

**MINUTES OF THE MEETING  
OF THE  
ASSEMBLY COMMITTEE ON HEALTH AND HUMAN SERVICES**

**Seventy-Third Session  
March 30, 2005**

The Committee on Health and Human Services was called to order at 1:35 p.m., on Wednesday, March 30, 2005. Chairwoman Sheila Leslie presided in Room 3138 of the Legislative Building, Carson City, Nevada. [Exhibit A](#) is the Agenda. All exhibits are available and on file at the Research Library of the Legislative Counsel Bureau.

**COMMITTEE MEMBERS PRESENT:**

Ms. Sheila Leslie, Chairwoman  
Ms. Kathy McClain, Vice Chairwoman  
Ms. Susan Gerhardt  
Mr. Joe Hardy  
Mr. William Horne  
Mrs. Ellen Koivisto  
Mr. Garn Mabey  
Ms. Bonnie Parnell  
Ms. Peggy Pierce  
Ms. Valerie Weber

**COMMITTEE MEMBERS ABSENT:**

Mrs. Sharron Angle (excused)

**GUEST LEGISLATORS PRESENT:**

Assemblyman Bob McCleary, Assembly District No. 11, Clark County

**STAFF MEMBERS PRESENT:**

Barbara Dimmitt, Committee Analyst  
Joe Bushek, Committee Attaché

**OTHERS PRESENT:**

Tina Gerber-Winn, Chief, Continuum of Care Services, Division of Health  
Care Financing and Policy, Department of Human Resources, State  
of Nevada

Ginny Lewis, Director, Nevada Department of Motor Vehicles

Carol Sala, Administrator, Division of Aging, Department of Human  
Resources, State of Nevada

Mary Liveratti, Deputy Director, Department of Human Resources, State  
of Nevada

**Chairwoman Leslie:**

[Committee called to order and roll called.] We will be hearing two bills today: A.B. 271, and A.B. 325, in that order. Then we'll go to the work session, and the bills probably won't be heard in that order. We'll begin today's hearing with A.B. 271.

**Assembly Bill 271: Revises provisions relating to hospice care. (BDR 40-1112)**

**Assemblywoman Peggy Pierce, Assembly District No. 3, Clark County:**

I'm here this afternoon to introduce A.B. 271, and to ask for your support. My bill, A.B. 271, will, if passed, revise the NRS [*Nevada Revised Statutes*] dealing with hospice care. I just want to start by saying I've been working with representatives of the industry, and I have eliminated one of the changes my bill would make. You have in front of you my amendment in color (Exhibit B). I will get to that in a minute.

Hospice care is medical care, pain management, and emotional and spiritual support expressly tailored to the needs and wishes of patients facing a life-limiting illness or injury. Support is provided to the patient's loved ones as well. Hospice care is designed so patients do not die in pain, alone, or without personal dignity. There are two kinds of hospice care. There are both inpatient and outpatient hospice care. Outpatient hospice care takes place in the home and is the most popular form of hospice care. This bill is an effort to make the benefits of hospice more accessible to Nevada's terminally ill residents and their families, because many health care plans provide coverage for hospice, but they experience very little use of this humane benefit.

One of the major reasons for the low level of hospice use is the association of hospice with only death, rather than an association being with a humane dealing with illness and the support of a family at a difficult time. It is as if moving your

loved one into a hospice program is a determination that you've given up on them. In reality, if patients were using hospice earlier, it might help the patients be supported better during the entire continuum of illness. The one change that this bill makes with the amendment ([Exhibit B](#)) is to expand the definition of "terminally ill" to 12 months. According to Nathan Adelson Hospice, some insurance plans in Nevada allow patients hospice benefits for up to a year. With medical advancements now available targeting terminal illnesses, many, if not almost all, terminally ill patients now live with their illnesses for long periods of time. Since the definition in NAC [*Nevada Administrative Code*] is now only six months, patients cannot access the many support benefits hospice provides earlier in their illness.

[Assemblywoman Pierce, continued.] What this bill does not do is mandate care. Health care plans can make their own decisions about when patients can access hospice and what care they would cover under their hospice benefits, so this is not a mandate for additional coverage. Instead, it simply helps remove one of the barriers that now exist to using hospice more effectively. In fact, using hospice would be much more cost-effective than continuing care in a hospital setting, so insurance plans could reap savings from this improved process. An average day of care in the hospital is three times more expensive than inpatient hospice care and many times more expensive than hospice care at home. My aim with this bill is to make the option of hospice care more available to more Nevadans. I'm willing to work with any interested parties to make this bill better.

As you can see, my amendment eliminates a redefinition of "palliative services," so basically, what had been crossed on the bill on page 2, lines 30 to 33, would be restored. Then Section 2, "terminally ill," means a medical diagnosis made by a physician that a person has an anticipated life expectancy of not more than 12 months—I'm not sure where the bill drafter would like it—would be in there. I also would like to say that I think there is a move to make this change at a federal level. I also handed out a letter from Nathan Adelson Hospice ([Exhibit C](#)). It made another change on service, changing from services to care. I did not add that into my amendment, but I did take out the part that they thought was a problem, but they are happy with the change in the definition of "terminally ill."

**Assemblyman Horne:**

I'm unsure; are you able to change the palliative services versus care?

