

**MINUTES OF THE
SENATE COMMITTEE ON HUMAN RESOURCES AND EDUCATION**

**Seventy-third Session
March 14, 2005**

The Senate Committee on Human Resources and Education was called to order by Chair Maurice E. Washington at 1:30 p.m. on Monday, March 14, 2005, in Room 2135 of the Legislative Building, Carson City, Nevada. [Exhibit A](#) is the Agenda. [Exhibit B](#) is the Attendance Roster. All exhibits are available and on file at the Research Library of the Legislative Counsel Bureau.

COMMITTEE MEMBERS PRESENT:

Senator Maurice E. Washington, Chair
Senator Barbara V. Cegavske, Vice Chair
Senator Dennis Nolan
Senator Joe Heck
Senator Bernice Mathews
Senator Valerie Wiener
Senator Steven Horsford

STAFF MEMBERS PRESENT:

Leslie K. Hamner, Committee Counsel
Marshellah D. Lyons, Committee Policy Analyst
Cynthia Cook, Committee Secretary

OTHERS PRESENT:

Doreen Begley, MS, RN, Administrator, Orvis Nursing Clinic, University of Nevada, Reno
Dr. Patsy L. Ruchala, DNSc, RN, Professor and Director, Orvis School of Nursing, University of Nevada, Reno
Robin Keith, Nevada Rural Hospital Partners Foundation
Roger Volker, Executive Director, Great Basin Primary Care Association
Dr. Michael Rodolico, Executive Director, Health Access Washoe County, Incorporated
Steven C. Hansen, Chief Executive Officer, Nevada Health Centers, Incorporated

CHAIR WASHINGTON:

We will open the meeting with a presentation from Orvis Nursing Clinic.

Senate Committee on Human Resources and Education
March 14, 2005
Page 2

DOREEN BEGLEY (MS, RN, Administrator, Orvis Nursing Clinic, University of Nevada, Reno):

I will read my prepared testimony ([Exhibit C](#)) to describe the service provided by the Orvis Nursing Clinic.

CHAIR WASHINGTON:

Page 3 of [Exhibit C](#) mentions the difficulty in recruiting willing providers. Is that because of the level of Medicaid reimbursement or, the lack of timely payment?

MS. BEGLEY:

Both of those are contributing factors. Orvis Nursing Clinic now has a part-time coordinator to assist patients in making specialty referrals.

CHAIR WASHINGTON:

Do most providers do their own billing?

MS. BEGLEY:

Yes. The providers to whom we are referring patients have a more sophisticated billing system in place than our simple system.

CHAIR WASHINGTON:

What group of providers is the most difficult to recruit?

MS. BEGLEY:

We have problems recruiting specialists in pediatric urology and dermatology.

SENATOR WIENER:

Are there programs to counsel patients regarding wellness choices, nutrition and obesity issues?

MS. BEGLEY:

That is an automatic part of the nurse practitioner's patient counseling and assessment. We encourage healthy choices at an early age.

Page 3 of [Exhibit C](#) deals with Medicaid issues.

CHAIR WASHINGTON:

There is a reference in page 3 to Nevada Care. Is that the same as Nevada Check-up?

Senate Committee on Human Resources and Education
March 14, 2005
Page 3

MS. BEGLEY:

No, Nevada Care is a health maintenance organization. We also care for Nevada Check-Up clients. Reimbursement received from Medicaid takes a minimum of 120 days.

CHAIR WASHINGTON:

Does the University of Nevada, Reno provide funding for the Orvis Nursing Clinic?

MS. BEGLEY:

The university underwrites all of the overhead for the clinic.

SENATOR WIENER:

How many nursing students help staff the clinic?

DR. PATSY L. RUCHALA, DNSc, RN (Professor and Director, Orvis School of Nursing, University of Nevada, Reno):

The clinic is used for Advanced Practice Nurse (APN) students at the master's level and undergraduate students. The APN students are required to be on a one-to-one ratio with the nurse practitioner. In any academic year there might be one or two APN students. At the undergraduate level, by the rules of the State Board of Nursing, there can be one faculty member to eight students in any clinical group. Because of the small number of staff, we may have eight students in a semester. There would not be more than three undergraduate students physically working within the clinic each semester. Those students can do histories, interviews and wellness counseling. Because of the layout of the clinic, they must be watched closely. We also have leadership students.

