

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

**Seventy-Sixth Session
April 15, 2011**

The Committee on Health and Human Services was called to order by Chair April Mastroluca at 1:59 p.m. on Friday, April 15, 2011, 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/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 Pete Livermore
Assemblyman Mark Sherwood
Assemblywoman Debbie Smith

COMMITTEE MEMBERS ABSENT:

None

GUEST LEGISLATORS PRESENT:

None

STAFF MEMBERS PRESENT:

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

OTHERS PRESENT:

Amber Joiner, Director of Governmental Relations, Nevada State Medical Association
Morgan Baumgartner, representing University Medical Center of Southern Nevada

Chair Mastroluca:

[Roll was called.] We are down to our last day on this part and then we will be moving onto more fun and exciting things with Senate bills.

We are going to go out of order and start with Assembly Bill 315 and end with Assembly Bill 29. Does everyone have a copy of the work session document, either on Nevada Electronic Legislative Information System or in person?

Assembly Bill 315: Establishes the Autism Treatment Assistance Program.
(BDR 38-986)

Kirsten Coulombe, Committee Policy Analyst:

The first bill considered for work session today is Assembly Bill 315. As the Committee may remember, this was heard on Wednesday, March 30, and the sponsor is Assemblywoman Woodbury. [The work session document was reviewed ([Exhibit C](#)).] One of the reasons this bill was brought forth is that they envisioned having an umbrella program, and they are trying to move this program into a more permanent status so that the agency can do better planning.

This bill establishes the Autism Treatment Assistance Program within the Aging and Disability Services Division as a primary program to coordinate services to individuals with autism through the age of 19 years. The program must provide an application process and also develop a plan of treatment for participants, and must work in conjunction with the Nevada Autism Task Force. Lastly, this bill requires the Division of Mental Health and Developmental Services and the Health Division to refer eligible children to the Autism Treatment Assistance Program. There are no proposed amendments at this time.

Chair Mastroluca:

Is there any discussion? [There was no response.] I will accept a motion.

ASSEMBLYMAN GOICOECHEA MOVED TO DO PASS
ASSEMBLY BILL 315.

ASSEMBLYMAN HAMMOND SECONDED THE MOTION.

[The motion was rescinded.]

Mr. Goicoechea, I do need to send this bill to the Assembly Committee on Ways and Means. Would you like to add that to your motion, or would you like me to do it after?

Assemblyman Goicoechea:

Whatever is your pleasure. A do pass with recommendation and then send it to Ways and Means?

Chair Mastroluca:

Yes.

Assemblyman Goicoechea:

Okay.

Chair Mastroluca:

Mr. Hammond, is that motion acceptable to you?

Assemblyman Hammond:

Yes.

Chair Mastroluca:

Is there any discussion?

ASSEMBLYMAN GOICOECHEA MOVED TO DO PASS
ASSEMBLY BILL 315 AND REREFER TO THE ASSEMBLY
COMMITTEE ON WAYS AND MEANS.

ASSEMBLYMAN HAMMOND SECONDED THE MOTION.

THE MOTION PASSED UNANIMOUSLY.

Assembly Bill 316: Establishes provisions relating to persons with autism.
(BDR 38-260)

Kirsten Coulombe, Committee Policy Analyst:

Assembly Bill 316 was also heard on March 30 and is also sponsored by Ms. Woodbury. [The work session document was reviewed ([Exhibit D](#)).] The intent is to improve data collection and consistency statewide. The bill will determine how effective the program is by establishing data outcome targets which are not currently in place. Assembly Bill 316 requires the establishment of a statewide standard for assessing individuals who receive autism services through a public program, and must include a nationally recognized protocol such as the Autism Diagnostic Observation Schedule. The bill also requires the Aging and Disability Services Division to collect certain information and prepare an annual report. It requires school districts, including charter schools, the Division of Mental Health and Developmental Services, and the Health Division to utilize the statewide standard assessment. The sponsor discussed proposed amendments during the hearing and the proposed amendments are attached, but I have highlighted four primary changes to the bill:

1. The Department of Education and school district representatives have been added to work in cooperation with the Aging and Disability Services Division.
2. The eligibility for services was expanded to 21 years of age. The original bill was 19 years of age.
3. The term "nationally recognized" is replaced with the term "appropriate instrument."
4. Evaluations were revised to be in accordance with the Individuals with Disabilities Education Act.

