MINUTES OF THE
SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

Seventy-sixth Session
March 28, 2011

The Senate Committee on Health and Human Services was called to order by Chair Allison Copening at 3:44 p.m. on Monday, March 28, 2011, in Room 2149 of the Legislative Building, Carson City, Nevada. The meeting was videoconferenced to the Grant Sawyer State Office Building, Room 4412, 555 East Washington Avenue, Las Vegas, Nevada. Exhibit A is the Agenda. Exhibit B is the Attendance Roster. All exhibits are available and on file in the Research Library of the Legislative Counsel Bureau.

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

GUEST LEGISLATORS PRESENT:

Senator Shirley A. Breeden, Clark County Senatorial District No. 5
Senator David R. Parks, Clark County Senatorial District No. 7

STAFF MEMBERS PRESENT:

Marsheilah Lyons, Policy Analyst
Risa Lang, Counsel
Stephanie Robbins, Committee Assistant
Annette Ramirez, Committee Secretary

OTHERS PRESENT:

Herbert E. Randall, Ed.D, President, Nevada Silver Haired Legislative Forum
Reba June Burton, Washoe County Senatorial District No. 3, Nevada Silver Haired Legislative Forum
Rana Goodman

Joann M. Bongiorno, Clark County Senate District No. 5, Nevada Silver Haired Legislative Forum
Marlene Pendleton
Barry Gold, Director, Government Relations, AARP Nevada
Lucy Peres, Silver Senator, Nevada Silver Haired Legislative Forum
Gina Haugh, Alzheimer's Association
Bob Fisher, Nevada Broadcasters Association
Maureen E. Peckman, Chief Emerging Business Officer, Cleveland Clinic Nevada
Adrienne Abbott, Chair, Committee for the Statewide Emergency Alert System
Catherine Krause, Chief IT Manager, Records and Technology Division, Department of Public Safety
John Griffin, Nevada Justice Association
Marla McDade Williams, B.A., M.P.A., Deputy Administrator, Health Division, Department of Health and Human Services
Bobbette Bond, Nevada Health Care Policy Group
Joseph Greenway, Director, Center for Health Information Analysis, University of Nevada Las Vegas
Charles Duarte, Administrator, Division of Health Care Financing and Policy, Department of Health and Human Services
Audrey Noriega
Leslie Johnstone, Executive Director, Health Services Coalition
Bill Welch, Nevada Hospital Association
Renny Ashleman, Nevada Health Care Association
Steve Winters
Robin Keith, Nevada Rural Hospital Partners
Rebecca Gasca, American Civil Liberties Union of Nevada

CHAIR COPENING:
We will open the meeting with Senate Bill (S.B.) 245.

SENATE BILL 245: Creates the Statewide Alert System for the Safe Return of Missing Older Persons. (BDR 38-710)

SENATOR DAVID R. PARKS (Clark County Senatorial District No. 7):
I am before you today with S.B. 245 which creates a broadcasting alert system for the reporting and safe return of missing older persons who are 60 years old or older. The responsibility for overseeing and administering this system will be held with the Nevada Department of Public Safety and participating local law-enforcement agencies. There is now a very strict nationwide guideline about

activities of this type, and there are somewhere in the vicinity of 30 states that have such a program.

HERBERT E. RANDALL, ED.D. (President, Nevada Silver Haired Legislative Forum):
The Nevada Silver Haired Legislative Forum (NSHLF) strongly urges your support for S.B. 245. I have submitted "Statement of Support by the Nevada Silver Haired Legislative Forum" (Exhibit C), prepared by Mary Shope, that I will read. I am also submitting "2011 Annual Session Report" (Exhibit D) for your review.

REBA JUNE BURTON (Washoe County Senate District No. 2, Nevada Silver Haired Legislative Forum):
I can sit at home and watch all of the Legislative Sessions' budget hearings. I am seeing so many senior programs getting cut. So, where are the seniors going to end up? They are going to end up in homes or with their families. Alzheimer's and dementia are not going to cease just because there is no money to take care of these programs. This program is important to me because I listen to my police scanner everyday and hear about these missing older persons. The police are great at responding. In addition to the police being identified, radio stations and television stations should be alerted immediately. If this bill does not have a financial burden, then it is a good way to be alerted about missing older persons. This is not an abduction bill. I would like to call it a "granny-go-a-walking bill."

