

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

**Seventy-Third Session
April 13, 2005**

The Committee on Health and Human Services was called to order at 1:41 p.m., on Wednesday, April 13, 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
Mrs. Sharron Angle
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:

None

GUEST LEGISLATORS PRESENT:

Assemblywoman Barbara Buckley, Assembly District No. 8, Clark County
Assemblywoman Chris Giunchigliani, Assembly District No. 9, Clark County
Assemblyman David Parks, Assembly District No. 41, Clark County

STAFF MEMBERS PRESENT:

Barbara Dimmitt, Committee Policy 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

Bill Welch, President and CEO, Nevada Hospital Association

Dan Musgrove, Director of Intergovernmental Relations, Office of the County Manager, Clark County, Nevada

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

Jennifer Dunaway, Health Facilities Surveyor, Bureau of Licensure and Certification, Health Division, Department of Human Resources, State of Nevada

Chairwoman Leslie:

[Meeting called to order and roll called.] Today is our work session, and we have a long agenda because this is our last meeting before the deadline. I am going to skip around a little bit, but since Ms. Buckley is here, we will start with the child welfare bills. The first bill I want to bring up is A.B. 37. This is a bill we have not heard and is not in your work session document. You will find it in your bill book. I would like to suggest to the Committee today that we re-refer that bill with no recommendation to Ways and Means. Perhaps Ms. Buckley, since it came out of the interim study, would like to make a comment before we proceed.

Assembly Bill 37: Transfers duties relating to mental health of children from Division of Child and Family Services of Department of Human Resources to Division of Mental Health and Developmental Services of Department. (BDR 39-669)

Assemblywoman Barbara Buckley, Assembly District No. 8, Clark County:

This was a bill that transferred the mental health duties from the Division of Child and Family Services to the adult mental health system. It was requested by the interim committee out of frustration that not enough was being done with regard to the mental health needs of abused children. The problems there are quite significant. We have created a system where children with very significant mental health needs, when they need treatment, are moved from their home to another treatment home, so they lose their home. Services should be given to the child in a permanent home. The child should not have to move out of their home to get treatment for a mental health condition.

[Assemblywoman Buckley, continued.] The moves cause them to be separated from siblings. It caused them to be trapped at the higher level of care, because no one back at the lower level wanted the child back again. So due to this, we have children stacked up at mental health facilities with no homes. After everybody says they are done and they do not need the treatment anymore, the children are just stuck. So, because we could not get any solution, we requested the bill.

Since the introduction of the bill, the Division has been working with us and has created a blueprint to eliminate these problems. Most of it is requiring monetary changes, budget changes, and uncapping services from room and board rates, which more properly belonged in the Ways and Means Committee. I would be very pleased if you would, without recommendation, move on the blueprint for change and send this bill to Ways and Means for their consideration.

ASSEMBLYMAN HORNE MOVED TO RE-REFER WITH NO RECOMMENDATION ASSEMBLY BILL 37 TO THE ASSEMBLY COMMITTEE ON WAYS AND MEANS.

ASSEMBLYWOMAN McCLAIN SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

Chairwoman Leslie:

We will now go to our work session document ([Exhibit B](#)) and begin with A.B. 42. I would like Ms. Dimmitt to refresh our memory before each bill. Some of these bills, such as A.B. 42, we heard in our Committee very early on in the Session.

Assembly Bill 42: Makes various changes concerning and protection of children from abuse and neglect. (BDR 38-670)

Barbara Dimmitt, Committee Policy Analyst, Legislative Counsel Bureau:

Assembly Bill 42 has to do with preference towards placing siblings together in foster care. The issues of the amendments before you were submitted by Assemblywoman Buckley during the hearing on the bill. They had to do with a recommendation that the court be more involved in agencies just beyond the child welfare services agency. She noted in testimony that Clark and Washoe Counties are in charge of a child in need of protection, but treatment and

services might be needed from other agencies, such as State mental health facilities, a school district, or a counseling service. She proposes to model a Nevada law after a California statute that would involve the court in more agencies than currently takes place.

[Barbara Dimmitt, continued.] This is a different format for your work session document ([Exhibit B](#)). All the documents for each bill are behind the tab for that particular bill. Ms. Buckley's amendment is on the next page, and the California law is right underneath.

ASSEMBLYMAN HARDY MOVED TO AMEND AND DO PASS
ASSEMBLY BILL 42.

ASSEMBLYWOMAN PARNELL SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

Chairwoman Leslie:

We will now go to the next bill, A.B. 43.

Assembly Bill 43: Establishes certain rights for children who are placed in foster homes. (BDR 38-672)

Barbara Dimmitt, Committee Policy Analyst, Legislative Counsel Bureau:

The bill in front of you has to do with certain rights for children who are placed in foster homes. As you will recall, there was significant testimony on this bill, both in support and in identification of concerns.

The amendment before you ([Exhibit B](#)) has to do with those concerns. I understand it was developed in consultation with various parties who had issues to be addressed. The next page will summarize all the issues that are addressed by the amendment, which is then underneath the pink page. If you want, you can look at the mockup, or you can look at the summary.

I will just go through the summary. The first thing the amendment will do is clarify that medical care shall be paid by the government and not by the foster parent. It is located in subsection 1(f), if you are looking at the mockup. In addition, it clarifies that contacts with siblings, family members, and others will be subject to reasonable time, place, and manner restrictions imposed by the

foster care provider. This would address some concerns regarding foster care parents feeling that their parenting obligation could not take place under the previous version. The third amendment has to do with contact and the child welfare agency revising the language. Children are allowed to have confidential contacts with the agency concerning their general care. Also, it will delete language regarding violation of rights. There was a question to whether that was broadly worded regarding religious services, so the references to a right to "attend activities" would be deleted.

[Barbara Dimmitt, continued.] Again, it clarifies that the locked rooms or buildings prohibition would not apply in cases where juveniles were in juvenile detention facilities or psychiatric facilities. In those facilities, it may be appropriate to have locked doors. Participation in extracurricular activities is, again, subject to the reasonableness standard that Ms. Buckley has proposed. Independent living classes clarify who can offer them. It is not just anyone, but there are specific classes offered by welfare agencies, the State, or its contractors. There would be some quality control. The permanent placement plan clarifies that the child has a right to be informed, rather than to review the placement plan. "Equal access" includes a new paragraph, specifying the child has the right to fair and equal access to services, placement, and care.

There were some concerns that this bill was duplicating or, perhaps, slightly modifying certain existing requirements of law or regulations. You will see a list of the ones that have been deleted because they are already covered elsewhere in statute.

Chairwoman Leslie:

Ms. Buckley, it looks like you have done a lot of work on this bill with the opponents. Would you like to comment on the amendment?

Assemblywoman Barbara Buckley, Assembly District No. 8, Clark County:

My only comment is that I worked on this amendment with Jone Bosworth, Susan Klein-Rothschild, Mike Capello, and Lucille Lusk, and all were satisfied. They were the only ones that expressed any concern. While I thought some of the provisions were worth stating, in the spirit of compromise and clarity, we decided instead to develop a consensus product, so that is what it is.

ASSEMBLYMAN HARDY MOVED TO AMEND AND DO PASS
ASSEMBLY BILL 43.

ASSEMBLYMAN HORNE SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

Chairwoman Leslie:

We will go to A.B. 369, which is behind Tab J in your work session document ([Exhibit B](#)). We will start with Ms. Dimmitt, and then we will let Ms. Giunchigliani explain her amendment.

Assembly Bill 369: Establishes certain procedures and requirements for admission of children who are in custody of agencies which provide child welfare services to mental health facilities. (BDR 38-717)

Barbara Dimmitt, Committee Policy Analyst, Legislative Counsel Bureau:

This bill establishes procedures and requirements for admission of children who are in custody of child welfare agencies into mental health facilities. Testimony was received in support of the bill, and a representative of the Washoe County Department of Social Services and the Division of Child and Family Services administration raised some issues of concern and clarification. As a result, Assemblywoman Giunchigliani has submitted two proposed amendments to this bill. The first is the one you have already seen at the original hearing and follows immediately after this page ([Exhibit B](#)). The second one, which she developed in conjunction with the other parties, has been submitted as a proposed amendment after the pink sheet.

The first amendment added a preamble to clarify the legislative intent and change the definition of a "facility." This amendment also indicated certain placements would take place if it would help the child, not just that the facility was available.

The second amendment has three parts. First of all, it places the provisions of the bill within NRS [*Nevada Revised Statutes*] 432B, which relates to the protection of children from abuse and neglect and clarifies those are the children being addressed here. It also authorizes the court to consider input from social workers and other professionals when considering the petition to place the child. This also provides that the child would be entitled to request a second opinion. The court would have discretion on whether or not to make that request.

Behind the second amendment is the draft of a coordinated amendment proposal by the various agencies involved. The timing of this was such that I am unable to tell if this was during, after, or before Ms. Giunchigliani's

amendments. You will see they were concerned about locked facilities. Also, it appears they would like more professionals considered, as well as mandatory pre-admission and post-admission hearings. There were some changes there. Also, they want entitlement to the pre-admission or post-admission hearing. They also request a second evaluation to be conducted by a professional, independent of the locked mental health facilities, and legal counsel licensed in the State of Nevada. These are all requirements necessary in order to determine why a locked mental health facility is least restrictive and most appropriate to meet the child's needs. There are more additional requirements; however, I have not had these integrated into the bill.

