

HEALTH AND WELFARE COMMITTEE MINUTES
Wednesday, February 2, 1977
9:30 a.m.

MEMBERS PRESENT: Chairman Chaney; Mr. Bennett;
Mr. Dreyer; Mrs. Gomes;
Mr. Kissam; Mr. Robinson;
Mr. Ross; Mr. Schofield;
Mr. Weise

MEMBERS ABSENT: None

GUESTS PRESENT: Assemblyman Nash Sena
Jeneane Harter, Chiropractic Association
G. P. Falbaum
Michelle Murphy, Washoe Legal Aid
Lisa Mathews, Washoe Legal Aid
Carol Senary, Division Mental Hygiene
Earl Yamashita, Welfare Division
Robert Holland, Counsel, Welfare Division
Dr. Wm. Edwards; Community Health Services
Amanda Cescarelli, Health Planning
Orville Wahrenbrock, Human Resources
George Miller, Welfare Division
Frank Sullivan, Washoe Probation
Barbara Brady, Clark County Social Services
Bob Ulrich, Attorney General's Office
Gloria Handley, Child Care Services
Minor Kelso, Welfare Division
Bob Rose, Lieutenant Governor
John McSweeney, Aging Services
Joylin Vandenberg, Developmental Disability
Rick Kuhlmeier, Political Action Assn.
Ken Sharigian, Mental Hygiene
Gregory Wood, Mental Health
Bob Hiller, Mental Hygiene
Ace Martelle, Welfare Division
Bill Walts, Community Hospital administrator
Tom Stutchman, Fallon Convalescent Center
Dave Dixon, Nevada Assn. Health
Chas. Perry, Nevada Assn. Health
Susan Haase, Nev. Assn. Retarded Citizens
Ann Hibbs, Nev. Nursing Association

Chairman Chaney called the meeting to order.

AB 91: Mr. Labadie stated that the State should be able to recover funds from the estates of deceased recipients so that these funds, in turn, can be used to help others. As an example, he stated that if the State had spent \$10,000 on a deceased recipient and his estate is valued at \$25,000, the State should be able to claim \$10,000.00. Mrs. Gomes asked if there was any limitations on the amount of the estate and if other states have established this practice. Mr. Labadie stated that many states are agitating for this recovery provision.

AB 88: Mr. Wahrenbrock stated that this bill was submitted by the Welfare Department and other departments concur with it. He stated that in the past the Welfare Department has found foster homes and paid for care of paroled children but that because of the nature of the parole situation, Youth Services is in a better position to handle these matters. The budget account from Welfare would entirely be transferred to Youth Services. The deletions on page two of the bill are covered in other parts of the statutes and this deletion simply conforms the statutes.

Mrs. Gomes asked if the juvenile code was also being clarified to specify who was responsible for paroled children. Mr. Wahrenbrock stated that this bill has no effect on protective services and that the parolees are under the supervision of Caliente and the facility in Elko.

Mr. Miller stated that it would be a duplication of services for Welfare to supervise and handle funds for parolees and that no existing services are being taken away. Mr. Weise stated that he would like to see citations indicating that what is being removed by this bill is covered in the statutes.

Discussion was held regarding the wording in lines 2 and 3 of the bill and it was decided to ask for a revision from Mr. Daykin correcting the permissiveness of the language.

Barbara Brady from Clark County read a letter from Addeliar D. Guy, District Judge, Juvenile Division. His letter is attached as Exhibit "A". Judge Guy questions the deletion of Welfare's responsibilities in the bill.

Mr. Robinson asked for a copy of Welfare's budget showing these funds being transferred to Youth Services.

AB 118: Assemblyman Wagner explained the bill stating that it will allow for additional testing of infants in hopes of catching mental retardation problems before they become incurable. She introduced Carol Senary from the Department of Mental Hygiene who explained the screening process. Dr. John H. Carr, State Health Officer, stated his support of the bill. He said the additional cost would be \$2 for each set of tests or an increase of approximately \$4,000 to \$6,000 per year over the cost of the present tests.

Mrs. Gomes asked if genetic counseling was available to prospective parents where mental problems exist in a family. Dr. Carr stated that there are a number of agencies who perform this service. Mr. Kissam asked if pregnant women addicted to drugs can pass this addiction onto their offsprings. Dr. Carr stated that this is true with certain drugs.

