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

Seventy-Sixth Session
June 4, 2011

The Committee on Health and Human Services was called to order by Chair April Mastroluca at 1:12 p.m. on Saturday, June 4, 2011, 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) and the Attendance Roster (Exhibit B) 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/76th2011/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 April Mastroluca, Chair
Assemblywoman Peggy Pierce, Vice Chair
Assemblyman Elliot T. Anderson
Assemblywoman Teresa Benitez-Thompson
Assemblyman Steven Brooks
Assemblyman Richard Carrillo
Assemblywoman Lucy Flores
Assemblyman Jason Frierson
Assemblyman Pete Goicoechea
Assemblyman John Hambrick
Assemblyman Scott Hammond
Assemblyman Mark Sherwood
Assemblywoman Debbie Smith

COMMITTEE MEMBERS ABSENT:

Assemblyman Pete Livermore (excused)

GUEST LEGISLATORS PRESENT:

Senator Steven A. Horsford, Clark County Senatorial District No. 4
Senator Joseph (Joe) P. Hardy, Clark County Senatorial District No. 12

STAFF MEMBERS PRESENT:

Kirsten Coulombe, Committee Policy Analyst
Risa Lang, Committee Counsel
Linda Whimple, Committee Secretary
Olivia Lloyd, Committee Assistant

OTHERS PRESENT:

Harold Cook, Ph.D., Administrator, Division of Mental Health and Developmental Services, Department of Health and Human Services
Marla McDade Williams, Deputy Administrator, Health Division, Department of Health and Human Services
Renny Ashleman, representing Nevada Health Care Association
Rusty McAllister, President, Professional Fire Fighters of Nevada
Amber Joiner, Director of Governmental Relations, Nevada State Medical Association
Robert Ostrovsky, representing Nevada Association of Health Plans
Bobbette Bond, Director of Public Policy, Culinary Health Fund; and representing Health Services Coalition

Chair Mastroluca:
[Roll was called.] Welcome back. We will be doing this one more time tomorrow, so make sure you still have comfy seats. We are going to start with Senate Bill 437 (1st Reprint), which revises provisions governing assistance to parents and relatives caring for certain persons with mental retardation and related conditions. Good afternoon, Dr. Cook.

Senate Bill 437 (1st Reprint): Revises provisions governing assistance to parents and relatives caring for certain persons with mental retardation and related conditions. (BDR 39-1215)

Harold Cook, Ph.D., Administrator, Division of Mental Health and Developmental Services, Department of Health and Human Services:
Senate Bill 437 (R1) was initiated by the Division in response to potential revenue shortfalls and an increased number of qualified applicants for the Family Preservation Program. This is a cost-effective program which provides financial assistance to families caring for a disabled family member in their home. Current *Nevada Revised Statutes* (NRS) requires the Division to provide services to every eligible individual who applies for the program. Senate Bill 437 (R1) will provide the Division authority to establish—with a Senate amendment to require the Division to establish—a waiting list for

applicants eligible for assistance once the legislatively appropriated funds have been allocated. The individuals will be added to the program as additional funding becomes available. This concludes my remarks, and I will be happy to answer any questions.

Chair Mastroluca:
Would you tell us approximately how many people are on a waiting list? Is there a waiting list now?

Harold Cook:
Yes. We currently have a small waiting list. I believe it is 10 to 15; however, this is the only program within the Division which has growth built into the caseload. Once the budget has been approved, we should be able to eliminate that waiting list.

Assemblyman Brooks:
How much funding are you expecting to be allocated to this program and where do the funds come from?

Harold Cook:
This is a program that is entirely funded by the General Fund. The families receive approximately $350 per family per month. They allocate those funds for respite and other in-home services.

Assemblyman Brooks:
So this fund currently exists?

Harold Cook:
Yes, sir. It is a current program. It has been in existence for decades and we are just requesting a change in law so that rather than reducing allocations for individuals, we place new applicants on the waiting list.

Assemblyman Goicoechea:
All this really does is require you to start and maintain a waiting list?

Harold Cook:
That is correct. That is all it does.

Assemblyman Hammond:
So when the waiting list gets so long, then you will start to ask for more funding in the future? Is this a marker for you?

Harold Cook:
The request to create a waiting list was based on the increased number of individuals applying for the program and the decreased availability of General Fund monies. We have not had waiting lists in the past. We have a very small current waiting list; however, we do have caseload growth built into the budget, so we would anticipate, at least for the next biennium, being able to handle all or most of the applicants for the program.

Assemblyman Sherwood:
I have a question about the ability to get on the list. Is it needs based, and if so, would there be a consideration to cap it at a percentage of the need? It seems like the need for this could be insatiable, and it is a serious issue, but how do you determine who gets on the list and who does not?

Harold Cook:
Eligible applicants are families who have a developmentally disabled child in the family and are at 300 percent or less of the federal poverty level.

Assemblyman Sherwood:
Those are state guidelines?

