

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

**Seventy-Fourth Session
April 4, 2007**

The Committee on Health and Human Services was called to order by Chair Sheila Leslie at 1:32 p.m., on Wednesday, April 4, 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:

Assemblyman David Bobzien, Washoe County Assembly District No. 24

STAFF MEMBERS PRESENT:

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

Minutes ID: 386



OTHERS PRESENT:

Charles Perry, Executive Director and CEO, Nevada Health Care Association, Las Vegas

Dianne Sullivan, Divisional Vice President, Fundamental Clinical Consulting, LLC, Carson City

Becky Taylor, Private Citizen, Fallon, Nevada

Lawrence Matheis, Executive Director, Nevada State Medical Association, Reno

Fred Hillerby, Government Relations, State Board of Nursing, Reno

Tracy L. Singh, Government Relations, Nevada Nurses Association, Las Vegas

Jerri Strasser, Private Citizen, Las Vegas, Nevada

Melanie Sisson, Private Citizen, Las Vegas, Nevada

Bill Borwe, National Health and Safety Director, Service Employees International Union, Las Vegas

Lori Millard-Streeter, Private Citizen, Reno, Nevada

Janice Holtz, Private Citizen, Reno, Nevada

Betty Razor, Private Citizen, Carson City, Nevada

Sally Johnson, Private Citizen, Las Vegas, Nevada

Robin Keith, President, Nevada Rural Hospital Partners, Reno

James Sala, Senior Representative, Political Director, Southwest Regional Council of Carpenters, Las Vegas

Diane Allen, Health Facilities Surveyor, Bureau of Licensure and Certification, Department of Health and Human Services

Nina Waxell, Government Relations, Nevada Nurses Association, Reno

Ashley Osborne, Private Citizen, Elko, Nevada

Robert Dean, Private Citizen, Las Vegas, Nevada

Karen Fontaine, Private Citizen, Reno, Nevada

Regi Werner, Private Citizen, Las Vegas, Nevada

Autumn Montoya, Private Citizen, Las Vegas, Nevada

Patricia Moore, Private Citizen, Las Vegas, Nevada

Danny Thompson, Executive Secretary-Treasurer, Nevada State AFL-CIO, Carson City

Lucia Garces, Private Citizen, Reno, Nevada

Mildred LaFleur, Private Citizen, Nevada

Bill Welch, President and CEO, Nevada Hospital Association, Reno

Shauna Hamil, Registered Nurse, St. Rose Dominican Hospital, Henderson

Chair Leslie:

The meeting will come to order. [Roll called.] We will start with the Work Session. We have three bills today, and I will allow half an hour of testimony per bill. We will do the best we can to make sure both sides are

represented on all bills, but please pay attention to the time. We will start with Assembly Bill 263.

Assembly Bill 263: Makes various changes to provisions governing the abuse and neglect of children. (BDR 38-598)

Sarah J. Lutter, Committee Policy Analyst:

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

Chair Leslie:

Does any Committee member have an objection to these amendments?
[There was no response.]

Sarah J. Lutter:

[Continued to read from prepared text ([Exhibit C](#)).]

Assemblywoman Parnell:

There is no conflict between Sections A and B of A.B. 263?

Sarah J. Lutter:

Sections A and B can be done; there is no conflict.

Chair Leslie:

Section A states that the multidisciplinary teams can close a portion of the meeting to review confidential information. Former Justice Deborah Agosti, suggested that a public summary report be prepared after each work session.

Sarah J. Lutter:

[Continue to read from prepared text ([Exhibit C](#)).]

Chair Leslie:

There are two choices. Section B sounds a little easier to handle, and I think it meets the Blue Ribbon Panel's intent. Ms. Gerhardt, since you were on the Blue Ribbon Panel, perhaps you could address that.

Assemblywoman Gerhardt:

I talked with the interested parties, and I think Section B does address the intent of the Blue Ribbon Panel. We wanted some type of oversight function, and Section B will accomplish that goal without many loopholes.

Assemblywoman McClain:

I am leaning toward Section A because the Attorney General's office is funded by the State. I know there will be funding problems, so I think Section A helps us accomplish our goals.

Chair Leslie:

I am not sure if Section B will cause funding problems.

Assemblywoman Parnell:

I have a concern with Section A. The third provision states, "The district attorney will not be bound by the grand jury's conclusion." If the grand jury decides there was a cause for action, there might not be any. This concerns me.

Assemblyman Beers:

Looking at both sections, I am leaning toward Section B. It will help achieve our goal with more flexibility and less trouble.

Assemblyman Hardy:

The bill states, "Assembly Bill 263 requires the district attorney to prosecute the case if the grand jury returns the indictment after their investigation." Are we trying to amend that statement so the district attorney is not bound by that or keeping that statement because there is a disconnect? I am not sure what we are amending.

Sarah J. Lutter:

Section A would amend Section 7 by completely removing all of the current language and replacing it with those five provisions underneath Section A.