Dr. Thomas Butler, Chairman of the Nevada State Board of Health, stated that though he was unopposed to the bill, with the addition of the proposed tests in AB 118, there are possibilities of test results indicating positive results when in fact, the disease does not exist or no cure is possible. He also felt it important

to note that many tests are not perfect and that positive results can cause much anxiety to parents of children who do not even have a disease. He stated that there is also a question as to when samples of blood should be collected; that the time element has an impact on tests. The burden of expense placed on parents trying to determine the accuracy of tests was also discussed between the committee and Dr. Butler. Ms. Senary explained that Oregon presently pays the initial \$2 test fee and any follow-up test charges if the results of the first test are positive.

Joylin Vandenberg of Developmental Disabilities stated that if even one case of mental retardation is prevented a year the additional cost would be worthwhile.

AB 92: Mr. Labadie passed out a schedule of services provided by Welfare, shown as Exhibit "B". He stated that the purpose of the additions in the bill is to enable Welfare to select certain optional services to be curtailed or cut out entirely as Welfare funds deplete. Mrs. Gomes stated that many senior citizens have approached her with graves concerns about possible cut-backs. George Miller stated that Welfare has requested full funding from the Legislature for all the programs currently offered.

Barbara Brady of Clark County Welfare pointed out that if there are insufficient funds for the Welfare programs, the counties will be financially destroyed and that it would be very difficult to determine which service should be optional. She felt it should not be discretionary with Welfare to determine this matter; that it is the job of the Legislature. She stated that many Social Security optionals are not in this bill. In answer to Mr. Bennett's question as to who should make the choices of options, Ms. Brady stated that a possible solution would be to allow the Interim committees this responsibility.

Mr. Dreyer asked Mr. Miller if he had been before any money committees in the session as yet. Mr. Miller stated that Welfare has not yet been reviewed but that with continued rising costs in the medical field, they will need \$28,000,000.00 just to continue with current services. Adjustments will have to be made as they see how much money is left. He reminded the committee that the Welfare Board has to approve any changes in services and that he doesn't think the Interim Finance committee will go along with Welfare a second time for additional finances.

Mr. Labadie stated that line 6 on page 1 of the bill is objectional and illegal as far as the Federal authorities are concerned; that priorities cannot be set on services which are mandatory under Title XIX of the Social Security Act. Optional services would not apply to individual cases, but to the entire program.

Mr. Bill Walts, a convalescent home operator, passed out photos indicating serious tooth decay and pointed out the present limitations of Welfare service. Mr. Chaney stated that he wants to know that the administrator of Welfare has the option to help indigent individuals. Mr. Miller and Mr. Kelso both pointed out that Welfare had to curtail some programs last year and did the best they could with what they had left. Mr. Kelso stated that Welfare provides emergency and limited service only when their funds reach the point where they have to curtail services. Mr. Robinson pointed out that Welfare has provided funds and attention to people in need of glasses.

Mr. Walts again pointed out that people should not be allowed to make optional choices; that it will be impossible to know which programs are going to be funded and which are not since these choices will be made at the option of the Board.

Mr. Tom Strutchman stated that he felt the emergency services provided by Welfare in the past worked out very well. (Mr. Strutchman operates a convalescent home in Fallon.)

Lisa Mathews, Washoe County Welfare, felt that AB 92 gives the Welfare Director power to do what the Legislature should do and that the Welfare budget should include inflation costs. She felt that under this bill, optional services will be deleted. Michelle Murphy of Washoe Legal Aid agreed that this bill passes responsibility of the Legislature to the Welfare Director.

Mr. Labadie suggested changing line 6 by deleting: "give priority to" and adding: "shall provide", and adding to line 2 on page 2 the words "and recipients".

AJR 10: Assemblyman Sena stated that this resolution is the result of an Interim Committee on the Aging and that it is self-explanatory. He hoped that the committee would give this measure the attention it requires.

AB 6: Dr. William Edwards presented the committee an alternative proposal which suggested fixed bases instead of mobile units or nurse practitioners plus a podiatrist, speech therapist and nutritionist at a total cost of \$400,000 per year. (Ex. "C")

Mr. Weise pointed out that the small rural counties oppose AB 6 in its present form; that they would rather see the satellite program expanded.

