

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

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

The Committee on Health and Human Services was called to order by Chair Debbie Smith at 1:33 p.m. on Wednesday, February 4, 2009, in Room 3138 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. Copies of the minutes, including the Agenda ([Exhibit A](#)), the Attendance Roster ([Exhibit B](#)), and other substantive exhibits, are available and on file in the Research Library of the Legislative Counsel Bureau and on the Nevada Legislature's website at www.leg.state.nv.us/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

STAFF MEMBERS PRESENT:

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

OTHERS PRESENT:

Michael Willden, Director, Department of Health and Human Services

Chairwoman Smith:

[Roll called.] Our Committee deals with a wide array of issues, everything from facility licensing to child welfare, senior care, access to health care and even utility locating. My goal as Chairwoman is to do a good job of bringing forward the issues on which the interim committee worked so hard, to provide the Committee members and the audience members with relevant and informative presentations to help us with our work, and to guide and shepherd our bills that we are assigned in a timely and constructive manner. If any Committee member has a particular item they would like to have included as a presentation, please let me know so we can work that into our schedule. I always have an open door for the Committee members and also for those who have an interest in the issues that we are following. I hope you will let me know if I can be of help to you or if there is information that I can provide for you.

I would like to remind everyone that we have scheduled a hearing in Las Vegas on Saturday, February 21, 2009, at 8:00 a.m. We want to give people in Las Vegas an ample opportunity to add their input to the Hepatitis C bills that arose out of Las Vegas last year from the interim committee. Further details on that hearing will be forthcoming. The hearing will be videoconferenced to Carson City as well.

I have provided each of the Committee members with a token of my appreciation for their willingness to serve on this Committee. There is a pen, personalized for you, and a book, written by Senator Tom Daschle, about health care. When I bought the book, I anticipated that he would be the new Secretary of Health and Human Services. Imagine my surprise when I discovered that was not the case. Nevertheless, I think there is some valuable information contained in the book that will help guide the work that we do.

I would like to review some of the Committee Standing Rules ([Exhibit C](#)). There are a few new rules and a few changes for returning Committee members. Audience members who wish to testify, please give your business card or other contact information to the Committee Secretary for our record. If you have any handouts for the Committee, the rules require that you deliver 15 copies of the handouts to the Committee Manager by 1:30 p.m. one business day prior to the hearing, in person, or by fax, or email. Our Committee Manager's contact information is available at the door, next to the sign-in sheet.

I now invite the members of the Committee to introduce themselves and tell us something about their background and interest in this Committee.

Assemblywoman Pierce:

I represent Assembly District 3, in Las Vegas. I am starting my fourth term in the Legislature and this is my fourth session on this Committee. I am honored to be the Vice Chair. The programs discussed in this Committee are the biggest part of the safety net for our state. A society is judged by how it cares for its most vulnerable citizens. Health care issues are dear to my heart. The availability and the cost of health care, and the effect they are having on our nation as a whole are very important issues.

Assemblyman Denis:

This is my third session in the Legislature. I have not served on this Committee previously, but I am happy to be here as I have a serious interest in health care issues. I have a great many seniors and Hispanic families among the constituents in my district, and I know that we have some special health care needs in those populations. I have been to several national sessions which discussed health care disparities in the Latino and African-American communities. I am also the father of five children, and I hope that I have knowledge about child health care to share that will benefit the Committee. It will be a great opportunity for me to learn as well.

Assemblywoman Leslie:

I have always served on this Committee; it is my favorite Committee. One thing I have always enjoyed about this Committee is that we have had a true bi-partisan approach to the issues, which is as it should be, especially on a topic which is of vital importance to every family in Nevada. We have always had a great atmosphere in this Committee and I am sure that will continue.

Assemblywoman Mastroluca:

I represent Assembly District 29, in Henderson. I am very happy to be assigned to this Committee. My particular interest is in human services, especially foster care, and I look forward to working with the Committee to preserve those programs. I have followed Assemblywoman Leslie and her work on this Committee and it is an honor to be here.

