

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

**Seventy-Fourth Session
May 14, 2007**

The Committee on Health and Human Services was called to order by Chair Sheila Leslie at 1:50 p.m., on Monday, May 14, 2007, in Room 3138 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. The meeting was videoconferenced to Room 4401 of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. Copies of the minutes, including the Agenda ([Exhibit A](#)), the Attendance Roster ([Exhibit B](#)), and other substantive exhibits are available and on file in the Research Library of the Legislative Counsel Bureau and on the Nevada Legislature's website at www.leg.state.nv.us/74th/committees/. In addition, copies of the audio record may be purchased through the Legislative Counsel Bureau's Publications Office (email: publications@lcb.state.nv.us; telephone: 775-684-6835).

COMMITTEE MEMBERS PRESENT:

Assemblywoman Sheila Leslie, Chair
Assemblywoman Susan I. Gerhardt, Vice Chair
Assemblyman Bob L. Beers
Assemblyman Joseph P. (Joe) Hardy
Assemblywoman Ellen Koivisto
Assemblywoman Kathy McClain
Assemblywoman Bonnie Parnell
Assemblywoman Peggy Pierce
Assemblyman Lynn D. Stewart
Assemblywoman Valerie E. Weber

COMMITTEE MEMBERS ABSENT:

Assemblywoman RoseMary Womack (Excused)

GUEST LEGISLATORS PRESENT:

Senator Barbara K. Cegavske, Clark County Senatorial District No. 8
Senator Warren B. Hardy II, Clark County Senatorial District No. 12
Senator Joyce L. Woodhouse, Clark County Senatorial District No. 5



STAFF MEMBERS PRESENT:

Sarah J. Lutter, Committee Policy Analyst
Patricia Evans, Committee Secretary
Olivia Lloyd, Committee Assistant

OTHERS PRESENT:

Alex Haartz, Administrator, Health Division, Department of Health and Human Services
Carol Sala, Administrator, Division for Aging Services, Department of Health and Human Services
Barry Gold, Director of Government Relations, American Association of Retired Persons
Laura Hale, Chief, Grants Management Unit, Department of Health and Human Services' Director's Office
Brian Patchett, President/CEO, Easter Seals Southern Nevada, Governor's Council on Developmental Disabilities
Cindy Ortiz Gustafson, Director of Research and Special Projects, Nevada Blind Children's Foundation
Kevin Spilsbury, Vice President, Premier Mechanical
Bodi Wallace, Private Citizen
Michael J. Willden, Director, Department of Health and Human Services
Leslie Tolbert, Private Citizen
Michelle Maltezo, Private Citizen
Oran McMichael, Director, Area Field Services, American Federation of State, County, and Municipal Employees
Gary Yup, Private Citizen
Kelly Stringer, Private Citizen
Cheryl Means, Private Citizen

Chair Sheila Leslie:

[Meeting called to order. Roll called.] We will open the hearing on Senate Bill 314 (1st Reprint).

Senate Bill 314 (1st Reprint): Requires the provision of information concerning services that are provided at certain residential facilities. (BDR 40-1169)

Senator Joyce L. Woodhouse, Clark County Senatorial District No. 5:

[Read from prepared text ([Exhibit C](#)).]

Chair Leslie:

Are there any questions for Senator Woodhouse? [There were none.]

Alex Haartz, Administrator, Health Division, Department of Health and Human Services:

We have spent some time working with Senator Woodhouse, the Division of Aging Services (DAS), and the Bureau of Licensing and Certification (BLC). If this bill passes, how do we implement it? We would propose the following suggestions ([Exhibit D](#)).

Assemblywoman Weber:

The residential facilities cannot be licensed. Is that correct?

Alex Haartz:

Within *Nevada Revised Statute* (NRS) 449, a facility has to rise to a certain level of providing services or care before they hit the threshold of licensure. There are a number of facilities that have a business license, but do not provide hands-on care, and do not care-manage. They provide room and board, and perhaps some organized services. Those do not rise to the threshold of requiring licensure. They look alike, share a common name, and operate as a continuum of services.

