

SENATE FINANCE COMMITTEE  
MINUTES OF MEETING  
FEBRUARY 17, 1977

The meeting was called to order at 8:00 a.m.

Senator James I. Gibson was in the chair.

PRESENT: Senator James I. Gibson, Vice Chairman  
Senator Eugene V. Echols  
Senator Norman D. Glaser  
Senator Norman Ty Hilbrecht  
Senator Thomas R. C. Wilson  
Senator C. Clifton Young

EXCUSED

ABSENCE: Senator Floyd R. Lamb, Chairman

OTHERS: Ronald W. Sparks, Chief Deputy, Fiscal Analysis  
Howard Barrett, Budget Director  
Cy Ryan, UPI  
Roger Trounday, Director, Human Resources  
John H. Carr, State Health Officer  
Dan Miles, Budget Office  
Ernest Gregory, Chief, Bureau of Environmental Health  
Dr. Gallagher, Washoe County Health Officer

Senator Gibson referred the Committee to the budget of the State Health Officer.

OFFICE OF STATE HEALTH OFFICER: The State Health Officer is charged with the responsibility of enforcing all laws and regulations pertaining to public health, investigating causes of diseases, epidemics and sources of mortality, and providing health services through the various bureaus of the division. The Health Officer's budget provides the administration, business management, accounting and personnel functions for the Division of Health of the Department of Human Resources.

This budget also includes the costs of the State Board of Health, which by law, promulgates rules and regulations for the promotion of the health and safety of all Nevadans.

Dr. Carr spoke on this budget and explained the transfers of positions which were listed in the budget.

There were questions relative to the request for a new deputy attorney general.

Senator Echols asked what would happen if this were not approved.

Mr. Trounday said they would use the one in his office.

They answered general questions relative to the budget which were posed by the Committee.

Senator Gibson referred them to the next budget.

MILK INSPECTION REVOLVING FUND: Nevada statutes provide that out-of-state applicants for permits to sell fresh fluid milk and cream within the State of Nevada must pay the travel expenses incurred in the inspection of their facilities.

The budget requested that the \$1,000 level of the revolving fund be maintained.

Dr. Carr outlined this program. There were no questions on this budget and they moved on to the next budget.

VITAL STATISTICS: This division registers all births, deaths, marriages and divorces that occur within the State of Nevada. The Vital Statistics Section maintains permanent files of official documents and produces statistical data and certified copies from these records.

This section also gathers and maintains data for other bureaus within the division. In fiscal year '75-'76 the Health Division entered into contracts to provide birth and death statistics for the National Center for Health Statistics and some data processing work for Washoe and Clark Counties relating to the counties' public health activities. In fiscal year '75-'76, the agency requested and obtained an allocation from the Interim Finance Committee in order to implement Chapter 700, Statutes of Nevada, 1975, which required the Health Division to mail the original of all marriage certificates back to the married couple. Previously, all marriage certificates, once recorded, were returned only to the county of origin.

Dr. Carr explained that the communications expense in the budget had been based on a projected raise in postage costs, which now appears unlikely.

Senator Gibson asked for a figure on the income which was generated by fees.

These were listed as \$34,000 deposited in 1976; they estimate \$38,000 for 1977; \$42,000 for 1978; and \$46,000 for 1979. These are from certifications of birth and deaths.

SILICOSIS PROGRAM: This program benefits persons suffering from silicosis, or their survivors, who are not eligible for compensation under NRS 617.460. There are currently eight persons receiving benefits, three of whom are original employees and five are beneficiaries of the original employees.

Included in the budget request is \$1,000 for annual medical costs for all employee recipients. Survivors are not eligible for medical cost benefits. They can add no recipients to this program.

BUREAU OF COMMUNITY HEALTH SERVICES: This division is responsible for the coordination of communicable disease control and investigation, chronic disease control, accident prevention, and venereal disease control. To accomplish these objectives, the Bureau has staff available in the areas of public health nursing, physical therapy consultation, nutrition consultation, communicable diseases and tuberculosis control.

The Public Health Nursing staff provides skilled nursing services to both individuals and groups in the home, in the schools, and in public health centers. These nurses provide prenatal and postnatal maternity counseling; investigation, testing and follow-up for tuberculosis control; investigations and treatment for venereal disease control; home care and referral for chronic illness; cancer screening programs, and a full range of screening, testing, counseling and health education in the schools.

The position transfers were explained.

