MINUTES OF THE
SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

Seventy-sixth Session
April 5, 2011

The Senate Committee on Health and Human Services was called to order by Chair Allison Copening at 3:39 p.m. on Tuesday, April 5, 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 Joseph (Joe) P. Hardy
Senator Ben Kieckhefer
Senator Greg Brower

COMMITTEE MEMBERS ABSENT:

Senator Ruben J. Kihuen (Excused)

GUEST LEGISLATORS PRESENT:

Senator David R. Parks, Clark County Senatorial District No. 7

STAFF MEMBERS PRESENT:

Marsheilah Lyons, Policy Analyst
Risa Lang, Counsel
Jodene Poley, Committee Manager
Annette Ramirez, Committee Secretary

OTHERS PRESENT:

Jennifer Stoll-Hadayia, M.P.A., Public Health Program Manager, Washoe County District Health Department

Hilary McQuie, Western Director, Harm Reduction Coalition
Melanie Flores, Northern Nevada Outreach Team
Stacey Rice, Social Services Director, Northern Nevada HOPES
Susan Lopez, President, Nevada NOW
Tracey D. Green, M.D., State Health Officer, Health Division, Department of Health and Human Services
Mary Guinan, M.D., Dean, School of Community Health Sciences, University of Nevada, Las Vegas
Dianna Hegeduis, J.D., Executive Director, State Board of Osteopathic Medicine
Denise Selleck Davis, Executive Director, Osteopathic Medical Association
Amber Joiner, Director of Governmental Relations, Nevada State Medical Association
Steve Langan, Executive Director, HONOReform Foundation
Debra Scott, M.S.N., R.N., F.R.E., Executive Director, State Board of Nursing
Katie Nannini, Statewide Director, Immunize Nevada
Joan Hall, President, Nevada Rural Hospital Partners
Keith L. Lee, Legislative Counsel, State Board of Medical Examiners
John Pappageorge, Health Services Coalition
Julie Beasley, Ph.D., Commission on Mental Health and Development Services, Division of Mental Health and Developmental Services, Department of Health and Human Services
Diane Comeaux, Administrator, Division of Child and Family Services, Department of Health and Human Services
Kevin Quint, Chair, Commission on Mental Health and Developmental Services, Division of Mental Health and Developmental Services, Department of Health and Human Services
Norton A. Roitman, M.D., F.A.P.A., Nevada Psychiatric Association
Michelle Carro, Ph.D., Nevada Psychological Association
Barbara deCastro, Nevada Youth Care Providers
Frances Barron, Las Vegas, Chair, State Board of Health, Department of Health and Human Services
Dr. Andrew Eisen, Chair, Clark County Child Death Review Team
Helen Foley, Marriage and Family Therapist Association of Nevada
Joseph Haas, Ph.D., Juvenile Services, Washoe County Department of Social Services
Kevin Schiller, Director, Washoe County Department of Social Services
Jim Serratt, C.E.O., Willow Springs Center

CHAIR COPENING:
We will open the hearing with Senate Bill (S.B.) 335.

SENATE BILL 335: Revises provisions governing drug paraphernalia. (BDR 40-795)

SENATOR DAVID R. PARKS (Clark County Senatorial District No. 7):
I will read my written testimony (Exhibit C).

JENNIFER STOLL-HADAYIA, M.P.A. (Public Health Program Manager, Washoe County District Health Department):
I am also the chair of the Nevada State AIDS Advisory Task Force. The mission of the task force is to advise state officials on recommended policies related to human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) infection in Nevada. When the task force convened last year to identify priorities for our role, our members voiced concern about the rise in HIV and AIDS infections associated with injection drug use due to the sharing of used syringes and needles. In Nevada, the use of shared syringes contributed to 10 percent of all new HIV and AIDS diagnoses made in 2009 and is attributable to 16 percent of all HIV and AIDS diagnoses in the State to date. Other states have addressed similar trends by making sterile syringes and needles available to individuals who inject drugs either through over-the-counter sales or more formal syringe access programs. The research is significant on the positive impact these efforts have had on reducing the transmission of HIV, AIDS and other blood-borne diseases among the population of injection drug users. In Nevada, the possession of sterile syringes for a non-health related purpose is currently prohibited by our drug paraphernalia laws. The task force is indebted to Senator Parks who offered to champion legislation to change the drug paraphernalia laws in Nevada to allow for sterile syringe purchase and possession.

I am also a member of the community Public Health Alliance for Syringe Access formed this year to raise awareness of this issue and provide support to potential legislation. We currently have 13 local, state and national members of our alliance, including AIDS service organizations, as well as Washoe County Health District and Clark County Health District. A "Public Health Alliance for Syringe Access (PHASA)" statement in support of S.B. 335 (Exhibit D) has been provided to you and a full listing of our members is on page 2. In Washoe County, one of the goals of the health district is to prevent the spread

of HIV and other blood-borne diseases such as hepatitis. Our data on injection drug risk and HIV-AIDS underscores the need statewide. In Washoe County, the use of shared syringes contributed to 17 percent of new AIDS cases in 2009. Of all HIV and AIDS cases diagnosed in Washoe County, 36 percent of them are attributed to sharing needles. Our local data on viral hepatitis and needle sharing is perhaps more alarming. In Washoe County, for a ten-year period of data, 15 percent of acute hepatitis B cases and 40 percent of acute hepatitis C cases were associated with injection drug use. For chronic hepatitis C, over a seven-year period, 35 percent of our cases were associated with a history of injecting drugs. This is why the Washoe County Board of Health supports S.B. 335. I also want to mention that Dr. Lawrence Sands, Chief Health Officer, Southern Nevada Health District, was unable to be here today, but has submitted written testimony (Exhibit E) in support of S.B. 335.