Chairwoman Leslie:

I just wanted the Committee members to understand what they had in their tab. Ms. Giunchigliani, would you like to comment on your amendments? Have you seen the long list of suggestions from the agencies and if so, do you have any comments on those?

Assemblywoman Chris Giunchigliani, Assembly District No. 9, Clark County:

If it looks something like that, they did email that to me. I would like you to consider the amendments I presented to the Committee on the day of the hearing. After conference calls with DCFS [Division of Child and Family Services] and the various groups to see where they could resolve the issues, I worked on these amendments.

The first three areas are what I believe are behind your tab. What we have agreed to is that the proposal would be changed to Chapter 432B. It was more appropriate to have that as the issue for the chapter reference. The second one is that the court should only be able to consider input from social workers and other professionals when considering the petition. Thirdly, the child would be entitled to request a second opinion, but the court would have discretion as to whether or not to order the second opinion. Those were all agreed upon, and the additional ones were not.

After we thought we had agreement, then the other ones came about. When we negotiate, we negotiate as to where we came to an agreement. We should not keep adding things on to the table. I think this goes way beyond, and they wanted to deal with what a licensed clinical social worker would do for the evaluation, rather than a physiologist or psychiatrist. Medicaid will not even pay for that service, so that was not reasonable. Additionally, it is not the right type of evaluation. I have nothing against clinical social workers because they are appropriate in certain venues, but this would not be the proper one for what their treatment needed to be.

[Assemblywoman Giunchigliani, continued.] Another issue was that they wanted to have the authority of the court to order services, but they did not specify what the services were. It defeated the purpose because we are trying to deal with the least restrictive environment related to the child's treatment. The first three and the ones I recommended to the Committee are what I would like to ask you to consider.

Chairwoman Leslie:

I had made a note in my bill book that was brought to our attention in the hearing that I still think needs to be corrected. It references the Division of Mental Health and Developmental Services, and actually, it is the Division of Child and Family Services.

Assemblywoman Giunchigliani:

That is fine with me.

Chairwoman Leslie:

So you will accept that wherever it is mentioned in the bill we change to the Division of Child and Family Services? Does everybody understand? We will take it back to the Committee.

Assemblyman Hardy:

I have some notes I would just like to go over. Did we resolve all of the questions I put down on the ramifications: medical assessment, how a child can voluntarily self-admit to a facility, funding for the second opinion, the master's-level professionals, and who would be included? I take it from your response that none of these were answered. There is a shortage of mental health workers, so we may have a problem getting a quote from a psychiatrist. Does this apply to all children and not just State-custody children?

Assemblywoman Giunchigliani:

This bill only applies to children in foster care who are in State custody. The issue of psychiatrists and psychologists has long been a problem, but we do have some salary increases in one of the budgets we are looking over, in order to recruit and retain licensed State psychologists and psychiatrists. The whole point of this bill is still for a locked facility, and I would hope and pray there would not be that many circumstances, unless they are arbitrarily misplacing kids who need treatment into locked facilities, rather than getting them the proper, least restrictive environment.

If it is a fiscal issue, they need to deal with us in Ways and Means and tell us there is a problem with them getting proper treatment or location of services. That has not been raised, so I am not trying to overly impact a very stressful

job, as well as a stressed division. It really is the best interest of the child we are trying to get to here. It is simply a matter of due process that we afford just about anybody else, including criminals. I am not sure that answered all of your questions.

Assemblyman Hardy:

It got to some, but I am looking to see if there is a population cap. We probably only have locked facilities in Washoe and Clark Counties. I do not know of anyone else who has them. What are we doing with the child? I guess I am saying that what we do with children—possibly teenagers, but they are still children—is sometimes, we put our mentally ill in jail and that becomes our mental hospital in this state. I know you and I do not want that to happen, but that is reality. So, are we looking at this bill with a population cap? How are we going to resolve the issue of a least restrictive facility when we do not have a facility?

Assemblywoman Giunchigliani:

This bill does not anticipate a population cap. Again, these children are wards of the State that are in foster care. If you are talking about rural areas, my understanding is if they decided to place the child, they could place them in southern or northern Nevada. They could be placed in whatever oasis or whatever program is available and without making sure that it is the proper placement.

It is like when I teach special education. You cannot put a child in the program unless they have been assessed and the parent signs off, so you know what is expected and what goals you have to reach. That is really all this is saying. So, rather than saying, "Sorry; let's just stick him in a locked institution," you make a determination based on information from a properly licensed psychologist or psychiatrist on the front end. The Chairwoman knows more about some of these areas, but I hope I was correct in that answer.

Chairwoman Leslie:

I think you answered it correctly. I do not think the shortage of psychiatric personnel matters if it is a rural child or an urban child. I would agree with everything you have said.

ASSEMBLYWOMAN McCLAIN MOVED TO AMEND AND DO PASS
ASSEMBLY BILL 369.

ASSEMBLYWOMAN KOIVISTO SECONDED THE MOTION.

Assemblyman Mabey:

I will vote in favor of the bill, but I reserve my right to change, and I need to review the draft from Washoe County.

Chairwoman Leslie:

I understand, absolutely. We all need more time.

Assemblyman Mabey:

Certainly, it has a chance to get further work in the Senate and come up with some type of agreement.

Chairwoman Leslie:

I am sure Ms. Giunchigliani would be happy, just as I would to talk to you more as we develop this. Are there any more comments?

THE MOTION CARRIED UNANIMOUSLY.

Chairwoman Leslie:

We will go to A.B. 59.

Assembly Bill 59: Makes certain changes to reporting requirements for sentinel events at medical facilities. (BDR 40-1025)

Barbara Dimmitt, Committee Policy Analyst, Legislative Counsel Bureau:

The bill is located under Tab C ([Exhibit B](#)). This is Assemblywoman Ohrenschall's bill, which would reference hospital-acquired infections in the definition of sentinel events. Testimony was received in support of the bill. The Health Division took a neutral position and submitted information about the program's history and recent inception.

Jim Wadhams, representing the Nevada Hospital Association, submitted a proposed amendment but indicated he would want some wording changes. I understand that he and Assemblywoman Ohrenschall had discussions.

Bill Welch and the Nevada Hospital Association may also submit a revised proposed amendment. You will see their letter of intent is on the next page. They are recommending changing the word "hospital" to "facility." The bill would say "facility-acquired infection." The reason for the change is that the sentinel events registries cover other facilities and not just hospitals. If you

would like to look further, you will find the mockup showing the impact of this proposed change. There were no additional amendments to this bill.

Chairwoman Leslie:

Mr. Welch, there is a little confusion, but this is the correct material that we have and that you have agreed to. [Mr. Welch responded in the affirmative.] My understanding from Ms. Ohrenschall is that she has also agreed to this as well.

Assemblyman Mabey:

On the first page I see where it says "facility" under hospital. On the second page under Section 1, everything has "hospital."

Barbara Dimmitt:

I apologize for that. It is an error on our staff's part and was supposed to be changed. The letter of intent will cover it.

Assemblyman Mabey:

Thank you.

Chairwoman Leslie:

Mr. Welch is nodding that it is his understanding as well. Good catch. Is there any other discussion or motion?

ASSEMBLYMAN HORNE MOVED TO AMEND AND DO PASS
ASSEMBLY BILL 59.

ASSEMBLYWOMAN McCLAIN SECONDED THE MOTION.

Assemblywoman Weber:

On page 3, there is this "inclusive" and a big "H." On page 3, number 5 there is an inclusive with a big "H." What is that?

Chairwoman Leslie:

Do you see what she is saying, Ms. Dimmitt? It looks like there are brackets.

Barbara Dimmitt:

That appears to be a glitch in the mockup. Looking back, as I have found out these last few days, there are glitches in the software. I will have to go back to the original bill and also check on that error.

Chairwoman Leslie:

I see that in line 22, too. See what it says in the original bill. It is a bracket that has been deleted.

Barbara Dimmitt:

In the original bill you can see it looks like that, but it is not red. Somehow this ended up red here, but I believe it is the same as the original bill, because that has a period. I think I know what it is. They are taking out the periods so they can put in the comma.

THE MOTION CARRIED UNANIMOUSLY.

Chairwoman Leslie:

Let us move on to our next bill, which is A.B. 271.

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

Barbara Dimmitt; Committee Policy Analyst, Legislative Counsel Bureau:

This bill revises provisions relating to hospice care. Assemblywoman Pierce testified that it was her intent to make it easier and wanted to encourage people to use hospice care. Also, some insurance companies will pay for up to 12 months if that person is diagnosed with an approximate life span of 12 months. The definition that she is using in the bill is this definition. Testimony indicated some concerns regarding the Medicaid program, which operates according to federal rules and regulations. They stipulate a six month definition for the terminally ill.

Assemblywoman Pierce has done two things. Her original amendment, which you will see immediately following this page, deletes the definition of "palliative care." She originally had a definition of palliative care that would also include acute care to treat a disease. Testimony indicated that typically, a hospice is for people who have gone beyond the idea of curing a disease, but rather making people comfortable and minimizing their symptoms.

