

ASSEMBLY HEALTH AND WELFARE COMMITTEE MINUTES  
WEDNESDAY, MARCH 8<sup>16</sup> 1977

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

MEMBER ABSENT: Mr. Dreyer (excused)

GUESTS: See Exhibit "E"

Vice-Chairman Bennett called the meeting to order at 9:45 a.m. He asked for testimony on AB 390 which makes changes in the State Board of Oriental Medicine. Dr. William Edwards, Secretary of the Board stated that last August the Board proposed more representation by licensees. Since that time, they discovered that the bill is defective because there are not enough US citizens in Nevada who are licensees. He said of 37 practitioners, only 5 are citizens. He asked that the Committee delete everything in the bill except Section 2. He introduced Bill Isaef from the Attorney General's Office who explained that Section 2 will now also cover schools, colleges and seminars in Oriental medicine operating without licenses under injunction proceedings. He stated that the Board wants to delete Section 3 because this would abolish the advisory committee which is a very important and functioning group and should be retained.

Mr. Kissam asked Dr Edwards if the 32 non-citizens who are practicing Oriental medicine are applying for citizenship. Dr. Edwards stated that it takes five years to become a citizen of the State and that they have only been licensing accupuncturists for four.

Regarding AB 404, Mr. Dennis Hall of the Mental Hygiene and Mental Retardation office stated that this bill would more equitably distribute funds to community training centers for retarded persons. Funds are presently disbursed according to the number of clients they serve per quarter. AB 404 will allow the distribution of funds to include and give incentive to centers offering more varied programs as well as the number of clients served. The bill will hopefully improve the quality of services offered. He said the bill also gives more flexibility in the use of funds which is of particular usefulness in rural areas. He stated the bill also raises the funding rate from \$300 to \$400 per quarter and guarantees that funds will not drop below this amount.

Susan Haase, representing the Nevada Retarded Citizens, stated that all the members agree and support the concept of variable funding, allowing money to be awarded on a basis of the quality of service. She read a statement from Sally E. Landis, Executive Director of the Ormsby Association for Retarded Citizens also supporting the bill. (Exhibit "A")

Testifying in favor of AB 415 which broadens eligibility for state aid to medically indigent, Sally Scully, representing the League of Women's Voters, stated that the two reasons her organization supports AB 415 are: 1) a humanitarian concern for the people who are denied adequate health care under our present system; and 2) effective use of our tax dollars is the concern of the League and all taxpayers. (Ms. Scully's complete remarks are attached as Exhibit "B".)

George Riesz, representing Southern Nevada Memorial Hospital, stated that AB 415 would broaden indigent programs and limit administration of such programs by eliminating county indigent programs, if the bill is so amended. He said it would eliminate duplication; would cover physicians who are not covered by county programs; and would reduce the cost to the Nevada taxpayer through available Federal matching funds of 50%.

Mrs. Gomes said that the bill still only covers two categories and leaves out many. Mr. Riesz stated that the Nevada SAMI program is limited to a very few and he would hope that the bill would cover other medical indigents now covered by SAMI. He also stated that the hospital received 1 million, 200 thousand dollars for indigent programs. If 75% to 80% of present funds could be reallocated presently used by the County, you would effectively have 160% by virtue of Federal matching funds. This would cover the physician component which should have been covered before this and would result in a reduction of costs and duplications of administration assessment.

Barbara Brady from Clark County Social Service, stated that she approves of Mr. Riesz' suggested amendments covering all medically indigent, but insofar as fiscal savings to Clark County, she doubted that it would save them even a quarter of a million dollars. She said that her office does not receive money to care for senior citizens, disabled and blind out-patients. They would now receive a new group of people to care for under ADC, patients who are not now eligible. One of the largest groups they now care for are families.

Evelyn Scann, representing the Washoe County Legal Aid Society, stated that her group heartily supports the bill. Because Nevada has the most restrictive Medicaid program, recipients of only ADC and SSI being eligible, the entire burden of assisting medical indigents now falls on local citizenry. Also because of the restrictions on the Nevada Medicaid program, Nevada tax dollars are being sent to Washington and not coming back to Nevada. Instead the money goes to other states where major medical assistance programs exist. By expanding the existing SAMI program, counties would be relieved and federal government would contribute 1/2 of the cost of the expanded program. The other half would shift to the State level and alleviate the financial burden on the local taxpayer.

Regarding AB 416, Carol Aldrich, representing Developmental Disabilities, offered the Committee background information for supplemental security income. (See Exhibit "C") She said the supplement recommended by the Governor is not reflected in the budget. She said that the maximum amount paid by SSI for disabled is \$167.80 which is \$65.20 below the poverty level.

