

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

**Seventy-Sixth Session
April 27, 2011**

The Committee on Health and Human Services was called to order by Chair April Mastroluca at 1:36 p.m. on Wednesday, April 27, 2011, in Room 3138 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. The meeting was videoconferenced to Room 4406 of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. Copies of the minutes, including the Agenda ([Exhibit A](#)), the Attendance Roster ([Exhibit B](#)), and other substantive exhibits, are available and on file in the Research Library of the Legislative Counsel Bureau and on the Nevada Legislature's website at www.leg.state.nv.us/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:

Senator Barbara K. Cegavske, Clark County Senatorial District No. 8

STAFF MEMBERS PRESENT:

Kirsten Coulombe, Committee Policy Analyst
Risa Lang, Committee Counsel
Mitzi Nelson, Committee Secretary
Olivia Lloyd, Committee Assistant

OTHERS PRESENT:

Christopher Roller, Senior Advocacy Director, Western States Affiliate,
American Heart Association
Erin Russell, Private Citizen, Las Vegas, Nevada
Jennifer Hadayia, M.P.A., Public Health Program Manager, Washoe
County Health District
Marla McDade Williams, Deputy Administrator, Health Division,
Department of Health and Human Services
Luca Pagoto, Private Citizen, Las Vegas
Suzette Dacuag, Private Citizen, Las Vegas
Rusty McAllister, President, Professional Fire Fighters of Nevada
Warren B. Hardy II, representing La Paloma Funeral Services
Ryan Bowen, Funeral Director, La Paloma Pet Cremation

Chair Mastroluca:

[Roll was called.] We are going to go out of order today so that we may accommodate Senator Cegavske. We will begin with Senate Bill 225, which establishes provisions relating to the designation of certain hospitals as primary stroke centers.

Senate Bill 225: Establishes provisions relating to the designation of certain hospitals as primary stroke centers. (BDR 40-938)

Senator Barbara K. Cegavske, Clark County Senatorial District No. 8:

Senate Bill 225 establishes provisions for the Health Division of the Department of Health and Human Services to acknowledge and prepare a list of hospitals that are designated as primary stroke centers. [Senator Cegavske read from prepared testimony ([Exhibit C](#)) regarding certified stroke centers.]

For the record, I wanted to make a few points that most of you may already know. Stroke is the fourth leading cause of death and the leading

cause of disability in Nevada. We can take steps through policies such as these to reduce this burden. This bill is one part of a continuing process to create state-level policy in Nevada that will address components of stroke systems of care as recommended by the American Stroke Association and the Brain Attack Coalition. Certified stroke centers must adhere to a strict set of criteria and prove their ability to improve outcomes for stroke patients, both in reduced incidence of death and a reduced level of disability. There are two people who I would like to have come forward to address this bill today. I want to thank you and the members of the Committee for allowing me to bring this bill before you and I would appreciate your support. I think this is a very important bill for us. I will be happy to answer any questions you may have at this time.

Chair Mastroluca:

Thank you, Senator Cegavske. There was a bill last session that was similar to this one; is that correct?

Senator Cegavske:

Yes, there was. Christopher Roller can tell you the difference between the two bills.

Chair Mastroluca:

Are there any other questions for Senator Cegavske? [There were none.]

Christopher Roller, Senior Advocacy Director, Western States Affiliate, American Heart Association:

This testimony is being submitted in support of S.B. 225 on behalf of the American Stroke Association and the stroke survivors, patients, and caretakers for whom we advocate. [Mr. Roller continued to read from prepared testimony ([Exhibit D](#)) regarding the need for an ongoing process to create a stroke system of care policy in Nevada.]

Chair Mastroluca:

I have a question from Assemblyman Anderson.

Assemblyman Anderson:

Do you have any idea which hospitals would be designated as certified stroke centers?

Christopher Roller:

Clark County has facilities that have been certified as stroke centers through the Joint Commission (formerly known as the Joint Commission on Accreditation of Healthcare Organizations). In addition, there is one hospital in northern Nevada.