Harold Cook:
Those are our guidelines.

Chair Mastroluca:
Are there further questions from the Committee? [There were none.] Thank you, Dr. Cook. Is there anyone else here to testify on S.B. 437 (R1)? [There was no response.] Is there anyone in support, neutral, or opposition? [There was no response.] We will close the hearing on S.B. 437 (R1) and move on to Senate Bill 129 (1st Reprint).

Senate Bill 129 (1st Reprint): Requires training of certain persons who operate or work in certain facilities. (BDR 40-155)

Marla McDade Williams, Deputy Administrator, Health Division, Department of Health and Human Services:
I am actually not here in charge of this bill, but as backup to Senator Breeden who presented this bill in the Senate. It is a bill that came out of the Legislative Committee on Senior Citizens, Veterans and Adults with Special Needs. I will walk you through it. The Health Division is neutral on the bill.

The bill requires training of persons to recognize and prevent the abuse of older persons. It requires licensees, owners, and employees of facilities to be trained

to recognize and prevent the abuse of older persons. The Health Division's role will be to ensure that documentation of the training is on file. Beginning on page 3, section 1, subsection 6, the bill outlines the topics of instruction that the training must address to include: recognizing the abuse of older persons, including sexual abuse and violations of *Nevada Revised Statutes* (NRS) 200.5091 to 200.50995; responding to reports of the alleged abuse of older persons; instruction concerning the federal, state and local laws, and any changes to those laws relating to the abuse of older persons, and facilities for intermediate care, facilities for the care of adults during the day, residential facilities for groups or homes for individual residential care . . . .

The facility is required to pay for the cost of the training. Administrators are required to ensure that employees and facilities obtain the training and if an administrator fails in that function, the Health Division is required to report to the Board of Examiners for Long-Term Care Administrators that the administrator did not uphold that responsibility.

I think that is the primary basis of the bill. The rest of it makes clarifications throughout NRS Chapter 449, and the act is effective on October 1, 2011.

Chair Mastroluca:
Thank you very much, and thank you for pinch-hitting. It is hard when we have Senators on the floor trying to get their bills, so I appreciate you jumping in.

Assemblyman Goicoechea:
What is currently required in order to work in one of these facilities? Clearly you have a registered nurse and maybe a certified nursing assistant, but for the lesser staff, is there no requirement in place to work in the facility?

Marla McDade Williams:
It depends on the facility type. We have regulations in place for certain facilities that detail what kind of training employees have to have. Mr. Ashleman addressed what the requirements are for nursing homes. If you are a licensed nurse in Nevada, your scope of practice will tell you what you have to be trained in. If you are a physician, that scope of practice will tell you what you have to be trained in. When they are nonlicensed professionals is really where some of these items get to. If a nurse's training currently requires her to be trained in recognizing the abuse provisions of the bill, then it is easy for the facility to comply because it is already part of her licensure. This would really get those unlicensed personnel who have not had any formal training.

Assemblyman Goicoechea:
Then you are telling me that even though you are a registered nurse or certified nursing assistant, to work in an intermediate care skilled nursing facility, there might be some additional requirements after this that would be imposed on you?

Marla McDade Williams:
Yes.

Assemblyman Sherwood:
So the bill we have in front of us, unless there are italics on it, is existing law. Is that correct?

Marla McDade Williams:
Yes, that is correct.

Chair Mastroluca:
Does this training currently exist, or is this something that the Division would have to create?

Marla McDade Williams:
The Aging and Disability Services Division of the Department of Health and Human Services currently provides elder abuse training. There is training available. This would not require anyone to create new training.

Chair Mastroluca:
Are there further questions for Ms. McDade Williams? [There were none.] Mr. Ashleman, do you have anything you would like to add?

Renny Ashleman, representing Nevada Health Care Association:
I am a supernumerary. Senator Breeden asked me to be here to explain the bill.

Assemblyman Frierson:
My question is with respect to the language that is being deleted on page 3, section 1, subsection 6. If we are removing the provision that requires the establishment of requirements for the training, how do we know or establish the parameters of the training? Is it an hour or 20 minutes? Is it something that someone could check and say, "Yes, I told them about it." Without the establishment of requirements, I am wondering how we know and can monitor what exactly they are being trained on or how they are being trained.

Marla McDade Williams:
The first reprint of the bill, section 1, subsection 6, lists the topics that have to be included in the training. It does not say how many hours that training has

to be. When we go into a facility, our obligation would be to see if there is some evidence of any kind of training. I believe the Aging and Disability Services Division training ranges from one to ten hours. I think when the bill went through the Senate, there was a decision to not specify the number of hours but to just require evidence of some type of training. The training has to address all of these issues. This is the base that we would verify.

Assemblyman Frierson:
I have the reprint, but I also have the amendment where I see what language was stricken, and that was the number of hours. Presumably this would allow flexibility for training as opposed to removing any standards whatsoever.

