

MEETING NOTICE AND AGENDA

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

Date and Time of Meeting: Wednesday, August 29, 2012
9 a.m.

Place of Meeting: Grant Sawyer State Office Building, Room 4401
555 East Washington Avenue
Las Vegas, 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:

Legislative Building, Room 3138
401 South Carson Street
Carson City, 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."

<p>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.</p>
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Note: Items on this agenda may be taken in a different order than listed. Two or more agenda items may be combined for consideration. An item may be removed from this agenda or discussion relating to an item on this agenda may be delayed at any time.

I. Opening Remarks

Assemblywoman April Mastroluca, Chair

II. Public Comment

(Because of time considerations, the period for public comment by each speaker may be limited, and speakers are urged to avoid repetition of comments made by previous speakers.)

*For
Possible
Action*

- III. Approval of Minutes of the Meeting Held on Tuesday, June 12, 2012, in Las Vegas, Nevada

*For
Possible
Action*

- IV. Presentation Concerning Patient-Centered Medical Homes
David A. Johnson, M.D., Policy Director, Nevada Academy of Family Physicians
Nick Honochick, Medical Account Executive, Merck
John Socha, Executive Director of Healthcare Operations, MGM Resorts
Leslie C. Jacobs, M.D., Jacobs and Modaber Primary Care
Jerry Reeves, M.D., Director, Health Insight, and Medical Director of wellPORTAL, LLC
Katherine Holland, IBM General Manager and Vice President, Global Life Sciences
Daniel R. Spogen, M.D., Director, American Academy of Family Physicians, and Chair, Department of Family and Community Medicine, University of Nevada School of Medicine

*For
Possible
Action*

- V. Presentation Regarding the Affordable Care Act Optional Medicaid Expansion
Michael J. Willden, Director, Department of Health and Human Services

*For
Possible
Action*

- VI. Consideration of Regulations Proposed or Adopted by Certain Licensing Boards Pursuant to NRS 439B.225
A. LCB File No. R077-12, State Board of Health (Music Therapists)
B. LCB File No. R093-12, Board of Medical Examiners (Perfusionists)
B. LCB File No. R113-12, State Board of Health (Mammography Technicians)
C. LCB File No. R078-12, State Board of Health (Medical Facilities)
Risa Lang, Chief Deputy Legislative Counsel, Legal Division, Legislative Counsel Bureau (LCB)

*For
Possible
Action*

- VII. Work Session—Discussion and Possible Action Relating to:
A. Children’s Mental Health Services in Nevada
B. Cancer Drug Donation Program
C. Prescription Drug Abuse and the Prescription Drug Monitoring Program in Nevada
D. Chapter 450B “Emergency Medical Services” of *Nevada Revised Statutes*
E. Unlicensed Health Care in Nevada

F. Children in the Care of Certain Governmental Entities

G. Use of Epinephrine Auto-Injectors at Schools in Nevada

The “Work Session Document” is attached below and contains proposed recommendations. The document is also available on the Committee’s webpage, [Legislative Committee on Health Care](#), or a written copy may be obtained by contacting Marsheilah D. Lyons, Supervising Principal Research Analyst, Research Division, LCB, at (775) 684-6825.

VIII. Public Comment

(Because of time considerations, the period for public comment by each speaker may be limited, and speakers are urged to avoid repetition of comments made by previous speakers.)

IX. 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 the Research Division 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 North Stewart Street. Notice of this meeting was faxed and e-mailed for posting to the following Las Vegas, Nevada, locations: Clark County Government Center, 500 South Grand Central Parkway; and Capitol Police, 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.

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

**WORK SESSION
DOCUMENT**



August 29, 2012

Prepared by the Research Division
Legislative Counsel Bureau



WORK SESSION DOCUMENT

LEGISLATIVE COMMITTEE ON HEALTH CARE
(NEVADA REVISED STATUTES 439B.200)

August 29, 2012

The following “Work Session Document” has been prepared by the staff of the Legislative Committee on Health Care (LCHC) (*Nevada Revised Statutes* [NRS] 439B.200). Pursuant to NRS 218D.160, the Committee is limited to ten legislative measures and must make its bill draft requests (BDRs) by September 1, 2012, unless the Legislative Commission authorizes submission of a request after that date.