Assemblyman Hardy:

Is the sentence I read in Section 7?

Sarah J. Lutter:

Yes, it is in the current Section 7.

Assemblyman Hardy:

It would be stricken.

Sarah J. Lutter:

Yes.

Assemblyman Hardy:

I am leaning toward Section A because I have a problem with the budget.

Chair Leslie:

I am still not convinced it is a problem.

Assemblywoman Pierce:

I am leaning toward Section B. If that is what the Blue Ribbon Panel wants, I would lean in that direction.

Assemblywoman Womack:

I like the idea that child welfare agencies have an option of going to the Attorney General. I believe it should read "may refer the case" so it is at the welfare agency's discretion.

Chair Leslie:

This is just a conceptual amendment, not legal language, but your concern is noted. I think we have a split Committee.

Assemblywoman McClain:

Since we have a split Committee, I say we stay with the current language.

Assemblyman Stewart:

Regarding the provision that states, "the district attorney is not bound by the grand jury's conclusion," I think the district attorney should think very carefully before not prosecuting something that the grand jury recommended. The district attorney has to face the voters.

Chair Leslie:

Are you suggesting you like Section A?

Assemblyman Stewart:

Yes.

Assemblywoman Gerhardt:

Since the bill did not come out of drafting the way Judge Deborah Agosti intended, mostly everything under Section A is new language. The Blue Ribbon Panel's intent is that there would be redress if some cases are not prosecuted. We should go with the option that helps accomplish our goal.

Chair Leslie:

I think either option would be acceptable. If people are concerned about funding, perhaps we should choose Section A.

Assemblywoman Parnell:

I suggest that we delete the phrase "the district attorney is not bound" in Section A. That would take away my discomfort.

Assemblyman Beers:

That is my feeling, too.

Sarah J. Lutter:

[Continued to read from prepared text ([Exhibit C](#)).]

Chair Leslie:

I think the option from Amendment 5 is the clearest.

Assemblywoman Gerhardt:

The second option is acceptable middle ground. The Blue Ribbon Panel discussed Section A, but I think Section B is more reasonable and workable.

Sarah J. Lutter:

[Read proposed Amendment 6 ([Exhibit C](#)).]

ASSEMBLYWOMAN GERHARDT MOVED TO AMEND AND DO
PASS AS AMENDED ASSEMBLY BILL 263.

ASSEMBLYWOMAN MCCLAIN SECONDED THE MOTION.

MOTION PASSED UNANIMOUSLY.

Chair Leslie:

We will move to Assembly Bill 305.

Assembly Bill 305: Revises provisions relating to the protection of children.
(BDR 17-871)

Sarah J. Lutter:

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

Assemblyman Hardy:

There was testimony that was opposed to Section 13 because hospitals are already reporting information.

Chair Leslie:

In this case, I would argue that the Section should stay. There were complaints from private facilities that wanted to be exempt. It is not about licensing, it is

about children's civil rights. I do not feel right about exempting them. The private facilities did not submit a formal amendment so that is why it is not in the Work Session document.

ASSEMBLYWOMAN GERHARDT MOVED TO AMEND AND DO
PASS AS AMENDED ASSEMBLY BILL 305.

ASSEMBLYMAN BEERS SECONDED THE MOTION.

MOTION PASSED. (ASSEMBLYMAN HARDY VOTED NO.)

Chair Leslie:

We will move to Assembly Bill 292.

Assembly Bill 292: Authorizes certain counties to contract for the licensing and regulation of foster homes. (BDR 38-352)

Sarah J. Lutter:

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

Assemblyman Hardy:

Would this be enabling for rural counties?

Chair Leslie:

It is enabling, not mandatory. They have the option of contracting out. I know the Committee has problems with the bill. It is the Committee's pleasure.

Assemblywoman McClain:

I have a problem with it because the government acts as a gatekeeper to vulnerable populations. Contracting private interests will cause future problems. I do not like this bill at all.

Assemblywoman Gerhardt:

I agree with Ms. McClain. The Nevada Division of Children and Family Services (DCFS) is overburdened from trying to implement change. If we give them one more program to implement, I foresee disastrous results.

Assemblyman Hardy:

We have proven that there are not enough foster care parents. This is an outreach to organizations that have access to lists of people who are capable of caring for children. For that aspect, I like this bill.

Assemblywoman Weber:

I would like to echo Dr. Hardy. We have heard about trying to increase capacity in providing social services. This area needs to be expanded, and I support moving this bill forward.

Assemblywoman Parnell:

We are putting all our eggs in one basket. I am a strong supporter of foster parenting and I believe we should encourage people to become foster parents. If private interests are given authority over licensing issues, it has gone too far. I remain in opposition.

Assemblywoman Womack:

When this bill came out, I was not satisfied with the education portion, which states how foster parents will become educated and licensed. I think it is a great concept, but it needs work.

