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

Seventy-Fifth Session
March 2, 2009

The Committee on Health and Human Services was called to order by Chair Debbie Smith at 1:39 p.m. on Monday, March 2, 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:

Assemblyman John Oceguera, Clark County District No.16

STAFF MEMBERS PRESENT:

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

OTHERS PRESENT:

Cynthia Kiser Murphey, Chair, Nevada Academy of Health, Department of Health and Human Services
Jay Kvam, Biostatistician, Health Division, Department of Health and Human Services
Mary Guinan, MD, PhD, Acting State Health Officer, Health Division, Department of Health and Human Services
Michael J. Willden, Director, Department of Health and Human Services
Bobbette Bond, Las Vegas, Nevada, representing the Health Services Coalition, Las Vegas, Nevada; Nevada Health Care Policy Group, North Las Vegas, Nevada; Culinary Health Fund, Las Vegas, Nevada
Kathleen A. Conaboy, Reno, Nevada, representing the Nevada Academy of Health, Department of Health and Human Services
Patricia Durbin, Executive Director, Great Basin Primary Care Association, Carson City, Nevada
Christine Wood, RDH, BS, Chronic and Communicable Disease Manager, Health Division, Department of Health and Human Services
Robert Talley, DDS, Executive Director, Nevada Dental Association, Las Vegas, Nevada
K. Neena Laxalt, Elko, Nevada, representing Nevada Dental Hygienist's Association, Las Vegas, Nevada
Lancette VanGuilder, Legislative Chair, Nevada Dental Hygienist's Association, Las Vegas, Nevada
Rota Rosaschi, MPA, LSW, Executive Director, Nevada Public Health Foundation, Carson City, Nevada
Caroline Ford, MPH, Assistant Dean, University of Nevada School of Medicine, Reno, Nevada

Christopher Roller, Director, State Advocacy/State Health Alliances, American Heart Association of Nevada, Las Vegas, Nevada
Jennifer Stoll-Hadayia, Public Health Program Manager, Washoe County District Health Department, Reno, Nevada
Anna Smith, Nurse Administrator, Valley Hospital Stroke Program, Las Vegas, Nevada
Steve Stanko, Las Vegas, Nevada, representing American Heart Association of Nevada, American Stroke Association of Nevada, Las Vegas, Nevada
Murray Flaster, MD, PhD, University of Nevada School of Medicine/University Medical Center, Las Vegas, Nevada
James Wadhams, Las Vegas, Nevada, representing Nevada Hospital Association, Reno, Nevada
David Kallas, Las Vegas, Nevada, representing Las Vegas Police Protective Association, Las Vegas, Nevada; Southern Nevada Conference of Police and Sheriffs, Las Vegas, Nevada
Jessica Ferrato, Reno, Nevada, representing Nevada System of Higher Education, Reno, Nevada
John McNeil, Director, Stroke Advocacy, American Heart Association of Nevada, American Stroke Association of Nevada, Las Vegas, Nevada
Cheryl Dethagan, Private Citizen, Las Vegas, Nevada
Rory Chetelat, Las Vegas, Nevada, representing Emergency Medical Services/Trauma System Office, Southern Nevada Health District, Las Vegas, Nevada

Chairwoman Smith:
[Roll called. Quorum present.] Good afternoon Committee. We have one presentation and three bills to hear. I am going to change the order of the bills from what is listed on the agenda. We will hear Assembly Bill 216, then Assembly Bill 136, and Assembly Bill 107 last. Before we move on to our presentation, we have a bill draft request (BDR) that we need to introduce.

BDR 38-187—Makes various changes concerning licensing of child-placing agencies. (Later introduced as Assembly Bill 227.)

Members should have a copy (Exhibit C) of BDR 38-187, which was sponsored by the Assembly Committee on Health and Human Services. It requires the licensure of certain agencies that provide services relating to the placement of

children in foster care, and it also defines what a "treatment foster home" is and requires the licensure of such homes. Is there a motion to introduce BDR 38-187?

> ASSEMBLYWOMAN SPIEGEL MOVED FOR COMMITTEE INTRODUCTION OF BDR 38-187.
>
> ASSEMBLYWOMAN MASTROLUCA SECONDED THE MOTION.
>
> THE MOTION PASSED UNANIMOUSLY.

Our presentation today is an overview of the Nevada Academy of Health and the Health Scorecard that the Academy recently completed. The chair of the Academy, Cynthia Kiser Murphey, is here to present the report, and she is joined by members of the Academy. Committee members should have a copy of their presentation (Exhibit D).

Cynthia Kiser Murphey, Chair, Nevada Academy of Health, Department of Health and Human Services:

We really appreciate the opportunity to be here to speak about the Nevada Academy of Health and the Nevada Academy of Health Scorecard. I would like to begin by introducing the other members of the Nevada Academy of Health. [Read the names of the members of the Nevada Academy of Health.] We are a fairly new organization. The Academy was established in 2007 by Senate Bill No. 171 of the 74th Session. The Academy was formed to study issues related to health care in Nevada, including education and training of providers, establishing standards and goals concerning the provision of health care, analyzing and evaluating data related to health care, and providing recommendations concerning the establishment of a statewide biomedical and health research program. In January of this year we released the Nevada Health Scorecard, which is a summary of independent studies reviewing where Nevada stands compared with other states on a broad range of health indicators. The Academy compiled this data in hopes of providing a resource to policy makers and health care stakeholders around the state to help with the prioritization and framing of many topics related to the health care debates going on in the state.

Jay Kvam, Biostatistician, Health Division, Department of Health and Human Services:

I would like to give you an overview of how the Scorecard was created, as well as the methodology that went into it. To begin with, we were looking to find a framework to compare health indicators, not only for the State of Nevada, but so we could see where we are relative to the other states. To do so, we looked at third-party sources, such as the United Health Foundation, the

Commonwealth Fund, and others who had created, prior to our report, a compilation of various health indicators that were essential to health in any given population. We did not calculate these "in house" because of the inaccessibility of data from other states. We also wanted a consistent methodology from state to state, so that the numbers in the report were truly comparable.