Chair Mastroluca:

Thank you. Is there any discussion on this bill?

Assemblyman Sherwood:

The sponsor of the bill is here and I think there may be a redundant fiscal note or something that we might want to be informed on.

Chair Mastroluca:

Mr. Sherwood, I have spoken with the Division. There is currently a fiscal note, and in order to preserve the bill we will need to rerefer it to the Assembly Committee on Ways and Means. It is exempt, so to ensure that it stays healthy and alive, it goes into our little cryo area where we keep it so it does not die.

Assemblyman Sherwood:

Okay.

Assemblyman Anderson:

If it is acceptable, I will also make a motion to amend and do pass and rerefer.

Chair Mastroluca:

I was not ready for a motion, but thank you for jumping in. Is there further discussion? [There was no response.]

ASSEMBLYMAN ANDERSON MOVED TO AMEND AND DO PASS
ASSEMBLY BILL 316 AND REREFER TO THE ASSEMBLY
COMMITTEE ON WAYS AND MEANS.

ASSEMBLYMAN FRIERSON SECONDED THE MOTION.

THE MOTION PASSED UNANIMOUSLY.

Assembly Bill 345: Revises provisions relating to services for persons with autism. (BDR 38-26)

Kirsten Coulombe, Committee Policy Analyst:

The last autism bill, also heard on March 30, was from Assemblyman Ohrenschall. [The work session document was reviewed ([Exhibit E](#)).] This bill was brought forth because there was a task force that was established and also a bill in the 74th Session of 2007 that mandated insurance coverage. As you may recall, we had testimony from a young teenager in Las Vegas who had recovered from autism, and this bill looks at establishing the Autism Treatment Assistance Program within the Division of Aging and Disability Services as the primary autism program to improve programs, services, and treatment for persons with autism through the age of 19 years. This bill prescribes that the policies developed must also be in conjunction the Nevada Autism Task Force. Lastly, this bill provides an appropriation from the State General Fund in order to reduce the number of individuals on the waiting list. There are no proposed amendments at this time.

Chair Mastroluca:

Is there discussion from the Committee? [There was no response.] I would accept a motion to do pass and rerefer to the Assembly Committee on Ways and Means.

ASSEMBLYMAN FRIERSON MOVED TO DO PASS
ASSEMBLY BILL 345 AND REREFER TO THE ASSEMBLY
COMMITTEE ON WAYS AND MEANS.

ASSEMBLYMAN ANDERSON SECONDED THE MOTION.

THE MOTION PASSED UNANIMOUSLY.

Assembly Bill 535: Revises provisions governing the referral of persons to
residential facilities for groups. (BDR 40-674)

Kirsten Coulombe, Committee Policy Analyst:

The next bill is Assembly Bill 535. [The work session document was reviewed ([Exhibit F](#)).] It was heard on Wednesday, April 6, and is one of the group home bills that Mrs. Kirkpatrick brought forth from the interim study. She had testified that unlicensed homes are a big problem in Nevada. In particular, in her district, there was an unlicensed group home where individuals were not getting proper care, and there was also an incident of a resident who had passed away at the facility due to the care. Assembly Bill 535 indicates that a licensed medical facility or its employees would be prohibited from referring individuals to an unlicensed residential facility for groups or to a facility that would not be appropriate for the condition of that person being referred. It also establishes a system to track violations and educate the public regarding such facilities. There are no conceptual amendments proposed at this time.

Chair Mastroluca:

Are there any questions or comments from the Committee on
Assembly Bill 535?

Assemblyman Hambrick:

Would this also be rereferred to the Assembly Committee on Ways and Means? I see a fiscal note, so I am not sure if it has to be moved or if there is still a fiscal impact related to this bill.

Chair Mastroluca:

The fiscal note is zero.

Is there any further discussion? [There was no response.] I will accept a motion.

ASSEMBLYWOMAN PIERCE MOVED TO DO PASS
ASSEMBLY BILL 535.

