MINUTES OF THE
SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

Seventy-sixth Session
February 21, 2011

The Senate Committee on Health and Human Services was called to order by Chair Allison Copening at 3:34 p.m. on Monday, February 21, 2011, in Room 2149 of the Legislative Building, Carson City, Nevada. Exhibit A is the Agenda. Exhibit B is the Attendance Roster. All exhibits are available and on file in the Research Library of the Legislative Counsel Bureau.

COMMITTEE MEMBERS PRESENT:

Senator Allison Copening, Chair
Senator Valerie Wiener, Vice Chair
Senator Sheila Leslie
Senator Ruben J. Kihuen
Senator Joseph (Joe) P. Hardy
Senator Ben Kieckhefer
Senator Greg Brower

STAFF MEMBERS PRESENT:

Marsheilah Lyons, Policy Analyst
Risa Lang, Counsel
Shauna Kirk, Committee Secretary

OTHERS PRESENT:

Randy Lavigne, Honorary AIA, Executive Director, AIA Nevada, a Chapter of the American Institute of Architects
Edward A. Vance, President, Ed Vance and Associates; AIA Nevada
Eric M. Roberts, Vice-President, AIA; NCARB, LEED AP
Maureen Peckman, Chief Emerging Business Officer, Cleveland Clinic Nevada
Kevin Schiller, Director, Washoe County Department of Social Services
Amber Howell, Deputy Administrator, Family Programs, Division of Child and Family Services, Department of Health and Human Services
Alex Ortiz, Department of Finance, Clark County

CHAIR COPENING:
We have a presentation from the members of the Nevada Vision Stakeholder Group "Envisioning Nevada's Future Exploring Ways to Diversify Nevada's Economy" (Exhibit C).

RANDY LAVIGNE (Honorary AIA, Executive Director, AIA Nevada, a Chapter of the American Institute of Architects):
The Nevada Chapter of the American Institute of Architects is dedicated to designing and building strong, livable communities. While it is vital to get the design and construction industries back to work, we know we cannot begin to build strong communities until we have a stable and strong economy as well as an educated workforce. In this report, Exhibit C, the AIA Nevada Task Force, shows four areas in which a concentrated effort could provide a basis for a more diversified economy. We want to share the ideas for health-care tourism and what it can mean to our State's economy. I will let Edward Vance take you through the "Healthcare Tourism" portion of the report.

EDWARD A. VANCE (President, Ed Vance and Associates; AIA Nevada):
This presentation will be about pages 7 through 15 which is the "Healthcare Tourism" section of the "Envisioning Nevada's Future" document, Exhibit C.

CHAIR COPENING:
Where do we stand now? What can we do to assist in this effort?

ERIC M. ROBERTS (Vice-President, AIA; NCARB, LEED AP):
The Cleveland Clinic in Las Vegas is looking to expand their operation. I have not heard of any projects in the north. However, with the infrastructure of hotel rooms in Reno and Las Vegas, there are places to stay if there were a facility built.

CHAIR COPENING:
What is it you are doing as an organization to get the process going on these proposals?

MR. ROBERTS:
Our greatest effort now is to assist companies in locating land and opportunities. We help them generate an idea of what they could do for the money they have to spend. We interact with these industries on a day-to-day basis and help them see what the possibilities are.

MR. VANCE:
During our research, we discovered that local development agencies do not necessarily cooperate and sometimes they compete with each other. We recommend a more efficient allocation of resources and collaboration among local groups to produce a cohesive statewide marketing approach to attract new groups and help expand the existing ones. One thing the legislature can do is to help agencies work better and more efficiently with one another in achieving this goal.

SENATOR WIENER:
At a summit that was held at the University of Nevada, Las Vegas, it was mentioned it goes beyond the local development authorities and the state development authority. It is about the global economy. There is an advantage of our thinking regionally. We had four different regional presentations about how we could work together regionally to pick up the global economy. It has to be bigger than just local and state for us to compete globally.

