

MEETING NOTICE AND AGENDA

Name of Organization: Legislative Committee on Health Care
(*Nevada Revised Statutes* [NRS] 439B.200)

Date and Time of Meeting: Tuesday, July 29, 2008
9 a.m.

Place of Meeting: Legislative Building
Room 3138
401 South Carson Street
Carson City, Nevada

Note: Some members of the Committee may be attending the meeting and other persons may observe the meeting and provide testimony through a simultaneous videoconference conducted at the following location: Grant Sawyer State Office Building, Room 4401, 555 East Washington Avenue, Las Vegas, Nevada.

If you cannot attend the meeting, you can listen or view it live over the Internet. The address for the Nevada Legislature website is <http://www.leg.state.nv.us>. Click on the link "Live Meetings—Listen or View."

Note: Minutes of this meeting will be produced in summary format. Please provide the secretary with electronic or written copies of testimony and visual presentations if you wish to have complete versions included as exhibits with the minutes.

A G E N D A

Note: Items on this agenda may be taken in a different order than listed.

*Denotes items on which the Committee may take action.

I. Introduction and Opening Remarks

Assemblywoman Sheila Leslie, Chairwoman

*II. Approval of Minutes of Meeting Held on June 17, 2008, in Carson City, Nevada

*III. Presentation and Recommendations Concerning the Hepatitis C Investigation in Las Vegas and Related Public Health Implications

Richard Whitley, M.S., Administrator, Health Division, Department of Health and Human Services (DHHS)

Marla McDade Williams, Chief, Bureau of Licensure and Certification, Health Division, DHHS

Lawrence K. Sands, D.O., M.P.H., Chief Health Officer, Southern Nevada Health District

*IV. Presentation and Recommendations Concerning Medical Clearance for Persons Waiting for Emergency Admissions to Mental Health Facilities and Related Mental Health Services

Richard Failla, Deputy Administrator, Division of Mental Health and Developmental Services, DHHS

Richard E. Steinberg, President/CEO, WestCare Nevada

Shannon E. West, M.S.W., Regional Homeless Services Coordinator, Southern Nevada Regional Planning Coalition

*V. Presentation Regarding the Impact of Recently Enacted Federal Legislation on the Medicaid Program in Nevada

Charles Duarte, Administrator, Division of Health Care Financing and Policy, DHHS

*VI. Consideration of Regulations Proposed or Adopted by Certain Licensing Boards Pursuant to NRS 439B.225

- A. Legislative Counsel Bureau (LCB) File No. R114-08, State Board of Pharmacy
 - B. LCB File No. R115-08, State Board of Pharmacy
 - C. LCB File No. R116-08, State Board of Pharmacy
 - D. LCB File No. R117-08, Board of Psychological Examiners
 - E. LCB File No. R122-08, Board of Examiners for Audiology and Speech Pathology
 - F. LCB File No. R158-08, Board of Dental Examiners of Nevada
 - G. LCB File No. R159-08, Board of Dental Examiners of Nevada
 - H. LCB File No. R176-08, Board of Medical Examiners
- Sara Partida, Senior Deputy Legislative Counsel, Legal Division, LCB

VII. Public Comment

*VIII. Work Session—Discussion and Action on Recommendations Relating to:

- A. Access to Care
- B. Mental Health and Substance Abuse
- C. Child and Senior Health
- D. Public Health Programs
- E. Public Health Response Concerning the Hepatitis C Investigation in Las Vegas and Related Public Health Implications
- F. Ambulatory Surgical Centers and Offices Where Outpatient Procedures are Performed
- G. Health Care Professional Licensing Boards and Persons Licensed by Those Boards
- H. Whistleblower Protections
- I. Duties of the Legislative Committee on Health Care

The “Work Session Document” is attached below and contains proposed recommendations. The document is also available on the Committee’s Web page [Legislative Committee on Health Care \(NRS 439B.200\)](#) or a written copy may be obtained by contacting Sarah J. Lutter, Senior Research Analyst, Research Division, LCB, at (775) 684-6825.