Assemblywoman Pierce:

Is the problem of finding foster care parents a long-standing problem? Has it been exacerbated by the methamphetamine crisis?

Chair Leslie:

There is a shortage of foster families across the country. Nevada faces a growing population and methamphetamine problem. The problem was worse in Clark County because there were not sufficient resources devoted to foster care recruitment and training. In the last six months, the Clark County commissioners increased positions for foster care.

Assemblyman Beers:

The Department of Health and Human Services (DHHS) and other agencies would be involved in the process, and it was indicated this would be a transparent process. It appears that there will be a fair amount of government oversight.

Assemblywoman Gerhardt:

They are having a hard time providing oversight to their own staff. They have been given more money and staff; it is a step in the right direction. I think we should allow them to start implementing some of the recommendations before we require them to implement a new program.

Assemblywoman Koivisto:

Since government is providing oversight, why would we pay a private contractor?

Assemblyman Hardy:

We might need private enterprises offering foster care services. Right now, private enterprises can offer adoption services, but they cannot provide foster care services. Our philosophy on this issue is disconnected. If one agency can do adoption placement, they certainly should qualify to do foster care recruitment.

Chair Leslie:

I am sensing the Committee does not favor the bill, but it would be fine if Dr. Hardy or Ms. Weber would like to motion.

Assemblyman Hardy:

I move that we process A.B. 292 with the amendments.

Chair Leslie:

I am not going to accept that motion. We will let this bill go. We will move to Assembly Bill 158.

Assembly Bill 158: Requires the Secretary of State to establish and maintain the Registry of Advance Directives for Health Care on his Internet website. (BDR 40-927)

Sarah J. Lutter, Committee Policy Analyst:

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

Assemblyman David Bobzien, Washoe County Assembly District No. 24:

I spoke with the sponsors of proposed Amendment 6, and I thought I addressed their concerns. There is concern that the Nevada Center for Ethics and Health Policy is biased. I believe the Legislature has supported this organization in the past. The Center is nonpartisan, nondenominational, and an open clearing house of information on the end-of-life and ethics issues. It is my understanding that they are impartial in their consideration of those issues. They are experts in this area. It is important to bring diverse views to any study that is conducted.

Chair Leslie:

It is my understanding that you do not feel that amendment is necessary.

Assemblyman Bobzien:

Correct.

Assemblywoman McClain:

We are calling the study "interim study consultation," not "interim study committee."

Chair Leslie:

Correct.

Sarah J. Lutter:

[Continued to read from prepared text ([Exhibit F](#)).]

Chair Leslie:

There seems to be a need for more education on advance directives. I do not think we need to amend the bill to say that, but do you have thoughts on that?

Assemblyman Bobzien:

I appreciate the concerns that Nevada Right to Life brought forward. I want to return to my intent of this legislation, and that is not to engage in any discussion about advance directives. It is an issue that incites passion and different opinions, and I do not want to go there. It is my understanding the bill already has a public education component on how citizens can avail themselves of this optional service. The ins and outs of the advance directive, however, should be left up to the individual's faith community, family, or attorney.

Assemblywoman Gerhardt:

Since we will be using the Nevada Center for Ethics and Health Policy, perhaps they could look into working on consultations and soliciting advice during the interim. They can bring us recommendations next session.

Chair Leslie:

We will pass that message to them; it is an excellent suggestion. This bill alone will generate education and awareness about the issue.

Assemblywoman Weber:

Section 9 of the bill is troubling to me because the State will remove advance directives from the website every five years, but we did not establish how that will be done. Will a notice be sent to ensure there will be no errors?

Chair Leslie:

As I recall, Nicole Lamboley, Chief Deputy, Office of the Secretary of State, talked about identifiers that are used for removal from voter registration. Ms. Lamboley testified that they will use the same process.

Assemblyman Bobzien:

During the hearing, someone from the State Registrar of Vital Statistics described the parameters of how that would work.

Chair Leslie:

That was Dr. Luana Ritch.

Assemblywoman Weber:

I want to make sure that when the registry accepts an advance directive, it has detailed information of the identity of the individual. That is my concern.

ASSEMBLYWOMAN GERHARDT MOVED TO AMEND AND
DO PASS AS AMENDED ASSEMBLY BILL 158.

ASSEMBLYWOMAN KOIVISTO SECONDED THE MOTION.

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

Chair Leslie:

We conclude our Work Session. Thank you, Committee. We will open the hearing on Assembly Bill 187. We will hear from proponents of the bill first.

Assembly Bill 187: Provides for regulation of certified medication aides.
(BDR 54-302)

**Charles Perry, Executive Director and CEO, Nevada Health Care Association,
Las Vegas:**

Dianne Sullivan and Becky Taylor are registered nurses and they are with me today. [Submitted ([Exhibit G](#)) and ([Exhibit H](#)).]

Chair Leslie:

All testimony, even if it is not read, will be entered into the record.

