

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

**Seventy-Fourth Session
May 16, 2007**

The Committee on Health and Human Services was called to order by Chair Sheila Leslie at 1:41 p.m., on Wednesday, May 16, 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
Assemblywoman RoseMary Womack

GUEST LEGISLATORS PRESENT:

Senator Terry Care, Clark County Senatorial District No. 7
Senator Steven A. Horsford, Clark County Senatorial District No. 4



STAFF MEMBERS PRESENT:

Sarah J. Lutter, Committee Policy Analyst
Katrina Zach, Committee Secretary
Olivia Lloyd, Committee Assistant

OTHERS PRESENT:

Ken Richardson, Executive Director, Nevada Donor Network
Mike Capello, Director, Washoe County Department of Social Services
Alex Haartz, Administrator, Health Division, Department of Health and Human Services
Jack H. Kim, Director of Legislative Programs, Sierra Health Services

Chair Leslie:

This meeting is called to order. [Roll.] We will start our work session with 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)

Sutter, Committee Policy Analyst:

[Summarized Senate Bill 266 (1st Reprint) and its amendments ([Exhibit C](#)).]

Chair Leslie:

We will discuss the last item first; it was Ms. Weber's concern. I sent Senator Horsford a proposed amendment, and we would like his input.

Assemblywoman Weber:

We are basing therapy on testing, and I want to make sure the tests are accurate. The people performing them should have the knowledge and professional oversight to do that.

Chair Leslie:

Do you want this amendment?

Assemblywoman Weber:

It is at the pleasure of the Committee. It is clear enough for me.

Senator Steven A. Horsford, Clark County Assembly District No. 4:

Madam Chair and Ms. Weber, thank you for bringing the issue forward. I corresponded with representatives from the Centers for Disease Control and Prevention (CDC), and the rapid method tests are already approved. Any licensed practitioner, nurse, or mid-wife is allowed to administer the test. Based on the correspondence I received from the CDC, the testing is already covered by their protocols.

Chair Leslie:

The existing language is fine and the amendment is not needed?

Senator Horsford:

That is correct.

Assemblyman Hardy:

Traditionally, mid-wives are not involved in this process. If a mid-wife did not apply for the Clinical Laboratory Improvement Amendments (CLIA) permit, this law states she should not be delivering and taking care of infants. I do not know how many mid-wives are applying for the CLIA certification.

Chair Leslie:

Would you be more comfortable with the proposed amendment?

Assemblyman Hardy:

Yes.

Chair Leslie:

Senator, do you know anything about mid-wives?

Senator Horsford:

No, I will defer to the physician on the Committee.

Chair Leslie:

I am not sure if the amendment is needed, but if it makes people more comfortable, then I do not object to it. Are there concerns about the proposed language? [There was no response.] Let us move to the other issues. We need to make a decision on the information pamphlet. Senator, I will defer this issue to you since you are the sponsor of the bill. The Washoe County District Health Department suggested the removal of Section 8. The Department felt that telling people they have the right to refuse testing will single out human immunodeficiency virus (HIV) testing and increase the stigma. Therefore, it will discourage people from taking the test. The University of Nevada, Las Vegas School of Public Health and the Nevada Eagle Forum

suggested an additional provision to Section 8 that discusses the benefits of getting tested. At the minimum, I think we should do that. Someone who receives the pamphlet will get both sides of the issue. We want people to take the test.

Senator Horsford:

I support the second approach. When HIV testing is singled out, it creates a stigma and reduces the possibility of people getting tested. It goes against the intent. At the discretion of the Committee, the public requested that amendment. I did not agree with it; it goes against the recommendations of the CDC.

Chair Leslie:

The sponsor would like us to adopt proposed amendment 2(a).

Assemblyman Hardy:

I agree.

Chair Leslie:

I am fine with that. It is probably better.

Assemblyman Stewart:

I am more comfortable with 2(b) than 2(a). If the rest of the Committee votes for 2(a), I will go along, but I reserve my right to change my vote.