There is also a telemedicine network, Nevada Telehealth Network, that may be utilized by rural and frontier hospitals and health care centers. Some hospitals that are not certified stroke centers are participating in telemedicine services for stroke patients with some of the certified hospitals.

Assemblyman Hambrick:

Could every hospital in the state potentially become a certified stroke care center? The bill does not preclude any hospital from obtaining this certification, does it?

Christopher Roller:

Yes, while there are certain criteria a certified stroke center must meet and it is probably not realistic for every hospital or medical center to attain that status, they technically could. Sometimes there are barriers to some smaller hospitals or community health centers becoming certified, but there is nothing that would prohibit any hospital from trying to achieve certification.

Assemblyman Goicoechea:

Other than providing enhanced care, is the real reason for becoming certified as a stroke center to be able to access funding from the Centers for Disease Control and Prevention (CDC)?

Christopher Roller:

Although I could be mistaken and I will research this further, I do not believe that becoming a certified stroke center opens CDC funding to a hospital.

Assemblyman Goicoechea:

I apologize. I thought you said that Nevada is one of only nine states that did not qualify for CDC funding. I assumed that was because we did not have that designation.

Christopher Roller:

The CDC funding for heart disease and stroke prevention programs would come to the state, not directly to the hospitals. The CDC looks at quite a few different criteria for determining which states will be funded. There must be a system and personnel already in place at the Health Division to support the system.

Assemblywoman Benitez-Thompson:

The crux of the bill in section 1, subsection 5, is hospitals that are established as a primary stroke center can advertise as such. There are eight facilities in Clark County that would be able to advertise themselves as primary stroke centers. Is the catalyst for the bill the ability to do that marketing?

Christopher Roller:

I do not believe that is a direct purpose for the bill. I guess the ability for a hospital to say it is officially recognized by the state as a certified stroke center would be a by-product of the bill. The hospital would be able to advertise or market itself as such. The hospitals that are not certified stroke centers would be prohibited from this marketing.

Assemblyman Sherwood:

As I read it, the bill seems pretty straightforward. You would like to adopt some policies and put them into statute rather than regulation. You said you were looking to add a position within the Health Division; is that correct? Would there be a full-time position required to administer this, or would it be new duties for an existing staff person?

Christopher Roller:

Although a position has been added twice before in previous legislation, this bill does not add a position. During the 74th Legislative Session of 2007, a bill dealing with this issue was not passed, but the funding for the position was placed in a separate appropriations bill. That position was cut after the first round of budget cuts. During the 75th Legislative Session of 2009, a bill was passed that created a statewide committee on the prevention and treatment of heart disease and stroke. In order for that committee to convene, there has to be a position within the Health Division to support it. However, there is no current funding available for that position. This bill does not create a position nor is one necessary for the Health Division to comply with its requirements. I believe someone from the Health Division can speak to that in more detail.

Chair Mastroluca:

Are there any more questions for Mr. Roller? [There were none.]

Erin Russell, Private Citizen, Las Vegas, Nevada:

I am appearing today as a stroke survivor, having suffered a stroke in September 2009 at the age of 31. [Ms. Russell continued to read from prepared testimony ([Exhibit E](#)) regarding the importance of public stroke awareness.]

Chair Mastroluca:

Are there any questions? [There were none.] I will hear testimony from those in support.

Jennifer Hadayia, M.P.A., Public Health Program Manager, Washoe County Health District:

We are in support of this bill. One of our goals as a health district is to prevent chronic diseases such as stroke and to reduce the toll they take on our community. As has been testified by my colleagues, stroke is the fourth leading cause of death in Nevada. In Washoe County, our rate of stroke-related death is higher than the state's and has consistently been so for several years. We believe that the designation of hospitals as primary stroke centers will increase awareness and access to the highest quality stroke treatment in our community and possibly serve as encouragement for more hospitals in Washoe County to become designated stroke centers. As you heard, we currently have only one. I also believe that this bill will contribute to an overall integrated and coordinated system of stroke prevention and care in Washoe County, which is one of our core missions as a health district. With that, I would be happy to answer any questions. I wanted to be on record as in support of this bill.