Charles Perry:

I advocate A.B. 187, which will establish protocols for the training and certification of medical personnel to work as Certified Medication Aides (CMA) in long-term nursing care facilities in Nevada.

**Dianne Sullivan, Divisional Vice President, Fundamental Clinical Consulting LLC,
Carson City:**

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

Chair Leslie:

I am concerned about medication errors. Would these CMAs be sufficiently trained? They would not have the same training a nurse would have to detect adverse reactions or deal with a medical crisis due to a dosage error.

Dianne Sullivan:

That is why the CMAs are adjunct to the nursing staff. The nursing staff will be there. Data from the New Mexico program showed a medication error rate of 0.09 percent from January to June 2006, which is significantly less than what we see. The act of giving patients medicine is a repetitive motion. The CMAs are more focused on passing medication. Therefore, the medication error rate decreased. The nurses are there to watch for adverse reactions.

Becky Taylor, Private Citizen, Fallon, Nevada:

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

Assemblywoman McClain:

How long is the training? What do they learn to become CMAs?

Dianne Sullivan:

It may take 8 to 40 hours of didactic training, 40 hours of preceptor training, and a Certification class. The training is outlined by the State Board of Nursing, but it depends on the state.

Assemblywoman McClain:

What do "didactic" and "preceptor" mean?

Dianne Sullivan:

The first means classroom training. The second means training from a nurse so the student can apply what he learned in the classroom setting.

Assemblywoman McClain:

The training applies to normal routine medications?

Dianne Sullivan:

Correct. It does not include narcotics or intravenous drugs. This applies to routine medications only.

Assemblyman Hardy:

Is the training for Certified Nursing Assistants (CNA) only?

Dianne Sullivan:

Correct. The CNA must have a year of experience as a nursing assistant before he can become eligible for the program.

Assemblyman Hardy:

Is that stipulation included in the bill?

Dianne Sullivan:

Yes.

Assemblywoman Womack:

I have concerns about the education part of the bill. Are additional classroom hours required for recertification? Do other states require additional classroom hours?

Dianne Sullivan:

Yes. Review of how the CMAs distribute medications will be done on a yearly basis. The CMAs will continue their education like certified nursing assistants and registered nurses.

Assemblywoman Gerhardt:

I have mixed emotions about this bill, but I know there is a need for this service. My father spent the last weeks of his life in a nursing facility and he needed medications around the clock. Because no one was available to give him medications, there were times when he did not get them. It is my understanding that this bill will allow the aides to administer only certain types of medication. Are oral pain medications on the list of things that the aide can or cannot administer?

Dianne Sullivan:

Oral medication is what we are talking about. Because pain medications are a type of narcotic, a registered nurse will administer them.

Assemblywoman Gerhardt:

That is my concern. The provision does not capture what I would like captured. My father needed oral morphine.

Dianne Sullivan:

Nursing coverage in assisted living facilities is extremely low. Many facilities do not have many registered nurses. The nursing shortage poses more of a problem than the presence of a CMA. I believe CMAs serve in assisted living facilities. Nurses, however, do assessments of patients who are in pain. Skilled nursing facilities are required to have nurses on staff 24 hours a day.

Assemblywoman Weber:

Section 8 states that the CMA must be trained and tested by a nurse. Who takes on the liability if an error occurs? Do nurses make note of every time a CMA administers medication?

Dianne Sullivan:

Competency tests are required. The CMA must pass a yearly competency test. The nurses do not make note each time a CMA administers medication. However, there is a verbal report from the CMA to the nurse.

Assemblywoman Weber:

Are there CMAs who are travelers? Do they go from institution to institution?

Dianne Sullivan:

No, there are not.

Assemblywoman Pierce:

Medical care in this country is in crisis, but this bill does not seem like the solution. This seems like the race to the bottom and it makes me nervous.

Lawrence Matheis, Executive Director, Nevada State Medical Association, Las Vegas:

I provided a written statement and an amendment ([Exhibit K](#)).

Fred Hillerby, Government Relations, State Board of Nursing, Reno:

We do not support this bill; we are neutral. The State Board of Nursing did not request this program so that is why we are neutral. The Board, however, can administer this program.

Chair Leslie:

Is the Board willing to accept the responsibility for regulating this program should the Committee choose to pass it?

Fred Hillerby:

That is correct.

Chair Leslie:

Now we will hear from opponents of the bill.

Tracy L. Singh, Government Relations, Nevada Nurses Association:

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

Jerri Strasser, Private Citizen, Las Vegas:

[Read from prepared ([Exhibit M](#)).]

Assemblywoman Weber:

Does the situation you just described take place in acute care settings in other states?

Jerri Strasser:

I am not aware of that. When I wrote my testimony, I was thinking of long-term care. My problem with this bill is that it is addressing the nursing shortage the wrong way. I will leave the profession if I have to monitor one more person.