HILARY MCQUIE (Western Director, Harm Reduction Coalition):
We work on practical public-health strategies designed to reduce the negative consequences of drugs and to promote healthy individuals in communities. I want to clarify terminology in the field of syringe access programs. Syringe access means any program or any mechanism providing syringes and needles to injection drug users through a process of exchange, distribution, sales or any variations. We have submitted "Overview of Evidence for Sterile Syringe Access" (Exhibit F), and I will go over this now. This is a topic that has had a lot of resistance, and there has been a great deal of research done to ensure it does not promote drug use. There is a positive correlation between the presence of a syringe access program and drug treatment attendance. There was a ban of the use of federal funds for syringe exchange programs for 20 years that ended in 2009. Now we have official United States positions that support syringe access and the beginning of funding going to states allowing for syringe access programs. I ask that you support S.B. 335 as the most efficient pathway for people being allowed to implement syringe access programs in their communities.

SENATOR HARDY:
You have referenced increased access to treatment programs. Do you have statistics on success of the treatment programs?

MS. MCQUIE:
I do not know the answer to that. I think nationally the success of treatment programs is between 50 percent and 70 percent. I do not know if there is a difference between mandated programs versus non-mandated programs.

CHAIR COPENING:
I have a question about the "cost per HIV infection prevented" on page 12, Exhibit F. Is that strictly the purchase of the syringes? Or is there more in that calculation?

MS. MCQUIE:
There is a lot more calculated into those figures. Syringes are what get people in the door. A syringe costs less than $1. The important thing with syringe access programs is that you are meeting people's immediate needs and starting a dialogue with them around a much stigmatized set of behaviors. Having medical treatment, counselors, condoms, HIV testing and social workers available is also very important. Syringe exchange programs were mostly staffed by volunteers, but this is an area that needs to be fully funded so you have a full-time staff able to provide these other services for people.

MELANIE FLORES (Northern Nevada Outreach Team):
We are in support of S.B. 335. I will read my written testimony (Exhibit G).

STACEY RICE (Social Services Director, Northern Nevada HOPES):
I have submitted my written testimony (Exhibit H).

SUSAN LOPEZ (President, Nevada NOW):
We are in favor of S.B. 335 because it is a harm-reduction measure that would reduce spreading HIV.

SENATOR KIECKHEFER:
My understanding is the bill allows for the sale or possession of hypodermic devices with a prescription, but it does not do anything to create an exchange program. Is that something left up to the individual health districts?

MS. HADAYIA:
Your interpretation of the bill is correct. The bill does allow for syringe access programs to be created and for individuals to purchase sterile equipment over the counter. It will be up to the local health districts, local community-based

organizations and substance-abuse treatment programs to decide if, and how, they will provide these services. There are technical guidelines for starting a syringe access program. If any of those programs were to be developed with federal funding, there are guidelines from federal agencies for protocols to follow. The intent of the bill is not to design a specific program or adopt one type of program over another. It is to allow those programs to begin in organizations that are seeking to do so with funding they may already have.

SENATOR KIECKHEFER:
Is there a difference between a needle and a syringe?

MS. HADAYIA:
It allows for hypodermic devices and the language is more inclusive than that. It is syringes, needles and other materials that may be used for the purpose of injecting drugs.

SENATOR HARDY:
Who sells them and buys them, and what quantities are you allowed to sell? At what point do you become a "pusher" of needles and syringes? Do you give a free syringe when you sell heroin? Are we going to have a sterilized, bona fide method of selling these?

MS. HADAYIA:
The bill does not specify a design of program or distribution. There have been some states that have adopted legislation that outlines exactly what Senator Hardy has mentioned. This legislation is not intended to design programs at the local level. It simply allows those programs to be developed by those interested organizations according to technical guidelines and guidelines of their funders.

SENATOR HARDY:
I do not see anything in the bill where it says that. Are you referring to somewhere in the bill where it says that? I am also concerned about portraying syringes as clean that are not.

MS. MCQUIE:
The reason the Harm Reduction Coalition supports a deregulation approach, rather than a spelling-out program approach, is that science keeps changing on this issue. Social acceptability keeps changing on this issue. The absolute

correlation between disease transmission and syringes has to do with coverage; how many syringes people have easily available to them. If syringes are readily available, through a trusted source, you should not have a market for people to sell syringes. You are also more certain of getting a sterile syringe. Does that answer your questions?

SENATOR HARDY:
It answers my questions, but does not give me the comfort level I am seeking.