ASSEMBLYMAN CARRILLO SECONDED THE MOTION.

THE MOTION PASSED UNANIMOUSLY.

Assembly Bill 536: Revises provisions relating to background checks for certain persons who work with children. (BDR 38-201)

Kirsten Coulombe, Committee Policy Analyst:

The next bill for consideration is Assembly Bill 536. This was heard on Friday, April 8, and was on behalf of the Legislative Committee on Child Welfare and Juvenile Justice. [The work session document was reviewed ([Exhibit G](#)).] As you may recall, this bill was brought forth because of recommendations from the Legislative Counsel Bureau's Audit Division that there was consistency needed in background checks for employees of facilities such as foster homes and others that provide services to children. The audit found that some employees working with children had conviction records. Mr. Paul Townsend gave us a presentation. So this bill requires that the background checks of employees of foster homes, public or private detention centers, and residential mental health facilities be performed by those entities. This would exclude alcohol and drug abuse treatment facilities.

The bill also prescribes that pending the results of the background investigation, the employee's contact with children must be supervised. Employees who are determined to have certain convictions must be terminated, although they would be afforded a 30-day appeals process in order to rectify any incorrect information. The bill also requires the facilities to maintain documentation of such background checks. After the initial background check, they would have to reinvestigate each employee every five years. During the hearing, Julie Butler, Records Bureau Chief of the Department of Public Safety, indicated that some of the conditions of the bill do not meet conditions required by the Federal Bureau of Investigation (FBI) in order to release criminal history records. She has provided an attached proposed amendment.

Chair Mastroluca:

I asked Ms. Lang to touch on the amendment for the Committee.

Risa Lang, Committee Counsel:

As Ms. Coulombe said, Ms. Butler had submitted the bill to the FBI to ensure that there would not be any problems with getting these background checks. They responded that we needed to make a few changes. Particularly when the background checks are returned, they have to go through a public entity, so that is what this amendment essentially does. It ensures that any background

checks are not delivered directly to any private entity, but they will go through a public body instead.

Chair Mastroluca:

Is there discussion from the Committee?

Assemblyman Hambrick:

I appreciate the amendment, but does that cause any problem with the sponsor of the bill? When he first came in, I believe he wanted it to be a little broader. Is the sponsor accepting the amendment and realizing that it is going to constrict the universe that he was initially concerned with?

Chair Mastroluca:

Mr. Hambrick, you and I were the sponsors of this bill.

Assemblyman Hambrick:

Then I know one of them did not have a problem. I do not know about the other one. [Laughter.]

Assemblyman Frierson:

This was actually a product of the parties getting together to come up with language. Mr. Schiller was involved with the development of the language and everyone who testified at the hearing is okay with proceeding in this manner.

Chair Mastroluca:

Is there further discussion? [There was no response.] I will accept a motion.

ASSEMBLYWOMAN SMITH MOVED TO AMEND AND DO PASS
ASSEMBLY BILL 536.

ASSEMBLYMAN CARRILLO SECONDED THE MOTION.

THE MOTION PASSED UNANIMOUSLY.

[Assembly Bill 29](#): Revises provisions governing county hospitals. (BDR 40-343)

Kirsten Coulombe, Committee Policy Analyst:

The Committee heard Assembly Bill 29 very early on in this session, February 11. This bill is sponsored by Clark County and individuals testified that the reason this bill was brought forth was to provide more of an alignment with the medical staff. Ms. Kathleen Silver estimated that there are about 1,300 independent physicians on staff, of which probably 120 are affiliated, and they also have a large number of faculty appointments, about 100. There

are proposed amendments from University Medical Center of Southern Nevada (UMC) and University of Nevada School of Medicine together, and another from the Nevada State Medical Association in the work session document ([Exhibit H](#)). A chart has been developed—which is found on the third page of the work session document—and it reviews the original provisions of the bill and the proposed amendments. I will walk through what the bill does and also the proposed amendments.