Senator Glaser expressed concern about having enough nurses in the rural area.

Dr. Carr said he thought they would have enough nurses in the field to meet most requirements. He understood that part of the difficulties in these areas are getting people who live a long distance from where the public health nurses are located in to get services or other health care services. In trying to provide health care services, they have to interface with the local community physicians too and not duplicate and get into difficulties with them.

Senator Young asked what the principal health problems in the state were.

Dr. Carr said he thought it went pretty much with the national trend. Emergency medical service problems, how to integrate and coordinate that. They are doing a little better in venereal disease, but it is still pretty high and rural health services are a problem.

They couldn't keep physicians out in those communities and there is a study being made at the medical school trying to come up with some kind of recommendation to be able to tie a program together where they can get some specialists and professional people out to those communities to work with the public health nurses.

Dr. Carr heads up a team that goes out to the rural communities for children who are having special problems. The two teams have made about 24 trips. He said the children often have learning disabilities. They are identified originally by the public health nurse. He said he made the physical examinations then they had psychological testing by a psychologist; a speech pathologist who does a speech and hearing evaluation on the child. They get nutritional consultation when they can. The team pools its findings and decides what, if any, problem exists and makes recommendation to the parents, to the public health nurse, and to the school as to what sort of an educational program is best adapted and best suited to the child.

TUBERCULOSIS CONTROL: The statutes provide that every person who is found to be infected with active tuberculosis and constitutes a threat to the health and safety of the public shall be cared for at public expense if he declares that he is unable to pay for medical or hospital care. The Community Health Services Bureau of the Health Division administers this program. Funds for the treatment of tuberculosis were previously included in the Community Health Services Budget. This budget recommends the separation of the tuberculosis program from other health programs in order to isolate its costs and to provide transfer flexibility between fiscal years the same as other medical care programs. This flexibility would provide that, should funds in the first year of the biennium be depleted, monies from the second year could be transferred back to the first year to cover any deficit.

Dr. Carr estimated that there were about 40 cases presently. But he said he did not have the figures with him. The total case load would be about 100 to 125. That would include people in hospitals, nursing homes as well as those on therapy. The patient only stays in a hospital about two weeks, then they try to move them into a skilled nursing facility.

Mr. Barrett said they will probably have a problem with this program this year, they will not know until the end of the year, but they are having a supplemental drafted for \$24,218 for this year and they would like consideration on it. This is an area over which they have no control and a couple of bad cases can throw the budget out of balance. He asked to have flexibility in moving the money from one year to another year. It will be in the budget's appropriation bill.

Senator Young asked if there was any particular area or ethnic group that was more affected than others.

Dr. Carr said that all non-Caucasian races appear to be more susceptible. This is largely economics and social economics, crowding and things of this sort. There is a disproportionate share among the Indian population. They have trouble getting to them. Sometimes the Indians do not care to have their services. They are sometimes able to get reimbursement from the federal government. The federal government takes the position that the Indians are Nevada residents and they should be provided the same services as in other health areas. If they can get the Indians hospitalized in the hospital in Phoenix, that is the best way to get the Indian Service to pay for them.

The problem in getting reservation Indians in for treatment or hospitalization was discussed and the means of getting the federal government to assume the costs of treatment were detailed.

Senator Young said he felt they should explore the possibility of the state being compensated for services that are rendered as long as the current philosophy, which apparently is that they belong to

SENATE FINANCE COMMITTEE  
MINUTES OF MEETING  
FEBRUARY 17, 1977  
PAGE FOUR

separate countries almost when they are living in colonies or reservations, as far as taxation is concerned. He asked Dr. Carr to check into this and report back to him.

DENTAL HEALTH: This division conducts the State Dental Health Program which is involved in the areas of treatment, prevention and education. Services provided under this program include dental screenings and reports to parents, examinations, radiographs, prophylaxis, topical fluoride treatments, fillings, chrome crowns, space maintainers, tooth extractions, orthodontics and tooth replacements, and dental health education.

The program serves children under 14 years of age from low income families, foster home children, children under treatment in other state health programs, children enrolled in Well Baby Clinics and those under the Aid to Dependent Children program. These services are provided in stationary clinics in Las Vegas and Reno, through portable clinics in those communities without dental services and in the offices of practicing dentists under contract to the state.