Melanie Sisson, Private Citizen, Las Vegas:

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

Chair Leslie:

Is there any more testimony in opposition to this bill? [There was no response.] We will close the hearing on A.B. 187. We will move to Assembly Bill 577. We will begin by hearing testimony from proponents of this legislation.

Assembly Bill 577: Requires certain medical facilities to establish a program for safe handling of patients. (BDR 40-1035)

Bill Borwe, National Health and Safety Director, Service Employees International Union, Las Vegas:

We represent thousands of health care employees in Nevada. Of our 1.8 million members, half are health care workers. We are here today to voice strong support for A.B. 577. The bill requires hospitals and skilled nursing facilities to establish safe patient-handling and movement programs. This bill will attract new nurses to the profession, improve the quality of patient care, reduce health care worker injuries, reduce worker compensation premiums, and save employers and taxpayers millions of dollars a year.

As you know, Nevada and the rest of the country are experiencing a shortage of nurses. Injuries caused by manual lifting, transferring, and repositioning of patients is the leading cause of injury for nurses. The average nurse lifts and transfers about 1.8 tons per day. This is why nurses and other health care providers have higher injury rates than workers in mining, manufacturing, or construction. About 12 percent of nurses claim they left the profession due to a bedside injury.

The use of mechanical lifting and transferring devices can dramatically reduce these injuries. Dozens of peer-reviewed scientific studies documented dramatic drops in numbers of injuries with the introduction of safe patient-handling programs. These studies also show that patient care has improved. Patients are less likely to be dropped or receive skin lacerations. Safe patient-movement programs pay for themselves with reduced workers compensation and medical costs. The equipment is paid off in 6 to 18 months through cost reductions. About 60 percent of health care dollars come from tax dollars, and such programs can save taxpayers a lot of money.

Kaiser Permanente, an employer with 150,000 employees, asked the Service Employees International Union (SEIU) for counsel to reduce skyrocketing workers compensation costs in 2000. We found that many workers were getting injured by manually lifting patients. In March 2006, at a conference on safe patient-handling, Kaiser Permanente's occupational safety vice president reported that injuries dropped 56 percent because of the implementation of a safe patient-handling program. Despite this evidence, the Federal National Institute of Occupational Safety and Health says that only 10 to 20 percent of nursing homes and less than 5 percent of hospitals have safe patient-handling programs.

This is why this legislation is so important. Safe patient-handling laws have passed in Texas and four other states, and legislation is being considered in nine states. Last week, Maryland passed a bill like this one. I urge you to support this legislation.

We have one amendment to offer. We want to make it clear that lift teams are an optional and preferred supplement to the use of safe patient-handling and transferring devices. However, that should not be used as a substitute. Healthy-looking medical care workers are four times more likely to suffer from injuries than less healthy-looking medical care workers. We do not want to injure lift team members by not providing them with the proper mechanical lifting and transfer devices. We hope nurses and other hospital workers in Nevada can count on this Committee to support A.B. 577.

Lori Millard-Streeter, Private Citizen, Reno, Nevada:

I am here to support the safe-lifting legislation. I had a back injury and it healed; but, as I get older, I realize that I may not be so lucky in the future. A majority of our patients receive epidurals for pain, so many of them are immobile. At times I am responsible for patients who weigh up to 300 pounds. Injuries take nurses and other health care providers away from the bedside. We cannot afford that. About 12 percent of nursing personnel will consider a job transfer because they want to reduce the risk of injury on the job. Many

nurses have repetitive injuries. The average age of nurses is increasing, and we would like to do what we can to encourage experienced nurses to stay in the profession. We cannot afford to lose any of our workers. About 12 to 13 percent of nurses will leave the nursing profession due to chronic back pain. Safe-lifting legislation is part of the solution. Please support A.B. 577.

Janice Holtz, Private Citizen, Reno:

I have been caring for patients for 25 years. I provide care for acutely ill patients who require continuous heart monitoring. The telemetry unit is fast-paced and hectic, and it requires teamwork between nursing assistants and registered nurses. There are patients with special needs. Four or more people are needed to lift and move a morbidly obese patient. We also care for mentally incapacitated patients who are physically combative. Dealing with these patients requires stamina and physical lifting ability. This is a typical day for a nurse. On a personal note, I have sustained several injuries related to lifting and performing daily care for patients. Chronic conditions of the back, arm, and neck have kept me away from the bedside, so I have been working part-time. Health care workers are often injured on the job because they are not provided with the proper equipment. They are four times more likely to get injured on the job than any other worker. Lifting devices will help keep nurses and patients safer. Patients and care givers deserve adequate equipment and protection from unnecessary injuries. I hope you join me in supporting safe-lifting legislation.

Betty Razor, Private Citizen, Carson City, Nevada:

We support this bill. I want to say thank you because we have needed this bill for a long time. We have some suggestions about the bill and we feel it does not go far enough. [Read from prepared text ([Exhibit O](#)).]