Assemblywoman Parnell:

I represent Assembly District 40, in Carson City. This is my fourth term as well as the fourth session I have served on this Committee. I continue to serve on this Committee because I think health care still is the most critical domestic issue facing our country. It is tied in with everything, even the economy, so we must continue to work and try to eventually get it right.

Assemblywoman Spiegel:

I represent Assembly District 21, in Henderson. I am delighted to be serving on this Committee. Like my colleagues, I believe that health and human services combined are of vital importance to the state. How we deal with them and how we resolve the issues will answer some very big questions about where we will be as a state in the long term. These are the issues that affect everything from our quality of life to how we attract new businesses and new residents, and that determine whether people are happy to be Nevadans.

Assemblyman Cobb:

I represent Assembly District 26, in Reno. I am looking forward to this session and to serving on this Committee.

Assemblyman Hambrick:

I represent Assembly District 2, in northwest Las Vegas. My primary background is in federal law enforcement. My last assignment was with the Department of Veterans Affairs (VA). I was assistant special agent in charge, in Los Angeles, where the Department had jurisdiction over the 11 western states and covered all the VA hospitals in matters relating to care, patient privileges, and abuse. After my retirement, my wife and I relocated to Las Vegas where I was appointed chief investigator with the Board of Osteopathic Medicine. I am currently chairman of the Nevada Juvenile Justice Commission. I have a great interest in this Committee and look forward to dealing with these issues, and I will do my best to serve the Chair to the best of my ability.

Assemblyman Hardy:

I am a family doctor, employed at Fremont Medical Center, in Henderson. We all have our own medical history as do our family members, friends, and neighbors, and we also have an investment in our health and in their health. It is a pleasure to serve on this Committee. I appreciated the service of Chairwoman Leslie last session, and I look forward to working harmoniously with Chairwoman Smith and the members of the Committee this session.

Assemblyman Stewart:

I represent Assembly District 22, in Henderson. I am very pleased to be back and look forward to serving on this Committee.

Chairwoman Smith:

We have a lot of interest and a wealth of knowledge and experience on this Committee and it should be very productive. We have the opportunity, even in these difficult budget times, to effect policy and change that will be good for the citizens of our state. I served on this Committee in my first session in 2001. In my private life, I work on health care and senior issues, so this

Committee is very interesting to me. Although I was not on this Committee last session, I have certainly followed the issues throughout my legislative career. I look forward to working with all of you, and working through some of the issues and difficulties that will be presented this session. I know we will do that in a spirit of cooperation.

Behind every Committee and every Chairman is a great staff. I would like to introduce my staff, the people who are really doing the work behind the scenes. Amber Joiner, Committee Policy Analyst, has already done yeoman's work putting this Committee and many other things together. Last Thursday, she and I traveled to Las Vegas and did a whirlwind tour of four hospitals and a couple of side meetings in just one day. She coordinated the events and stuck with me the entire day. I really appreciated it, and it was a tremendous learning experience for us.

Joyce Hess, Committee Manager, is also my attaché and lifeline. Darlene Rubin, Committee Secretary, is taking our minutes today. Our other Committee Secretary is Chris Kanowitz. Our Committee Assistant is Olivia Lloyd. Thank you all for the work you have done already and the work you will do throughout this session. I also have an intern, Chris Beucherie, who is not here today but will be here for some future meetings. We also have Kristin Roberts, Committee Counsel, who is not present, but is always listening to help guide our work. Welcome to all of you.

Our first order of business is the adoption of Committee Standing Rules, which we previously mentioned. I highlighted a couple of those rules. Are there any questions? [None.]

ASSEMBLYMAN HARDY MOVED TO ADOPT COMMITTEE
STANDING RULES.

ASSEMBLYWOMAN LESLIE SECONDED THE MOTION.

THE MOTION PASSED UNANIMOUSLY.

Amber Joiner, Committee Policy Analyst:

I am a Senior Research Analyst in the Research Division of the Legislative Counsel Bureau, and I will be your committee policy analyst this session. As an employee of the Legislative Counsel Bureau, I am nonpartisan and never will advocate for or against any measures.