CHAIR WASHINGTON:

During the flu epidemic there were many children and single parents coming to the clinic. Is that normal?

MS. BEGLEY:

We see a gamut of patients and nobody is turned away. The majority of the clientele are young, Hispanic multi-child working people. We also see an elderly population. We work in collaboration with the Great Basin Primary Care Association.

ROBIN KEITH (Nevada Rural Hospital Partners Foundation):

Safety net providers are that portion of the health care delivery system that provides basic care to those who would be unable to provide it for themselves. It is focused on primary basic health care. Primary care is fundamental care that is needed by all people, as distinguished from specialty care. Examples of primary care include checkups and screenings for acute and chronic conditions, care of basic illness and injury, non-cosmetic dental care, immunizations and disease prevention. Physicians who are considered to be primary care practitioners include family practitioners, those who provide internal medicine, obstetrical and gynecological services and pediatrics. Primary care also includes mental health practitioners, dentists, nurse practitioners, physician's assistants and community health nurses. The safety net is made up of many different players. Safety net providers often offer care at cost, below cost or entirely free. We believe, in this country, that people have a right to health care. There is a proven link between the lack of care and the cost of care.

ROGER VOLKER (Executive Director, Great Basin Primary Care Association):

There are 22 community health centers and 12 tribal clinic sites in Nevada. The sites have approximately 200,000 patient visits annually and comprise a significant part of the safety net. I will review the data I have prepared for the Committee ([Exhibit D](#)).

CHAIR WASHINGTON:

What are the current income guidelines for the federal poverty level referred to in the chart on page 4 of [Exhibit D](#)?

MR. VOLKER:

I believe the figure for 200 percent of the federal poverty level is \$35,000 total income annually for a family of four. The percentage of uninsured individuals in Nevada has increased over the past three years. Part of the increase is due to people with jobs who cannot afford insurance and work for companies who cannot afford to offer insurance. The working-poor group is growing because of the growth of the Nevada economy.

DR. MICHAEL RODOLICO (Executive Director, Health Access Washoe County, Incorporated):

Health Access Washoe County Incorporated (HAWC) is in its tenth year. Last year, the center provided 48,000 total visits. We provide family practice, internal medicine, pediatrics, family dentistry and children's mental health. We

have low-cost pharmacy, laboratory and X-ray services. We have state contracts to provide services for The Women's Health Connection, a breast and cervical cancer early-detection program available to eligible Nevada women at no cost. We also have state contracts for diabetic lab testing, diabetic supplies and diabetic program data. We receive some of the State's tobacco money to operate a free Saturday medical and dental clinic for children. The target population is the working uninsured, Medicaid and Medicare recipients. The charts on pages 2 and 3 of [Exhibit E](#) describe the funding sources of our clinic.

CHAIR WASHINGTON:

Page 2 of [Exhibit E](#) notes cuts of domestic programs in the federal budget. Could the Committee be provided with a list of the programs that are proposed to be cut?

DR. RODOLICO:

I will work with Jon L. Sasser, Nevada Legal Services, to make that information available to you.

STEVEN C. HANSEN (Chief Executive Officer, Nevada Health Centers, Incorporated):

We are a federally qualified health center (FQHC) founded in 1977. We have expanded from a rural operation to serving in Las Vegas. The organization operates two homeless clinics, one mobile mammography unit and three primary-care clinics in the Las Vegas area. An obstetric clinic was started a year ago due to issues in Las Vegas with malpractice insurance. One of the benefits of being a FQHC is that we are covered under the Federal Torts Claim Act; we do not have to pay malpractice fees. There have been between 80 and 100 births each month. Most of the clients are uninsured or underinsured, with low access to care. We have been fortunate in capturing local providers who were going to move out of Nevada because they could not afford the malpractice premiums. About 30 percent of the births are covered by Medicaid. We hired a crew of eligibility workers to work with Medicaid. We also received a federal grant. One of the benefits of serving in Nevada is grant writing is easier because our health indicators are so poor. We operate ten rural and frontier clinics. Frontier clinics are in areas where there are no hospitals and we are the only doctor in town. We began operations on three new school-based clinics in Las Vegas to serve ten schools. We are now administering a program called "Miles for Smiles" for dental care.

CHAIR WASHINGTON:

The dental community is concerned with the type of care being given to the uninsured population. The claim is the checkups are being done, but ongoing care is lacking.