This document contains a summary of BDRs and other actions that have been presented during public hearings, through communication with individual Committee members, or through correspondence or communications submitted to the LCHC. It is designed to assist the Committee members in making decisions during the work session. The Committee may accept, reject, modify, or take no action on any of the proposals. The concepts contained within this document are arranged under broad topics to allow members to review related issues. Actions available to the Committee members include: legislation to amend the NRS; transitory sections that do not amend the statutes; resolutions; statements in the Committee’s final report; and letters of recommendation or support.

Committee members should be advised that Legislative Counsel Bureau staff may, at the direction of the Chair, coordinate with interested parties to obtain additional information for drafting purposes or for information to be included in the final report. 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.

Additional recommendations may be considered based on discussions held and presentations made at the August 29, 2012, hearing. Please see the agenda for details concerning the scheduled presentations.

The approved recommendations for legislation resulting from these deliberations will be prepared as BDRs and submitted to the 2013 Legislature.

Committee members will use a “Consent Calendar” to quickly approve those recommendations, as determined by the Chair, that need no further consideration or clarification beyond what is set forth in the recommendation summary. Any Committee member may request that items on the consent calendar be removed for further discussion and consideration.

RECOMMENDATIONS

Recommendations Nos. 1 through 7 listed below have been placed on a Consent Calendar by the Chair and Committee staff to assist the Committee in quickly taking action on certain selected items. Committee members may request to remove items from this list for further discussion and consideration. If so desired, other recommendations from the “Work Session Document” may be added to the Consent Calendar with the approval of the Committee.

CHILDREN’S MENTAL HEALTH SERVICES IN NEVADA

1. **Send a letter** to Nevada’s Congressional Delegation regarding access to care for certain children who have access to care through a variety of governmental entities such as Medicaid, child welfare, and juvenile justice. The letter will:
 - a) Inform them of the Institution for Mental Diseases (IMD) exclusion that disallows group homes of 16 beds or more from being reimbursed through Medicaid and the impact of this federal regulatory hindrance on Nevada. Specifically, this prohibition is not allowing medically necessary behavioral health services to be reimbursed in a delivery model that is in the least restrictive, most normative setting for the child. The Division of Health Care Financing and Policy’s goal is to develop funding models that are innovative and within the community setting.
 - b) Request that the delegation advocate for the IMD exclusion regulation to be reconsidered by the Centers for Medicare & Medicaid Services (CMS) provide specification on the severity of the mental disease rather than the existence of a mental disease in combination with the bed count (i.e. 16 beds or more). This will place more emphasis on the acuity of the child instead of the facility.

Because of these prohibitions in current federal regulation, these facilities have been mistaken for the more traditional higher level of care psychiatric hospitals and psychiatric residential treatment facilities.

2. Send a letter to the Director of the Department of Health and Human Services (DHHS) and the Executive Director of the Silver State Health Insurance Exchange. The letter will:

- a) Encourage the development of a mechanism for Children’s Mental Health Consortiums (NRS 433B.333) to provide input into State implementation of the federal health reform initiative to ensure that targeted case management and service delivery for children with serious emotional disturbance is provided with a family-driven, individualized, wraparound approach.
- b) Request that the appropriate Director consider the viability of pursuing the following proposals, which were presented by the Children’s Mental Health Consortiums:
 - i. Include the following as essential health benefits to be covered for children with serious emotional disturbance under benchmark plans for Medicaid, health insurance exchanges, and other plans: family-to-family support, mentoring, mental health consultation, mobile crisis intervention, and respite care.
 - ii. Build in reimbursement incentives for use of evidence-based practices in case management and direct services.
 - iii. Build family navigators into the essential benefits package to provide outreach and navigation to assist families of children with serious emotional disturbance in choosing the best benefits package.
 - iv. Develop a mechanism/legislation for re-investing savings from health care reform’s increased federal financial participation into community-based services.
 - v. Submit to CMS a Medicaid State plan amendment for review and approval to establish a 1915(i) Home and Community Based Services waiver, in an effort to increase the capacity of Medicaid mental health service providers to deliver in-home services and supports, and decrease the need for out-of-home care.