Mr. Rick Kuhlmeier discussed the merits of the bill pointing out that it would augment present services, not duplicate them and the service should be extended to all persons without nearby health care.

Assemblyman Polish feels these proposed services should include Federal programs. White Pine County is not in favor of the mobile units, pointing out that mobile X-ray units and rehabilitation units are no longer in operation as they were impractical. He favors satellite programs.

Assemblyman Rhoads stated that Elko opposes the plan because the services would be inadequate; that a better plan would be to increase the nurse practitioner service which is very successful in Wells. He felt the mobile units would duplicate services and the funds required for mobile units could be better spent.

Mr. Kissam requested more details of the satellite programs.

Mr. Labadie presented the committee a schedule of visits planned for the Health and Welfare committee. (Exhibit "D")

COMMITTEE ACTION

AB 86: Mr. Dreyer moved to pass the bill; Mr. Robinson seconded the motion. Members voting in favor of the motion: Messrs Chaney, Bennett, Dreyer, Kissam, Robinson, Ross, Schofield and Weise. Mrs. Gomes voted "nay". The motion was passed.

AB 87: Mr. Weise moved to pass the bill; Mr. Bennett seconded the motion. Members voting "aye" were: Messrs Chaney, Bennett, Dreyer, Kissam, Robinson, Ross, Schofield and Weise. Mrs. Gomes voted "nay".

AB 33: Mr. Robinson moved to indefinitely postpone the bill; Mr. Ross seconded the motion. Under discussion, Mr. Robinson pointed out that testimony indicated that the bill is not necessary since the material is covered in 449.230. Mr. Dreyer felt that it was important to be able to inspect care facilities other than between 8:00 a.m. and 5:00 p.m. Mr. Ross felt the bill would simply create ambiguity since the matter is already covered. Members voting "aye" were: Messrs Weise, Schofield, Ross, Kissam, Robinson and Mrs. Gomes. Members voting "nay" were Messrs Dreyer, Bennett and Chaney.

AB 91: Mr. Weise moved to pass the bill; Mr. Dreyer seconded the motion. Under discussion, Mr. Ross pointed out that the bill won't solve anything since property can be placed in joint tenancy. Mr. Kissam felt the bill infringes on senior citizens' rights to own any property; that they had legally received welfare funds and that there was no reason to take away their estates. Mrs. Gomes felt that heirs should be able to receive deceased parents estates, no matter their size. Mr. Bennett felt that the State should be able to recover something from estates.

Mr. Weise supports the bill because families can dispose of a recipient's estate while the recipient is alive.

Members voting "aye" were: Messrs Chaney, Bennett, Dreyer, Robinson, Ross, Schofield and Weise. Members voting "nay" were: Mrs. Gomes and Mr. Kissam.

AB 88: Mr. Weise suggested that the Committee hold this matter until they receive citations and Mr. Robinson suggested holding it for more information from Mr. Daykin. Chairman Chaney agreed to hold the bill.

AB 118: Mrs. Gomes moved to pass the bill; Mr. Weise seconded the measure. The motion was unanimously approved.

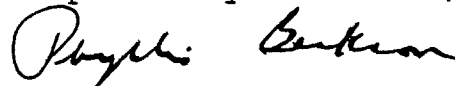
AJR 10: Mr. Bennett moved to pass the resolution; Mr. Robinson seconded the motion. The motion was unanimously approved.

AB 92: Mr. Robinson moved to indefinitely postpone the bill; Mrs. Gomes seconded the motion. Mr. Ross asked that the bill be held for information on priorities from Washoe and Clark Counties. Mr. Robinson stated that amendments don't change anything. Mr. Bennett stated that if things stay as they are, priorities are already there. Mr. Kissam pointed out that the Department of Human Resources could provide the same priorities as the counties. Mr. Weise stated that if the statutes require, Welfare cannot give more attention to one area more than another.

Members voting "aye" were: Messrs Chaney, Bennett, Dreyer, Kissam, Robinson, Ross, Schofield and Mrs. Gomes. Mr. Weise voted "nay".

Chairman Chaney adjourned the meeting at 12:17 p.m.

Respectfully submitted,



Phyllis Berkson, Secretary

Note: Also attached to these minutes is Exhibit "E" in reference to AB 6 and Exhibit "F" in reference to AB 92.