Assemblywoman Weber:

There are hospitality models versus medical models. Is that where the differentiation is?

Alex Haartz:

That is a good starting point. One is a living arrangement along the hospitality line. The other does not rise to a medical care facility such as a skilled nursing facility, but does assistant medication management, and that is where State law comes in, and the facility has to be licensed.

Assemblywoman Weber:

How does assisted living fall into these arrangements?

Alex Haartz:

It depends on how you define "assisted living." The Legislature has wrestled with the definition. There are many definitions of "assisted living." There are many places that use the term "assisted living" in which there is no assistance with the activities of daily living, and individuals are not touched. Pursuant to State law a facility licensed as a residential facility for groups, or adult group care, can use the term "assisted living" in their title only if they meet certain standards. There are those that use the term that are licensed, and there are those that use the term and are not licensed.

Chair Leslie:

We have had that discussion many times.

Assemblywoman Parnell:

It is difficult to figure out the differences between residential, assisted, and convalescent facilities. One piece of information that becomes critically important is which facilities accept Medicaid, Medicare, and other forms of coverage versus those for which you pay the costs out-of-pocket. We need to make sure that Section 4, subsection 2 says "such other information as is deemed beneficial." It would be incredibly important to say "this type of facility does not accept Medicare, or Medicaid."

Chair Leslie:

Any comment on that?

Senator Woodhouse:

I agree.

Chair Leslie:

We will make a note of that for our work session.

Carol Sala, Administrator, Division for Aging Services, Department of Health and Human Services:

The BLC, Health Division, DAS, and some other boards have worked to come up with language to provide the necessary information to the consumer.

Chair Leslie:

Looking through the testimony provided by Senator Woodhouse, it looks like DAS is going to absorb the cost?

Carol Sala:

That is correct. There is no fiscal impact.

Chair Leslie:

Are there any questions?

Barry Gold, Director of Government Relations, American Association of Retired Persons:

This bill will allow residents and their families to be better informed of what is provided or not provided in an independent living facility, as well as what alternative levels of care are available. Older persons and their families can be apprehensive when determining which facility is best. We are happy to work with DAS to provide definitions and levels of care in order to fulfill the

requirements of this bill. We have information pertaining to documents and definitions, and we have been doing this for a long time.

Chair Leslie:

Are there any questions? [There were none.] Is there anyone else who would like to testify in favor, or against S.B. 314 (R1)? [There were none.]

Assemblywoman Parnell:

The language in the bill does not indicate how this information will be disseminated. Most communities have doctors who see older patients. Is there a way to get those brochures into those offices?

Assemblywoman Gerhardt:

Did you explore putting some type of information about where to locate reports on certain facilities?

Senator Woodhouse:

That was one of the issues we discussed. The original thought was to have a website, but I know there are many seniors who do not have a computer. We need to have the brochures.

Assemblywoman Gerhardt:

A phone number should be included in the brochure.

Senator Woodhouse:

I would assume DAS would be willing to utilize their phone number for that purpose.

Assemblywoman McClain:

We need to make sure that 211 (a health and human services help line that connects with essential services and referrals) has the information.

Chair Leslie:

We will close the hearing on S.B. 314 (R1), and we will open the hearing on Senate Bill 541.

Senate Bill 541: Makes various changes concerning the policies and procedures of the Task Force for the Fund for a Healthy Nevada. (BDR 40-241)

Laura Hale, Chief, Grants Management Unit, Department of Health and Human Services' Director's Office:

This bill would extend the requirement from a two-year cycle for competitive applications to a four-year cycle. Some years ago we created the Grants

Management Unit which brought in several funding sources, and we found there was some overlapping programming between the Task Force Fund for Healthy Nevada and other funding sources. We worked with the Task Force to create a subcommittee so we could focus on particular program areas. Each biennium we would have two of the four subcommittees go forward with a competitive proposal. In the cycle in which the other two subcommittees are not going through the competitive process, those committees would have to put forward a noncompetitive application which would give a new time frame, any new goals and objectives, and a new budget. There are requirements in the bill that would have the subcommittee set some policies and procedures to manage the application process. We get bombarded with applications because we have about 200 grants, and we receive at least that many applications. It is a work-load issue for us to not be able to focus on applications and provide technical assistance to grantees. Splitting the cycles gives our grantees more opportunities to continue their programs and not have to stop and start every two years.