I would like to go over the Committee Policy Brief ([Exhibit D](#)), which is an overview of some of the topics that will come before the Committee, and I hope

it will be a good reference tool for you in the future. It includes a list of publications and a contact list of key individuals. On page 1 is a staff list. There is also a list of topics within the Committee's jurisdiction. During the 2007 Legislative Session there were 75 bills and resolutions that came before the Committee, and it is possible there will be that many this session. The list on page 1 is just a partial list, and I remind you that decisions regarding referrals of measures are made on the Assembly Floor. There is a motion on the Assembly Floor at the time of referral, so this may or may not be our jurisdiction. Also, as a reminder, there are several measures that have policy implications in the health and human services field, but they may not necessarily come to this Committee. Some of those measures may relate to health insurance, health care licensing and regulation, and hazardous materials, which traditionally have gone to other committees such as Commerce and Labor, Natural Resources, or Ways and Means.

There are many issues that we track during the interim. Three of the topics highlighted and outlined in this brief are especially timely: Access to Health Care, Placement of Children in Foster Care, and the Hepatitis C Investigation. Obviously there are many more, and I would be happy to provide you with information on these or other topics, so please feel free to contact me.

On page 5 is a "cheat sheet" of the session deadlines. The most important deadlines from a Committee perspective start on April 10, the deadline for Committee passage of bills from the first house. If a measure has not left this Committee by that date, it is dead. That is the deadline on which I will be especially focused. February 20 is the deadline for Committees to submit bill draft requests (BDRs), and that is the day before our hearing in Las Vegas. Another important date from a Committee perspective is May 15. That is the deadline for Committee passage of bills from the second house, so any Senate bills that make it to this Committee need to be out of the Committee by that date.

On page 6 is a list of relevant reports. Before you is the *Legislative Committee on Health Care Bulletin No. 09-15* ([Exhibit E](#)). Other reports on health and human service topics which are available upon request include the *Legislative Committee on Health Care's Subcommittee to Review the Laws and Regulations Governing Providers of Health Care*, and *The Use of Lasers and Intense Pulsed Light Therapy*, and *the use of Injections of Cosmetic Substances*, which was one of the Interim studies. Another Interim study was the Legislative Commission's Subcommittee to Study Issues Relating to Senior Citizens and Veterans, and finally, the Interim Study on the Placement of Children in Foster Care.

The Research Division also compiles information relating to health and human service topics in the various publications, some of which are listed in the brief, such as policy and program reports relating to health care, health insurance, human services and senior citizens. We also have research briefs relating to the shortage of health care workers, uninsured Nevadans, and methamphetamine. Those are all available on the web, but please let me know if you would like a copy.

Page 7 is a list of all reports that are required by agencies. By statute, agencies are required to provide those reports to the Legislature. If you would like a copy, let me know.

Finally, I have provided a list of some key contacts, created in conjunction with Chairwoman Smith. If you need contact information for anyone else, I am happy to look those up for you. I have created it as a separate document in case you would like to detach it from your policy brief.

I encourage you to let me know if I can be of any help or provide you with any additional information.

Chairwoman Smith:

As you know, our staff does such an amazing job, and they have resources that we cannot even imagine. Please let us know if there is any publication or subject matter that we can research for you to help you do your work on this Committee.

Next to speak is Michael Willden, who is our hero lately. He runs a really tough department with very complicated issues and certainly complicated budget issues. His staff is very helpful and thorough in the work they do, and we appreciate that. I am happy to see Mary Liveratti here with you today, and we welcome you.

Michael Willden, Director, Department of Health and Human Services:

With me today is Mary Liveratti, Deputy Director, and Ben Kieckhefer, Public Information Officer, both of the Department of Health and Human Services (DHHS). We have had the opportunity to meet with the new legislators and gave a briefing at that time. We will be doing a similar briefing today. Some of you are new to this Committee, although I see that we have worked with almost everyone in this room at some point, and I am glad to have the opportunity to work with you again.