**Assemblywoman Pierce:**

Yes. I didn't include that in my amendment. If the Committee would like to do that, I don't have a problem with that, but I brought in my amendment the most important of their points.

**Assemblyman Horne:**

I was just unclear about that.

**Chairwoman Leslie:**

The big reason from services to care is that care is just more generally used?

**Assemblywoman Pierce:**

Yes, that's what they told me.

**Tina Gerber-Winn, Chief, Continuum of Care Services, Division of Health Care Financing and Policy, Department of Human Resources, State of Nevada:**

I did prepare testimony ([Exhibit D](#)) that was handed out to you. Based upon the current amendment that was just read, it probably isn't as valid as it was when I initially wrote it. I did want to say, in general, the Division does offer hospice care for individuals on Medicaid, and we do this based on CFR [Code of Federal Regulation] Title 42. Essentially, that defines "terminal illness" as life expectancy of six months or less. In the federal regulations, as well as our Medicaid state manual, which is a federal guidance to the State of Nevada and other states providing Medicaid services, we are not able to offer reimbursement for anything other than life expectancy of six months or less. My original testimony was just explaining that this bill may expand service availability for individuals insured under private insurance companies who can refine their coverage policy, but our policy can't be modified as stated in this bill without conflicting with the federal funding guidelines. As I stated, the federal regulations define terminal illness as a medical prognosis that the illness is six months or less, if the illness runs its normal course. We cannot provide for active treatment, but I think the amendment will nullify that concern, based upon the fact that the palliative definition is not changing in our NRS [*Nevada Revised Statutes*]. So, essentially, if we were asked to provide services to Medicaid recipients who have a life expectancy of 12 months or less, we would have to do that with 100 percent State funds. But, at this point, I don't see that as an issue, if it's not a mandate for the agency.

**Chairwoman Leslie:**

Have you had a chance to actually see Ms. Pierce's amendment?

**Tina Gerber-Winn:**

I did not. We did speak on the phone today. I understood the purpose.

**Chairwoman Leslie:**

Take a look at it, because I'm not sure that there isn't a conflict. I'd like you to take a look at it and see in Section 2, if we did that, is that going to cause you a problem the way it's written there?

**Tina Gerber-Winn:**

We couldn't enact it in our policy, unless we didn't have a State match. We couldn't request a State match for any person who has a life expectancy of over six months.

**Chairwoman Leslie:**

Does this look like a mandate?

**Tina Gerber-Winn:**

According to our regulation, the federal regulation, we couldn't reimburse under the 12 months or less rule. We'd have to stick to the six months or less.

**Chairwoman Leslie:**

So it is kind of a problem?

**Tina Gerber-Winn:**

Again, if the NRS is not a mandate for our Division, then it wouldn't impact us. But, if individuals in the community see this as a mandate for our Division, we'll be at odds with individuals who expect us to cover 12 months or less life expectancy.

**Chairwoman Leslie:**

Ms. Pierce had talked about the trend nationally is to extend it from 6 months to 12 months. Have you seen anything through Medicaid about that?

**Tina Gerber-Winn:**

We do send staff to national conferences related to hospice care. I haven't heard them come back with that statement to us yet, but it's not to say that, in the next conference, they wouldn't have suggested that. So, at this point I haven't heard that.

**Chairwoman Leslie:**

Providing hospice care is a lot less expensive than providing care in a hospital, right?

**Tina Gerber-Winn:**

I would agree that is. Our rates generally are less than inpatient care, and the hospice funds those. So in practice, it's not a bad idea, but as far as reimbursement is concerned from the federal level, it's not available to us right now for that definition of terminal illness.

**Chairwoman Leslie:**

If this Committee wrote a letter to Congress encouraging them to make it 12 months, is that something that the Division could support, based on the financial aspects of it, at least?

**Tina Gerber-Winn:**

I don't really have a fiscal note to say, honestly. In general, we do support community-based care, and we would like to comply. But, unfortunately, we're bound by financial constraints.

**Chairwoman Leslie:**

I completely understand.

**Assemblywoman Weber:**

This is just a comment regarding hospice care. My own mother chose to be at home when her life ended, and the services that are provided—and I appreciate Ms. Pierce bringing this forward—are just so vital for the family, because it prepared me and everybody in our family for what was coming. It also gave my mom the wishes that she wanted to be with her family at home, and I appreciate you bringing forth the bill.

**Chairwoman Leslie:**

My father also had hospice services and died at home. I agree. I think it's something that saves money and provides a much more humane way to ease the transition.

Ms. Pierce, anything else on this bill before we close the hearing? I think the only problem I see is the Medicaid issue.

**Assemblywoman Pierce:**

If that's the way the Committee wants to go—to write a letter—that is an idea, too.

**Chairwoman Leslie:**

I'm not sure. Let's hold this bill and talk about it some more, and we may approach Medicaid and see what the best way to proceed is.

**Assemblyman Mabey:**

Just an idea. We wouldn't do it today, but we could just exclude Medicaid from the bill.

**Chairwoman Leslie:**

That's an interesting idea. I think the Committee basically supports it, but let's take some time and think about what some of the alternatives might be, and any ideas you ladies have, I'm sure Ms. Pierce would like to hear them. So we'll close the hearing on A.B. 271. Let's move to our second bill, which is A.B. 325.