The Scorecard (Exhibit D) is organized into four different elements. If you turn to page 19, you can see the first sheet of the Scorecard. There are four main elements to each of these pages, the first being the indicator, or score. For the given indicator, such as "median annual household income," it shows the ranking for the State of Nevada. The second element provides an interstate ranking from 1 to 51 or 50, depending on whether the District of Columbia is included. A "1" value always indicates that the state is doing well for that indicator, and that methodology has been standardized across the board for all of our indicators. The third part provides a range of scores to see which state is performing the best in the nation and which one is performing the worst, so we can see where we are relative to those states. Finally, we included some information based on prior reports from these various different sources about how that is trended over time. Although the Scorecard may not show the intensity or the depth of change from year to year, it does show whether an indicator has improved or become worse, and how Nevada has improved in the ranking relative to other states.

Cynthia Kiser Murphey:
I thought it would be helpful, since you have the Scorecard in front of you, to refer to page 15. One of the main intents of the Scorecard is to create a user-friendly, digestible, actionable report where we could start to frame the health care issues for policy makers, health care stakeholders, and citizens of Nevada. I work for MGM-Mirage, and we are Nevada's largest private employer and one of the largest self-funded insurance plans in the state. We insure about 90,000 people in Nevada. We are extremely concerned about people in this state having access to affordable and quality care.

On page 15, notice the areas of health care where we have a better or average standing. Page 14 shows some of the areas where we have a tremendous amount of work to do. I just want to point out a few of the issues. Under "adults with poor mental health," you can see we are 51st in the nation; under "children with a medical home," you can see we are 50th in the nation; under "adults who visited a doctor in the past two years," we are 47th in the nation; under "children immunized," we are 50th.

There are many other factors that the report points to, but we believe there is an opportunity to pursue improvements in a number of these indicators through the public and private partnership in the forum that the Academy provides. The Academy was born out of the Governor's Commission on Medical Education, Research, and Training (MERT) several years ago to create some follow-up and create a forum to bring different stakeholders together. If you look on pages 3 and 4 in the report (Exhibit D), they show an illustration of the system and how the Academy members have come together to try to bring best practices and resources together.

I would like to conclude by saying that we hope you found the report and Scorecard beneficial. It is very new, and we have debated heavily about what should be included. We like to call this a really good first draft. It is our goal to provide a tool that can help to frame decisions and help us improve many of the indicators in Nevada.

Mary Guinan, MD, PhD, Acting State Health Officer, Health Division, Department of Health and Human Services:
As a result of the Hepatitis C outbreak in Las Vegas, the Health Division recognized that we had to understand the Nevada health system in order to analyze it. During the investigation of this outbreak, we hoped to reveal how it worked and how it did not work. Just for some background, my position is that we must recognize the components of Nevada's health care system. In order to make them work together, we need to know what the components are and identify accountability lines. The Health Division based this on a report from the Institute of Medicine of the National Academies entitled "To Err is Human: Building a Safer Health Care System." [Read prepared testimony and presented "bubble chart" included in (Exhibit D).] We feel that this is the appropriate way for us to analyze complex problems and help solve them. The Academy has endorsed this approach. Thank you.

Michael J. Willden, Director, Department of Health and Human Services:
Ms. Kiser Murphey mentioned the MERT committee under Governor Guinn. I think it is really important to recognize that there was an interim study committee report from the Legislative Committee on Health Care that was published in February of 2007, and there was a recommendation in that report suggesting that the Nevada Academy of Health be used as a tool to help implement some of these strategic planning issues. There were seven major issues in that report, and I think 39 strategies, to improve health care in Nevada, so we view the Academy as providing accountability to a lot of those recommendations. From my perspective, that is one of the big added values of the Academy. In addition to the work that they did on the Scorecard, they

were instrumental in investigating the Hepatitis C issue, where they looked at the health system to analyze the problem.

Chairwoman Smith:
The Scorecard is very helpful. We have seen this kind of information on education issues for a long time, and I think it is very helpful for us as legislators to be able to see how we are doing in so many areas, and how we compare to other places in the country. This report gives us our bearings a little bit. We appreciate all of the hard work that went into this report.

Michael J. Willden:
The Scorecard is online and will be updated periodically as we receive new information. Also, if you look at the online version, there are links to all of the sources from which we receive our information. You can go to the Nevada Scorecard and follow the links to see what the actual studies were that we looked at to gather the information.

Assemblywoman Leslie:
I just want to thank the Academy because you did this whole thing without a budget, and I think that needs to be said. It was nice that the Department was able to absorb the cost. Mr. Willden, you said that you were going to update these indicators as you get new information throughout the year, but are you planning to publish this every two years?

Michael J. Willden:
As you know, these reports come out periodically, and we constantly search as a department for new studies and new reports and try to get that information. Whenever we find a new source, or if a source is updated, we will add that information to the Scorecard. If there are indicators that people in the public find they want the Academy to track, we are happy to research those items.

Assemblywoman Leslie:
I think you picked indicators that are relevant. It can always be better, so I think it is important to look at what other indicators are out there. I think we can only become better by having more transparency and admitting that we have problems. I applaud you.

Chairwoman Smith:
I am going to present Assembly Bill 216, so I will turn the meeting over to the Vice Chair to open the hearing.

Vice Chair Pierce:
I am opening the hearing on A.B. 216. The Committee requested this bill, so our Chairwoman will present the bill.

Assembly Bill 216: Revises provisions relating to the Nevada Academy of Health. (BDR 40-1119)

Assemblywoman Debbie Smith, Washoe County Assembly District No. 30:
As you heard from the last presentation, Senate Bill No. 171 of the 74th Session created the Nevada Academy of Health. The Academy studies issues related to health care in Nevada, and provides assistance, technical support, and advice to the Legislative Committee on Health Care and the Department of Health and Human Services. I think the Committee would all agree that we have seen good work come out of the Academy, which we can use as we do our work during the session and the interim, and can help us have up-to-date and better information.