IX. Public Comment

X. Adjournment

Note: We are pleased to make reasonable accommodations for members of the public who are disabled and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify the Research Division of the Legislative Counsel Bureau, in writing, at the Legislative Building, 401 South Carson Street, Carson City, Nevada 89701-4747, or call Rebecca Dobert at (775) 684-6825 as soon as possible.

Notice of this meeting was posted in the following Carson City, Nevada, locations: Blasdel Building, 209 East Musser Street; Capitol Press Corps, Basement, Capitol Building; City Hall, 201 North Carson Street; Legislative Building, 401 South Carson Street; and Nevada State Library, 100 Stewart Street. Notice of this meeting was faxed and e-mailed for posting to the following Las Vegas, Nevada, locations: Clark County Office, 500 South Grand Central Parkway; and Grant Sawyer State Office Building, 555 East Washington Avenue. Notice of this meeting was posted on the Internet through the Nevada Legislature’s website at www.leg.state.nv.us.



WORK SESSION DOCUMENT

Legislative Committee on Health Care
(*Nevada Revised Statutes* 439B.200)

July 29, 2008

The following “Work Session Document” has been prepared by the staff of Nevada’s Legislative Committee on Health Care (LCHC) (*Nevada Revised Statutes* [NRS] 439B.200). This document contains recommendations that were submitted in writing to Committee staff, provided through correspondence with Committee members, or presented during one of the Committee’s hearings.

This document is designed to assist the Committee members in determining what action they may wish to take on certain issues, which may include making statements in the Committee’s final report, writing letters of recommendation or support, or forwarding recommendations for legislation to the 2009 Session of the Nevada Legislature. The Committee may vote to make as many statements or send as many letters as they choose; however, pursuant to NRS 218.2429, the Committee is limited to ten bill draft requests (BDRs), including requests for the drafting of resolutions. The BDRs must be submitted to the Legal Division of the Legislative Counsel Bureau (LCB) before September 1, 2008.

The recommendations listed in this document are conceptual recommendations arranged by topic, are in no particular order of importance, and do not necessarily have the support or opposition of the Committee Chairwoman or members. The members may accept, reject, modify, or take no action on any of the proposals. The source of each recommendation is noted in parentheses when available. Please note that specific sources may not be provided if the proposals were raised and discussed by numerous individuals during the course of the interim, or only one main source may be listed when there were also others who contributed. Additional recommendations may be considered based on discussions held and presentations made at the July 29, 2008, hearing. Please see the agenda for details concerning the scheduled presentations. The Chairwoman of the Committee may choose to raise related issues for discussion or Committee action during the work session.

The recommendations may have been modified by being combined with similar proposals or by the addition of necessary legal or fiscal information. It should also be noted that some of the recommendations may contain an unknown fiscal impact. If a recommendation is adopted for a BDR, then the Committee staff will work with interested parties to obtain fiscal estimates for inclusion in the final report. During the drafting process, specific details of approved requests for legislation or other Committee action may be further clarified by staff in consultation with the Chairwoman or others, as appropriate. Also, if a recommendation includes reference to specific chapters or statutes of NRS, as part of the drafting process, amendments to other related chapters or sections of NRS may be made to fully implement the recommendation.

RECOMMENDATIONS

RECOMMENDATIONS CONCERNING 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. (Submitted by Chairwoman Leslie, October 31, 2007.)**

Estimated Biennium Cost: \$590,792.00 for the start-up year (27% or \$159,513.84 from the State General Fund), and \$46,092.00 for subsequent years (27% or \$12,444.84 from the State General Fund).

- 2. 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 that have participated in the J-1 Visa Waiver Program, when they apply for lawful permanent residency. (Discussed October 31, 2007.)**

RECOMMENDATIONS CONCERNING MENTAL HEALTH AND SUBSTANCE ABUSE

- 3. Draft a letter or 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, including, without limitation:**