Marla McDade Williams:
That is correct. Again, this would be the base. As we look at what the training curriculum is, we would verify that it at least met these requirements regardless of the number of hours.

Assemblywoman Benitez-Thompson:
My question is on the annual requirement for the licensee as well as the administrator and employee. I am wondering what might be gained by requiring these folks to have elder abuse training every single year on that content. Is it necessarily changing?

Marla McDade Williams:
I am sorry; would you point out where the annual requirement is?

Assemblywoman Benitez-Thompson:
I am looking at section 1. The first paragraph is about getting the initial training when they are licensed. The next paragraph, on line 18, talks about the annual training. Then for administrator—I think that applies to the licensee, and if it is not the licensee then the administrator, right?

Renny Ashleman:
Part of this is training on the federal, state, and local laws governing the abuse of older persons, and so forth. That tends to change and needs to be supplemented. I do not know that strictly speaking it is necessary annually, but all of these folks receive annual training and generally these topics are included in this curriculum so it is not an undue burden to us.

Assemblyman Brooks:
I would like to reiterate what my colleagues have stated. It seems to me almost pointless to require training but not require a set amount of hours. You might have one institution doing one hour and then another institution

doing five hours. I am trying to get my hands around that, particularly if it is going to be annual training. Is it going to be updated? Would you be willing to add back language that would require hours? Training could be anything.

Renny Ashleman:
We would prefer not to do that, because the definitions in these various courses of what all they encompass differ widely. There are a number of nationally approved trainings in the various disciplines. They do tend to vary in the time they take by whether you are talking about a registered nurse, practical nurse, administrator, or an aid. One size fits all would not work very well for us in this area. I think this is an area that might be a work in progress. We would suggest that you let us try this for a couple of years and see if anyone thinks it is not working adequately and then come back to you with it.

Chair Mastroluca:
The amendment that came from the Senate—did that affect the fiscal note or remove it? Do you know?

Marla McDade Williams:
It did remove the fiscal note, because it initially required the Health Division or some state agency to create the training.

Chair Mastroluca:
Are there any other questions? [There were none.] Do I have anyone else who would like to testify on S.B. 129 (R1)? [There was no one.] We are doing an expedited process, so it is going to be support, neutral, or opposition. We will close the hearing on S.B. 129 (R1). We will open Senate Bill 278 (2nd Reprint).

Senate Bill 278 (2nd Reprint): Revises provisions relating to health care and health insurance. (BDR 57-253)

Senator Steven A. Horsford, Clark County Senatorial District No. 4:
Senate Bill 278 (2nd Reprint) is a measure intended to streamline and improve our health care delivery system, particularly as it relates to primary care in anticipation of the federal health care reform and the implications of that policy at the federal level in providing primary care access to individuals. It is a forward-looking measure because it anticipates the major elements of the federal health care reform bill, which emphasizes primary care provided by family physicians and others. Senate Bill 278 (R2) seeks to address issues important to Nevadans and their physicians as we move toward implementation of this act.

Under health care reform, more Nevadans will have access to primary care physicians, and primary care physicians will have more responsibility in ensuring quality of care, and a continuum of care. Senate Bill 278 (R2) anticipates this shift towards more health care being provided by primary physicians by requiring the Department of Health and Human Services to conduct a study of medical homes in the next year. Medical homes are networks of physicians who link together to provide a range of preventative and primary care. Senate Bill 278 (R2) directs the Department of Health and Human Services to conduct this study of medical homes to determine how they are developing, how they will work with health insurers to guarantee the adequacy of networks, how they will be reimbursed, and the most effective methods for managing preauthorizations with insurers to deliver uninterrupted quality of care. Progress reports would be submitted to the Legislative Committee on Health Care next year, and recommendations for legislation would be made prior to the 2013 Legislative Session.

Senate Bill 278 (R2) also seeks to give physicians more certainty about the reimbursements they receive under existing contracts with health insurers. Sections 8 through 15 of the bill relate to notifications to physicians about changes in reimbursement rates by health insurers. It is in response to concerns that we heard from physicians that they do not receive adequate notice of changes in reimbursement rates within their current contracts with insurers. I would also like to stress here that the 40-day noticing requirement would apply to changes in fee schedules within contracts, which really determine how physicians are reimbursed, and the intent is to cover expected changes in these fee schedules in the noticing requirements.

Senate Bill 278 (R2) also seeks to bring more transparency to the levels of reimbursement of physicians by health insurers, shedding more light on how third-party payors are reimbursing physicians and other medical providers. Section 16 of the bill requires the Director of the Department of Health and Human Services to post on the Department's website a schedule of reimbursement rates for all medical providers who are reimbursing medical providers at rates below the Medicare reimbursement rates for the state's Medicaid program and the Children's Health Insurance Program. This will yield a clearer picture of the levels of reimbursement by health care insurers, and perhaps provide better insight into the correlation between levels of reimbursement and the extent and quality of care.