Mr. Rick Kuhlmeier, representing the Governor's Committee on Employment of the Handicapped, read a statement from the Executive Director which stated: "AB 416 allows permanently and totally disabled persons to receive a state supplement equal to that which is received by the aged. Both aged and blind persons who receive Federal SSI receive a state supplement from Nevada, but disabled persons do not. The expenses of the disabled are as great as the aged and blind and, therefore, the Governor's Committee on Employment of the Handicapped support AB 416. s/ Kathleen E. Olson, Executive Director."

Michelle Murphy of Washoe Legal Aid stated that she had little to add but it seemed to her that \$167 is a ridiculous amount of money for a disabled person to live on. She said in 1974 Nevada had no supplements available for disabled persons and therefore could receive no matching Federal funds. It did have a program for the aged and blind. Now, in 1977, with the new administration, she feels that if the State of Nevada has no programs for the disabled, Nevada would again lose out on Federal funds which would simply go to other states.

Susan Haase, Nevada Association for Retarded Citizens, stated that they support AB 416, though they are worried about discrimination between certain types of handicapped persons. She wondered how much longer Nevada would be receiving any Federal funds at all until they realize that Nevada itself practices discrimination among the handicapped classes.

Vice-Chairman Bennett asked if anyone would like to testify as to AB 417 which provides for emergency assistance to certain needy persons. Mrs. Gomes stated that the bill will provide for one-time emergency assistance, which is another Social Security program under Title 4. She said it mostly applies to children. It covers assistance for legal and medical aid, and housing for families that have some kind of catastrophic occurrence such as their house burning down, or a car being stolen or wrecked. At present time, these people are helped locally and this help is usually not that efficient or meaningful. Basis for the program was to intercede before the family is reduced to the poverty level in attempting to overcome whatever has happened to them.

Mr. Weise asked Mrs. Gomes if she felt there should be some guidelines to clearly specify the type of emergency covered. He also asked how far legal services would go.

Mrs. Gomes stated that it would generally be civil legal matters where there was some fraud involved or families had overextended themselves or in cases where families do not know what their rights are. Mrs. Gomes felt that limitations were spelled out in the regulations which she did not have available.

Mr. Ross asked if these legal services were different than services supplied by Legal Aid. Mrs. Gomes said that Legal Aid would be available to these needy families, but Legal Aid has budgetary problems, too. In many cases, she said, the problems could be very complicated and expert legal services would be required. To Mr. Ross' second question, Mrs. Gomes stated that it would be possible that the agency would be paying private attorneys. Mr. Ross also asked why migrant worker families specified. Mrs. Gomes stated that this is mandatory in the Federal regulations, though some of the specific recipients can be eliminated.

Michelle Murphy of Washoe Legal Aid, stated that she felt that legal services as mentioned in AB 417 would probably apply to those persons living outside of Clark or Washoe County, the only areas where Legal Aid is located. She said the effect of the bill would take some of the burden off the counties and put it into State and matching Federal funds. She said it takes about 30 to 45 days for funds to reach needy families. In the meantime, these people go to county welfare involving much paper work and duplication by the state; the county will give a grant of 35% of the State's standard of need which pays 73% of the need. This is in the form of a loan and must be repaid when a State welfare grant comes through. A family of four might be able to receive a grant of \$110 per month while they are waiting for the State assistance. She said this bill would also aid regular welfare recipients whose payments are stopped because of a technicality and who must wait 45 days for payments to be commenced.

A lady from Washoe County asked if the Committee would accept written comment from them since they were late in getting to the meeting. Mr. Bennett stated that they would.

After a brief recess, the Committee reconvened.

Ms. Mylan Roloff, from the American Civil Liberties Union, gave reasons for her organization's request of the Committee to propose a concurrent resolution for an interim study of programs and patients rights in the Division of Mental Hygiene and Mental Retardation. Her entire proposal can be found at the end of the minutes for March 9, 1977. Mr. Scott Jordan of Clark County Legal Aid supported the request for a resolution for an interim study.

Ann Hibbs of the Nevada Nursing Association asked the committee to consider introduction of a bill to amend NRS Chapter 632 relating to nursing. She said that her witnesses were told to appear between 11:00 a.m. and 11:30 and were not yet present. Chairman Chaney advised Ms. Hibbs that if the committee decided to introduce the legislation, a hearing would be held at which time her witnesses could appear. Ms. Hibbs amendments are attached as Exhibit "D".