MATERNAL, CHILD, SCHOOL AND SPECIAL CHILDREN: This bureau provides for the coordination, planning and promotion of programs to improve the health of mothers and children throughout the State. Administratively, it is divided in three units: Crippled Children's Services; Maternal and Child Health; and Special Children's Clinics. The Crippled Children's Services is a program of physical habilitation or rehabilitation for children with specified handicapping conditions. These are children in need of specialist care and whose families are unable, wholly or partially, to pay for these services on a private basis.

The goal of the Special Children's Clinics is to provide diagnostic and treatment services to children between birth and six years of age who demonstrate developmental delays and possible mental retardation. Early diagnosis followed by treatment enables these children to maximize their potential and live more normal lives.

The purpose of the Speech and Hearing Clinics is to provide for early detection of speech, language and hearing disorders in children. Two clinics serve the state, one in Las Vegas and one in Reno.

Well Baby Clinics provides identification of children's handicaps so that corrective defects can be treated early in life. The clinics provide physical examinations, immunizations, and counseling services to parents.

Dr. Carr discussed the new positions requested in this budget and the needs for them.

Mr. Trounday mentioned Project 77-5 under the C. I. P. budget for a Special Children's Clinic addition to the Human Resources Building in Las Vegas. This would be an addition of approximately 8,300 gross square feet on the second floor of the existing Human Resources Building to enlarge the existing clinic. This would be at a cost of \$438,000.

Mr. Trounday said the workload down there has reached the point where they can no longer house the program within the existing facilities.

Dr. Carr explained the increases in the areas of hospital care and physicians' fees due largely to the expansion of the Intensive Infant Care Program. It is brought about by better technology and the ability to save, not just salvage, viable, intact infants who years ago had about a 50-50 chance of survival. These conditions have improved with surgery, techniques and various methods of measuring blood gasses, providing them with oxygen and carbon dioxide and other gasses in the proper mixtures. He said this was a very costly procedure.

Dr. Carr said that the last legislature passed a bill that required insurance companies who were writing health insurance to cover infants from a newborn period on, instead of waiting for 14 days. He said there was apparently a loophole in the bill or the law and they have been unable to get this participation.

Senator Hilbrecht said he had discussed this situation with Mr. Rottman, the Insurance Commissioner, and Mr. Rottman does not believe that there is a loophole in the law; he believes that it is enforceable, with respect to renewals as well as newly issued policies. Senator Hilbrecht asked Dr. Carr to call Mr. Rottman and discuss the problem.

Dr. Carr said he had already talked with Mr. Rottman on this. He said the problem as he understood it, was based on the fact that some of the insurance coverage that large unions have, the renewal aspect of that does not fall in under the law. That is what his department was told. He agreed to contact Mr. Rottman again, but said they had already had several meetings with his staff.

Senator Hilbrecht said he felt the Finance Committee should initiate, by resolution or otherwise, an admonition to the Attorney General to explore the possibility of recouping the state's losses as the result of failure to comply with the law by certain underwriters and group plans and see if the state may not recoup as a third party beneficiary under these contracts for these sums.

Dr. Carr said he was told, as applied to the Culinary Union in Las Vegas, that they were not insurance companies, that all they are doing is holding a pool of money and dispensing it as they see fit.

Dr. Carr said they would get back to the Insurance Commissioner as they might have done some additional work since he talked with them last. Dr. Carr said that A. B. 50 is a supplemental request for \$720,000 and had come out of the Assembly with a do pass.

Mr. Barrett said it was in their committee now, but they are out of authority to obligate any more money.

Dr. Carr discussed the means of financing expensive treatment and surgery in which the state and the family participated in payments. Because of the way that recovery in funding is achieved, where the state waits to see how much the insurance company will pay before they know how much the state is obligated for; there is a great delay in the process, therefore, they are never able to have current, accurate figures of where they stand.

CONSUMER PROTECTION: The function of these services is to insure that consumers in Nevada have safe food service and supplies, safe water, and are protected from ionizing radiation. It also insures that wastes are disposed of in such a manner as to protect public health.

Dr. Carr spoke on the requested new positions and the justification for the requests.

Senator Hilbrecht asked if A. B. 147, the safe drinking water act, was to be state money or federal money. He was advised that this breakdown appeared in the budget for the Drinking Water Program.

Dr. Carr answered questions from the Committee relative to local water supplies and water and food inspections.

