

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

**Seventy-Fourth Session  
April 13, 2007**

The Committee on Health and Human Services was called to order by Chair Sheila Leslie at 1:02 p.m., on Friday, April 13, 2007, in Room 3143 of the Legislative Building, 401 South Carson Street, Carson City, 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/](http://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](mailto: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

**STAFF MEMBERS PRESENT:**

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

**OTHERS PRESENT:**

Debra Scott, Executive Director, Nevada State Board of Nursing  
Bill Welch, President and CEO, Nevada Hospital Association

Minutes ID: 789



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

Denisse Roldán Newell, Director of Advocacy, American Heart Association

Renee Ruiz, Government Relations, Service Employees International Union

**Chair Leslie:**

The meeting will come to order. [Roll.] We will work on our work session today and we will not look at Assembly Bill 578. We will start with Assembly Bill 146.

**Assembly Bill 146:** Requires the Department of Health and Human Services to establish a program to increase public awareness of health care information concerning the hospitals in this State. (BDR 40-687)

**Sarah J. Lutter, Committee Policy Analyst:**

[Read Assembly Bill 146 and its proposed amendments ([Exhibit C](#)).]

**Chair Leslie:**

I would like to thank Dr. Hardy and Ms. Gerhardt for participating in the Subcommittee meetings. I would also like to thank the Nevada Hospital Association, the Department of Health and Human Services, Medicaid, and other entities that participated in the hearings. As you can see, we did quite a lot of work. Ms. Lutter explained the rationale of what we are trying to do.

Let us discuss the amendments. Are there any concerns or questions? [There was no response.] Let us discuss the two issues the Subcommittee did not resolve: the time line and the posting of the outpatient data. You can see why the Nevada Hospital Association feels the way they do. We want to consider the hospitals and interim Legislative Committee on Health Care. If the data is not ready or another unforeseen consequence occurs, we will address those issues in the monthly interim committee meetings. A few of us were upset that some of the goals in the bill on emergency responders and wait times in emergency rooms were not accomplished. This is why I feel it is important to create a time line.

**Assemblyman Hardy:**

I still feel uneasy about the outpatient data. Have we figured out who will collect the outpatient data? Will they be on a similar time frame? Have we looked at the forms and concluded that the data is retrievable?

**Chair Leslie:**

I understand your concern. I want to start data collection as soon as possible, and that is why the hospitals are on a quicker time line. I allowed a lot of time for the posting and analysis of the data. We need to give the ambulatory surgical centers

time so that the Department of Health and Human Services can develop regulations. The department will decide who will report, what will be reported, and so on. Someone from the department advised me that it would be best to start collecting the data so that he can see what data is available and figure out the problems. It is realistic; it keeps the process moving.

**Assemblyman Hardy:**

Is there testimony from ambulatory surgical centers?

**Chair Leslie:**

I do not believe we had any testimony from them. They may be unhappy that they are included in this bill. I believe the hospitals brought up the idea that the Committee should include data from the ambulatory surgical centers. I agreed with that and that is why it is in the bill.

**Assemblyman Hardy:**

I am concerned about the quality of care. I appreciate your suggestion. Perhaps we can get the quality of care data by January 2009. I still have a problem with the cost data.

ASSEMBLYWOMAN GERHARDT MOVED TO AMEND AND DO PASS  
ASSEMBLY BILL 146.

ASSEMBLYWOMAN MCCLAIN SECONDED THE MOTION.

THE MOTION PASSED. (ASSEMBLYMEN STEWART AND WEBER  
VOTED NO. ASSEMBLYMAN HARDY WAS ABSENT FOR THE VOTE.)

**Chair Leslie:**

We will move to Assembly Bill 97.

**Assembly Bill 97:** Revises provisions governing certain contracts between insurers and hospitals. (BDR 40-857)

**Sarah J. Lutter, Committee Policy Analyst:**

[Read Assembly Bill 97 and the proposed amendments ([Exhibit C](#)).]

**Chair Leslie:**

A memorandum was sent to our legal counsel. It is important to review the legal issues before we vote.

**Kim Guinasso, Committee Counsel:**

The concern is that Assembly Bill 97 prohibits hospitals or other insurers from entering a contract for the provision of health care of employees. There are two components: health insurance and workers' compensation. The contract prohibits the insurer from contracting with other hospitals, so it is an exclusive arrangement. If the hospital did not enter a contract, but a parent company of the hospital did, then the contract would still be in place, and the provisions of Assembly Bill 97 would not be violated. We could amend the bill to address this concern, but I am afraid I do not have an amendment in writing for the Committee to consider. We could write an amendment that would regulate the conduct, regardless of who is signing the contract.

**Chair Leslie:**

Would that be consistent with how insurance plans and hospitals are normally regulated?

**Kim Guinasso:**

Yes. I do not know if there is a concern about insurance company or workers' compensation provisions. Only Section 1 would be amended.

**Chair Leslie:**

If we would like to move this bill, should we have that amendment?

**Kim Guinasso:**

Correct.

**Assemblywoman Weber:**

This is one of the more difficult bills of this session. I understand both sides of this issue, but I am not supporting the bill. I believe it is not the State's position to get involved in contractual agreements.