CHAIR COPENING:
We will schedule this for a later work session. I close the hearing for S.B. 335 and open the hearing for S.B. 419.

SENATE BILL 419: Establishes provisions relating to safe injection practices. (BDR 40-518)

SENATOR VALERIE WIENER (Clark County Senatorial District No. 3):
I appear before you wearing the hat of the chair for the 75th Session's Senate Committee on Health and Education. Senate Bill 419 is a bill I requested in the capacity of chair for that committee. This is based on several conversations I had with our State Health Officer, Dr. Tracey Green.

The measure before you has a proposed amendment (Exhibit I). The proposed amendment replaces the bill. I would like to have Dr. Green explain the proposed amendment because we worked in tandem on this measure.

TRACEY D. GREEN, M.D. (State Health Officer, Health Division, Department of Health and Human Services):
I would like to defer at this time to Dr. Mary Guinan who may be better to give this presentation, and I will stay for questions.

MARY GUINAN, M.D. (Dean, School of Community Health Sciences, University of Nevada, Las Vegas):
The School of Community Health Sciences has been part of the Nevada Safe Injection Practices Coalition, and we suggested such a bill is necessary. Preventing health-care associated infections is a top priority in Nevada, particularly since the hepatitis C outbreak in 2008. Unsafe injection practices were found possibly to be the cause of 100 cases of hepatitis C, the largest hepatitis C outbreak to date in this Country. In 2009, a bill was passed requiring

annual inspections of infection control practices in all ambulatory care facilities. The Health Division, Department of Health and Human Services (DHHS), and Centers for Disease Control and Prevention (CDC), developed an instrument to collect data to look at infection control practices that were not being adhered to. We found there were practitioners who were unaware of, and were not in compliance with, safe injection practices. I suggested we should have a bill that required health-care providers to have a mandatory course in safe injection practices. That is what the original bill suggested. When we talked to health-care boards and practitioners, we got a lot of "push back" about mandating any kind of course. We decided to submit a proposed amendment to the bill which changed it so it was not a requirement to take a course. Last night, we were notified by the Legislative Counsel Bureau's Legal Division that the amendment had language that was problematic. They suggested we withdraw it and instead bring forward the summary of the intent of the bill. I will now go through the summary of the intent of the bill, Exhibit I. I hope you will understand the intent of the bill is to make sure that we in Nevada assure all practicing health-care providers are aware of and practice safe injection guidelines.

CHAIR COPENING:
Does the person who is under the supervision of a licensed health-care practitioner need to go through training? Who needs to go through the educational training?

DR. GUINAN:
We have withdrawn the language in regard to required training. We are asking everyone to attest when they are issued a license or at time of relicensing that they are aware of and in compliance with the guidelines. Practitioners who are not licensed work under the supervision of either a licensed health-care professional or a facility that is licensed. We would like to add a requirement for non-licensed practitioners who give injections, that they must be trained in, aware of and in compliance of safe injection practices.

SENATOR WIENER:
Does this include scheduled drugs? Is this for all medications?

DR. GUINAN:
Yes, it is for all injections.

DR. GREEN:
We did not include dentists in this list because I was informed by the Board of Dental Examiners of Nevada that their regulations already included a mandate to require CDC training.

SENATOR HARDY:
In the intent, I am sure it does not mean that the medical laboratory gives injections. Do you mean the director or the people who work there?

DR. GREEN:
That is right. It is the technicians who would be providing injections.

SENATOR HARDY:
Sometimes people are not giving injections; they are drawing blood. So the phlebotomists would have the same issues as those giving injections or starting intravenous therapy. We need language broad enough to cover drawing blood, giving injections or starting an access line.

DR. GREEN:
Currently there are regulations surrounding phlebotomists; they are under the license of their supervising physicians. We would also post the CDC document on our Website.

SENATOR HARDY:
So, the original bill does not exist anymore.

DR. GREEN:
That is right.

DIANNA HEGEDUIS, J.D. (Executive Director, State Board of Osteopathic Medicine):
We support the proposed amendment to S.B. 419. This fits well with our statutory authority. We have a statute that states it is unprofessional conduct should a person provide false or misleading inaccurate information on either the license application or the renewal for license.

DENISE SELLECK DAVIS (Executive Director, Osteopathic Medical Association):
We are in full support of the proposed amendment to S.B. 419.

AMBER JOINER (Director of Governmental Relations, Nevada State Medical Association):
We want to go on the record as supporting the concept in S.B. 419. We are committed to safe injection practices and have worked with various groups over the years to improve education about these practices. This is the first time I have seen the proposed amendment. It appears to address the concerns we were going to put on the record.

STEVE LANGAN (Executive Director, HONOReform Foundation):
We are based in Fremont, Nebraska. I am here representing Evelyn McKnight, founder and president of HONOReform Foundation. After the announcement of the terrible 2008 outbreak, Ms. McKnight was invited by the Southern Nevada Health District to a public forum. Since then, HONOReform and Ms. McKnight have maintained a presence throughout Nevada. We just launched a compassionate response tool with the Southern Nevada Health District. HONOReform is active at the State level working on safe injection practices, which is the core of our mission. Your work establishing a bill on this concept could become the national model for serious, concentrated work on safe injection practices. This is something we could present to other states.