Regarding AB 242, Mr. Weise discussed the amendments he had prepared. This bill provides for collection and dissemination of health information. The proposed amendments are attached as Exhibit "F". Mr. Schofield moved to indefinitely postpone the bill; Mr. Kissam seconded the motion. Mr. Ross asked for discussion as to why the committee should not indefinitely postpone the bill. Mr. Weise pointed out that the amendments are appropriate and help the bill. Amanda Chekerelli, research analyst with health planning and resources, stated her support of the bill because her office cannot successfully do the job her office is mandated to do by the Federal government without sufficient data base. Need to establish the health status of the Nevada population as well as health delivery system within the State. Mr. Kissam asked what the benefit was to the State and not just the Federal government. She pointed out that Nevada does not know the medical status of patients except for studies made by Medicaid.

A general question and answer period took place between the committee and Ms. Chekerelli regarding AB 242. She said the Federal government would set up the system to be used by Nevada. Mr. Weise pointed out that the office can only do so much now and it's up to the Committee as to whether they want to authorize them to do more. He told Ms. Chekerelli that the Committee's mood is resistant to expanding the powers of any State agency right now. He felt that if local communities have health problems, the people in those communities would be the first to know about them. He said the question here addresses itself to whether the people need the State to tell the communities that they have a problem. Ms. Chekerelli said that sometimes the communities do not recognize a problem until it is pointed out by others.

Another research analyst who did not identify himself stated that sometimes data results in positive change in a system; that data has to be transformed into information that can be used by decision-makers and policy-makers. It's the job of his office to determine the pattern of utilization and distribution of resources. But must have data to see patterns. Discussion continued.

Mr. Robinson stated that he favors the motion to indefinitely postpone AB 242 for several reasons, one being that the bill allows the health officer the right to request information from businesses or non-profit organizations with no provision for covering the cost to the business or organization for gathering that information. Mr. Schofield called for the previous question. Voting "aye" on the motion to indefinitely postpone AB 242 were: Chairman Chaney, Mr. Bennett, Mr. Robinson, Mr. Kissam, Mr. Schofield; voting "nay" were Mr. Weise and Mrs. Gomes. The motion was approved.

Mr. Schofield moved to request a bill be drafted relating to NRS 632, laws relating to nursing. Mr. Weise seconded the motion. The motion was unanimously approved.

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Vice-Chairman Bennett moved that the request by the American Civil Liberties Union for a resolution requesting an interim study as to mental health conditions in Nevada be denied; Mr. Kissam seconded the motion. Voting "aye" (no study) were: Mr. Kissam, Mr. Ross, Mr. Schofield and Mr. Bennett; voting "no" were Mr. Weise, Mrs. Gomes and Mr. Chaney. Not voting was Mr. Robinson who was not present for the testimony. The motion to deny the request was approved.

Mr. Weise moved to adopt the amendments to AB 314; Mr. Schofield seconded the motion. Mr. Ross objected to the motion because he felt a dual standard regarding penalties would be created, since if \$100 of food is stolen, it is considered a misdemeanor, but in AB 314 if \$100 worth of food stamps are used it is considered a gross misdemeanor. He stated there is presently a bill in the Judiciary Committee to raise the \$100 minimum to \$300 for prosecution of a gross misdemeanor and consistency throughout the State should be maintained.

Mr. Weise said that it is the cost value that is being discussed, not the purchase value. These can be substantially different. Mr. Schofield asked Mr. Weise if he would object to amending his motion to change the amount in the proposed amendment to \$300. Mr. Weise said "no". Mr. Ross suggested dropping the word "gross" from (a) and paragraph 3, leaving the amount at \$100. Mr. Weise moved to amend his motion to adopt the proposed amendments to AB 314 by eliminating the word "gross" in (a) and paragraph 3. Mr. Schofield seconded the motion to amend. The motion was unanimously passed. (The proposed amendment to AB 314 is attached as Exhibit "F".)

Mr. Ross moved that AB 314 as amended be passed. Mr. Schofield seconded the motion. The motion was unanimously passed.

Mr. Ross suggested that the bill be re-referred to Judiciary. Chairman Bennett felt that it was the committee's responsibility to handle the bill.

Mr. Schofield moved that AB 299 be amended by deleting the word "gross" in (a) and in paragraph 3 of the proposed amendments. Mr. Weise seconded the motion. The motion was unanimously approved. Mr. Schofield moved that AB 299 be passed as amended; Mr. Weise seconded the motion. The motion was unanimously passed.

Mr. Weise moved to amend AB 390 by deleting all sections except Section 2; Mr. Ross seconded the motion. The motion was unanimously approved. Mr. Ross moved to pass AB 390 as amended; Mr. Weise seconded the motion. The motion was unanimously approved.