In addition, she restored the language to what it is in the current law. You can see that Section 5, lines 30 through 33, is doing that. Her new amendment addresses the Division of Health Care Financing and Policy, concern over the issuance of Medicaid, and requirements for reimbursement in hospice care. Their concern was that if the additional six months of care were mandated on

Medicaid, that would be a 100 percent State charge. So, the second after the pink page ([Exhibit B](#)) would be the new amendment. This is an attempt to provide consensual language.

Assemblyman Hardy:

On the proposed amendment, right after "cover" in the last sentence, it says, "...for the relief for the longest period while minimizing the side effects." Side effects to what, or is that symptoms?

Barbara Dimmitt:

That is existing law and is how they are defining the side effects of the disease the person has.

Assemblyman Hardy:

Diseases have effects. My treatment has side effects—not that I want to change Nevada statutes.

Barbara Dimmitt:

I think you are correct. Palliative means treatment directed toward the pain and treatment.

Assemblyman Hardy:

If I had my druthers and I looked up palliative services, it would mean services and treatments directed. It would probably say minimizing the effects and the side effects, thus referencing the disease and the side effects of the treatments.

Chairwoman Leslie:

It sounds reasonable to me. Ms Pierce, since it is your bill, what do you think about that? Dr. Hardy, for the record, can you reference exactly where that would be?

Assemblyman Hardy:

That would be on your second page of the proposed amendment. It does not have anything other than reinsert in Section 5, paragraph 2, subparagraph (c), and then the phrase or the sentence, "Palliative means services and treatments directed toward the control of pain and symptoms which provide the degree of relief while minimizing the side effects." I would replace "precede side effects" and change it to "or the side effects."

Chairwoman Leslie:

Are there other comments from the Committee?

Assemblyman Mabey:

So any amendment will be written out, and this will not apply if they had Medicaid beyond six months?

Chairwoman Leslie:

I think that is what her amendment past the pink page means.

Barbara Dimmitt:

Yes, that is the intent. This was not prepared through Legal, so they may have a better way to say it.

Chairwoman Leslie:

Tina, did you want to comment on that from Medicaid? You probably know this better than the rest of us.

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

I just saw this for the first time today. I do not know from the perspective of Legal whether it is easier to amend NRS 422.304, which references our ability to pay. It is based on the definition that is now being changed in Ms. Pierce's original reference to the NRS. Either way, we could work with this. It is not really clean, but I do not know if it would be cleaner once it reaches Legal.

Chairwoman Leslie:

If there is a concern, we can bring this amendment back to the Committee after they have had a chance to review it.

Assemblyman Hardy:

May I give some insight into this situation? If the person is, by definition, put on hospice because of a decision the doctor makes in conjunction with the patient and the family, that person is on Medicaid and Medicare, and the combination goes through six months and then goes over to 12 months, and sometime during that period, the person has something happen to them that is not related to hospice care but is some other extraneous care, are they not allowed to be covered under Medicaid at the fourth or eighth month if they have something else other than what is related to their disease transpire? Under this process, are they now only on hospice care?

Tina Gerber-Winn:

If I understand your question correctly, someone has a condition for which they elect hospice, and their physician says that they have six months or less to live and the hospice treats them for that terminal condition. If they have other

issues that arise that are not related to that hospice care, they are covered under Medicaid for those medical services.

Assemblyman Hardy:

Thank you. The way this is written—and why I am bringing this up—is this definition shall only apply to hospice care. I get nervous when it excludes something else that could come up when it uses the term “shall only.” I could have someone on Medicaid who is not allowed to be treated except for their hospice, and we have exempted them out of their other Medicaid coverage. I realize Legal has to figure it out, but I want to be on the record and state we need to continue to treat people for their problems even if they are dying.

Barbara Dimmitt:

Dr. Hardy, since I need to submit any amendments to Legal, would you look over the intent section in the paragraph above and see if it is clear? If so, then would it be what I could submit to Legal? It may have been better not to attempt to do any wording whatsoever of this.

Assemblyman Hardy:

I am very comfortable with the intent, and I do not mind intent. I want to make sure that my intent is compatible with this Committee’s intent, so we can justify this.

Chairwoman Leslie:

Okay, you agree with the intent language. Let’s do this. We could choose to process this bill and bring the amendment back to the Committee before we take it to the Floor and look at it again. Is that all right with you, Ms. Pierce?

The Chair would entertain a motion of amend and do pass. Your bill would have the intent language in our work session document ([Exhibit B](#)) with the understanding that as soon as we have the amendment, we will bring it back to our next scheduled Committee meeting and let the whole Committee review it.

ASSEMBLYMAN HORNE MOVED TO AMEND AND DO PASS
ASSEMBLY BILL 271.

ASSEMBLYWOMAN McCLAIN SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

Chairwoman Leslie:

Let us move on to the next bill. We will start with the hospital bills and A.B. 296, and it would appear under Tab E in your work session binder ([Exhibit B](#)).

Assembly Bill 296: Requires certain major hospitals to accept certain payments for provision of emergency services and care to certain patients as payment in full. (BDR 40-790)

Barbara Dimmitt, Committee Policy Analyst, Legislative Counsel Bureau:

This bill requires certain major hospitals to accept payment in full for the provision of emergency services and care under certain conditions. As you recall from discussion in the original meeting, the bill applies only to hospitals in Clark County that have certain emergency or trauma facilities and meet the new definition of "a major hospital." This definition applies only to this section or the provisions added by this bill, because there is a different definition of "major hospital" for other purposes.

Testimony was received both in support and opposition. The Nevada Hospital Association raised issues, including general issues of health finance and statistics on the use of emergency rooms for non-emergent care. They felt there would be difficulty in defining "emergency care." The Nevada Rural Hospital Partners Association noted that the bill would apply to smaller hospitals in Boulder City and Mesquite.

Assemblywoman Koivisto submitted her first amendment, and that follows on the next page ([Exhibit B](#)). Major changes included a provision to require that the patient must be admitted to the receiving hospital in order to trigger the requirements of the bill regarding payments. This would mean the intent of the bill was not to cover an emergency visit where you came in, maybe got an arm set or had an X-ray, and went home, but were actually admitted to this hospital and where you were unable to access a hospital in which you had insurance. It would also require the receiving hospital to accept a flat 150 percent of Medicare payment rather than having each one of these situations as a matter of reimbursement negotiation.

As a result of testimony at the hearing, Mrs. Koivisto has a second amendment inserted in the work session document ([Exhibit B](#)). This amendment changes the definition of "major hospital" for the provisions of this bill only and stipulates that the hospital has to have at least 100 beds. This addition would eliminate the coverage of the smaller hospitals.

Chairwoman Leslie:

I would just like to note that there was some discussion during our Committee meeting about that 150 percent of Medicare. We did not get any other suggestion from the Hospital Association or anyone. For the record, if someone has a better number out there, I am certainly willing to hear it.

Assemblyman Mabey:

I called around and talked to a hospital and if we could go just a little higher—how about 175 percent—but I am not an auctioneer.

Chairwoman Leslie:

Tell us why. I am not necessarily opposed.

Assemblyman Mabey:

Some of these people are trauma cases, and they tend to be more expensive when they show up in the hospital.

Chairwoman Leslie:

All right; so we have 175 percent. Does anyone else have a suggestion?

Assemblyman Hardy:

I am not going to raise the percentage, but I will certainly see it. I like having that kind of predictable level. I am a little uncomfortable with making a contract now with hospitals. I will vote for it. I like the 175 percent and I will reserve a right to figure out if there is something better that I can do.

Chairwoman Leslie:

Mrs. Koivisto, do you have any comment on the 175 percent before we leave that point? It is okay? Right.

Assemblywoman Pierce:

I would like to hear how we arrived at the 150 percent.

Assemblywoman Koivisto:

The 150 percent of Medicare was a figure used instead of trying to deal with the different health plans. The contracts the health plans have with hospitals are proprietary information.

Chairwoman Leslie:

I would just add that we wanted to build in a cushion. We do not want the hospitals to be losing money on these folks. The people on Medicare tend to be older and sicker. I was thinking that if we went 150 percent or 175 percent, it

builds in enough of a cushion to cover it. I think that is reasonable. Are there any other comments on A.B. 296?

[Chairwoman Leslie, continued.] The Chair would entertain a motion to accept the amendments, amend and do pass with the amendments in the work session document ([Exhibit B](#)), with the one exception of the additional amendment of raising the number from 150 percent of Medicare to 175 percent. Is that clear to everybody?

ASSEMBLYWOMAN PARNELL MOVED TO AMEND AND DO PASS
ASSEMBLY BILL 296 WITH THE AMENDMENTS IN THE WORK
SESSION DOCUMENT, CHANGING THE PAYMENT REQUIREMENT
FROM 150 PERCENT OF MEDICARE TO 175 PERCENT.

ASSEMBLYWOMAN KOIVISTO SECONDED THE MOTION.

Assemblywoman Weber:

I am concerned with the appearance of interference by the State with contractual obligations between a third party and a hospital. I will vote it out of the Committee with an opportunity to change my vote on the floor.

Chairwoman Leslie:

Okay. It will be noted.

THE MOTION CARRIED UNANIMOUSLY.

Chairwoman Leslie:

We are moving right along, and our next bill is A.B. 322. You should find that bill behind Tab F in your work session handbook ([Exhibit B](#)).