CANCER DRUG DONATION PROGRAM

3. **Send a letter** to the following medical and related groups: the Clark County Medical Society, the Washoe County Medical Society, Nevada Nurses Association, Nevada Osteopathic Medical Association, Nevada State Medical Association, the Nevada Pharmacist Association, Nevada Society of Health-System Pharmacists, the Retail Association of Nevada, and other relevant groups. The letter will: (a) emphasize the Committee's strong support for the Cancer Drug Donation Program; (b) highlight the cost of prescriptions for the treatment of cancer and the availability of unused medication; and (c) encourage the groups to educate their members about the program in an effort to make them more knowledgeable and comfortable referring individuals who may benefit.

PRESCRIPTION DRUG ABUSE AND THE PRESCRIPTION DRUG MONITORING PROGRAM IN NEVADA

4. **Send a letter** to Nevada's Congressional Delegation related to prescription drugs. The letter will: (a) emphasize the impact of prescription drug abuse, misuse, and diversion in Nevada; and (b) encourage the development of policies that recognize the impact of prescription drug advertising, promotion, and marketing, to health care professionals, and-direct-to-consumer on excessive or unnecessary prescription drug use.
5. **Include a statement** in the Committee's final report: (a) emphasizing the Committee's support for the efforts of the Substance Abuse Working Group within the Office of the Attorney General (Assembly Bill 61 [Chapter 89, *Statutes of Nevada 2011*]) and the Prescription Controlled Substance Abuse Prevention Task Force; and (b) recognizing their accomplishments related to addressing substance abuse issues and challenges in the State of Nevada.
6. **Send a letter** to the DHHS encouraging collaboration with the United States Drug Enforcement Administration, Nevada Statewide Coalition Partnership, and other entities as appropriate, to provide for safe and available destruction and disposal of medications; including the creation of safe disposal sites in each county in Nevada.
7. **Send a letter** to the DHHS encouraging collaboration with the Nevada Statewide Coalition Partnership, and other entities, as appropriate, to develop consumer education related to prescription medications. The letter will encourage the development of:
 - a) A media campaign that teaches consumers how to work with their health care professionals around prescription drugs, including how to store, keep, and use their prescriptions.
 - b) Training information for consumers on safe handling, storage, et cetera, along with education on potential for abuse and misuse.

Recommendations Nos. 8 through 21 are being proposed for potential legislation.

PROPOSAL RELATING TO THE CANCER DRUG DONATION PROGRAM

- 8. Amend NRS 457.460** to allow dispensing practitioners to dispense donated cancer drugs. Allowing dispensing practitioners to dispense along with the voluntary pharmacies may broaden the program.

Proposed by Larry L. Pinson, Pharm. D., Executive Secretary, and Carolyn J. Cramer, General Counsel, Nevada State Board of Pharmacy, May 8, 2012.

PROPOSAL RELATING TO PRESCRIPTION DRUG ABUSE AND THE PRESCRIPTION DRUG MONITORING PROGRAM IN NEVADA

- 9. Amend Chapter 453 of NRS** to increase penalties for trafficking prescription medications by:
- a) Including specific pill quantities in addition to the gram weights currently listed in NRS related to trafficking schedule II controlled substances; and
 - b) Adding similar provisions for trafficking schedule III, IV, and V controlled substances that are prescribed.

Proposed by Brian O’Callaghan, Government Liaison, Office of Intergovernmental Services, Las Vegas Metropolitan Police Department, via e-mail July 11, 2012.

PROPOSALS RELATING TO STANDARDIZING LANGUAGE IN CHAPTER 450B “EMERGENCY MEDICAL SERVICES” OF NRS TO CONFORM TO THE NATIONAL EMERGENCY MEDICAL SERVICES EDUCATION STANDARDS RELEASED BY THE NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION IN 2009 (PROPOSED IN ASSEMBLY BILL 51 OF THE 2011 LEGISLATIVE SESSION)

- 10. Amend NRS 450B** to:

- a) Remove all references to “advanced emergency medical technician” (currently defined at NRS 450B.025) in the NRS and change the term to “paramedic.”
- b) Remove all references to “intermediate emergency medical technician” (currently defined at NRS 450B.085) in the NRS and change to “advanced emergency medical technician.”