Chair Leslie:

I understand the staggering of the cycles, but are you extending the amount of time for the contracts?

Laura Hale:

We would do a new grant agreement within the two-year time frame, and we would ask them for a new time line. If our advisory committee changed priorities they would have to change time lines to reflect those changes.

Chair Leslie:

What is the length of each contract?

Laura Hale:

Two years.

Chair Leslie:

Are you aware of the amendment to Assembly Bill 182 (R1)?

Laura Hale:

The only difference is the reference to the Task Force. We should look at the Grants Management Advisory Committee. On page 5, subsection 1, line 15, are the priorities to be set by the Legislative Committee on Health Care? This bill would have the subcommittees setting the priorities.

Assemblywoman McClain:

We did not change anything on priorities. We replaced the Task Force with the Grants Management Advisory Committee.

Chair Leslie:

Are there any questions for Ms. Hale on this bill?

Assemblywoman McClain:

This amendment says one competitive round of request for proposals (RFPs) every four years.

Laura Hale:

That would be the competitive application process. The grantees which are not competing on that cycle would do a non-competitive application.

Assemblywoman McClain:

What happens in year three?

Laura Hale:

The same as it has always been. They would do one competitive round, then one non-competitive round.

Chair Leslie:

We are not extending the contract time. It is still two years, why does it say every four years?

Laura Hale:

That is the competitive application. Anyone can come into that process. They do a full application which explains what the project is, and they do a needs assessment. Right now we have a full competitive process for all categories of grantees every two years. Out of our four subcommittees, two would apply in one two-year cycle on a competitive basis. Those which are not applying on a competitive basis would be applying on a non-competitive basis. That is a smaller application process.

Chair Leslie:

I think we are going to have to sleep on this one. There may be an easier way to do this.

Assemblywoman Pierce:

What happens if you decline to renew the contract or grant?

Laura Hale:

We often have grants that do not carry forward from one year to the next. The Task Force or the Grants Management Advisory Committee (GMAC) looks at the funds available, and looks for other projects to fund. We do mid-term grants.

Chair Leslie:

We will close the hearing on S.B. 541. Let us go to work session. Ms. Lutter, please introduce Senate Bill 195 (1st Reprint).

Senate Bill 195 (1st Reprint): Enacts provisions governing the operation and use of a recreation area. (BDR 40-492)

Sarah J. Lutter, Committee Policy Analyst:

The first bill is S.B. 195 (R1). It prohibits the person who uses a recreation area from engaging in particular conduct and requires that person to follow certain safety requirements. The first proposed amendment relates to the warnings that designate dangerous conditions and potential hazards. The bill requires that the operators of recreation areas take steps to minimize all dangers and conditions of trail heads and water access areas within their control. It has been proposed that Section 10, subsections 4 and 5(c) be amended to require that those steps be taken only when related to known dangers and conditions. This amendment was proposed by Clark County and agreed upon by the Nevada Trial Lawyers Association, and Ms. Walker.

The second proposed amendment relates to trespass by a person using a recreation area. Section 10, subsection 3 provides that an owner of private property is not liable for the death or injury of a person or for damage to property caused or sustained by a person using a recreation area if the person is using a recreation area, then enters a recreation area which is located outside of the recreation area. It has been proposed that Section 10 be amended to include the word "knowingly."

Chair Leslie:

Assemblyman Hardy and Assemblyman Stewart, you had some concerns about this last week. Are your concerns alleviated?

Assemblyman Hardy:

I am going to vote for it even though it is still confusing to me.

Assemblyman Stewart:

I think a person could enter an area and still say I did not know.