RADIOACTIVE MATERIAL DISPOSAL: The 1961 Session of the Legislature established the Radioactive Material Disposal Fund. Under the control of the Department of Conservation and Natural Resources, the purpose of the fund is to collect lease or burial fees for the disposal of radioactive material on certain lands in Nye County. The funds can be used for purchase of land for such burial purposes.

This budget recommends, and legislation has been submitted which would transfer this fund to the Department of Human Resources. The legislation provides for the assessment of burial or lease fees, license fees and interest income on invested principal. Under the new legislation, the cost of inspection and administration of the radioactive material deposit site would be paid for from earnings of the fund at no cost to the General Fund. It is anticipated that income to the fund will be greater each year than the cost of inspection and administration, and that the balance will continue to grow to be held in trust to provide for perpetual care and maintenance upon closure of the burial site.

Mr. Trounday said the budget item as it appears and the additional position requested in the budget is because they found with the problem that occurred at Beatty that they were not doing an adequate job of monitoring the program. So there has been put into this budget a request for a half time position for that specific item of Beatty and doing a more thorough and frequent review of the problem at Beatty as well as the fact that they needed an additional person in Clark County to help do some of the monitoring of X-ray equipment.

In answers to questions from the Committee, Mr. Trounday said that when the state agreed to go into this program BLM deeded some land to the State of Nevada, the state gained title to that land, about 80 acres. He said there was a move afoot in Congress to transfer all the ownership of this land and monitoring of these types of sites back to the federal government. He said even at that point, he would want to have some kind of state monitoring because the federal government right now is a co-licensee with the state and they visit the site once a year.

Senator Wilson said he did not know where the state was on this issue, he did not know what the problems were, but he felt the state was going to have more rather than less.

Senator Gibson said the policy was that they would not accept any more sites, but what the state has they have for the rest of our lives.

Mr. Trounday said they were not interested in expanding the program but of the 80 acres, about 40 acres are now actually an actual burial ground, the rest is still available for trenches. He said the problem was that they had about \$240,000 for perpetual care and maintenance and that is no where near what is needed. Even if this site is shut down now, the state has to monitor that site forever so they are trying to make an effort to improve the capability of the state through very severe licenses. He said they were still negotiating with the company. The operating money they are able to collect from the company will offset the \$14,000 that is shown in the budget. Up to this point they have never paid a license fee; the Department is presently negotiating with the company to pay a license fee sufficient in amount to pay for the expenses of the state. He said that most of the waste they are getting is coming from California, less than 1% comes from Nevada.

DRINKING WATER PROGRAM: In 1974, the federal government enacted "The Safe Drinking Water Act". The purpose of the Act is to set standards for the quality of drinking water and provide an enforcement mechanism for these standards. The Act applies to all public water systems, including investor-owned and municipal. A public water system is defined as one which has at least fifteen service connections, or regularly serves water for human consumption. The Act provides that National Primary Drinking Water Regulations shall take effect on June 24, 1977.

Legislation has been submitted and this budget recommends that the State obtain primary enforcement responsibility under the new federal act since the Health Division currently enforces state laws and the Board of Health regulations regarding drinking water.

The state has received two grants to date under the new federal act. These monies have been used for consulting services, staff services and equipment purchases for water testing. Consulting services were obtained to study the new federal law and its impact on Nevada's water systems and water users. These monies are shown in the Consumer Protection budget of the Health Division.

A representative from the Washoe County Health Department appeared before the Committee asking for an increase in the allotment for Washoe County. He said they could not carry out the state drinking water act with the amount presently allocated. He said they would need \$40,000 in the first year and \$46,000 in the second year to carry out the state's responsibilities at the local level. Their contribution would be in the range of \$14,000 to \$18,000. The split recommended by the consultants gave Washoe \$21,100 and Clark, \$41,300. That is what the budget was based upon.

The local problems with respect to financing were discussed by the Committee and the representatives of the Health Department.

BUREAU OF LABORATORY AND RESEARCH: This bureau provides laboratory services to all Health Division programs from two locations - a main laboratory in Reno and a branch laboratory in Las Vegas. The Bureau provides medical and environmental testing services. Under medical services, examinations are made to detect tuberculosis, venereal disease, infections and viruses. In addition to these tests, clinical laboratory work is performed including blood tests and urinalysis.

Environmental services include testing procedures for domestic drinking water, milk, air pollution and water pollution.