Exhibit A

EIGHTH JUDICIAL DISTRICT COURT

CLARK COUNTY

LAS VEGAS, NEVADA 89101

February 2, 1977

ADDELIAR D. GUY
DISTRICT JUDGE

DEPARTMENT ELEVEN
(702) 386-4011

Dear Senators:

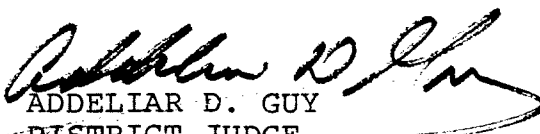
I have asked Mrs. Brady to take this opportunity to represent my thoughts on AB-88. I have two primary concerns which I would have addressed had I been able to be here in person.

My first concern is for the welfare of those children who are paroled from state institutions yet need to be placed in an alternate living situation rather than their own homes. If welfare is not charged with responsibility of payment for such foster home placements, who then will be? It is my understanding that a certain percentage of youngsters will need such a placement and the transition from institutional living is difficult enough without being caught in the middle of a debate over who is responsible for the payment of such placement.

I am also concerned with the suggested deletion of welfare's responsibility related to a prevention and treatment of juveniles who have demonstrated some delinquency. An unfortunate attitude which too often prevails is that no one wants to assume any responsibility for juveniles once they have been involved in the juvenile justice system. The Court must have alternatives for treatment available to it if rehabilitation is to be a reality and not merely a slogan. All agencies whether they are federal, state, county or locally private agencies must participate in the development and rehabilitation of our youth.

Once again I apologize for not being able to be here in person, but I hope that this letter will serve as an indication of my opposition to AB-88.

Sincerely,


ADDELIAR D. GUY
DISTRICT JUDGE
JUVENILE DIVISION

MEDICAID SERVICES STATE BY STATE,

JUNE 1, 1976 ✓

* **BASIC REQUIRED MEDICAID SERVICES:** Every Medicaid program must cover at least these services for at least everyone receiving federally supported financial assistance: inpatient hospital care; outpatient hospital services; other laboratory and X-ray services; skilled nursing facility services and home health services for individuals 21 and older; early and periodic screening, diagnosis, and treatment for individuals under 21; family planning; and physician services. Federal financial participation is also available to States electing to expand their Medicaid programs by covering additional services and/or by including people eligible for medical but not for financial assistance. For the latter group States may offer the services required for financial assistance recipients or may substitute a combination of seven services.

Services provided only under the Medicare buy-in or the screening and treatment program for individuals under 21 are not shown on this chart.

Definitions and limitations on eligibility and services vary from State to State. Details are available from local welfare offices and State Medicaid agencies.

FMAP %	SEE ABOVE	BASIC* REQUIRED MEDICAID SERVICES	Additional services for which Federal financial participation is available to States under Medicaid.																	State	
			Chiropractic services	Prescription drugs	Dental services	Podiatric services	Eye exams	Private duty nursing	Physical therapy and related services	Chiropractic services, physical therapy and related services	Emergency hospital services	Skilled nursing facility services for patients under 21	Optometrist services	Podiatrist services	Chiropractor services	Care for patients 65 or older in institutions for mental diseases	Care for patients 65 or older in State psychiatric hospitals	Institutional services in intermediate care facilities			
50	+	Maryland	+	+		+	+													1/2	MD
50	+	Massachusetts	+	+		+	+	+	+	+	+	+	+	+	+	+	+	+	+	1/2	MA
50	+	Michigan	+	+		+	+													1/2	MI
57	+	Minnesota	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	1/2	MN
78	⊙	Mississippi		⊙	⊙															1/2	MS
59	⊙	Missouri		⊙	⊙															1/2	MO
63	+	Montana	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	1/2	MT
56	+	Nebraska	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	1/2	NB
50	⊙	Nevada		⊙	⊙															1/2	NV
60	+	New Hampshire	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	1/2	NH
50	⊙	New Jersey		⊙	⊙															1/2	NJ
73	⊙	New Mexico		⊙	⊙															1/2	NM
50	+	New York	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	1/2	NY
68	+	North Carolina	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	1/2	NC
58	+	North Dakota	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	1/2	ND
54	⊙	Ohio		⊙	⊙															1/2	OH
67	+	Oklahoma		⊙	⊙															1/2	OK
59	⊙	Oregon		⊙	⊙															1/2	OR
55	+	Pennsylvania	+	⊙	⊙		+													1/2	PA
50	+	Puerto Rico	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	1/2	PR
57	+	Rhode Island		+	+	+	+													1/2	RI
74	⊙	South Carolina		⊙	⊙															1/2	SC
67	⊙	South Dakota		⊙	⊙															1/2	SD
70	+	Tennessee	+	+		+														1/2	TN
64	⊙	Texas		⊙	⊙		⊙													1/2	TX
70	+	Utah	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	1/2	UT
70	+	Vermont	+	+		+														1/2	VT
50	+	Virgin Islands	+	+	+	+	+													1/2	VI
58	+	Virginia	+	+	+	+	+													1/2	VA
64	+	Washington	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	1/2	WA
72	+	West Virginia	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	1/2	WV
60	+	Wisconsin	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	1/2	WI
61	⊙	Wyoming																		1/2	WY
⊙	21		13	21	12	14	12	6	10	5	10	18	15	14	10	14	11	8	25		
+	32		29	30	22	27	24	14	22	17	25	25	23	23	18	27	19	21	25		
	53	Total	42	61	34	41	36	19	32	22	43	43	38	37	28	41	30	29	60		