SENATOR PARKS:
I live in a neighborhood with larger older homes. There are several homes in the neighborhood that have been group care homes. One was a lockdown Alzheimer's facility, and the other one was not a lockdown facility. A few years ago in the summer, I looked out my window and saw someone sitting on a boulder in my front yard. She was an older frail woman, and I went out to see what she was doing. She had no idea where she was. I found out she had wandered off from one of the neighborhood facilities. It was a good example of the situation you can face at any time. With that, I would like to encourage you to support this legislation.

SENATOR LESLIE:
I looked through all of the fiscal notes for S.B. 245 and they are all listed as $0. Is that your understanding?

SENATOR PARKS:
Yes. Any costs indicated are to be absorbed through normal operating costs.

SENATOR KIECKHEFER:
Do you know how often the statewide alert system would be activated?

MR. RANDALL:
That varies from state to state.

SENATOR KIECKHEFER:
What about here in Nevada?

MR. RANDALL:
I do not know that. The Department of Public Safety may know. I have personally spoken with the Boulder City chief of police, Henderson police representatives and metropolitan police representatives, and this is handled differently among them. One thing they have in common is they think a senior silver alert system would help them.

In Texas, they had ten missing seniors in the first year of the silver alert system. One state reported 128 missing seniors in one year, but that same state reported a total of 574 individuals missing for the year.

SENATOR KIECKHEFER:
If a person is sitting at home and an emergency silver alert comes on, will it be the same as an Amber Alert? Will I be able to differentiate what the alert is for?

MR. RANDALL:
Bob Fisher with the Nevada Broadcasters Association (NBA) points out continually the Amber Alert is for abducted children, not missing children. He does not like to tie these two together. I do not know how the silver alert system would look.

MS. BURTON:
I need to point out that when an older person becomes missing, it is a local situation. It will be a local announcement on the radio stations and television stations. I am hoping that if the person remains missing for 24 hours or more, it would escalate to a county alert. If the person remains missing for a longer

period of time, it would escalate to a statewide alert. The process to develop this alert system needs to be looked at and worked on.

Mr. Randall, in your remarks, Exhibit C, you said that an estimated 29,000 Nevadans could be affected by this. Is that correct?

MR. RANDALL:
According to statistics, 5.3 million Americans have Alzheimer's, dementia, or a disease of that nature, and 29,000 Nevadans fit into that category.

SENATOR WIENER:
At what point would an individual be put into the silver alert system?

MR. RANDALL:
Police representatives I have talked to said when they get a call about a missing person, they will start looking for that person. At the same time, they will investigate to see if it fits the criteria for a silver alert. They will find many of these people before it goes to a silver alert.

SENATOR WIENER:
How would we manage a large number of missing older persons?

MR. RANDALL:
I wish I had some answers for you, but I do not. If you look at a state the size of Texas, they had ten silver alerts. Nevada could have more or less than that.

RANA GOODMAN:
I live in a senior community of 7,000 homes with over 11,000 residents. Our summers get very hot in Las Vegas, and that heat can dehydrate elderly ill individuals, and they can die quickly. This silver alert system can be a lifesaver; I am in favor of this bill and hope that you will pass it. My daughter suggested an amendment to this bill, if possible. The suggestion is, with permission of the senior or a family member, to put some kind of a tracking system on the senior citizen.

JOANN M. BONGIORNO (Clark County Senate District No. 5, Nevada Silver Haired Legislative Forum):
I have written testimony (Exhibit E) that I will read.

MARLENE PENDLETON:
I am here to ask for your support in passing this bill. My sister and I cared for our mother, Silvia Smith, when she was living. We cared for her in our home for over ten years. One day she wandered off at 2:30 p.m., and it was 5 p.m. before we found her with the help of the Las Vegas Metropolitan Police Department. It was the most frightening experience of my life. I had no idea she would have the strength to walk, and she had walked about one and a half miles. She was found by a Good Samaritan, and in the meantime we searched for her. The Good Samaritan called the police department, and we went to get my mother. It was a very emotional time, and everyone cried. She was very confused and very glad to go home. She never lived a day alone after that. It is very important to have this silver alert system.

BARRY GOLD (Director, Government Relations, AARP Nevada):
You have my written testimony (Exhibit F), and I will read it.