DEBRA SCOTT, M.S.N., R.N., F.R.E. (Executive Director, State Board of Nursing):
I am very much in favor of the proposed amendment to S.B. 419.

DR. GREEN:
I want to make one clarification. I misspoke in that homes for individual residential care is the one type of facility we regulate where those providing injections are not licensed. They work under a user agreement, so they are included on the list, Exhibit I, for that reason. The other facilities, like hospitals, would all be under licensed health-care people.

KATIE NANNINI (Statewide Director, Immunize Nevada):
We are a group of diverse individuals who represent health-care professionals and different organizations to help increase immunization rates in our State. We are in favor of the proposed amendment for S.B. 419. Provider education is a key component of the work we do, and safe injection practices and proper vaccine administration are imperative for ensuring patient safety is there for all Nevadans.

JOAN HALL (President, Nevada Rural Hospital Partners):
We represent 14 of Nevada's small and rural hospitals. Originally we had questions about how facilities would ensure this. Perhaps we are okay with the proposed amendment, but under section 2, Exhibit I, where it says "Licensed facility types in which licensed professionals administer shots are exempt ..." does that mean hospitals are exempt?

DR. GREEN:
That means the facility would rely on the physician within that facility to attest to their knowledge of the safe practices.

MS. HALL:
That was our worry.

SENATOR HARDY:
We do not want to exempt anyone. We can probably massage the intent so that it is reflected in the language.

CHAIR COPENING:
Mr. Lee, I am glad you came up because I have a question about your fiscal note. Does this proposed amendment change the fiscal note for the Board of Medical Examiners?

KEITH L. LEE (Legislative Counsel, State Board of Medical Examiners):
Yes it does. The intent of the proposed amendment will require us to put another line on our licensure application to which they attest. It will do away with our having to ensure they have all the education. This is a good solution to the situation and will clearly do away with our fiscal note. We support the proposed amendment.

SENATOR LESLIE:
There is yet another case coming out of Las Vegas where people are reusing needles, even after all we went through with the hepatitis C outbreak. Is this bill really going to address that?

MR LEE:
I understand your concern. We took immediate action this time to suspend the license and to begin the investigation. It is our belief that 99.9 percent of our

licensees are concerned about their patients. It is that 0.1 percent that will not abide by the rules and regulations.

SENATOR LESLIE:
Now we have hundreds of people being tested again because of this last case and going through what the people did with the hepatitis C outbreak.

JOHN PAPPAGEORGE (Health Services Coalition):
We want to go on the record that we do support S.B. 419. We agree with Senator Hardy's comments that no one should be exempt.

SENATOR HARDY:
I am thinking about pharmacists, and they are on the list, Exhibit I. We addressed in legislation, pharmacy students. We need to broaden this list to include students who would not be exempted from learning about safe medicine and injection practices.

CHAIR COPENING:
We will work on getting the amendment together and bringing it back to a work session next week. I will close the hearing on S.B. 419 and open the hearing for S.B. 448.

SENATE BILL 448: Makes various changes concerning the regulation of mental health services provided to children in this State. (BDR 39-1217)

JULIE BEASLEY, PH.D. (Commission on Mental Health and Developmental Services, Division of Mental Health and Developmental Services, Department of Health and Human Services):
I am a child neuropsychologist and have a private practice in Las Vegas. I am giving the presentation on S.B. 448. The ongoing purpose of the statewide plan for children's mental health is to establish a concise, structured and consistent plan for quality services for Nevada's children across our State. Approximately ten years ago, three regional consortia's began work on creating regional plans for children's mental health: Clark County, Washoe County and the rural counties. Each rural consortia developed a comprehensive ten year plan which was well-documented and provides an excellent overview of children's mental health in our State. In 2006, the Nevada Children's Behavioral Health Consortium (NCBHC) was formed to give these regional reports a voice at the state level and to develop a consistent plan across the entire State. Following

the work of the regional consortia, the NCBHC held the first statewide retreat in February 2010 to develop an integrated plan for children's mental health. This retreat was facilitated by the Division of Mental Health and Developmental Services (MHDS), DHHS, subcommittee for children's mental health. A comprehensive plan was created to serve as a guide to develop policies and programs toward the statewide plan. All meetings from the statewide and regional consortia, and the subcommittee, have been open meetings with opportunity for participation at all levels.

The guiding principles of the plan are: (1) an implementation of a comprehensive system of care that reflects family and youth-driven values by focusing on quality and consistency with trained providers that are culturally competent across our communities, and (2) a focus on a public-health approach, which is the delivery of services and resources across the system, with a heavy focus on prevention and early intervention, and quality community-based services.