The National Emergency Medical Services (EMS) Education Standards address the core competencies of four emergency medical technician classifications: Emergency Medical Responder, Emergency Medical Technician (EMT); Advanced EMT; and Paramedic. These classifications are aligned with the National EMS Education Standards, as well as other components of the *EMS Agenda for the Future*. These revisions to personnel will make Nevada consistent with the National Standards and provide an integrated systems approach to regulation of EMS education, certification, and licensure.

If the classifications are changed as stated above, certain statutes would need to be amended to be inclusive of all classifications as indicated.

*Proposed by Marla McDade Williams, B.A., M.P.A., Deputy Administrator,
Health Division, Department of Health and Human Services, May 8, 2012.*

PROPOSALS RELATING TO UNLICENSED HEALTH CARE IN NEVADA

- 11. Amend NRS** to provide consistent practices, and authority to address the unlicensed practice of health care and related issues to the following health care professional licensing boards: Board of Examiners for Audiology and Speech Pathology (NRS 637B.100); Chiropractic Physicians' Board of Nevada (NRS 634.020); State Board of Cosmetology (NRS 644.030); Board of Dental Examiners of Nevada (NRS 631.120); Board of Hearing Aid Specialists (NRS 637A.030); Board of Examiners for Long-Term Care Administrators (NRS 654.050); Board of Homeopathic Medical Examiners (NRS 630A.100); Board of Medical Examiners (NRS 630.003); State Board of Nursing (NRS 632.020); Board of Occupational Therapy (NRS 640A.080); Board of Dispensing Opticians (NRS 637.030); Nevada State Board of Optometry (NRS 636.030); State Board of Oriental Medicine (NRS 634A.030); State Board of Osteopathic Medicine (NRS 633.181); State Board of Pharmacy (NRS 639.020); State Board of Physical Therapy Examiners (NRS 640.030); and State Board of Podiatry (NRS 635.020).

Authorize the following amendments to statute:

- a) Establish a category D felony as the penalty for practicing any of the health care professions identified above without a license. Additionally, give law enforcement agencies the authority to seize the property, drugs, and assets used in the crime for purposes of forfeiture.

Provide each health care professional licensing board with:

- b) Authority to cite and fine those who represent themselves as licensed practitioners when they are not duly licensed or who perform acts which require them to be licensed.
- c) Authority to seek from the District Court an injunction prohibiting unlawful conduct.
- d) Authority to write and enforce a cease and desist letter.

- e) Authority to enter the premises where an individual licensed by that board is practicing or where an individual is performing activities that require licensure.
- f) Authority to investigate based on an anonymous complaint. Provide that if a complaint is submitted anonymously, the board may accept the complaint but may refuse to consider the complaint if the lack of the identity of the complainant makes processing the complaint impossible or unfair to the person who is the subject of the complaint.

*Proposed by Vincent Jimno, Executive Director, Nevada State Board of Cosmetology;
 Kathleen Kelly, Executive Director, Nevada State Board of Dental Examiners;
 Douglas Cooper, CMBI, Executive Director, Nevada State Board of Medical Examiners;
 Debra Scott, MSN RN FRE, Executive Director, Nevada State Board of Nursing;
 Barbara Longo, CMBI, Executive Director, Nevada State Board of Osteopathic Medicine;
 and Larry L. Pinson, Pharm.D, Executive Secretary, Nevada State Board of Pharmacy,
 June 5, 2012*

- 12. **Amend NRS** to require the State Board of Cosmetology to establish regulations to determine when a licensed aesthetician may use the title “medical aesthetician” or any other designation indicating medical knowledge.
- 13. **Revise NRS** to require the health care professional licensing boards to refer substantiated violations to the proper entities for prosecution and to take all lawful and necessary actions to discontinue the unlawful practice.
- 14. **Revise NRS** to authorize health care professional licensing boards to develop alternate means of providing for the investigation of the unlicensed practice of health care, including combining resources and working collaboratively, if, in the judgment of the board, it would be financially justifiable for them to do so.