The Bureau also administers the Medical Laboratory Licensing Program. This program is established in accordance with the Nevada statutes. This chapter provides for the licensing of medical laboratories and the establishment of rules and regulations for licensure and disciplinary actions in the event of violations. This program is partially funded by licensing fees from laboratories, laboratory directors and technicians.

This budget recommends the consolidation of the medical laboratory certification function with this budget, since the Bureau of Laboratory and Research is responsible for this activity. The Bureau currently licenses 58 laboratories, 47 laboratory directors, 61 doctors' laboratories, and 650 laboratory personnel.

The budget recommended also includes provision for increased laboratory requirement from the new federal Drinking Water Program. Under this program, the state laboratories will perform bacteriological and chemical analyses of water samples from public and private water systems throughout the state.

This budget also recognizes the possibility that the Environmental Protection Services Agency may be reorganized into another state department as a result of the 1975 Senate Concurrent Resolution No. 8. The laboratory services required by the Environmental Agency would be funded through a purchase of service rather than a direct appropriation in the laboratory budget.

The laboratory in Reno will be moving to a new building currently under construction located on the UNR campus. This facility has been constructed in cooperation with the University, using federal Hill-Burton funds.

Dr. Carr discussed the new positions requests and their needs. He said the state does the lab work that they are mandated to do that they can do more cheaply. Those that are in less demand or that require sophisticated equipment, that the state cannot afford, are sent out.

BUREAU OF HEALTH FACILITIES: The Bureau is responsible for the licensure of health and care facilities in the state and, under contract with the federal Social Security Administration, for the certification of health and care facilities participating in the Medicare (Title XVIII) and Medicaid (Title XIX) programs. In meeting this responsibility, the Bureau surveys for compliance with licensure and certification requirements, conducts follow-up visits to assure that deficiencies are corrected, provides consultation to assist facilities in complying with regulations and investigates complaints lodged against health and care facilities. These activities help assure the health, welfare and safety of Nevadans using the services of the eight different types of health and care facilities which include: hospitals, skilled nursing, intermediate care, group care, child care, alcohol and drug abuse, home health care, and ambulatory surgical centers.

Currently there are 115 licensed health and care facilities located throughout the state.

The Bureau currently administers the federal Hill-Burton Health Facilities Construction Program. It is recommended that this program function be transferred to the Health Planning and Resources Agency in the Office of the Director of the Department of Human Resources since new federal legislation combined this program with that of health planning.

HEALTH AID TO COUNTIES: This program is intended to provide funds for full-time established county health programs. The funding for the Aid to Counties program is both federal and state. The state funding portion is intended to provide matching funds so that the counties can obtain more federal funds. The program currently provides funds for Washoe and Clark Counties.

This budget recommends an increase from the current 75¢ per capita support to 85¢ per capita based on 1975 population estimates from the Bureau of Economic Research, University of Nevada, Reno.

A representative from the Clark County Health Department spoke and asked for greater state support because of entrenchment at the federal level for the traditional funding of health services and in support of that he said that the local support of health services has grown substantially. The ad valorem share constitutes a bigger portion of the support of health services at local levels as do fees and grants and other self generated revenues that the districts pursue on their own. He said they respectfully requested that the Committee consider a major change in the Aid to Counties regular appropriation.

Dr. Gallagher, District Health Officer for Washoe County spoke and concurred with the preceding speaker and said the need at the community level was increasing, their costs to deliver programs were also increasing. He said they had had significant decreases in state funds during the past three years for some of their programs. He felt there should be stated a sensitivity to the idea that money spent in preventive health services or to tie together resources that exist in the community is money well spent.

The reductions in the federal programs were discussed and the county representatives discussed their problems at the local level with the Committee.

Mr. Barrett said they had not originally recommended an increase in this area and the reason was because of the county in-lieu tax that was passed by the federal government. The counties will be receiving additional monies. Then they discovered that the money to finance the in-lieu bill had not been appropriated so they put in an 11% increase and this is roughly the 75¢ to 85¢ and the 11% for the biennium is the one that has been used in all the budgets for an inflation increase.



Mr. Barrett said that originally, five or six years ago, the state passed through mostly federal dollars and then they switched and passed the same amount through in state dollars so the counties could use the state dollars to match additional federal funds.

Senator Hilbrecht asked if they could reevaluate the federal programs and tell the Committee whether or not there would be any more federal money in the event the state should elect to follow all or part of their recommendation and increase the general fund appropriation in this area.

The Department advised that to the state there would be no additional federal dollars. It could provide additional matching dollars to the counties where they go directly to the federal government and get a grant of their own.