I want to go through some of the highlights in the presentation ([Exhibit F](#)). Under the first tab is our organizational chart. The yellow color coding indicates

where we are considering reorganizing services and our proposals for the next biennium. We may be talking about those mostly in the Assembly Ways and Means and Senate Finance Committees, but some may come into this Committee as policy issues. The chart provides the key to how the Department of Health and Human Services is organized and includes our contact information, as well as the various divisions within our department. We manage the Division of Aging Services and also the Office of Disability Services, where there are 199 full time equivalents (FTEs). In the Division of Child and Family Services (DCFS) there are 994 FTEs, with a loss of 59 staff due to the budget constraints. Child Welfare Services includes all of the child protective services in the state. We deliver those services through contracts with Clark County and Washoe County, and the state covers the balance of the other counties. Child Welfare Services encompasses adoptions, reunifications, and foster care. The DCFS is also responsible for State of Nevada Juvenile Justice Commission where Assemblyman Hambrick is the Chairman. The counties handle probation, and when a judge decides that a child needs to be committed to us, the child goes to one of our three training facilities (Elko, Caliente, or Summit View). When a child is ready to leave the facility, he paroled out, and we provide the parole and community-based programs. We also provide children's mental health services in the DCFS division in Clark and Washoe Counties, but Northern Nevada Adult Mental Health Services provides children's mental health services in the rural counties.

The Health Division covers cradle-to-grave birth certificates to death certificates, and everything in between, including early intervention services for children, community wellness programs, maternal and child health programs, and oversight and regulatory programs. It includes the oversight of hospitals and approximately 50 other groups or organizations for which we provide regulatory oversight through what is now known as our Bureau of Licensing and Certification, but will soon become the Health Care Quality and Compliance Office. We cover health planning and statistics, emergency response, the Emergency Medical Services (EMS) system, and health clinics in rural Nevada through our Frontier and Rural Public Health Services.

In the Division of Mental Health and Developmental Services, we provide mental health services through three regions—north, south, and rural. We do the same with our developmental services, which in the past were called "mental retardation services." Additionally, there are the drug and alcohol programs within the division—called "SAPTA" (Substance Abuse Prevention Treatment Agency).

The Division of Welfare and Supportive Services handles all of our eligibility for public assistance programs, which include Temporary Assistance to Needy

Families (TANF), food stamps, and Medicaid. They do not consider eligibility for Nevada Checkup; that is done in Health Care Financing. Welfare and Supportive Services also handle child support, energy assistance, and child care. There are nearly 1800 employees in that division doing eligibility work for our public assistance programs.

The Division of Health Care Financing and Policy covers two basic programs—Nevada Medicaid, which serves about 180,000 Nevadans, and Nevada Checkup, a similar program but with different eligibility requirements and rules. We also provide oversight to the Nevada Public Defender and administrative support to the Nevada Indian Commission.

Assemblywoman Pierce:

Regarding the FTEs and the numbers in parentheses, what do they mean?

Michael Willden:

The parentheses denote whether there is a gain or a loss of FTEs. Child and Family Services will lose 59, Health Care will lose 34, Mental Health will lose 230, and Welfare will gain 464, based on the Governor's Budget. In Child and Family Services the negative number is mostly attributable to the removal of beds from our three training facilities in Elko, Caliente, and Summit View. The vacant positions associated with those empty beds are the negative FTEs. In the Health Division the negative FTEs are largely associated with reorganization within their bureaus. They actually are gaining some employees in some areas like the Bureau of License and Certification. In Mental Health and Developmental Services, the large negative number primarily comes from our effort to change our staffing ratios in our in-patient facilities. We run three in-patient facilities in Mental Health; 234 beds in Rawson-Neal Psychiatric Hospital in southern Nevada, 40 beds in Dini-Townsend Inpatient Facility in Sparks, and about 72 beds in Lake's Crossing Center, where we are changing staffing ratios and eliminating positions. In Welfare and Supportive Services, the increase in numbers represents new workers needed to support what is going on with caseload growth.