*Inclusion of additional boards and Recommendations Nos. 12, 13, and 14
 proposed by Assemblywoman Mastroluca.*

- 15. **Revise Chapter 200 of NRS** to strengthen criminal penalties for the practice of unlicensed health care by creating two new statutes regarding crimes and punishments.
 - a) Establish that unlicensed health care procedures that result in death or substantial bodily harm are subject to a category C felony for the first offense and a category B felony for subsequent offenses.
 - b) Establish that an unlicensed surgical procedure, regardless of substantial bodily harm, is subject to punishment for a category C felony for the first offense. For subsequent offenses or if substantial bodily harm to the victim results, the defendant is subject to a category B felony.

*Proposed by Brett Kandt, Executive Director, Nevada’s Advisory Council for Prosecuting Attorneys, and Special Deputy Attorney General, Office of the Attorney General. He noted on the record that law enforcement and prosecutors support the proposed language.
 June 12, 2012.*

**PROPOSALS RELATING TO CHILDREN IN THE CARE OF
CERTAIN GOVERNMENTAL ENTITIES**

16. **Amend NRS** to require agencies which provide child welfare services to collect information concerning the actions of PLRs, including data on the number of medical evaluations attended by persons legally responsible (PLR) (NRS 432B.4684), the number of medications approved or denied by PLRs and the number of second opinions requested by PLRs. The information collected must be compiled by the Division of Child and Family Services (DCFS) and included in a report submitted annually to the Legislative Committee on Health Care.
17. **Amend NRS** to require the DCFS, DHHS, to establish by regulation a limit on the number of clients each PLR may have simultaneously.
18. **Amend NRS** to require the DCFS to establish a standardized training curriculum for PLRs. Require PLRs to receive such training. The DCFS must further provide for such training to be made available online.
19. **Amend NRS** to revise the fictive kin process to allow placement with fictive kin even if the record indicates that there has been a previous substantiation of child abuse or neglect if a case plan was established and successfully completed.
20. **Amend NRS** to require older children in foster care to receive information about psychotropic medication before they begin taking the medication to notify them about the risks and benefits of the medication, including any side effects of taking the medication, the potential impact of taking the medication on employment and any other issues related to the use of the psychiatric medications. Allow the foster children to refuse such medication based on that information, unless a court orders the child to take the medication.

*Proposed by Barbara Buckley, Executive Director, Legal Aid Center of Southern Nevada,
and Janice Wolf, Directing Attorney, Children's Attorneys Project,
Legal Aid Center of Southern Nevada*

**PROPOSALS RELATING TO THE USE OF EPINEPHRINE
AUTO-INJECTORS AT SCHOOLS IN NEVADA**

21. **Amend NRS** to apply the following provisions to all public and private elementary and secondary educational institutions, and institutions of higher education in Nevada:
 - a) Authorize school nurses and other trained school personnel to administer an epinephrine auto-injector to an individual at school or at a school function when the nurse or designated, trained personnel believe the individual is experiencing anaphylaxis (NRS 392.425 and NAC 632.226).
 - b) Implement Good Samaritan protections (NRS 41.500) for school systems, school nurses, and trained personnel who administer an epinephrine auto-injector to an individual when acting in good faith in an emergency.

- c) Authorize schools to stock epinephrine auto-injectors for use in emergencies, regardless of whether the student has been previously diagnosed.
- d) Authorize physicians to write a prescription for an entity, such as a school, and not just an individual.
- e) Encourage schools to make food allergy training available to food service workers and other school personnel. Encourage each school to develop a comprehensive anaphylaxis action plan, so that students, teachers, and school employees:
 - i. Understand the risk of anaphylaxis;
 - ii. Avoid their allergic triggers;
 - iii. Recognize the signs and symptoms;
 - iv. Are prepared with access to epinephrine auto-injectors (two doses); and
 - v. Know to seek emergency medical care following administration of treatment.

Proposed by Bruce Lott, Vice President of State Government Relations, Mylan Inc.