This bill repeals the \$100 per month limit on compensation for members of the advisory board. The proposed amendment from UMC and the School of Medicine proposes to have this compensation not exceed \$1,000 per month. In section 2, subsection 1(a), the bill prescribes that “If the board of hospital trustees organizes the staff of physicians in accordance with subsection 2 of NRS 450.440, the board of hospital trustees may require a physician, podiatric physician or dentist to be affiliated with the University of Nevada School of Medicine or the University of Nevada, Las Vegas, School of Dental Medicine.”

The proposed amendments submitted by UMC and the University of Nevada School of Medicine would require the board to consult with the medical staff executive committee and dean of the two schools before organizing that staff. It also proposes to change the term “affiliation” to “faculty or clinical appointment.” It adds in section 2, “Provides that if a physician loses privileges at a hospital because the physician no longer serves as faculty or no longer has a clinical appointment with one of the schools, the action shall be deemed not to be an adverse action by the hospital against the physician.”

For section 2, the Nevada State Medical Association agreed with the amendment to protect the physician from losing any privileges at the hospital, but the Association also would like to add that a physician who joins the medical staff prior to December 30, 2014 may choose whether or not to affiliate with the University of Nevada School of Medicine, and then any physician qualifying for the first time to be on medical staff as of January 1, 2015 or later must affiliate.

Section 3, subsection 2 authorizes the board to organize a staff of physicians composed solely of physicians, podiatric physicians, and dentists who are affiliated with the University of Nevada School of Medicine or the University of Nevada, Las Vegas School of Dental Medicine who request staff membership and meet the following criteria: He must meet standards prescribed by the board, obtain a letter indicating affiliation with either school, and maintain an affiliation with the school while on staff. This is the original provision of the bill. The change proposed by UMC and the School of Medicine in section 3 would be for physicians to meet standards prescribed by the board

and maintain a faculty or clinical appointment with one of the two schools, or contract to provide exclusive services at UMC. Those services could include radiology, pathology, emergency medicine, and neonatology services. It also adds a provision to authorize a physician who is a member of the medical staff to be affiliated with other institutions of higher education without prejudice. For section 3 of this bill, the Nevada State Medical Association proposes the same change to authorize a physician to be affiliated with another institution of higher education.

There is one more amendment that is proposed by Chair Mastroluca on behalf of Clark County, and this would be to add a new section 4, so the bill could have reporting requirements as to the number of patients who are transferred to and from other hospitals, so that this information could be gathered and reported back to the Legislature in the next session.

Chair Mastroluca:

Committee, there has been a lot of work done on this bill, but as you can see from the amendments, there has not been complete consensus. I would like to ask Ms. Joiner of the Nevada State Medical Association and Ms. Baumgartner representing UMC to come up and talk about these two places where we have some differences, so the Committee can understand where each side is coming from.

Amber Joiner, Director of Governmental Relations, Nevada State Medical Association:

Thank you for the opportunity to speak today, and for your efforts in trying to bring us all together to work on these measures.

We proposed four amendments for this bill. As you mentioned, there is consensus on several of the pieces, which is good news. Our members still oppose this measure, based on a philosophical difference, and I think that is why we could not come to a complete consensus. We still oppose a model of a closed system for a public hospital for a variety of reasons that we have already testified to. We think you need more diversity in a staff for a public hospital than a typical private hospital.

Additionally, the typical model for a hospital is that you want community physicians to bring their paying patients—the ones who have insurance—to be admitted to your public hospital to help with the finances. So for us, it is confusing to understand why you would want to shut off those community physicians. Second, it is a basic philosophical difference, and obviously that is a policy decision; you need to decide which side you agree with. But we do think that if you go forward with this policy, we can improve the bill with these

amendments. The pieces that we had proposed were to require consultation with the medical staff executive committee. I have talked with the Legal Division, and apparently that language cannot be used because it is not a statutory entity, but our intent for that was that somehow the chief of staff or the staff of the hospital be consulted. When we took this bill back to the physicians, who are our members, they had not even heard that this bill was being introduced this legislative session, and these are people who work at UMC. So obviously they have a lot of concerns about never having been consulted about these substantial changes to the structure of their hospital. That is our recommendation, that somehow the staff be consulted before any decisions are made regarding this long-term plan of closing the system.