The primary goals, in the first two years of our statewide plan, included a submission of this bill, S.B. 448, for these changes. The first change is restructuring the State system of governance: (1) the expansion of the authority of the MHDS Commission over public and private providers for children's mental health. The MHDS Commission is a ten-member board representative across disciplines and community and is established in statute for this mission. It is already designated for public facilities in the review of denial of rights in seclusion and restraint and review of policies and procedures for these agencies, (2) an establishment of the Children's Behavioral Health Policy and Accountability Board (CBHPAB) which allows for a home for behavioral health consortia with expanded membership for representation. The intent of the CBHPAB is to set best practices for children's mental health with clear input from the disciplines within the policies. This board is not established to replace or usurp each discipline's licensing regulations, but to move towards quality services across providers for children's mental health, and (3) to establish an authority for children's mental health which is set forth as the Division of Child and Family Services (DCFS), DHHS, in this process. This provides the oversight for policies and standards across providers, both public and private, based on policies set by the Commission on MHDS and the CBHPAB. The second change relating to this is determining the impact of federal Health Care Reform and mental health parity for children's mental health. In my time on the commission and subcommittee, I have been impressed by the work of the regional consortia for their comprehensive reports on children's mental health and the range of

problems. With one in five children needing mental-health services at some time in their development, we have a large need to be met within each of our communities. As a participant of State budget hearings, one thing has become very clear to me; without a statewide plan there are no guiding principles, goals or structure for lawmakers to follow in meeting the needs of our children. In the absence of a plan, we will remain short-sided/short-term, the two-cycle approach for children's mental health.

CHAIR COPENING:
Is there somebody designated to walk us through the bill?

DIANE COMEAUX (Administrator, Division of Child and Family Services, Department of Health and Human Services):
I can do that.

KEVIN QUINT (Chair, Commission on Mental Health and Developmental Services, Division of Mental Health and Developmental Services, Department of Health and Human Services):
I am here to testify in favor of S.B. 448. This bill was driven by the development of the children's State Mental Health Plan over the last ten years. I want to emphasize it has been a long-term and very engaging process. About two years ago, the Commission on MHDS was asked to join the process as a result of 2009 legislation. This has resulted in a long-range plan to improve mental-health services to children. What you see before you is that plan in the form of a bill. I would like to make a few points about why we support this bill. First, it will create an innovative system of care model that will improve outcomes for families and children served by it. Secondly, it will create clear oversight over a system of care that is currently fragmented and not operating in a cost-efficient manner. For example, right now, the Commission on MHDS is charged statutorily with reviewing seclusion and restraint forms from different organizations. The accountability in relation to providing seclusion and restraint information from State facilities is consistent, but compliance from non-State facilities is not mandatory, so we see information from some private facilities and not from others. Is that what we want? Thirdly, this bill will set new and improved standards of care across both public and private facilities. For example, the Commission on MHDS reviewed the DCFS medication policies. One of our members, who is a physician, commented that these are outstanding policies. This bill will enable DCFS to help implement those kinds of good policies. Improving standards of care in this way will increase fidelity and

adherence to best treatment practices and will increase quality assurance for services provided. Finally, this bill will help us thoughtfully design the future gateway for major State expenditures. This will give us a great platform to have a better organized system with which to receive money and to provide excellent services. Senate Bill 448 is a big step towards reform that is long overdue. Advocates for children's mental-health services in the form of the NCBHC have supported this bill. The Mental Health Planning Advisory Council that writes the block grant for mental health for the State of Nevada has sent a letter of support for this bill (Exhibit J). The Commission on MHDS supports the passage of this bill. These changes will create quality outcomes and care for the children of our State who are in need.

SENATOR KIECKHEFER:
I do not understand why there needs to be legislation to do this. You can create a subcommittee yourself, and that is what this does, right?

MS. COMEAUX:
There are two reasons we need S.B. 448: (1) as the statute is written, the Commission on MHDS has oversight over the DCFS and MHDS only, and this bill expands that authority to public and private entities that provide children's mental-health services, and (2) they have the ability to establish a subcommittee of their members only, and unless you have specific statutory authority you cannot have additional people who are not members of the Commission on the subcommittee. This bill gives them the ability to establish a subcommittee that goes beyond their membership.

SENATOR KIECKHEFER:
Those are things that would be easily remedied with much simpler legislation. The Commission on MHDS sets regulations but would have to go back to the new CBHPAB on issues related to children's behavioral health; however, this board only meets a minimum of four times a year. I have a lot of concerns about how this is going to function.

CHAIR COPENING:
This may be a good point to walk through the bill, and this may generate more questions.

MS. COMEAUX:
It is important to note S.B. 448 is the first step in improving the quality in mental-health services for children in Nevada. In sections 2 and 3 of the bill, it creates a CBHPAB as a subcommittee of the Commission with responsibilities to evaluate services provided to children with mental illness, mental retardation or co-occurring disorders and related conditions. The services evaluated include services provided by any provider, or facility, public or private, quality of care and treatment, accessibility to care and future needs. It also provides advice and assistance to the Commission in carrying out their duties and powers, recommending regulations or legislation, reporting on their evaluation of services, recommending actions to improve quality of care and treatment, and improving access in developing a statewide plan for children's mental health. Section 4 expands the authority of the Commission on MHDS to develop regulations pertaining to the care and treatment of children with mental illness, mental retardation and co-occurring disorders by State agencies and facilities at any provider or facility in the State. It also requires the Commission to consult with the CBHPAB before adopting regulations covered by this bill. Sections 5 through 8 designate the DCFS as the mental-health authority for children in Nevada and requires the DCFS to establish performance standards and qualifications for all providers and facilities that provide treatment to children. It also requires the DCFS to monitor and evaluate mental health services and treatment provided to children, conduct investigations of complaints and provide training and outreach activities to related State policies concerning the provisions of mental-health services and treatment for children. It also clarifies that the DCFS is authorized to contract with any provider or facility in this State that can best treat the children's mental-health needs.