Finally, section 17.5 seeks to give nonprofit health insurance companies more latitude to determine the packages of benefits they will offer to the people they insure. These nonprofit companies are instrumental in providing affordable health insurance to Nevadans and will be a huge entity going forward as the

federal act comes online in 2014. To maintain that ability, S.B. 278 (R2) exempts them from having to comply with any mandated benefits adopted in state law on a going forward basis. This will give these insurers increased flexibility to offer their plan members the benefits that serve them best at a cost that is affordable to consumers.

Madam Chair, that concludes my overview on S.B. 278 (R2). I would be happy to walk through sections of the bill as requested, and defer to my colleague, Dr. Hardy, and thank him for his work on this measure as well.

Senator Joseph (Joe) P. Hardy, Clark County Senatorial District No. 12:
It has been a good experience working with the Majority Leader of the Senate on S.B. 278 (R2) because we looked at different ways to improve the health care delivery as it was, and we had meetings with many people. We have a product that I think came out fairly well and if there are any tough questions, the Senate Majority Leader wants to answer them.

Chair Mastroluca:
My first question is regarding section 14.5, where it is specific to dental care and dentists. I notice that in subsection 1(b) it describes the opportunity for the dentist to object in writing to modifications that are made to the payment schedule. Do you know if that is currently in existence for doctors also?

Senator Hardy:
I think if you want to make that amendment, we would be accepting of it, but I am not able to answer that question as I have never been able to talk to anyone who has. I do not know the answer to your question.

Chair Mastroluca:
We will look into it.

Senator Horsford:
That particular provision was requested by Jeanette Belz representing the Nevada Dental Association. The initial version did not specifically call out dentists, so we added that provision per that request.

Chair Mastroluca:
I think it is a great provision. I just thought that doctors should have the same opportunity to object in writing to modifications.

Section 16, subsection 1, which are the requirements for reporting the rates of reimbursement for Medicaid and the Children's Health Insurance Program, that does not currently exist? We do not have that posted anywhere?

Senator Horsford:
This provision benchmarks it against the current Medicare fee schedule so we can see a level of comparison. I believe they report their rate of reimbursement on a fee-for-service basis, but it is not benchmarked against anything.

Chair Mastroluca:
I would like to know about the substantial fiscal note that was included. Has that been affected by the amendments at all?

Senator Horsford:
Yes, the fiscal note was addressed through the amendments. I know someone from the Division should be able to put that on the record. It was reviewed by the Senate Committee on Finance and that fiscal note was eliminated.

Chair Mastroluca:
On section 17.5, that language applies to *Nevada Revised Statutes* (NRS) Chapter 287, which is the public employees chapter. Is there a reason why it is specific to NRS Chapter 287?

Senator Horsford:
I do not know.

Rusty McAllister, President, Professional Fire Fighters of Nevada:
We approached Senator Horsford and asked if he would consider this as an addition to his bill. The reason being is we have several of our groups that have self-insured health insurance trust plans that are very small in nature. We do not have the ability to go out and just raise rates. Typically it is through a bargain process in which we would be able to gain additional revenue, if you will, to sustain our plans. In the plan that I am a part of, we have about 2,000 covered bodies, and a good portion of those are retirees. We cover our own retirees in that plan. We probably have 2,000 covered retirees, dependents, and actives.

Ms. Michelle Jotz is not here today, but she asked me to speak on her behalf. The Las Vegas Metropolitan Police Department's plan falls under the same category. Some of these mandates that have come along have a much bigger impact on our plan because we are so small. This would provide some ability for us to better manage our finances to keep our plans alive and to keep from being sucked up by the large megacorporations.

Chair Mastroluca:
Are there questions from the Committee? [There were none.] Thank you very much. Is there anyone else here to testify on S.B. 278 (R2)?

Amber Joiner, Director of Governmental Relations, Nevada State Medical Association:
We want to go on the record as supporting this measure. In answer to your question, thank you for your concern regarding the doctors being able to object in writing. Actually it is current law. In sections 9, 10, and 11, you will notice that depending on the type of insurance company—for example, on page 3, line 37—the exact language that is provided for the dentists as new language is currently in statute where we would have what is currently 30 days, but now a 45-day period to object in writing. That is true in all of the insurance sections.

Chair Mastroluca:
Thank you for addressing that, Ms. Joiner. I appreciate it. Are there any questions for Ms. Joiner? [There were none.]

Robert Ostrovsky, representing Nevada Association of Health Plans:
I was going to point out the same thing. This provides dentists the same opportunity that physicians get under these contracts. We would like to indicate our full support of this measure. We had a number of discussions with the bill sponsors and they were very cooperative in trying to reach some agreement. We think this is a very workable document and will make it easier in the future to be able to afford ourselves of the federal laws that have obviously been changed with lots of regulations coming down. It will be very helpful for the Legislature in future years to get a better picture of how those are impacting some of your state-run programs. Thank you.

Chair Mastroluca:
Thank you for clarifying that, because I am sure Senator Hardy will be going back to his office and writing those letters of objection as soon as he is done with the session.