**Assemblywoman Parnell:**

I agree with Ms. Weber. I do not think it is an issue of one side against the other side. Those of us who represent the constituents and the hospitals in northern Nevada know that there is a problem. There was never a level playing field. This bill forces the hospitals to offer patients a choice. That is why I am voting for the bill.

**Assemblyman Stewart:**

This is a difficult bill. I received 121 emails from Reno residents, and all of them were opposed to the bill.

**Assemblywoman Gerhardt:**

I am torn on this issue. It is an issue of choice and access to the best quality care. For this reason, I am supporting the bill.

**Assemblywoman McClain:**

I used to be on the fence, but that changed 20 minutes ago. I agree with my colleagues from the north. This is an issue that is affecting the quality and choice of care. If this bill forces both sides to come to the table, be civil, and do what is right for the people who live here, then I support this bill.

**Chair Leslie:**

I know every member of the Committee has deliberated long and hard on this bill. As a consumer of health care, I am very irritated that I have no choice, and there is a lot of back and forth between hospitals. I hear a lot of complaints from my constituents about this issue, and I am concerned about the monopoly in the health care industry, but I think competition in health care is absolutely necessary. We had a bill that provides consumers better information and more choices. Ms. Pierce and I have had many conversations on getting rid of the whole system and establishing universal health care. This is a great example of why our health care system does not work. I am supporting this bill.

ASSEMBLYWOMAN GERHARDT MOVED TO AMEND AND DO PASS  
AS AMENDED ASSEMBLY BILL 97.

ASSEMBLYWOMAN MCCLAIN SECONDED THE MOTION.

THE MOTION PASSED. (ASSEMBLYMEN WEBER AND STEWART  
VOTED NO. ASSEMBLYMAN HARDY WAS ABSENT FOR THE VOTE.)

**Chair Leslie:**

Thank you. We will move to Assembly Bill 182.

**Assembly Bill 182: Makes various changes concerning the Fund for a Healthy Nevada. (BDR 40-158)**

**Sarah J. Lutter, Committee Policy Analyst:**

[Read Assembly Bill 182 and the proposed amendments ([Exhibit C](#)).]

**Chair Leslie:**

The last amendment is simply a technical addition. We noted that this bill is concurrently referred to the Assembly Committee on Ways and Means.

**Assemblywoman McClain:**

I think it is a good bill. It will create an efficient system for grant allocations, and I hope I have your support.

**Chair Leslie:**

The only controversial issue about this bill is the decrease of funds of the tobacco cessation. The funds will go from 20 percent to 10 percent, and the 10 percent will be allocated to other programs.

**Assemblywoman McClain:**

Actually, all the grants are competitive. Whoever has the best program gets the money.

**Assemblywoman Gerhardt:**

There is concern over decreasing the tobacco cessation's funds. We have 30 percent of the funds going to senior programs. The senior programs provide dental care, and there is a correlation between tobacco use and dental problems. This does not give me any heartburn.

**Assemblyman Stewart:**

Is there a way we could increase the tobacco cessation to 15 percent?

**Chair Leslie:**

You would like it at 15 percent instead of 10 percent?

**Assemblyman Stewart:**

Correct.

**Assemblywoman McClain:**

I would rather not because some of the tobacco cessation's programs are not doing what they should be doing. Plus, we need the 5 percent for evaluation, data collection, and research for the grant programs. One of the committee members wanted an evaluation of one of these programs, but they could not use the funds for that purpose.

**Assemblyman Stewart:**

Thank you. I withdraw my comment.

**Assemblyman Beers:**

I have seen people die from emphysema, including a relative. Any cut into the tobacco cessation fund will not get support from me.

ASSEMBLYWOMAN KOIVISTO MOVED TO AMEND AND DO PASS  
ASSEMBLY BILL 182.

ASSEMBLYWOMAN PIERCE SECONDED THE MOTION.

THE MOTION PASSED. (ASSEMBLYMAN BEERS VOTED NO.  
ASSEMBLYMAN HARDY WAS ABSENT FOR THE VOTE.)

**Chair Leslie:**

We will move to Assembly Bill 187.

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

**Sarah J. Lutter, Committee Policy Analyst:**

[Read Assembly Bill 187 and its proposed amendments ([Exhibit C](#)).]

**Chair Leslie:**

There were some members who wanted additional information.

**Assemblywoman Parnell:**

If anyone can share information or answer my question, that would be fine.

**Chair Leslie:**

Who is liable if a nurse supervises a certified medication aide (CMA) and something goes wrong?

**Debra Scott, Executive Director, Nevada State Board of Nursing:**

A registered nurse is responsible and accountable for the actions of an unlicensed assistant. This is the law.

**Chair Leslie:**

Will nurses want to take on that responsibility? I know the Nevada State Board of Nursing is neutral, but please provide us with your comments on this issue.