Assembly Bill 322: Requires hospitals to adopt and carry out plans to benefit community. (BDR 40-1074)

Barbara Dimmitt, Committee Policy Analyst, Legislative Counsel Bureau:

You will find behind this cover page the mockup that was submitted by Speaker Perkins down at our Las Vegas hearing. This is one of two bills where we never

really addressed the initial version of the bill, because the sponsors had already done substantial work to make changes.

[Barbara Dimmitt, continued.] The intent of the amendment was to hold hospitals accountable for an adequate amount of charity care and community reinvestment. The bill set standards that are quantifiable for the reassessment. Originally there was a 4 percent amount of the total operating revenues, and this did not include the 0.6 percent hospitals are already required to give in terms of free care to the indigent. The Speaker has amended the mockup to include the 0.6 percent in the calculation of the 4 percent. The amendment also provided for verification of these expenditures, levying of fines for non-compliance, and gives the Attorney General the power to investigate hospital compliance.

Behind the mockup are comments and suggestions submitted by the Division of Health Care Financing and Policy and the Nevada Hospital Association. These comments, especially with regard to the Division, include information the Committee members showed interest in.

Chairwoman Leslie:

Just to make sure we are clear, the Speaker's suggested amendments are the ones we heard last Saturday in Las Vegas. This additional amendment for the hospitals is to include the 0.6 percent of indigent care in the total of 4 percent.

Barbara Dimmitt:

The amendments have been incorporated. If you look through the mockup, you will see the full package.

Chairwoman Leslie:

Do we have any comments from the Committee?

Assemblyman Horne:

I was confused on where they would get that figure on the total operating cost. Is that from one source or multiple sources?

Chairwoman Leslie:

I believe it is from multiple sources. In another bill coming up, we ask them to report all those sources to the State. Those sources would be part of their official community reinvestment plan they submit to the State, and it is currently not required.

Assemblyman Horne:

The hospital is going to report one total operating cost, and another hospital will report a different one?

Chairwoman Leslie:

I think the State has a definition for what you described. Does anyone want to answer that question?

Bill Welch, President and CEO, Nevada Hospital Association:

There is a standard report that each hospital must submit to the state on a quarterly basis. That report is referred to as the "Nevada Hospital Quarterly." I have a copy of the blank report if the Committee would like to look it over. It is a standard form and is submitted electronically. The State verifies the data and asks for clarifications to the report.

Chairwoman Leslie:

That was a pretty clear answer. Are there other questions from the Committee?

Assemblyman Mabey:

I have two questions. I just noticed there is a proposed amendment from Mr. Welch. Are we going to consider those amendments? My second question is, if they provide community benefits and charity care in each fiscal year, that at least represents 4 percent of the total operating revenue. So, if some patient comes in and does not pay, then that would count towards the 4 percent?

Chairwoman Leslie:

Indigent care is right. I think the answer to the second question is yes.

Assemblyman Mabey:

Did we ever hear testimony on actually how much the hospital provided, like a percentage?

Chairwoman Leslie:

I remember the testimony in the rural areas, and they probably do much more than 4 percent. I remember that clearly and know we do not have that reported, and that is the point of the upcoming bill. We do not have a way of seeing that.

Barbara Dimmitt:

The very last chart before the pink sheet that separates you from the Nevada Hospital Association's documents includes these hospitals that would be covered by the bill. It tells their operating revenue, community benefits at 4 percent, and what that would be. It also shows their current indigent care obligation. If you added the two together, that is what it would amount to. If

you did not add the two together, then the amount that they had in indigent care obligation would be deducted from the community benefit of 4 percent.

Chairwoman Leslie:

I do not think that is exactly the question he was asking. Dr. Mabey, weren't you asking what they do now in terms of community benefit? I do not think it is reported right now to the State, and I think it is likely they are meeting the 4 percent. I am not sure of what your first question was.

I think Mr. Welch's letter addressed both bills. That may cause confusion on what recommendation is in what bill, and I am not sure any of them really relate. There are a lot of comments. Are there any other questions?

Assemblyman Hardy:

I look at this, and I am uncomfortable in a time where we are seeking to have more access to care, but we are putting more requirements on people. I have difficulty imposing a standard when I do not know where we are or what we are doing. In my personal experience, we are probably well over the 4 percent, depending on how you define it. As it is now, I am not able to support this bill.

Chairwoman Leslie:

Okay, thank you.

Assemblywoman Pierce:

It seems that there is a general idea that hospitals are meeting this now. I think it is important and this kind of contribution to the community is important. It gives us a chance to find out what is being done. I support this idea, and I think this is a good bill.

Assemblyman Hardy:

If our intent is to find out, then we can write this to find out. I do have problems trying to require something when we do not know where we are starting, let alone where we are going.

Chairwoman Leslie:

Is there a motion from the Committee?

ASSEMBLYMAN HORNE MOVED TO AMEND AND DO PASS
ASSEMBLY BILL 322, WITH SPEAKER PERKINS' AMENDMENTS,
AS LAID OUT IN THE WORK SESSION DOCUMENT.

ASSEMBLYWOMAN KOIVISTO SECONDED THE MOTION.

THE MOTION CARRIED, WITH ASSEMBLYWOMAN WEBER,
ASSEMBLYWOMAN ANGLE, ASSEMBLYMAN MABEY, AND
ASSEMBLYMAN HARDY VOTING NO.

Chairwoman Leslie:

Let us continue with our hospital theme. We have a lot of topics to cover. Let's go to A.B. 342, under Tab H of the work session binder ([Exhibit B](#)).

Assembly Bill 342: Makes various changes concerning reporting of sentinel events by certain medical facilities, audits of hospitals and reporting of financial information by hospitals. (BDR 40-1163)

Barbara Dimmitt, Committee Policy Analyst, Legislative Counsel Bureau:

This bill makes changes concerning the reporting of certain sentinel events by medical facilities. It provides for audits of hospitals and also provides provisions of recording financial information by hospitals. This is one of the bills taken up in the Committee's Las Vegas meeting, and Assemblywoman Sheila Leslie submitted a working new draft behind the cover sheet ([Exhibit B](#)). It carries a new title, the Nevada Hospital Reinvestment and Transparency Act.

This amendment includes some legislative finding. There is a definition of a major hospital. The existing definition of major hospital is amended to cover 100 or more licensed approved beds, instead of 200 or more licensed approved beds. The red line amended bill has served as the working version of this bill. One major change was regarding the 100 beds and was meant to include more hospitals with the provision.

The second tab behind the mockup also includes the same memorandum. These were comments by the Hospital Association at the hearing, and they were also submitted in writing. The Health Care Financing and Policy memorandum, which you just saw under Speaker Perkins' bill, is in here again. Due to comments from the hearing and from the Division, Ms. Leslie has amended the red-lined version of the bill.

Behind the last tab contains the new amendments and response to the testimony at the hearing. If you look through these individually, you will see the concerns addressed by each organization. The number one issue is to remove the preamble section but keep the title. This is located on the very last page, right before Tab I ([Exhibit B](#)).

Chairwoman Leslie:

I want to apologize to the Committee. If we had more time, this would not be so confusing. The easiest thing right after the mockup is a pink sheet, and then there is something that says, "Intent and Summary of Additional Proposed Amendments," and that is something Ms. Dimmitt will go through. I think that is the most helpful thing for you to use.

Barbara Dimmitt:

The mockup was discussed at the original hearing in Las Vegas, and these are changes as a result of the testimony. I will look at the mockup as I go through the changes, and that might be the easiest to follow.

The first page will keep the title, and it will still be called the "Nevada Hospital Reinvestment and Transparency Act." The red section, the preamble section, will be deleted due to concerns by the Nevada Hospital Association. In Section 1, subsection (b), "medical facility" has been crossed out and will return to what it is in existing law.

Chairwoman Leslie:

Would it be easier to ask your questions as we go through each section? We are trying to respond to the complaint of not enough data being left in, so we are leaving in existing law "medical facility."

Assemblyman Hardy:

The problem is on the lines of the mockup. They are right next to the words or the numbers, so I am having trouble finding the Section and the subsection in the paragraph.

Chairwoman Leslie:

It is very hard to follow.

Assemblyman Hardy:

I am looking at 4(b), which is really subsection 2(b), but there is a 4 in front of the line.

Chairwoman Leslie:

That is the line number. Are you clear now?

Assemblyman Hardy:

I am okay.

Barbara Dimmitt:

Now, we are going to turn the page. There is a red Section 4 about halfway down the page. If you follow that down to subsection 1(c), which is in red, it says, "Each such institution shall file with the department a proposed capital improvement budget." It would appear that change has been in the mockup, and apparently, it was made before we made the description.

Section 4, subsection 2(a), is a statement of profits. Please delete this entire sentence, and the new language would be, "...a description of the allocation of the net profits included in the fiscal year compilation of the Nevada hospital quarterly reports." Because of concerns expressed by the Nevada Hospital Association, the data is going to be the same as what is currently reported. They would not have to do a separate type of report.

Subsection 2(b), near the bottom of the page, would be amended to the "hospital's corporate home office allocation policy," and a report will explain how a specific Nevada hospital adheres to this policy.

In Section 5, subsection 2, about midway down the next page in bold black, it changes the dates to be integrated in the annual Division of Health Care Financing and Policy report. I believe it is annually, and the date is October 1. That language will be conformed to whatever is appropriate.