Is there anyone else to testify in support of S.B. 278 (R2)?

Bobbette Bond, Director of Public Policy, Culinary Health Fund:
I really appreciate the work that was done on the bill, and we think we can support the outcome totally.

Chair Mastroluca:
Is there anyone else in support of S.B. 278 (R2)? [There was no one.] Is there anyone in opposition to S.B. 278 (R2)? [There was no one.] Is there anyone neutral? [There was no one.]

Senator Hardy, did you have any closing remarks?

Senator Hardy:
I think I would be remiss if I did not thank all of the parties who came together. The amendments that you heard were friendly amendments and everyone really did come together with this. It was quite a roomful of people who continued working on it, and I express appreciation for being able to use the Majority Leader's conference room as we worked through that. Staff and everyone worked well together, so I think the whole process worked well on this. Thank you, Madam Chair.

Chair Mastroluca:
Are there any final comments from the Committee? [There were none.] I will close the hearing on S.B. 278 (R2), and open the hearing on Senate Bill 338 (2nd Reprint).

Senate Bill 338 (2nd Reprint): Revises provisions relating to reports of certain medical and related facilities. (BDR 40-261)

Bobbette Bond, representing Health Services Coalition:
Senate Bill 338 (2nd Reprint) is the result of continued work that started last session on Senator Breeden's bill, Senate Bill No. 319 of the 75th Session, and that was a bill that required hospital-acquired infections to be reported to the National Healthcare Safety Network. The National Healthcare Safety Network is the national database that the Centers for Disease Control and Prevention (CDC) has put together. They have taken three or four different databases and created one national database. Over 30 states are now having hospitals report to the CDC's database, and that is work that Nevada is just starting to do. There were regulations created for which hospital infections would be reported and when they would start being reported. Hospitals are now beginning to implement those regulations and getting on board for the reporting.

This bill would address skilled nursing facilities. We have about 40 or so licensed skilled nursing facilities in the state, and this would institute this requirement for the skilled nursing facilities. In the other bill we had before you, Senate Bill 339, which was going to address skilled nursing facilities by requiring more infection control measures inside those facilities, we had to withdraw the skilled nursing facilities from that because of the fiscal note. This bill will still allow the oversight and reporting to start, so the skilled nursing facilities will be reporting the hospital-acquired infections to the National Healthcare Safety Network. This requires no fiscal note on the state because it is a national database, so it all gets organized and categorized at the CDC. It provides the State of Nevada a way to move forward on transparency and quality without a fiscal note. We are really happy that CDC is doing that.

This bill also provides public transparency of the facility-specific infections that are already being reported to the CDC. We thought S.B. No. 319 of the 75th Session was going to open up public transparency but it did not when the regulations were set, so this bill helps do that. This bill would make the hospital-acquired infections be publicly reported from the National Healthcare Safety Network through the Health Division which receives those numbers, and then the skilled nursing facilities would do the same thing. So it would go up on the Nevada Compare Care website. You might have to dig back and remember the transparency presentations where Joseph Greenway talked about the state website for Nevada Compare Care and the data would go there in some sort of presentation that they will have to work out.

That is the gist of the bill. I am happy to answer any questions. I do not know if you prefer to go section by section, but that is the bill.

Chair Mastroluca:
Thank you, Ms. Bond. I appreciate the information and it is helpful to have the background from the bill from last session also.

Assemblyman Sherwood:
I totally understand the backstory on the need for the bill. My concern comes with transparency at the expense of the business. We have doctors who are being squeezed by everyone at every end. Basically for the surgical centers, every type of procedure and the exact procedure has to be reported but not the name of the patient. Is that right?

Bobbette Bond:
You might be talking about Senate Bill 340. This bill is S.B. 338 (R2), which deals with the skilled nursing facilities, the National Healthcare Safety Network, and the hospital infection reporting.

Assemblyman Sherwood:
I am looking at S.B. 338 (R2). There is similar language in both: section 4, subsection 2, paragraph (d).

Bobbette Bond:
My testimony talked about the hospitals reporting. The ambulatory surgery centers were also part of S.B. No. 339 of the 75th Session and they are reporting as well. Would you ask your question again?

Assemblyman Sherwood:
The concern that I have is that in the name of transparency, you are opening up the books of these businesses. At that point, you are at a real disadvantage if

everyone knows your business model to the dollar, which is exactly what would happen if we put everything out on the table. I appreciate the fact that we want transparency for the patient, but we also want a sustainable business model for the surgical centers. Am I reading into it a little too much?

Bobbette Bond:
I am not understanding how we are opening up the books. This bill is restricted to the hospital-acquired infection reporting, the number of infections, the rate of infection, and the type of infection. It does not have costs.

Assemblyman Sherwood:
So is it just for those who are infected? The way I read it was every procedure.

Bobbette Bond:
No.