SENATOR HARDY:
In section 2, can you explain who is on the Commission and how they are appointed?

MR. QUINT:
You mean the Commission on MHDS as opposed to the CBHPAB?

SENATOR HARDY:
I am looking at the chair of the Commission.

MR. QUINT:
The Commission is the Commission on MHDS which has 10 members. They are appointed by the Governor and represent different disciplines; psychiatry, physician, substance abuse, developmental services, member of the public and several others.

SENATOR HARDY:
In section 2, you have the chair of the Commission of 10 members and we are going to have a subcommittee of not less than 14 but not more than 18 members to serve on the CBHPAB. Is the Board, the Board of the subcommittee, or the Board of the Commission? Usually we do not have a Board for a subcommittee.

MS. COMEAUX:
The Board you are referring to is the CBHPAB, and they are the subcommittee.

SENATOR HARDY:
So the subcommittee would have more members than the Commission on MHDS.

MS. COMEAUX:
That is correct. A much wider discipline would be on the subcommittee than on the Commission.

SENATOR HARDY:
It is uncomfortable for me to have a subcommittee that is not on the Committee. It seems more like a board itself than it does a subcommittee. The chair of the Commission shall appoint all 14 to 18 members of the subcommittee, none of which need to be members of the Commission. The appointment process is problematic. The members of the CBHPAB serve at the pleasure of the chair of the Commission. The chair of the Commission appoints 14 to 18 members, can fire 14 to 18 members and they have a term of 4 years. That is my problem with section 2.

I have concerns in section 5, subsection 2, paragraphs (c), (d) and (e), where it says "Conduct investigations of complaints by children and family members of children ... . Provide training and outreach activities ... . Adopt such regulations as necessary to carry out the provisions of this section." How is the subcommittee going to do this and with what resources? We like jurisdiction

over regulations with legislative oversight. In section 2, it says the members of the CBHPAB serve at the pleasure of the chair of the Commission and without compensation. Are these members of the subcommittee, now called board members, being compensated in some way? We are looking at open meeting laws and those kinds of issues.

MS. COMEAUX:
There is a member of the Commission that serves as the chair of the CBHPAB. This is in section 2, subsection 2, paragraph (a), where it says "A member of the Commission who shall serve as the ex officio chair of the Board." The verbiage you referenced in section 5 is duties and responsibilities for the DCFS. Included in the Governor's recommended budget are some transfers of existing staff to our quality improvement unit to help with these activities.

SENATOR KIECKHEFER:
What do those six quality improvement people do now?

MS. COMEAUX:
Three of them are mental health counselor III positions being transferred. They are supervisory positions, not direct service positions. One position is a mental health counselor II that we are upgrading to a mental health counselor III that is a clinician in Northern Nevada Child and Adolescent Services and Early Childhood Services. They are direct service clinicians and serve an average of 35.2 clients a year. Two of our positions are public service interns who do not carry a caseload. Those will be transferred as well. There is one other position, from our northern neighborhood care center, Early Childhood Services, and that program is scheduled to close. Those positions will transfer.

SENATOR HARDY:
In section 5, subsection 2, paragraph (c) says " ... health services from any provider or facility in this State." We have our largest mental-health system, the Department of Corrections, and we have schools, hospitals, etc. Are we prepared to conduct investigations of complaints on all of these facilities with your personnel being transferred?

MS. COMEAUX:
The investigations would be on complaints, specifically by children and families, on services they are receiving. In the existing statute, the Commission on MHDS has the authority to investigate complaints based upon that.

SENATOR LESLIE:
I also have concerns about this bill. Why do we need this again?

MS. COMEAUX:
Our Commission on MHDS only has authority over the DCFS and MHDS. When they ask for information about seclusion and restraints to be submitted to them by the hospitals, that compliance is very spotty.

SENATOR LESLIE:
If that is an issue, then I am back with Senator Kieckhefer, and maybe we should focus on that issue. Are there a lot of issues like that?

MS. COMEAUX:
We believe there are a lot of issues like that. There are no standards for providing children's mental-health services.

SENATOR LESLIE:
All of these facilities have licensing responsibilities, do they not? We sent a legislative auditor out to these children's facilities to look at how they are meeting standards. So there are standards.

MS. COMEAUX:
There are standards for many things, but not for the provision of children's mental-health services.

SENATOR LESLIE:
Give me an example.

MS. COMEAUX:
Treatment homes are not licensed, so for the provision of basic skills training or psychosocial rehabilitation, there are no standards.

SENATOR LESLIE:
Are there no standards for an unlicensed facility?

MS. COMEAUX:
For anyone providing those services, there are no standards.

SENATOR LESLIE:
My point is that there are so many licensing standards. Why do we need to take positions away from direct services? With the budget crisis I am not about to take away direct service staff from providing treatment to children.