Assemblywoman Parnell:

Would a state park be included in "recreation area?" What is the difference between Sand Harbor State Park recreation area, and one referenced in the bill?

Sarah J. Lutter:

It is specifically defined in the bill. It is related to trail heads and to water access areas. State parks are under different regulations. This legislation is to capture only areas that are not captured in regulation.

Assemblyman Stewart:

I will vote in favor of this bill with the understanding that I may change my vote on the floor.

ASSEMBLYWOMAN GERHARDT MOVED TO AMEND AND
DO PASS AS AMENDED SENATE BILL 195 (R1).

ASSEMBLYWOMAN McCLAIN SECONDED THE MOTION.

THE MOTION PASSED. (ASSEMBLYWOMAN WOMACK WAS
ABSENT FOR THE VOTE).

Chair Leslie:

Let us go to Senate Bill 266 (1st Reprint).

Senate Bill 266 (1st Reprint): Requires the performance of tests for the human immunodeficiency virus for pregnant women and newborn children. (BDR 40-1063)

Sarah J. Lutter:

Senate Bill 266 (R1) requires certain prenatal tests for pregnant women, and new-born children. It requires testing for Human Immunodeficiency Virus (HIV). It provides immunity from civil and criminal liability and professional discipline for health care providers under certain circumstances.

The first proposed amendment relates to parental rights to object to the performance of the Rapid HIV test on a newborn. Section 7 allows a parent of a newborn to object to the performance of the HIV test. It has been proposed that Section 7 be amended to give the same right to a guardian of a newborn because the biological parent is not always available to make that decision. This was proposed by the Washoe County District Department of Health. It was proposed that Section 8 be removed completely. It is believed it could have unintended negative consequences on HIV testing. It was proposed

because they felt that informed consent regarding HIV testing is already obtained, and the requirement would add an additional stigma to HIV testing.

The second proposed amendment has two options. It is related to the information pamphlet that is discussed in Section 8. The bill makes sure the pregnant woman receives a pamphlet which informs her of her right not to have the test. Second, the parent of the newborn or the guardian receives a pamphlet that informs them of their right to object to the performance of the test because it is contrary to their religious belief.

The second amendment was proposed by University of Las Vegas (UNLV) School of Public Health, and agreed upon by the Nevada Eagle Forum. It is proposed that the section related to the pamphlets should be amended to require the information be broadened, and that it includes information on the benefits received with the test should the test come back positive.

The final proposed amendment relates to provider immunity, which is provided in Section 9. The bill provides immunity from civil, criminal, and disciplinary action to health care providers. The Nevada Trial Lawyers' Association proposed that Section 9 be removed. It was felt that by granting absolute immunity to providers of health care, there is no reason for providers to participate in the program.

Chair Leslie:

Let us take these three areas separately. Are there any thoughts on the first proposed amendment? Are there any objections? The second proposed amendment is Section 8: remove it completely, or add to the pamphlet the benefits of receiving the test. Assemblyman Hardy and Assemblywoman Pierce want to get rid of it altogether. On the third proposed amendment, if we do not get rid of Section 9, what is the point of the bill? I have discussed this with Senator Horsford and he agreed to take it out. I did not discuss Section 8 with Senator Horsford. We have changed the bill, so it will go to the Conference Committee. We will add "guardian", and strike Sections 8 and 9.

Assemblywoman Weber:

I do not see anything in the work session document about the clear requirements for the rapid test for HIV since there are two waived tests, and there are two moderate complexity tests. Who will be doing these tests?

Assemblyman Hardy:

I am not sure where we are with it.

Chair Leslie:

Is there someone here who can resolve that issue?

Alex Haartz, Administrator, Health Division, Department of Health and Human Services:

Nevada Revised Statute 652 refers to medical laboratory licensure. I will have our medical laboratory staff research this if there is a specific question.

Chair Leslie:

Would the regulations take care of that?

Alex Haartz:

There is extensive regulation on it. If the specific question concerns a type of provider such as a mid-wife, I can get an answer to that.