LUCY PERES (Silver Senator, Nevada Silver Haired Legislative Forum):
This bill was introduced two years ago, and at that time there were approximately ten states that had this. In two years, we have added many more states. I would like to support this bill and have it passed this year.

GINA HAUGH (Alzheimer's Association):
I support S.B. 245 and feel that our vulnerable senior citizens need our protection and support. I hope the Committee will support this bill as well.

BOB FISHER (Nevada Broadcasters Association):
I am one of the people who brought the Amber Alert to Nevada. I serve as state coordinator and chairman. I am also a member of the Nevada Commission on Homeland Security. The broadcasters would like to see a silver alert system. The problem with the bill two years ago was it did not address specifics. It did not address frequency or criteria. The NBA's issue is not with the silver alert; it is with the language in the bill. We met with the NSHLF two years ago and agreed on two things. The first one was to stop using the word "Amber Alert" in conjunction with "silver alert." They have nothing to do with each other. The criterion for an "Amber Alert" is a missing child whose life is in danger based on law-enforcement's investigation. Secondly, the NSHLF realized the silver alert could not be sent over the emergency alert system (EAS). We support the concept of the bill. It is interesting someone mentioned a Global Positioning System because that is one of the many things we talked about. This bill does

not address the new technology and the ways you could possibly alert the public other than through radio or television. The issue of frequency is a real problem. According to the Las Vegas Metropolitan Police Department, there are up to four seniors a day who go missing. We would like to work together to find something that is going to be effective.

CHAIR COPENING:
I know you have already started working with the sponsor on this and trust you will continue to work out some amendments.

MAUREEN E. PECKMAN (Chief Emerging Business Officer, Cleveland Clinic Nevada):
I am in favor of S.B. 245. We are very supportive of the establishment of a silver alert in Nevada. As the leader of the center for brain health, the majority of our patients come to us with memory-impairment disorders. We furnish caregivers, their own therapy and provide social services associated with the care of their diagnosed loved ones. These are issues we face on a daily basis. At full capacity we have well over 18,000 patient visits a year. We will be interested to see what mosaics can be woven with a holistic community-support model to enable something along the line of a silver alert. The models of support are ones that require a total community model for the day-to-day continuum of care. I and my colleagues would appreciate the opportunity to work with the sponsor of this bill to find language acceptable to address these concerns. There are other states that have found a way to work this into law, and, hopefully, Nevada will be able to do so as well.

MR. FISHER:
I would like to make one last point. Nevada does not have a missing person's policy. One positive thing to come out of the efforts of the NSHLF is that Nevada needs a missing person's policy.

ADRIENNE ABBOTT (Nevada Chair, Committee for the Statewide Emergency Alert System):
I have submitted written testimony (Exhibit G) that I will read.

CATHERINE KRAUSE (Chief IT Manager, Records and Technology Division, Department of Public Safety):
The Department of Public Safety (DPS) is neutral on S.B. 245. Proposed legislation requires the DPS to develop, monitor and provide training for a statewide alert system for the safe return of missing older persons. The NBA

developed the Amber Alert program with special criteria for abducted children and provided the equipment to operate the system. It should be noted there is an existing "be on the lookout" and "attempt to locate" in place when elderly persons are missing. Those are utilized by law enforcement today. Our fiscal note is based on the assumption that the existing EAS network could be used to broadcast a silver alert. If that is not possible, and we were expected to develop a similar system, we would project significant fiscal impact. As the bill is written, it would have significant fiscal impact on DPS.

SENATOR PARKS:
I would like to ask the individuals not in support of this legislation to help in identifying a state that has criteria to be established. I heard Washington being mentioned as one of them. I think this is a piece of legislation we should seek to pass. I looked at the minutes from the hearing two years ago, and I found there are certain individuals who continue to say the same thing. I hope they will work to bring this to a positive conclusion.

JOHN GRIFFIN (Nevada Justice Association):
The Nevada Justice Association (NJA) generally testifies against immunity provisions in bills. We think people should be responsible for their conduct. We are neutral in regard to section 10 of this bill and do not oppose the immunity provision. Ten years ago, the NJA negotiated when the Amber Alert bill first passed. This immunity language is identical to that, and we have no opposition to that language.

SENATOR KIECKHEFER:
Is there potential liability for organizations that refuse to issue an alert under this system if something bad were to happen?