Assembly Bill 216 does three things. First, it removes the sunset date so that the Academy can continue working; second, it revises the membership; and third, it revises the duties of the Academy. Regarding the sunset date, as was mentioned, the Nevada Academy of Health is set to expire on June 30, 2009. This bill would remove the sunset date for the Academy to allow it to continue to provide assistance to the state on these important issues.

This measure also revises the membership of the Academy in three main ways. First, the bill reduces the number of members appointed by the Governor from six to four, and it is my understanding that the Governor does not oppose this change. Second, it adds as a member the Chief Executive Officer, or his designee, of the Quality Improvement Organization of the Centers for Medicare and Medicaid Services (CMS) of the United States Department of Health and Human Services. Right now that organization is HealthInsight, and it seems that it would be an appropriate organization to add to this work. The intention is to look for this appointee from the Nevada CMS Center. Finally, the bill reduces the number of members from 14 to 13. We had heard comment that perhaps the Academy was a little too large. This reduction would also allow for the addition of the HealthInsight membership without increasing the total membership. I also believe that having an odd number of members on a board or commission helps them function better, so the Academy would go from an even number of members to an odd number of members.

Finally, A.B. 216 also revises the duties of the Academy by adding that it is responsible for studying some additional topics, including the improvement of accountability within the system of health care in Nevada, the improvement of

access to health care, the quality of health care, and the improvement of the health of the residents of Nevada. It seems to me that the Academy demonstrated great work in their first effort, and these items strengthen the possibilities of the Academy for their future work. The bill also removes the requirement that the Academy provide recommendations to the Governor and the Legislature concerning the establishment of a statewide biomedical and health research program.

Assemblyman Cobb:
What is the source of your operating revenues, and how much do you spend, on average, annually?

Michael J. Willden, Director, Department of Health and Human Services:
If you refer to page 2 of the bill, lines 27-28, and also page 3 of the bill, lines 34-36, I can answer your question two ways. First, all members of the Academy serve without any governmental support, in that if there is travel or any activities related to the Academy, we are not reimbursing the members. There is no standard $80 salary and there is no per diem, so everybody serves with zero cost. The actual cost of running the meetings is in my office's budget already; my administrative staff schedules meetings in consultation with Ms. Kiser Murphey, establishes the agendas, and keeps the minutes, so that is kept within my office.

As for funding matters such as the study Mr. Kvam performed and the work that we did on the Hepatitis C outbreak, that is absorbed in the Health Division's budget. Again, there is not a specific line-item addressed for the Academy. As the Academy discusses issues, we bring departmental resources to bear where we can. We were lucky that Mr. Kvam came on at a time when we wanted to get the Scorecard done, and so that was one of his first major tasks at the Health Division. The work surrounding the Hepatitis C outbreak has been ongoing for the better part of a year, and that is done by many staff members within the Health Division.

There is not a specific budget; however, as specified on page 3, there is the ability to accept grants, gifts, and donations. We have not sought those at this time, since we are really only in our first year of operation, but we have been discussing, with Richard Whitley in the Health Division, the opportunity to look at some federal grants to help with some of our quality initiatives. We will be seeking federal grants from agencies such as the Centers for Disease Control and Prevention (CDC) to help us with some of the ongoing issues, but there will be no state dollars supporting the Academy.

Vice Chair Pierce:
Would any of you like to make any comments regarding the bill before we move on to questions?

Bobbette Bond, Las Vegas, Nevada, representing the Health Services Coalition, Las Vegas, Nevada; Nevada Health Care Policy Group, North Las Vegas, Nevada; Culinary Health Fund, Las Vegas, Nevada:
I am a member of the Academy. I just want to make a couple of points because I was here during the last session when Senate Bill No. 171 of the 74th Session, which created the Academy, was being discussed. There were legitimate concerns that creating another committee would create another under-resourced entity that would add more fragmentation to health care delivery, data, and conversations regarding health care. There was concern about whether the Academy should exist or not, and I think that is one of the reasons that the sunset date was put on at the time. I am really grateful for the support that we have received in the last year, not only from the Department of Health and Human Services and Mike Willden, but also from the members. The diversity of the members in the Academy has really been one of the Academy's strengths, and I think it offers a great foundation for future private-public partnerships.

Instead of further fraying and fragmenting conversations and data about health care, we are actually learning that we have a role as a kind of hub. If you look at the report that was put together on page 4 (Exhibit D), the Academy can serve as a hub for all these other sources to help centralize information. I think it is an efficient model to get information, bring diverse partners together, and make sure all segments of the population who are affected are included in the conversation. If, as a private-public partnership, we can also serve as a foundation for grant-writing on future health care quality initiatives, that would be a great role for the Academy to play.

Assemblywoman Parnell:
You are changing the term of office for the members of the Academy to two years. Is that long enough for someone to be on the Academy? Is it a good thing to put new people and fresh ideas into the Academy every two years?

Cynthia Kiser Murphey, Chair, Nevada Academy of Health, Department of Health and Human Services:
What is important in that part of the bill is that it states that members can be reappointed. This ties in to the issue of the sunset date. It takes a long time to make changes in the population and in the system, and I think removing the sunset date is what is critical because we need time. To your point, certainly

reappointing some of the members would be very important and helpful for continuity, but we need a lot of time to build up the momentum for change.

Assemblywoman Spiegel:
Why is the statewide biomedical and health research program being cut?

Assemblywoman Smith:
With what the Academy has already accomplished, and the situation we have in this state, the research project was deemed a non-priority at this time. Given our budget crisis, the other issues that the Academy is addressing were considered more appropriate.

Michael J. Willden:
I just have some reminders for the Committee. Referring to page 3, lines 14-17, I think it is really important to recognize one of the big things coming down the pike is health information technology and electronic medical records. I think that the Academy can have a huge role in that. As many of you know, there is money in the federal stimulus package that is related to electronic medical records. There have also been grant opportunities that we have not been able to take advantage of in Nevada, because our system is not really mature enough yet. I would also encourage the Legislative Committee on Health Care to utilize the Academy of Health.