ASSEMBLYWOMAN PARNELL MOVED TO AMEND AND DO PASS
SENATE BILL 266 (1st REPRINT).

ASSEMBLYWOMAN McCLAIN SECONDED THE MOTION.

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

Chair Leslie:

We will move Senate Bill 356 (1st Reprint).

[Senate Bill 356 \(1st Reprint\)](#): Revises provisions relating to the protection of
children from abuse and neglect. (BDR 38-1059)

Sarah J. Lutter, Committee Policy Analyst:

[Summarized Senate Bill 356 (1st Reprint) and its amendments ([Exhibit C](#)).]

Chair Leslie:

Let us discuss the amendments one by one. Senator Horsford is suggesting that we delete certain parts from Section 1. Does anyone have heartburn over that? [There was no response.] There was controversy over the second amendment; Senator Horsford and Judge Gerry Hardcastle had different viewpoints.

Senator Horsford, Clark County Assembly District No. 4:

Section 2 subsection (2) states the Division of Child and Family Services (DCFS) must develop a regulation that outlines the standards that staff should use to remove a child from its home. Those standards were agreed upon as part of the State's improvement plan of the federal agencies. The regulation will make sure regulations are developed and followed.

Chair Leslie:

That is the main advantage. I am not asking you to speak for Mr. Hardcastle, but why is he against that? It seems logical.

Senator Horsford:

I do not want to speak for him either. He disagreed with putting policy into regulation. If the Committee agrees to the study, the study will examine everything. If we need to change all of it, we will do so in the next session.

Chair Leslie:

That makes a lot of sense to me. The reason Clark County is having problems with this issue is it is not in writing. People interpret policy differently. I like Senator Horsford's suggestion.

Assemblywoman Womack:

Madam Chair, I am with you. We need standards so that everyone is working from the same page. When a child is removed from the home, we need to address why the child was removed in the first place.

Assemblyman Hardy:

We need to discuss the definition of "serious harm." The definition is quite broad. What kind of language can we use that is not broad or narrow?

Chair Leslie:

Is this language consistent with federal language?

Senator Horsford:

Yes. Section 2(2) and the definition of "serious harm" was lifted from the improvement plan. The standard is a reasonable standard, and that is why it is

broad. I agree with Dr. Hardy, but I also agree with Ms. Womack. It clearly identifies the standards that should be considered when someone is making the decision to remove a child from its home. It is the best we can do with the existing statute.

Assemblyman Stewart:

I am concerned about going against Judge Gerry Hardcastle and the district attorneys; they deal with these issues on a daily basis. I want to follow their suggestions.

Assemblywoman Weber:

I support the interim study, but I concur with Mr. Stewart. I feel more comfortable with amendment 2(b).

Chair Leslie:

Let us move to the interim study. I believe it is a subcommittee.

Senator Horsford:

Yes.

Chair Leslie:

There are three bills that deal with interim committees on youth and families. The language requires a subcommittee to be appointed.

Senator Horsford:

This issue is very important; the standards are complex. Certain areas of the issue need focused attention. Other areas are broader, but they are just as important. Casey Family Programs, a non-profit grant foundation, agreed to provide the resources to conduct this study from a consulting standpoint. We will have the resources and expertise from a national organization that has done this kind of work in other states.

Chair Leslie:

Did you discuss this with the chair of the Legislative Commission?

Senator Horsford:

During the original hearing, some people approached me with the concept that was recently brought forward. I will definitely do that before the bill reaches the floor.

Chair Leslie:

It sounds like there will be dissent on that one key point.

Senator Horsford:

Thank you; I appreciate the Committee's indulgence. Again, we worked from a high standard that was implemented in other states. It was not until the bill reached the Assembly that important stakeholders raised these concerns. Not requiring the DCFS to develop regulations will allow them not to follow policies. That is why it is important.