I think the one area where we disagree is the grandfathering clause that we have proposed. We would ask that a physician who joins the medical staff prior to December 30, 2014 could choose whether or not to affiliate with the school. As we have heard from testimony, this is a long-term plan, but we think that a lot of the physicians who already have established practices in the hospital should be allowed to decide whether they want to leave or stay. When I say leave or stay, I mean decide whether they want to affiliate with the School of Medicine or not. That is the request the doctors asked us to make.

I have also talked to Legal about the provision that if a physician loses his hospital privileges, that cannot be reported or used against him. Often when physicians lose privileges at a hospital, it is considered an adverse action and is reported to a national database. The database that we are referring to and concerned about is called the Data Bank, consisting of the National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank. This clearinghouse was created by Congress to ensure that the quality of health care in the United States was maintained. A lot of things that happen at hospitals and licensing boards regarding a practitioner are reported to this national database, and it follows him around for life. If he goes to another state to apply for a license, he could have problems if it looks like he was dismissed from a hospital. We want to make sure that we can figure out better phrasing if you agree with this intent. Adverse clinical privileging actions would be something that we want to avoid, because that is apparently reportable under the federal acts that govern the Data Bank.

The last piece that we had requested was "authorizing a physician who is a member of the medical staff to be affiliated with other institutions of higher education." Our concern here is that we do have another medical school in southern Nevada, Touro University, and we have other medical education, and we do not want physicians who participate in UMC, and also agree to affiliate with the University of Nevada School of Medicine, to be limited to that if they

choose to also contribute to the education of other physicians in our state through other institutions. Have I addressed all of the areas that you wanted me to?

Morgan Baumgartner, representing University Medical Center of Southern Nevada:

I also wish to thank you and your Vice Chair for all the time you have spent with us, as well as Ms. Joiner.

I think that we absolutely want community doctors to participate in this. We feel that we are building a better and stronger facility for the community and for the patients served by the community. It is not our intent to exclude a group of physicians. We are simply asking that if UMC chooses to go to an academic medical model where certain departments are more closely aligned with the School of Medicine, that doctors be required to affiliate. Essentially, "affiliate" in the most simple terms means to agree to take residents on rounds when the physicians see their patients at UMC. We are not asking that they teach classes or do anything extraordinary, but that they simply align themselves with the teaching mission of the hospital. All the other hospitals in the valley have the ability to put certain requirements on their physicians and we do not believe we are asking for anything extraordinary. The academic medical model throughout the country has similarly-defined affiliation requirements. This is not unique and will not be unique to UMC. There are always community physicians involved, but there is typically a tie to whatever medical school has that relationship with the hospital.

We worked together and agreed on everything except the request from the physicians that any physician who is on staff prior to 2014 can remain without the medical school affiliation. We believe that if we are going to pursue this mission, we need everyone who is working at UMC to be willing to take on that mission, and as a consequence we would like to ask them to affiliate with the University of Nevada School of Medicine and commit to that teaching model.

Assemblyman Livermore:

One of the things most hospitals have in their organization of medical staff is a provision for senior active staff where they are exempt from certain things. I heard you say the word "rounds." Is that to be perceived as calls, because you have an emergency room and other areas like that? I am confused about how the medical staff would be structured, especially with a senior active staff position, and a physician is exempt from certain requirements after he reaches a certain age or number of years of service.

Morgan Baumgartner:

I do not think I can answer that question completely. I think that would be specific to the way UMC is structured with respect to senior physicians. I can certainly bring that information back to you, but the concept would be that if you had admitting privileges at UMC and you go see one of your patients, you would agree to take a resident with you as a teaching methodology. I believe that is what is contemplated.

Assemblyman Livermore:

So it would require that on a rotation basis, you see "No-Doc" patients.

Morgan Baumgartner:

I do not think that is a requirement. I cannot answer that for sure at this point, but I would be happy to explore it.

Assemblyman Livermore:

When a physician reaches an age of 65—I think that is common—typically most of his life he has been called at 1, 2, 3, or 4 o'clock in the morning to go and treat patients. That is an advantage to retain your senior physicians. They can go off campus and operate and make arrangements with other physicians to see their patients or to admit them. Your senior physicians have years of clinical and patient knowledge, and I would not want you to lose that. That is why I ask.