1/ Data from Regional Office reports of characteristics to State programs and State plan amendments.
 2/ People qualifying as members of families with dependent children (usually families with at least one parent absent or incapacitated).
 3/ People qualifying as aged, blind, or disabled under the Supplemental Security Income program.
 4/ FMAP - Federal Medicaid Assistance Percentage: Rate of Federal financial participation in a State's medical vendor payment expenditures on behalf of individuals and families eligible under Title XIX of the Social Security Act. Percentages, effective from July 1, 1975, through June 30, 1977, are rounded.
 5/ Including ICF services in institutions for the mentally retarded.

Medicare and Medicaid Guide

["Alabama" begins on page 6513.]

Medical 9-76

State Charts

EX.B

A.B. 6 -- Alternate Proposal

1.0 4 Satellite Clinics.

1.1 Similar to the Wells Rural Nurse Practitioner Clinic

1.2 Sites to be determined after study, but one in Northeastern Nevada
one in Northwestern Nevada
one in Central Nevada
one in Southern Nevada

1.2.1 (None in Clark or Washoe Counties)

Alternatives: Fernley, Winnemucca, Jackpot-Wendover,
Austin, Lovelock, Lincoln County, Carson-Storey-Douglas,
Eureka, or others.

1.2.2 (Health Division is currently already requesting a Tonopah
Nurse in the Governor's Budget Request).

2.0 X-ray capability is not requested, as being impractical, and with excessive
cost versus minimal benefits.

3.0 The model would be the Wells RNP Clinic, which is budgeted for about
\$27,000 per year by the City of Wells. Office calls would be charged
for at \$12 per visit plus supplies, and home visits at \$15 plus supplies.
Urine screening examination would cost \$4 and Hematocrit blood test would
be \$6. Patients pay for the services, and the patient's insurance forms
are filled out for the patient's reimbursement.

- 3.1 Each office would need office equipment, examination equipment, chairs, files, sufficient for Rural Nurse Practitioner and her Secretary.

RNP Salary: (4 Nurses) \$69,000
Secretary Salary: (4 Secretaries) \$32,300
Operating: (4) \$2,000
Medical Supplies: (4) \$8,000
Travel: (State Car) (4) \$4,000
Per Diem: (4) \$2,000
Equipment: 2 Desks, 2 Chairs, Typewriter, Filing Cabinets,
(4 sets) \$7,080
Medical Equipment: Examining table, cabinets, examination
equipment (4 sets) \$5,435
Office Rent: (4) \$10,000

- 3.1.1 Rural Nurse Practitioners charges to patients:

Office Call: \$12
Plus supplies used: (penicillin, ace bandages, etc.)
Home Visit: \$15
Plus supplies used.
Mileage charged on Home Visits: Charge State Rate
for anything over 25 miles.