Chair Leslie:

I agree with you because that is one of the reasons we got to where we are right now. We need it in writing so we can hold people accountable. Let us move to Senate Bill 169 (1st Reprint).

**Senate Bill 169 (1st Reprint): Adopts the Revised Uniform Anatomical Gift Act.
(BDR 40-968)**

Sarah J. Lutter Committee Policy analyst:

[Summarized Senate Bill 169 (1st Reprint) and its amendments ([Exhibit C](#)).]

Chair Leslie:

The amendments seem to make the bill clearer. Do you see them as controversial?

Senator Terry Care, Clark County Senatorial District No. 7:

No. I sent the act to the people that might be affected by it. The Nevada Donor Network and state coroners are examples. There was a lot of correspondence with many different entities.

Chair Leslie:

The Nevada Department of Motor Vehicles (DMV) was not satisfied, but now they are happy with these proposals.

Senator Care:

That is correct. There was a confidentiality issue.

Assemblywoman Pierce:

I have some discomfort. Some of my questions were answered, but that was not enough to make me comfortable with this. The bill makes being a donor the default position; there are too many hoops to jump through to not be a donor.

Chair Leslie:

Do you object to the provisions that already exist in statute? What part of this bill makes you uncomfortable?

Assemblywoman Pierce:

I was surprised to discover that if the State buries an individual, he is automatically a donor. That is already in statute.

Chair Leslie:

If you have concerns with the original law, that is a different matter.

Senator Care:

If you indicate on your driver's license that you want to be a donor and you change your mind, you must take affirmative steps to no longer be a donor. It is like a will. If you want to leave your house to your uncle, but you change your mind, you must revoke the will and draft a new will. The last document governs.

Assemblywoman Pierce:

I agree, but that is not exactly how this bill works. A 20 year old indicates on his license that he wants to be a donor, but every time he renews his license, he does not mark that he wants to be a donor. However, he is still a donor.

Chair Leslie:

Do they not indicate that you must mark it on every subsequent license?

Assemblywoman Pierce:

Right, but if you never mark it again, you are still a donor.

Chair Leslie:

That goes along with his analogy. If you did not want to be a donor, you can indicate that on your license.

Assemblywoman McClain:

I agree with Ms. Pierce. Who is going to notify the registry that you no longer want to be a donor? The public is not going to understand that.

Senator Care:

Ken Richardson can answer those questions.

Ken Richardson, Executive Director, Nevada Donor Network:

If you subsequently decide that you no longer want to be a donor, you are not automatically removed from the registry. You must submit your request to be removed from the registry in writing. It is similar to Senator Care's analogy. We consider it a document of gift; it is like a will. We require written certification that the deceased changed his or her mind on that matter.

Chair Leslie:

Does the bill change that or is it existing law?

Ken Richardson:

We always interpreted the law that way.

Chair Leslie:

Does the bill address that particular point? I do not see that it does.

Ken Richardson:

I do not think it changes anything in terms of the existing statute or current practice.

Assemblywoman McClain:

Is it an original law or an original assumption? If a person decides he no longer wants to be an organ donor, how does he notify the registry?

Ken Richardson:

There are a number of safeguards in the system. I cannot say this always happens, but it is our hope that people remember to let DMV personnel know their wishes on being donors. We can address that with our aggressive education campaign and brochures. When we have a referral of a potential organ donor, we still talk to the family to understand the person's wishes. I cannot recall an instance when someone did not talk with his family about his wishes. If a person's name is in the registry, the person usually discusses his wishes with his family. An educational campaign and a brochure providing information on how to remove one's name from the registry will go a long way in resolving these issues.

Assemblywoman Pierce:

Section 23(3) discusses driver's licenses. I just wanted to point that out.

Chair Leslie:

Senator Care, did you want to address that?

Senator Care:

I remember reading this when Ms. Pierce and I discussed the issue. That is correct. If the donor changes his mind, I still think he is obligated to tell someone in writing. He could also express his wishes to family members.