- a. Suggestions to:
 - 1) Expand the criteria of what must be included in an examination required pursuant to NRS 433A.165 before a person may be transferred to a mental health facility. *(Discussed November 27, 2007.)*
 - 2) Reconcile the definition of “admission” as the term is used in NRS and the practical application as the term is used for billing practices of medical professionals. *(Discussed November 27, 2007.)*
 - 3) Propose amendments to change the statutory language which requires an examination be performed before a person may be transferred to a mental health facility in order to allow for one-stop-shop arrangements. *(Discussed November 27, 2007.)*
 - b. Propose amendments to NRS 433A.165 to clarify the legal status of patients and ensure that patients are tracked by the court psychiatrists and hospital risk management offices until medically stable and either transferred to a mental health facility or psychiatrically cleared for discharge. *(Submitted by Lesley Dickson, M.D., President, Nevada Psychiatric Association, June 17, 2008.)*
 - c. Suggest developing procedures and policies within hospitals to ensure the psychiatric and legal status of patients is known to all members of the treatment team and hospital risk management office. *(Submitted by Lesley Dickson, M.D., President, Nevada Psychiatric Association, June 17, 2008.)*
 - d. Suggest requirements for in-service training for physicians, nurses, social workers, ward clerks, and others regarding the “Legal 2000” process. *(Submitted by Lesley Dickson, M.D., President, Nevada Psychiatric Association, June 17, 2008.)*
 - e. Suggestions that would require general hospitals to have psychiatric coverage available and encourage financial arrangements that facilitate psychiatric consultation to the medically or psychiatrically uninsured. *(Submitted by Lesley Dickson, M.D., President, Nevada Psychiatric Association, June 17, 2008.)*
- 4. 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. *(Submitted by Ernie Nielsen, Senior Law Project Attorney, Washoe County Senior Law Project, January 23, 2008.)***

SUBSTANCE ABUSE AND MENTAL HEALTH TREATMENT FOR PERSONS IN THE CRIMINAL JUSTICE SYSTEM

- 5. Make an appropriation to support the work of the Justice Center, Council of State Governments, to continue work to improve public safety through effective substance abuse and mental health treatment for persons in the criminal justice system in Nevada. The amount of the appropriation will be determined in consultation with the Fiscal Analysis Division, LCB. (Submitted by Fred C. Osher, M.D., Director of Health Systems and Services Policy, Justice Center, Council of State Governments, June 17, 2008.)**
- 6. 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. (Submitted by Senator Horsford, January 23, 2008.)**

RECRUITING AND RETAINING PSYCHIATRISTS WITHIN THE DIVISION OF MENTAL HEALTH AND DEVELOPMENTAL SERVICES

- 7. Draft a letter or 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, including, without limitation, recommendations to:**
 - a. Make the pay rate more flexible and to allow for certain overtime pay or nighttime differential pay;
 - b. Adjust the on-call rate of \$60 per weeknight and \$100 per weekend day so that those rates are competitive; and
 - c. Provide additional compensation for psychiatrists who take on additional administrative responsibility or residency training.

RURAL MENTAL HEALTH

- 8. Draft legislation to require certain emergency mental health services in rural Nevada. (Submitted by Ray C. Kendall, L.C.S.W., Agency Director, Rural Clinics, DMHDS, DHHS, April 10, 2008.)**

Estimated costs for providing emergency room (ER) services 24 hours per day, 7 days per week, are as follows:

Center Directors' standby pay	\$130,100.00
Line staff standby pay	\$123,930.00
Center Director call-out pay	\$28,080.00
Line staff call-out pay	<u>\$334,380.00</u>
Annual costs for 24/7 ER	\$616,490.00

Estimated Biennium Cost: \$1,232,980. (*Fiscal information provided by Harold Cook, Administrator, DMHDS, DHHS, submitted July 2, 2008.*)

9. **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.**

RECOMMENDATIONS CONCERNING CHILDREN AND SENIOR HEALTH ISSUES

10. **Draft legislation creating the Legislative Committee on Child Welfare and Juvenile Justice in accordance with Sections 2 through 8, inclusive, of Senate Bill 170, 2007 Legislative Session.** (*Submitted by Senator Washington, December 18, 2007.*)

Estimated Biennium Cost: \$242,582 (based on a fiscal note for S.B. 170, submitted February 28, 2007). The fiscal note for S.B. 170 included the cost for the creation and support of two committees, due to differences in the meeting schedules and membership of those committees this estimate is based on 40 percent of the total original cost.