Chair Leslie:

We will hold S. B. 266 (R1), but I will ask Assemblywoman Weber to work with Mr. Haartz to get a specific answer so we can move this bill. We will open the hearing on Senate Bill 377 (1st Reprint). We are waiting for Senator Hardy to introduce the bill. We will recess for a few minutes. Please do not leave the room unless you are returning immediately.

[Recessed at 2:30 p.m.]

Chair Leslie:

[Meeting called back to order at 2:37 p.m.] Senator Hardy, since you are the sponsor of the bill we would like to begin with you.

Senate Bill 377 (1st Reprint): Enacts provisions relating to early intervention services for infants and toddlers with disabilities. (BDR 40-12)

Senator Warren B. Hardy II, Clark County Senatorial District No. 12:

I always check with the Division involved to determine whether or not there is a real issue. This bill matches a policy bill with what the Division intended to do through their budget. Senator Barbara Cegavske and I attempted to provide an amendment in the Senate. I hope to incorporate all of the concerns of the Health Division and the concerns of this Committee in this amendment. I would like to withdraw the last amendment which states that no state position will be eliminated due to the provisions of this act.

Chair Leslie:

Where is that in your amendment?

Senator Hardy:

It is amendment number seven.

Chair Leslie:

We would like to give Senator Cegavske an opportunity to present her amendment. Is there any other comment you would like to make?

Senator Barbara K. Cegavske, Clark County Senatorial District No. 8:

This bill was discussed during the 2005-2006 Interim. We decided not to pursue legislation concerning early intervention services after we learned that Senator Hardy had a bill draft request (BDR) on the topic. However, the committee felt strongly about Nevada Early Intervention Services (NEIS), and at a work session we agreed to include statements in our report to support the concept of the Department of Health and Human Services (DHHS) contracting with private agencies for 20 percent of the NEIS caseload. On behalf of the Legislative Committee on Persons with Disabilities, I would like to read to you our recommendation supporting this bill.

- Number 26 includes a statement in the final report urging the DHHS to transition 20 percent of the NEIS caseload to private agencies, and to have an independent evaluator gather data on the effectiveness. Since the consolidation, NEIS has struggled to provide timely and quality services to young children with disabilities.
- Number 27 includes a statement in the report urging the DHHS to continue the practice of using NEIS vacancy savings to contract with private providers, and provider agencies until at least 20 percent of the NEIS caseload is being privately served. In Fiscal Year 2006 the NEIS had several unfilled staff vacancies that made it difficult to serve the client base. In an effort to remedy the problem, NEIS proposed a work program to use their vacancy savings to contract with private provider agencies.

This was brought to our interim committee and we did not have anyone in opposition. I have provided an amendment for your consideration ([Exhibit E](#)). The disability community supported the idea of 20 percent of the NEIS caseload be contracted out to private providers. It was not the interim committee's intent to require the privatization of more than 20 percent of these services. That was my intent on the Senate side, but there was opposition to amending the bill. I am not here to support the amendment that has been presented by Senator Hardy. I am here to present the interim committee's recommendation, and this would have been the bill language had we put it through our committee.

Assemblyman Hardy:

Do you want this amendment to read "up to 20 percent"?

Chair Leslie:

Your intent is "up to 20 percent," and not beyond.

Assemblyman Hardy:

Do you have specific problems in the mock-up bill?

Chair Leslie:

Senator Cegavske is here representing the interim committee.

Senator Cegavske:

I am here as the Chair of the interim committee to clarify where we began and what our intent was. The only thing that should be in this bill is the language "up to 20 percent." That was the intent. I have not gone through the other provisions. We do not need to address the comments Senator Hardy made on Section 7. If you have the language "up to 20 percent" you do not need number 7.

Chair Leslie:

Are there any other questions for Senator Cegavske in her position as Chair of the interim committee?

Assemblywoman Weber:

As I recall, we are trying to make sure the incapacitated were served.

Chair Leslie:

Let us listen to the proponents of the bill. Please recognize that we have only 20 minutes.