Assemblywoman Gerhardt:

Most people know where to find a driver's license; it is usually in a wallet or purse. If a person wishes not to be a donor, is it not indicated on the driver's

license? If a person renewed his license and decided not to be a donor anymore, would the most current driver's license be a representation of the person's wishes?

Senator Care:

I will defer the question to Mr. Richardson. I renewed my driver's license two years ago, and I cannot recall what I did.

Ken Richardson:

A 63 year old man recently moved here from California. When he got his Nevada driver's license, he wanted to sign up to be an organ donor, but he was told he was too old. Those problems arise when one solely relies on the driver's license, and that is why the registry is important. The absence of a donor designation on a driver's license signals us to check the date the individual entered his name in the registry and the date of most recent renewal of the driver's license. We contact the family to see if the individual changed his mind.

Assemblywoman Gerhardt:

Are you saying you would not respect what is on the driver's license?

Ken Richardson:

No. We want to investigate it thoroughly. It is my concern that the DMV does not always ask people if they want to be a donor. We hope to correct that through educational programs, but it is not a perfect system.

Assemblywoman Gerhardt:

You are not answering my question. An individual passed away. What happens if the family members are absent and the registry shows he wanted to be an organ donor at 16 years old, but his current driver's license does not show that he is an organ donor? Would you not respect what is on the current driver's license?

Ken Richardson:

No, we would respect what is on the driver's license.

Assemblywoman Gerhardt:

You would not take any organs if the individual's family is absent?

Ken Richardson:

Exactly. We hope that we could contact the family to clarify the individual's wishes. If we could not contact the family, the most recent document will prevail.

Assemblywoman Gerhardt:

The driver's license would serve?

Ken Richardson:

Yes.

Assemblyman Stewart:

I think this is a great bill. If someone changes his mind, he should be responsible enough to take the steps to ensure his new wishes are known.

Chair Leslie:

I agree with you.

Assemblywoman Womack:

Would it not be easier if the DMV gave people the option of removing their names from the donor registry?

Ken Richardson:

Yes, we thought of that. In 2001, we thought about giving people the option, but because of fiscal constraints and complexities within the DMV, we did not go that route. It was complicated; we did not have the financial backing.

Assemblyman Hardy:

Line 38 to 40 on page 4 discusses the driver's license. It does not deal with changing one's decision.

Assemblywoman McClain:

There is a huge disconnect between the DMV and the registry. If there is a mechanism that connects them better, I would be fine with this bill. I do not have a lot of faith in the DMV to keep records current.

Assemblywoman Parnell:

The Nevada Organ and Tissue Donation Task Force provided an amendment to Section 2. Perhaps it is best to remove any reference to the DMV with regards to this information. I will be fine with that if that is what you are leaning towards.

Chair Leslie:

The amendment was proposed by Senator Care. The DMV did not want the public to search through its records; it had confidentiality issues. It already has a process for obtaining information.

Senator Care:

Exactly. Confidentiality is a part of the current law.

Chair Leslie:

Are you suggesting deleting those?

Senator Care:

Yes.

Assemblywoman Parnell:

You want to leave everything as it currently is?

Senator Care:

Yes.

Assemblywoman McClain:

Mr. Richardson, can you keep track of this? I want to make sure the DMV is cooperating with you.

Chair Leslie:

Ms. McClain, we could ask for updates during the interim.

Ken Richardson:

The State task force, headed by First Lady Dawn Gibbons and Frankie Sue del Papa, receives regular updates from the DMV. We would be very happy to keep the Committee updated.

ASSEMBLYMAN STEWART MOVED TO AMEND AND DO PASS
SENATE BILL 169 (1ST REPRINT).

ASSEMBLYMAN HARDY SECONDED THE MOTION.

THE MOTION PASSED. (ASSEMBLYWOMAN PIERCE VOTED NO.)