Total for 3.1 \$139,815

4.0 Nurse Supervisor

4.1 Stationed in Carson City at Health Division.

4.2 Clerk-typist, to be shared with the Podiatrist.

Salary, Supervising Nurse: \$21,232

Salary: Clerk-typist: \$8,075

Equipment: Desk & Chair for each, 1 typewriter, 2 filing
cabinets: \$1,770

Operating: \$2,000

Travel: State Car \$2,000

Per Diem: \$4,000

State Office Rent: \$900

Total for Section 4.0 \$39,977

5.0 Podiatrist

5.1 To be stationed in Carson City, Health Division

5.2 Salary: \$36,000 gross per year
 Office Equipment: \$1,770
 Medical Equipment and Supplies: \$6,500
 Secretary: Share with the Supervising Public Health Nurse
 Operating: \$2,000
 Travel: (State Car) \$3,000
 Per Diem: \$6,000
 State Office Rent: \$900

Total for Section 5.0 \$64,270

6.0 Itinerant Speech Therapist

6.1 To be stationed in Carson City, Health Division

6.2 Salary: \$20,813 (Senior Therapist Grade 34 -- M.A. Degree)
Office Equipment: Desk, Chair, File Cabinets (2), etc. \$1,770
Speech and Hearing Equipment:

(1) Portable Audiometer capable of air bone, masking
and live voice testing \$1,000

(2) Portable unpedance bridge (Assesses middle ear
function) \$2,000

(3) Other testing equipment \$1,000

Secretary: Share with the Physical Therapist

Operating: \$2,000

Travel: Econoline \$5,500

Mileage: \$3,000

Per Diem: \$6,000

State Office Rent: \$900

Total for Section 6.0 \$43,983

7.0 Itinerant Physical Therapist

7.1 To be stationed in Carson City, Health Division

7.2 Salary: \$18,097
Secretary: Clerk-Typist (shared with the Itinerant Speech Therapist)
\$ 8,075
Office Equipment: 2 Desks, 2 Chairs, 2 File Cabinets, Typewriter \$1,770
Operating: \$1,000
Travel: Econoline \$5,500
Mileage: \$3,000
Per Diem: \$6,000
State Office Rent: \$900
Physical Therapy Equipment: \$4,000

Office Equipment:		
2 Desks	\$420	
2 Chairs	300	
2 File Cabinets	250	
1 Typewriter	800	
	<u>\$1,770</u>	Total

Total for Section 7.0 \$48,342

8.0 Itinerant Nutritionist

8.1 To be stationed in Carson City, Health Division

8.1 Salary: \$20,268
Secretary: Share with present Nutrition Section Staff
Operating: \$3,000
Equipment: Desk, chair, 2 filing cabinets \$1,770
Travel: By State Car \$3,000
Per Diem: \$6,000
State Office Rent: \$900

Total for Section 8.0 \$34,938

9.0 Contract Services for Physician Referral and Consultation Fees

9.1 To be performed by the physicians in the rural counties of Nevada by Contract Services.

9.2 Contract Services to be Performed at the current S.A.M.I. rates prevailing at the time when the service is performed, as outlined in the 1974 California Relative Value Studies (CRVS):
\$35,000 1977-78

9.3 1974 California Relative Value Studies (CRVS) rates as of last April--copy attached.

Total for Section 9.0 \$35,000

Total for all Sections for
1st Fiscal Year \$406,325

BREAKDOWN OF COSTS FOR FOUR SATELLITE CLINICS

Exam Equipment

Syphg (adult)	50.63
Stethoscope	20.00
Diagnostic sets	123.00
Pen light	6.75
Inf. BP Cuff & Bag	17.55
Refrigerator	240.00
Exam Table	473.00
Scales (adult)	68.00
Scales (Inf.)	95.00
Hemoglobin	83.00
Suture Scissors	8.50
Percussion Hammars	9.00
Titmus Vision	39.50
Tuning Forks	25.00
Miscellaneous	100.00
	<u>1358.93</u> x 4 = \$5,435.72

Medical Supplies	\$200 x 4 = \$800
Office Supplies	\$100 x 4 = \$400
Postage/Freight	\$250 x 4 = \$1000
Printing	\$ 75 x 4 = \$300