Mr. Weise moved to pass AB 404 and re-refer the bill to Ways and Means; Mrs. Gomes seconded the motion. The motion was unanimously approved.


Mr. Ross moved to pass AB 415 and re-refer the bill to Ways and Means; Mr. Schofield seconded the motion. The motion was unanimously approved.

Mr. Schofield moved to pass AB 416 and re-refer the bill to Ways and Means. Mr. Ross seconded the motion. The motion was unanimously approved.

Mr. Schofield moved to pass AB 417 and re-refer the bill to Ways and Means; Mr. Weise seconded the motion. The motion was unanimously approved after Mrs. Gomes assured Mr. Ross that line 20 regarding legal services would not create a duplication of expenses.

Chairman Chaney announced that he had amendments to AB 89 and would hold them for the next meeting of the Committee on Wednesday, March 22. The meeting was adjourned at 11:30 a.m.

Respectfully submitted,



PHYLLIS BERKSON, Secretary

NOTE: Proposed amendments to AB 89 are attached as Exhibit "G".  
Additional data regarding AB 242 is attached as Exhibit "H";  
A list of community training centers is attached as Exhibit "I"

Testimony on A.B. 404 CTC Variable Funding  
Sally E. Landis, Executive Director  
Ormsby Association for Retarded Citizens  
March 16, 1977

The OARC supports AB 404, the CTC Variable Funding Bill. This Bill changes the present statute to read \$400 per quarter or \$16,000 per year, instead of \$300 per quarter or \$14,000 per year as a minimum grant to CTC's. Our support of this change is based on the fact that we are now receiving this amount.

The Ormsby ARC also believes there should be some flexibility in the way monies are allocated to CTC's. It is most difficult for small, local Centers to fund their programs under existing regulations. If a percentage of the monies allocated to Centers could be utilized for operating costs, rather than 100% for salaries (as now required), it would help to relieve some of the financial burdens most small CTC's experience. How does one operate a Center if one is unable to pay the rent, utilities, or purchase supplies?



STATEMENT ON AB 415  
FROM  
LEAGUE OF WOMEN VOTERS OF NEVADA

The League of Women Voters of Nevada has two reasons for supporting this legislation:

- 1) is a humanitarian concern for the people who are denied adequate health care under our present system, and
- 2) is the concern of the League and the concern of all taxpayers that effective use be made of our tax dollars

From a humanitarian perspective the League of Women Voters is concerned about the preservation of the family and promoting the economic independence of Nevada's citizens. When a marginal income family is faced with a health problem often this problem is avoided until the illness becomes so overwhelming that it can no longer be ignored. The resulting deterioration in health can prevent the person from continuing employment and may result in an application for welfare. At this point the individual enters the welfare cycle and once there it is difficult to break out.

This program addresses the needs of the working poor who pay taxes and struggle to maintain self-sufficiency. The League of Women Voters feels that their maintenance of self-sufficiency is of benefit to themselves as well as to society as a whole.

From a financial perspective, it appears that the taxpayer's dollars would be better utilized if AB 415 was passed in this legislative session.

This bill proposes that the Title XIX Medicaid (SAMI) coverage be expanded in order to benefit from federal government financial participation in meeting the needs of the medically needy. At the present time these needs are being met by the counties in Nevada. Title XIX coverage of the medically needy would reduce the financial burden on the Nevada taxpayers by one half in this area, by taking advantage of available federal assistance.

If this legislation is not passed at this session of the legislature, the League of Women Voters would strongly recommend an interim study of the potential cost/benefit of implementing this type of legislation. To our knowledge no comprehensive study of the cost to counties of the present system, vs. the cost to the state under the proposed system, has been completed. We feel that this type of information would be very helpful to the legislature in making decisions in this area in the future.

## BACKGROUND INFORMATION FOR SUPPLEMENTAL SECURITY INCOME

The supplemental Security Income Program is commonly referred to as S.S.I.

S.S.I. was adopted by the Federal Government under Title XVI of the Social Security Act as a replacement for Aid to the Permanently and Totally Disabled, Aid to the Blind, and Old Age Assistance. This was done to standardize qualification for assistance throughout the United States. The Federal government pays \$167.80 per month maximum to each recipient and leaves the states to determine what amount of supplement they will provide.

The 1973 session of the Legislature granted a state supplement to the aged and blind, but nothing to the disabled. Nevada is the only state without APPTD. Understand medical was reason but 19 available due to SSI. At the conclusion of the 1973 session, an interim Health and Welfare Committee chaired by Senator John Foley studied the question of the disabled and recommended a state supplement.

