

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

**Seventy-Fifth Session
May 4, 2009**

The Committee on Health and Human Services was called to order by Chair Debbie Smith at 1:38 p.m. on Monday, May 4, 2009, 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/75th2009/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 Debbie Smith, Chairwoman
Assemblywoman Peggy Pierce, Vice Chair
Assemblyman Ty Cobb
Assemblyman Mo Denis
Assemblyman John Hambrick
Assemblyman Joseph (Joe) P. Hardy
Assemblywoman Sheila Leslie
Assemblywoman April Mastroluca
Assemblywoman Bonnie Parnell
Assemblywoman Ellen B. Spiegel
Assemblyman Lynn D. Stewart

COMMITTEE MEMBERS ABSENT:

None

GUEST LEGISLATORS PRESENT:

Senator Bernice Matthews, Washoe County Senatorial District No. 1
Senator David Parks, Clark County Senatorial District No. 7

STAFF MEMBERS PRESENT:

Amber Joiner, Committee Policy Analyst
Chris Kanowitz, Committee Secretary
Olivia Lloyd, Committee Assistant

OTHERS PRESENT:

Ronald M. James, State Historic Preservation Officer, Office of Historic Preservation, Department of Cultural Affairs
Michael Fischer, Director, Department of Cultural Affairs
Ernest E. Adler, Carson City, Nevada, representing Reno/Sparks Indian Colony, Reno, Nevada
Rocky Finseth, Las Vegas, Nevada, representing American Lung Association, North Las Vegas, Nevada
Mary Wherry, R.N., M.S., Deputy Administrator, Health Division, Department of Health and Human Services
Mosiah Jimenez, Member, JROTC Husky Battalion, Reno High School, Reno, Nevada
Jennifer Stoll-Hadayia, Public Health Program Manager, Washoe County District Health Department, Reno, Nevada
Steve Kutz, R.N., M.P.H., Manager, Sexually Transmitted Disease Program, Washoe County District Health Department, Reno, Nevada
Bill Fuellenbach, Executive Director, Northern Nevada HOPES, Reno, Nevada
Julia Spaulding, Health Program Specialist, STD Prevention and Control Program Coordinator, Health Division, Department of Health and Human Services
Romaine Gilliland, Administrator, Division of Welfare and Supportive Services, Department of Health and Human Services

Chairwoman Smith:

[Roll called. Quorum present.] We are going to go out of order, to accommodate Senator Matthews. I will open the hearing on Senate Bill 256 (1st Reprint) and welcome Senator Matthews to our Committee.

Senate Bill 256 (1st Reprint): Designates an area on the grounds of Northern Nevada Adult Mental Health Services as a historic cemetery. (BDR S-922)

Senator Bernice Matthews, Washoe County Senatorial District No. 1:

This is a very simple bill. You will notice that my name is on the bill as the sponsor, and so is Assemblywoman Smith's, which hopefully will give me some clout, because the Chair of the Committee is a sponsor of this bill.

This bill came forth because a number of bodies were being exhumed at the cemetery of Northern Nevada Adult Mental Health Services and being moved, and people in the community became concerned about where those bodies were going. These people called Assemblywoman Smith, but she had no more available bill draft requests, and since I am old, they figured cemeteries was a good place for me to be. So I took the bill, and that is why I am the primary sponsor; otherwise it should have been Assemblywoman Smith.

What we found on the grounds of the hospital was that bodies had been exhumed, and they were trying to find a place to entomb them. Lo and behold, Assemblywoman Smith found that space on the hospital grounds had already been designated as a cemetery. What this bill does is relocate the bodies to an established cemetery. The big concern regards who will have the responsibility of taking care of the grounds, and we have a friendly amendment ([Exhibit C](#)), which Mr. James will talk about.

Ronald M. James, State Historic Preservation Officer, Office of Historic Preservation, Department of Cultural Affairs:

This bill, which is an admirable piece of legislation, would designate the cemetery on the grounds of the Northern Nevada Adult Mental Health Services as a historic cemetery. The bill also calls on my office to provide means for oversight for the cemetery, as it changes over time, as maintenance needs arise, and to make sure that the historic nature of the cemetery is maintained. We neglected to make it clear that the maintenance and improvement of the cemetery will be provided by the state Northern Nevada Adult Mental Health Services, through the Division of Mental Health and Developmental Services of the Department of Health and Human Services. Our amendment ([Exhibit C](#)), which removes the Office of Historic Preservation from providing the maintenance, left the language ambiguous, so that it might be misinterpreted to be the responsibility of the Office of Historic Preservation rather than the responsibility of the Northern Nevada Adult Mental Health Services.