Sally Johnson, Private Citizen, Las Vegas, Nevada:

Right now, I am on light duty because of a back injury. I am here today to support the safe-lifting legislation. Equipment for safe lifting costs less than health care workers who are leaving the bedside. A study revealed that safe-lifting equipment decreases the cost of medical care, workers compensation claims, and recruitment, hiring, and training temporary or replacement health care workers. Please support A.B. 577.

Robin Keith, President, Nevada Rural Hospital Partners, Reno:

I am proposing an amendment developed by Nevada Rural Hospital Partners and the Nevada Hospital Association. Hospitals support this legislation conceptually through policies requiring employees to get assistance with lifting patients and by providing lifting equipment and education on safe-lifting. It is in our best interest to protect our patients and staff. [Read from prepared text ([Exhibit P](#)).]

James Sala, Senior Representative, Political Director, Southwest Regional Council of Carpenters, Las Vegas:

We have done similar practices in the construction industry for the past ten years. Work-related injuries are common in the construction industry. I worked in and represented this industry for 25 years. Construction is considered the second most dangerous industry. It is disconcerting that many nurses suffer from work-related injuries. Lifting and falling are the most common work-related injuries, but they are also the most preventable. The construction industry has written safety programs, and employers hold weekly safety meetings, and apprenticeship and training programs which are funded by our employers . . .

Chair Leslie:

Mr. Sala, I have to stop you because we are out of time. Could you address this bill specifically?

James Sala:

I support this bill. It saves time and money.

Chair Leslie:

Do you have amendments?

James Sala:

No, I do not.

Diane Allen, Health Facilities Surveyor, Bureau of Licensure and Certification, Department of Health and Human Services:

I need clarification on the bill. When we read the bill, we were not sure who will regulate this bill. It falls in our chapter, but it does not designate that we make sure provisions will be implemented. If this is the case, we will submit a fiscal note.

Chair Leslie:

We will consider that. Thank you. We will move to the opponents of the bill. [There was no response.]

Nina Waxell, Government Relations, Nevada Nurses Association, Reno:

If the Nevada Nurses Association's amendment will cause problems, we would be happy to offer it as a Floor amendment.

Chair Leslie:

No, we are not in a hurry. There were enough issues raised that we will have to hold the bill anyway. We will consider that amendment along with the other

amendments. Are there other questions? [There was no response.] We will close the hearing on A.B. 577. We will move to the final bill of the day, Assembly Bill 458.

Assembly Bill 458: Makes various changes concerning health care facilities that employ nurses. (BDR 40-974)

Assemblywoman Ellen Koivisto, Clark County Assembly District No. 14:

If you are familiar with this legislation, it is because this is the third time that I have brought it forward. In the interest of time, there are a lot of people who would like to testify, so I will return to my seat.

Ashley Osborne, Private Citizen, Elko, Nevada:

There are over 450,000 nurses in the Service Employees International Union. I am a labor and delivery nurse. I am responsible for training new graduates and supervising a Certified Nursing Assistant (CNA) who cares for newborns. I am also a charge nurse, a unit secretary, and a labor nurse. I am responsible for checking fetal and maternal well-being during the labor process. I do different tasks and responsibilities. My patients are my major concern, and that is why I am here today.

We must improve the working conditions so nurses can deliver quality care. The nursing workforce is growing, and safe staffing ratios are needed. In the last five years, Nevada's registered nurse population grew 38.9 percent. This exceeds Nevada's population growth. We want to take care of our patients. Please support A.B. 458.

Robert Dean, Private Citizen, Las Vegas, Nevada:

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

Karen Fontaine, Private Citizen, Reno, Nevada:

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

Regi Werner, Private Citizen, Las Vegas, Nevada:

I am a new nurse and I joined the profession because I like working with people. In every hospital in the United States, more nurses are needed to provide adequate care to patients. The situation is unbelievable in Nevada's hospitals.

One time, I was caring for two blood transfusion patients, two patients on multiple intravenous devices, patients who needed constant pain medication, two patients in restraints who needed skin assessments, and a patient who needed continuous bladder irrigation. Dealing with these patients while charting my activities was very difficult. On my floor alone, there were six new

graduates since I started nursing at Desert Springs Hospital. Three of them left. There were two nurses who left before they reached their two-year mark.

We cannot afford to drive nurses from the profession. We need many more nurses who are willing to work. The answer is not to increase nursing school enrollment, but to change the hospital work environment to decrease job burnout and dissatisfaction. I want to stay in the nursing profession, but we will have to change our hospitals and the health care system. Our patients deserve the best care available, and their safety is our top priority. This legislation is very important. Please support A.B. 458. Nurses want to give their patients the kind of care they deserve. Nevada's nurses and communities are depending on the Committee's support.

Autumn Montoya, Private Citizen, Las Vegas, Nevada:

I am a registered nurse at a local hospital in Nevada. We need safe staffing now. I will explain a scenario that nurses typically experience. Please keep in mind the patients could be your mother, yourself, or a child.