Mr. Barrett said there were a number of federal grants that go directly to counties. More money goes to the counties than comes to the state.

Senator Young asked if there was a disparity between the large and small counties.

Dr. Gallagher said that the level of services provided in Washoe would visually exceed because of the concentration of people. The illusion is that there are rural areas within an urban county. He said they had a community north of Reno that is virtually unserved. He felt that existing resources should be tied together in a workable network. He said there are plenty of community resources that work individually. He felt there was a need to teach people how to tie into the system, how to use what exists. It was the role of the Health Department to teach people how to use resources to prevent illness and to maintain good health. He said communities need money to get into the business of directing health back to the individual. The need was to stop the problem from developing. There was also a need to address community priorities one of which was air pollution.

Senator Gibson referred them to the next budget.

IMMUNIZATION PROGRAM: This program is wholly federally funded. Under the terms of the grant, polio, measles and rubella vaccines are furnished and the Health Division purchases the vaccines for diphtheria, tetanus and whooping cough.

This program serves all Nevada citizens without charge. Free clinics are conducted routinely in all counties of the state. It is the goal of the program to protect all Nevadans, particularly children, against diseases preventable through vaccination.

CANCER SCREENING PROJECT: This is also wholly federally funded. This program is a three-year federal grant funded by the National Cancer Institute. The purpose of the grant is to screen low income Nevada women, age 16 and over, for cancer of the cervix and uterus using the PAP smear method.

The screening examinations are completed by qualified medical personnel throughout the state including registered nurses and family planning nurse practitioners and physicians. The goal of the three-year program is to screen 42,000 women by December, 1978.

Dr. Carr said they were far short of their goal and the problem lay in the follow up in the program. So far they have found 84 cases. Fourteen definitely have cancer, 41 reports have not yet come back, but they think of those probably 15 to 20 have cancer; as a spin-off there have been 3 with cancer of the uterus and one or two breast cancer cases too. That is out of 7,000 tested. The ratio

is about 1 in 500, which is a little higher than the national average.

GONORRHEA SCREENING PROJECT: This program is wholly federal funded and is designed to reduce the prevalence of gonorrhea in the state. The program is administered by the Bureau of Community Health Services within the Division of Health and provides the state with increased capabilities for venereal disease control. With support from this project grant, the Division of Health will continue to refine the methods proven most effective in controlling the increase of gonorrhea and syphilis morbidity.

The program primarily attacks the venereal disease problem by screening segments of the childbearing population, and tracking and treating known contacts.

Federal support for this program has declined.

FAMILY PLANNING PROJECT: The purpose of this program within the Division of Health is to provide, through clinics, information on birth control and family spacing methods, and counseling for clients requesting family planning medical services. The program is oriented to serve women of low income who may not otherwise receive family planning services, and those women, regardless of income, who are located in isolated areas and do not have the services of a doctor readily available. Services are offered through clinics and by physicians under contract with the Health Division. This program is almost entirely federally funded.

WOMEN, INFANTS AND CHILDREN'S FOOD SUPPLEMENTAL PROGRAM: This program comes through the Department of Agriculture to supplement the food program for women, infants and children. The purpose is to provide those in low income areas with food supplements in order to raise their nutritional level and help eliminate developmental problems. The program is administered by the U. S. Department of Agriculture through the Health Division and, in turn, by local agencies capable of providing the necessary administrative and health assessment support. In rural counties, the public health nurse administers the program. The program is 100% federally funded. The statewide caseload currently averages about 3,500 people each month.

EMERGENCY MEDICAL SERVICES: This section has responsibility for developing and implementing rules and regulations of the State Board of Health for emergency medical providers. The section is responsible for supporting emergency care delivery systems and coordinating those improvements.

The activities of the section are regulatory in nature; the section licenses ambulances and ambulance services and certifies emergency medical technicians. The section operates training programs for emergency medical technicians and instructors.

During the 1975-77 biennium, the Emergency Medical Services section obtained a federal grant to develop a statewide emergency medical services plan. The planning phase is required by the Emergency Medical Services Act of 1973 before any additional federal funds can be made available. The planning grant funds will expire during fiscal year 1976-77. No additional federal funding is shown in the 1977-79 biennium since no additional federal funding is available at present.