Brian Patchett, President/CEO, Easter Seals Southern Nevada, Governor's Council on Developmental Disabilities:

I have been authorized on behalf of the Governor's Council on Developmental Disabilities to offer our support on this bill as amended. That is the position that came out of the Strategic Plan Accountability Committee (SPAC), and was part of the interim committee. Our intent is to serve children with disabilities. Easter Seals has been around since 1919. We are a non-profit organization and serve approximately 40,000 children from birth to 3 years old. Our intent is to provide a greater choice for parents. We are planning for the future as well as the present in Nevada. Easter Seals will be opening an autism program in the coming months. No one will be charged for this service.

Chair Leslie:

Are you supporting the amendment presented by Senator Hardy?

Brian Patchett:

I support that amendment.

Assemblywoman Koivisto:

If NEIS is having difficulty finding employees, where are you going to find them?

Brian Patchett:

We have been able to find staff through the University of Nevada, Las Vegas (UNLV), and through advertising. Finding therapists is a challenge. We have not had a challenge to find child developmental specialists.

Assemblywoman Koivisto:

Are you able to pay a lot more?

Brian Patchett:

We do not pay more than the State of Nevada.

Assemblyman Stewart:

Easter Seals was given an allotment which was not filled.

Brian Patchett:

Easter Seals has been given the ability to serve up to 60 children, we are serving 45 children. The contract, as written, has made it difficult for us to reach 60 children. We have had difficulty finding qualified children based on rules given to us by NEIS.

Cindy Ortiz Gustafson, Director of Research and Special Projects, Nevada Blind Children's Foundation:

This bill will not threaten State jobs. That data can be supplied by the Health Division. This is a public/private partnership that makes sense for all parties. We advocate the language "up to 20 percent." The evaluation piece was meant to be a clarification. It was miswritten in the original bill. It was not supposed to say that the evaluation was going to be for new providers only. The piece about the progress reports is intended to give a feed-back mechanism.

Chair Leslie:

So you are in favor of Senator Hardy's amendment? [The answer was "Yes."]

Assemblywoman Parnell:

It concerns me for someone to say that if DHH, and this agency in particular, lose 20 percent of its budget that it is not going to affect the work force.

Cindy Ortiz Gustafson:

I believe the budget allotments already use a number of contractors in their services. Those jobs are unfilled, and that was our point. Each year \$1 million is turned back in salary savings. Seven percent of that money is being used for private contracts. It is money which has been allocated but cannot be spent by the Health Division.

Assemblywoman Parnell:

Currently, it allows this to happen. We are requiring a State agency to get a private contract for that 20 percent. That does not make sense to me. Current law reads that if that happens, and if it is needed, they can go out and look for private partners. I do not think we should be so sure of the consequences of a 20 percent reduction.

[Chair Leslie left the meeting.]

Kevin Spilsbury, Vice President, Premier Mechanical:

Even though the agency has the capacity to contract out for private services, we felt it was important that there was a mandate put in place so that these kids can receive services.

Assemblyman Hardy:

Mr. Spilsbury, is there an option for us, or somebody, to go to a practitioner, and get a receipt, and submit it for payment, and thus a defacto contract could be made "up to 20 percent?"

Kevin Spilsbury:

You cannot do that. The NEIS has an evaluation of your child and they attempt to coordinate services. The problem is that it takes too long and the services you receive are not enough. That is why we have proposed the collaboration with private providers. They seem to be quicker in accessing the child and providing a more thorough service.

Bodi Wallace, Private Citizen, Henderson, Nevada:

It is not required to do 20 percent, it means 0 to 20. I support the bill with amendments.

Vice Chair Gerhardt:

Are there any questions from the Committee? [There were none.]

Michael J. Willden, Director, Department of Health and Human Services:

I will go right to the amendments.

Vice Chair Gerhardt:

Since you have the ability to contract out already, is this bill necessary? What would be the consequences if we did not go ahead with this bill?

Michael J. Willden:

As the Director, I believe I have the power to do all the provisions in this bill, with the exception of one, and that is Amendment 2. That can be done through budget closings. I may be able to do that through the interim finance process.