**Assembly Bill 325: Provides for creation of pilot project to evaluate licensed child care facilities. (BDR S-1256)**

**Assemblywoman Valerie Weber, Assembly District No. 5, Clark County:**

[Handed out [Exhibit E](#).] Assembly Bill 325 provides for the creation of a pilot project to evaluate licensed child care facilities in Nevada. As the bill states, under existing law, a child care facility must be licensed if it provides care to five or more children under the age of 18. A difficult decision that parents face today is one of choosing a child care facility, should the need arise in a family. According to the Division of Child and Family Services of the Nevada Department of Human Resources, there are currently 976 child care facilities in our state. Facilities categorized as residential and group homes providing child care in a residential setting account for 524 of the state's licensed facilities, or 54 percent of all licensed child care. The total capacity of all the licensed facilities in Nevada is for 45,189 children. This bill focuses on children and families to help identify elements of a quality child care center, from environmental and safety issues to educational and staffing considerations.

The study looks at a systematic approach, to give parents the tools necessary to assess the selection of a child care center where their children will be spending a percentage of their day away from their family. My colleague, Dr. Hardy, will continue with the presentation of the details of the bill.

**Assemblyman Joe Hardy, Assembly District No. 20, Clark County:**

[Handed out [Exhibit F](#) and [Exhibit G](#).] I tell the people I'm so well adjusted, because my mother was a professor of child development at UNR [University of Nevada, Reno]. What I've noticed is that we have a society that requires and uses day care facilities and preschools. My hat's off to Clark County for working on a rating system that they did some time ago. They evaluated day care facilities, did a survey, and did a huge amount of work trying to figure out how and where children go, and what would be the best thing for them in a day care or preschool setting.

Through their surveys, they came up with five criteria that parents use when they're choosing a day care. One is safety; two, location; three, cleanliness;

four, staff/child ratio; and five, nurturing. Other things were important as well, in rank order: staff friendliness, cost, curriculum, recommendation, staff, education, meals, play area, age-appropriate activities, philosophy, complaints, transportation, and staff turnover.

[Assemblyman Hardy, continued.] This particular Committee has had the opportunity to see a bad example of what happens in day care facilities, and we look forward to trying to allow parents to have a tool or a mechanism to assess day care in the process of trying to figure out what would be best for the education of their children, and recognizing that the education of children happens long before kindergarten. So with that thought in mind, we've looked at the concept of the bill as what we call a pilot study. In talking to people in the industry, cooperative extension industry, and the child development industry, they ask a simple question. "If you have a checklist, does it work?" Nobody has ever done the study of the people who are in the know of, if you evaluate a day care center, have a checklist, and have the ideal kinds of things that you would like to see, does it help the parents understand whether or not that they will use that particular day care center, based on their understanding of the survey or understanding of the checklist?

And so, they asked a very simple question: "Does it make any difference?" So we can pontificate and try to figure out what would be the ideal place, but does it make any difference, when the day is done, where my child goes? So they suggested that we get information, and that's where the University System obviously has resources far more than we have, and they have people who are interested in this kind of thing. That goes back to my roots, literally, on the University of Nevada, Reno campus.

What we would propose is a study that would ask for a request for proposal (RFP)—it wouldn't make a difference who it was—to ask for the scope of work, how many children it would take to be valid, how many centers it would take to be valid, looking at the institution of higher learning in this state, whatever their last initials may be, so that we can have some kind of expectation what parents can expect and what they will do with the expectations that they have. We would consider the RFP to look at the voluntary basis for centers to participate in this. There needs to be a certain amount of leeway, because I see this as a thesis or doctoral dissertation in the making, and with that there's a fiscal note attached to that. Yes, I realize what that means, but if you're going to do something like this, the preliminary fiscal note is \$112,000 to do this kind of study. It may take more. It may take less, but that would be what we would propose, as looking at an RFP, to go out and see what we can do.



[Assemblyman Hardy, continued.] This is something that I think we would be able to enjoy many people's input from across the nation, trying to figure out what actually works. Again, the intent is to improve the education of parents as to what is a good day care center and see if that education then affects their decision. Ultimately, the goal is to take care of children and to use those young years wisely in their education.

**Chairwoman Leslie:**

I thought I knew what the bill was about, but now I'm confused, because in reading the bill, it sounds like you want to actually focus on quality and evaluate the child care centers themselves. But, the testimony today was more about the checklist and, maybe, evaluating whether the checklist works, or what are we evaluating?

**Assemblyman Hardy:**

You are exactly right. You are confused, as was I.

**Chairwoman Leslie:**

Explain it to me again. What are we evaluating?

**Assemblyman Hardy:**

Where we were heading initially was where the bill was going is to see if the day care facilities could evaluate themselves and say, "This is what we do." Then the parents could evaluate the facility with a checklist and say, "This is what I'm looking for." In looking into the bill and its intent, the people in the industry who know what they're doing said, "Does the checklist make any difference? Does the education of the parent make any difference? Will it change behavior for the better? Will it bring up the level of the demand for a day care facility to the point where the parent is willing to pay for, go to, invest in, and trust the day care facility?"