11. **Draft a letter to the Director of the DHHS to encourage the Aging Services Division, DHHS, to work with the Bureau of Licensure and Certification (BLC), Health Division, and the Division of Health Care Financing and Policy (DHCFP), DHHS, to develop a plan to:**
 - a. Support and encourage the development of effective and ongoing training for existing care staff to transition and stabilize residents diagnosed with dementia, Alzheimer's disease, and Traumatic Brain Injury (TBI). (*Submitted by The Honorable Frances Doherty, Department 12, Family Division, Second Judicial District Court of Nevada, January 23, 2008.*)
 - b. Create industry incentives and remediation of potential misperceptions of licensing challenges encountered by facilities housing individuals diagnosed with dementia, Alzheimer's disease, and TBI. (*Submitted by The Honorable Frances Doherty, Department 12, Family Division, Second Judicial District Court of Nevada, January 23, 2008.*)

12. Draft legislation to amend the definition of mental illness pursuant to NRS 433A.115 to include Alzheimer's disease. (Discussed January 23, 2008.)

According to the DMHDS, changing the statutory definition so that Alzheimer's disease is specifically included as a mental illness could have a significant budgetary impact on the State. Such a statutory change would mean that individuals with Alzheimer's disease could be referred to State mental health hospitals as an emergency admission. According to the DMHDS, no State mental health hospital is equipped or staffed to serve and treat these individuals; thus, provisions for doing so would have to be made if such a statutory change goes into effect.

Estimated Biennium Cost: According to the DMHDS, significant cost is associated with this change; however, no specific estimate is available at this time.

RECOMMENDATIONS CONCERNING PUBLIC HEALTH PROGRAMS
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13. Draft legislation to maintain the Health Insurance for Work Advancement (HIWA) Program and the TBI waiver and make an appropriation for the necessary amount. (Submitted by Paul Gowins, Strategic Plan for People with Disabilities Statewide Accountability Committee, May 6, 2008.)

Estimated Biennium Cost: The budget approved by the Legislature for Fiscal Year (FY) 2008-2009 included funding to exclude unearned income when determining eligibility for the HIWA Program and to provide 45 waiver slots for TBI patients. Because these were new programs, they were eliminated to achieve necessary budget reductions. To eliminate the unearned income cap for the HIWA Program in FYs 2010 and 2011 would require a total funding of \$2,180,933 over the biennium with a State General Fund appropriation of \$996,254. The program would increase the HIWA Program's caseload by an average of 216 in FY 2010 and 268 in FY 2011. To reintroduce the TBI waiver slots in FYs 2010 and 2011 would require total funding of \$4,641,988 over the biennium with a State General Fund appropriation of \$2,320,995. This would provide 30 residential habitation slots and 15 adult day care slots. Cost estimates for both programs assume a start date of October 1, 2009. Funding requirements could be reduced by moving the start date on one or both programs.

14. Draft legislation to expand the Lead Poisoning Prevention Project by requiring State and local health authorities to adopt and enforce regulations for testing children under the age of six for lead exposure in accordance with standards set forth by the National Centers for Disease Control and Prevention. (Submitted by the Southern Nevada Health District [SNHD], May 6, 2008.)

Estimated Biennium Cost: No estimate available at this time.

15. **Draft legislation that requires laboratories that examine the blood of a child under the age of 18 for the presence of lead to report the results of the examination to the appropriate health authority not later than five calendar days after the examination.** *(Submitted by the SNHD, May 6, 2008.)*

RECOMMENDATIONS CONCERNING THE HEPATITIS C INVESTIGATION

PUBLIC HEALTH RESPONSE

16. **Draft a letter or 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. The purpose of the BDR is to:**
- a. Allow the State Board of Health to adopt regulations to specify the conditions under which a medical facility can be closed during an ongoing investigation;
 - b. Clarify statutory language as it relates to the power of the Health Division to fine medical facilities for violations;
 - c. Give authority to the Health Division to take control over a facility’s medical records in the event the facility is closed during the course of an investigation;
 - d. Clarify statutory language related to sentinel events and establish penalties for facilities that do not report a sentinel event;
 - e. Strengthen the authority of local health authorities or officers of health districts to subpoena records related to an ongoing investigation of a medical facility;
 - f. Clarify statutory language as it relates to the powers of a local health authority or officer of a health district during disease investigations and establish methods to cover the costs of such disease investigations; and
 - g. Clarify the method by which information in an investigation is shared with law enforcement authorities.
17. **Amend Chapter 449 of NRS, “Medical and Other Related Facilities,” to require the recommendations of a health authority which investigated a disease outbreak or potential exposure to be included in any statement of deficiency of a licensed health care facility and require an appropriate response in the resulting action plan.** *(Submitted by the SNHD, April 21, 2008.)*