Assemblywoman Smith:
Along those same lines as partnerships, I suppose the members of the Academy brought a great deal of resources to the job that was accomplished. That is one of the great things about these kinds of partnerships and the types of people who are appointed to these positions. They always bring a lot to the table from their workforce and the organizations that they represent. I am assuming we gained a lot from the type of representation that we have.

Cynthia Kiser Murphey:
I believe that is correct; also the diversity of the Academy really represents different perspectives. It has been a great process.

Kathleen A. Conaboy, Reno, Nevada, representing the Nevada Academy of Health, Department of Health and Human Services:
I am a member of the Academy. I support the comments that have been made by my colleagues. There are national models through the Institute of Medicine of the National Academy of Sciences based on groups of people from different backgrounds coming together to study issues and bringing varied perspectives to those issues. There are also other state-based models of having an academy or an institute of medicine. I think the value of the Academy is the diverse

perspectives and backgrounds that are brought to bear on an issue, the shared interest, and the shared investment in the outcomes of such work.

Patricia Durbin, Executive Director, Great Basin Primary Care Association, Carson City, Nevada:
I would like to echo the comments from previous speakers. [Read prepared testimony (Exhibit E).]

Vice Chair Pierce:
Is there anyone else to testify? Seeing none, I will close the hearing on A.B. 216 and turn the chair back over to Chairwoman Smith.

Chairwoman Smith:
Again, we are going out of order from what was posted on the agenda. I will open the hearing on Assembly Bill 136. This bill was sponsored by Assemblywoman Parnell so I will ask her to present the bill to the Committee.

Assembly Bill 136: Establishes the State Program for Oral Health. (BDR 40-861)

Assemblywoman Bonnie Parnell, Assembly District No. 40:
Assembly Bill 136 establishes a state program for oral health, creates an advisory committee, and authorizes the Health Division of the Department of Health and Human Services to apply for and accept grants and adopt regulations to carry out the program. Nevada is one of the few states in the United States that does not currently have a State Oral Health Program in statute. Statutory authority would strengthen the program's ability to compete for grant funding.

You have my complete testimony (Exhibit F) which I will just summarize. Oral disease is a significant problem in Nevada. Seventy percent of Nevada's third-grade students have tooth decay, in comparison with fifty percent of children aged six to eight across the country. Nearly twice as many adolescents in Nevada are suffering with untreated dental tooth decay compared to their national counterparts. Oral health is essential to general health and well-being. We just had a great presentation, and we know how important health is in this state and what we need to improve in this state. I would imagine that if oral health had been included in the Academy's list, we would not have been very proud of the numbers.

Research has shown that bacteria, gum disease, tooth decay, and other diseases of the mouth contribute to heart attacks, strokes, premature births, and pneumonia, among others. Poor oral health significantly impacts diabetics, putting patients at risk for infections of the mouth. Clearly, oral health impacts

the entire body, not just the mouth, and does contribute to the significant health care costs that are being borne by our state.

For the past seven years, Nevada has had a State Oral Health Program, and its successes have been remarkable. It has developed a state oral health plan that is used by stakeholders throughout our state to guide activities, reduce duplication, and coordinate efforts. The program supports six regional oral health coalitions, covering all 17 counties. The technical and administrative support provided to school-based dental sealant programs has resulted in an increase in the percentage of children in our state with dental sealants. Our Oral Health Program is routinely cited by the Centers for Disease Control and Prevention (CDC) as a model for other states to emulate. However, future funding opportunities may be limited by the lack of statutory support in Nevada for oral health.

Many national agencies and foundations require states to demonstrate a state commitment prior to awarding program funding. While state funding for the office is not currently requested, including a state office in the state infrastructure is a big step forward for leveraging external grant funding. Placing the State Oral Health Program in statute demonstrates to advocates for oral health that Nevada recognizes the importance of issues regarding oral health, and will be available to partner with other state and federal agencies. Christine Wood, program manager of the Oral Health Program, was recognized by the Nevada Taxpayers Association as a recipient of the Cashman Good Government Award. Ms. Wood was honored for having put grant funding to good use by expanding dental services for Nevada's children who might otherwise not receive those dental services. I urge your support of A.B. 136 so that we can continue to access funding to provide dental services to all Nevadans.

Christine Wood, RDH, BS, Chronic and Communicable Disease Manager, Health Division, Department of Health and Human Services:
I am the Chronic and Communicable Disease Section Manager for the Health Division, and I am here today to provide information on A.B. 136. [Read prepared testimony (Exhibit G).]

Assemblyman Hardy:
Is there a volunteer force that provides the services, or is the care delivered through the Medicaid funding sources?

Christine Wood:
There are a lot of volunteer activities taking place in our state.

Assemblyman Hardy:
Are they dental hygienists and dentists?

Christine Wood:
Yes, both the dental hygienists and the dental association actively provide support. We also have a lot of support from the dental school, and we have a lot of community members who are contributing through the six regional oral health coalitions in the state.

Assemblywoman Leslie:
In the fiscal note, it states that there is an effect on the state. Is that because after the second five-year grant runs out, we are going to need some money to keep it going? Why is that on there?

Christine Wood:
Actually, I believe that the fiscal note says there is not a fiscal impact, because we currently have funding.

Chairwoman Smith:
The fiscal notes that we received since the bill was printed show no fiscal impact.

Robert Talley, DDS, Executive Director, Nevada Dental Association, Las Vegas, Nevada:
We represent over 900 Nevada dentists. I am in support of A.B. 136. The Nevada Dental Association has been involved with the State Oral Health Program for many years. This program has certainly contributed to an increase in public knowledge and awareness by educating the residents of our state on matters relating to oral health. This bill is designed to give this fine program the credibility it deserves and to make it easier for the program to obtain grants and other funding, since this program seeks no funding from the state. I ask for your support. Thank you.

Patricia Durbin, Executive Director, Great Basin Primary Care Association, Carson City, Nevada:
As was previously stated, for every person without medical insurance, there are three people without dental insurance. We recently published a new study of Nevada's uninsured population. In that study, it points out that the effects of this recession will increase the medically uninsured in Nevada to around 614,000 by 2010. So by 2010, there probably will be about 1.8 million people without dental insurance. [Read prepared testimony (Exhibit H).]