Morgan Baumgartner:

I will see what I can do to answer that. I do not believe that is the intent. I do not believe that is how this would be executed.

Assemblyman Brooks:

What is the economic impact of community doctors' clientele not coming with insurance if we do switch over to this all-faculty model instead of affiliation? I would assume that it is offsetting the indigent costs that we are absorbing. The second question is, why was the staff not told about this reorganization?

Morgan Baumgartner:

To answer your second question first, the actual implementation has not been made, and there has been quite a bit of media coverage. This is a plan that is going forward. It is a strategic program that is being developed. I do not believe there have been any definitive decisions made about how this is going to occur. I think all the testimony you have heard from Kathleen Silver indicates that it is a strategy that UMC is pursuing and that it will be rolled out on a fairly long-term basis, just because of the inability of the school and the hospital to undertake this in a very expedited manner. It will be gradual. I believe the staff

will be informed. I cannot specifically speak to what information has gone out. I will certainly make that inquiry and bring that information back to you.

With respect to the other question, it is not the intent to exclude community doctors. The intent is to build this hospital and make it better for the community as a whole, and we absolutely need all the community doctors participating. It is our hope that UMC becomes a hospital where everyone wants to go, and we improve our payer mix through this advancing of the academic medical model system.

Chair Mastroluca:

I would like to add that this language, as it is currently written, is actually permissive. This would not go into effect the day the law passes. I believe the board would have the opportunity to hold public hearings and have that discussion with the public before the board started moving to this model. Is that correct?

Morgan Baumgartner:

Absolutely.

Assemblyman Sherwood:

As I look at the chart, it looks like your amendment is kind of a hybrid of the two. There are a number of areas where you actually agree. Maybe you could highlight that. About students from other schools, it seems to me there was a version of this where students from the College of Southern Nevada (CSN) nursing program or Touro University Nevada could use the hospital, right? Are they excluded by this bill from using it? I did not get that impression, but that is what Ms. Joiner seems to think.

Morgan Baumgartner:

I think the language that you are referring to about the affiliation with the institutions is Ms. Joiner's language, but the way we interpret it is we would not preclude a physician from affiliating with Touro or teaching classes at CSN—if they are nursing classes or things like that. The intent is not only to have a physician aligned with the University of Nevada School of Medicine, but to give him broader access to academic institutions and not be exclusive. Yes, you are right, we do agree to everything. On the chart, the only area of disagreement that we have from our perspective is the language that says, "Add that a physician who joins the medical staff prior to 12/30/2014 may choose whether or not to affiliate with UNSOM." Because this language is permissive and because we do want community physicians to affiliate and commit to the teaching model, we would like to not have to grandfather in

those physicians who are not willing to affiliate and undertake that teaching mission.

Amber Joiner:

In response to Mr. Sherwood's question—just to clarify—we are thankful that you are agreeing with us that a physician should be allowed to work at UMC, affiliate with the University of Nevada School of Medicine, and then also work at other schools if he would like, but it does not go both ways. Our understanding is the way you just stated it. The students of schools, such as Touro University Nevada and others, would not be allowed to have their residencies at UMC. That is one of our concerns. When we are talking about the open versus closed system and talking about diversity, that is one of our concerns with students from other schools. Our understanding is that students would not be allowed to have their residencies there. As our only public hospital, UMC is a unique learning environment that we think should be open to all students.

Morgan Baumgartner:

I believe that that is the case. The purpose of this is to have an alignment with the School of Medicine and UMC. There are multiple other hospitals in the valley that can undertake the different residency programs. I will look at the language and determine if it is exclusive and if it does exclude the other medical schools, but I think the intent is to have a full alignment with the two public institutions.

Assemblyman Hambrick:

I believe the Legislature in the last session established a policy at UMC that deals with trauma surgeons from Nellis Air Force Base coming and assisting—there is a two-way street. They were learning something from the trauma center and we were learning something from their experience, too. Would that negate the agreement with the trauma center and the Air Force? That benefits our people who are in the war against terrorism in Afghanistan and around the world.

