

**MINUTES OF THE SUBCOMMITTEE OF THE
SENATE COMMITTEE ON HEALTH AND EDUCATION**

**Seventy-fifth Session
May 11, 2009**

The subcommittee of the Senate Committee on Health and Education was called to order by Chair Valerie Wiener at 3:17 p.m. on Monday, May 11, 2009, in Room 2149 of the Legislative Building, Carson City, Nevada. The meeting was videoconferenced to the Grant Sawyer State Office Building, Room 4412E, 555 East Washington Avenue, Las Vegas, Nevada. [Exhibit A](#) is the Agenda. [Exhibit B](#) is the Attendance Roster. All exhibits are available and on file in the Research Library of the Legislative Counsel Bureau.

SUBCOMMITTEE MEMBERS PRESENT:

Senator Valerie Wiener, Chair
Senator Joyce Woodhouse, Vice Chair
Senator Shirley A. Breeden
Senator Dennis Nolan

GUEST LEGISLATORS PRESENT:

Assemblyman Mo Denis, Assembly District No. 28

STAFF MEMBERS PRESENT:

Marsheilah D. Lyons, Committee Policy Analyst
Mindy Martini, Committee Policy Analyst
Sara Partida, Committee Counsel
Shauna Kirk, Committee Secretary

OTHERS PRESENT:

Randy Robison, Nevada Association of School Superintendents
Sharla Hales, Board of Trustees, Douglas County School District
Paul Dugan, Superintendent, Washoe County School District; President, Nevada Association of School Superintendents
Carolyn J. Cramer, General Counsel, Nevada State Board of Pharmacy
Liz MacMenamin, Director of Government Affairs, Retail Association of Nevada
Lawrence P. Matheis, Executive Director, Nevada State Medical Association

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CHAIR WIENER:

We will open the meeting with a presentation from iNVEST by Sharla Hales and Paul Dugan.

RANDY ROBISON (Nevada Association of School Superintendents):

I used to be the executive director for the Nevada Association of School Boards. That position is now filled by Dottie Merrill. When I was with the School Board Association, we became interested in becoming better at our work. A local school board member and I showed up at a superintendents' meeting to talk about how superintendents and school board members could work closer and collaboratively together. What we did not know is that a local school superintendent was at that meeting to talk about the same thing. Out of that came iNVEST. Our first version was in 2003, and we have had a version each Session since that time. This Session we have taken a different approach. In past years, we had a multipage document with several independent, specific initiatives that outlined the types of programs we needed in order to improve student achievement, followed by a cost for those. Those were followed by a summary page at the end with all of the initiatives and costs. We found the summary page was of most interest to people. Given the budget situation now, as well as into the future, we decided to focus more on long-term strategic policy initiatives that are directly related to improving student achievement in the State. At the end of the day, that is what iNVEST does. How do we improve student achievement in all of our schools and classrooms every day? You have been given a pamphlet, "iNVEST '09," that Ms. Hales and Mr. Dugan will be talking about ([Exhibit C](#), original is on file in the Research Library).

SHARLA HALES (Board of Trustees, Douglas County School District):

I have written testimony I will read ([Exhibit D](#)).

PAUL DUGAN (Superintendent, Washoe County School District; President, Nevada Association of School Superintendents):

I will continue the presentation with my written testimony, [Exhibit D](#).

MR. ROBISON:

As I mentioned in my introductory remarks, we have really tried to focus on some strategic policy initiatives that we believe are critical to improving student achievement in the State this year as well as next year. To that end, these are things we know will make a difference in the way we are able to help our students reach the goals that, not only you have set for them, but the goals we

have set for them and the goals they have set for themselves. While the timing is not the best, we do not shy away from the fact these are some long-term policy objectives that we believe are critical to our success in the classroom.

SENATOR WOODHOUSE:

I was an administrator in the Clark County School District when the iNVEST program started in 2003. At that time, I was very excited, because it was time we put all of the education groups together and had one voice. I know you have struggled and have not been able to meet all of the goals we wanted, but the message is getting through. It will take time to accomplish the things that must be done in order to provide for kindergarten through Grade 12 funding and programs.

CHAIR WIENER:

We will now open the hearing on Assembly Bill (A.B.) 326.

[ASSEMBLY BILL 326 \(1st Reprint\)](#): Revises provisions governing controlled substances. (BDR 40-558)

ASSEMBLYMAN MO DENIS (Assembly District No. 28):

Last Session, I had a mother come to me who had a daughter who had been in an accident and had been prescribed pain medication. Her daughter had a great job, but after having a car accident, she was prescribed pain medication and became addicted. She went into rehabilitation and did well. Unfortunately, she had another accident and was prescribed the same pain medication. The day after she received the prescription, she died of an overdose. In July of 2008, the *Las Vegas Sun* had done a three-part piece on prescription narcotic abuse, and I want to quote something from that:

Nevadans consume about twice the national average of several prescription painkillers, making us among the most narcotic-addled populations in the United States, a Sun analysis has found. The consequences are deadly. More people in Clark County die of prescription narcotics overdoses than of overdoses of illicit drugs or from vehicle accidents. In 2006, Nevadans were the No. 1 users per capita of hydrocodone—better known by the brand names Vicodin or Lortab.