Chair Leslie:

Let us go back to Senate Bill 356 (1st Reprint). The first amendment proposes the removal of a few sections. There is contention with the uniform standards in the second amendment. Senator Horsford suggested that we require regulations; Judge Gerry Hardcastle and the Chief Deputy District Attorney from Clark County disagreed with the regulations. There are some members of the Committee, like myself, who want to adopt Senator Horsford's suggestion. There are others who want to defer to Mr. Hardcastle. If the Committee chooses 2(a), we must consider the definition of "serious harm." The fourth

amendment proposes that the Legislative Commission appoint an interim subcommittee to focus on specific issues.

Assemblywoman Gerhardt:

Like Mr. Hardcastle, I am concerned about rushing to place standards into regulation before the issue is studied.

Chair Leslie:

Senator Horsford wants to get started; sometimes regulations are not put into place. It takes time to hold hearings and develop regulations. It would go hand in hand with the interim study.

Assemblywoman Gerhardt:

During the interim, will we monitor the regulations to see if those are suitable?

Chair Leslie:

The intent is to do the regulatory process. We will be lucky if it is done by next session.

Assemblywoman Gerhardt:

I am okay with that; I am also fine with the fourth amendment. Are we still stuck on the third proposal?

Chair Leslie:

No. I suppose there was some discomfort. Everyone wants the definitions to be clear, but there is not much we can do. Federal officials came up with this language; there were no suggestions to improve it.

Assemblywoman Gerhardt:

It is fine with me.

Assemblyman Hardy:

The gravity of the issue is a double-edged sword. The interim study is not enough to make me comfortable.

Assemblyman Stewart:

Could we accept 2(b) with the understanding that the interim study committee will determine whether or not the standards should be put into regulation?

Chair Leslie:

I do not agree because the proposal says that standards should not be put into regulation. It is the crux of the bill. We need standards. It is the opposite of 2(a); you either agree or disagree.

Assemblyman Stewart:

Could the proposal be at a later time?

Chair Leslie:

Regulations take a long time to develop. Is there a representative from the DCFS?

Mike Capello, Director, Washoe County Department of Social Services:

The regulation process will take a year to a year and a half. From my perspective, the process is workable.

ASSEMBLYWOMAN McCLAIN MOVED TO AMEND AND DO PASS
SENATE BILL 356 (1ST REPRINT).

ASSEMBLYWOMAN WOMACK SECONDED THE MOTION.

THE MOTION PASSED. (ASSEMBLYMEN BEERS, HARDY,
STEWART, AND WEBER VOTED NO.)

Chair Leslie:

We will take up 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)

Sarah J. Lutter, Committee Policy Analyst:

[Summarized Senate Bill 314 (1st Reprint) and its amendments ([Exhibit C](#)).]

Assemblywoman Gerhardt:

I made a suggestion during the original hearing that is not in this work session document. I suggested a mechanism that will allow an individual to know if a facility has had any health violations. You can get the information through the Internet, but not everyone has access to it.

Chair Leslie:

Mr. Haartz, how does one get that information?

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

It depends on the type of facility. The Centers for Medicaid and Medicare Services have a website that posts information on complaints in nursing homes, hospitals, and so on. We are moving forward in posting all substantiated

complaints on the Health Division's website. Hopefully, the information will be neat and easy to read.

Assemblywoman Gerhardt:

Frankly, there are some senior citizens and families who do not know that information is out there. It is important information. We talked about complaints and violations during the discussion on placing children in daycare facilities. We need to make sure everyone has the information.

Chair Leslie:

Where do you want that information?

Assemblywoman Gerhardt:

I want it in the brochure.

Alex Haartz:

It would be helpful to have the information in the brochure.

Assemblywoman Gerhardt:

Senator Woodhouse thought that was a good idea.

Chair Leslie:

We have an additional suggestion.

Assemblywoman McClain:

There should be a link to the website.

Assemblywoman Womack:

Ms. McClain answered the question. The links are much easier than suggesting a website.

Assemblyman Hardy:

This bill is not limited to independent living facilities.