Morgan Baumgartner:

Again, this is permissive language that allows the medical center to set up this kind of staffing structure. I believe they can do it in any manner, so certainly if they wanted to allow or permit those other physicians to practice, I believe they can.

Assemblyman Hambrick:

Not to beg the point, but I am going to beg the point. The Legislature, I believe, was very clear in its attempt, in the last session, that this was to be done, and

I believe UMC came up and said it wanted it. It was both groups that wanted it. Now you are saying that with this bill, it is going to be negated and what UMC requested in the agreement last time is going to be null and void?

Morgan Baumgartner:

I am unfamiliar with that bill, so I apologize. Certainly, if UMC requested that bill and that is the language of the statute, we would certainly abide by that. There is no intent to undo what has already been done.

Assemblyman Anderson:

The big disagreement is over the grandfathering amendments; is that correct?

Morgan Baumgartner:

I believe so.

Amber Joiner:

The second area of disagreement is the difference between an open versus closed system. That is not an amendment difference; it is mainly a yes-or-no issue about going forward with the bill.

Assemblyman Anderson:

The intent of making it a closed system is so there is some specialization so doctors are more focused on the teaching environment; is that correct?

Morgan Baumgartner:

Yes. It is to advance this academic medical model, which means we are a teaching hospital, we are developing centers of excellence, we are developing specialties, and we are developing residencies in those specialties so that when a physician is trained in the state, he is not forced to go out of state to seek his advanced training. We have those competencies in the state, and we are a community hospital that can serve all areas in an expert manner. Again, the language is permissive, so it does not create an entirely closed system right away, and still allows flexibility to have different types of physicians on staff.

Assemblywoman Flores:

I want to comment that as far as the closed and the open provision—if that is what we are calling it—I really make the comparison that there has not necessarily been the greatest partnership and interaction between the School of Medicine and the University Medical Center. I read an article the other day from the Nevada System of Higher Education, and the number of graduates of the School of Medicine who are practicing in the state is not very high. Then you look at the William S. Boyd School of Law and many of those students are actually practicing in the state. I really credit that to the very strong community

partnerships that the Boyd School of Law has developed with the state Legislature. There are many Boyd School of Law graduates here and it is because we have a solid internship program and other types of programs available to really make those connections with law firms in the state. It is a university medical center, and if we are going to turn it into an academic model university, then we just need to do it. We need to make those affiliations because it is important, not just for southern Nevada or UMC itself, but for the entire state. In my mind, I think that it is a worthwhile endeavor to try to promote keeping our graduates in Nevada.

Chair Mastroluca:

So we are at an impasse. It basically comes down to the choice between accepting the grandfather language that the Nevada State Medical Association has proposed, or not. We seem to have been able to come to some form of an agreement on everything else, although with disagreement philosophically, which I can respect. I am stuck, and this is where we were a couple of weeks ago, and I am not really happy about being in that same exact spot. It is up to the Committee where they want to go.

The only other thing I would like to add is the last amendment that Ms. Coulombe referred to is an amendment that I offered, which actually does not have to do with what we are talking about as far as the bill, but it is something that was done last session. It is a study that was requested by UMC to track the number of transfers from one hospital to another. University Medical Center asked that it be continued. That is the amendment that I have added, but we need to decide between the two amendments. I will accept a motion.

ASSEMBLYWOMAN FLORES MOVED TO AMEND AND DO PASS
ASSEMBLY BILL 29 WITHOUT THE GRANDFATHER CLAUSE AND
WITH THE TRANSFER AMENDMENT.

ASSEMBLYWOMAN PIERCE SECONDED THE MOTION.

Chair Mastroluca:

I have a motion from Ms. Flores and a second from Ms. Pierce to accept the UMC language and—I just want to make sure we are clear—to not accept the grandfather language from the Nevada State Medical Association, but include the transfer study language.

Assemblyman Livermore:

I am a little concerned. Today the Nevada State Medical Association spoke on behalf of all physicians in the state of Nevada. I think the point was well made

about the potential damage to the physicians' credibility on licenses if they do not choose to affiliate. That is a critical part to me. I am probably not going to support it because of that. I am concerned about the potential issue of physicians being identified as losing their privileges.