Senator Matthews:

With this amendment, there would be no fiscal note, because they maintain those grounds anyway, and this cemetery is part of the grounds. There should be no fuss about that, and if there is, I do not understand why.

Michael Fischer, Director, Department of Cultural Affairs:

We are in support of this bill and of the appropriate treatment of these graves. We would be happy to provide the oversight to make sure that occurs.

Chairwoman Smith:

I just wanted to thank Senator Matthews for sponsoring this bill. We received a lot of emotional feedback on this issue. I got involved because I am fortunate enough to serve on the subcommittee of the Interim Finance Committee that deals with public works. In that subcommittee, we started to hear about the bodies that were buried there because they were building on those grounds, and the need to deal with them was raised. That is when the family members started contacting us. We started talking with the Public Works Board about how we could handle this issue. As things progressed, we realized that the best thing to do, to answer the concerns and fears of these families, was to designate this as a historical cemetery area, so that no one 20 or 50 years from now would have to deal with it.

It was also important to have the oversight of the Office of Historic Preservation, so we ensure that the buildings and grounds are taken care of. Fortunately, because of the construction project, there was money in the budget that allowed the bodies to be exhumed and the cemetery to be created. I think the fact that we are having this hearing today and that there are only people in support of the bill here—and we do not have a packed house against the bill—says that you have done a good job and people are feeling comfortable with the decisions. Are there any questions from the Committee?

Assemblywoman Spiegel:

On page 3, line 19, the bill talks about "any other persons with an interest," and I am wondering if that is referring to family members. How would family members be notified that bodies were being exhumed?

Senator Matthews:

They could not find some of the families, but the bodies still have to be reburied. That is the whole point. Part of the old cemetery was a park for the City of Sparks, but they abandoned it so that it could be used as the cemetery.

Ronald James:

We do not usually get into cemetery issues. This is unique for our office. I know that the facility there has done a great deal to try to identify who has been buried there and to identify relatives. There is also a newly-formed constituency group that has been doing a great deal of work along that line. State Public Works has undergone a preliminary planning process to identify all the people who might have an interest in this. We also have a process that

deals with Native American burials under *Nevada Revised Statutes* (NRS) Chapters 381 and 383. We have at least one Native American burial there, so that law will supersede all the rest in a way that will heighten sensitivity when dealing with that group. I am interpreting the intent here as whatever happens out there warrants heightened sensitivity, which is the role that the Office of Historic Preservation would play. The sensitivity that is implemented here will not be defined by one agency unilaterally; it will be double-checked.

Chairwoman Smith:

When you mentioned the park, I forgot to thank the Director of the Legislative Counsel Bureau, Lorne Malkiewich, because he was involved in drafting this legislation. He gets roped into some bill drafting when staff get really busy, and he had to do a lot of legwork to get this figured out. He might be listening because he has followed this bill, and I want to thank him for all the work he did.

Assemblywoman Pierce:

Are there any markers or monuments to designate the graves and the cemetery?

Michael Fischer:

I believe the legislation calls for a monument for the re-entombed bodies.

Chairwoman Smith:

If there is anyone else who would like to testify in support of S.B. 256 (R1), please come to the table.

Ernest E. Adler, Carson City, Nevada, representing Reno/Sparks Indian Colony, Reno, Nevada:

The Reno/Sparks Indian Colony strongly supports this legislation because Native American remains have been found in this cemetery. This would allow for the appropriate exhumation and re-entombment of those remains.

Chairwoman Smith:

Are there any questions for Mr. Adler? I do not see any. Is there anyone else who would like to testify in support of S.B. 256 (R1)? Is there anyone who would like to offer testimony in opposition or give neutral testimony? If not, then I will close the hearing on S.B. 256 (R1).

[At the request of the Chair, submitted testimony from Sue Silver ([Exhibit D](#)) and Carolyn Mirich ([Exhibit E](#)) was entered into the record.]