K. Neena Laxalt, Elko, Nevada, representing Nevada Dental Hygienist's Association, Las Vegas, Nevada:
Lancette VanGuilder is going to speak on behalf of this bill. I just want to commend Christine Wood. I do not think I have worked with anyone more remarkable and hard working.

Lancette VanGuilder, Legislative Chair, Nevada Dental Hygienist's Association, Las Vegas, Nevada:
We would like to voice our support for A.B. 136. Dental hygienists are the number one preventative, oral health care specialists. Our main focus is on the prevention of disease. Dental hygienists see, on a daily basis, the devastation of oral disease. It affects all populations from infants to the elderly. It can affect job performance, school attendance, and can even be life threatening. Placing the Nevada State Oral Health Program in statute would ensure that Nevadans continue to receive the numerous benefits of education, programs, and services to improve oral health and to focus on disease prevention. The success of the Nevada State Oral Health Program has been recognized by many agencies, coalitions, and the CDC. Putting the Nevada State Oral Health Program in statute has no financial impact on the state at this time, and with the economy suffering the way it is, it is more important than ever that Nevadans have programs to provide low-cost, preventative, and educational services. It is imperative that the Nevada State Oral Health Program remain a vital part of the Nevada health care system, and placing it in statute ensures that this program remains active. Thank you for your consideration.

Rota Rosaschi, MPA, LSW, Executive Director, Nevada Public Health Foundation, Carson City, Nevada:
Several years ago, the Oral Health Program of the Health Division worked on their annual State Plan. During that time, oral health coalitions throughout the state were asked to form; the Carson Douglas Oral Health Coalition was one of those coalitions that was started.

Currently the Coalition has community members, members of the State Oral Health Program and the Northern Nevada Dental Society, local dentists, school nurses, and social services personnel as members. The Coalition meets about once a month. During the meetings, the Coalition members review the oral health concerns in our communities, and we talk about potential solutions.

Something that we have been able to accomplish, without funding, is our screening for individuals who are homeless and attend Carson City's Health Fair for the Homeless. Local dentists donated their time and talent to make this happen. We provided oral health screenings and fluoride treatment to the children who attended an immunization day in April of 2008 through the help of

the Chief School Nurse in Douglas County, hygienists from the State Oral Health Program, and local dentists. Hygienists from the State Oral Health Program have provided oral health screenings for local school children, and more importantly, have taught school nurses how to screen for oral health issues and how to refer to local resources, such as the Northern Nevada Dental Society.

The State Oral Health Program has moved oral health in Nevada a long way. Besides the hygienists and the administrative and organizational support the State Oral Health Program offers our local coalitions, they have moved oral health into the community's view. Annual reports on oral health status are issued; extensive oral health literature is produced and distributed to a number of organizations; and ongoing education is provided to better screen, identify, and provide referral for oral health matters. Better coordination among oral health providers is also recognized. The State Oral Health Program is an effective unit that is making a difference for low income families and the state as a whole.

So we ask for your support of this bill.

Caroline Ford, MPH, Assistant Dean, University of Nevada School of Medicine, Reno, Nevada:
The State Office of Rural Health (SORH) provides an array of services throughout the state. [Read prepared testimony (Exhibit I).]

Assemblyman Hardy:
I think that some of us are concerned about what I would call "grant credence," where we have credence when we go before different bodies and say we have this program, it is in statute, and therefore we deserve more money. Is that a real situation?

Caroline Ford:
Which grant program are you referring to?

Assemblyman Hardy:
When you used the term "external sources"...

Caroline Ford:
"External sources" does refer to grants, and usually is assumed to be federal grants that bring resources to the state. It could also mean funds from private foundations and other public donors.

Assemblyman Hardy:
So the answer would be yes; that is a real situation?

Caroline Ford:
Yes, it is real.

Assemblyman Hardy:
Do the dentists and hygienists get the same kind of insurance coverage for dental liability when they are working in a volunteer situation?

Caroline Ford:
As far as I know, those who work in federally qualified community health centers have their own liability protection. I believe dental practitioners carry their own malpractice coverage according to what the needs are of their clinic operation.

Assemblyman Hardy:
So they do not have the same $50,000 cap?

Caroline Ford:
I believe you are referring to the medical cap of the School of Medicine. I cannot answer that question directly. That may be a question better put to the Dental School or the Dental Residency Program.

Bobbette Bond, Las Vegas, Nevada, representing the Health Services Coalition, Las Vegas, Nevada; Nevada Health Care Policy Group, North Las Vegas, Nevada; Culinary Health Fund, Las Vegas, Nevada:
I also represent the Culinary Health Fund, and they wanted to make sure that I got up here to support the oral health coalitions in the south, and I believe that the Culinary Health Fund is a charter member. I have to credit the Oral Health Program and the grant which have allowed groups, that have opposing views on how to improve access, to come together, share stakeholders, and try to figure out solutions that would work in our community and our state. A lot of the work that has been done was with the intent of helping stakeholders see different points of view, and so we are very grateful for the work of Ms. Wood. We are very supportive of putting the Oral Health Program in statute to ensure that the coalitions can sustain themselves.

It is really unfortunate that after ten years of working on health care access and dental access, it still seems that dental health is not recognized for its importance in people's health. We are concerned that dental health gets short-changed, and so the coalitions play a huge role in increasing awareness. It is a shame that there is not a place in the state structure to recognize oral health. We support this bill, the work that has been done, and the progress that has been made.

Chairwoman Smith:
Those of us who have been around for a few sessions know what you are saying, and we appreciate the fact that you have come together and worked on a common cause.

Anyone else to testify on A.B. 136? [There was no response.] With that I will close the hearing on A.B. 136. I think, considering that we have only heard good things in support this bill, I will go ahead and entertain a motion on A.B. 136.

> ASSEMBLYWOMAN PIERCE MOVED TO DO PASS ASSEMBLY BILL 136.
>
> ASSEMBLYWOMAN LESLIE SECONDED THE MOTION.
>
> THE MOTION PASSED UNANIMOUSLY.