**Debra Scott:**

There are two answers to that question. The nurse is responsible and accountable for the delegation and supervision of that person. If a CMA makes an error, the nurse would be held responsible for the process of delegation and supervision. They would not necessarily be accountable for the medication error. It is the law. There was a nurse who was responsible for an unlicensed assistant who was doing checks on a suicidal patient. The suicidal patient died, but it was the nurse, not the assistant, who was held responsible because she did not make sure that those

checks were being done. The nurse was put on probation, but she did not lose her license.

You asked if any nurse is willing to do this. Many nurses are educated to work with a team. Depending on how nurses were educated and trained, some nurses will be fine with that, while other nurses will not.

**Assemblywoman Weber:**

Does a CMA get a certificate, not a license?

**Debra Scott:**

It is a certificate, not a license. When we talk about unlicensed assistants, we are talking about certified nursing assistants (CNA) and CMAs. A certificate is different than a license, and the State Board of Nursing has the authority to revoke a certificate.

**Assemblywoman Weber:**

If a patient fell out of bed, would the nurse still be responsible even though the nurse was not present at the scene?

**Debra Scott:**

Absolutely. The nurse always maintains responsibility and accountability for the care of his patients.

**Chair Leslie:**

Do you think this applies to hospitals as well?

**Debra Scott:**

The intent is for long-term care.

**Chair Leslie:**

Hospitals do not have long-term care.

**Debra Scott:**

Acute hospitals do not have long-term care unless it is a separate unit.

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

I believe all the hospital-based nursing homes are licensed under the hospital licensing regulations. There could be separate licenses, but for a multitude of reasons, all of our hospital nursing home beds are licensed under the hospital license. The Nevada Hospital Association agreed to not get in the way of the nursing home industry's efforts to pursue this issue, but the hospital community was not interested in pursuing this issue.



**Assemblywoman Parnell:**

The Nevada State Medical Association sent a letter expressing support of this bill, but I do not think we formally heard from State Board of Nursing. Did you have a position on the bill? If so, what is it?

**Debra Scott:**

We are neutral. If we are given the responsibility to regulate CMAs, we will do everything in our power to make sure it is done in a safe and effective way. We do not support or oppose the bill because the research is not clear. If the bill passes, we would like to do more research to find out if the process is safe.

**Chair Leslie:**

You are making me nervous because that is my concern. That is why I am having a very hard time with this bill. We heard testimony that the error rate is lower in New Mexico when CMAs are present. I am so nervous about it, but I am not trying to put you on the spot. Your last statement reinforced my red flag on this bill.

**Debra Scott:**

There is research on both sides of the issue. The latest research shows that there was an increase of medication errors by 5 percent when CMAs are present.

**Chair Leslie:**

Is this every place that implements this program? Is this for one particular state?

**Debra Scott:**

It is one particular state.

**Assemblywoman Gerhardt:**

How much education does a CNA have? What type of training do they receive?

**Debra Scott:**

A CNA has a minimum of 75 hours of training, which includes didactic and clinical training. There are some programs, however, that have a semester of training. The law requires 75 hours. It depends on the program.

**Assemblyman Stewart:**

Regarding the research you presented, what was the state that was studied? How many CMAs were involved?

**Debra Scott:**

I have three surveys I can tell you about. The first survey was done this year, and was published in a clinical nursing research publication. It states there were no differences in medication error rates. A 2006 study on medication aides in Ireland

states that there was a 5 percent increase of medication errors. A 1996 study on medication aides in Illinois showed that there was a 5 percent increase of medication errors.

**Assemblyman Stewart:**

We do not know how many medication aides were involved in the studies?

**Chair Leslie:**

I wish we had the opportunity to get this information during the hearing.

**Assemblywoman Womack:**

I have been in too many nursing homes where the nursing staff is shorthanded and the patient care was not good. For that reason, I will vote for the bill.

**Assemblywoman Weber:**

*Nevada Revised Statutes* (NRS) 632.072 of Section 12 states there is an advisory committee of nursing assistants. A committee already exists to discuss pertinent issues.

**Chair Leslie:**

What we are doing is adding CMAs to that advisory committee.

**Debra Scott:**

That committee is setup per statute.

**Assemblywoman Pierce:**

I am not any more comfortable with this bill. We have huge problems with our medical care. This bill does not help; it makes it worse. It is a race to the bottom, which is not the direction we should be going. From what I am hearing, it seems there are places that are experimenting with this, but I do not see any reason for us to join the experiment.

**Assemblywoman McClain:**

I am very conflicted on this issue because we did not have any information about error rates. I understand the need for CMAs and it made sense during the hearing. Nurses are swamped with work, and if they could have assistants to administer daily medications, it would free up the nurses. Now, we learn about error rates. I do not want to see any senior in a nursing home getting treated worse than they already are.

**Assemblywoman Parnell:**

I feel like everyone else. We hear from the nurses that they are too busy, and the bill is an attempt to alleviate nurse workloads. However, there are problems with

the bill. I am not sure how I am going to vote, but I want the discussion to continue. If the Committee does not pass this bill, I hope that the Committee will send a letter to the advisory committee. I want to know what nurses think should be done to decrease their workload. We did not get that information during the original hearing, but the discussion should not stop.