Assemblyman Stewart:

There is a fiscal note on the bill. Has that been removed?

Ronald James:

That fiscal note has been withdrawn. The fiscal note was attached when the Office of Historic Preservation was given the responsibility for the maintenance of the cemetery.

Chairwoman Smith:

The amendment takes the Department of Cultural Affairs out of the maintenance, so it removes the fiscal note.

Ronald James:

Correct. So that fiscal note has been withdrawn.

Chairwoman Smith:

The Northern Nevada Adult Mental Health Services maintains those grounds anyway, so they will take care of the cemetery.

I will open the hearing on Senate Bill 220. This was from our agenda last week, and we were unable to get to it, so we are appreciative of your patience, Mr. Finseth. Please proceed.

Senate Bill 220: Provides for the establishment of the Chronic Obstructive Pulmonary Disease Program. (BDR 40-1135)

Rocky Finseth, Las Vegas, Nevada, representing American Lung Association, North Las Vegas, Nevada:

My intern, Allison Brown, was going to present the testimony to the Committee on this bill; however, with your permission, Madam Chair, I will submit her written testimony for the record ([Exhibit F](#)), and I will present the information.

Senate Bill 220 would establish the Chronic Obstructive Pulmonary Disease (COPD) Program within the Department of Health and Human Services. We believe the program is important in developing strategies for reducing the impact of disease, as well as in aiding Nevadans with COPD. In her written testimony, Ms. Brown pointed out the costs associated with the disease, as well as how many Nevadans are affected by it. The American Lung Association is in strong support of the bill.

Chairwoman Smith:

Are there any questions for Mr. Finseth? I do not see any, and please thank Ms. Brown for her good work. Is there anyone else to testify in support, against, or neutral on S.B. 220?

Mary Wherry, R.N., M.S., Deputy Administrator, Health Division, Department of Health and Human Services:

Senate Bill 220 provides the opportunity for the Health Division to formally address COPD. In Nevada, this is the third-leading cause of death for seniors 65 years and older, versus the fourth-leading cause of death nationwide.

[Read prepared testimony ([Exhibit G](#)).]

Assemblyman Stewart:

There is no fiscal note on this, so you are going to utilize the personnel you already have and funds that may come in. Will there be any federal funds allotted to this?

Mary Wherry:

At this point in time, we do not have any federal dollars coming to us specifically for COPD. We do have federal grant dollars coming for tobacco cessation and some other chronic disease programs. That is why we decided, especially in these tough fiscal times, that we would do everything we can to incorporate this disease program into our other chronic disease programs. If funding does become available through some chronic disease federal grant, we certainly would apply because we would have some statutory guidance.

Assemblyman Cobb:

Do you know what other smoking cessation activities would be curtailed to establish this new project?

Mary Wherry:

We would not curtail or cut any of the existing grants. We would work with our existing grantees to include COPD in any information they are publishing or putting out there. Many of the things for smoking cessation may already acknowledge COPD as a consequence of smoking. So we would not ask any of our existing recipients of grant funds to change what they are doing, just to enhance it.

Assemblyman Cobb:

So we are pretty much already doing this?

Mary Wherry:

Yes.

Chairwoman Smith:

Are there any other questions? Is there anyone else who would like to testify on S.B. 220? Seeing no one else come forward, I will close the hearing on S.B. 220, and I would like to take a moment to recognize our visitors in the room. Would someone please come to the table and tell us who you are?

Mosiah Jimenez, Member, JROTC Husky Battalion, Reno High School, Reno, Nevada:

I am Cadet Second Lieutenant Mosiah Jimenez, and my group is the Reno High School Husky Battalion. We are here on a junior trip, and we are just seeing how our state government works.

Chairwoman Smith:

Very nice. And you are in ROTC?

Mosiah Jimenez:

Yes, ma'am.

Chairwoman Smith:

Very good. I will not ask you any questions, so you do not have to worry about that. Welcome to all of you, and we appreciate your coming and watching the Legislature at work. Thank you for being here.

We have to wait for Senator Parks to arrive, so let us go ahead and consider the bills we heard today, which had no opposition and passed unanimously in the Senate. We will start with S.B. 256 (R1).