MR. GRIFFIN:
In S.B. 245, section 10, the immunity only attaches to affirmative conduct on behalf of the broadcaster. If the broadcaster were notified by a law-enforcement agency to issue the broadcast, and refused to do so, I do not think that circumstance is covered under section 10, subsection 1 or subsection 2 of this bill.

SENATOR KIECKHEFER:
It may not be in section 10. What if I had a loved one who wanders and I report I have a missing person. Then, law enforcement decides not to issue a silver alert, and something bad happens, would I have a course of action?

MR. GRIFFIN:
If you are a broadcaster, and a law-enforcement agency asks you to issue a silver alert, and you fail to do so, you should be held responsible for failure to act. If this bill passes, and that becomes a duty, you should be responsible for inaction.

CHAIR COPENING:
We will close the hearing on S.B. 245. I will invite Senator Breeden to come forward for her testimony on S.B. 338, S.B. 339 and S.B. 340. The bills will be presented simultaneously. Then we will go through each bill individually.

SENATE BILL 338: Revises provisions relating to reports of certain medical and related facilities. (BDR 40-261)

SENATE BILL 339: Establishes provisions relating to the safety of patients in certain medical facilities. (BDR 40-662)

SENATE BILL 340: Revises provisions relating to programs to increase public awareness of health care information. (BDR 40-663)

SENATOR SHIRLEY A. BREEDEN (Clark County Senatorial District No. 5):
I have written testimony on S.B. 338, S.B. 339 and S.B. 340 (Exhibit H) that I will read.

MARLA MCDADE WILLIAMS, B.A., M.P.A. (Deputy Administrator, Health Division, Department of Health and Human Services):
I will address the Health Division's (HD), Department of Health and Human Services, responsibilities as they relate to S.B. 338, section 1, and all of the provisions in S.B. 339. I will give a brief overview of what a quality Infection Prevention and Control Program (IPCP) is in hospitals, ambulatory surgery centers and skilled nursing facilities. There are three principal goals for IPCP in any facility. First is to protect the patient. Second is to protect the health-care worker, visitors and the public. Third is to accomplish the previous goals in a cost-effective manner. Infection prevention in facilities deals with all aspects of

a health-care setting to prevent patients, personnel and visitors from acquiring infections. Not every facility has the same kind of program. It depends on the complexity and size of the individual organization, its assessed needs and its priorities. At a minimum, every IPCP should have some core principles: a hand-washing and hand-hygiene program, an isolation and personal protection program, management of blood and body fluid exposure, an immunization program for patients and employees, an environmental hygiene program, pretreatment assessment of infection control risk, non-reuse of single medical devices, reprocessing of reusable medical devices, a process for investigation of infection control and delegation of responsibility for infection control.

Major elements leading to a health-care associated infection are the infectious agent, a susceptible host and a means of transmission. In a long-term care facility, these elements are present almost all of the time. Any discussion of an IPCP in a long-term care facility must be made in the context of a community for many residents where comfort and infection control issues must be addressed. As part of the aging process, the elderly may have diminished immune responses. They may have a presence of multiple chronic diseases. They may be on many medications, including medications that diminish their ability to prevent diseases. Based on research and work we do in facilities, we know infection preventionists may have other duties as employees of a facility. Their duties may include employee health, staff education, quality improvement and nurse management. In long-term care facilities they may not always have directed training in infection prevention and control.

Ambulatory settings have their own unique set of challenges. The potential for exposure to infectious agents in these settings is not as great as it might be in a hospital operating room. If patients get an infection as a result of an ambulatory surgery center (ASC) procedure, this is a cause of morbidity, mortality and excess hospital costs during their postoperative periods when they need to be admitted to an acute-care facility. The principles of preventing infections are the same in an ASC as they are in a hospital operating room. Clean and dirty items must be kept separate, whether they are supplies, instruments or equipment. It is important to establish a proper workflow for good infection prevention. Education of staff about the basics of infection control is important. In ASC, Centers for Medicare and Medicaid Services (CMS) regulations require the IPCP be under the direction of a designated and qualified professional who has had training in infection control. Research has shown that in the ASC setting, the staff may have other duties such as employee health, staff education, quality

improvement, general nursing and nurse management, which limit the time they can devote to infection prevention and control. There is a lot written about quality-control programs in the hospital setting.

CHAIR COPENING:
Ms. Williams, are you moving on to S.B. 340 now?

MS. WILLIAMS:
That is just a broad overview.