Senator Hilbrecht said they had a budget of \$140,000 and it looked to him that there was a lot involved in staff that are really doing nothing but certificating and arranging for the contract services and that represents about \$78,000 and he would like to know why it costs so much money to certificate ambulances. The Department said they would supply a statement of what each one of those staff members do that would justify the budget; are they just certificating

or are they doing training and where they are located.

ENVIRONMENTAL PROTECTION: This program is under a section which includes the air and water pollution control and solid waste management programs for the state and comes under the policymaking jurisdiction of the Conservation of Environmental and Natural Resources.

The proposed budget provides for the total operation of the air and water pollution control and solid waste management programs and for the transfer of these programs to any other agency as may be instituted as a result of action on the 1975 Senate Concurrent Resolution No. 8.

The air pollution control program provides for implementation of statutory and environmental commission regulatory provisions through monitoring of ambient air quality, surveillance of air pollution facilities and sources, evaluation and testing of air pollution control devices and by the use of operating permits for these devices.

They maintain ambient air monitoring network of 18 permanent stations throughout the smaller counties of the state and jointly, operates a mobile laboratory with the water pollution control section for such special studies as may be required for variance requests and complex sources.

The water pollution control provides for implementation of statutory and environmental commission regulatory provisions for maintaining the quality of the waters of the state through surveillance and monitoring of interstate and intrastate streams or segments of streams, detailed water quality studies, and surveillance and testing of waste discharges to receiving waters.

The solid waste management by legislative direction is to develop and implement a solid waste management system plan and to enforce those rules and regulations necessary to implement the plan. The solid waste management plan has been completed and adopted.

The section is now reviewing and coordinating with local jurisdictions in order to complete and implement all local solid waste plans as required by the statutes and maintaining surveillance of those waste disposal sites operating under a management plan.

The section has conducted a statewide hazardous waste survey and developed an inventory and is currently developing a hazardous waste management plan.

Mr. Gregory spoke on this budget and answered questions from the Committee relative to the programs and expenditures, and explained the programs which were contracted out.

Senator Gibson thanked them for appearing.

A. B. 50: Makes an additional and supplemental appropriation for support of Health Division of Department of Human Resources.

Senator Hilbrecht moved that the Committee do pass; Senator Wilson seconded and the motion carried.

SENATE FINANCE COMMITTEE  
MINUTES OF MEETING  
FEBRUARY 17, 1977  
PAGE TWELVE

Senator Gibson said the Committee would meet again at 4:00 p.m.  
The meeting adjourned at 10:45 a.m.

RESPECTFULLY SUBMITTED,

  
Muriel Mooney, Secretary

  
Senator Floyd R. Lamb, Chairman

**A. B. 50**

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**ASSEMBLY BILL NO. 50—COMMITTEE ON WAYS AND MEANS**

**JANUARY 19, 1977**

Referred to Committee on Ways and Means

**SUMMARY**—Makes an additional and supplemental appropriation for support of health division of department of human resources. (BDR S-527)

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

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

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AN ACT making an additional and supplemental appropriation for the support of the health division of the department of human resources; 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. For the fiscal year ending June 30, 1977, there is hereby  
2 appropriated from the state general fund the sum of \$720,000 to the  
3 health division of the department of human resources as an additional  
4 and supplemental appropriation to those allowed and made by section 32  
5 of chapter 679, Statutes of Nevada 1975.

6 SEC. 2. After June 30, 1977, the unencumbered balance of the  
7 appropriation made in section 1 shall not be encumbered and shall revert  
8 to the state general fund.

9 SEC. 3. This act shall become effective upon passage and approval.

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Original bill is on file at  
the Research Library.

DATE: 2/11  
TIME: 8AM

# SENATE FINANCE

NAME	ORGANIZATION	ADDRESS	PHONE
GILL BLONSLEY	Clark County Health District	P.O. Box 4426 L.V. 89106	385-1291
HOWARD Clodfelter	Washoe County Health Dept	10 KIRMAN, RENO	785-4290
EDWARD S. GALLAGHER, MD	WASHOE Co. DISTRICT HEALTH DEPT	16 KIRMAN AVE, RENO	785-4349
Ernie Gregory	Nev. Envir. Prot. Ser.	201 So. Fall, Carson	885-4670
Wilma TAFOYA	NEV. ENVIR. PROT. SER.	201 SO FALL-CARSON	885-4670
Ron Lange	NU ST. DIV OF HEALTH	505 E. KING, C.C.	885-4740
MD) TEMPLETON	"	"	"