MAUREEN PECKMAN (Chief Emerging Business Officer, Cleveland Clinic Nevada):
The report, Exhibit C, talked about how 70 percent of our resources in the State are below the national average for health care. That includes things such as workforce development. We are tremendously underemployed in a state where unemployment is significant in many of the health-care sectors. We are short a few thousand registered nurses alone in this State. We are looking for people to hire and for quality education programs that can graduate people in this profession. When we look further out in workforce development, all of the competing states around us are facing the same shortages; some are even larger than ours. The Lou Ruvo Center for Brain Health has focused on education. We work to develop rotations and bring students and fellowships through the clinic so we can promote the educational development of future leaders in neurocognitive disorders. Our vision in education and future workforce development focuses on the 10 years of a medical student making a decision to become a professional in the field of neurocognitive disorders. Regardless of where they live in the country, they will have to come to Nevada to be educated and trained. We are also a strong player in telemedicine. Nevada is a great place to stretch our minds, resources and abilities as a medical institution to be able to use technology to affect everyone regardless of their need for health care. There is an exciting opportunity for us as a state, with counties that have nearly every different population, to develop statewide telemedicine technology models that will leave no patient behind.

More elderly people are moving into the health-care system, and we can do more for them with today's advancement in medical technologies. We are working to control the costs of inflation and for more efficient ways to control costs of treating patients and delivering a quality medical product. Finding greater efficiencies within our system and striving for quality health-care outcomes will, over time, bring costs down. We as a nation, and especially as a state with a higher-than-average aging population, have to consider the sheer volume of people in Medicaid and Medicare. Hospitals lose 5 percent on Medicare and 14 percent on Medicaid annually when treating patients. When we talk about controlling costs and the types of insurance programs that are in place, we do not see a winner moving towards a national, publically-funded, health-care system. Whatever those insurance models move towards needs to focus on decisions made using data. We should focus on quality and motion toward bundled payments versus the typical fee for service, in which, after a hip replacement, patients may get a medical bill with 400 different itemized expenses. We see the system moving towards what the cost is for a hip replacement, creating a predictable price model and having quality attached to the health-care outcome.

We have made a lot of progress in the U.S. health-care system over the last 30 years. In the last 15 years, we have had a 30 percent reduction in heart-disease related deaths. We are able to treat more people more broadly with great medicine. The other component of the health-care industry from a cost perspective and an economic development perspective is that health care is the second-leading U.S. employer behind the food industry. We do research, we make products and we export technology and expertise. Health care is an economic-stimulus opportunity. We mirror the report and recommendations by the use of electronic medical record (EMR). We at the Cleveland Clinic have been on an EMR system since 2002. We were early adopters of this type of technology because it brought down the costs within our institution. We also found it increased health-care outcomes for the patients we treat. Beyond that, we also offer as part of our EMR system a program called "my chart." If a patient comes to the Cleveland Clinic and is in our system, that patient has access to "my chart" 24 hours a day via the Internet. This facilitates the sharing of accurate data.

Although we are a state, many of the organizations that put their names on federal applications for funding do not rise to the level of getting the attention of federal appropriators. We have been able to lend our name to avail the

existing quality and professionalism for achieving funds. We are excited to partner with many organizations and agencies in this State to apply for federal funding.

Our Chief Executive Officer (CEO) and President of the Cleveland Clinic is Dr. Toby Cosgrove. He is a former Vietnam M.D. When he came back to the Cleveland Clinic, he performed over 22,000 heart surgeries. He has more than 30 patents related to caring for people with heart disease. We have a visionary leader at the helm of our organization today, and we are very grateful for it. Prevention is one of the legacy investments he made since becoming our CEO in 2004. Forty percent of our annual deaths are caused by smoking and obesity. Seventy-five percent of the costs are related to managing those chronic diseases that are otherwise manageable and preventable. This is something that he drills in our heads every day as his employees. We need to begin thinking about what we can do for our citizens as arbiters of public policy and as private corporations who have millions of our citizens going to work every day. We need to begin changing a health-care system into a well-care system, because it is a sick-care system today. The Cleveland Clinic has embarked on a corporate-wide wellness initiative. At the Cleveland Clinic, we all have free gym memberships. We can go to smoking cessation classes. The Cleveland Clinic encourages its 45,000 employees to be in good health. We do not hire smokers. In the four years since that rule came into play, our smoking rate went from 28 percent to 18 percent countywide in Cuyahoga County which is where our main campus is housed. We can make a difference if we as corporate leaders set new standards for ourselves and set new expectations for each other. We have recently partnered with the Southern Nevada Health District. They have been proactive in getting children educated about choosing healthier foods and having more active lifestyles. This is something we are very passionate about. We work with our legislature in Ohio to craft progressive laws regarding our children and their wellness.