In the literature in this particular field, they have done studies where they have the day care facility assess themselves. Objectively, from an outsider, a day care facility will be a good facility. That good facility tends to, in that same study, rate itself not as well as the objective opinion from an outsider sees a poor facility. And the poor facilities rated themselves higher than the outside observer's objective way of looking at it. So the way I interpret that data is that the person who is willing to go the extra mile knows that there's another mile to go after that and recognizes the weaknesses and the inherent inability to do everything that they would like to do. And the person—or the individual or the owner of the day care facility—who doesn't do what objectively is best, doesn't see the end of the road.

**Chairwoman Leslie:**

So the study would be what kind of a study? You take so many parents who do use the checklist, and then you compare what they've found against what? I'm still confused.

**Assemblyman Hardy:**

The design of the study would have to go through the industry-knowledgeable people to figure out the hypothesis. And the hypothesis, I would suggest, would be that we show what a good day care center does and is, that the parent is educated what one is, and that they choose it because they felt good, that their child was protected, taught, nurtured, and all of the warm fuzzy words.

**Chairwoman Leslie:**

I think it's a good idea, but I think it's a good idea, as you said, for a dissertation or a thesis. How come they haven't? Nobody has been interested in just pursuing this? I guess I'm saying that I don't think you need legislation to have this happen.

**Assemblyman Hardy:**

I appreciate those comments, because that's exactly what I asked the industry. "Do I need to go forward with this?" And it comes down to a very simple reason: money.

**Chairwoman Leslie:**

They need the money, but the university has lots of money.

**Assemblyman Hardy:**

I asked that same question.

**Chairwoman Leslie:**

They can do it.

**Assemblyman Hardy:**

I said, "So what are we talking about?" Because, apparently, the graduate students have to seek grants.

**Chairwoman Leslie:**

They have research money set aside for these kinds of things.

**Assemblyman Hardy:**

And this would be the proposal to do just that.

**Chairwoman Leslie:**

I'm not trying to harass you. It's an unusual thing, and it's interesting, and I'm sure it's worthwhile, but it certainly seems like something that could be undertaken without our help.

**Assemblywoman Weber:**

Your comments are interesting, and I appreciate those. On the outcome side, the most critical piece is giving information to parents. I know the intern that I have right now is a single dad. When he had to choose a child care facility for his daughter, he said he didn't have the first clue as far as what to really look for. If we had objective data to compose that into this study, the outcomes, and then put it into a practical checklist, as Dr. Hardy is talking about, we just want to empower parents.

**Chairwoman Leslie:**

But those checklists, you passed out two. Have you seen the checklist for child care centers from the Cooperative Extension? And I know the Child Care Resource Council in Reno and, I assume, a similar organization in Las Vegas have prepared checklists. There are checklists nationally and at the state and local levels for parents. It's not the lack of the checklist, right? You're talking more about the relationship between the checklist and quality day care?

**Assemblyman Hardy:**

Yes, you're correct. We do not have to reinvent the wheel. Clark County has paved the way. Cooperative Extension has science-driven instruments they'll call a checklist. So there are pieces in place to be done, and quite frankly, when and if we showed that it makes a difference, if indeed it does, then you have the opportunity to say, "Yes, this does make a difference. Yes, it does make a difference in the life of a child and the parent." That's where we want to be going with this eventually, but there's no sense in doing it if it doesn't work.

**Chairwoman Leslie:**

It's really a research project or research study that you're looking for. Is that correct?

**Assemblyman Hardy:**

Yes. The way to go is the way to figure out how to help the children.

**Assemblywoman Parnell:**

I'm looking at the list and, going back to my taping the mouth shut bill, oddly enough, there is nothing on the checklist regarding discipline of students or appropriate discipline techniques at the school. So if you could, when it gets time to really work on what will be in the checklist, if you could remember,

maybe, that we need to draw attention to appropriate discipline techniques at that school, upon visitation.

**Chairwoman Leslie:**

Good point. Other questions for our Committee colleagues? Is there anyone else here that wants to testify on A.B. 325? I don't see any. Then we'll go ahead and we'll close that hearing. [Chairwoman Leslie opened the work session.]

**Assembly Bill 84: Makes various changes concerning homeless persons.  
(BDR 40-810)**

**Barbara Dimmitt, Committee Policy Analyst, Legislative Counsel Bureau (LCB):**

The first bill in your notebooks and on the work session is A.B. 84 ([Exhibit H](#)). This bill is an attempt to make it easier for homeless people to get duplicate or certified copies of various forms of identification that they need in order to get benefits and other forms of identification. As you'll recall in the previous discussion of this bill, one of the things the Committee wanted to do was to split it into two bills. The bill talks about fees, and it also has some language regarding the establishment of an interim committee to study the problems of the homeless in Nevada. The matters concerning interim committees typically fall under the Assembly Committee on Elections, Procedures, Ethics, and Constitutional Amendments. One amendment would be to remove the beginning language of the bill, which is a statement of legislative findings, and then, starting on pages 6 and 7, to delete section 4, which actually relates to the establishment of this interim committee.

The second amendment was brought to the attention of the committee by Alex Haartz, Administrator of the Health Division, who noted that not only was the State Registrar charging fees for certified copies of birth certificates, but that two counties, Washoe and Clark, were deputy registrars and also were able to perform this duty, and they charge a similar fee. So the amendment on page 2 of your work session document ([Exhibit H](#)) shows a way to correct that and include county fees among the fees that are to be exempt for the homeless.