The next tab in the presentation binder is Fiscal Overview. On the pie chart, Human Services accounts for about 32.6 percent of the entire General Fund budget. That number has increased about 4 percent for the biennium. The remaining pie charts show how the money is split up by division. The narrative following the pie charts is a layman's version of what is in the budget.

The next tab is Caseload Charts. The first page shows that \$273 million in new money is needed in the Executive Budget to address caseload growth. That is just General Fund, not federal money. Medicaid caseload growth accounts for

over \$200 million of the money needed. The cost of additional staff, early intervention, foster care, along with the other categories and amounts specified, are called "mandates" in the budgeting process. There is either state law, federal law, or a court order mandating that we need to address those specific populations. Caseload growth will cost us over \$273 million; the overall budget grew by \$81 million. The gap of approximately \$200 million is what is called "E" units or enhancement units; or in this case "de-enhancement" (negative decision) units that cut nearly \$200 million of services in the budget. Some of those are carryovers that have already been implemented, and some are new reductions that we have to propose for the 2011 Session, which will bring about significant debates in the finance committees.

Assemblywoman Leslie:

Can you describe the biggest impact on the budget because of the cuts we had to make in the last year, and then discuss the impacts of the proposed budget?

Michael Willden:

The Governor and many people worked hard to protect child welfare and juvenile justice programs so, other than some voluntary salary savings, there were no reductions in those two areas. Most of the reductions came in the Medicaid program in the form of rate reductions. Physicians' rate increases were delayed, and hospital rates were reduced 5 percent with a proposal to reduce them another 5 percent. We reduced the indigent accident fund by about \$25 million a year and returned that to the General Fund. We reduced the hours of service given by personal care attendants to feed, groom, and bath, and have another reduction planned in the hourly rate paid for those attendants. We reduced the mental health medication clinics nearly \$10 million a year. Also, we have slowed and are moving toward capping enrollment in Nevada Checkup. At one time there were over 30,000 children enrolled. Now the number is around 24,000 with a wait-list of about 2000 applications representing about 6000 to 7000 children. Medicaid has had a substantial number of reductions in the welfare and supportive services area. Primarily, the reductions have come in child care. We provide child care to two populations; first, a mandatory population comprised of people on public assistance, and second, a discretionary population, those who are at risk. They are above income guidelines but at risk, or "discretionary." We have had to curtail our ability to provide child care services to that discretionary population. There is a long list. There have been \$280 million worth of reductions in the General Fund in the last year in four rounds of budget cuts.

Assemblywoman Leslie:

The only disagreement I find is with your characterization that not much was done in juvenile justice. In the proposed budget there are some significant juvenile justice cuts.

Michael Willden:

I was describing what we had done in the last four budget reductions. But, going forward, the Executive Budget contemplates removing 88 beds—20 beds in Elko, 20 in Caliente, and 48 in Summit View. That would result in closing all beds except for the children who are there now.

Chairwoman Smith:

We have heard that we have maintained our caseload in the recommended budget; that is true, but we have maintained the current caseload with all the cuts.

Michael Willden:

I think that is a fair assessment. The budget gets built by what is the base, what is mandatory, and what is optional. Therefore, caseload growth is a mandatory item we have to deal with. In order to fund the growing caseload growth, we have made cuts in optional or non-mandatory areas.

There are three charts behind the \$273 million listing. These reveal what the Department is faced with. First is TANF CASH—the blue line at the bottom of the chart was the approved budget when we left the 2007 Legislative Session, and that was the line we should have been following. The green line is where we actually are, and the pink line is the forecast. The pink forecast was done in collaboration with the Budget Office, the Department of Employment, Training and Rehabilitation (DETR), and in consultations with the Legislative Counsel Bureau based on an 8 percent unemployment rate. Now we are at 9.1 percent, and DETR's forecast is that we will climb over the next several quarters to 11.4 percent. We are now working with our caseload forecasting group to take a second look at what we project that pink line will look like. It may look similar to the rate during the time of 9/11, as you can see on the left where it describes actual history.