Per Diem \$500 x 4 = \$2,000

Salaries & Fringe = \$15,000 & 2,250 x 4 = \$69,000

Office Rent = \$2,500 x 4 = \$10,000

RNP = \$15,000 + 2,250 = \$17,250 each

Secretary \$8,075 each

Schedule of Usual Family Planning Services

1974 California Relative Value Studies (CRVS)

Services	Office Visits	Units	Dollars
<u>New Patient</u>			
90010	Initial (limited) office visit, including Pap smear, and Gonorrhea Culture	7.6	21.88
<u>Established Patient</u>			
90040	Routine (brief) office visit	3.5	10.08
90060	Routine intermediate office visit	6.5	18.72
90070	Extended (post-op) re-examination and/or evaluation	8.7	25.05
90610	Consultation referral office	15.5	44.64
90620	Consultation referral office	22.0	63.36
99032	Counseling or clinic per hour	RNE	30.00
99033	Counseling or clinic per half-hour	RNE	15.00
99034	Counseling or clinic per 15 minutes	RNE	7.50
<u>Procedures</u>			
58300	IUD, insertion	0.55	33.35
58301	IUD, removal	BR	
55250	Vasectomy	2.1	127.36
59862	Abortion, 1st trimester suction, curettage	3.7	224.40
59860	AB saline method	5.0	303.25
58120	DC non-obstetrical	2.7	163.75
49000	Laparotomy w/tubal	6.5	394.22
53982	Laparoscopy w/tubal	4.6	278.99
no #	Assist (20% of surgeon's fee)		

Schedule of Usual Family Planning Services

<u>Lab Service</u>		Units	Dollars
81000	Urinalysis, routine complete (chemical & microscopic)	6.0	5.46
87210	Wet smear	8.0	7.28
<u>Hospital</u>			
90610	Consultation	15.5	44.64
90200	Initial visit	10.5	30.24
90260	Follow-up visit	6.5	18.72
<u>Anesthesia</u>			
No #	Anesthesia \$12.60, per unit using American Society of Anesthesiologists, RVS 1973		
<u>Clinic</u>			
99090	Clinic, per hour	BR	30.00

SAMI rates as of 4/1/76

Edw

Ex. D

VISITATION SCHEDULE

Senate Committee on Education, Health, Welfare and State Institutions.
Chairman, Senator Jack Schofield.

Thursday, January 27, 1977

Leave Carson City at 7:15 a.m. for Nevada Mental Health Institute. Reno-visit-Institute facilities, Mental Offender and Mental Retardation programs.

Return to Carson City for 11:00 a.m. roll call.

Tuesday, February 1, 1977

Leave Carson City 7:15 a.m. for Reno. Visit Reno Mental Health Facility, Achievement House, West.

9:30 a.m. Visit Rehabilitation Facility - Reno.

Return to Carson City for 11:00 a.m. roll call.

Thursday, February 10, 1977

9:00 a.m. Visit Northern Nevada Children's Home, Carson.

Wednesday, February 16, 1977

At p.m. adjournment depart from Carson City Airport via Air National Guard plane for Elko.

Dinner and evening at Nevada Youth Training Center.

Thursday morning at Training Center and Elko Community College.

Depart Elko approximately 9:30 a.m. for return flight to Carson City.

Friday, February 18, 1977

At noon adjournment, depart Carson City Airport via Air National Guard plane for Las Vegas.

On arrival, visit Health, Welfare, Mental Health facilities during afternoon.

Saturday, February 19, 1977

Leave Nellis Air Base via helicopter - fly over Prison site at Jean, Boulder City Children's Home, Spring Mountain Youth Camp. Land at Caliente for visit to the Girls' Training Center.

Return to Vegas - P.M.



Ex. "E"

NEVADA STATE DIVISION OF HEALTH
BUREAU OF COMMUNITY HEALTH SERVICES

CAPITOL COMPLEX
505 EAST KING STREET
CARSON CITY, NEVADA 89710

(702) 885-4800

January 27, 1977

TO: Assemblyman Lonie Chaney, Chairman of Assembly Health Committee and members of same committee

FROM: Melba Holderman, R.N. Chairwoman, Rural Health Action Committee

SUBJECT: Assembly Bill AB-6

As per our phone conversation of January 25, 1977, I am submitting for your review the following facts pertaining to health care services for the elderly in rural Nevada.