CHAIR COPENING:
We need to generate separate minutes for each of these bills. Was the testimony you just gave specific to S.B. 338?

MS. WILLIAMS:
It applies to both S.B. 338 and S.B. 339.

CHAIR COPENING:
I would like to take testimony and questions on S.B. 338. Then we will go through each bill individually.

BOBBETTE BOND (Nevada Health Care Policy Group):
Senate Bill 338 focuses on having the National Healthcare Safety Network (NHSN) as something to which the skilled nursing facilities report. Under S.B. No. 319 of the 75th Session, hospitals now need to report to the NHSN on hospital-acquired infections for three or four specific infections. This bill would extend this to skilled-nursing facilities. The Centers for Disease Control and Prevention is currently working on the module for skilled-nursing facilities to report. This bill looks as if it will be effective in October 2011, and I think the State had requested informally that we extend that to 2012. It might take that long to get the NHSN to be accepting skilled-nursing facility data.

The second part of the bill goes into readmissions. Joseph Greenway is here and knows more about the readmission issues than anyone.

JOSEPH GREENWAY (Director, Center for Health Information Analysis, University of Nevada, Las Vegas):
I will be commenting on section 4 of S.B. 338, and my position is neutral. I have submitted my written testimony (Exhibit I).

SENATOR HARDY:
You say you cannot allude to outpatient or prior admissions. Are you saying that on the specific form to be generated, you are not referencing preclusion from the doctor doing a history and physical and alluding to what happened in the past?

MR. GREENWAY:
Correct, I am referring to the data that is submitted to the Center for Health Information Analysis (CHIA).

SENATOR HARDY:
Does that data submitted to you come off the history and physical form the doctor does?

MR. GREENWAY:
It comes off of the f"UB04" medical insurance claim form. We do not have anything dealing with the chart of the physician.

SENATOR HARDY:
How do you figure out how it relates?

MR. GREENWAY:
We use software to determine the readmissions as explained in the "technical notes" portion of my testimony, Exhibit I.

SENATOR HARDY:
So you are using a computer-generated statistical analysis to determine if there has been a readmission that should not have happened.

MR. GREENWAY:
Correct.

CHARLES DUARTE (Administrator, Division of Health Care Financing and Policy, Department of Health and Human Services):
Last Friday, Mr. Greenway provided us with some estimates of what it may cost for CHIA to implement S.B. 338. Right now the estimate is $67,200, and it has not been posted yet on the fiscal note system; however, it will be shortly. This has to do only with the cost at the University of Nevada, Las Vegas for a programmer over the biennium. Mr. Greenway will be explaining this.

CHAIR COPENING:
I have a question about section 1, subsection 3, paragraph (b), where it says " ... the Health Division to prepare and post reports ... ." Why are we using the word "may" as opposed to "shall"? Is that a fiscal issue?

MS. WILLIAMS:
This is related to cleanup of the existing reporting for the NHSN. When it was adopted in 2009, there were different interpretations about whether or not we could post the information. This gives us specific authorization to post the information and cleans up some ambiguity that was in the language.

MR. GOLD:
I have submitted written testimony (Exhibit J) that I will read.

AUDREY NORIEGA:
Refer to my written testimony (Exhibit K) that I will read.

LESLIE JOHNSTONE (Executive Director, Health Services Coalition):
I represent 23 self-funded plans in southern Nevada and 270,000 lives. We support public reporting by all medical facilities, including skilled-nursing facilities, as prescribed in S.B. 338. This is a very important area for the Health Services Coalition (HSC). In total, the members' health plans expend approximately $800,000 per year for skilled-nursing services alone. The HSC would be happy to provide any assistance as this bill proceeds through the legislative process.

BILL WELCH (Nevada Hospital Association):
With respect to the readmission, this is a very complex issue. We support the concept. We hope there will be a process to reconcile the multiple bills so similar legislation is passed. We also support and would encourage that we use CMS guidelines for analysis of readmissions so we are using national standard concepts. There are multiple types of readmissions. As we develop this data, I hope we take into consideration all of those factors on how it is presented. I would like to make a recommendation. Health Insight (HI), which is the CMS peer review organization for Nevada, is kicking off an initiative relating to readmissions and is a major focus of CMS. You might want to speak with Deborah Huber, Project Coordinator at HI, to make a presentation about readmissions to the Committee. She has done a lot of research, and she is kicking off the initiative for Nevada.