The next chart is TOTAL MEDICAID WITH RETRO. This is basically the number of Medicaid recipients, again blue, green, pink, and also based on the 8 percent unemployment data. We are revising those projections now and hope to have them out in a couple of weeks.

The last chart is the Supplemental Nutrition Assistance Program (SNAP) caseload projection. SNAP represents the food stamp program of years past.

This program utilizes an Electronic Benefit Transfer (EBT) debit card. Again, blue, green, and pink, show the growth. There was recently a national study that revealed Nevada was the fourth fastest growing food stamp state in the nation last year, behind Louisiana, Florida, and Michigan.

The material following the tab marked Programs/Budget Impact is one to be reviewed at length. It is comprised of 31 pages describing what the Department of Health and Human Services (DHHS) does in each specific program. Following each description, highlighted in yellow, is what is proposed in the Executive Budget. In DHHS Administration, for example, it shows that we funded the Office of Suicide Prevention, among other things. We run over 100 budget accounts and this is a simple description of each of the programs, broken down by division.

Chairwoman Smith:

Would you talk about the rural clinics on page 13?

Michael Willden:

Nevada Medicaid provides mental health services in three regions—north, south and rural—with 21 clinics in rural Nevada. When we started the budget reductions we closed two clinics over the last nine months—Dayton and Fernley—and given the dollars available in the Mental Health budget, we are proposing to close eight or nine more clinics. Accordingly, there will only be half the number in rural Nevada. Dr. Cook, who is the Administrator of Rural Clinics, staff from the Governor's Office, Budget Office, myself, and others are looking at some alternatives. Assemblywoman Leslie has asked me to form a work group with her. We really do not want to close those clinics. We think we have some options by moving some things around in the budget. We are also working with some of our partners. Nevada Health Centers, a primary care provider in rural Nevada, is a good partner and we may find a way to be efficient with them. And, many of our mental health patients need a primary care provider. We are also looking at several nonprofits in rural Nevada who are offering office space, free rent, and so on.

Assemblywoman Parnell:

I have been getting emails from teachers and school counselors from the rural areas who are really concerned about this. We have not thought about the school population. At a time when parents are under great stress, and they have nowhere to turn, children in the school setting are beginning to show the effects. Those of us who live here or who work with the rural populations know that the distances to the hub locations are so great in some cases that people cannot easily travel there. So it is important for all of us in this

discussion to remember rural populations who will be shortchanged unless we can retain rural clinics.

Chairwoman Smith:

I have been talking a lot about the overflow from budget cuts to the education system. When there are services that students and their families cannot access, because of capping enrollment or closing offices, in rural Nevada or elsewhere, the negative effect often lands on the doorstep of the school system. Our school system does not cap enrollment or turn people away, so there is always a domino effect we do not necessarily talk about, or we cannot put a dollar figure to, but certainly there are impacts from one agency to another.

Michael Willden:

I would like to highlight a couple of other programs. We will be spending some time talking about Nevada Medicaid and its Nevada Checkup program that is also high on the list to fix. We are all working on our "add back" list as we look at the stimulus package and at what budget adjustments need to be made when we get our new caseload projections and new economic forum.

I would also highlight Nevada Early Intervention Services in the Health Division budget. That is the budget where we provide services to children with developmental delays from birth to age three. There have been a lot of email and letters in response to rumors that we are closing the program. There is a waiting list of about 500 children in that program. The Executive Budget includes about \$9 million in new funding to try to address that waiting list and bring it back down to zero in the next year. We do not intend to do that by hiring more state staff. We intend to do that by contracts in the community. We have community vendors now—Easter Seals and REM—and we intend to expand to other community-based providers and contractors. Also, I want to report that we are speaking today at 3:30 in the Senate Health and Education Committee on the immunization issue, which is a hot item, along with Hepatitis C infection control.

Chairwoman Smith:

We will have a presentation on immunizations later in our Committee meetings.