Vice Chair Gerhardt:

We could use these outside services without any type of percentage. At what point do you think we would reach 20 percent?

Michael J. Willden:

If the budget is close we are at about 7 percent of the dollars going to contracts. The way the services are delivered, it breaks down into three pieces. We use about 154 State employees, about 155 AccuStaff, and 2 contracts, Easter Seals and REM Disability Services for the total value of about \$1.3 million, or 7 percent. We, through the interim process, have been ramping up the private sector contracts. We are at seven. We can move towards 15 or 20, the goal is to be able to provide services. If we cannot get State employees, we use AccuStaffers or contracts. The other piece of the bill is Amendment 2 which is monitoring and compliance. There has been a lot of concern about monitoring and compliance being the fox watching the chicken coop. We support moving monitoring and compliance out of the program into Disability and Services. That is where I am not sure I have authority. I can certainly evaluate without legislative directive, and there are a number of ways that can be done.

Assemblyman Stewart:

At the time the bill was introduced there was a problem with a large back-log of people waiting to be serviced. That problem has been greatly reduced. Is that correct?

Michael J. Willden:

There are two issues to discuss here. The first issue is that the time frame, from the time you get a referral until you do an Individualized Family Service Plan (IFSP), is 45 days. A few years ago we were not anywhere near meeting that time frame. If you look at the legislative analysis in the Senate Finance Committee, at the end of March there were only 5 children waiting beyond the 45 days. We are at 92 percent compliance rate of getting the IFSP done timely. That is just the plan. Now you have to have services delivered. There is still a 90- to 120-day wait for services, particularly from therapists. It is difficult to

get services. That is why I am supportive of this bill. The goal is to serve children, whether it is with State employees, AccuStaffers, or private contracts. We need to move the dollars among the three delivery services as best we can to provide timely services to children.

Assemblyman Hardy:

If I were to look at this amendment which talks about the 20 percent, you are over 20 percent now using private people.

Michael J. Willden:

If you count Easter Seals and REM, we are at 7 percent. If you count the AccuStaffers, we are spending a tremendous amount of dollars.

Assemblyman Hardy:

This bill, as amended with the 20 percent, would kill the ability for you to go out because it is "up to 20 percent."

Michael J. Willden:

I think the area of intent is the contract with Easter Seals or REM, or other organizations. The difference is who manages the therapists. The State employees are the State employees, and I want to go on record that I do not intend to lay off a single State employee. It would be management of the therapies where we would shift the dollars.

Assemblyman Hardy:

You have looked at the wording, and that would not put you in jeopardy of doing the part-time therapies.

Michael J. Willden:

I do not believe so.

Assemblywoman Parnell:

We want every child to receive the services that child needs, and sometimes they can be specialized needs. Without this law, are we able to do this with the authority you have to do private contracting?

Michael J. Willden:

The answer has to be "yes," because I have already entered into two contracts with Easter Seals and REM based on our desire to have options, choice, and to move in that direction. We do that through the interim finance process.

Vice Chair Gerhardt:

Is there anyone else who wishes to be heard in support of the bill?

Leslie Tolbert, Private Citizen, Reno, Nevada:

I am in no way objecting to private services contracting with the State of Nevada to provide quality service to infants and toddlers with disabilities. [Read from prepared text ([Exhibit F](#)).]

Michelle Maltezo, Private Citizen, Reno, Nevada:

[Read from prepared text ([Exhibit G](#)).]

Vice Chair Gerhardt:

If there is anything that has already been stated, please do not repeat testimony.

Oran McMichael, Director, Area Field Services, American Federation of State, County, and Municipal Employees:

I will defer to the other speakers.

Gary Yup, Private Citizen, Reno, Nevada:

I refer a lot of children to NEIS. My concern is that there will be more inefficiency as opposed to greater efficiency. Will the dollars go to administrative costs, or the children? When I see it going towards privatization, I see it going to administrative services. There is already 10 percent allotted to privatization. We are short of services statewide. I do not see how privatization will improve services.