The first patient has chest pain. The nurse is trying to admit the patient, call a doctor, order tests, and assess and monitor the patient. The second patient had back surgery. He is in terrible pain and wants more medication. His family is upset, and the doctor is irate because the patient's pain is not under control. In addition, the nurse must change his dressings, assess and monitor his condition, and disconnect multiple tubes if the patient needs to use the bathroom. The third patient had knee surgery. Again, pain is an issue. The nurse needs to administer medication, reposition the patient, work with equipment, dress the patient, assess and monitor the patient, and call a doctor if a change in condition occurs. The fourth patient had abdominal surgery and cannot stop vomiting. The nurse needs to clean the vomit, change the patient's dressing and catheter, provide wound care, and assess pain. The fifth patient is an elderly person who just had hip surgery. Again, the nurse must assess, reposition, and monitor the patient. The patient tries to get out of bed so the nurse might need to restrain him. The sixth patient has infectious diarrhea. The nurse must wear a gown and gloves every time he enters the room, and must monitor and clean the patient multiple times throughout the day. The seventh patient had back surgery and developed numbness in his leg. The nurse needs to assess the patient, transport the patient for tests, and if the patient needs to use the bathroom, the nurse must pull tubes and help the patient with his walker. The eighth patient had surgery and the nurse must check the patient's vital signs every 15 minutes.

In this scenario, there are a total of eight patients. In addition to caring for each patient, the nurse must talk to the patient's family and doctor, and walk, feed,

clean, and teach the patient. We are here today because nurses want to provide safer care. Please support safe staffing legislation. Some hospitals, like St. Rose Dominican Hospital, provide safe staffing contracts. We hope all hospitals follow their lead. Existing work conditions are driving nurses away from the profession. Please support A.B. 458.

Chair Leslie:

Thank you. We are out of time. The nurses did a good job of testifying.

Patricia Moore, Private Citizen, Las Vegas, Nevada:

I am a charge nurse and I will not leave the profession because my patients and co-workers need me. While being responsible for my charge duties, I also perform direct patient care. Normally a charge nurse should not be responsible for direct patient care. Because of a staffing shortage, I care for patients on ventilators and do patient admissions. Imagine being a charge nurse of a 14-bed floor while caring for a one-month-old victim of child abuse. Imagine not leaving the hospital after a 20-hour shift because leaving would mean a patient would not have a nurse. Unsafe staffing leads to unnecessary mistakes, inferior care, unsatisfied consumers, infections, nurse fatigue, increased morbidity and mortality rates, and high turnover rates. There are some nights where I feel I could have done more if it were not for staff shortages. Who will advocate safe patient care if nurses are being told that the bottom line is more important than the life of a patient? There is no excuse for any hospital not to have safe staffing ratios. Please support A.B. 458. Safe staffing improves quality of care.

Danny Thompson, Executive Secretary-Treasurer, Nevada State AFL-CIO, Carson City:

I worked in the Legislature for 27 years, and I have heard this issue repeatedly. The Nevada Hospital Association (NHA) and other entities have testified that bills like this will ruin the hospitals financially. St. Rose Dominican Hospital negotiated safe staffing standards. It is one of the finest hospitals in southern Nevada, and they did not experience financial ruin. The doctor is liable if a patient receives care in a hospital that does not have safe staffing ratios. People will testify that safe staffing practices do not work, but it is working for St. Rose Dominican Hospital.

Lucia Garces, Private Citizen, Reno, Nevada:

Because of the poor staffing ratios at Renown Regional Medical Center, a woman waited hours for care and delivered her baby by herself. The baby landed on its head, and the newborn was saved only because a nurse heard the woman's screams. I used to care for premature infants and newborn infants while checking vital signs and talking to parents. I am now an emergency room

nurse. I took care of four emergency room patients while I monitored four intensive care unit patients. How do I balance all those patients? Which one is the priority? How do I prevent patients from becoming intensive care unit patients when I cannot get to them quickly enough? I implore the Committee to help me deliver quality care to all citizens.

Chair Leslie:

Thank you. Are there opponents to this bill?

Mildred LaFleur, Private Citizen, Nevada:

I practiced nursing for a long time.

Chair Leslie:

Are you against this bill?

Mildred LaFleur:

Yes. I understand staffing, patient, and hospital needs, but I wonder why nursing has to be regulated by the Department of Health and Human Services. Nurses are giving up their rights, prerogatives, and responsibilities. That is all I have to say.

Bill Welch, President and CEO, Nevada Hospital Association, Reno:

I am here to oppose A.B. 458. [Read from prepared text ([Exhibit S](#)).]

**Diane Allen, Health Facilities Surveyor, Bureau of Licensure and Certification,
Department of Health and Human Services:**

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

Assemblywoman Koivisto:

Ms. Allen, page 2 of your handout states, "Complaint workload was based on actual data with the allegations of lack of staffing and specific data for lack of nurse staffing for hospitals." If staffing increases, complaints and workloads will decrease.