In the 1975 session such a bill was introduced by the Senate Health, Welfare and State Institutions Committee. It was referred to the Finance Committee where it died. At the same session an increase in the state supplement was granted to the blind.

In 1976, Rand did a study of mental retardation services in Nevada for the Fleischmann Foundation. Again they recommended a state supplement for the disabled, as did the Developmental Disabilities Council Seminar and the White House Conference for the Handicapped.

The poverty level for a single individual for the years 1969 and 1976 respectively was \$153 and \$233. It is the concern of the Council that the maximum amount paid by the Federal SSI for disabled (\$167.80) is inadequate for sustaining basic minimum maintenance. In his budget the governor recommended \$40.05 for the aged, \$98.05 for the blind.

A person is considered disabled if he has a physical or mental impairment which prevents him from doing any substantial, gainful work and the disability is expected to last for at least 12 months or to result in death. Because of their disability most would have little or no ability to earn additional income.

LAWS RELATING TO NURSING  
Chapter 632

Current 632.010 Definitions of words and terms as used in this chapter.

7. "Practice of professional nursing" means the performance for compensation of any act in the observation, care and counsel of the ill, injured or infirm, in the maintenance of health or prevention of illness of others, in the supervision and teaching of other personnel, or in the administration of medications and treatments as prescribed by a licensed physician, a licensed dentist or licensed chiropodist, requiring substantial specialized judgment and skill based on knowledge and application of the principles of biological, physical and social science, but does not include acts of medical diagnosis or prescription of therapeutic or corrective measures. A professional nurse may also perform such additional acts, under such emergency or other special conditions as may be prescribed by rules and regulations adopted by the board, which shall include special training, as are recognized by the medical and nursing professions as proper to be performed by a professional nurse under such conditions, even though such acts might otherwise be considered diagnosis and prescription, but nothing in this chapter authorizes professional nurses to perform those functions and duties specifically delegated by law to those persons licensed as dentists, podiatrists, optometrists or chiropractors.

Proposed Revision: Delete underlined section above and substitute -

"A professional nurse may also perform additional acts which are generally recognized as proper by the nursing profession and other health professions and which require additional education and practice designated by regulations of the Board and under conditions defined by the Board."

Current 632.160 Admission to practice professional nursing without examination.

1. The board may, without examination, issue a license to practice nursing as a professional nurse to any applicant who meets the qualifications required of professional nurses in this state and who has been duly licensed or registered as a registered nurse, after examination, under the laws of any other state, territory or foreign country.

Proposed Revision    Delete    or foreign country.  
Add                    "or" between state and territory.  
Add                    "of United States" after territory  
To read as follows from - "after examination,"  
- "under the laws of any other state or territory of the United States."

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GUEST LIST

<u>NAME</u>	<u>REPRESENTING</u>
Robert Holland	Counsel - Welfare;
Earl Yamashita	State Planning Coordinator, Welfare;
William LaBadie	Welfare;
Dr. William Edwards	State Health Officer;
Jack Middleton	Mental Hygiene & Mental Retardation;
Dennis Hall	" " " "
Chris Landpher	Rehabilitation;
Barbara Guzman	Developmental Disabilities;
Frank Holzhauer	Dept. Human Resources;
Rick Kuhlmeiy	Governor's Comm. on Handicapped;
John Deward	Welfare;
Paul Alves	Welfare;
Clay Peterson	4-H, Douglas County;
Everett Pollard	" " " "
Lori Elston	" Washoe County;
Mylan Roloff	American Civil Liberties Union;
Scott Jordan	Washoe County Legal Aid;
Mike Mooney	4-H, Clark County;
Doris Carpenter	Washoe County Welfare
Donna Legg	" " Health Department;
Vicky D'Atri	" " " "
Bill Isaeff	Attorney General's Office;
Sally Scully	League of Women Voters
Brian Bland	KOLO TV
Don Klasic	Attorney General's Office;
Ace Martel	Welfare;
Danelle Holland	Clark County Social Services;
Barbara Brady	" " " "
George Riesz	Southern Nev. Memorial Hospital;
Carol Aldrich	Developmental Disabilities;
Michelle Murphy	Washoe County Legal Aid;
Evelyn Skall	" " " "
Shirley Johnson	" " " "
Neel Laird	Amer. Assn. Ret'd. Teachers
Thalia Dondero	Clark County Commission

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GUEST LIST (cont'd.)