ASSEMBLYWOMAN LESLIE MOVED TO AMEND AND DO PASS
SENATE BILL 256 (1st REPRINT).

ASSEMBLYMAN DENIS SECONDED THE MOTION.

THE MOTION PASSED UNANIMOUSLY. (ASSEMBLYMAN COBB
RESERVED THE RIGHT TO CHANGE HIS VOTE ON THE FLOOR.)

Chairwoman Smith:

Let us now consider S.B. 220. Is there any discussion? If not, I will entertain a motion.

ASSEMBLYMAN HARDY MOVED TO DO PASS SENATE BILL 220.

ASSEMBLYWOMAN SPIEGEL SECONDED THE MOTION.

THE MOTION PASSED UNANIMOUSLY.

Chairwoman Smith:

We will be in recess while we wait for Senator Parks to arrive.

[Committee in recess at 2:02 p.m.]

Chairwoman Smith:

I will call the meeting back to order [at 2:08 p.m.] and open the hearing on Senate Bill 305 (1st Reprint) and welcome Senator Parks to the Committee.

Senate Bill 305 (1st Reprint): Makes various changes concerning dispensing a medication and providing a prescription for the sexual partner of a person diagnosed with a sexually transmitted disease. (BDR 40-845)

Senator David Parks, Clark County Senatorial District No. 7:

In 2007, the Legislature passed two very important bills dealing with the human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) issues. Those bills were requested by the statewide AIDS Advisory Task Force. This year, the task force is back with two more bills, Senate Bill 304 and Senate Bill 305 (1st Reprint).

Senate Bill 305 (1st Reprint) authorizes a provider of health care or an employee of a board of health, under the direction of the local health officer, to dispense a medication or issue a prescription for the treatment of a sexual partner of a person who has been diagnosed with a sexually transmitted disease (STD) without examination of the partner. The measure further allows the provider of health care or employee of a board of health to exclude the name, or other identifying information, of the partner on the prescription, if the prescription specifies the purpose for the prescription. Finally, the bill requires the state Board of Health to adopt regulations related to dispensing a medication or providing a prescription pursuant to the provisions of the bill. This is called "expedited partner therapy." This is a procedure that has been recommended for implementation, and there are around 15 states which already have such practices in place.

Assemblywoman Parnell:

Assemblyman Hardy had a question that he wanted me to ask you, because he had to run out for a minute. I am sure that issues of liability have been

addressed in other states. Assemblyman Hardy's specific concern is if you are normally a patient's physician, but he receives a treatment from the health district, what is the relationship between you and the health district in regards to health insurance liability?

Senator Parks:

Needless to say, there is a potential for liability, and that has to be weighed by the treating physician or the health district that is doing the treatment. It is, however, a strictly voluntary process on behalf of the physician or the health department, and that could probably be further elaborated on by other people in the audience.

Assemblywoman Spiegel:

I have a question, and I am not sure if you are the right person to answer it. Could giving a prescription for an STD to someone who does not have an STD cause them a problem? I am seeing people shake their heads "no."

Senator Parks:

Perhaps we should bring the experts forward.

Assemblywoman Spiegel:

The reason I am asking is because there is a possibility that the person did not transmit the STD to his partner.

Jennifer Stoll-Hadayia, Public Health Program Manager, Washoe County District Health Department, Reno, Nevada:

The medications required to treat the STDs that are approved for expedited partner therapy, which are specifically chlamydia and gonorrhea, are a very simple antibiotic. They have no street value and they have no other purpose except to treat these types of diseases. If someone were to take it, and did not in fact have chlamydia or gonorrhea, it would have minimal, if any, impact except perhaps to clear up any other potential infection that could be present that has not been diagnosed. I also want to point out, in response to Assemblywoman Parnell's question, that there is a requirement in section 2 of the bill that protocols would be developed and adopted by the state Board of Health that could address issues of liability, as well as the others that are presented in the bill.

Assemblyman Hambrick:

Could you explain how the treatment is given?

Jennifer Stoll-Hadayia:

Treatment for chlamydia and gonorrhea is an oral antibiotic.

Assemblywoman Mastroluca:

In order for someone to get the prescription for his partner, he would have to name the partner, but the partner's name would not be written on the prescription? Is that correct?