Chair Mastroluca:

I know in some instances, there are certain programs that we want to keep specialized. For instance, there is only one Level I trauma center in southern Nevada for a reason. Why do we want to have certified stroke centers at as many hospitals as possible?

Jennifer Hadayia:

We would like to create quicker access to the highest quality of treatment based on a set of nationally established standards.

Chair Mastroluca:

Are there any questions?

Assemblyman Brooks:

If someone has a stroke, would the responding ambulance be required to go to a certified stroke center? Is such a facility preferable to any other regular county facility?

Jennifer Hadayia:

I am not involved in emergency management services or the decision-making process that would be in effect in such a situation, so I do not know the answer to that question.

Assemblyman Anderson:

When a facility receives designation as a primary stroke center, it has met a set of requirements that make it more effective in the treatment of stroke. Is that correct?

Jennifer Hadayia:

It is my understanding that receiving the designation means that the facility meets a set of recommended standards that have been vetted by national experts about the most effective, highest quality stroke treatment. My colleague from the American Heart Association may be able to itemize some of those standards for you.

Assemblyman Anderson:

For competition's sake, most hospitals are probably going to do this. We probably should not be upset if every hospital seeks to attain this designation because that would mean Nevadans will be receiving higher quality stroke care. Is that correct?

Jennifer Hadayia:

Yes, in my read of the bill and in conversations with colleagues, ultimately the opportunity for any hospital facility to receive this designation will create competition resulting in more hospital facilities attaining these national standards. That would ultimately benefit the entire community. If every hospital were to receive the designation, no matter where a patient goes for stroke treatment, it would be a facility that meets the national standard. The opportunity for designation, inclusion on a website listing, and promotion of the facility to the community should encourage all hospitals to move in that direction. That would be the ideal.

Chair Mastroluca:

Are there any other questions? [There were none.]

Marla McDade Williams, Deputy Administrator, Health Division, Department of Health and Human Services:

The Health Division has two roles with this bill. First, we would be the department that is required to post the information about the hospital facilities within the state that are designated stroke centers. We would do that through the licensing component of the Bureau of Health Care Quality and Compliance. There would be a very minimal impact. It is simply a matter of going to a website, which would not require an entire full-time equivalent (FTE), so we have not attached any fiscal note to the bill. The second role is as the state's public health authority. We have already produced the "Nevada Comprehensive Profile for Stroke Prevention" ([Exhibit F](#)) prepared by Dr. Ihsan Azzam, Nevada's State Epidemiologist, which provides extensive information regarding stroke as well as a list of primary stroke centers in Nevada. In closing, we are in support of the bill.

Chair Mastroluca:

Are there any questions? We will move to those in Las Vegas who wish to testify in support.

Luca Pagoto, Private Citizen, Las Vegas:

I am a stroke survivor who would not be here today except for my treatment at a designated stroke center. I suffered a stroke last year. My wife took me to a hospital that was a designated stroke center. If an ambulance had been called, I would not have gone to that facility and, because of the type of stroke I had, I would have never survived. This bill is about saving time, saving brain, and minimizing damage. I was one of the lucky ones who was given a second chance. I am here to help and to see if we can make a difference with others.

Chair Mastroluca:

Are there any questions? [There were none.]

Suzette Dacuag, Private Citizen, Las Vegas:

My father did not suffer from a stroke; he had a heart attack. After dialing 911, he and my mother ended up in the emergency room (ER) at a local hospital in Las Vegas. They waited in the ER for several hours, even after complaining about chest pain. He is no longer with us, but my mother who has diabetes is still living. Diabetes increases her risk of stroke and heart disease. The chances are high that my mother will suffer a stroke in her lifetime. Senate Bill 225 is important to me because I want to know that my mother will be treated at a hospital with medically trained personnel who will recognize stroke symptoms, unlike my father who sat in the ER for hours among patients who were suffering from influenza or broken bones. Eventually, it was determined my father had suffered a heart attack and he was finally admitted into the hospital where he stayed for a week. As a consumer, I want to have a choice of hospitals where I seek medical care for my family. It has been shown that patients treated in specialized stroke units have better outcomes. If my mother should ultimately suffer a stroke, I want her to be treated in such a facility. Thank you.