**Chair Leslie:**

When this issue came up during the interim Committee on Health Care meetings, we did not have an extensive discussion on this issue. It is why I voted no; we did not have a full discussion. We can refer the bill to the interim Committee on Health Care committee so they may study it. Even though I am against it, I do not want to totally sway the Committee.

**Assemblywoman Koivisto:**

During the hearing, there were a lot of nurses present and many of them opposed this bill.

**Assemblywoman Gerhardt:**

I hate to change my position, but I feel misled. We did not hear about the medical errors. It causes great concern, especially when we are dealing with seniors who are unable to bring problems to the attention of someone. I am not going to support this bill.

**Assemblywoman McClain:**

Sending the bill back to the interim Committee on Health Care is a good idea.

**Chair Leslie:**

Is there any objection to sending a letter to the Committee on Health Care to ask for further review and consideration of this bill?

**Assemblywoman Parnell:**

We should send information on nursing assistants, and ask the Committee on Health Care to consider the issue and develop recommendations. We need to hear from experts in the field.

**Chair Leslie:**

Ms. Scott, do you think that is appropriate?

**Debra Scott:**

It is an advisory committee to the State Board of Nursing. The board has discussed this issue for three years and we will continue to discuss this.

**Chair Leslie:**

Ms. Parnell, I can pledge that we will make sure the State Board of Nursing is involved in the discussion. Unless someone would like to try to make a motion, I am not going to process this bill. Since there is no objection, a letter will be sent. We will move to Assembly Bill 283.

**Assembly Bill 283:** Requires certain care facilities to maintain and provide certain information to parents, guardians or legal representatives of persons cared for in the facilities. (BDR 38-1124)

**Sarah J. Lutter, Committee Policy Analyst:**

[Read Assembly Bill 283 and its proposed amendments ([Exhibit C](#)).]

**Chair Leslie:**

These amendments make it a much better bill.

**Kim Guinasso, Committee Counsel:**

With regard to the standardized format, would that be the agency that regulates adult daycare facilities?

**Chair Leslie:**

Yes, that is the intent.

ASSEMBLYWOMAN MCCLAIN MOVED TO AMEND AND DO PASS  
AS AMENDED ASSEMBLY BILL 283.

ASSEMBLYWOMAN GERHARDT SECONDED THE MOTION.

THE MOTION PASSED UNANIMOUSLY.

**Chair Leslie:**

Let us move to Assembly Bill 360.

**Assembly Bill 360:** Establishes the State Program for Vascular Health.  
(BDR 40-392)

**Sarah J. Lutter, Committee Policy Analyst:**

[Read Assembly Bill 360 and its proposed amendments ([Exhibit C](#)).]

**Chair Leslie:**

Is there still a contention with proposed amendment 3?

**Sarah J. Lutter:**

Yes. There is a representative. It is a group that is a subsidiary or a branch of the American Heart Association.

**Chair Leslie:**

Committee, we have to decide if we want a broader advisory committee or a smaller committee. How many more members will the amendment add to the committee?

**Sarah J. Lutter:**

If I remember the memorandums correctly, I think it is 13 members because some physicians will be removed from the committee. The representative is a local chapter of the American Stroke Association, which is a division of the American Heart Association.

**Chair Leslie:**

I like the idea of a broader committee. Are there other concerns on the amendments? [There was no response.] It meets my concern.

**Kim Guinasso, Committee Counsel:**

The amendment on the advisory committee states, "Replace chronic disease organization with a representative from the University of Nevada, Las Vegas, or the University of Nevada, Reno School of Public Health . . . ." I am wondering if the Committee wants to choose one of those or if it should be the system.

**Chair Leslie:**

Yes, the system. We want a public health representative. The intent is to have a representative from a public health agency. Is the Committee fine with that? [There was no response.] Both universities have a school for public health, and I think we do not care who it will be.

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

We did not put a fiscal note on this bill; it is enabling legislation. There is no language in the amendments that captures that. Our intent is to get funds and accomplish the goals of the bill.

**Chair Leslie:**

I was not sure of Mr. Ocegüera's intent and I am glad you brought that up. I am not sure if he wants the Ways and Means Committee to fund this legislation. There is no fiscal note at this time because the legislation is enabling.

**Alex Haartz:**

There is no appropriation. We did not make a fiscal note.

**Chair Leslie:**

We can check with Mr. Ocegüera, and if he wants an amendment, he certainly could submit an amendment.

**Assemblywoman Gerhardt:**

I am looking at all these different proposals, and some are endorsed by the American Heart Association. Did all those groups come to the same table when the amendments were put together? Are we all in agreement?

**Chair Leslie:**

I can answer those questions on the behalf of Mr. Ocegüera. I am assuming these are his suggested amendments.

**Denisse Roldán Newell, Director of Advocacy, American Heart Association:**

We worked together about a week ago, and we reached a consensus on the advisory committee. We want representatives from the emergency medical services and hospital community on the advisory committee. We want two hospital representatives from an urban and rural setting. It is fair because some things that work in southern Nevada do not work in northern Nevada.

**Chair Leslie:**

Do you object to the second proposal on the advisory committee?