In Section 5, subsection 2(a), current language says, "...an analysis of the profitability of hospitals in this state." It will be changed to read, "...an analysis of the trends in hospital costs, expenses, and profits." This was in response to Charles Duarte and the Nevada Hospital Association. Originally, when I did the analysis of profitability of hospitals, it was broadened to talk about trends, costs, expenses, and profits.

In Section 5, subsections 2(c) and 2(d) have both been deleted. The study of capital improvements is deleted now in response to the Hospital Association. Because of those two deletions, we will change subsection 2(e) to 2(c) and it would have to be renumbered and amended to read, "...an analysis of the corporate policies for hospitals' home office allocation." Subsection 2(f) would also be deleted. We would renumber subsection 2(g) to be 2(d) because of the deletions.

The last amendment you have is located right before Tab I, and it shows Section 5, subsection 3. There is new language regarding the Legislative Committee on Health Care developing a health care plan, which includes various criteria.

Chairwoman Leslie:

I apologize for all these changes. I know this is my bill, but I regard this as a Committee bill because I happened to have one extra bill at the end, and the Committee was out of bills.

This bill is in reaction, you will remember, to the first week of this session and the Health Services Coalition crisis in Las Vegas. After hearing all the testimony that night and then at our recent hearings on these concerns, I felt these amendments would take care of the redundancy. I also worked with Charles Duarte, who provided some insight. I thought this would help us understand hospital costs in the state and get back to some of the issues raised about profits and what the hospitals are doing or not doing.

That is why I did this, and I am sorry it is so confusing. I can certainly bring the amendment back to the Committee, so you can see it in one form. I am ready for a motion.

ASSEMBLYWOMAN McCLAIN MOVED TO AMEND AND DO PASS
ASSEMBLY BILL 342.

ASSEMBLYWOMAN KOIVISTO SECONDED THE MOTION.

Chairwoman Leslie:

Is there any further comment or discussion?

Assemblywoman Weber:

I am sure when we see the entire bill with all the amendments it will be a fine bill. I am going to have to abstain at this time. I want to make sure I understand everything I am voting on before I cast a vote.

Assemblyman Hardy:

I will be voting for this bill, but I recognize I need to see the whole bill with the amendments included. I think you have done a wonderful job of putting everything together.

Chairwoman Leslie:

I appreciate that coming from you, because I know you try to look at this carefully.

Assemblywoman Angle:

I am going to make the same disclaimer that Ms. Weber did. I will just abstain and wait for the bill to come back.

Chairwoman Leslie:

I just want to make clear to the Committee that we will not be voting again on this bill in our Committee. You can certainly abstain and then decide on the Floor if you want to change. We will count the abstentions now as no votes today. I want everybody to understand. Is there any further discussion?

THE MOTION CARRIED, WITH ASSEMBLYWOMAN WEBER AND
ASSEMBLYWOMAN ANGLE VOTING NO.

Chairwoman Leslie:

Let us keep with our theme and continue on to A.B. 353, which should be behind Tab I ([Exhibit B](#)).

**Assembly Bill 353: Makes various changes concerning hospital charges.
(BDR 40-1164)**

Barbara Dimmitt, Committee Policy Analyst, Legislative Counsel Bureau:

This bill makes various changes concerning hospital charges. We have a mockup behind the first page. This was submitted at the hearing on April 11, so we just heard this bill.

In its proposed amendment form, the bill requires the reporting of the complete charge data master for each major hospital in the state to the Department of Human Resources. That would be the Division of Health Care Financing and Policy. This information would include the uniform list of billed charges for each hospital. It would be required to be made available to the public and, if possible, available on the Internet.

The amended form of the bill would require this report to be provided to the Governor's Office. It would also be provided to the Office for Consumer Health Assistance's Bureau for Hospital Patients, which is an agency that takes complaints and provides assistance to patients who have problems with hospital bills or medical bills.

[Barbara Dimmitt, continued.] In addition, the bill would increase the existing discount for inpatient services for certain uninsured patients. These are the people that within 30 days will sign an agreement to have a repayment plan. Their discount would be increased from 30 percent to 50 percent.

The proposed amendment also required the Department to review hospital policies and debt collection practices. It also incorporates into its annual report a section related to the information it receives as a result of the bill's provisions.

As you can see, there have been some changes since the original mockup that reflect the concerns of Charles Duarte with the Division of Health Care Financing and Policy. Also, here is an amendment to show conformance with the annual report the divisions now make.

Chairwoman Leslie:

I tried to amend this bill based on the testimony we heard last week. I did take out the proposed 30 percent discount for outpatient hospital services with some reluctance. I am thinking we are just not ready for that yet. I took out the reference to hospital outpatient pharmacies as well. I changed the reporting date to conform with the Division's report date. I also added the clause about "reviewing and comparing" the policies and debt collection policies as part of an annual report we get from Mr. Duarte's shop. Do we have any comments on the bill?

Assemblywoman Parnell:

I am just glad to see the deletion of subsection 3(a). I was very concerned after I heard Dr. Hardy speak about legitimate differences in costs from hospital to hospital. I did not like the competitive tone in that section.

Assemblyman Hardy:

I think the bill charge issue was the one which made me uncomfortable. I had a better level of comfort tying it to something I was more stable with, like the percentage of Medicare. I do not know how to fix it. I do not even know if I can figure out if the 50 percent gives the hospital the ability not to lose money. I would love to vote on things, but I do not know how to vote and I do not have enough information.

Chairwoman Leslie:

I think the impetus for this bill is a strong feeling that the uninsured folks should not be the ones paying or receiving the least amount of discount. We heard testimony that the bill charges have gone up 67 percent. In that time, many of us who have insurance receive a 70 percent discount or rate adjustment. The

uninsured are stuck at 30 percent. It is recognition that the poorest people should have this raised to 50 percent.

Would anyone else like to make a comment?

Assemblywoman McClain:

So, the entire thing about the outpatient pharmacy is out of the bill?

Chairwoman Leslie:

Yes. I was trying to respond to the concerns in the testimony.

Assemblywoman McClain:

I think UMC [University Medical Center of Southern Nevada] still has an outpatient pharmacy.

Chairwoman Leslie:

They do?

Assemblywoman McClain:

They were the ones who were concerned.

Chairwoman Leslie:

I just heard a lot of concern in the hearing about outpatient everything, so I took all of it out of the bill.

Assemblyman Hardy:

In looking over my notes and the current health choices, I am trying to use something more standard than a percentage. We ought to be able to have a better comfort level, but I do not have enough information.

Chairwoman Leslie:

I appreciate that, but I think that is the only thing, for the top 25 procedures for Medicare. I am not sure that solves the problem, but I understand if you vote no.

Assemblyman Hardy:

Has anybody considered breaking this up for the top 25 diagnoses that relate to some current health choices, then have the rest, which are not as common, be adjusted and place a random percentage on them? Has that been explored?

Chairwoman Leslie:

No, not to my knowledge.

ASSEMBLYWOMAN McCLAIN MOVED TO AMEND AND DO PASS
ASSEMBLY BILL 353.

ASSEMBLYWOMAN KOIVISTO SECONDED THE MOTION.

Chairwoman Leslie:

Is there any further discussion?

Assemblyman Mabey:

I will be voting in support of the bill, but I have some real concerns. Some of this testimony, and testimony from Mr. Duarte that it was not the best way to go, made me concerned it would not be the best.

Chairwoman Leslie:

I guess I heard the testimony that consumers certainly would not find it useful to them and they would not be able to understand. I think we also heard testimony from the Office of the Consumer Health Advocate and the Governor's Office that they felt they could use it. Some of these large health insurance folks certainly have the expertise to also look at it. That is why I left it in, but I recognize your concern.

THE MOTION CARRIED, WITH ASSEMBLYWOMAN ANGLE,
ASSEMBLYWOMAN WEBER, AND ASSEMBLYMAN HARDY
VOTING NO.

Chairwoman Leslie:

The last hospital bill is A.B. 545, behind Tab O ([Exhibit B](#)).

Assembly Bill 545: Requires medical facility to provide estimate of cost of medical procedure to patient before procedure occurs. (BDR 40-1378)

Barbara Dimmitt, Committee Policy Analyst, Legislative Counsel Bureau:

As you will recall, this bill was also heard a month ago on Monday. It requires medical facilities to provide advanced estimates of the cost of non-emergency medical procedures. It also prohibits the facilities from charging more than 10 percent of the estimated amount, except under specified circumstances. If it were a special case or some special circumstance, it would need to be presented.

[Barbara Dimmitt, continued.] No proposed amendments were received by the time this work session document ([Exhibit B](#)) was put together.

Chairwoman Leslie:

So, there are no mockups with multiple colors to look over. Are there any comments or questions from the Committee?

Assemblyman Mabey:

I appreciate the intent of this bill, but I just feel like the language would be very difficult to allow someone to do this. We heard testimony from Ms. Robin Keith, and she felt it was totally impossible for her to comply with this bill in the rural hospitals. There is just no way I can support this bill.

Chairwoman Leslie:

What intrigued me is that 15 other states have something like this in place on their website. We do not have the benefit of that research. I actually tend to agree with you that it is a great idea. We may want to recommend this to the Interim Committee on Health Care, and maybe they could look into this issue and get information from the 15 other states for discussion. People love it and the reaction from the populace is very, very positive. They want this kind of information, but I am not sure it is developed enough for us to move forward.