Jennifer Stoll-Hadayia:

In today's STD clinics, sometimes our clients do not know the names of their partners, and so a name would not necessarily be a requirement. It would be our standard to always elicit names or contact information from our clients' sexual and needle-sharing partners, but sometimes that simply is not information that they have either. That is actually one of the reasons that expedited partner therapy has been proven effective in other communities, because of the nature of sexual risk-taking today. If someone is diagnosed with chlamydia or gonorrhea, who may not know how to contact his partners, but may see them at a later time, the ability to provide this option to him will ensure that his partners are treated as well.

Assemblywoman Mastroluca:

Could it also be used in a preemptive way? For example, someone might be planning on having sex tomorrow, so they get the prescription now, so they can give it to their partner afterwards.

Jennifer Stoll-Hadayia:

It is certainly in the realm of possibility that clients would request this option, prophylactically. That would be part of the clinician's pre- and post-test counseling process with the client, to determine if it is appropriate to use this option. As Senator Parks explained, this bill is simply enabling legislation; it simply allows them the option. It would ultimately be up to the judgment of the clinician, and to their ethical standards of practice, to determine if it is appropriate.

Assemblywoman Parnell:

I would feel more comfortable if you could give me an example of an employee of a board of health. I am fine with "provider of health care," and I am fine with "under the direction of a local health officer," but I am not sure who that "employee of a board of health" would be. That concerns me a little bit.

**Steve Kutz, R.N., M.P.H., Manager, Sexually Transmitted Disease Program,
Washoe County District Health Department, Reno, Nevada:**

I manage the STD program for the Washoe County Health District, so I would be an example of said employee. It also could be one of the nurses that I employ. The way the STD programs are set up in the districts is that they have a medical consultant, who signs off on a protocol. You could think of it as

standing orders through a hospital. We have a set list of medications that a patient or a client would be prescribed or given, depending on the disease that we are treating.

Assemblywoman Parnell:

That makes perfect sense, but I look at the word "employee," and it seems so vague to me. It makes me think it could be the receptionist or just anyone who is not a health clinician. I do not know if that was brought up in the Senate or if those people are addressed in your regulations, but I would like to see some more clarity with that.

Chairwoman Smith:

Do you have any response to that? Maybe how this works with other, similar situations, and if there is any other language we could look at?

Jennifer Stoll-Hadayia:

I was trying to think of an example of another health district or health program in our state that might operate differently than we do in Washoe County. I do not believe that the intent of the language was to allow people who were not appropriately trained counselors or clinicians to offer this option; certainly not an administrative professional or anyone in that role. I believe that it was written as "employee" to allow for the possibility that local health departments, or other locations where health care is provided, may be using alternative staffing structures in addition to a licensed provider of health care, or perhaps an outreach worker or health educator. That is my only thought as to why that language was kept as vague as it was, because there may be others trained to provide pre- and post-test counseling who may be authorized by the protocols of that facility to provide this option. It may also be an issue that can be addressed through the protocols that the state Board of Health will be developing.

Chairwoman Smith:

It says "an employee of a board of health," but then it says "who diagnoses a patient with a sexually transmitted disease." Would that narrow it down to a small group of people who would actually be diagnosing a patient?

Steve Kutz:

Yes. The way that our district is set up, it is the nurses or nurse practitioners, who work under physician protocol, who do the testing, diagnosis, and treatment of STDs.

Chairwoman Smith:

We will look into that issue. Are there other questions from the Committee? Seeing none, is there anyone else who would like to testify in support of S.B. 305 (R1)? Is there anyone who would like to testify against or neutral? Then I will close the hearing on S.B. 305 (R1). [At the request of the Chair, ([Exhibit H](#)), provided by Jennifer Stoll-Hadayia, was entered into the record.]

I will open the hearing on Senate Bill 304 (1st Reprint).

Senate Bill 304 (1st Reprint): Revises provisions relating to tests for certain communicable diseases. (BDR 40-844)

Senator David Parks, Clark County Senatorial District No. 7:

This bill requires physicians and others who attend to pregnant women to conduct an additional test for syphilis on them during the first trimester of pregnancy. The bill also requires a laboratory that conducts certain human immunodeficiency virus (HIV) testing to conduct a test, in accordance with the quality assurance guidelines established by the Centers for Disease Control and Prevention (CDC), and comply with certain communicable disease reporting requirements. Finally, the bill provides that regulations requiring a test for the detection of HIV, regardless of whether it is a waived test, may not be more stringent than federal regulations. This is a two-part bill. Since these were issues that the state AIDS Advisory Task Force had requested, and they both easily fit into one bill, they were combined into S.B. 304 (R1).