Chair Mastroluca:

That was agreed upon language in the UMC amendment also, if you look in the second box in the middle [([Exhibit H](#)), page 3].

Assemblyman Livermore:

That is the grandfather clause.

Chair Mastroluca:

No. The grandfather clause is on the far right side. It is the two bullets above the language you are referring to.

Assemblyman Livermore:

Then maybe we should have further discussion.

Chair Mastroluca:

I am more than happy to have as much discussion as necessary.

Assemblyman Anderson:

I feel that we are not mandating UMC to go to the model at this point. This is more of an enabling measure, if I understand it correctly. I think UMC has taken its blows and if we have good people there who want to try to turn this hospital around, we should give them some tools to be able to do that. So I will be supporting the motion. I would say that if things do not work out, there is always an option to come back later. At this point, the people at UMC are working hard to try to solve a big issue in Clark County. We should support them in trying to do that.

Assemblyman Sherwood:

As a point of clarification on the amendment that Assemblywoman Flores put forth, we are talking about the hybrid—what UMC accepted from Ms. Joiner. They did not accept everything, but it looks like they accepted some things. We are talking about pages 4, 5, and 6, which is after the chart ([Exhibit H](#)). I want to make sure that that is what we are talking about.

If that is the case, then for the record, I think it has been since 2003 that UMC has not bled money, so we should do something different. If you want to go down the road of tethering doctors exclusively to UMC, then the market—Valley Hospital Medical Center or St. Rose Dominican Hospital-Siena Campus or

another institution—will take your doctors away from you. As I read it, it is not totally exclusive. You are not tethered there exclusively, so I would be inclined to support the amendment as I understand it.

Assemblyman Frierson:

I want to point out that oftentimes when we have bills, not all the interested parties are able to chime in for a lot of different reasons. That is why we have the process, and there is still an opportunity for dialogue. We have also heard from doctors who support this provision with UMC's language, so I do not know that it is any more fair to suggest that all doctors are against it. I would be interested in the UMC staff's perspective, and continuing that dialogue as we move forward. I would agree with Assemblywoman Flores that we need to do what we have to in order to make sure this institution uses all the tools that it can because of its position in the community.

Assemblyman Goicoechea:

I am very concerned. I do not think this legislation has been perfected enough, and I cannot support anything that has this many loose ends in it. I will vote no. I understand where we are trying to go, but we just have not gotten there, and it is unfortunate that time is getting very short. I would prefer to step back and take another look at it rather than put something in place that might not be good.

Chair Mastroluca:

I understand. Is there further discussion? [There was no response. The Chair called for the vote.]

THE MOTION PASSED. (ASSEMBLYMEN GOICOECHEA,
HAMBRICK, AND LIVERMORE VOTED NO.)

I want to thank the Committee. I apologize for being put in a position to bring you something that looked like this. I would ask that the parties work on the Senate side to perfect this language, because there are obviously some issues. I also do not want to take a chance of having the hospital not being able to move forward with its plans over that one issue.

I would also like to thank the Committee members for the work that they have done in this first part of our session. I know that some of your committees may have a little heavier workload, but sometimes I think the things we deal with in here require not only a little more mind power, but emotional power too, and I think that can be just as draining.

I want to let the Committee know that on Wednesday, April 20, the Committee will start at 1:30 p.m., but I ask members to be here at 1:15 p.m. for photographs.

Are there any comments from the Committee? [There was no response.] Is there any public comment? [There is no response.]

The meeting is adjourned [at 2:50 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: April 15, 2011

Time of Meeting: 1:59 p.m.

Bill	Exhibit	Witness / Agency	Description
	A		Agenda
	B		Attendance Roster
A.B. 315	C	Kirsten Coulombe	Work Session Document
A.B. 316	D	Kirsten Coulombe	Work Session Document
A.B. 345	E	Kirsten Coulombe	Work Session Document
A.B. 535	F	Kirsten Coulombe	Work Session Document
A.B. 536	G	Kirsten Coulombe	Work Session Document
A.B. 29	H	Kirsten Coulombe	Work Session Document