DR. RODOLICO:

There is some truth and some myth to that. One of the indicators we track is treatment plans completed for children three to seven years of age. That is a federal standard. When a child comes in, a dentist does a full examination and completes a treatment plan. The patient returns to complete the plan. Our completion rate is over 70 percent. We do basic family dentistry we do not have specialties. Our visits average three appointments per child, and we are able to accomplish what is needed for those children. Advanced surgery or orthodontics must be referred and that is difficult. It is hard to find providers who will do those services, and we have a list of patients needing such care.

CHAIR WASHINGTON:

What is done for working adults who require dental care?

DR. RODOLICO:

There is no budget for seniors or working adults. Those are real concerns.

CHAIR WASHINGTON:

Will you describe what is included in cosmetic dental work mentioned by Ms. Keith?

DR. RODOLICO:

We do not do any cosmetic dental work at HAWC. I believe Ms. Keith said the safety net providers do non-cosmetic dental care.

CHAIR WASHINGTON:

Do you access the dental school in Las Vegas?

MR. HANSEN:

We have partnerships with the dental school which includes needed specialty work. We are working to increase the number of providers in the Las Vegas area. We primarily take care of children until we build up a system in which we can do more. For medical care, FQHCs receive a reimbursement based upon

cost. On the dental side, in this State, there is no cost-based reimbursement. We are reimbursed equal to any private dentist in the State.

SENATOR HORSFORD:

This Committee was told there was approximately \$16 million allocated to the State for medical services for uninsured children. Because of the inability to leverage funding and provide proposals, the money was recaptured and distributed to other states.

MR. HANSEN:

I was not aware of that. Nevada Health Centers does not receive any operating funds from the State.

SENATOR HORSFORD:

What concerns me is we have the safety net service providers doing this work with some of the funding coming from private foundations and private insurance. We should exhaust all of our resources before this money is recaptured.

MR. HANSEN:

Nevada Health Centers provides services to Child Haven in Las Vegas. This entails working with children who have been taken into custody and foster care. We partner with the federal government, local communities and foundations. Nevada Health Centers had approximately 100,000 patient visits this past year, and they anticipate 115,000 patient visits this year. We serve underserved people in the rural areas and underinsured people in the urban areas.

MS. KEITH:

Hospitals play several roles as safety net providers. They make available primary care to deal with physical and mental health issues, acute care and outpatient services. Rural hospitals have clinics that are a part of the network. They play an important role in physician recruitment and retention, and they support access to a variety of activities.

SENATOR NOLAN:

There are programs that have provided doctors in rural areas in the past. What is the status of those programs?

MS. KEITH:

Those programs still exist. The current federal budget contains significant cuts to the federal program, and we may feel an effect. The State's program, Nevada Health Service Corp, is funded through the university budget. We also have what is called the J-1 Visa program. The J-1 Visa allows an international medical graduate to come to the United States under an educational exchange program for up to seven years. When the visa expires, the physician must return to his/her own country for at least two years before applying for a permanent visa in the United States. The J-1 Visa categories include physicians, professors and research scholars, trainees, international visitors, government visitors, college and university students and short-term scholars.

SENATOR NOLAN:

Is the shortage a funding issue or just not being able to find practitioners willing to work in rural communities?

MR. HANSEN:

It is difficult to find providers to work in rural areas and underserved urban areas. We have found success in the J-1 Visa program in our rural areas. It comes down to those who have the mission-driven mentality and want to be there. Retention is always an issue.

CHAIR WASHINGTON:

We thank you all for the presentations today. I will now entertain a motion for committee introduction of Bill Draft Request (BDR) 38-686.

BILL DRAFT REQUEST 38-686: Revises provisions relating to payment of per diem and travel expenses for members of Advisory Committee on Traumatic Brain Injuries. (Later introduced as [Senate Bill 187](#).)

SENATOR NOLAN MOVED TO INTRODUCE BDR 38-686.

SENATOR WIENER SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

Senate Committee on Human Resources and Education
March 14, 2005
Page 9

CHAIR WASHINGTON:

There being no other issues before us today, this meeting of the Senate Committee on Human Resources and Education will now adjourn at 3:12 p.m.

RESPECTFULLY SUBMITTED:

Cynthia Cook,
Committee Secretary

APPROVED BY:

Senator Maurice E. Washington, Chair

DATE: _____