The first issue deals with the incidence of syphilis. With me is Jennifer Stoll-Hadayia, and I am sure she can better explain it than I.

Jennifer Stoll-Hadayia, Public Health Program Manager, Washoe County District Health Department, Reno, Nevada:

This bill came from the state AIDS Advisory Task Force, which is charged by the state Board of Health to identify the needs and barriers related to HIV and sexually transmitted disease (STD) prevention in our state. [Read prepared testimony ([Exhibit I](#)).]

Assemblywoman Spiegel:

In section 1, line 11, is that referring to midwives? Why is it that a midwife could not just send someone to a lab to have a test done? Why do they have to be sent to a doctor?

Jennifer Stoll-Hadayia:

Some locations where testing can occur will provide a syphilis test without a doctor's orders; however, laboratories will not. They require doctor's orders to

provide the test. There are other types of providers in the state that can offer the test, but more than likely they will already be seeing a provider at that location.

Assemblyman Hambrick:

In section 2, you indicated that you might be able to get the results in as little time as 20 minutes. How soon after contact would you be able to test and get a result?

Jennifer Stoll-Hadayia:

We generally advise them that there is a window period, which is about three months. Even if there is a positive result, we advise them that it is a preliminary positive; we do a confirmatory test as well. If it is a negative, we advise them about the window period and ways that they can prevent any risk from taking place.

Assemblywoman Parnell:

If you are working with a pregnant woman, and you have the different tests, are they all done through one blood sample? Or do you have to take multiple blood samples?

Jennifer Stoll-Hadayia:

Yes, in the process of providing prenatal care, usually there will be an entire prenatal panel that is conducted, and you would simply check another box to add HIV on top of that. It may be the case that because of the number of tests that a pregnant woman is receiving for any number of reasons, an additional vial of blood may need to be drawn. However, in general, simply adding an HIV or syphilis test onto the first blood draw would be sufficient.

Bill Fuellenbach, Executive Director, Northern Nevada HOPES, Reno, Nevada:

I would like to share some of the frustrations and challenges that we providers have here in Nevada. We are a federally funded HIV/AIDS social service agency and clinic located in Reno. We are responsible for providing care to all of Nevada, except for the four counties around Las Vegas. Part of our responsibility is providing outreach and testing. We do approximately 1,000 tests per year. Currently, as was mentioned, it takes three to five working days to get the results back. That has been a challenge for us. As a Ryan White funded agency, we currently cannot do rapid testing to provide this type of care. It is so critical to be able to give those results, and not lose those clients who may be positive but do not come back to get their results. Right now, as an organization, unless we have a pathologist or a certified lab, we are not able to give rapid testing. We are hoping to change this so that we can actually do that and bring more people into care.

Chairwoman Smith:

Is it your organization that has the new billboards up in Reno?

Bill Fuellenbach:

We do. That is part of our new outreach campaign.

Senator Parks:

I serve on a number of different boards, and one of those is Aid for AIDS of Nevada, which is the largest HIV/AIDS service provider in southern Nevada. This bill would greatly help this organization to qualify to do those tests, as opposed to sending someone to the health district. This was an issue that I had looked at to address a couple of years ago, but I think it was too soon. It is certainly long overdue now. The technology is there, and you do not need a full-scale lab to determine accurate test results. It is said that as many as 40 percent of the people who get tested through a blood draw never go back to get their results. Being able to get results within 20 minutes will certainly help to ensure those persons who are HIV positive get their results.

In the Senate, there was some discussion relative to the first part of the bill, and that was dealing with what the cost is for doing an additional syphilis panel during the first and third trimesters. We received a number of responses about that. A stand-alone test at Quest Diagnostics in Las Vegas has a cost of \$33.60. As Ms. Stoll-Hadayia indicated, that is not the normal procedure. If it is done in a panel, it is considerably less expensive. Some of the experts indicated that it would be in the \$5 to \$7 range, as long as it is done with a battery of other tests.