Part I of AB-6 requests \$20,000 appropriation for a mobile van:

1. There is a Winnebago Van purchased a few years ago which is assigned to the Department of Human Resources. To inquire as to utilization of this mobile van now, contact Roger Trounday, Director of the Department of Human Resources.
2. A semi-trailer truck unit has been parked at the Carson Motor Pool which had been utilized as the TB Chest #-Ray Unit across Nevada. Inquiry of Utilization of this unit should be directed to Dr. William Edwards, Bureau Chief, Community Health Services.

Part II requests for 174,000 for fiscal year 1977-78 and \$180,000 for fiscal year 1978-79 for staffing support and operation of this van across the rural counties of Nevada was noted. This would cause some duplication of service. Three Nevada agencies supply Nursing services in rural counties for the elderly now:

1. Nevada Home Health Services supplies nursing services in eleven of the seventeen rural counties and some home health services are covered by Medicare to aide the elderly resident. This nursing staff is based in each county and will visit the elderly residents home to provide nursing services if ordered by the patient's Private Medical Doctor.

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Also, a bill was passed by the last legislative session requiring group insurance policies to cover home health services as part of the Insurance Coverage.

Nevada Home Health Services is based in Elko, Nevada and contact person is Mary White, R.N., Administrator.

2. Lyon County Home Health Services is based at Lyon Health Center, Yerington, Nevada and covers the same basic nursing services as mentioned above. Contact person is Clara Barnet, R.N., Administrator, Lyon Health Center. This agency services Lyon County.
3. Public Health Nursing - P.H.N.'s service rural counties across the State of Nevada and offer many free services to the elderly residents. Contact person is Jeannette Clodfelter, R.N., Chief, Public Health Nursing, Nevada State Health Division.

The Nevada State Health Division offers various free services to elderly rural residents. For example:

Any female Nevada resident age 16 and over, and this includes all elderly women, can be examined free once a year for Cancer of the Uterus and Breast when the Cancer Screening clinics travel to her community. A team of Registered Nurses travel across the State to exam these women. The patients are referred to their attending physician if the tests reveal any possibility of Cancer.

The members of the committee wish me to convey to you these points:

1. It is commendable for the Legislative Commission to request improved health care for the elderly.
2. Additional services are needed, and the rural health committee endorses this concept.
3. AB-6 does not specify what type of screening or health care should be provided to the elderly. This needs to be more specific.
4. Close coordination between agencies mentioned can be arranged to improve the health care to the elderly.

I am sending you these facts and comments as you requested, and I hope it will answer some of the questions raised at the hearing at 9:30 this Friday.

Thank you for your attention in this matter.

MH/vh

Ex. F

WASHOE COUNTY

"To Protect and To Serve"



1205 MILL STREET
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RENO, NEVADA 89510
PHONE: (702) 785-5611

DEPARTMENT OF WELFARE

January 28, 1977

Health & Welfare Committee
Nevada State Assembly
Legislative Building
Carson City, Nv

Re: Assembly Bill 92

Gentlemen:

The provisions of AB 92 are of concern to the county which will ultimately bear the financial burden of filling the gaps in providing some of those non-mandatory medical services from which the State may elect to remove itself, most notably prescribed drugs.

The Fiscal Note indicates no local government impact. The only vehicle which could result in no county impact would be the refusal of the county to assume responsibility for providing service.

It is inconceivable that those disabled persons whose only source of income is \$167.80 per month from Supplemental Security Income or the aged recipient with a total income of approximately \$225.00 per month (the maximums allowable under the SAMI program) or the family receiving an Aid to Dependent Children grant, can meet their basic needs adequately, let alone purchase medication. Thus it seems reasonable to believe that responsibility would revert to the county, which traditionally is the provider of last resort.

In Washoe County it is estimated that, should the provision of drugs to persons on the SAMI program become a county responsibility, there would be additional costs in excess of \$120,000 per year for this item alone.

While it is recognized that the State of Nevada has an obligation to administer programs within the resources available, cognizance should be given to the already sizeable financial commitment of the counties to the SAMI program in addition to the provision of medical care to that indigent segment of the population for whom no program exists at the state level and other funding sources should be actively explored.

Sincerely,

Doris L. Carpenter
(MRS) DORIS L. CARPENTER, DIRECTOR
WASHOE COUNTY WELFARE DEPARTMENT

DLC:bjw