Michael Willden:

One of the last things I want to discuss is the next tab, the DHHS Bill Summary. Our list of bills includes 12 Department bills and about 8 or 10 budget bills as well.

Chairwoman Smith:

The one thing I did not notice in here, that I would like you or Mary Liveratti to speak about, is an update on the 2-1-1 funding, because I know it is in jeopardy in the budget and provides a great service to all of our constituents.

Michael Willden:

The Executive Budget contemplates not putting any of the General Fund into the 2-1-1 budget. The 2-1-1 system has a number of funding streams from private contributors to tobacco, Title 20, Casey Foundation, and United Health Care Settlement. We are working through a matrix now where we will try to demonstrate that we can keep 2-1-1 going at the present level, and to improve it. Currently, it only runs about 14 hours a day (Monday through Friday, with weekend gaps).

Chairwoman Smith:

I know that in a few short years we have gone from zero to almost 70,000 calls in the last year, so it is obviously a service that our citizens use a lot. I appreciate your work in trying to figure out the funding for that.

Michael Willden:

I would like to highlight something new—the Nevada Academy of Health Scorecard—which we are very proud of. The Nevada Academy of Health was created in Senate Bill No. 171 of the 74th Legislative Session, sponsored by Senator Heck. Included in the presentation today is a letter from the Academy members. We have struggled over the last year as to what we should and can work on. With all the budget cuts it is often hard to focus, but they decided to look at a couple of things in more depth, and this is one of the deliverables. In talking with Assemblywoman Leslie we decided to develop a simple, easy to read scorecard that tracks where we stand on some of our performance measures, indicators, and so on. We spent quite a lot of time in creating this Nevada Health Scorecard. You may look at this as a committee; it is online for the public as well, on the Department's website (<http://dhhs.nv.gov>).

We find source data from the key national measuring groups—Congressional Quarterly Press, The Commonwealth, Kaiser Family, United Health, et cetera. We look at our ranking nationally—are we high, low, are we improving or not improving—and this gives a good idea of how Nevada, as a state, is doing. Unfortunately, we do not do well as a state when it comes to health and health indicators; we are in the bottom 10 percent on most lists. Nevertheless, you can use this as a tool. It is color coded, and it will be easy to see how Nevada is doing in several categories. To use it online, click on the source—for example, where it says Kaiser Family Program—it will take you to the web link for the actual study.

Chairwoman Smith:

This is very helpful, and while it is not a "feel good" document, it is informative. We plan to do a more in-depth presentation on this Scorecard and try to bring Committee members in to talk about it and answer some questions.

Michael Willden:

The last item I want to discuss is the "Quick Facts" (or "Nassir Notes"). For each of the 100 programs we operate in the Department, we have one of these one-page Quick Facts (Nassir Notes). I have included seven examples; 2-1-1 is in here, and you can look online at any of the programs we operate to get a simple program description, eligibility criteria, hours of service, basic funding information, and a simple chart that tells you whether we are increasing or decreasing. Four of the seven examples are 2-1-1, Elder Protective Services, Adoption Subsidies, Nevada Checkup, and so on, but there are 100 online. If you find a program that is not online and you want us to develop one, we can do that. Just call me, Mary Liveratti, or Ben Kieckhefer, and we will ask staff to put it online.

Assemblywoman Leslie:

Why are they called "Nassir Notes?"

Michael Willden:

For twenty years we had a researcher who was the most faithful, diligent researcher the department ever had. We loved her dearly. She retired last summer. I told her she could not retire until she got this book done. We were calling these "Quick Facts," but when she finished it and presented it, we changed the name to "Nassir Notes," internally within the Department, to honor Diane Nassir.

Assemblywoman Leslie:

The Quick Fact I immediately went to was about early hearing detection, and I am thrilled to see that we are now screening 98.81 percent of infants at birth. When we began early screening, we screened about 60 or 70 percent. It highlights that a policy change like that—although there was much opposition—can make such a difference, and this is why I serve in the Legislature. It is a great example of the kind of work this Committee can do with the help of the Department of Health and Human Services staff. Thank you for that.