Alex Haartz:

I am uncomfortable speaking on behalf of Senator Woodhouse. She wanted us to address the situation where licensed facilities share fiscal plans, a campus, common marketing, ownership, or management. We have concerns with that approach; it creates a facility type statute that is not licensed or regulated. The proposed amendment places the responsibility on the existing licensed entities that are regulated. It appears to be the best strategy for addressing the concerns of consumers that Senator Woodhouse brought forward.

Assemblyman Hardy:

If the brochure or website states that certain facilities accept Medicaid and Medicare, an individual from an independent living facility might expect that their care will be covered. They will be disappointed.

Assemblywoman Parnell:

There are some people who do not know the difference between a residential, nursing, or independent living facility. One needs to know the kind of services that are provided. This bill addresses that. My amendment was proposed because certain facilities accept only private pay. Assisted living facilities accept only private pay. People need to know that. They need to know the costs and the kind of medical care.

Assemblywoman Womack:

I agree with you, but independent living is different from care.

Chair Leslie:

Let us go back to the work session document. I thought the language was trying to get away from the definition of independent living. Ms. Parnell is trying to outline all those options.

Assemblywoman Womack:

I object to "independent living." I think we need to remove "independent."

Chair Leslie:

No, that is what we are removing.

Assemblywoman Womack:

I can live with that.

Sarah J. Lutter:

The first amendment was proposed by the Department of Health and Human Services. It removes the phrase "residential facility for independent living" and replaces it with the language that is currently in statute. If the first amendment is accepted, the phrase will be removed.

ASSEMBLYWOMAN GERHARDT MOVED TO AMEND AND DO
PASS SENATE BILL 314 (1ST REPRINT).

ASSEMBLYWOMAN McCLAIN SECONDED THE MOTION.

THE MOTION PASSED. (ASSEMBLYMAN HARDY VOTED NO.)

Chair Leslie:

We will hold Senate Bill 533 (1st Reprint) and move to Senate Bill 536 (1st Reprint).

Senate Bill 536 (1st Reprint): Makes various changes governing the privacy of certain health information. (BDR 40-305)

Sarah J. Lutter, Committee Policy Analyst:

[Summarized Senate Bill 536 (1st Reprint) and its amendments ([Exhibit C](#)).]

Chair Leslie:

Mr. Kim's amendment is helpful.

Assemblyman Hardy:

If a hospital deals with electronic records, how is that done?

Chair Leslie:

This puts burden on the individual. For example, what happens when I do not want a new doctor to access my medical records because I do not want her to see something that is in there?

Jack H. Kim, Director of Legislative Programs, Sierra Health Services:

Some individuals might be uncomfortable with sending information in the electronic medical records system to other providers. People will be given the choice to opt-out. They have the choice of not sending medical records to other providers.

Assemblyman Hardy:

I am thinking logistically because I am a doctor. What if I send a patient to a consultant, but the patient does not want me to send his medical records? What do I do?

Chair Leslie:

If I do not want my records distributed

Assemblyman Hardy:

Then you should not go to a doctor's office that has electronic medical records.

Chair Leslie:

I say do not do it.

Jack H. Kim:

If a patient does not want records released from the system, they would never be released. It does not impact paper records. Physicians can still send paper documents to other providers. There are some doctors who rely on paper records only. If hospitals do not comply, they have to follow the existing requirements. This applies only to electronic records.

Chair Leslie:

That is a good point. We need to balance privacy concerns.

Assemblyman Hardy:

I do not understand the provisions on the Health Insurance Portability and Accountability Act (HIPAA). It sounds administrative, not medical.

Jack H. Kim:

According to HIPAA, insurers or providers are required to honor electronic claims. It is federal law; we did not want to prohibit that provision.

Assemblyman Hardy:

For example, I diagnose a patient and send the diagnosis to Medicare, but there is no way I can put that on the medical record and erase the diagnosis that I billed. Another provider wants the records, but I cannot give it to him because I do not have the records.