**Denisse Roldán Newell:**

The consensus of the group was to include the physicians. We want neurologists and other physicians dedicated to stroke care.

**Chair Leslie:**

I still like the second option though.

ASSEMBLYWOMAN GERHARDT MOVED TO AMEND AND DO PASS  
ASSEMBLY BILL 360.

ASSEMBLYMAN HARDY SECONDED THE MOTION.

THE MOTION PASSED UNANIMOUSLY.

**Chair Leslie:**

We will move to Assembly Bill 367.

**Assembly Bill 367**: Requires employment of outreach coordinators to provide education and information relating to resources available for adults with disabilities. (BDR 38-847)

**Sarah J. Lutter, Committee Policy Analyst:**

[Read Assembly Bill 367 and the proposed amendments ([Exhibit C](#)).]

**Assemblywoman Womack:**

[Submitted ([Exhibit D](#)).] We have that amendment because partnering is the best way to accomplish the goal, when a caregiver is no longer able to care for a loved one. Because of the partnership, we were able to decrease the fiscal note to \$69,000 over a two-year period. I urge the Committee to vote for the bill.

**Assemblywoman Parnell:**

If we are taking the fiscal note away from the Department of Health and Human Services, who is giving the Family Resource Center funds to employ the caregivers?

**Assemblywoman Womack:**

Some funds will be sourced through donations. We submitted a fiscal note, and it is small in comparison to funding the whole program. There are facilities in the rural and urban areas.

**Chair Leslie:**

The bill will likely have a fiscal note, but it has been greatly reduced.

**Assemblyman Hardy:**

I like the bill; I am ready for the motion. I suspect it is going to the Committee on Ways and Means.

ASSEMBLYMAN HARDY MOVED TO AMEND AND DO PASS  
ASSEMBLY BILL 367.

ASSEMBLYWOMAN WEBER SECONDED THE MOTION.

THE MOTION PASSED UNANIMOUSLY.

**Chair Leslie:**

We will move to Assembly Bill 490.

**Assembly Bill 490**: Revises provisions governing the sealing of records concerning a person's admission to a hospital or mental health facility under certain circumstances. (BDR 39-1376)

**Sarah J. Lutter, Committee Policy Analyst:**

[Read Assembly Bill 490 and the proposed amendments ([Exhibit C](#)).]

**Kim Guinasso, Committee Counsel:**

An exception is allowing a prospective employee to waive his right to this information. The waiver should be done post-offer of the employment to avoid problems with the Americans with Disabilities Act. Peace officers and firefighters are exempt. We want to draft this language so it is clear that the waiver should be given after an offer of employment.

**Chair Leslie:**

Right, we need to comply with the Americans with Disabilities Act.

**Sarah J. Lutter:**

[Continued to read the proposed amendments for Assembly Bill 490 ([Exhibit C](#)).]

**Chair Leslie:**

How does the Committee feel about this? [There was no response.] I would like to move this bill. Concerns over privacy were brought forward. I was contacted by a Clark County public defender who believed that individuals should receive some kind of notice so that they have an opportunity to go to the court. As Ms. Lutter said, we will leave it up to the drafters to come up with the appropriate legal language.

The City of Las Vegas wanted to be able to review records when they are hiring police officers and firefighters. They suggested that people should be allowed to waive their rights when they are applying for a job. During the hearing, Judge Janet J. Berry said that provision already exists in statute because people waive their rights for employment background checks all the time. Do we still need to address that in this bill?

**Kim Guinasso:**

We can certainly check that. The only concern I have is that the provision is a part of a background check. The applicants are applying for positions of authority, and they will be subject to high levels of scrutiny. We have a concern with the fact that this concerns a physical condition or mental condition. We can certainly clarify it so the provision will be pursuant to the normal practice.

**Chair Leslie:**

There might be more concerns because it is a mental disability. We need to make sure the bill does not conflict with the federal law.



**Kim Guinasso:**

We would check if there is anything in statute concerning the employment of certain positions. In practice, it is likely that most employers understand what is required of them.

**Chair Leslie:**

Do you think an amendment is necessary?

**Kim Guinasso:**

We can check to find out if an amendment is necessary. If it is necessary, we will draft an amendment. I think I understand the Committee's intent.

**Assemblyman Hardy:**

Obviously, if one applies for the Central Intelligence Agency, the Federal Bureau of Investigation, the military, and so on, the applicant will need to go through a rigorous background check. This provision does not only apply to police officers and firefighters.

**Chair Leslie:**

I agree, but I do not know if the City of Las Vegas hires agents for the Federal Bureau of Investigation. The third amendment clarifies that the health facilities are for mental health treatment rather than medical treatment. The fourth amendment addresses Dr. Hardy's concern. Dr. Hardy, does the amendment meet your intent? [Assembly Hardy indicated yes.] Are there any other concerns? [There was no response.] This bill protects the privacy rights of mentally ill patients.

**Assemblywoman Gerhardt:**

Regarding amendment 4, the physician or psychiatrist would be able to access the information, but must the patient give permission? The bill does not state that.