Chairwoman Smith:

Is there anyone else who would like to testify in support of S.B. 304 (R1)? Is there anyone who would like to testify in opposition or give neutral testimony?

Julia Spaulding, Health Program Specialist, STD Prevention and Control Program Coordinator, Health Division, Department of Health and Human Services:

I am here today to speak on behalf of the Health Division regarding S.B. 304 (R1). [Read prepared testimony ([Exhibit J](#)).]

Assemblyman Stewart:

You are neutral, but you like the bill?

Julia Spaulding:

The Health Division is neutral on this bill.

Chairwoman Smith:

Is there anyone else who would like to testify on this bill? Seeing no one, I will close the hearing on S.B. 304 (R1). We will take a brief recess and try to get some Committee members back so we can address some of these bills in a work session.

[Committee in recess at 2:41 p.m.]

Chairwoman Smith:

I will bring the Committee back to order [at 2:57 p.m.]. We have all of our Committee members except for Assemblywoman Leslie, who I think will be detained for a while. We will go ahead and begin our work session, and I will ask our Policy Analyst to begin with Senate Bill 54 (1st Reprint).

Senate Bill 54 (1st reprint): Revises the qualifications of the State Health Officer. (BDR 40-336).

Amber Joiner, Committee Policy Analyst:

Senate Bill 54 (1st Reprint) was heard on April 15, 2009, and was sponsored on behalf of the Health Division. It revises the qualifications of the State Health Officer by requiring that the officer have not less than five years experience in population-based health care and be either: (1) licensed or eligible for a license as a physician or administrative physician in Nevada; or (2) a physician or administrative physician who has a master's or doctoral degree in public health or a related field ([Exhibit K](#)).

There were no amendments proposed in writing during the hearing on this measure.

Chairwoman Smith:

Is there any discussion?

Assemblyman Hardy:

I am looking at page 2, subparagraph (2). If I had my druthers, I would say "a duly licensed physician," and there is probably a legal way to say "without restrictions." That way someone can apply for the position without the worry of how many months it would take to be licensed in the State of Nevada.

Chairwoman Smith:

I would entertain that as an amendment, and so the motion would be an Amend and Do Pass.

ASSEMBLYMAN HARDY MOVED TO AMEND AND DO PASS
SENATE BILL 54 (1st REPRINT).

ASSEMBLYWOMAN PARNELL SECONDED THE MOTION.

Chairwoman Smith:

Is there discussion? There was no opposition to this bill in our hearing, and it passed the Senate unanimously. I really think, based on what we have been going through for the last week that it brings home how important it is to get this situation resolved, so that we have a permanent Health Officer in this state. We are fortunate that we have had Dr. Guinan serving as our Acting Health Officer, but we really need to have this officer on staff permanently.

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

Chairwoman Smith:

Let us move on to Senate Bill 307.

Senate Bill 307: Requires the Office of the Director of the Department of Health and Human Services to study issues relating to Medicaid. (BDR S-241)

Amber Joiner, Committee Policy Analyst:

This bill, sponsored by Senator Wiener, was heard on April 20, 2009. It requires the Office of the Director of the Department of Health and Human Services, to the extent funds are available, to hire a consultant to analyze the rates paid by Medicaid and study the financing of Medicaid in Nevada. The office must submit quarterly reports to the Legislative Committee on Health Care regarding the consultant's progress and any recommendations for legislation ([Exhibit L](#)).

There were no amendments proposed in writing during the hearing on this measure. There was no testimony in opposition.

Chairwoman Smith:

This seems like an important bill to me. I know that a lot of work went into it on the Senate side. I was not present for the hearing on this bill, but I think it is time that we did this and that it will provide good outcomes for the state. Is there any discussion? Is there a motion?

ASSEMBLYWOMAN MASTROLUCA MOVED TO DO PASS
SENATE BILL 307.

ASSEMBLYMAN DENIS SECONDED THE MOTION.

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

Chairwoman Smith:

Let us move on to Senate Bill 343 (1st Reprint).