Marsha Stapleton	Nat'l. Assn. Social Workers
Susan Haase	Nev. Assn. Retarded Citizens
Sheri Brantingham	4-H, Carson City
Tina Pochi	" Humboldt County
Diedra Davis	" Clark County
Kim Neuhauser	" Lyon County
James Birmingham	4-H Esmeralda County
Sylvia Brown	" Churchill County
Woodrow Whiterock	" Elko County
George Albert	" Washoe County
George Lanyon	" Churchill County
Matt Brantingham	" Carson City
Eric Olsen	" Churchill County
Lori Elston	" Washoe County
Everett J. Pollard	" Clark County
Clay Peterson	" Carson Valley
Carol Alldredge	Developmental Disabilities Council

Amend AB 314 by deleting lines 12 through 22 and substituting the following:

2. Any person who knowingly uses, transfers, acquires, alters or possesses coupons or authorizations to purchase in any manner not authorized by the Act, or who presents, or causes to be presented, coupons for payment or redemption, knowing the same to have been received, transferred, or used in any manner not authorized by the Act, is guilty of:

(a) A gross misdemeanor, if the coupons or authorizations to purchase are of the value of, or exceed his cost, if any, to purchase by, less than \$100.

(b) A felony, if the coupons or authorizations to purchase are of the value of, or exceed his cost, if any, to purchase by, \$100 or more, and shall be punished by imprisonment in the state prison for not less than 1 year nor more than 6 years, or by a fine of not more than \$5,000, or both by fine and imprisonment.

3. Separate offenses, which by themselves would be punishable as gross misdemeanors, may be accumulated for prosecution as a felony.

AB 89 (BDR 11-125) re 1977 Amendment No. 95A.

Amend section 3, page 1, delete lines 8 through 11 and insert:

"Sec. 3. 1. A parent shall support his minor children.

2. A stepparent who lives in a household with his minor stepchild and the parent of his minor stepchild shall support his minor stepchild.

3. The duty imposed by this section is in addition to other duties of support imposed by law."

SECTION 1. Chapter 440 of NRS is hereby amended by adding thereto the provisions set forth as sections 2 to 11, inclusive, of this act.

SECTION 2. As used in sections 2 to 11, inclusive, of this act, unless the context otherwise requires:

- 1. "Data" means the separate items of information which make up a record.
- 2. ("Record" means information recorded pursuant to a regulation of the board and not otherwise required by law to be recorded.) ("Record" means information recorded pursuant to section 3 of this act and not otherwise required by law to be recorded.)

*"Record" means data collected on a Health Facilities and Manpower inventory, and Hospital Discharge Abstracts on forms agreed upon by the Nevada Hospital Association, Nevada Association of Health Facilities, Nevada Professional Standards Review Organization, Office of Health Planning and Resources, and the State Health Officer, and approved by the State Board of Health.*

- 3. "System of records" means a group of (the) records specified in section 2 from which individual records can be retrieved by some identifying particular.

SECTION 3. The board may adopt regulations which designate how the records are to be collected and kept by the State Health Officer and how they are to be used.

(Any records so designated must be found by the Board to be necessary for the protection and promotion of the public health, for the proper evaluation of programs under the Board's control, or for the proper evaluation of methods of providing health care.)

SECTION 4. The Board may require the full cooperation of any state or local government agency, business or nonprofit organization or natural person in obtaining (any) the records (or) (and information required to be collected by the State Health Officer.)

- SECTION 5. 1. The State Health Officer shall collect and keep (all) the records and disseminate (any) the information designated by the Board in accordance with the regulations of the Board.
- 2. Before obtaining (any) the records, the State Health Officer shall inform the person, organization or agency which is to provide the record, in writing, of the authority under which the record is being requested, the intended use of the record, the names of (any) the recipients to whom the record may be released, and the penalty for noncompliance.

SECTION 6. 1. No system of records which is designated by the Board to be utilized for statistical purposes only may be released in any form from which the person described by the record or facility from whom the record was obtained can be identified. If the person described in the report cannot be identified, the person or facility which furnished the record may waive, in writing, the prohibition against release of the record.



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2. Unless authorized by (regulation of the Board) *the natural person providing the data*, no record containing personal identification may be released for any purpose.
  3. No employee of the Health Division of the Department of Human Resources may view or cause to be viewed any record containing personal identification except as necessary for the proper keeping of the record.

- SECTION 7. 1. When a system of records is designated for statistical use only, (all) *the data* which could be used to identify a natural person shall be reduced to a code as soon as practicable. After its reduction to code, all identifying data shall immediately be removed from the record and shall be stored in a secure area of limited access for so long as is necessary for the preparing of the record.
- (2. No person may disclose any identifiable data unless authorized by regulation of the Board.)

SECTION 8. The collection of records designated by the Board for statistical use only does not constitute a violation of privacy nor does it constitute any breach of confidentiality or of professional privilege.