Assemblywoman Parnell:

I would like to see it either amended or direct someone to do a study on it. I hate to see this bill die. Our constituents are concerned about this because when you leave a hospital, the bills continue to come in. I do not think any of us wish to let it go.

Chairwoman Leslie:

We could do a letter of recommendation from our health committee, saying that we would like it studied in the next interim. I think a letter gets our point across.

ASSEMBLYWOMAN PARNELL MOVED TO SEND A LETTER TO THE INTERIM COMMITTEE ON HEALTH CARE, REQUESTING THEM TO GATHER INFORMATION FROM THE STATES WHO ARE CURRENTLY COLLECTING COST INFORMATION AND THEN, FROM THE INFORMATION GATHERED, DETERMINE HOW TO INCORPORATE IT INTO A PROGRAM IN THE STATE OF NEVADA AND MAKE A RECOMMENDATION BACK TO THE LEGISLATURE.

ASSEMBLYWOMAN McCLAIN SECONDED THE MOTION.

THE MOTION PASSED UNANIMOUSLY.

Chairwoman Leslie:

Okay, let's do something else. Let us go to solid waste and A.B. 444. This bill is under Tab L ([Exhibit B](#)).

Assembly Bill 444: Revises provisions governing solid waste disposal sites.
(BDR 40-307)

Barbara Dimmitt, Committee Policy Analyst, Legislative Counsel Bureau:

This bill covers solid disposal sites. Assemblywoman Peggy Pierce testified in support of this bill on April 11 and stated that was her intent to make sure the very large solid waste disposal sites would be either properly created or retrofitted as they expanded, to prevent environmental problems.

Ms. Pierce submitted an amendment at that time, which required the State Environmental Commission to adopt regulations. If you turn the page, you will see the text and the two amendments. One deals with having liners in leachate collection systems for all new municipal solid waste landfills and lateral expansions of existing landfills if they dispose of more than 100 tons per day of solid waste. The second one requires the installation.

As a result of the charts that were handed out at the testimony on Monday, she has indicated her intent to increase the tonnage threshold to 200 tons, instead of 100 tons, per day.

Chairwoman Leslie:

Ms. Pierce, I know you have been busy talking to lots of landfill guys, because they have been tracking you down in the hallways. Do you wish to add any comments to your proposed amendments?

Assemblywoman Pierce:

It was my intent not to capture the really small rural landfills. I think by changing the threshold to 200 tons per day, it accomplishes the intent.

Chairwoman Leslie:

Thank you. Do you have any questions for Ms. Pierce or any commentary on the bill?

Assemblywoman McClain:

So, with the threshold change, could you tell me which ones it will capture now? I do not have the chart with me anymore.

Assemblywoman Pierce:

It does not capture Fallon. It captures Apex—which is already lined—Lockwood, Ormsby, and Pahrump.

Chairwoman Leslie:

What about Elko?

Assemblywoman Pierce:

No, it does not reach Elko.

Assemblywoman Angle:

My understanding is that their purpose for lining would be to keep things from going down into the water table. So, when the EPA [U.S. Environmental Protection Agency] comes in and finds that the landfill is in a dry place, where there is no water table that would be affected by this, then I guess I need to know why we need to line those. I know they do check for that kind of stuff, and I am wondering why we need to line for something like that.

Assemblywoman Pierce:

I would like to say that having one liner is not really state-of-the-art. The strictest requirement is a double liner, a leachate collection system, and a leak detection system. I tried to find a middle ground. There have been some waivers the EPA has allowed in some states, but there are no states that allow anything to be unlined. I really think this is the least we can do to protect our groundwater.

Assemblywoman Angle:

I guess I go back to my original question. When there is no groundwater to protect, what are we protecting?

Assemblywoman Pierce:

There is lots of groundwater in Nevada. There is groundwater and it is just all over the place.

Assemblywoman Angle:

I am actually moving toward something else. I was visited by Fallon. Their landfill is going to a larger landfill in the future. They have no water and also no groundwater. I guess that is my question. Why would they be required to have

a liner when they have no water? The EPA has written and has said there is no groundwater, and yet they want to enlarge this landfill.

Chairwoman Leslie:

Your point is how this would affect them in the future.

Assemblyman Hardy:

I cannot remember the testimony enough to not ask the question. I was driving our family pickup to the Lockwood dump when I was a teenager. It is still there. Have we shown that we have groundwater affected or groundwater there, and have we recognized if there are certain geological strata that prevent things from leaking anyway? Do we have any of that data if we are going to impose this on Lockwood?

Assemblywoman Pierce:

If you look at the history of these regulations, they have, over the last 30 years, become more strict everywhere. If you look at the Lincoln County Lands Act, it includes an 18- or 30-month study of the groundwater in Nevada. I think there is a general acceptance that we really do not have any really good idea about how much water, where it is, and what it affects. I chose not the least strict, but certainly not the strictest requirement. Also, I think it is important to remember that these really large landfills stay open for 100 to 150 years.

I simply think for the safety of the groundwater, we should err on the side of caution. I will remind the Committee that we are not erring on the side of extreme caution with this bill. We are not talking about double liners. We are not talking about double liners with leak detectors.

As I stated when I presented this bill, the states surrounding us have these kinds of requirements. I presented this with the hope that there would not be a solid waste race to the bottom with Nevada at the bottom. I would like to see us have the kind of requirements that other places have.

Assemblyman Hardy:

I come from a city that had a fishing pond, and the liner leaked. I am not as enamored with liners anyway. I do not have any knowledge or documentation that the Lockwood landfill has leaked or has been involved with anything that has not been contained with its own geographical strata. I am uncomfortable making a new requirement that may not be necessary.

Chairwoman Leslie:

With Lockwood, is there language that says they do not have to have a liner because they have the clay leachate or whatever it is?

Assemblywoman Pierce:

That is the standard they have been allowed to this point. I am suggesting we should go a step higher. I am suggesting for myself that I do not want to hope in 150 years that we were right, instead of simply going to the standard that is normal in most of the country.

Assemblyman Horne:

I think I remember during the testimony as well that the cost of this occurring is going to be spread out over a period of 100 years or so. I mean, it is not like we are going to drop a bill on these places that have to do this tomorrow. Am I correct? We are taking some type of precautionary steps that may or may not occur in all places. Our foresight is kind of limited and I do not think this is overly burdensome.

As for the clay liners, while they meet federal regulations, we as the State can say we want to exceed that standard for our state.

Chairwoman Leslie:

Are there other comments on the bill?

ASSEMBLYWOMAN McCLAIN MOVED TO AMEND AND DO PASS
ASSEMBLY BILL 444.

ASSEMBLYMAN HORNE SECONDED THE MOTION.

THE MOTION CARRIED, WITH ASSEMBLYWOMAN ANGLE AND
ASSEMBLYMAN HARDY VOTING NO.

Chairwoman Leslie:

We will go to A.B. 380, behind Tab K in our work session binder ([Exhibit B](#)).

Assembly Bill 380: Revises provisions concerning district boards of health in larger counties. (BDR 40-953)

Barbara Dimmitt, Committee Policy Analyst, Legislative Counsel Bureau:

This bill was heard in our Committee on April 6, and Assemblyman Parks, in consultation with Clark County, submitted a proposed amendment at that time. It contained a guaranteed revenue source for the funding of a health district through a property tax levy. It also provided the district board employ a general

manager and fix the duties of that employee. A description and the proposed text of his amendment are behind the description page under Tab K ([Exhibit B](#)). I did not receive any more additional amendments.

Assemblyman David Parks, Assembly District No. 41, Clark County:

I am assuming the documentation you have does include the proposed amendment that was presented both on my behalf, as well as supported by Clark County.

Chairwoman Leslie:

I heard a question and I will answer. No, it is not a new tax. Do you want to respond to the question?

Assemblyman Parks:

No, this would be part of the base property tax that is currently collected in Clark County.

Chairwoman Leslie:

As I understand it, the advantage to this is for the Health District, and it provides them a dedicated funding stream. Before this proposed bill, they have to come in and ask the county commission every year, and depending on how the commissioners feel about the department, their budget might go up or down. With the taxes continuing to rise, they would have a dedicated funding stream.

Assemblyman Parks:

The rate of 3.25 cents does exceed the projected amount that had otherwise been granted for the previous fiscal year. So, it is an increase in their budget.

Assemblyman Mabey:

I received an email from Mr. [Dan] Musgrove. I am confused. Are you okay with this?

Chairwoman Leslie:

Mr. Musgrove, I think your email was confusing. I can tell you as the Committee Chairman, I have not received any other formal proposal. That is why it is not in your binder. You implied there may have been another amendment coming.

Dan Musgrove, Director of Intergovernmental Relations, Office of the County Manager, Clark County, Nevada:

I am afraid to open the door to allow someone to come up with something like this at this late hour. There was talk of increasing the amount from 3.25 cents to something higher, and that was our concern. The additional revenue would

be above and beyond what we think they need as well. Also, it would create problems affecting other county programs that this countywide rate is being used for. The county has a responsibility to provide countywide services that were talked about today: child welfare, social services, and juvenile justice. The county pays for those kinds of services. Anything beyond the 3.25 cents we offered could be very problematic to Clark County.