Assemblyman Hardy:

Can you address the kinds of things that are being done in Health and Human Services in conjunction with private partnerships or bidding, and what we have done that has improved our ability to extend services, either with faith-based organizations or with good people doing good things with whom we partner?

Michael Willden:

There is a long list, but I will highlight just a few. In the health care arena, Medicaid runs with about 200 employees, it spends \$1.3 billion a year, and it is largely a set of contracts to deliver health care. That is a huge private partnership. Whether it is Health Maintenance Organizations (HMOs), or quality management programs, almost everything we do is provided by the private sector. Oversight of the programs and quality indicators come from us.

In the Director's Office, we run a Grants Management Unit which grants about \$30-40 million a year to various partners like the community-based organizations and 501(c)(3)s. We have grant cycles going all the time. We provide structure, oversight, quality evaluation, and so on, but the community-based organizations are doing the work. Another example is in the Division of Welfare and Supportive Services. In northern Nevada we have those contracted out to Job Opportunities in Nevada (JOIN). Child Care is contracted out to the Children's Cabinet. A number of private organizations are in place, and we are moving more and more toward those types of partnerships. Are we moving as fast as we would like? Not in some cases, but also in some cases I hesitate to privatize. We really need to look at those things. For example, we spent a lot of time this past year looking at privatizing the mental health system. There are pros and cons. Sometimes it is difficult to convert from a public system to a private system.

Assemblyman Hardy: It has been my impression that we have not been reluctant to partner when we can leverage private money, people, and volunteers. We have not seen obstacles, so I think we have done fairly well in our state. I do not know if there is a price tag that can be put on that other than our stewardship of quality control. I have had people speak to me about mental health medicines, and Mary Liveratti spoke about the Catalyst RX that has a low bid approach. So I think we have been fairly proactive, and we need to acknowledge what we have done on the record. I think privatization has worked fairly well for the State of Nevada, but may not be reflected in everything that you have been saying.

Michael Willden:

From the Department's standpoint, many people from the private sector come into the office and offer to look at something. We listen to everyone. We have an open door policy, and if anyone has a better idea on how to run government, we will listen. Sometimes they have a better idea, and we can go that way.

Chairwoman Smith:

Thank you for being here today and presenting this information. I know you may get tired of presenting the same information over and over, but you do a very nice job of putting it in terms that we can understand. I know some of our new members heard this once, but it has been my experience that it takes about ten times before the issues take hold. The policy and budget issues in your arena are so complex and difficult, so I felt it would be good for everyone to hear it again. We appreciate your accessibility.

Is there anyone from the public who would like to provide testimony? [None.]

I thank all of you on the Committee for being so attentive at this first meeting. As you have seen on the floor, we have had many pre-filed bills assigned to us and so we are working on a busy schedule comprised of a combination of bills and presentations. Also, one of the other books I purchased that you will have access to through my office is *Health Care Policy and Politics A to Z*. It is a glossary/encyclopedia of health care terms and issues, so if you would like to borrow it please stop by my office. I have one copy and my staff has one copy. This will conclude our meeting today, and we will next meet on Monday, February 9, at 1:30 p.m. [Meeting adjourned at 2:46 p.m.]

RESPECTFULLY SUBMITTED:

Darlene Rubin
Committee Secretary

APPROVED BY:

Assemblywoman Debbie Smith, Chair

DATE: _____

EXHIBITS

Committee Name: Committee on Health and Human Services

Date: February 4, 2009

Time of Meeting: 1:30 p.m.

Bill	Exhibit	Witness / Agency	Description
	A		Agenda
	B		Attendance Roster
	C	Assemblywoman Debbie Smith, Chairwoman	Committee Standing Rules
	D	Amber Joiner, Committee Policy Analyst	Committee Policy Brief, Assembly Committee on Health and Human Services
	E	Amber Joiner	Legislative Committee on Health Care, Bulletin No. 09-15
	F	Michael J. Willden, Director, Department of Health and Human Services	Presentation to the Legislative Committee on Health and Human Services