18. 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. (Submitted by Larry Matheis, Executive Director, Nevada State Medical Association, June 17, 2008.)

19. Draft legislation to authorize the BLC, when a public health emergency exists, to:

- a. 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 provided are safe;
- b. Designate a location for 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 grounds of the facility and to allow the team handling the records to work out of the facility; and
- c. Develop a central information and education hotline. (Submitted by Assemblyman Hardy, March 24, 2008.)

Estimated Biennium Cost: No estimate available at this time.

REGULATION OF SURGICAL CENTERS FOR AMBULATORY PATIENTS AND OFFICES WHERE OUTPATIENT PROCEDURES ARE BEING PERFORMED

20. Draft legislation to require surgical centers for ambulatory patients (ASCs) and offices where outpatient surgical procedures are being performed to be accredited by a federally recognized accrediting entity. (Discussed April 21, 2008.)

21. Recommendations relating to surveys of ASCs include:

- a. Draft legislation to require the BLC to survey ASCs once every two years and require the BLC to increase the fees for licensing these types of facilities to include the additional cost for conducting these surveys. (Discussed April 21, 2008.)

Estimated Biennia Cost: No estimate available at this time.

- b. Draft legislation that shifts the responsibility for surveying ASCs from the BLC to the health district in which the ASC is located, if applicable. The health district would be required to conduct the initial survey for licensure, scheduled surveys, and any surveys that result from a complaint. Fiscal impact information has been requested from each health district. Currently there are two health districts in the State: Southern Nevada Health District and Washoe County Health District. *(Submitted by Senator Washington, April 21, 2008.)*

Estimated Biennium Cost: No estimate available at this time.

- 22. **Draft a letter encouraging the State Board of Pharmacy, in collaboration with the Board of Medical Examiners, the State Board of Osteopathic Medicine, the State Board of Nursing, and the State Board of Health, 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. *(Submitted by Senator Washington, April 21, 2008.)***
- 23. **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 and the Legislative Commission. *(Discussed April 21, 2008.)***
- 24. **Make an appropriation or send a letter of support to the Assembly Committee on ways and Means and the Senate Finance Committee to increase the salary for non-nurse Health Facility Surveyors to an amount equal to the salary for nurse Health Facility Surveyors.**

Estimated Biennium Cost: \$400,000. (Fiscal impact estimate provided by Marla McDade Williams, Chief, BLC, Health Division, DHHS.)

RECOMMENDATIONS CONCERNING HEALTH CARE PROFESSIONAL LICENSING BOARDS

APPOINTMENT PROCESS

- 25. **Draft legislation to require professional associations and educators affiliated with a particular professional group to submit to the Governor recommendations for nominees to serve on respective professional licensing boards.**

- a. The Governor's final appointments must include recommendations from the following entities: (1) the medical societies; (2) the University of Nevada School of Medicine; and (3) a public member chosen by the LCHC.
- b. Require the nominating entities to submit their recommendations for consideration to a committee which will perform a background check to, among other considerations, ensure the absence of any conflicts of interests, ensure ethical patterns of practice, et cetera. *(Submitted by James S. Tate Jr., M.D., F.A.C.S., F.I.C.S., President, Association of Black Physicians, and Chairman, Board of Directors, Association of Black Physicians, May 6, 2008.)*

OR

26. Draft legislation that creates a screening committee to select nominees for gubernatorial appointment to boards. Require the Governor to select appointees from a screening committee slate. The screening committee panel will present a minimum of three names to the Governor for each vacancy and the Governor would be required to select one of the three candidates. *(Discussed April 21, 2008.)*