If the Committee determines that it wants to do that, the next thing that would be brought to its attention is that the counties that charge those fees then have to remit \$7 of each fee to the State Registrar, and they should be relieved of that burden if they're not going to charge anything to begin with. That completes the amendments that were submitted on this bill.

**Chairwoman Leslie:**

On the first point, Committee probably remembers the discussion. We did go ahead and request a committee bill draft for the interim study. Of course, those are exempt, so that's why I think we haven't seen it yet. And that will be referred to Elections, Procedures, and Ethics for their consideration. So, I don't see number 1 on this is being an issue, because the Committee has pretty much agreed to that.

Thoughts from the Committee on number 2? Actually, number 3 goes with it. Is it something we want to pursue? I know Mr. McCleary was here earlier, since it was his bill. I've reviewed this with him, and he's fine with it.

**Assemblywoman Pierce:**

I'd like to proceed with this. I think it's a good idea.

**Chairwoman Leslie:**

You're okay with items 2 and 3?

**Assemblywoman Pierce:**

Yes.

ASSEMBLYMAN HORNE MOVED TO AMEND AND DO PASS  
ASSEMBLY BILL 84.

ASSEMBLYWOMAN PIERCE SECONDED THE MOTION.

**Chairwoman Leslie:**

Any discussion?

**Assemblyman Hardy:**

Where do we stand, Madam Chair, with the concerns that DMV had with their charges and waiving their charges?

**Chairwoman Leslie:**

Ginny, do you want to come forward and address that? I believe what I remember from Ms. Lewis's testimony—she can contradict me if necessary—she didn't want to change any of the documentation that is required to get the replacement, and I don't believe this does that. You would still have to have the same documents. This just relieves the fee.

**Ginny Lewis, Director, Nevada Department of Motor Vehicles:**

When I first came before you in February, I had two issues. One was the documentation that we would require for a person to prove they are who they

say they are. We cannot waive that. I expressed some concerns and changes at the federal level. So, certainly, if they can come forward with a certified birth certificate, that would satisfy us.

[Ginny Lewis, continued.] The other concern I had had to do with the fees. There are essentially two fees when one gets an identification card. There's the \$9 that is collected by us, and it goes to the Highway Fund, and I don't think it's a material amount of impact. The other concern was the actual fee to produce the card. We charge \$2.25. That's a contractual amount, so that has to be paid by the Department to our vendor. So it's that fee that's reflected in NRS [*Nevada Revised Statutes*] 483.347 that we cannot waive.

**Chairwoman Leslie:**

So we'd have to make up that difference in the budget.

Mr. McCleary, I indicated to the Committee that I had reviewed the conceptual amendment with you, and you were fine with it. Would you like to make any comment?

**Assemblyman Bob McCleary, Assembly District No. 11, Clark County:**

I'm fine with it.

THE MOTION CARRIED. (Assemblywoman Angle was not present for the vote.)

**Chairwoman Leslie:**

We'll send it down to the floor, and I'm sure Ways and Means will grab it quickly. So it's not over yet.

We'll go ahead and move to our next bill on the work session document ([Exhibit H](#)), which is Assembly Bill 139.

**Assembly Bill 139: Requires collection and reporting of certain information concerning employers of applicants for Medicaid or Children's Health Insurance Program. (BDR 38-984)**

**Barbara Dimmitt, Committee Policy Analyst, Legislative Counsel Bureau (LCB):**

This bill requires the collection and reporting of certain information about the employers of people who apply for services under Medicaid or the Children's Health Insurance Program (CHIP), which is also called Nevada CheckUp. Testimony was received, indicating that the agencies could provide most of the

information that was needed under this bill, but not all. In particular, the Welfare Division could not identify businesses of 25 or more employees, which was in the original bill. To address these concerns, Assemblywoman Peggy Pierce submitted a proposed amendment.

[Barbara Dimmitt, continued.] The first portion of that amendment restricts the reporting of the employer information to just the 25 employers with the highest number of employees who received benefits under these programs. That way, they would no longer require that they report all employers that employed 25 or more people. Only the largest number of recipients of service would govern which employers are going to be reported.

The second amendment deletes the requirement that, as the bill now reads, if a person is unemployed, then his application for service must include the employer's name and address for any person who provides financial assistance. That was considered to be general enough that it might cause the agencies difficulty in finding out who these people were. It was felt that if the restriction was just for this person's dependent—if a person who was someone's dependent applied for Medicaid or Nevada CheckUp—then the application would indicate the employer of the person whose dependent they were. I hope that's clear. That ends the amendments that were submitted.

**Chairwoman Leslie:**

And, of course, bill drafting will have their own version of that concept, but I think the concept is clear. Ms. Pierce, does this reflect what you wanted to do with this bill?

**Assemblywoman Pierce:**

Yes, Madam Chair.

**Assemblyman Mabey:**

Has Section 1, subsection 1(b) been amended under the proposed conceptual amendment, or is that still the same?

**Chairwoman Leslie:**

You're referring to page 2, Section 1, lines 7 to 9? I think that's still in there.

**Barbara Dimmitt:**

It is deleted, I believe.

**Assemblywoman Pierce:**

Yes, that's deleted. We're talking about Section 1, subsection 1(b), on lines 7 through 9 of page 2.