Chair Mastroluca:

Thank you very much. Are there any questions? I do not see any.

Rusty McAllister, President, Professional Fire Fighters of Nevada:

I might be able to answer Assemblyman Brooks' question with regard to how the transport process takes place with emergency medical personnel who respond to a household. As Mr. Roller said, when this bill was first brought forward in 2007, it was a very comprehensive bill. It would have attempted to put protocols in place for the transport of patients and treatment by emergency medical services (EMS) personnel, but would have limited the choice to two

hospitals in the Las Vegas valley. At that time there were only two designated stroke hospitals. There was a competition factor that only two hospitals were designated; now there are eight. Now there are established protocols within the southern Nevada area that stipulate that, based on the medical condition of the patient, if the patient presents with signs and symptoms of a stroke he will be transported to a designated stroke center, if possible. If his medical condition is so critical that EMS could not bypass an advanced life support (ALS) hospital that was not a designated stroke center, then he would be taken to the closest ALS facility. Above and beyond that, the guiding principle is patient choice. If the patient chooses to go to another hospital, that choice is honored. Our EMS responders will explain to the patient that another facility might be a better choice based on his current condition; however, the patient can choose to be taken to another hospital. However, if possible, EMS responders will always try to direct the patient to a stroke center if he is exhibiting signs and symptoms of stroke.

Chair Mastroluca:

Do you see it as a benefit for as many hospitals as possible to have this kind of specialty training available for patients?

Rusty McAllister:

The more hospitals that are designated as stroke centers, the better. It is unfortunate that there currently is only one designated stroke center in northern Nevada. This limits competition. The more that are available, the better it is for the patient. The Joint Commission sets guidelines for stroke centers, such as performing a CT scan within a certain period of time so the patient can be safely treated with a thrombolytic agent and having a neurosurgeon on staff. Not all hospitals have those capabilities.

Chair Mastroluca:

Are there any questions? I do not see any. Is there anyone else who would like to testify in support, in opposition, or neutral on S.B. 225, either in Las Vegas or Carson City? [There were none.] With that, I will close the hearing on S.B. 225 and open the hearing on Senate Bill 191.

Senate Bill 191: Revises provisions governing pet crematories. (BDR 40-979)

Warren B. Hardy II, representing La Paloma Funeral Services:

Senator Manendo asked me to apologize that he had to leave to attend another meeting. It came to our attention in late fall of 2010 that we were not in compliance with state law relative to the cremation of pets. That was an alarming fact to us. Then we found out that virtually no one is in compliance with the law. We are aware of 15 facilities in Nevada that perform pet

cremations. Currently, law requires that a pet crematory hold the certificate of authority to own a cemetery at least five acres in size. Only one, a shelter in Henderson, is in compliance with current law. All others contract this service out to other businesses. Pet cemeteries are no longer the method preferred by pet owners to deal with the end of the life of a pet. It is an expensive proposition to bury a pet in a cemetery. National statistics indicate that 1 percent of pet owners deal with the loss of a pet through cemetery burial. The overwhelming majority choose a cremation option, which is more cost-effective. Pet owners can participate in a collective cremation that costs \$25, which is even less than the cost of disposing of a pet in a landfill. The pet owner can have whatever type of service he wishes. At La Paloma, the pet cremation facility is near the regular funeral service facility. If a pet owner wishes, he can have access to the chapel and hold a complete service. However, the majority of pet owners deal with the loss of a pet through cremation.

Again, almost every pet crematory in the state is not in compliance with state law. This bill addresses that issue and brings everyone who is currently doing this type of business in the state of Nevada into compliance. Just prior to the meeting, I spoke with Ms. Lang and Chair Mastroluca regarding a potential amendment to the bill. We look forward to working with you to address that. I would be happy to answer any questions.