- a. To accommodate the number of appointees in any given year, several screening panels may be convened in a configuration that allows members from one panel to serve as substitutes on another panel.
- b. Each panel would consist of seven members, with three selected by the Governor, one each by the Senate Majority and Minority Leaders, and one each by the Speaker of the Assembly and the Assembly Minority Leader. A substitute from one panel may only replace a member of another panel if both were appointed by the same official. One of the Governor's selections, designated by the Governor, would serve as panel President and five members of a panel would have to agree on a nominee.
- c. The screening panels would be composed of volunteers who serve without pay as a public service.
- d. Videoconferencing and electronic mail could be used whenever possible to reduce travel time and expense.
- e. The Governor may suggest nominees to the screening committee; however, the process may be open for individuals to make their own application. Incumbents, if not term limited by statute, may be considered for reappointment.
- f. Nominees would be presented to the Governor at least 30 days prior to the occurrence of the vacancy or, if insufficient notice was given, as soon as practicable. The Governor would be required to make an appointment by the time the position is vacant.

27. Require involvement of the LCHC in the process for appointment to health care professional licensing boards, including: *(Submitted by James S. Tate Jr., M.D., F.A.C.S., F.I.C.S., President, Association of Black Physicians, and Chairman, Board of Directors, Association of Black Physicians, May 6, 2008.)*

- a. Draft legislation to require the LCHC to provide a list of nominees to the Governor. The Governor must select appointments for health care professional licensing boards from the list provided by the Committee; or
- b. Draft legislation to require the Governor to provide to the LCHC advance notice of potential appointments. The LCHC would be authorized to make inquiries concerning the potential appointments. The LCHC would not be able to veto any selections but may report to the Governor concerning the advisability of making such appointments.

COMPOSITION OF BOARDS

28. Draft legislation to revise the membership of all health care professional licensing boards to require that a majority of members be public members.

- a. Include the limitation that a public member may not be the spouse or the parent or child, by blood, marriage or adoption, of a person licensed in any state to practice any related profession; see for example, NRS 630.060(3)(b) relating to the Board of Medical Examiners.
- b. The incumbent board members would be replaced with public members as their terms expire until the majority of the board is composed of public members.
- c. In some cases where existing boards are composed of several different licensees (e.g., the Board of Dental Examiners of Nevada is composed of six dentists and three dental hygienists), the number of nonpublic positions on the board must be reduced proportionally to maintain existing ratios to the extent possible. *(Discussed April 21, 2008.)*

OR

29. Draft legislation to revise the membership of all health care professional licensing boards to increase the number of public members serving on each board. The incumbent board members would be replaced with public members as their terms expire until the board is composed of the requisite number of public members.

BOARD AUTHORITY

- 30. Draft legislation that authorizes health care professional licensing boards to temporarily suspend a practitioner's license until final resolution of a complaint when the board determines there is an immediate danger to the public. The bill would further require a hearing to be conducted within a specified time (possibly 45 days). (Discussed April 21, 2008.)**
- 31. Provide that the removal of a board member does not require impeachment, including:** *(Submitted by Chairwoman Leslie, June 17, 2008.)*
 - a. Draft legislation amending the term of each member of a health care professional licensing board so that he serves at the pleasure of the Governor; or
 - b. Draft a resolution to propose an amendment to the *Nevada Constitution* to provide for removal of appointed public officers in a manner specified by the Legislature. This is patterned after Article 7, Section 4, of the *Nevada Constitution*, which provides for the removal from office "of other civil officers."
- 32. 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. (Submitted by Senator Heck, June 17, 2008.)**

STANDARDIZATION OF CERTAIN BOARD FUNCTIONS

- 33. Draft legislation to expand the role of the Office for Consumer Health Assistance (NRS 223.500 through 223.580) or create an ombudsman position to assist in the filing of a complaint against a health care facility or health care professional with the appropriate licensing agency or professional licensing board. (Submitted by the SNHD, April 21, 2008.)**

Estimated Biennium Cost: No estimate available at this time.