Chairwoman Leslie:

Mr. Parks, your amendment is at 3.25 cents. There is not a suggestion of a higher rate?

Assemblyman Parks:

That is correct.

Chairwoman Leslie:

I think that is the amendment before us.

Assemblyman Hardy:

I need to disclose I am a member of the Health District on leave or loan to the Legislature. They do not pay me anything, so I do not think I have a conflict of interest. I am concerned when we start looking at the language of appointing a manager over a health district that may not have the M.D. [medical doctorate degree] and further training on public health administration. I am very concerned about this, but I understand where this is going. All of my concerns are not answered, so I will be voting no on this.

Chairwoman Leslie:

Are there other comments, concerns, questions or commentary? I would entertain a motion to amend and do pass with the amendments from Mr. Parks, as noted in the work session document ([Exhibit B](#)).

ASSEMBLYWOMAN PIERCE MOVED TO AMEND AND DO PASS
ASSEMBLY BILL 380.

ASSEMBLYWOMAN KOIVISTO SECONDED THE MOTION.

THE MOTION CARRIED, WITH ASSEMBLYWOMAN ANGLE AND
ASSEMBLYMAN HARDY VOTING NO.

Chairwoman Leslie:

Just to keep everyone in suspense, let's go to A.B. 523, under Tab N in your work session document ([Exhibit B](#)).

Assembly Bill 523: Revises provisions governing jurisdiction of local boards of health. (BDR 40-1123)

Barbara Dimmitt, Committee Policy Analyst, Legislative Counsel Bureau:

This bill revises provisions governing the jurisdiction of local boards of health. The bill, as originally drafted, gives the Health Division and the local boards of health joint supervision over the sanitation, healthfulness, cleanliness, and safety of agricultural programs offered by the University and Community College System of Nevada.

When the bill came to a hearing on April 11, Ms. Leslie submitted an amendment, and the text of the amendment is located on the next page ([Exhibit B](#)). The top part shows the current language of the original bill, and the bottom part shows what it would look like with the amendment. The amendment includes the provision to delete the first section of the bill, which establishes the joint jurisdiction of the Health Division and the local boards of health. In replacement, the new amendment would authorize a local health authority to investigate complaints relating to the operation of the agricultural programs. The new Section 2 language would be deleted. It had to do with a particular section of law that would have governed the Health Division.

Chairwoman Leslie:

Committee members, I sent you an email yesterday that I received from Trudy Larson. It was an unsolicited email, but I was glad she sent it, because it just clarifies the official position of the University System and their support of the bill.

Are there any comments or questions?

Assemblywoman Angle:

In checking with Washoe County, Bob Sack, their Director of Environmental Health, has indicated that in the current operations of their department, they already are able to go out and investigate these things. Nothing will change with the passage of this bill. So my question is, why is it necessary? If they are already able to do this and will continue to do this, why do we need to put this into statute?

Chairwoman Leslie:

That is a fair question. There are a couple of reasons. I did talk to Mr. Sack, and I have been talking to him for about six months now, along with his boss, Ms. Barbara Hunt, who testified in favor of the bill. The reason is because the authority is not crystal clear. The University of Nevada, Reno (UNR) could have told them to go away when they went out to investigate one of the complaints regarding the possible contamination of the water. I said, "Under the agricultural exemption, would UNR have been able to tell you to go away?" Mr. Sack and Ms. Hunt confirmed they could have told them to go away. In that instance they did not, but they could have. That was enough for me to think we do need to put that clear authority in the bill.

Also, many citizens were calling around complaining about something not being done, and they were told by parties that they do not have jurisdiction.

Assemblywoman Angle:

I still am very uncomfortable with it, just because of the things that we heard, and this could really cause some problems in the future because of the jurisdiction. I do not want to cause anyone a problem.

Secondly, when you talk about authority, they still would not have any authority over this. As I understand, it would just be another person that could go out and take a look. I am going to have to vote no.

Assemblyman Hardy:

Is there an option to make it permissive that the board of health or the State Board of Health or the Health Division is allowed to investigate? It would not preclude them from investigating and would give them an opportunity to investigate should they so need, without mandatory requirements.

Chairwoman Leslie:

If you look at the amendment in the work session document ([Exhibit B](#)), that is exactly what I tried to do with the amendment. It says that a local health authority may investigate complaints. That is exactly the intent. We are not putting a new mandate on them requiring them to do anything. If they get a call from a citizen that there are dead sheep in the river and that they are concerned about drinking their water, I want to be reassured from public health, and not from the agriculture guys, that the water is not contaminated.

Assemblyman Hardy:

I appreciate that clarification. I will reiterate: on page 2, lines 1 and 2, do we want to delete Northern Nevada Children's Home and Southern Nevada Children's Home?

Chairwoman Leslie:

That is right. I had forgotten about that. I am fine with that, Dr. Hardy. They do not exist, so tell us again so our staff can make sure, and we should have caught that at the hearing.

Assemblyman Hardy:

On lines 1 and 2 on page 2 of the bill, it references (d), Northern Nevada Children's Home, and (e) references Southern Nevada Children's Home. Neither one exists.

Chairwoman Leslie:

I will consider that a friendly amendment to my amendment.

Assemblyman Mabey:

Can you tell me in your words why the Farm Bureau opposed this bill?

Chairwoman Leslie:

It is my understanding—and you can contradict me if I mischaracterize this—that they are very protective of the agricultural exemption. They are afraid that if we interfere with the agricultural exemption, it is going to lead to more problems.

Assemblyman Hardy:

I think there are probably many of us that have a lot of comfort with that.

Chairwoman Leslie:

That is really what this bill is about. Back to Mrs. Angle's concern: do we really need this bill? My personal comfort level is yes. I want public health not to even question whether they have the right to investigate a complaint. If you took the time to read those articles I gave you, I just cannot see how any member of the Committee could come to a different conclusion. You can tell I feel strongly about this bill, and I want to make sure our water is safe.

ASSEMBLYMAN HARDY MOVED TO AMEND AND DO PASS
ASSEMBLY BILL 523 WITH THE AMENDMENT IN THE WORK
SESSION DOCUMENT AND THE ADDITIONAL AMENDMENT
DELETING THE REFERENCES TO THE NEVADA CHILDREN'S
HOMES.

ASSEMBLYWOMAN PARNELL SECONDED THE MOTION.

THE MOTION CARRIED, WITH ASSEMBLYWOMAN ANGLE
VOTING NO.

Chairwoman Leslie:

We have two more bills, and I think we have compromises on both. Let us start with A.B. 337, under Tab G of your work session document ([Exhibit B](#)).

Assembly Bill 337: Requires licensure of agencies which provide personal care services in homes of elderly persons and persons with disabilities. (BDR 40-375)

Barbara Dimmitt, Committee Policy Analyst, Legislative Counsel Bureau:

This bill requires the licensure of agencies which provide personal care services in homes of elderly persons and person with disabilities. It was requested on behalf of the Division of Health Care Financing and Policy. I summarized the testimony here. The impetus for the bill is that there are about 90 agencies that are currently enrolled as Medicaid providers in this category under the regulatory authority. The Division was concerned that some of the agencies were not recognizing the need to comply with regulations. They are seeking statutory authority to license the PCA [personal care assistance] agencies as a new category of provider under Chapter 449 of the NRS [*Nevada Revised Statutes*]. Licensees would be subject to a loss of license and various penalties for failure to comply with the provision of this Chapter. These provisions include certification or licensure of the individuals.

Testimony and concerns were received at the hearing. One problem addressed was whether it was appropriate to license individuals as opposed to the agencies, the fairness of requiring an agency licensed under more than one category of facility to pay each license fee, whether the licensure would apply to microboards formed to assist persons with disabilities, and how the bill related to some technical issue with regard to respite care.

Mary Liveratti, Deputy Director of the Department of Human Resources, has submitted an amendment. She submitted one at the hearing to address some of the concerns, and those have been expanded. On the next page of your work session document ([Exhibit B](#)) you will see the current version. I understand there was collaboration on this amendment, and the parties involved had either accepted or there was an agreement that any other issues outstanding were workable in the regulatory realm.

Chairwoman Leslie:

I want to compliment everybody who worked hard and had a lot of meetings to come to what I think is a good compromise. I know there was some concern raised by someone I know and respect very much from Reno about the microboard. I think we have had enough testimony to go back and show legislative intent on that issue.

Are there any questions from the Committee?

Assemblyman Hardy:

How does this affect Lend A Hand in Boulder City, which has all volunteers that take people places? What is that volunteer going to be responsible for? Does this in any way capture the volunteerism that happens and puts a burden of identification on them?

Chairwoman Leslie:

I do not believe it does. I do not know who wants to speak for the group that worked on this. We might as well let you answer those questions.

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

The Lend A Hand agency in Boulder City does not tend to do hands-on care. They tend to come in and do the transportation. They do a lot of respite. I do not believe they would be affected by that. It is not our intent to have an agency such as Lend A Hand be licensed.

Assemblywoman Parnell:

Mary, I think you could answer this as well. I asked about this on the day of the hearing. It is in regard to RSVP [Retired and Senior Volunteer Program], who does go into the home. They have the home companion program. I looked at the list, and they do some of the things on the list, but not the entire list. I read it to mean if you do any one of these on the list, then you would come under this qualification. I think that is the concern of both Dr. Hardy and myself.