Assemblyman Sherwood:
So the intent is not to come back next session and say, "Now we have to put it in the context of everyone who walks through the door." If that is where we are headed, I really do not feel comfortable being that transparent. If that is not the intent of the bill, then I am fine.

Bobbette Bond:
That is my understanding.

Assemblyman Frierson:
Just so I am clear, when we say rate, you mean rate of infection, not price, or cost, or charge. Correct?

Bobbette Bond:
Yes. This is the rate of infection. We worked with the skilled nursing facilities and the hospitals to come up with language. They really only wanted rate presented; we really wanted numbers presented too, so we came to a consensus with the language in all of these transparency bills that a consumer would really want both. They are in here as both a number and a rate of infection. However you are used to seeing data, you will be able to see the infection number in a way that makes sense to you.

Assemblyman Goicoechea:
I am concerned when you talk about the rate of infection and how serious an infection. Typically in a hospital a lot of people come in with infections, so you have to report that?

Bobbette Bond:
I think that with Marla McDade Williams here she might be helpful on how the reporting would work, because they have set it up for the hospitals now. Not every infection is being reported to the National Healthcare Safety Network. I think there are three or four and I am afraid I am going to give you inaccurate information if I try to remember.

Marla McDade Williams, Deputy Administrator, Health Division, Department of Health and Human Services:
We have currently established a system through the National Healthcare Safety Network for hospitals and ambulatory surgery centers. We have regulations that govern what information and data points are supposed to be reported to that system for the hospitals and the ambulatory surgery centers. This bill expands that reporting to nursing homes. They do not currently have the same type of data ready to collect from nursing homes as they do for hospitals and ambulatory surgery centers. One of the provisions in the bill says that it is effective January 1, 2012. Modules that would make sense for infections will not be available until that time. So what we do is go through the rulemaking process to determine what information we want reported and monitored and that is when the obligation gets implemented for the facility.

Chair Mastroluca:
Are there any further questions from the Committee? [There were none.] Ms. Bond, did you have a comment?

Bobbette Bond:
There are two comments here by Senator Breeden that I should probably put on the record.

There were a series of articles in the *Reno Gazette-Journal* about skilled nursing facilities and quality that generated Senator Breeden's interest in this bill. I do not know if those were entered into the record or on Nevada Electronic Legislative Information System (NELIS), but that is something she is referencing here as the touchpoint for why this bill is being extended to skilled nursing facilities.

The last thing that I wanted to say was that a facility-caused infection increases the cost of health care by about $50,000 on average for each patient that contracts an infection. I think those two points are the motivation for trying to move forward with skilled nursing facilities this legislative session.

Chair Mastroluca:
Is there anyone who would like to testify in support of S.B. 338 (R2)? [There was no one.] Is there anyone in opposition to S.B. 338 (R2)? [There was no one.] Is there anyone neutral on S.B. 338 (R2)? [There was no one.] I will close the hearing on S.B. 338 (R2).

Ms. Bond, we will move onto Senate Bill 340 (1st Reprint). Ms. Bond is once again pinch-hitting.

Senate Bill 340 (1st Reprint): Revises provisions relating to programs to increase public awareness of health care information. (BDR 40-663)

Bobbette Bond, Director of Public Policy, Culinary Health Fund; and representing Health Services Coalition:
I am standing in for Senator Breeden on Senate Bill 340 (1st Reprint). Senate Bill 340 (R1) is a bill that will require physicians who are performing surgeries, ambulatory surgery centers, and hospitals to have some basic information about the frequency of the procedures they perform and have those posted. This bill requires that we start posting information that the state already collects. So again, if you go back to that original presentation about the sentinel event bills that talked about the three different avenues we have for data coming into the state on care, this data is coming in on the claims database that the Center for Health Information Analysis (CHIA) uses to post hospital data. It is important information for consumers and it is a good step towards physician quality transparency.

What this bill really does is give people the number of procedures that each physician performs in a surgery center or hospital. So you would get the physician's name, each procedure they are performing, and at which hospital they are performing. The main reason for this bill is because the main quality indicator when shopping for a procedure is to go to a facility that performs the procedure frequently and to use a doctor with a lot of experience at it. This is a consensus bill as well. We received support from everyone and all of the stakeholders on this. It is the first time any physician data will be reported by name and it is to link physicians with the number of procedures and where they perform them so consumers can get that data as they are trying to decide who should do their surgery. That is the intent of this bill.

Assemblyman Sherwood:
This dovetails with the last concern I had. Right now the way you get referred, typically if you have a specific procedure, is through your general practitioner. So again, I would be really interested to see what my general practitioner thinks about a bill like this, or what the specialists feel about putting their entire

everything out there in the name of transparency. Transparency is great. No one would argue against that. But when you have the pressures that they are up against for everything . . . I read something the other day that just broke my heart. Physicians as a profession have one of the highest suicide rates, which really shocked me. Think about it. They are getting beat up all the time, and they are trying to help people all the time. If I am a surgeon or a specialist, to me this feels like one more straw on the camel's back. We do not have the health care professionals we need in our state on a ratio level. We already know that. I have concerns with the bill. My question would be what are the rank and file doctors and the specialists . . . I would love to hear testimony from them before we sign off on something as potentially onerous on the doctors as this legislation proposes.