**Sarah J. Lutter:**

Amendment 1 states that the patient must give permission. The physician or psychiatrist can only access the information to provide treatment. The amendment disallows them to access it for research.

ASSEMBLYWOMAN MCCLAIN MOVED TO AMEND AND DO PASS  
ASSEMBLY BILL 490.

ASSEMBLYMAN HARDY SECONDED THE MOTION.

THE MOTION PASSED UNANIMOUSLY.

**Chair Leslie:**

We will move to Assembly Bill 576.

**Sarah J. Lutter, Committee Policy Analyst:**

[Read Assembly Bill 576 and its proposed amendments ([Exhibit C](#)).]

**Chair Leslie:**

As I recall, everyone agreed with these amendments. Are there any questions?  
[There was no response.]

ASSEMBLYMAN HARDY MOVED TO AMEND AND DO PASS AS  
AMENDED ASSEMBLY BILL 576.

ASSEMBLYWOMAN WOMACK SECONDED THE MOTION.

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

**Chair Leslie:**

We will move to our last bill of the day, Assembly Bill 577.

**Sarah J. Lutter, Committee Policy Analyst:**

[Read Assembly Bill 577 and the first proposed amendments ([Exhibit C](#)).]

**Chair Leslie:**

We will discuss these amendments one at a time. Mr. Haartz, could you come forward? It is my assumption that the bill applies to the Bureau of Licensure and Certification. Perhaps you could discuss that.

**Assemblyman Hardy:**

The Bureau of Licensure and Certification is woefully behind on inspections, let alone on enforcement. It would be difficult to allow them to be responsible for the provisions in the bill.

**Chair Leslie:**

Yes, but who would be appropriate? Let us begin with that.

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

We were not making the assumption that this bill was delegating authority. We assumed the facility that handles patients takes on the responsibility and the liability. We do not think that the bill will be adding to the workload of the Health Division.

**Chair Leslie:**

It seemed that clarity was suggested. Are you saying the hospitals will be taking responsibility?

**Alex Haartz:**

As Ms. Guinasso said, clarity is always good. From the Health Division's perspective, we assumed that responsibility will be delegated to the Bureau of Licensure and Certification.

**Assemblyman Hardy:**

There are already safety committees in hospitals.

**Chair Leslie:**

Do you see any need to specify that in the bill?

**Assemblyman Hardy:**

I would tell them to keep doing what they have been doing. I am not sure the amendment on that issue should be in the bill.

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

As we reviewed this legislation, we understood it the same way that you did. We thought that the Bureau of Licensure and Certification would investigate complaints.

**Chair Leslie:**

That is interesting that you and I read it that way, but apparently others did not.

**Assemblywoman Parnell:**

The fiscal note says there is an impact on the State, so I assume that is what they were considering when the bill was drafted.

**Chair Leslie:**

Yes, exactly.

**Alex Haartz:**

If that is the intent, the bill should be amended to make it clear that the Health Division is responsible for investigating complaints. I understand Mr. Welch's position. The current language does not assign responsibility, and we assumed the patient facilities would take responsibility.

**Chair Leslie:**

Is this provision similar to how the Health Division deals with other complaints?

**Alex Haartz:**

Sure. Complaints range from the quality of food to medication.

**Chair Leslie:**

Can you think of a reason why there is a fiscal note?

**Assemblywoman Parnell:**

The bill states there is a fiscal note, but the fiscal book states there is no executive agency fiscal note. However, there is a small local government and county cost. This makes the legislation more confusing.

**Alex Haartz:**

We did not attach a fiscal note because of how we interpreted it.

**Sarah J. Lutter:**

[Read second and third proposed amendments of Assembly Bill 577 ([Exhibit C](#)).]

**Chair Leslie:**

Can someone explain why the phrase "with or without the assistance of lifting equipment" should be left out of the bill?

**Renee Ruiz, Government Relations, Service Employees International Union:**

We removed the phrase because it is redundant language.

**Chair Leslie:**

Assisting lifting equipment is part of the team. That makes sense.

**Bill Welch:**

We took the word "specifically" out because that could mean only a handful of people, not all personnel. We want all personnel to be trained to safely lift patients.

**Chair Leslie:**

Now I am completely confused. I do not think that is what we are talking about.

**Sarah J. Lutter:**

I want to make a clarification. The word "specifically" in Section 3 is what Mr. Welch is talking about, and they do not want to specify certain individuals as a lifting team.

**Chair Leslie:**

You just want to take out the term "specifically"?

**Bill Welch:**

Yes. I apologize; I misinterpreted your question.

**Chair Leslie:**

You left in the phrase “with or without the assistance of lifting equipment.” We heard that the language is redundant.

**Bill Welch:**

A team of personnel would be available if lifting equipment is not. If “with or without” is removed, then it will mean only lifting equipment can be used.

**Chair Leslie:**

That is a minor point; we can leave it in. Ms. Ruiz, would you like to comment on the removal of the word “specifically”?

**Renee Ruiz:**

We do not have any disagreements.

**Sarah J. Lutter:**

[Read fourth proposed amendment of Assembly Bill 577 ([Exhibit C](#)).]