Mary Liveratti:

We did delete the section regarding respite in our amendments in the hopes we would not affect RSVP and the senior programs. We are recommending deleting that entire section.

Assemblyman Hardy:

So, I am looking at this exactly how Assemblywoman Parnell is looking. The Lend A Hand people do the laundry, shop, clean, transport people, and prepare

meals. I suspect after involvement with that person, they do some grooming, elimination of waste, and those kinds of things. So what I am asking is, does this apply to a nonprofit organization? Can we exempt them out so that they are not in it for the business of it as much as for the care of the people? If I had a sentence that is "as pertains to an agency that is for remuneration" that is different than a "let us help somebody with our needs, because we love people."

Mary Liveratti:

That is exactly right. Our intent is to go after the businesses that are collecting \$7, \$18, or \$20 an hour and are not being licensed. It is not our intent to go after a nonprofit agency that provides those kinds of services. We would welcome if you wanted to amend that, if it would make you feel more comfortable.

Assemblyman Hardy:

My conceptual amendment would be to exempt those agencies that are not-for-profit, not in the business, but are interested in the voluntary nature. Obviously they would have some costs involved that would be minimal in nature. I do not want to preclude them getting donations from the family or something of that nature, but not as a business, per se. If they are a 501(c)(3), then they are protected?

Chairwoman Leslie:

Some 501(c)(3)s might be employed as full-time personal care assistants.

Mary Liveratti:

That is correct. I think we might be able to handle it in regulations, though, what those exemptions would be. That way we would make sure the true nonprofits are exempted, but people who are nonprofit, but have the business and are doing it full time, would comply.

Assemblywoman McClain:

I am looking at the amendment. It does not say by contractual arrangement. Doesn't it imply it is a business that is getting paid for doing this? That would exempt any volunteer organizations like RSVP, whether they are profit or nonprofit.

Mary Liveratti:

Yes, we did have contractual arrangements, so people could not get around it by saying they were a contractor. They would have to be licensed if they had a contractual arrangement. If I understand what you are saying, typically the nonprofits would not have a contractual relationship.

Assemblywoman McClain:

This is saying, "...contractual arrangement between the employee and employer." That is all this says. We might put something in there that says anytime they get paid for providing these services.

Chairwoman Leslie:

They might have stipends. It is tough. I am sure you have been through this with your group of people working on the amendment. I am not sure quite how to do this, because every situation is so different. I think we are all on the same page in terms of the concept.

Assemblywoman Pierce:

I think Ms. McClain is right. I think with the contractual arrangement, with the term "volunteers," they are not employees. I think nonprofits, if it is strictly volunteers, are not employees. I think "contractual arrangement" does what people want it to do but also I just think we need to be careful. I think this is a good idea because the people who need this kind of service are the most vulnerable people in our society. I think I would rather err on the side of catching some nonprofits. There are some nonprofits out there that are and can be a little scary.

Jennifer Dunaway, Health Facilities Surveyor, Bureau of Licensure and Certification, Health Division, Department of Human Resources, State of Nevada:

It was not our intent in the workgroup to include anybody who was a volunteer. So as we indicated, RSVP, any home companions, we would exclude. It is our intent just to license the agencies that provide the direct care to the person with the disability.

Mary Liveratti:

I think, again, we could define what an employee is in our regulations and capture that definition.

Chairwoman Leslie:

I know how many of you worked on this, not that the number of people who worked on it is an indication of the quality of work. I think you did do a really good job. I personally am willing to make the leap that you understand where the Committee is coming from, that you agree, and you will address this in regulations. Ms. Parnell, are you comfortable?

Assemblywoman Parnell:

Yes, I am. I trust it will be taken care of.

Chairwoman Leslie:

The Chair would entertain a motion from the Committee.

ASSEMBLYWOMAN McCLAIN MOVED TO AMEND AND DO PASS
ASSEMBLY BILL 337.

ASSEMBLYWOMAN KOIVISTO SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

Chairwoman Leslie:

So, we are on to the last bill. Assembly Bill 454 is behind Tab M in your work session binder ([Exhibit B](#)).

Assembly Bill 454: Makes various changes concerning provision of supported living arrangement services. (BDR 39-236)

Barbara Dimmitt, Committee Policy Analyst, Legislative Counsel Bureau:

This bill makes changes of supportive living arrangement services. This bill was requested on behalf of the Division of Mental Health and Developmental Services. It involves certification for providers of supportive living arrangement services for individuals with mental retardation. The provision of these services is made contingent upon obtaining and maintaining such certification as it applies to natural persons and to entities such as partnerships, firms and governmental agencies.

Testimony was received in support of this bill. In addition, concerns were raised regarding certain issues, including provisions requiring the establishment of quality-of-care standards. There was a desire for such provisions, and additional discussion focused on providing supportive living arrangements, and services may involve performing certain nursing duties in some cases.

The Department of Mental Health and Developmental Services has presented a proposed amendment to address the issue of monitoring the quality of care of providers. It also addresses some technical matters. They did not mean to require that investigations be made into the premises of facilities. This is not a facility-driven service. It is provided in an individual's home. They also removed a mistake in reference to "penalty" in the description of this bill. There is no

penalty of that nature in the bill. The quality standards are in the middle of the page, Section 6.1.

[Barbara Dimmitt, continued.] In addition, we did receive some communication from the Nevada Nurses Association ([Exhibit C](#)). They canvassed their members and came up with a letter to signal their communication with regard to desiring certain things are taken care of in regulation, according to the description of the nurses. They are willing to not oppose the bill at this time. There are some concerns as to what types of services the people would be able to perform. Some of these may not be safe for a person of certain training to perform.

In addition, underneath the letter from the nurses ([Exhibit C](#)), you will see there is a letter from the Division of Mental Health and Developmental Services to Lisa Black of the nurses ([Exhibit D](#)), basically confirming that they are in agreement with working with the Nurses Association.

Chairwoman Leslie:

I appreciate the Division working with the Nurses Association. I am not a nurse or a doctor, and I was uncomfortable with the bill when we first heard it. I approached the Nurses Association and asked them to take a close look at the bill. That is what you have in front of you. They indicated to me that although they do have concerns, they also recognize the nursing shortage. They need people with disabilities to live in their least restrictive environment in their community. I am satisfied since the nurses are satisfied.

Assemblyman Hardy:

I like the bill. I am looking at the letter from Lisa Black ([Exhibit C](#)). On page 2 at the top at number 2, where it says, "All DEA [U.S. Drug Enforcement Administration] categorized Schedule II narcotics must be administered by a licensed nurse," I confess I can't write them all. The Schedule II may be wrong; I do not know if anybody is out there that can clarify that term. Some of the patches we use, like the 72-hour patches, are not hard to do because there are no needles involved.

I am not sure I can agree with everything mentioned in this regulation that has been suggested, but I do support the bill.

Chairwoman Leslie:

I could not argue with you one way or the other. If you do not know, then I sure do not know. I think the point would be that in regulation, there would be public hearings and a full opportunity to have the medical profession involved in these decisions. So, I trust the regulatory process in that way.

Assemblywoman Angle:

I have a question on the licensed nurses. Is it an RN [registered nurse] or LPN [licensed practical nurse]? They are both licensed. A licensed practical nurse has a little less education, I believe. I am just wondering when we discuss this number two, if they were thinking of all licensed nurses or just an RN. How were they thinking on that licensing?

Chairwoman Leslie:

I could not answer that, but perhaps Dr. Hardy could respond.

Assemblyman Hardy:

I would be happy to answer that. It says "any licensed nurse," so either one—an LPN or an RN—would be capable of doing that.

Chairwoman Leslie:

"Licensed nurse" covers both?

Assemblyman Hardy:

That is correct.

Chairwoman Leslie:

Do we have other comments on the bill? I appreciate all the hard work of all of you in the room. We share the same goal you do. We want people to be safe. We do recognize the nursing shortage. We do not want to keep people in the higher levels of care it is more than they need.

ASSEMBLYMAN HARDY MOVED TO AMEND AND DO PASS
ASSEMBLY BILL 454.

ASSEMBLYWOMAN McCLAIN SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

Chairwoman Leslie:

[Meeting was adjourned at 3:51 p.m.]

RESPECTFULLY SUBMITTED:

Linda Utt
Transcribing Attaché

APPROVED BY:

Assemblywoman Sheila Leslie, Chairwoman

DATE: _____

EXHIBITS

Committee Name: Committee on Health and Human Services

Date: April 13, 2005

Time of Meeting: 1:30 p.m.

Bill	Exhibit	Witness / Agency	Description
	A	Committee on Health and Human Services	Agenda
A.B. 42 A.B. 43 A.B. 59 A.B. 271 A.B. 296 A.B. 322 A.B. 337 A.B. 342 A.B. 353 A.B. 369 A.B. 380 A.B. 444 A.B. 454 A.B. 523 A.B. 545	B	Barbara Dimmitt, Research Division	Work Session Document
A.B. 454	C	Lisa Black, Nevada Nurses Association	Letter expressing concerns regarding treatment of the disabled
A.B. 454	D	David Luke, Nevada Division of Mental Health and Development Services	Letter to Lisa Black, Nevada Nurses Association, regarding A.B. 454