Bobbette Bond:
The Nevada Medical Association was involved in this bill, and honestly from my perspective with the Culinary Health Fund, we have had a lot of doctors and surgeons come to us and want us to provide exactly this information because patients find comfort in finding a surgeon that has done this a lot. They have wanted us to post this on our website that they have done 50 hip replacements. It is only for doctors operating in a facility. It is only for ambulatory surgery centers and hospitals. It is not for their practices and it is not for every procedure that they do. It is just in those facilities. It is intended to be a consumer tool and it was supported by the Nevada Medical Association.

Assemblywoman Pierce:
As someone who is a big consumer of health care, I think this is a great tool. When you are going in for surgery, it is very useful to know how many times your surgeon has done this particular surgery. I want the guy who has done it 300 times. Sometimes they tell you they have done it 300 times, but you are never really sure. I am very supportive of this.

Assemblyman Brooks:
The same way we look as consumers toward purchasing a vehicle, we are told certain vehicles have better suspension, certain vehicles do better on gas mileage. But the only way to really determine that is to look at the data. The data here would tell us how many times a hip replacement has been done or a knee replacement has been done at this particular hospital. That could also speak about the expertise of that particular surgery at that hospital. I applaud the author of this bill. I think it is a consumer protection tool, and those who take the time to do the research will find it gratifying to have this type of information.

Assemblyman Goicoechea:
I do not have a real comfort level with this. Are we going to put the times we went "oops" in there, too? If you did 3,000 surgeries, but 200 of them were successful—I mean we are talking about data here.

Bobbette Bond:
No. There is no intent in this legislation to add procedure errors per physician or facility. I think the other bills will get to adverse events that occurred in the facility, but they will not have names of who was involved in those errors. There will not be a link between an error and the physician in either one of these bills.

Chair Mastroluca:
There was a fiscal note in the original bill regarding a contract with the University of Nevada, Las Vegas to do the data collection. Do you know if that has been addressed?

Bobbette Bond:
I know Senator Breeden presented the bill in front of Senate Committee on Finance this week, and it was released and approved. I do not know exactly what that means for the budget. I know the fiscal note was for the CHIA originally to be able to start doing the work. I think it was 20 percent of a person's staff time. I was not there for the end of the hearing.

Chair Mastroluca:
I think we need to know the answer to that. I am not saying that if there is a small fiscal note that that is going to prevent the bill from moving forward, but I think that it is only fair for the Committee to understand the financial realities of what they are voting on.

Bobbette Bond:
I will make sure Senator Breeden reaches you with that information. I do not want to answer for her.

Chair Mastroluca:
That is fine.

Assemblyman Sherwood:
At the risk of connecting the obvious dot—to follow up with Assemblyman Goicoechea—if we are going to say how many procedures, but we are not going to say success rates, error rates, et cetera, then that is not consumer friendly. If that is not the intent, then we are building a bridge to nowhere. If it is the intent, then we are overregulating the medical

professionals. Either way, I am incredibly uncomfortable with that. That is where I am coming from. Were you at the table and did you say, "We can live with this or accept this," or did you bring it forward and say, "Let us do this"? That is the question. Feel free to answer it the way you want. We only have two days left.

Amber Joiner, Director of Governmental Relations, Nevada State Medical Association:
I did sign in to testify in favor today on S.B. 340 (R1). We think knowing how many procedures a physician has done is good information. Practice does improve skill. If someone specializes in one type of hand surgery, a consumer may choose to go to that person who has a thousand cases in that particular surgery over someone who does it sporadically. We think that is useful to consumers. We support this measure. I hope that answers your question.

Chair Mastroluca:
Are there any further questions? [There were none.] Is there anyone else here to testify in support of S.B. 340 (R1)? [There were none.] Is there anyone in opposition of S.B. 340 (R1)? [There were none.] Is there anyone neutral on S.B. 340 (R1)? [There were none.] I will close the hearing on S.B. 340 (R1).

We are going to work session some of the bills that we just heard. We will start with Senate Bill 437 (1st Reprint) that was presented by Dr. Cook regarding assistance to parents and relatives caring for certain persons with mental retardation and related conditions.

Senate Bill 437 (1st Reprint): Revises provisions governing assistance to parents and relatives caring for certain persons with mental retardation and related conditions. (BDR 39-1215)

Chair Mastroluca:
I will accept a motion of do pass.

ASSEMBLYMAN FRIERSON MOVED TO DO PASS SENATE BILL 437 (1ST REPRINT).

ASSEMBLYMAN GOICOECHEA SECONDED THE MOTION.

THE MOTION PASSED. (ASSEMBLYMAN LIVERMORE WAS ABSENT FOR THE VOTE.)