This is one of those bad lists that we top. We have prescription narcotic abuse nationwide, but it seems to be acute here in this State. We tried to come up

with something we could do in addition to what we did last Session. Last Session we put a piece in that said, if a doctor thinks there is a prescription narcotic problem, they could run a report in a database run by the State Board of Pharmacy that keeps track of all prescriptions. If a doctor has a new patient and suspects a problem, they can run this report to see if the patient is getting many of these kinds of prescriptions. They can also see if they are going to two or three doctors. Most people who are abusing will go to several different doctors for the same prescription. The report used to be very slow and was not as helpful, but the system has been updated. This bill does several things. On page 2, lines 27 through 34, it requires keeping the contact information for users of the database. In section 7, subsection 2, the Board shall provide Internet access to the database of the program established pursuant to subsection 1. They are making it available for each practitioner that is authorized to write prescriptions or authorized to dispense prescriptions. We are now making it available to pharmacists if they suspect abuse of drugs. It does not force anyone to do it, but gives them the opportunity. Subsection 2 requires training for the database. That was a section that we put in because we want everybody who can prescribe to see how to use the database and how easy it is. On the page 3, lines 20 through 25, the bill outlines developing a training course. It will be online training that can be done quickly. There is no fiscal note on it because it is something the Board and the Investigation Division of the Department of Public Safety can develop easily. Section 9 states that the interim Legislative Committee on Health Care shall, in cooperation with the State Board of Pharmacy, the Board of Medical Examiners and the State Board of Osteopathic Medicine, conduct a study of the abuse of prescription narcotic drugs and the manner of monitoring and addressing the abuse of prescription narcotic drugs in this State. It puts the problem on the table to see if we can do additional things. There is still a lot we need to do in this realm.

CHAIR WIENER:

We worked on the recycling of prescription drugs and we caught that we had certain controlled substances in a policy that was six years old and counting. Why is it schedule two, three and four? Why does it not just say controlled substances in the bill?

CAROLYN J. CRAMER (General Counsel, Nevada State Board of Pharmacy):

There is schedule one, which is contraband. The ones we want to follow are two, three and four. Assemblyman Denis was instrumental in helping us. Last Session, he was the one who got *Nevada Revised Statute* 639.23507 off the

ground and into law. We are just trying to help the program along with the additional training requirement that will be there. It will give us an opportunity to help pharmacists as well as practitioners know how to utilize this system.

CHAIR WIENER:

How would you be alerting those who would be interested in, or benefit from, this access? How would you put the word out?

MS. CRAMER:

We anticipate getting another provider for our "P&P" program. We have asked that it be part of the request for proposal process and have an online training course. When someone wants to gain access to it, it will come up. People who are presently utilizing this system will have access to that program. The people who then sign up will also be notified when they first sign up. We are anticipating with the new vendor that we will have that ability.

CHAIR WIENER:

Let us say that a patient is shopping doctors for drugs and the doctor wants to make sure they are truly in pain. Could that doctor then look at the narcotic history of the person?

MS. CRAMER:

They can either contact the task force through the Website or via a facsimile machine.

LIZ MACMENAMIN (Director of Government Affairs, Retail Association of Nevada):
We worked closely with Assemblyman Denis. We had concerns but addressed them within the pharmacy. We still have an issue of the pharmacist calling a doctor and the doctor says fill the prescription, there is no choice. In the interim, we hope to work out some of these issues and work with Assemblyman Denis on the study that he is implementing. It will bring us closer to where we want to go with the prescription drug abuse.

LAWRENCE P. MATHEIS (Executive Director, Nevada State Medical Association):

The Nevada State Medical Association does support this. We supported the prescription drug-abuse program and task force. It was the first created in the Country in the mid-1990s. It was controversial; however, it has been a leader on these issues. We now have a new level of concern about these issues. It is a national problem. Assemblyman Denis has been improving this as well as the

Board of Pharmacy. The work they have done in improving the technology is substantial in the last two years. The availability of information in the computer and on the Internet is far easier to access and far more extensive than anything that has been available previously. Now, our challenge is to reintroduce the medical community, the hospitals and those who can prescribe to the program. It has been used consistently by most of the pain-management specialists, the oncologists and emergency physicians. It used to send out a written report to the physician by mail after an inquiry, and many of them did not use this information. This is an effort both at being able to reach out again to the physician community and the prescribers and make them aware of what a good resource this is for them. It does mean that they have to explain those prescribing decisions. In responding to and continuing to improve this program, we may very well become national leaders in how to deal with this. For all of those aforementioned reasons, I support this bill.

SENATOR NOLAN:

When I was a coroner investigator, I investigated a number of deaths where individuals had been prescribed medication. They would find ways to have those prescriptions filled at different pharmacies all over the place. In other cases, I was convinced some of the elderly people who had medication in the household had family members selling those prescription drugs. They would literally have a pharmacy in their house.

MR. MATHEIS:

What is challenging is the almost geometric rise in the use and abuse of the drugs. Fortunately, we have a program to build on. Many states do not.

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CHAIR WIENER:

We will close the hearing on A.B. 326 and adjourn the Senate Subcommittee on Health and Education at 4:01 p.m.

RESPECTFULLY SUBMITTED:

Shauna Kirk,
Committee Secretary

APPROVED BY:

Senator Valerie Wiener, Chair

DATE: _____