Chairwoman Smith:
Congratulations Committee, we have just passed the first bill out. Our last bill today is Assembly Bill 107, and we have our Majority Leader, Assemblyman Oceguera, to present the bill. I will open the hearing on A.B. 107.

Assembly Bill 107: Creates the Advisory Committee for the Prevention and Treatment of Stroke within the Health Division of the Department of Health and Human Services. (BDR 40-208)

Assemblyman John Oceguera, Clark County District No. 16:
This bill may seem familiar to all of you because you have heard it before. We actually passed this bill last session, and it did not make it through the last round of cuts. We worked on revising the language of the bill during the interim, and we are reintroducing the bill now.

In our nation today, cardiovascular disease is the number one killer of men and women, and stroke is the third leading cause of death. Every second counts when treating life and death emergencies as a result of stroke and heart attack. As a firefighter and paramedic I have seen those types of cases. It is necessary that victims of stroke and heart attack receive the best care possible.

Assembly Bill 107 would allow for the creation of an advisory committee for the prevention and treatment of stroke within the Health Division of the Department of Health and Human Services. The goal of the advisory committee would be to develop policies promoting and coordinating prevention, treatment,

and rehabilitation of heart disease and stroke patients. The working group that has spent the last year developing this legislation has done an excellent job of working together, and I would like to make sure that the altruistic nature of the bill remains intact. The purpose of this advisory committee is to educate and advise, nothing more. The Legal Division is currently working on a few technical changes to the legislation, and I will be happy to discuss this pending language change, if you have any concerns. The Nevada System of Higher Education has also submitted an amendment to this bill, and I support the proposed amendment.

Christopher Roller, Director, State Advocacy/State Health Alliances, American Heart Association of Nevada, Las Vegas, Nevada:
Cardiovascular and cerebrovascular diseases, including heart disease and stroke, are the number one causes of death in Nevada. [Read prepared testimony (Exhibit J). At the request of the Chair, (Exhibit K) was entered into the record.]

Assemblyman Hardy:
When you say we are 42nd in deaths, you really mean that we are the 9th from the highest, correct?

Christopher Roller:
Yes, we are the 9th highest.

Assemblyman Hardy:
In deaths?

Christopher Roller:
In cardiovascular related deaths, yes.

Assemblyman Hambrick:
Looking at the list of members of the proposed committee, it seems to be a list of very qualified members. Perhaps, and this is only a suggestion, you need someone who is also experienced at getting a message out, who can talk intra- and inter-discipline. It is very important that they be able to get this message out to those who need to hear it.

Christine Wood, RDH, BS, Chronic and Communicable Disease Manager, Health Division, Department of Health and Human Services:
I am here to present information on A.B. 107, which would create an Advisory Committee for the Prevention and Treatment of Stroke within the Health Division. [Read prepared testimony (Exhibit L).]

Assemblyman Hardy:
Do we need the Coordinator of Vascular Health in order to position us for some grants, even if there is no funding attached?

Christine Wood:
The position of the coordinator would support the development, tracking, and implementation of the plan that the advisory committee is charged with creating. Having the plan would certainly better position us for receiving federal grants.

Assemblyman Hardy:
Without necessarily having the position?

Christine Wood:
It would be difficult to develop the plan without some sort of support.

Assemblyman Hardy:
So we need the coordinator in order to position ourselves to get more money?

Christine Wood:
It would be very difficult to provide adequate support to the advisory committee without a coordinator to support their activities.

Assemblyman Oceguera:
I believe that if the coordinator position was funded, it would help us get the federal funding. I think the Health Division is taking the practical approach to their job and agency.

Assemblyman Cobb:
When we talk about requesting any type of grant funds, I know you are saying that it is a lot better if we have that coordinator position in statute and funded, but in terms of the advisory committee that would help put together a plan, does it have to be a government-created committee, or could a group like the American Heart Association, private interests, or medical associations have their own boards help create this plan to help us get these grant funds?

Christine Wood:
Having a plan developed, whether it is developed with the state health agency as the lead organization or from an outside group, as long as it is a collaboratively developed plan that represents stakeholders from throughout the state, my experience has been that the Centers for Disease Control and Prevention (CDC) looks favorably on that.

Chairwoman Smith:
Have we seen that happen to this point? Have those groups come together to try to accomplish that?

Christine Wood:
There is a group that the American Heart Association has convened that has been looking at strategies to improve vascular health in this state, but this group does not have a written plan at this point in time.

Jennifer Stoll-Hadayia, Public Health Program Manager, Washoe County District Health Department, Reno, Nevada:
I oversee our Chronic Disease Prevention Program. Cardiovascular and cerebrovascular disease is a high priority for us. As my colleague described earlier, heart disease is the number one cause of death in Washoe County and stroke is number four. What is unique for us in Washoe County is that our mortality rates for these diseases are higher than for Nevada as a whole, so prevention of the risk factors that can lead to these chronic diseases is a high priority for us. We support A.B. 107 and efforts like it that would build statewide infrastructure for addressing chronic disease in Nevada, including the development of a comprehensive plan. The Health District would be willing to serve on an advisory committee established by this bill, should we be appointed, and otherwise provide any assistance to our colleagues in the Health Division.

Chairwoman Smith:
Do you know why those numbers are so disproportionate for Washoe County?

Jennifer Stoll-Hadayia:
We have been asking ourselves the same question. We are looking at the risk factors for heart disease and stroke in Washoe County, compared to the rest of the state. Are we smoking more? Are we exercising less? Are we heavier? Are we eating less healthfully? We are examining that right now because it does raise some concerns for us. We know that heart disease is the leading cause of death statewide, nationally, and perhaps even globally, but why are the rates so much higher in Washoe County? We are looking at that right now.

Chairwoman Smith:
Do you also look at treatment options?

Jennifer Stoll-Hadayia:
Yes, that is one of the confounding factors in that equation. Are we at higher risk? Are we developing the disease more often? Or are we simply being diagnosed later, or do we have less access to care? All of those considerations are being explored right now.