Senate Bill 129 (1st Reprint): Requires training of certain persons who operate or work in certain facilities. (BDR 40-155)

Chair Mastroluca:
Senate Bill 129 (1st Reprint) was presented by Ms. McDade Williams on behalf of the Legislative Committee on Senior Citizens, Veterans and Adults with Special Needs regarding training of certain persons who work and operate in facilities, licensed care facilities for skilled nursing, and intermediate care.

Assemblyman Goicoechea:
I am a little concerned about this particular bill and I appreciate Marla and her good work. I think we are making it extremely cumbersome for those licensed professionals, whether they be nurse practitioners, licensed practical nurses, registered nurses, or certified nursing assistants. I agree that there definitely needs to be some training on the lower end of that spectrum, but we are struggling to get these people in place and now we are going to impose some additional training and burdens on them. I do not care for this particular bill and I will be opposing it. If we could have narrowed it down to who and better time frames and how much training was required, I would have been a lot more comfortable with it.

Assemblyman Frierson:
Recognizing the concerns of my colleague, I think that the removal of the language in the last amendment resolved any concern I had with the notion that this might be overburdensome without putting any strict parameters on it. I do see the need for not only training on the front end, but annual training, because I believe that if we let either new employees who do not understand the problems that could occur, or existing employees who might get complacent, it is going to cost us more in the long run. I am fully supportive. I am glad this is the first step. A little bit of training is better than no training, and I will be supporting it and looking forward to any adjustments we might be able to make down the road.

Chair Mastroluca:
Are there any further comments? [There was no response.] I will accept a motion of do pass.

ASSEMBLYMAN FRIERSON MOVED TO DO PASS SENATE BILL 129 (1ST REPRINT).

ASSEMBLYWOMAN PIERCE SECONDED THE MOTION.

THE MOTION PASSED. (ASSEMBLYMEN GOICOECHEA, HAMBRICK, HAMMOND, AND SHERWOOD VOTED NO. ASSEMBLYMAN LIVERMORE WAS ABSENT FOR THE VOTE.)

Senate Bill 278 (2nd Reprint): Revises provisions relating to health care and health insurance. (BDR 57-253)

Chair Mastroluca:
We will move on to Senate Bill 278 (2nd Reprint), which was presented by Senators Horsford and Hardy regarding provisions relating to health care and health insurance, the insurers' scheduled payments, and the notice that was required to be given. Are there any comments or discussion? [There was no response.] I will accept a motion of do pass.

ASSEMBLYWOMAN PIERCE MOVED TO DO PASS SENATE BILL 278 (2ND REPRINT).

ASSEMBLYMAN CARRILLO SECONDED THE MOTION.

THE MOTION PASSED. (ASSEMBLYMAN HAMBRICK VOTED NO. ASSEMBLYMAN LIVERMORE WAS ABSENT FOR THE VOTE.)

Chair Mastroluca:
Finally, we will work session Senate Bill 338 (2nd Reprint).

Senate Bill 338 (2nd Reprint): Revises provisions relating to reports of certain medical and related facilities. (BDR 40-261)

Chair Mastroluca:
Senate Bill 338 (2nd Reprint) revises provisions relating to reporting of certain medical and related facilities. This was specific to infections. Is there any discussion? [There was no response.]

ASSEMBLYMAN ANDERSON MOVED TO DO PASS SENATE BILL 338 (2ND REPRINT).

ASSEMBLYMAN BROOKS SECONDED THE MOTION.

THE MOTION PASSED. (ASSEMBLYMAN SHERWOOD VOTED NO. ASSEMBLYMAN LIVERMORE WAS ABSENT FOR THE VOTE.)

I am not going to work session Senate Bill 340 (1st Reprint) right now. I want to get some clarification on the fiscal note. I think that is only fair to the Committee. I will work with the Senate and see if we can find out what happened in Senate Finance. For right now S.B. 338 (R2) will be the last bill today.

That is all we are going to do today. I know of at least one bill coming tomorrow, possibly two. The meeting unfortunately will again be at the call of the Chair because we are so fluid and flexible. We will plan on work sessioning S.B. 340 (R1) tomorrow. I was going to consider recessing and doing it behind the bar of the Assembly, but I do not know if I can get the information that fast and I do not want to leave it sitting out there. We will have a meeting tomorrow at the call of the Chair to hear hopefully the last of the bills, but there is never such a thing as the last of the bills. Is there anything further from the Committee? Is there any public comment? [There was no response.] With that, the meeting is adjourned [at 2:20 p.m.].

RESPECTFULLY SUBMITTED:

_____
Linda Whimple
Committee Secretary

APPROVED BY:

_____
Assemblywoman April Mastroluca, Chair

DATE: _____

EXHIBITS

Committee Name: Committee on Health and Human Services

Date: June 4, 2011 **Time of Meeting: 1:12 p.m.**

Bill	Exhibit	Witness / Agency	Description
	A		Agenda
	B		Attendance Roster