Jack H. Kim:

Electronic Data Interchange (EDI) deals with claims payments. Specific forms are required to get those claims paid. This bill primarily deals with provider access to electronic medical records for treatment or payment purposes. These provisions are required by HIPAA. I do not know if that makes the Committee comfortable.

Assemblyman Hardy:

Do you really want it this way?

Jack H. Kim:

It balances the concerns raised by the Committee. People should have the ability to prevent the transfer of medical records. Do I think this is the best way? No, but I think it provides more protection than HIPAA.

Assemblywoman Weber:

It raises issues of accountability. We hear from the media everyday about stolen credit card information. Medical records are very private information.

Jack H. Kim:

Under HIPAA, there are a series of privacy and accountability requirements. Doctors are required to enact certain provisions that protect this information. The Office for Civil Rights governs HIPAA; it investigates complaints and can provide a list of who accessed the records. There is more security than people realize.

Chair Leslie:

You made that point in your presentation. The electronic record has the advantage. One could see when someone accessed your record, whereas one does not know with paper records.

Assemblywoman Koivisto:

I have a problem understanding why someone seeking medical care would not want to release his medical records to another doctor. What kind of care will you get if the doctor does not have your complete medical history? I know a gentleman who has two doctors in two different states. He was taking two medications, which built up to a toxic level and almost killed him because his medical records were not shared between his doctors. I spoke with Mr. Kim about this. We have been working for many years to improve the system of medical records. We are talking this subject to death, and we are not getting anywhere.

Assemblywoman Gerhardt:

There is a short distance between doctors, medical records, and insurance companies. We do not want the insurance companies getting more information than to which they are entitled. For example, an individual has a heart problem. The insurance company cannot look at his records, see that he had strep throat at 16 years old, and conclude that they cannot pay for his treatment because the strep throat and heart problem are related.

Jack H. Kim:

According to HIPAA, that is not allowed. There is certain information that cannot be transmitted. Information cannot be shared unless it is for payment or medical purposes. For example, I work for an insurance company. I do not have access to anyone's medical records because I have no reason to access them. Most of the people in my department do not have access to the records.

Assemblyman Hardy:

I see unintended consequences. I like electronic medical records.

Chair Leslie:

I see this as a step forward.

Assemblyman Hardy:

It is an excellent step forward.

Chair Leslie:

We start down the path at some point.

Assemblyman Hardy:

I do not want to attach any egregious penalties to this bill if someone makes a mistake.

Chair Leslie:

I think we will be revisiting this next session.

Jack H. Kim:

You can take another look at this issue during the interim.

Chair Leslie:

We will keep it at the forefront.

Assemblyman Stewart:

I will vote yes, but I reserve my right to change my vote.

Assemblywoman Weber:

I reserve my right to change my vote. I want to study it further.

Assemblyman Hardy:

I will be voting for it with the same qualifications. I would like to know the penalties of the bill.

ASSEMBLYWOMAN GERHARDT MOVED TO AMEND AND DO
PASS SENATE BILL 536 (1ST REPRINT).

ASSEMBLYWOMAN McCLAIN SECONDED THE MOTION.

THE MOTION PASSED UNANIMOUSLY.

Assembly Committee on Health and Human Services

May 16, 2007

Page 21

Chair Leslie:

Thank you, Committee. We will meet Friday. This meeting is adjourned.

[3:15 p.m.]

RESPECTFULLY SUBMITTED:

Katrina Zach
Committee Secretary

APPROVED BY:

Assemblywoman Sheila Leslie, Chair

DATE: _____

EXHIBITS

Committee Name: Committee on Health and Human Services

Date: May 16, 2007

Time of Meeting: 1:30 p.m.

Bill	Exhibit	Witness / Agency	Description
	A	Committee on Health and Human Services	Agenda
	B	Committee on Health and Human Services	Attendance Roster
	C	Sarah J. Lutter, Committee Policy Analyst	Work Session Document