- 34. Draft legislation to create a two-tiered approach for filing complaints against a health care professional. Tier one consists of individuals submitting complaints and tier two consists of complaints filed by another health care agency (such as the BLC or a statutorily recognized health authority). Tier two complaints would authorize the board or agency receiving the complaint to use the findings of the complainant to expedite the investigative process. (Discussed April 21, 2008.)**

- 35. Draft legislation to provide for a standardized and streamlined process for filing a complaint with a health care professional licensing board including, without limitation, a single form that must be used by all boards. (Submitted by the Health Division, DHHS, April 21, 2008.)**
- 36. Draft legislation that requires all members of health care professional licensing boards 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. (Discussed May 6, 2008.)**
- 37. 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.**
- 38. Establish an interim legislative study to:**
 - a. Determine the feasibility and efficiency of creating a central office to provide administrative support for all of the health care professional licensing boards. (Submitted by Larry Matheis, Executive Director, Nevada State Medical Association, April 10, 2008.)
 - b. Determine the benefit of combining the Board of Medical Examiners and the State Board of Osteopathic Medicine or combining other boards that regulate similar licensed health care professionals.
 - c. Review the licensing chapters of the NRS related to health care licensing boards with the intent of expanding Chapters 622 and 622A of NRS, “General Provisions Concerning Regulatory Bodies” and “Administrative Procedure Before Certain Regulatory Bodies,” respectively, to contain all the statutes that are common to the various health care professional licensing boards, standardizing the provisions if appropriate by selecting the best version, and leaving only those provisions that are in fact unique to a specific board in the board’s separate chapter. (Discussed April 21, 2008.)
 - d. Standardize and streamline the health care boards’ complaint process.

RECOMMENDATIONS CONCERNING WHISTLEBLOWER PROTECTIONS

- 39. 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 Chapter 632 of NAC; or (e) reports staffing concerns or situations that reasonably could contribute to patient harm. (*Submitted by the Nevada Nurses Association, May 6, 2008.*)**
- 1) The bill would apply the protections to reporting both internally and externally (i.e. within the facility, to legal, governmental, or legislative bodies).
 - 2) The bill would further provide an enforcement mechanism to provide a clear and direct recourse to those who experience workplace sanctions after having reported an unsafe health care practice, including civil action to include at least double compensation for damages resulting from lost wages, compensation for legal representation, and additional punitive damages.
 - 3) Additionally, the bill would create a presumption that any disciplinary action taken against a nurse within 60 days of that nurse reporting conduct specified in the statute was taken in retaliation against the nurse having made such a report.

**RECOMMENDATIONS FROM THE SUBCOMMITTEE OF THE LEGISLATIVE
COMMITTEE ON HEALTH CARE TO REVIEW THE LAWS AND
REGULATIONS GOVERNING THE 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 SESSION)**

40. **Draft legislation to modify the requirement that an applicant for a license to practice medicine must prove to the Board of Medical Examiners 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.** *(Submitted by the Subcommittee 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].)*
41. **Draft a letter requesting the Board of Medical Examiners, the State Board of Osteopathic Medicine, and the State Board of Nursing 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.** *(Submitted by the Subcommittee 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 , Chapter 4, Statutes of Nevada 2007, 23rd Special Session].)*
42. **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.** *(Submitted by the Subcommittee 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].)*
43. **Draft legislation to make it easier for professionals licensed in other states to become licensed in Nevada if certain criteria are met.** *(Submitted by the Subcommittee 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].)*

- 44. Draft legislation to specify that supervision of physician assistants can be done through telecommunications and remote file review.** *(Submitted by the Subcommittee 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].)*
- 45. Draft legislation to allow professional licensing boards to hire counsel outside the Office of the Attorney General when appropriate.** *(Submitted by the Subcommittee 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].)*
- 46. Draft legislation to provide professional licensing boards with the authority to investigate and refer unlawful professional practice to authorities for penalties.** *(Submitted by the Subcommittee 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].)*

<p style="text-align: center;">RECOMMENDATIONS CONCERNING THE LEGISLATIVE COMMITTEE ON HEALTH CARE</p>

- 47. Draft legislation to repeal or amend NRS 439B.225, which requires the LCHC to review each regulation that a licensing board proposes or adopts which relates to standards for licensing or registration or to the renewal of a license or certificate of registration issued to a person or facility regulated by the board.**