I will conclude with a question you asked earlier; what can you do as legislators to support this report, Exhibit C? We run our lives every day at the Cleveland Clinic based on data. We have 26 individual institutes that publish health-care outcomes on an annual basis. Look for the data, rely on real data and make decisions based on that data. Secondly, go for quality. For a long time in this State and many places across the nation, health care has been about cost. There has been no real attachment of cost to outcome. It costs a certain amount of money, but was someone healed? If you look for a heart-valve

replacement across the country, you will find 150 different costs for it. That may be fine, because health care costs what the market will bear, but for those costs, who became well and who did not? Let us tie cost to quality and demand that as public-policy leaders. We rely heavily on our higher-education system, specifically our University School of Medicine. When they are successful, we are successful. All of our physicians will have joint academic appointments with the University School of Medicine. It helps them recruit other physician leaders and helps us build the leaders of tomorrow in cognitive brain disorders. The only way we will have long-term sustainability and success is to have a strong higher-education partner in the endeavor.

We have gone through a significant growth planning process in the Cleveland Clinic in the last 2 years by focusing on what the Cleveland Clinic will look like over the next 30 years. A big thrust of that is technology. We are thinking about how we can export the things we do well to other companies, to other provider groups, to other states and to other organizations without building hospitals or sending Cleveland Clinic-trained physicians into other communities. Part of our growth strategy is using technology and the exportation of our best practices through partnerships and affiliations to enable others to benefit from the things we have found out how to do very well over the last 90 years.

SENATOR WIENER:
Are you working with Touro University Nevada to grow local intellect and a service community?

MS. PECKMAN:
We are looking for ways to partner with them. They will be a key partner of ours as we look to expand.

CHAIR COPENING:
We will now open the meeting for Senate Bill (S.B.) 113.

SENATE BILL 113: Revises provisions relating to the care of certain children during disasters. (BDR 38-198)

SENATOR SHEILA LESLIE (Washoe County Senatorial District No. 1):
You can view discussions of this bill in Legislative Counsel Bureau Bulletin No. 11-16 which can be found on the Legislative Website, Interim Study Reports to the 2011 Legislature. I have an interest in this subject because I also

serve on the National Commission on Children and Disasters (NCCD). During the interim, the Legislative Committee on Child Welfare and Juvenile Justice (LCCWJJ) heard testimony from Save the Children (STC), a nonprofit national organization that does a lot of work in this area. They testified regarding the need to include requirements in statute for emergency-preparedness planning for child-care facilities and schools. Their representative talked about a report card that measures states in four particular areas. Nevada was only current in one of those areas. The STC representative testified that Nevada should address the means of notifying parents about evacuations and relocations, conduct specific planning for children with special needs and expand kindergarten through twelfth grade school standards beyond planning around violent crises. Attached to the STC letter (Exhibit D) is information about the national report card. On the last page, you will see how each state is rated. We also heard testimony from the Division of Child and Family Services (DCFS), Department of Health and Human Service (DHHS) and from child-welfare and juvenile-justice agencies about their current disaster planning as well as possible areas for improvement to address in statute or regulation. County representatives identified the need to develop a plan for coordination of state and local agencies in emergency situations when the required response exceeds the abilities of the local entity.

The idea of strengthening regulations by requiring that elements of disaster planning be included in the conditions for licensing foster homes was raised. This would be very similar to those used in child-care facilities. The concerns we heard revolved around imposing new requirements for disaster planning and regulations, such as the need to develop, maintain, exercise and train staff in disaster resource planning, without additional resources. The LCCWJJ made two recommendations to be included in draft legislation for this Session.

The first was to require DCFS to develop a plan for the care of children during disasters in which the local child-welfare or juvenile-justice agencies may not be able to respond to the needs of children. A summary of the plan should be submitted to the LCCWJJ and also made available on the Website of the DCFS. The second recommendation was to require DCFS to adopt regulations related to planning for children during disasters. Those regulations must prescribe the elements of a disaster plan that must be in place for a foster home providing care to a child in Nevada. This bill was drafted based on those recommendations.