RENNY ASHLEMAN (Nevada Health Care Association):
We are neutral on the bill at the moment; however, we are generally in favor of disclosure, and we are still digesting the interrelationship between S.B. 338 and S.B. 339. One comment I have is about the language in S.B. 338 on page 3, lines 6 and 7, where it says " ... allows a person to compare the information for the medical facilities and for facilities for skilled nursing." I assume you want people to be able to compare medical facilities against one another and skilled-nursing facilities against one another. I am not sure this language accomplishes that. It reads as if you want people to compare skilled-nursing facilities' records against medical facilities' records. That is probably not what you want. We may want to have that checked out.

CHAIR COPENING:
We will close the hearing on S.B. 338 and open the hearing for questions on S.B. 339.

SENATOR HARDY:
I have a question on section 3, subsection 3, paragraph (b), in regard to the half-time employee for a hospital having less than 100 beds. I am not sure that all hospitals need to have a half-time employee or someone designated to have the certification as an infection control officer. Was there any discussion about whether it had to be a half-time employee or full-time employee for that?

MS. WILLIAMS:
The data that we follow is related to a study done by the DELPHI Project. That concluded a ratio of .8-to-1 full-time infection control officer is necessary for every 100 occupied acute beds. When you have less than that, so that you do not have a full-time equivalent devoted to that, it drops to a .5 full-time equivalent (FTE).

SENATOR WIENER:
On page 2, line 34, where "infection preventionist" is mentioned, is that a term defined by the certifying board?

MS. WILLIAMS:
Yes, that is a term defined by that certifying board.

SENATOR WIENER:
I noticed in S.B. 339 and in S.B. 340 that we do not have an effective date.

SENATOR BREEDEN:
That is my fault. I was hoping it would be upon passage and approval; however, depending on the outcome, we can work on that.

SENATOR WIENER:
On page 6 of S.B. 338 it says " ... upon passage and approval for purposes of adopting regulations and on October 1, 2011, for all other purposes." Would that be relevant to S.B. 339 and S.B. 340?

MS. WILLIAMS:
For S.B. 338, I believe it needs an amendment to take the effective date to 2012. For S.B. 339, it is up to the Committee and the sponsor. Based on the way it is written, and because it does not specify an effective date, the date would be when we would start enforcing these provisions in facilities. It would be up to the Committee to determine whether or not you want this ratio and all of the other provisions to be effective immediately or if you want a transition period.

SENATOR WIENER:
And in S.B. 340 I saw that would need some consideration for effective date as well.

CHAIR COPENING:
I have a question in regard to S.B. 339, section 3, subsection 2, paragraph (a). It states, "Shall serve on the patient safety committee." I did not see anywhere where a patient safety committee had been established. Did I miss this, or is there somewhere this is listed?

MS. WILLIAMS:
Existing law already designates the patient safety committee. This builds on existing law.

MS. BOND:
I would like to make a couple of comments about S.B. 339, section 2 to clarify the intent for two education processes. The first part would be the public posting on how to contact the HD, and how patients and families would know whom to contact with hospital-acquired or facility-acquired infection concerns. We have a lot of patients not knowing where to go, or whom to call when they have questions or concerns. The second part is for separate information to go to

patients while they are in an inpatient status. This information would include how to prevent infection and notification of patients when they have a facility-acquired infection upon admission into the facility and the facility is aware of it or if they acquire an infection while they are at the facility. We want to ensure there is patient notification and the family knows what is going on with the patient in the hospital when the facility knows. Sometimes they do not know until after the patient is discharged. I do not believe this is part of statute at this time.

MR. GOLD:
I have submitted written testimony (Exhibit L) that I will read.

MS. NORIEGA:
I support S.B. 339. Anything that provides protection and transparency to the citizens of Nevada is an important bill.

MS. JOHNSTONE:
We support S.B. 339 and its efforts towards educating the patient as well as ensuring structure and priority on infection control in facilities. I have a thought in regard to patient education. A lot of material is provided to patients at the time of admission and at the time of discharge. The way I read the bill is the information about infections control and exposure is limited to the time of admission. There may be an amendment that would encourage the facilities to put this material together in a consumer-friendly manner. We would be happy to work on some language if that is the pleasure of the Committee. In regard to infection control, we would be interested in assisting with any amendment that specifies standards by which the patients' safety committee evaluates the facilities' infection control plans.