Chair Mastroluca:

We will first hear from Mr. Bowen in Las Vegas, and then we will have questions for both.

Ryan Bowen, Funeral Director, La Paloma Pet Cremation:

Our facility has been open for two years in Las Vegas, and as former Senator Hardy mentioned, we provide pet cremation to families at an affordable price. He also mentioned that less than 1 percent of all families nationwide choose pet burial. It is sort of a dying art to have burial for pets. Last year, there were close to 80,000 pets cremated in Nevada. That is a lot of pets. Of the 15 facilities that offer these services in the state, only 1 is compliant and that is because it is exempt from the statute. I have spoken with 12 of the 15 facilities and found they are also in support of the proposal to remove the 5-acre cemetery requirement. I would be happy to answer questions.

Chair Mastroluca:

Thank you very much. To clarify, based on the conversation I had with Ms. Lang and Mr. Hardy, the reason La Paloma and others are not in compliance is because the law is currently written to require a crematory to also have a

cemetery and vice versa. That has caused the lack of compliance. My proposal is to change the bill to require pet cemeteries to have a crematorium, but a crematorium would not be required to own a cemetery.

Warren B. Hardy:

That is correct. That is the discussion we had. In addition, I forgot to mention that there is not a similar requirement with human cremation. A human crematory must have access to a cemetery, but it does not have to own one.

Assemblyman Livermore:

If a couple of veterinarians go into partnership in a pet crematorium but do not own a cemetery, they would not be permitted to perform cremations?

Warren B. Hardy:

That is the problem that we are here to address. In your example, the veterinarians would be out of compliance and would technically be prohibited from performing pet cremations. However, the law is not currently being enforced. I do not think anyone was aware of the requirement until we discovered it last fall.

Assemblyman Livermore:

Even though these veterinarians had received a business license through the city or county, they still need to require this additional cemetery permit? Without the permit, they would be out of compliance with the *Nevada Revised Statutes*.

Warren B. Hardy:

That is correct.

Assemblyman Livermore:

This bill fixes that?

Warren B. Hardy:

It does and we are working on the amendment suggested by the Chair. Once that is done, we believe it will completely fix the issue.

Assemblywoman Pierce:

You might have said this, but if Mr. Bowen actually has a cemetery, why is he out of compliance?

Warren B. Hardy:

He does not have a cemetery. There are two pet cemeteries in Nevada, one in Fallon and one on Craig Road in Las Vegas. Neither of those is in compliance

because they are under five acres. I think the one in Fallon is about 3 acres and the other is about 4.5 acres.

Chair Mastroluca:

Does the Committee have further questions for Mr. Bowen or Mr. Hardy?
[There were none.]

Warren B. Hardy:

Thank you very much for your consideration.

Chair Mastroluca:

When we get the amendment worked out, we will bring it back to the Committee, bring Mr. Hardy back, and make sure everyone is in agreement. My concern with this bill is the idea of repealing legislation to fix something. I would prefer to correct the issue rather than take the statute off the books. That is where we are headed.

Is there anyone else in Las Vegas or Carson City who would like to testify on S.B. 191, either in support, opposition or neutral? I do not see any. I will close the hearing on S.B. 191. We will now move on to the work session.

Chair Mastroluca:

Kirsten Coulombe, Committee Policy Analyst, will now review our first bill, Senate Bill 27 (1st Reprint).

Senate Bill 27 (1st Reprint): Requires employees of certain child care facilities to complete training each year relating to the lifelong wellness, health and safety of children. (BDR 38-24)

Kirsten Coulombe, Committee Policy Analyst:

The Committee heard S.B. 27 (R1) last Wednesday. The bill is sponsored by Senator Wiener and requires that 2 of the 15 hours of required training for child care facilities be dedicated to the lifelong wellness, health, and safety of children. It also addresses childhood obesity, nutrition, and physical activity. [Ms. Coulombe read from the work session document ([Exhibit G](#)).] The provisions do not apply to facilities that provide care to ill children. We heard in testimony regarding the obesity rates of children, that children with working parents spend up to 30 hours a week in child care facilities where they receive half of their meals during the week. There are no amendments proposed at this time.