**Chair Leslie:**

The amendment refers to the definition of the safe handling of the patient. Ms. Ruiz, would you like to comment on that?

**Renee Ruiz:**

We proposed that definition because our policy and legal team said that is the scientifically recognized definition.

**Chair Leslie:**

You would like that definition to require lifting equipment?

**Renee Ruiz:**

Yes.

**Bill Welch:**

Again, we have concerns with the language proposed by the Service Employees International Union. The language suggests that lifting equipment must always be available.

**Assemblyman Hardy:**

Not only does one have to lift the patient, but one must also transfer and reposition the patient. One might have to perform those tasks with a team. I am supporting the hospital's suggestion.

**Assemblywoman Parnell:**

It is contradictory. I thought we are talking about nurses physically moving a patient. When we start talking about equipment to do that, we are moving away from the intent of the legislation.

**Renee Ruiz:**

"Safe handling of a patient" is a scientific term. We can discuss the hospital's version if it will move the legislation forward.

**Chair Leslie:**

Are there legal problems with using the term "safe handling of a patient"? The hospital version would safely move, reposition, transfer, or transport a patient without a piece of equipment.

**Assemblyman Hardy:**

The patient issue is poorly defined.

**Sarah J. Lutter:**

[Read the fifth and sixth proposed amendments of Assembly Bill 577 ([Exhibit C](#)).]

**Assemblywoman Gerhardt:**

Regarding the second proposed option, does the safety committee have representatives from the union?

**Chair Leslie:**

I believe some hospitals do not have committees.

**Renee Ruiz:**

Nurses are included in the committees if a collective bargaining agreement exists. Nurses are not part of the committees if there is no collective bargaining agreement.

**Assemblywoman Gerhardt:**

If there is no objection, we will go with the second provision that would require a nurse representative in the committee.

**Bill Welch:**

The hospital committees have nonmanagement representatives, and I certainly would not oppose nurse representatives.

**Assemblywoman Gerhardt:**

It sounds like a good idea to me.

**Sarah J. Lutter:**

[Read the seventh proposed amendment of Assembly Bill 577 ([Exhibit C](#)).]

**Chair Leslie:**

The Nevada Hospital Association submitted an amendment that states, "... require the incorporation of a reasonable amount of lifting equipment ...." What does "reasonable amount" mean?

**Bill Welch:**

I do not know how to define "reasonable." We certainly support the Service Employees International Union's concept that hospitals need safe patient-lifting policies and equipment. We suggested the phrase "shall consider" because as hospitals submit plans for expansion or the building of a new hospital, they also need to submit plans for safe-lifting equipment. I do not object to adding the phrase "fixed or mobile."

**Chair Leslie:**

"Fixed or mobile" is not in either version of the bill. Do you mean "fixed or mobile lifting equipment"?

**Bill Welch:**

Yes.

**Chair Leslie:**

I did not know that was an issue.

**Renee Ruiz:**

There needs to be a movement toward safe-lifting equipment. There is not a mandate except when a new facility is being built or renovated. Any equipment in the hospital must be upgraded. It is more than reasonable to improve safe-lifting policies. We truly do not believe it is unreasonable to mandate. Safe-lifting equipment should be automatically included, rather than just considered, in the plans.

**Chair Leslie:**

I do not think any of us would argue with that, but we do not know who determines what is reasonable. What is reasonable to you might not be reasonable to Mr. Welch.

**Bill Welch:**

What is the definition of "renovation"? I am particularly concerned with the rural hospitals. If they renovate a private room to a semi-private room, is that considered a renovation? There is no clarity.

**Chair Leslie:**

When one gets a license to renovate, is there a certain level of renovation that must be done?

**Bill Welch:**

For minor renovations, we do not have to get a license from the Bureau of Licensure and Certification. If we were to renovate to expand or decrease the number of beds, we would need a license. If it is to add diagnostic services, we would need certification from the State.

**Chair Leslie:**

Mr. Haartz, is there a way that we can fix all these problems? We are all saying the same thing. We need to process this bill today.

**Assemblywoman Parnell:**

This is a guess, but if a hospital is going to renovate or if a new hospital is going to be built, the hospitals will want to implement the provisions in the bill. Ultimately, it is a cost saver.

**Alex Haartz:**

I actually like the concept contained in amendment 8, and perhaps that is the solution in terms of the reporting aspect.

**Chair Leslie:**

That is a different issue; we will get to that. When a hospital is going to be built or significantly renovated, should ...

**Alex Haartz:**

I apologize for interrupting. Currently, there is a requirement in *Nevada Administrative Code* that the hospital must follow certain architectural guidelines for healthcare facilities. I do not know them, but perhaps Mr. Welch can elaborate.



**Chair Leslie:**

Do you review the safe-lifting equipment as part of your regulatory...

**Alex Haartz:**

I do not believe that particular requirement is in the regulations.

**Chair Leslie:**

Is that something that could be a requirement of the regulations? Then the Health Division could define what is reasonable. It is a regulatory decision. We think it is a good concept. We want to make sure new hospitals and renovated hospitals have the right amount of safe-lifting equipment.