**Barbara Dimmitt:**

That's where the dependent is replacing the language regarding the person who is unemployed and being supported by another individual.

**Assemblyman Hardy:**

Could somebody walk me through this, Madam Chair? I'm looking at the proposed conceptual amendment of number 1: strict reporting of the employers with the highest number of employees who received, or had dependents who received, assistance under Medicaid or CHIP the preceding two years. That is easy to retrieve, I take it?

**Chairwoman Leslie:**

I think we had testimony that it was. I think the testimony, as I recall, was that the number would be too long, and that's why we wanted to restrict it to the top 25, so we didn't try and run the numbers for everybody.

**Assemblyman Hardy:**

They can push a button and figure that out? Is there a nexus between the employer and the person who receives assistance under Medicaid? That smacks of a HIPAA [Health Insurance Portability and Accountability Act of 1997] violation somewhere.

**Chairwoman Leslie:**

I don't think you're going to see any names. You're just going to see employers. Ms. Pierce, let me turn it back to you since it's your bill.

**Assemblywoman Pierce:**

Yes, the bill says down on [subsection] 3, line 27, the report required by subsection 2 must include only aggregate information for statistical purposes, and exclude any identifying information related to any particular applicant for or recipient of assistance under Medicaid or CHIP.

**Assemblyman Hardy:**

How does the employer know that his employee has received Medicaid?

**Chairwoman Leslie:**

I believe the Medicaid agency will be generating the report, not the employer. I think the testimony was that when they fill out the Medicaid or CHIP application, they put who their employer is, so Medicaid pushes the button and tells us how many a certain business has.



**Assemblyman Hardy:**

And so for legislative intent, then, the employer is out of the knowledge loop of who these people are, even after we ask them for a report?

**Chairwoman Leslie:**

Correct, because we're asking Medicaid for the report. The report will not contain any individual names.

**Assemblywoman Koivisto:**

What will the report be used for? I'm not sure what the driver is of this.

**Assemblywoman Pierce:**

The report is whatever we want to use the report for. But, as more and more states face having the biggest part of their budget be Medicaid, and that being the biggest part of their budget, my idea was that we might want to know what's driving that, and I think that this information provides a piece of that puzzle.

ASSEMBLYWOMAN PIERCE MOVED TO AMEND AND DO PASS  
ASSEMBLY BILL 139.

**Chairwoman Leslie:**

Make sure you know which amendments—the one that Dr. Mabey caught—to delete lines 7 to 9, and it is deleted.

**Assemblyman Mabey:**

I'm not sure if I'm ready to vote on this, if you would like to proceed. I understand the intent, but I don't know. You're the Chair, and if enough want to go forward, then I think we ought to on this.

**Chairwoman Leslie:**

You're always free to vote no, of course. That's your prerogative.

**Assemblyman Hardy:**

I reserve the right to change?

**Chairwoman Leslie:**

And you may reserve the right to change.

ASSEMBLYWOMAN PIERCE MOVED TO AMEND AND DO PASS  
ASSEMBLY BILL 139 AS IT APPEARS IN THE WORKBOOK.

ASSEMBLYWOMAN McCLAIN SECONDED THE MOTION.

THE MOTION CARRIED WITH ASSEMBLYMAN HARDY AND ASSEMBLYWOMAN WEBER VOTING NO. (Assemblywoman Angle was not present for the vote; Assemblyman Mabey abstained from the vote.)

**Chairwoman Leslie:**

You may reserve the right—and I'm sorry to go forward, but we're facing a deadline, and you understand we've got a backlog of bills. We really need to start making the hard decisions, but I'm sure Ms. Pierce will be happy to talk with you some more about it and welcome your support later if possible.

Let's go on then to A.B. 176 in our workbook ([Exhibit H](#)).

**Assembly Bill 176: Requires portion of money in Fund for a Healthy Nevada to be used to provide dental benefits to certain senior citizens. (BDR 40-347)**

**Barbara Dimmitt, Committee Policy Analyst, Legislative Counsel Bureau (LCB):**

Currently, 30 percent of the tobacco settlement revenues are allocated by the Aging Services Division of the Department of Human Resources for grants for independent living for senior citizens. This bill would reserve up to \$500,000 of this amount for existing or new programs to provide dental benefits for senior citizens. The eligibility requirements would be the same that apply for the Senior Rx program. The bill, as written, requires these reserve revenues to be allocated by the Aging Services Division, with the approval of the Task Force for the Fund for a Healthy Nevada. During testimony, as you will recall, you heard from some organizations that currently are grantees under the Independent Living Grant category, and they were concerned about reductions in that type of grant as a result of reserving \$500,000 for dental benefits.

Assemblywoman McClain has submitted two proposed conceptual amendments. On lines 1 through 4 of page 5 of the bill, Ms. McClain proposes to remove the requirement that the Task Force for the Fund for a Healthy Nevada approve the grants that would be authorized. They would be handled the same way as the Aging Services Division handles all other grants under this category of funds.

The second amendment was an effort to relieve the current grantees from any decrease in what they had expected to get in the second year of their grant cycle, so the effective date of the bill would be changed from July 1, 2005, to October 1, 2006. This both conforms to the grant cycle and gets through the second year of the grant, so that we'll be starting fresh once the \$500,000 is reserved for dental services.