Diane Allen:

When the Nevada Board of Health passed provisions for staffing, complaints increased. I am not sure of the cause. Perhaps nurses were more aware that people can file complaints, or maybe it is population growth. In the last five years, allegations on nurse staffing have remained fairly constant. I would like to add that the provider industry will need to accept fees for this workload.

Robin Keith, President, Nevada Rural Hospital Partners, Reno:

I have a proposed an amendment to this bill, and I discussed it with the bill's sponsor. [Read from prepared text ([Exhibit U](#)).]

Bill Welch:

It appears our time is up, but we have four individuals who would like to submit prepared testimony to the Committee.

[Chair Leslie left the room.]

Vice Chair Gerhardt:

We would be happy to accept that.

Assemblywoman Koivisto:

We have to realize that people in hospitals are the very sickest. Safe staffing is absolutely necessary to care for those people. If I were to be hospitalized, it would be in St. Rose Dominican Hospital.

Vice Chair Gerhardt:

Is there anyone here who can provide a brief explanation of what St. Rose Dominican Hospital is doing?

Shauna Hamil, Private Citizen, Henderson, Nevada:

This is one of the few hospitals that has a safe staffing contract with the Service Employees International Union (SEIU). I want to dispel the myth that creating safe staffing ratios causes hospitals to close. The hospital industry claimed that safe staffing practices caused hospitals to close in California. They ignore the fact that 50 California hospitals were closed between 1990 and 2000.

Vice Chair Gerhardt:

I hate to interrupt, but we are losing our quorum. Please get to the point.

Shauna Hamil:

We have been practicing safe staffing ratios since April 2006. The hospital did not close down. In fact, St. Rose Dominican Hospital expanded and opened a third campus with full staff. St. Rose Dominican Hospital is providing the best quality care. Through safe staffing ratios, the hospital is flourishing. We do not have the same problems that other Nevada hospitals face. In fact, the hospital has a waiting list for a number of positions. More nurses are retained through safe staffing standards and improved working conditions. St. Rose Dominican Hospital set the standard. Please support A.B. 458 so we can raise the quality of care in Nevada's hospitals.

Bill Welch:

I would like to speak with the CEO of St. Rose Dominican Hospital. It is my understanding that they signed a philosophy statement as part of this contractual relationship. It is my understanding that this legislation exceeds what St. Rose Dominican Hospital is doing. I would like the opportunity to get input from the CEO and get back to the Committee with more information.

Vice Chair Gerhardt:

If we could hear from the CEO before the bill goes to Work Session, it would be great. Thank you all for coming to this meeting; I wish we had more time to hear from everyone. With that, this meeting is adjourned. [4:01 p.m.]

[Additional exhibits not discussed during the hearing on Assembly Bill 458 are listed under ([Exhibit V](#)).]

RESPECTFULLY SUBMITTED:

Katrina Zach
Committee Secretary

APPROVED BY:

Assemblywoman Sheila Leslie, Chair

DATE: _____

EXHIBITS

Committee Name: Committee on Health and Human Services

Date: April 4, 2007

Time of Meeting: 1:32 p.m.

Bill	Exhibit	Witness / Agency	Description
	A	Committee on Health and Human Services	Agenda
	B	Committee on Health and Human Services	Attendance Roster
AB 263	C, D, E, F	Sarah J. Lutter, Committee Policy Analyst	Work Session Document
AB 187	G	Charles Perry, Nevada Health Care Association	Nevada Health Care Association
AB 187	H	Charles Perry, Nevada Health Care Association	Nursing News and Views
AB 187	I	Dianne Sullivan, Fundamental Clinical Consulting LLC	Prepared Testimony
AB 187	J	Becky Taylor, Highland Manor of Fallon	Prepared Testimony
AB 187	K	Lawrence Matheis, Nevada State Medical Association	Prepared Testimony
AB 187	L	Tracy L. Singh, Law Offices of Tracy L. Singh	Prepared Testimony
AB 187	M	Jerri Strasser, University Medical Center	Prepared Testimony
AB 187	N	Melanie Sisson, Sunrise Hospital	Prepared Testimony
AB 577	O	Betty Razor, Razor Collaborative Nursing Services	Prepared Testimony
AB 577	P	Robin Keith, Nevada Rural Hospital Partners	Prepared Testimony
AB 458	Q	Robert Dean, Sunrise Children's Hospital	Prepared Testimony
AB 458	R	Karen Fontaine, Nevada Nurses Association	Prepared Testimony
AB 458	S	Bill Welch, Nevada Hospital Association	Prepared Testimony

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AB 458	T	Diane Allen, Department of Health and Human Services	Prepared Testimony
AB 458	U	Robin Keith, Nevada Rural Hospital Partners	Prepared Testimony
AB 458	V	Private Citizens	Additional Exhibits No Testimony