- SECTION 9. 1. The State Health Officer shall, at the beginning of each fiscal year, publish a report containing a list of the systems of records which he maintains and setting forth for each system:
- a) The type of data in the system;
  - b) the criteria for selecting records for the system;
  - c) the type of person or facility supplying the records;
  - d) the use to which the system has been put; and,
  - e) the authority for establishing the system.
2. The State Health Officer shall keep on file a copy of each report published pursuant to subsection 1 for a period of not less than 1 year from the date of publication. All reports on file may be examined or copied by any person upon demand.

- SECTION 10. 1. The State Health Officer may charge a reasonable fee for any work performed for any person, state or federal agency or institution. Any fees received shall be used to defray the expenses of the Health Division of the Department of Human Resources in performing the work.
2. *The State Health Officer may reimburse data providers for the cost of collecting the data at a rate acceptable to the State Health Officer and the data provider.*

- SECTION 11. 1. Any person who violates any provision of sections 2 to 10, inclusive, of this act, is guilty of a (gross) misdemeanor.
2. In addition to the penalty provided in subsection 1, any state employee found guilty of violating any provision of sections 5 to 10, inclusive, of this act, may be immediately dismissed from his position.

STATEMENT IN SUPPORT OF A.B. 242  
BY OFFICE OF HEALTH PLANNING AND RESOURCES

The Office of Health Planning and Resources wishes to support the passage of A. B. 242. This bill will enable the Bureau of Vital Statistics to gather the kind of data which our office needs to carry out effective health planning for Nevada.

The Office of Health Planning and Resources, formerly known as Comprehensive Health Planning, is an office of the Department of Human Resources which is the designated agency responsible for carrying out the provisions of P.L. 93-641. In order to explain our need for data I would like to briefly describe our approach to planning. First we want to evaluate the health status of the population by looking at the leading causes of death and the prevalence of various illnesses for the total population in Nevada and for various sub-groups. This analysis usually reveals differences in rates across various age, race, sex, economic, geographic and other sub-groupings. We then attempt to describe the health delivery system in terms of the availability, accessibility and cost of health care services, facilities and manpower. Analysis of this information reveals certain patterns of health care delivery which can then be related to the health status of the population. By looking at both the health status information and the health care delivery system information we can get a pretty good idea of where there are gaps in services. Problems and needs can be identified, alternative solutions can be explored and recommendations can be made. The trouble is that we do not have an adequate data base to carry out these responsibilities.

The Office of Health Planning and Resources is not a data gathering agency. It is primarily a data using agency and relies heavily on the data gathered by the Health Division's Bureau of Vital Statistics. At the present time that agency is only partially able to meet our needs for data. A.B. 242 is an essential enabling step toward making an adequate data base available.

At this time I would like to cite a few examples that will give you some feel for why a more adequate data base is needed in Nevada. In June of 1975 the staff of the House Sub-Committee on Oversight and Investigations (otherwise known as the Moss Sub-Committee) conducted a survey of surgery performed on Medicaid recipients. Of the twenty six states that responded, Nevada turned out to have the third highest overall surgery rate, at 35,900 procedures for every 100,000 of the eligible population. By comparison, California had a rate of about 26,673 per 100,000 and Missouri had only 2,800 per 100,000. In tonsillectomies Nevada ranked number one with a rate of 1,709 per 100,000. Kansas, by comparison, had the third highest rate with 963 tonsillectomies per 100,000. The biggest news is in hysterectomies however. Nevada ranked number one in this procedure also, with a rate of 2,488 per 100,000. This is nearly twice as high as the number two state, North Carolina, and is more than three times as high as the number three state, Louisiana, which had a rate of 619 per 100,000! (The national average, based on 22 states reporting, was 303 per 100,000).

This information may cause some raised eyebrows but it tends to raise important questions too, the most obvious one being: Are these rates typical of the entire Nevada population or are they high only for Medicaid recipients? Unfortunately we have no sound basis for answering this question because we have no comparable information on non-Medicaid patients.

In summary, it is our belief that passage of A.B. 242 will make it possible for the Office of Health Planning and Resources to obtain relevant, useful data of the kind that can lead to a more rational health delivery system. At the same time it will protect against wasteful abuses in data gathering by requiring that the forms for data collection be mutually agreed upon by the Nevada Hospital Association, the Nevada Association of Health Facilities, the Nevada Professional Standards Review Organization, the Office of Health Planning and Resources, the State Health Officer and subject to final approval by the State Board of Health. This provision of the bill will assure that only the most meaningful data will be collected in the most efficient manner at the least cost.