**Chairwoman Leslie:**

Ms. McClain, does that meet with your approval?

**Assemblywoman McClain:**

Yes. And the reason we came up with that was because I'm a member of the State Accountability Committee for the Strategic Plan for Services to Seniors. We had a meeting after we had this hearing, and I think people were under the impression that it was going to be \$500,000 right off the top. It's up to \$500,000, depending on what kind of grant applications we would even get. So in talking with the Committee, since next year is the second year of the current grant cycle, we didn't want to impact the current grantees, because they don't have to reapply every year. It's every two years. So we're moving the effective date back to 2006, which will effectively be the first year of the new two-year grant cycle. Also, in the meantime, there's \$175,000 out there right now on dental grants. We're pretty much assured that we can continue with those grants also, and maybe, if there are any reversions or things like that, we can increase it a bit so that we can expand current pilot programs. Then, when the new grant cycle kicks in, it will obviously depend on who is going to apply for these grants, but it will never be over the \$500,000.

**Assemblyman Hardy:**

Will this take away from the independent living budget?

**Chairwoman Leslie:**

For this year? Is that what you mean, Dr. Hardy, or in the future?

**Assemblywoman McClain:**

Down the road? Well, it depends, because we already have some grant money out there right now in this cycle for dental pilot programs. When the next grant cycle rolls around, then it's wide open again. But, by putting a figure in there, it also will limit how much we can grant out on dental also. And, even if we went to the max, it was still like 9 percent of that particular pot of money. I don't think we'll ever use that much money. I think it was kind of aggressive on my part originally. When you stop and think about it, if we're working with \$100,000 right now, it would probably be hard to even be able to spend the \$500,000 in the same manner we've been doing. I don't want to turn it into a cash cow for dentists of the world.

**Chairwoman Leslie:**

We have some representatives from the Division here, Dr. Hardy. Would you like to hear from them, just to confirm that? I don't know who wants to come forward and address that question, but it would be good to get this clarified also on the record.

**Carol Sala, Administrator, Division of Aging, Department of Human Resources, State of Nevada:**

In answer to your question, the amount available for Independent Living Grants is projected to continue to decrease. So, over the next few years the amount that we can put out for RFP [request for proposal] will be decreasing. This amendment allows the current grantees that are in the second year of their two-year funding to continue to run their programs that they are. However, in October 2006, it will be a new funding cycle. It's wide open for all new grantees, and we are projected to have less money to grant out that year.

To give you an example, it's projected for fiscal year 2006 at about \$4.6 million. Currently, this fiscal year, we have about \$5.3 million to grant out, so it is decreasing. Either way, there's less money each year to grant out.

**Assemblyman Hardy:**

Will this take away even more from the disability, or will the disability pool stay the same, or is that up to the Task Force for the Fund for a Healthy Nevada at that point to determine where it goes?

**Carol Sala:**

If I understand your question, the Division of Aging gets 30 percent from the Task Force. That amount is decreasing. That's specifically to be used for seniors. Then there are other monies that go to the disabled groups.

**Mary Liveratti, Deputy Director, Department of Human Resources, State of Nevada:**

I want to make sure it's clear that it does not come out of the disability portion of the Task Force money. It comes out of the independent living money that goes to the Division for Aging Services.

ASSEMBLYWOMAN KOIVISTO MOVED TO AMEND AND DO PASS  
ASSEMBLY BILL 176.

ASSEMBLYWOMAN MCCLAIN SECONDED THE MOTION.

**Chairwoman Leslie:**

Further discussion?

**Assemblywoman Parnell:**

I hate to do this. I'm signed on this bill, and I love the bill, but I'm also a member of the board of directors for the RSVP [Retired Senior Volunteer Program] which serves the 15 rural counties, and I am going to support it. I just want to reserve the right to have a conversation with Ms. Ayers and make sure

they're comfortable. They haven't seen the amendment. I'd like to do that, for the record.

**Chairwoman Leslie:**

Okay. We can appreciate that.

THE MOTION CARRIED. (Assemblywoman Angle was not present for the vote.)

**Chairwoman Leslie:**

The next bill in our workbook ([Exhibit H](#)) is A.B. 177.

**Assembly Bill 177: Creates Steering Committee for Systems Integration Pilot Project for Seriously Mentally Ill Persons. (BDR S-492)**

**Barbara Dimmitt, Committee Policy Analyst, Legislative Counsel Bureau (LCB):**

This bill would create a steering committee for the systems integration pilot project for seriously mentally ill persons. It provides for the appointment, duties, and compensation of members. Basically by compensation, I don't mean salary, but travel expenses and so forth. The measure requires the steering committee to establish a work group, and it has numerous duties specified in the bill, including developing and implementing a comprehensive state mental health plan, once the steering committee has adopted such a plan.

Its duties also include adopting a vision statement of what integrated services for the mentally ill would be in Nevada. It would serve as a clearinghouse for information regarding this process and as a forum for providers of mental health services. There was no amendment submitted to this bill.

**Assemblyman Mabey:**

I received a few emails, and I guess the concern from the emails was that, perhaps, it wasn't the right time to create this committee and it was too large. I don't know if others have received similar emails.