Assemblywoman Parnell:
Regarding the higher mortality rate in Washoe County, it would also be interesting to see if there was a difference in Washoe County regarding the emergency response time, for example with fire fighter response. It sounds like that could play into the situation also.

Jennifer Stoll-Hadayia:
If members of the Committee would be interested in seeing our full report on these diseases, we would be happy to share that information with you.

Anna Smith, Nurse Administrator, Valley Hospital Stroke Program, Las Vegas, Nevada:
I am very much in favor of this advisory committee. I have been a long-standing resident of southern Nevada. I attended elementary school to college here in this community. I am very proud of the accomplishments we have made at Valley Hospital, and the work that we have done with the American Heart and Stroke Association. Individual hospitals do make a profound impact, but not the impact that a comprehensive plan would make that sets forth identifying different areas of the community across the state, rural and urban. That type of plan could prevent so much more cardiovascular and stroke problems that individual hospitals just cannot solve on their own.

I have worked with the American Heart and Stroke Association, and we do a lot of community outreach programs. I was very enthusiastic about a comprehensive plan that could impact communities more systematically, and then compare where we are now to where we want to be. We need to improve vascular disease prevention and then understand how that prevention is going to contribute to the next generation. Unfortunately, too many times patients identify their risk factors when they are in the hospital having a heart attack or stroke. Being able to do some primary prevention would be key in preventing the long-term disability and mortality rates that we are seeing right now. I think our work today can prevent the disability of tomorrow. This proposed advisory committee can really impact all of Nevada and improve vascular wellness.

Steve Stanko, Las Vegas, Nevada, representing American Heart Association of Nevada, American Stroke Association of Nevada, Las Vegas, Nevada:
Since 1984, I have been a heart disease survivor, and during those years, my wife was my caregiver. Three years ago, my wife had a stroke. Since then, I have been her caregiver. It is important to recognize the symptoms of stroke immediately, how to respond, and try to get into a stroke center, where tissue plasminogen activator (tPA), the wonder drug, can be given and hopefully alleviate the symptoms. I was sleeping when my dog woke me up because my wife was in distress. She could not speak, her right leg and right arm were useless, and her face was drooped. I yelled to her first to find out what was wrong, and I received an unintelligible response. As soon as I saw her, I realized that she had a stroke, because I recognized the symptoms.

I immediately roused my daughter and we called 911. The paramedics came and we got her into the ambulance, which took her to the closest stroke center. After she went through the initial procedures, she was given tPA. I stayed with my wife, almost continuously, for the next 12 hours while the tPA worked. How they can tell that you are getting better is they have you try to raise your arm, and do things that you would ordinarily be able to do, but you cannot do because you had the stroke. Her test was to touch her nose. I watched for all those hours as she tried repeatedly to touch her nose with her right hand. She struggled mightily and was unable to do so. As she came closer to the 12 hours, and the nurse asked her to touch her nose, she gathered enough strength to where she could do it, and the nurse's comment was, "I will bet you never realized how good it would make you feel to touch your nose." It was then that I got my wife back.

Madam Chair and members of the Committee, I support this legislation, and I hope that after hearing my story, you have a better idea of how significant it is to have someone who knows the symptoms of a stroke, how to get immediate help, and to get to a qualified stroke center where tPA can be administered. Thank you.

Chairwoman Smith:
Thank you Mr. Stanko, and we are very happy that the outcome was such a good one for you and your wife.

Murray Flaster, MD, PhD, University of Nevada School of Medicine/University Medical Center, Las Vegas, Nevada:
I am the director of the stroke program, and I am an associate professor of Neurology and Medicine. What I do for a living is try to abort acute strokes. I need to place this in context for you, so you can understand what the Committee can do, and what the Legislature can do, to help this problem.

Therapy for acute stroke really evolved only some 13 or 14 years ago with the ability to give intravenous clot busters, as they are sometimes called, or tPA. The estimates on how often we do this now, 14 years later, are between 1 percent in the worst practicing communities, and in the best practicing communities, approaching 10 to 11 percent.

Allow me to explain that. There are three quarters of a million stroke victims in the United States each year, and the number of people who are treated is exceedingly small. If 60 people were treated in the last year here in Nevada, that would be a good number. However, the ideal number would be to treat 400 to 600 patients or more. Now why should we be treating them? The simple answer is that the odds of a good outcome are doubled by acute treatment.

What is needed for acute treatment is recognition of stroke, the ability to transport the stroke patients to a place where they will be treated, and to have the ability to treat them in a rapid fashion. I have seen too many patients where it was simply too late to give them substantial help, and I would like to see fewer of those patients as time goes by. I think the bill is a start, although it is far from ideal, but it is an important step to allow Nevada to begin to make progress with this crucial problem.

James Wadhams, Las Vegas, Nevada, representing Nevada Hospital Association, Reno, Nevada:

We are in support of this bill. We think it is a very good start. One of the things that we have learned over the years is that coordination and communication to optimize the availability of resources, and to develop new resources to address issues, are critical. There has been some very effective work done by the Southern Nevada Health District, and we think that this bill will help coordinate efforts on a statewide basis.

Bobbette Bond, Las Vegas, Nevada, representing the Health Services Coalition, Las Vegas, Nevada; Nevada Health Care Policy Group, North Las Vegas, Nevada; Culinary Health Fund, Las Vegas, Nevada:

We are very supportive of a program to prevent stroke and heart disease. We are very grateful that Assemblyman Oceguera has brought forward this bill, and that there is effort and attention being put on stroke and stroke prevention. However, when you get to the section on treatment, the Coalition has some serious concerns about what might come out of an advisory committee regarding comprehensive system construction. We represent 21 separate plans within the coalition, and many of them are not-for-profit plans.

We are very concerned about making sure that people have access to care at a facility where they have a contract and can afford the services that are rendered. As Mr. Wadhams just suggested, there is currently work going on in southern Nevada on determining stroke destination protocols, where Emergency Medical Services (EMS) will be or could be determining, after these hospital committees meet, which hospitals should receive stroke patients. This means that EMS will be given protocols that will direct where to transport stroke patients, and those patients, without a choice of where they get transported, could end up in a facility where they have no contract. We are very concerned about the long-term and short-term impact of that. While we are very supportive of the bill and the Committee's work, we remain very concerned about the financial impact for the patient, who is put in this situation because of a stroke protocol.