STEVE WINTERS:
I am in support of S.B. 339. There was an article in a California paper titled "Germ Cops Making the Rounds," where hospitals step up protocols to curb the spread of infections. It talks about a specialist who goes to different facilities ensuring the intensive care units are clean. They watch the doctors and nurses and oversee everything. I think this would be a beneficial process for the Committee and sponsors to follow.

ROBIN KEITH (Nevada Rural Hospital Partners):
I am here to express conceptual support for S.B. 339. We have done some preliminary research into the role and availability of infection preventionists. From that research, we have come to the conclusion we need to be careful about using these people with expertise as efficiently as possible. There are some issues that may need some work, and we have spoken to the sponsor about a possible amendment. We would be very happy to work with the group that will coordinate this bill.

REBECCA GASCA (American Civil Liberties Union of Nevada):
We are here in support of this bill insofar as it will apply to those governmental-supported medical facilities and the increasing transparency of the operation of those facilities. We want to reflect what is likely the intent of the sponsor of the bill—that no personal identifying information of any particular patient who is subject or found to have an infection be in any way publicly displayed.

CHAIR COPENING:
We will close the hearing on S.B. 339 and will invite questions concerning S.B. 340.

MR. GREENWAY:
I would like to say that CHIA is capable and ready to generate and post reports about physician information for hospitals and ambulatory surgical centers. Can I make a couple of closing remarks on S.B. 338 that I was not able to address earlier?

CHAIR COPENING:
Absolutely.

MR. GREENWAY:
I have a response to Mr. Duarte's question about the fiscal impact. On S.B. 338, there is a $33,600 or a .4 FTE impact and he asked how we estimate that. We partnered with HI for a while on the generation of readmissions, and our center provided HI the readmission data so they could move forward to put on the conference they will be giving on March 30. CHIA had experience to know about what it takes to produce those readmissions, and that is how we came up with the fiscal impact figures. I agree with Mr. Welch that national standards should be followed for these readmissions. I share his concerns about

recognizing the types of readmissions. We would exclude many readmissions prior to posting based on the national standards.

CHAIR COPENING:
I have a question about S.B. 340, section 1, subsection 2, paragraph (e), where it says "For each hospital, the name of each physician who performed a surgical procedure in the hospital and the total number of surgical procedures performed by the physician, ..." Is that pertaining to the total number of procedures in that hospital or cumulatively throughout that physician's career?

MS. BOND:
I think this is based on what kind of claims data is available at the State now and not to add new data requirements. We would only be capturing what is happening per hospital—per physician inside of that hospital. I do not know if the data is available to do a cumulative report by physician. We are trying to identify which surgeons are doing a lot of this and then trying to line them up with hospitals. I believe it would be a report by hospital—by physician and the same thing with ambulatory surgery centers.

MR. GREENWAY:
We would be able to produce reports showing cumulative frequencies by procedure, by hospital and by physician, not by physicians' offices.

MR. GOLD:
You have my written testimony (Exhibit M) that I will read.

MS. NORIEGA:
I support S.B. 340. Thank you.

MS. JOHNSTONE:
I will echo the comments of the previous speakers.

CHAIR COPENING:
I am closing S.B. 340. The meeting is adjourned at 5:58 p.m.

RESPECTFULLY SUBMITTED:

Annette Ramirez,
Committee Secretary

APPROVED BY:

Senator Allison Copening, Chair

DATE:

EXHIBITS			
Bill	**Exhibit**	**Witness / Agency**	**Description**
	A		Agenda
	B		Attendance Roster
S.B. 245	C	Herbert E. Randall	Statement of Support by the Nevada Silver Haired Legislative Forum
S.B. 245	D	Herbert E. Randall	2011 Annual Session Report
S.B. 245	E	Joann Bongiorno	Written Testimony
S.B. 245	F	Barry Gold	AARP Nevada Comments
S.B. 245	G	Adrienne Abbott	Written Testimony
S.B. 338, S.B. 339, S.B. 340	H	Senator Shirley Breeden	Written Testimony
S.B. 338, S.B. 340	I	Joseph Greenway	Written Testimony
S.B. 338	J	Barry Gold	AARP Comments
S.B. 338	K	Audrey Noriega	Written Testimony
S.B. 339	L	Barry Gold	AARP Comments
S.B. 340	M	Barry Gold	AARP Comments