Chair Mastroluca:

The one question raised regarding this bill was whether additional hours of training would be required for child care workers. It was pointed out pretty clearly that this bill did not add hours, but instead designated some of the required hours to be spent learning about health, wellness, and safety. Is there any discussion from the Committee? [There was none.] I will accept a motion.

ASSEMBLYMAN ANDERSON MOVED TO DO PASS
SENATE BILL 27 (1ST REPRINT).

ASSEMBLYMAN HAMMOND SECONDED THE MOTION.

THE MOTION PASSED UNANIMOUSLY.

Chair Mastroluca:

We will continue with Senate Bill 131.

Senate Bill 131: Revises provisions relating to tests of infants. (BDR 40-352)

Kirsten Coulombe, Committee Policy Analyst:

The next bill for consideration is Senate Bill 131 that was also heard last Wednesday. It requires the Health Division to provide for the services of a laboratory to perform certain tests for infants. [Ms. Coulombe continued to read from the work session document ([Exhibit H](#)).]

Chair Mastroluca:

Is there any discussion from the Committee regarding S.B. 131? If not, I will accept a motion.

ASSEMBLYMAN HAMMOND MOVED TO DO PASS
SENATE BILL 131.

ASSEMBLYWOMAN FLORES SECONDED THE MOTION.

THE MOTION PASSED UNANIMOUSLY.

Chair Mastroluca:

We will now move to the last bill, Senate Bill 337.

Senate Bill 337: Revises provisions governing persons who may receive an anatomical gift. (BDR 40-1055)

Kirsten Coulombe, Committee Policy Analyst:

This bill was sponsored by Senator Kieckhefer and provides that certain anatomical gifts must first be passed to a qualifying family member before going on to an appropriate eye, tissue, or organ bank. [Ms. Coulombe continued to read from the work session document ([Exhibit I](#)).] Senator Kieckhefer testified that his second cousin was diagnosed with kidney failure and wanted to increase organ donation in Nevada. There were no proposed amendments.

Chair Mastroluca:

Is there any discussion from the Committee regarding S.B. 337? If not, I will accept a motion.

ASSEMBLYMAN ANDERSON MOVED TO DO PASS
SENATE BILL 337.

ASSEMBLYMAN LIVERMORE SECONDED THE MOTION.

THE MOTION PASSED UNANIMOUSLY.

Chair Mastroluca:

Floor statements for the bills heard in work session today will be as follows: Assemblywoman Benitez-Thompson will present Senate Bill 27 (1st Reprint), Assemblyman Hammond will present Senate Bill 131, and Senate Bill 337 will be presented by Assemblyman Anderson. Is there anything else to come before the Committee? Is there anyone here for public comment? Seeing none, this meeting is adjourned [at 2:25 p.m.].

RESPECTFULLY SUBMITTED:

Mitzi Nelson
Committee Secretary

APPROVED BY:

Assemblywoman April Mastroluca, Chair

DATE: _____

EXHIBITS

Committee Name: Committee on Health and Human Services

Date: April 27, 2011

Time of Meeting: 1:36 p.m.

Bill	Exhibit	Witness / Agency	Description
	A		Agenda
	B		Attendance Roster
S.B. 225	C	Senator Cegavske	Prepared Testimony
S.B. 225	D	Christopher Roller	Prepared Testimony
S.B. 225	E	Erin Russell	Prepared Testimony
S.B. 225	F	Marla McDade Williams	Nevada Comprehensive Profile for Stroke Prevention 2011
S.B. 27 (R1)	G	Kirsten Coulombe	Work Session Document
S.B. 131	H	Kirsten Coulombe	Work Session Document
S.B. 337	I	Kirsten Coulombe	Work Session Document