We strongly urge you to recommend passage of this bill.

Statement on AB242  
given by  
Linda Johnson  
Nevada State Division of Health

The primary purpose of this bill is to allow Nevada to participate in the National Center for Health Statistics (NCHS) information system. Nevada is presently participating in the National Center for Health Statistics program on a limited basis. The National Center for Health Statistics is a federal health data gathering organization.

The benefits of being associated with the National Center for Health Statistics include:

Standardized data collection methods to enable data comparison with other states.

Technical assistance provided by the Center.

Federal funds to support Health Data Systems.

Health data needs to be gathered in Nevada to accomplish the following:

Health Statistics are required by federal funding sources.

The Health Systems Agency requires health statistics for health planning.

Health Statistics are required to justify new health programs and to retain existing programs.

Health Statistics are required to evaluate a program's effectiveness and to set program priorities.

Section 5 - Section 7 - Protects the provider of the data right to privacy. This is consistent with the Federal Right to Privacy Act. It provides for very careful handling of the data to avoid any abuses and will protect the personal rights of the individual or the agency that provides the data.

Section 8 - This allows the health care professionals to participate without violating patient confidentiality.

Section 9 - Provides for a report to the public which will clearly explain what data is to be collected, from whom, and for what purpose. This would allow the public to be aware of our data collection activities and to address their concerns to the Board of Health.

Section 10 - Allows for the health officer to charge for data processing services. In some instances we will be providing data processing services to other agencies and this will allow those agencies to reimburse the data processing budget for the expenditures incurred in providing services.

Section 11 - Provides for the penalty for violation of this act.

SUMMARY—Provides for collection and dissemination of health information. (BDR 40-149)

FISCAL NOTE: Local Government Impact: No.  
State or Industrial Insurance Impact: No.

EXPLANATION—Matter in *italics* is new; matter in brackets [ ] is material to be omitted.

AN ACT relating to public health; providing for the collection and dissemination of health information; providing penalties; and providing other matters properly relating thereto.

*The People of the State of Nevada, represented in Senate and Assembly, do enact as follows:*

- 1 SECTION 1. Chapter 440 of NRS is hereby amended by adding  
2 thereto the provisions set forth as sections 2 to 11, inclusive, of this act.  
3 SEC. 2. *As used in sections 2 to 11, inclusive, of this act, unless the*  
4 *context otherwise requires:*  
5 1. *"Data" means the separate items of information which make up*  
6 *a record.*  
7 2. *["Record" means information recorded pursuant to a regulation of*  
8 *the board and not otherwise required by law to be recorded.]*

"Record" means information recorded pursuant to Section 3 of this act and not otherwise required by law to be recorded.

- 9 3. *"System of records" means a group of records from which individ-*  
10 *ual records can be retrieved by some identifying particular.*  
11 SEC. 3. *[The board may adopt regulations which designate records*  
12 *to be collected and kept by the state health officer and how they*  
13 *are to be used.]*

For those records required by the National Center of Health Statistics of the Public Health Service, the Board may adopt regulations requiring that records be collected and kept by the State Health Officer, and designating how the records are to be used.

14 *Any records so designated must be found by the board*  
15 *to be necessary for the protection and promotion of the public health, for*  
16 *the proper evaluation of programs under the board's control, or for the*  
17 *proper evaluation of methods of providing health care.*

18 SEC. 4. *The board may require the full cooperation of any state or*  
19 *local governmental agency, business or nonprofit organization or natural*  
20 *person in obtaining any records or information required to be collected*  
21 *by the state health officer.*

22 SEC. 5. 1. *The state health officer shall collect and keep all records*  
23 *and disseminate any information designated by the board in accordance*  
24 *with the regulations of the board.*

2. *Before obtaining any record, the state health officer shall inform*

## COMMUNITY TRAINING CENTERS BUDGET No. 101-3160

Up-date of Existing Centers

<u>Title</u>	<u>Enrollees - Second Quarter</u>
Alpha Productions Technologies, Reno	5
Community Services Agency, Reno	6
Elko Development School	9
Churchill County A.R.C., Fallon	Operational by April 1
Freeport Assembly Services Training, Reno	12
Mineral County Sheltered Workshop, Hawthorne	8
Community Training Center, Panaca	5
Ormsby A.R.C., Carson City	12
Opportunity Village A.R.C., Las Vegas	113
Southern Nevada Assn. for Handicapped, Las Vegas	5
White Pine County Rehabilitation Center, Ely	7
Yerington Headstart Program	7
Washoe County A.R.C., Reno	53
Zion Methodist Day Nursery	<u>57</u>
Total	299