When the bill came out, I asked the NCCD and STC to review it. When we get to a work session, I would like our Committee to consider these recommendations. You have been given a copy of the outline of NCCD Comments and Recommendations (Exhibit E). That is the one I will go through first.

Save the Children has an amendment they are suggesting in their letter, Exhibit D. It would bring us into compliance with their four minimum standards. One has to do with child-care facilities. We had testimony that local ordinances already cover this, so we did not feel the need to address that in statute. However, we are not in compliance with the STC report if we do not do that. The other one has to do with schools. Senator Wiener testified when she was on the Commission on School Safety and Juvenile Violence about crises on school property. It was meant to include emergency planning of all hazard types of emergency and not just violence at school. In the interim, our Committee did not look into that too closely, because it was not under our jurisdiction. We focused on child welfare and juvenile justice. That might be something that this Committee might want to look at.

I have not had a chance to discuss these suggested amendments with DCFS or the child welfare agencies.

You also have been given a copy of NCCD's recommendations to the President and Congress having to do with child welfare and juvenile justice (Exhibit F).

SENATOR KIHUEN:
I received an e-mail from a constituent who researched emergency planning, and this person seems to think if there were an earthquake, schools are not mandated to have a plan in place.

SENATOR LESLIE:
I am sure they have at least an evacuation plan.

SENATOR WIENER:
The crisis plan schools have in place was narrowly interpreted to address only acts of violence. I have a bill that is being crafted now that will expand it to address other emergency situations in schools.

SENATOR LESLIE:
If it is not covered now, I am sure it will be soon.

CHAIR COPENING:
Section 1 states the DCFS will adopt regulations concerning the development and implementation of the plans. Prior to that, it says the licensee who operates a foster home would develop and implement the plan. Do you envision there would be a draft plan in place that a licensee could use and edit?

SENATOR LESLIE:
It would be my expectation that there would be a template. We are not talking about a large, involved plan. Foster-parent training would address things such as a shelter-onsite plan and a communication plan. If we include the foster-family piece, it would be model legislation for the nation.

SENATOR HARDY:
If we have a template, we may not need large sums of money to implement this.

SENATOR LESLIE:
Yes. There is no fiscal note.

KEVIN SCHILLER (Director, Washoe County Department of Social Services):
The Washoe County Department of Social Services is in support of this bill. Washoe County and Clark County both have county disaster plans that are integrated with law enforcement and other stakeholders. The communication down to the ground level can be more difficult. This legislation will allow us to have a communication plan in the event we have to administer our disaster plan. The regulations are a key component of this. In our licensing process, we have regulations for square footage and regulations for foster-home management. Adding a disaster plan will be a simple process. The way I envision it is that a template will go to the foster family for training. Then the results will be collected and brought back to the county level. Coordination between counties and state is critical.

AMBER HOWELL (Deputy Administrator, Family Programs, Division of Child and Family Services, Department of Health and Human Services):
The DCFS is in support of this bill. We currently require child-care facilities through our licensing process to do this.

SENATOR WIENER:
Are you in support of the new addition that was provided?

MS. HOWELL:
Yes.

ALEX ORTIZ (Department of Finance, Clark County):
We do support this proposed legislation and will work closely with DCFS through the regulation process.

CHAIR COPENING:
We will now close the hearing on S.B. 113 and adjourn this meeting of the Senate Health and Human Services Committee at 4:42 p.m.

RESPECTFULLY SUBMITTED:

Shauna Kirk,
Committee Secretary

APPROVED BY:

Senator Allison Copening, Chair

DATE:

EXHIBITS			
Bill	**Exhibit**	**Witness / Agency**	**Description**
	A	Agenda	Agenda
	B	Attendance Roster	Attendance Roster
	C	Edward Vance	Envisioning Nevada's Future
S.B. 113	D	Senator Leslie	Save the Children letter
S.B. 113	E	Senator Leslie	NCCD Comments and Recommendations
S.B. 113	F	Senator Leslie	Child Welfare and Juvenile Justice report to President and Congress