MS. COMEAUX:
We believe if there are standards developed, we will be able to move towards quality services being provided to children.

SENATOR LESLIE:
I think quality services are being provided to children in general. We have a lot of licensing requirements in place on health and safety. I am not under the impression we have people in licensed facilities providing substandard services to children. I think there are a lot of problems with this bill.

NORTON A. ROITMAN, M.D., F.A.P.A. (Nevada Psychiatric Association):
I have written testimony (Exhibit K) that I will read. There are already existing lines of employment authority from the administrator to DCFS employees, but there are currently no lines of authority defined from DCFS administrators to professionals and providerships in the community. It is unclear how this bill will exert that authority over psychiatrists, psychologists, providerships and other personnel.

MICHELLE CARRO, PH.D. (Nevada Psychological Association):
I am chair of the legislative committee for the Nevada Psychological Association, and we are standing united with the Nevada Psychiatric Association in opposition to this bill. We have sent a letter documenting our more specific concerns (Exhibit L), so I will share a more qualitative aspect of my experience in working with my committee and membership with this bill. The intent of S.B. 448 to standardize and assure that children's mental-health care in Nevada is of highest quality is incredibly important, and we do not dismiss the years of work and hours spent by the Commission and members putting this together. When I asked for feedback on this bill, there was an unprecedented flurry of e-mails, telephone calls, etc., that amounted to a collective anxious gasp, particularly in response to section 5 which names the DCFS as the authority of children's mental health in the State. It means our memberships together are not confident in DCFS in this role. The reasons and history for this lack of confidence are certainly complex. In large part it represents a shared experience by our members, psychiatrists and

psychologists, that our expertise, diagnosis, treatment and program development, have not only been underrepresented but devalued, and we have been disempowered in our functions that we were trained to do. We hope the pushback on this bill will be taken as feedback to fix what is broken in the relationships, professional partnerships and alignments that are needed to move this bill's intent forward.

BARBARA DECASTRO (Nevada Youth Care Providers):
We support the intention and understand the controversy of the bill. The ability to have children in Nevada receive quality assurance, quality services, continuity of care and accessibility of services in rural areas are items we support.

FRANCES BARRON (Chair, State Board of Health, Health Division, Department of Health and Human Services):
I have been a registered nurse for 44 years and have a master's degree in business administration. I am a member of the Southern Nevada Adult Mental Health Coalition and chair of the State Board of Health. I am opposed to the passage of S.B. 448. The role of government is to ensure that public policy is adopted, enacted and strengthens community capacity, not to take over the practice of medicine. It is perceived that this bill represents governmental takeover of medicine. The proposed CBHPAB would not have the clinical knowledge necessary to oversee its assigned responsibilities. Even a single mandated child psychiatrist consultant does not assure that the decisions of the CBHPAB will follow medical principles for safety or effectiveness. The line of authority from this lay board to doctors has no precedent for any medical subspecialty. There is no board that oversees radiology, surgery, obstetrics or any other doctor's practice. This board, as proposed, is subject to political and bureaucratic pressures that cause problems with the current system. I am concerned with section 5, subsection 1, of S.B. 448, which states "The Division is hereby designated as the mental health authority for children in the State of Nevada." Another concern is section 6, subsection 1 that states, "The Administrator shall: (b) Exercise supervision and control over the Division. Any official action of the Division must be taken by or pursuant to the direction of the Administrator." The DCFS currently has many problems. There is no evidence in this bill to suggest there will be an improvement in mental-health services in the community; in fact it will probably disorganize it. The focus of attention should be on improving outcomes in the DCFS through accuracy and diagnosis and evidence-based treatment plans, not export their own clinical decisions into the community. The two most important changes these

government agencies need to make are to assure that children's diagnoses are accurate and evidence-based treatments are used for these diagnoses. Improper diagnoses leads to poor outcomes, escalating costs due to readmissions, failed placements and costly out-of-state referrals. The way to ensure best medical practices and outcomes for our children is through positive performance of accredited hospitals and health-care organizations by means of a medical staff organization that is vested with the authority to oversee clinical treatment and clinical personnel formularies prescribing practices, medical quality improvement programs, risk analysis and physician supervision of nonpsychiatric medical interventions. We currently have the licensure in our facilities and the licensure of our professionals as Senator Leslie discussed.

DR. ANDREW EISEN (Chair, Clark County Child Death Review Team):
I am a licensed physician in southern Nevada. As a practicing pediatrician and a native Nevadan, I am as concerned as anyone with availability of high quality mental-health services for children. I am neutral on the bill overall. I appreciate the intent and the intentions of those in the workgroup who drafted it. I have serious concerns that echo those raised by Senators Hardy and Leslie under section 5, subsection 2, paragraphs (a) and (c) which empower the DCFS to establish performance standards and qualifications for all providers and facilities that provide treatment to children in the State and to conduct investigations of complaints against those providers and facilities. I am concerned not only with the workload, but also with the overlap of licensing authorities that already exist in the State. I am concerned about the Board and the potential paucity of expertise determining the qualifications of providers who already have to meet standards set by licensing boards, including: the Board of Medical Examiners, State Board of Osteopathic Medicine and the Board of Psychological Examiners. I am interested in seeing an improvement in the access to and quality of mental-health services for children, but I feel the way this bill is currently structured does not do that. I hope there are ways to amend this bill.