I have proposed an amendment (Exhibit M); however, Assemblyman Oceguera thinks that it is a little heavy handed. So while we would like to propose that the advisory committee does not attempt to recommend EMS protocols for the transport of patients, in the event that this situation does happen, we want to make sure that the patient is covered under a health care plan. If the patient is in Nevada, has a contract with a hospital, and can get to that hospital, but a protocol has been put in place that prevents the patient from being able to go to a contracted hospital, we want to make sure that there is some cap on the charges billed to the patient. That is the intent of this amendment. We would like to be able to figure out a compromise that could protect our patients and make sure that we can work on stroke prevention, health care quality, and improving access to health care in Nevada without also causing this medical bankruptcy issue that could really affect our health plans and our patients. So we look forward to working on this, and we do support the bill in general.

David Kallas, Las Vegas, Nevada, representing Las Vegas Police Protective Association, Las Vegas, Nevada; Southern Nevada Conference of Police and Sheriffs, Las Vegas, Nevada:

As a member of, and representative for, a group that has a higher than normal incidence of heart disease, we can certainly understand the concerns about that issue. Another concern we have is the trauma a patient experiences after treatment because of being transferred to a facility that is not part of their insurance network, and having to deal with potential billing issues. I ask that you also take into consideration the billing of the patient.

Jessica Ferrato, Reno, Nevada, representing Nevada System of Higher Education, Reno, Nevada:

We are very much in support of A.B. 107. We would like to propose an amendment (Exhibit N) to section 8, subsection 2, paragraph (g). Just to

clarify, the Nevada System of Higher Education does not have a School of Public Health; the Universities of Nevada in Reno and Las Vegas both have a School of Community Health. The amendment we have submitted proposes that a representative from a School of Community Health Sciences within the Nevada System of Higher Education be appointed by the Administrator in consultation with the Chair of the Board of Regents.

John McNeil, Director, Stroke Advocacy, American Heart Association of Nevada, American Stroke Association of Nevada, Las Vegas, Nevada:

I have been with the American Heart and Stroke Association for 38 years. I retired for two weeks in 2000, but I got a call from the American Heart Association to come back and work on what was called "Operation: Stroke." At that time in Clark County and Las Vegas there were no primary stroke centers. If you had a stroke, you were taken to the nearest hospital, and you were probably put in the Emergency Room where you waited until it was too late. I know that from experience because my brother at the age of 34 suffered a stroke. He was taken to the nearest hospital, and he did come out, but never went back to work and was not even there when his son was born. In fact, he did not know he even had a son until about six months later. I am very passionate about A.B. 107 because here, in Clark County and throughout the State of Nevada, there are stroke survivors who have suffered strokes and not received the proper treatment. I ask the Committee to look favorably on A.B. 107.

Cheryl Dethagan, Private Citizen, Las Vegas, Nevada:

After 12 years of working as a Registered Nurse, I had a major stroke that paralyzed the right side of my body, and took away my speech, spelling, and ability to count. Along with me today, in this building, are several stroke survivors and caregivers who have also witnessed the devastating effects of stroke. Like me, they were productive members of society, engineers and moms, and they all have been affected deeply. I join with them in supporting this legislation because it is very important. I know that there is life after stroke, but it would be better to prevent the stroke in the first place. Thank you very much.

Rory Chetelat, Las Vegas, Nevada, representing Emergency Medical Services/Trauma System Office, Southern Nevada Health District, Las Vegas, Nevada:

I have not seen the language that Ms. Bond is recommending for changes, but we did have a meeting with her earlier in the week, and we support language changes that would protect the patient regarding insurance and billing. Any sort of language that would help protect those patients is important to us. We are working to develop a comprehensive stroke plan for southern Nevada that may

include destination protocols, and we certainly are looking to put in some sort of language that will protect that patient, should they end up outside of their protective group of insurance payers.

Chairwoman Smith:
Is there anyone else to testify on A.B. 107? I do not see any. We will make sure that all the parties get together and work on this bill. It seems that we have only one issue that needs to be clarified and resolved. Strokes impact so many people in our lives and is a big issue. It brought to mind a friend of mine who was in her 50s when she had a stroke a few years ago. It is the most remarkable story. She was working outdoors in her strawberry garden, in the early evening hours. Her husband had already gone to bed, and she had a stroke while she was tending her garden and literally crawled all night to get back to her house. Eight hours she crawled. The whole night had passed, she was covered in mud, but she got herself into her house, cleaned herself up, got to the hospital, and fully recovered. I always wanted to be able to share her story because it was such a remarkable story of what humans can endure, but it reminds us how vulnerable we are.

With that I will close the hearing on A.B. 107. At this point, is there any public comment? [There was no response.] Seeing none, is there any comment from Committee members? [There was no response.] This is just a reminder that Assembly Bill 6 will be heard in subcommittee tomorrow, for anyone who is interested. So if there is no further business before the Committee, this meeting is adjourned [at 3:43 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: March 2, 2009 Time of Meeting: 1:39 p.m.

Bill	Exhibit	Witness / Agency	Description
	A		Agenda
	B		Sign-in sheets
	C	Amber Joiner	BDR 38-187
	D	Cynthia Kiser Murphey	Academy of Health Overview and Scorecard
A.B. 216	**E**	Patricia Durbin	Testimony
A.B. 136	**F**	Assemblywoman Parnell	Testimony
A.B. 136	**G**	Christine Wood	Testimony
A.B. 136	**H**	Patricia Durbin	Testimony
A.B. 136	**I**	Caroline Ford	Testimony
A.B. 107	**J**	Christopher Roller	Testimony and Map
A.B. 107	**K**	Christopher Roller	Information sheet
A.B. 107	**L**	Christine Wood	Testimony
A.B. 107	**M**	Bobbette Bond	Amendment
A.B. 107	**N**	Jessica Ferrato	Amendment