Kelly Stringer, Private Citizen, Las Vegas, Nevada:

Three years ago the legislators put together three programs: Special Children's Clinic, First Step, and The Happy Program to create one program for families to find services. They made one pot of money out of three, hoping it would give more money for services for families. Now we have taken the pot and split it again into three pots. We are paying three administrators, three people to do inputting, billing, et cetera. How is that going to make more funding or better services for children? There is a central referral line in Las Vegas. That line comes into NEIS. The referrals are given to Easter Seals upon request. There is no choice out there. There are 14 family specialists working at NEIS. We are there to take referrals and to help families. Within 30 days of the IFSP children are given a service coordinator or a teacher. I do not think any money should be given to privatization.

Cheryl Means, Private Citizen, Las Vegas, Nevada:

I have seen several privatizations attempted only to be reverted back to the State at a greater cost to the State. The women's prison and the Summit View are examples. I am concerned about the 20 percent. I am opposing this bill as

amended because Easter Seals and REM have not been able to get up to their capacity.

Vice Chair Gerhardt:

I do not think anyone is saying that we are mandating 20 percent. Your position is that you are opposed to the bill in any form?

Cheryl Means:

Since the merge in 2003, NEIS has made tremendous progress. We are at 98 percent within 45 days. We are having the developmental specialists begin services within 30 days. We have to bring people in from out-of-state.

Assemblywoman Weber:

If we are not able to hire from within, and we are outsourcing through AccuStaff plus the two contracts, is there a long-term plan to try to bring all of this in-house? How did we get to the point where we have half of the staffing now in professional services that are out-sourced?

Michael J. Willden:

There is not a plan to bring it back in-house. It is a long-range problem. In order for the State to do it all through State employees, we have to address the recruitment, retention, training, and salary issues. We are not going to get therapists to work for the State at the current classification level. It is no different in NEIS than in some of the adult or children mental health programs. We cannot recruit people at state salaries, so we end up moving money out of the salary line items down through a contract line item, and we go out and use AccuStaff and other temporary staffing agencies to bring people in. It is at a premium. We pay a higher individual salary and a premium to the agency to manage that contract. There is not a plan over the next biennium to bring everything back in, nor is it a reality. We use contract doctors, nurses, and therapists. Unless State employee salaries are addressed, you will see more contracting out.

Vice Chair Gerhardt:

Are there any questions from the Committee?

Assemblywoman Koivisto:

Mr. Patchett said that they cannot pay more than what the State does, so obviously they also have to contract. I do not understand.

Vice Chair Gerhardt:

Perhaps Mr. Patchett can clarify that because we are getting some conflicting information. Are you offering higher salaries?

Brian Patchett:

I do not think we are paying more. There was a study done by the Health Division to look at the cost per child. We get the same rate the State does. We have the flexibility to hire people quicker, to work with a network of other Easter Seal affiliates, and to attract people that are looking to work in a more flexible environment. Those are the reasons that we have an easier time hiring staff.

Vice Chair Gerhardt:

Seeing no other questions, we will close the hearing on S.B. 377 (R1).

[Meeting adjourned at 3:39 p.m.]

RESPECTFULLY SUBMITTED:

Patricia Evans
Committee Secretary

APPROVED BY:

Assemblywoman Sheila Leslie, Chair

DATE: _____

EXHIBITS

Committee Name: Committee on Health and Human Services

Date: May 14, 2007

Time of Meeting: 1:50 p.m.

Bill	Exhibit	Witness / Agency	Description
	A	*****	Agenda
	B	*****	Attendance Roster
SB 314 (R1)	C	Senator Joyce L. Woodhouse, Clark County Senatorial District No. 5.	Testimony
SB 314 (R1)	D	Alex Haartz, Health Division	Conceptual Amendment
SB 377 (R1)	E	Senator Barbara K. Cegaveske, Clark County Senatorial District No. 8.	Proposed Amendment
SB 377 (R1)	F	Leslie Tolbert, Private Citizen	Testimony
SB 377 (R1)	G	Michelle Maltezo, Private Citizen	Testimony