**Alex Haartz:**

Some hospitals may already have that requirement in terms of architectural guidelines. Unfortunately, I do not know which hospitals.

**Chair Leslie:**

That seems like a reach to me. I do not know if architecture and equipment are the same.

**Alex Haartz:**

The guidelines are very complex, specific, and broad.

**Bill Welch:**

I am not familiar with those regulations.

**Assemblywoman Pierce:**

Safe-lifting equipment is a tremendous cost saver, but I think it needs to be required, rather than considered.

**Chair Leslie:**

Do you like the first option? Is the undefined reasonable amount fine with you? That is the problem.

**Assemblywoman Pierce:**

Perhaps we could take it out and suggest "the incorporation of lifting equipment."

**Chair Leslie:**

That is a possibility.

**Assemblywoman Parnell:**

I am looking at the current language of Assembly Bill 577. The bill states, "Requires a hospital or facility for skilled nursing to consider the incorporation of

lifting equipment into any new building.” I am not looking at the bill, I am looking at the amendment.

**Chair Leslie:**

Page 2, lines 34 to 36 states, “If a hospital facility for skilled nursing is constructing or renovating a building, a consideration of incorporation of lifting equipment ....” I think the bill drafters knew what they were doing.

**Assemblywoman Parnell:**

I do not think we need to amend that.

**Chair Leslie:**

We will leave it as is. Is there any objection to that?

**Renee Ruiz:**

That still makes it a consideration rather than a requirement. It does not make a hospital move toward having safe-lifting equipment. The existing legislation will make them consider it.

**Chair Leslie:**

Let us keep going. We have to finish this bill today.

**Sarah J. Lutter:**

[Read the eighth proposed amendment of Assembly Bill 577 ([Exhibit C](#)).]

**Assemblywoman Gerhardt:**

I suggest we add how many pieces of lifting equipment the facility has so we draw a conclusion.

**Chair Leslie:**

Is there any objection?

**Bill Welch:**

We would accept that.

**Sarah J. Lutter:**

[Read the ninth proposed amendment of Assembly Bill 577 ([Exhibit C](#)).]

**Chair Leslie:**

I have a question over Section 1, regarding oversight. Do we leave it vague? I think no one wants us to do that.

**Kim Guinasso, Committee Counsel:**

I am looking at the existing law, and I am trying to figure out what the drafter had in mind. There are existing provisions that have requirements for hospitals. I noticed that the Health Division has the authority to adopt regulations concerning those provisions. We could clarify that the new provision concerns the licensing aspect. The Health Division would have enforcement authority in requiring a hospital to have an advisory board. I am not sure about this, but the counties and the State operate hospitals.

**Bill Welch:**

I believe the county fiscal note is the result of the rural hospitals and the University Medical Center.

**Chair Leslie:**

The Health Division would be responsible for this. Do we need to add something to the bill to clarify that?

**Kim Guinasso:**

Typically, we include an existing section that has these provisions. For example, there is an administrative penalty provision in the bill.

**Alex Haartz:**

That would address the concerns. The expectations of the responsibilities will become clear. Frankly, I cannot say how many complaints will be received and how many will be investigated.

**Chair Leslie:**

From the nurse's perspective, it strengthens the bill. Ms. Ruiz, do you have any comments on that?

**Renee Ruiz:**

No. We agree.

**Kim Guinasso:**

When drafting amendments, we do not require referring to every section. The administered section is appropriate, and it is the cue to the codifier. We can easily amend that in the bill if that is the Committee's pleasure.

**Chair Leslie:**

I believe that is the consensus. We are ready for a motion.

**Sarah J. Lutter:**

I want to clarify the part on the safe-lifting committee. Do you want a nonmanagement nurse representative?

**Assemblywoman Gerhardt:**

Yes. We want a bedside representative.

**Chair Leslie:**

Are there other concerns? [There was no response.]

ASSEMBLYWOMAN GERHARDT MOVED TO AMEND AND DO PASS  
ASSEMBLY BILL 577.

ASSEMBLYWOMAN MCCLAIN SECONDED THE MOTION.

THE MOTION PASSED. (ASSEMBLYMEN STEWART, HARDY, AND  
WEBER WERE ABSENT FOR THE VOTE.)

**Chair Leslie:**

Thank you for your patience. This meeting is adjourned. [3:29 p.m.]

RESPECTFULLY SUBMITTED:

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Katrina Zach  
Committee Secretary

APPROVED BY:

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Assemblywoman Sheila Leslie, Chair

DATE: \_\_\_\_\_

**EXHIBITS**

**Committee Name:** Committee on Health and Human Services

**Date:** April 13, 2007

**Time of Meeting:** 1:02 p.m.

<b>Bill</b>	<b>Exhibit</b>	<b>Witness / Agency</b>	<b>Description</b>
	A	Assembly Committee on Health and Human Services	Agenda
	B	Assembly Committee on Health and Human Services	Attendance Roster
	C	Sarah J. Lutter, Committee Policy Analyst	Work Session Document
	D	Assemblywoman RoseMary Womack	Letter dated April 10, 2007 to Assemblywoman Womack