**Assemblyman Hardy:**

I'm looking at that same kind of concept. I may be mistaken, but I think what we did with the bill was that we took out a position that probably saves a whole lot of money. And I think that made it more palatable, probably, to many people. I have the same kind of question that Assemblyman Mabey has, but I think we made it more palatable that way, and I don't have a complete recollection on everything.

**Chairwoman Leslie:**

I think there was a position on the original form in the bill draft form. I think it was taken out before. I don't see that in the bill as it stands now.

**Assemblywoman Gerhardt:**

I have some concerns on page 2, [Section 6]. They're mandating the Washoe County Sheriff, the Clark County sheriff, and the Reno and Las Vegas chiefs of police participate in this. Nowhere in the bill are they offering "or his designee."

**Chairwoman Leslie:**

I remember during the hearing that came up, because I had that concern too.

**Assemblywoman Gerhardt:**

I'm not sure all those people would be available.

**Chairwoman Leslie:**

I think somewhere it does say "designee," although I'm not finding it right at this moment.

**Assemblyman Horne:**

On page 3, line 15.

**Chairwoman Leslie:**

Page 3, line 15. There it is. Thank you, Mr. Horne. "Each member of the Steering Committee described in paragraphs (a) to (j), inclusive of subsection 2, may designate a representative to replace him."

**Assemblywoman Pierce:**

My thought was that it seems like we have in the works some new facilities and new programs dealing with mental illness, and that it might be premature to try to analyze all of that. Maybe this is something to do when the hospital down south is up and working, the triage units are working, and the drug courts have been going a while.

**Assemblyman Horne:**

Ms. Pierce makes a valid point. To do this too early—the upstart of these programs we're just starting—we could get back information that would not paint a true picture possibly on the successes or failures of these particular programs. It's a good bill, but she makes a good point, I think.

**Assemblywoman McClain:**

I tend to agree with them. It seems like we're kind of getting ahead of ourselves a little bit. It has a fairly decent fiscal note on it, too.

**Chairwoman Leslie:**

I'm not seeing a whole lot of support for passing the bill at this time. Are there any other comments Committee members want to make?

**Assemblywoman Koivisto:**

I guess we didn't hear any opposition when we heard testimony on the bill, and I'm a little concerned now that we're hearing opposition.

**Assemblyman Horne:**

I wasn't here for the testimony of this bill here. But, before that, I was wondering if you could pull it back a little bit and let us talk to Mrs. Gansert and have her come down.

**Chairwoman Leslie:**

We'll pass over this bill; we'll hold it. We won't kill it. We'll hold it for now.

**Assemblyman Hardy:**

I have it on good authority that Mrs. Gansert may not be as married to this as she was originally.

**Chairwoman Leslie:**

Let's just hold it. Let's go to our last bill of the day, A.B. 327.

**Assembly Bill 327: Authorizes county hospitals to compensate physicians for provision of certain medical services to indigent patients. (BDR 40-928)**

**Barbara Dimmitt, Committee Policy Analyst, Legislative Counsel Bureau (LCB):**

This is the bill that deals with county hospitals. The law currently prohibits a county hospital from compensating physicians for care they provide to indigent patients. There are a couple of provisions in the law that do this, whether it be for staff physicians or for physicians compensated pursuant to contract, and this bill would delete both of those provisions. So, the hospitals would be free to do this if they wished.

**Assemblywoman McClain:**

Originally, when I saw this bill—because we've had so much stuff in the last few years with liability and all this—I was just real leery. But, if this thing was

passed in the 1920s and nobody has a clue why, it just probably time to get rid of it and give it a shot.

**Chairwoman Leslie:**

It's kind of my feeling, too.

**Assemblyman Mabey:**

I support the bill.

**Assemblyman Hardy:**

So do I.

ASSEMBLYMAN MABEY MOVED TO DO PASS  
ASSEMBLY BILL 327.

ASSEMBLYMAN HARDY SECONDED THE MOTION.

THE MOTION CARRIED. (Assemblywoman Angle was not present for the vote.)

**Chairwoman Leslie:**

This meeting is adjourned [at 2:42 p.m.]

RESPECTFULLY SUBMITTED:

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Julie Morrison  
Committee Manager

APPROVED BY:

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Assemblywoman Sheila Leslie, Chairman

DATE: \_\_\_\_\_



**EXHIBITS**

**Committee Name: Committee on Health and Human Services**

**Date: March 30, 2005**

**Time of Meeting: 1:30 p.m.**

<b>Bill</b>	<b>Exhibit</b>	<b>Witness / Agency</b>	<b>Description</b>
	A		Agenda
A.B. 271	B	Assemblywoman Peggy Pierce	Proposed amendment
A.B. 271	C	Assemblywoman Peggy Pierce	Recommended language for A.B. 271 from Nathan Adelson Hospice
A.B. 271	D	Tina Gerber-Winn, Continuum of Care Services, Division of Health Care Financing and Policy	Written testimony
A.B. 325	E	Assemblywoman Valerie Weber	Email of support from the Children's Advocacy Alliance
A.B. 325	F	Assemblyman Joe Hardy	Checklist for Child Centers
A.B. 325	G	Assemblyman Joe Hardy	Checklist for Family Day Care Homes
A.B. 84 A.B. 139 A.B. 176 A.B. 177 A.B. 327	H	Barbara Dimmitt	Work Session Document