Senate Bill 343 (1st Reprint): Makes various changes concerning the application for and provision of certain treatment or services to a person involved in the child welfare system. (BDR 38-477)

Amber Joiner, Committee Policy Analyst:

This bill was sponsored on behalf of the Interim Study on the Placement of Children in Foster Care and was heard on April 27, 2009. In order to preserve or reunify a family, Senate Bill 343 (1st Reprint) requires the Director of the Department of Health and Human Services to include in each state plan, to the extent possible, priority for a parent who is referred to certain treatment and services by an agency that provides child welfare services. It also provides that the Division of Welfare and Supportive Services must expedite applications for treatment or services for certain people involved in the child welfare system ([Exhibit M](#)).

There were no amendments proposed in writing during the hearing on this measure, and there was no testimony in opposition.

Chairwoman Smith:

Is there any discussion?

Assemblyman Cobb:

I did notice that there is a fiscal note on this bill, and I do not think anyone testified that it was removed. Is this going to be rereferred to Ways and Means?

Chairwoman Smith:

You are correct. Is there anyone here from the division who could answer that?

**Romaine Gilliland, Administrator, Division of Welfare and Supportive Services,
Department of Health and Human Services:**

I just briefly reviewed the fiscal note, and I believe that I testified at one of the prior hearings that the fiscal note could be removed.

Assemblyman Hardy:

Thank you for your short explanation. Can you elaborate on that a little bit?

Romaine Gilliland:

The primary issue under the bill is the equitable treatment of applications for services for the Division of Welfare and Supportive Services. There was some concern that in order to provide that equitable treatment, and yet be preferential for this particular group, that there would be some fiscal impact. As we have looked at it further, and the language has been modified, we believe that there is adequate latitude that will allow us to work within the federal regulations, without any fiscal impact, to accommodate the expedited processing of families in crisis.

Assemblyman Hardy:

If I understand you correctly, it is what you are already doing, but you are going to note some kind of priority, if available, in order to help families in an expedited way?

Romaine Gilliland:

That is correct.

Chairwoman Smith:

Is there any other discussion? If not, I would entertain a motion.

ASSEMBLYWOMAN PIERCE MOVED TO DO PASS
SENATE BILL 343 (1st REPRINT).

ASSEMBLYWOMAN MASTROLUCA SECONDED THE MOTION.

THE MOTION PASSED. (ASSEMBLYWOMAN LESLIE WAS
ABSENT FOR THE VOTE. ASSEMBLYMAN COBB RESERVED THE
RIGHT TO CHANGE HIS VOTE ON THE FLOOR.)

Chairwoman Smith:

I would like to consider one of the bills we heard today. Let us consider Senate Bill 304 (1st Reprint). There was no testimony in opposition to this bill, and it passed the Senate unanimously.

ASSEMBLYWOMAN SPIEGEL MOVED TO DO PASS
SENATE BILL 304 (1st REPRINT).

ASSEMBLYWOMAN PIERCE SECONDED THE MOTION.

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

Chairwoman Smith:

Is there any public comment at this time? Are there any comments or discussion from Committee members? I do not see any, so we are adjourned [at 3:07 p.m.].

RESPECTFULLY SUBMITTED:

Chris Kanowitz
Committee Secretary

APPROVED BY:

Assemblywoman Debbie Smith, Chair

DATE: _____

EXHIBITS

Committee Name: Committee on Health and Human Services

Date: May 4, 2009

Time of Meeting: 1:38 p.m.

Bill	Exhibit	Witness / Agency	Description
	A		Agenda
	B		Attendance Roster
S.B. 256 (R1)	C	Ronald M. James	Proposed Amendment
S.B. 256 (R1)	D	Sue Silver	Written testimony dated May 4, 2009
S.B. 256 (R1)	E	Carolyn Mirich	Written testimony dated May 4, 2009
S.B. 220	F	Rocky Finseth	Written testimony of Allison Brown, not dated
S.B. 220	G	Mary Wherry	Written testimony
S.B. 305 (R1)	H	Jennifer Stoll-Hadayia	FAQ Sheet
S.B. 304 (R1) & 305 (R1)	I	Jennifer Stoll-Hadayia	Written testimony
S.B. 304 (R1)	J	Julia Spaulding	Written testimony
S.B. 54 (R1)	K	Amber Joiner	Work Session Document
S.B. 307	L	Amber Joiner	Work Session Document
S.B. 343 (R1)	M	Amber Joiner	Work Session Document