDR -220)**

LETTERS

The Committee authorized the Chair to send the following letters on its behalf:

22. Draft a letter to Nevada's Congressional Delegation requesting that certain federal policy revisions be made to enhance Nevada's ability to support, recruit, and retain physicians that work through the J-1 Visa Waiver Program, including a provision that gives priority or preference, or both, to physicians who have participated in the J-1 Visa Waiver Program, when they apply for lawful permanent residency.
23. Draft a letter and include a statement in the Committee's final report encouraging the Division of Mental Health and Developmental Services (DMHDS), DHHS, to collaborate with the mental health redesign work group to continue to review Nevada's process for admitting persons to mental health facilities under emergency circumstances, known as the "Legal 2000" process. The letter will request the DMHDS to prepare recommendations to refine the Legal 2000 process.
24. Draft a letter to Nevada's Congressional Delegation requesting the amendment of various federal lands acts to allow for the conveyance of federal land to support the development of behavioral health and substance abuse facilities, with the intent of encouraging investment and management of these types of facilities in Nevada, as part of a strategy for decreasing the number of out-of-state patient placements.
25. Draft a letter to the Senate Committee on Finance and the Assembly Committee on Ways and Means requesting an ongoing line item for mental health and substance abuse services and programs within the Department of Corrections' budget.
26. Draft a letter and include a statement in the Committee's final report encouraging the DMHDS to create a plan for addressing compensation and organizational challenges which constrict the DMHDS's ability to recruit and retain psychiatrists.
27. Draft a letter to encourage the DMHDS to work with hospitals and law enforcement in rural Nevada to document the impact of the loss of mental health emergency services in rural Nevada on suicide rates, the wait time for patients to see a psychiatrist, and the relationships between mental health providers, hospitals, and law enforcement.
28. Draft a letter to the Director of the DHHS to encourage the Aging Services Division, DHHS, to work with the BLC, Health Division, DHHS, and the Division of Health Care Financing and Policy, DHHS, to develop a plan related to the development of certain services/resources for residents diagnosed with (a) Alzheimer's disease, (b) dementia, and (c) TBI.
29. Draft a letter and include a statement in the Committee's final report to support the BDR of the Health Division, DHHS, to revise provisions relating to the State's public health system.

30. Draft a letter encouraging the State Board of Pharmacy, in collaboration with the BME, the State Board of Health, the State Board of Nursing, and the State Board of Osteopathic Medicine to develop a system for monitoring the sale and use of anesthesia in Nevada to determine where surgical procedures are being performed and the type of health care professionals that are conducting those surgeries. Include both ASCs and physicians' offices performing outpatient procedures under one or more of the three deepest levels of sedation.
31. Draft a letter requesting the BME, the State Board of Nursing, and the State Board of Osteopathic Medicine to regularly survey licensees to obtain details about locations and areas of practice in order to provide information to support programs to obtain more practitioners.
32. Draft a letter to Nevada's Congressional Delegation to support an increase in the Federal Medical Assistance Program (FMAP) by raising federal match rates and by holding states harmless if the FMAP decreases from one year to the next.

STATEMENT OF SUPPORT

The Committee directed staff to include the following statement of support in the final report:

33. Establish an interim legislative study to review health care professional licensing boards.