HELEN FOLEY (Marriage and Family Therapist Association of Nevada):
We share many of the concerns discussed today. There are about 890 marriage and family therapists in Nevada. In addition to having a master's level degree, they provide about 1,500 hours of clinical supervision with families and children before they are certified as a marriage and family therapist. To have three mental-health counselors and two interns deciding what curriculum and standards all of these mental-health professionals should have seems bizarre to us. Also, the makeup of the CBHPAB includes a lot of government employees.

There is one area in section 2, subsection 2, paragraph (k) listing six different types of mental-health providers and they are lumped into one, so you would only get one of them. Everyone else is just someone from government or family members of children with mental illnesses. I do not think this has been thought out the way it should be. There are a lot of problems with this bill.

JOSEPH HAAS, PH.D. (Juvenile Services, Washoe County Department of Social Services):
It seems to me that the meat of the bill establishes a key structure to ensure a comprehensive system of care for our State's most vulnerable youth who receive mental-health services in the State's public sector system. It seems the bulk of the objections raised today focus on the breadth of the regulatory authority that has been proposed, namely authority over already licensed and regulated mental-health professionals. In my opinion, it would be unfortunate to "throw the baby out with the bathwater" if the result of this hearing would be to abandon the bill altogether. A compromised position would be amendments that clearly address the concerns of the psychiatric association, the psychological association and other associations while still establishing the structure necessary for the Commission on MHDS and DCFS to oversee effectively the State's system of care for children with serious mental-health conditions in the public sector. Some of the issues we have addressed at the consortium level focus on fundamental deficits in the DCFS to monitor children in foster care, in the juvenile justice system and in group homes to get quality assurance data we need. In summary, I suggest we look at starting small by establishing through the DCFS some of the key regulatory things, with a better case being made for those. Also, we should address the concerns of the Nevada Psychological Association.

SENATOR KIECKHEFER:
There is a challenge getting quality-of-care data from DCFS, but this bill puts more of that function on them. If you do not like what you are getting now, you are going to get more of it.

DR. HAAS:
It is not that I do not like the data. In looking at our consortium level, especially with types of care provided in the higher level of the foster care system set up through the Medicaid mental-health care redesign, the DCFS does not have the authority to ask some of those unregulated providers to provide information on quality assurance of care. The Nevada Youth Care Providers has spoken in

support, in theory, of this bill. I think they are a collaboration on our consortium. Being able to address the key concerns of the DCFS, being unable to get key data, is a concern for us at a consortium level.

KEVIN SCHILLER (Director, Washoe County Department of Social Services):
I have participated in the mental-health consortium for several years and can appreciate all the concerns I have heard today. I am here to testify in support of whatever amendments can occur in a work session, if they are workable. We are in support of anything that can help improve our outcomes, particularly for the vulnerable children who sit in our system struggling with mental-health services. Mr. Haas covered most of what I would cover and I understand the double jeopardy discussion occurring around the licensing entities with having double oversight. If we can get an agreement on any level, even if it is very small, I would support that.

SENATOR HARDY:
I hear a suggestion coming.

MR. SCHILLER:
I do not know if I have "the" suggestion. If there is a way we can apply this to be specific for the children in our system and come up with some level of oversight in which the DCFS can be involved that is acceptable, I would support that.

SENATOR LESLIE:
I share the coalition's values in terms of making sure children get care. I think this bill is totally the wrong approach. I am willing to entertain another approach by next week, but I would encourage you to get very concrete in what would start us down the path. Go back to Dr. Haas and get the group to focus on exactly what is needed and the structure needed in order to get that.

DR. HAAS:
I think that is good advice. I would encourage the consortia to convene and talk about the key things they need. It would be unfortunate for those key things to be neglected. There could be some satisfaction given to the boards without an excess of government oversights.

SENATOR LESLIE:
We only have until next week. If there are resources the DCFS has that are not already dedicated to direct service staff, that would help with the effort, and we can talk about it. We cannot take direct services away from families.

JIM SERRATT (C.E.O., Willow Springs Center):
I am very encouraged with the cooperative nature of the comments that have been made today. I am always concerned about redundancy of regulation and oversight. We are always in favor of benchmarking, of finding the best way to do things and pushing the quality as high as possible. I had some people do some research for me last night. I found out we are regulated by no less than ten agencies. There are over 2,000 specific regulations I am responsible to follow right now. There are a lot of regulations for quality and safety. Some people will fall short, but there are regulations in place. We would support any measure that would help us in that regard.

CHAIR COPENING:
I close the hearing for S.B. 448 and open the hearing for public comment.

DR. ROITMAN:
I have experience in health-care administration. I ran the Nevada Mental Health Institute in Sparks, Nevada, and I have started a private for-profit managed-care company in Las Vegas. I have been in hospital administration from time to time. This need can be addressed without the top-down authority. We would need a collaborative working relationship between like-minded providers that want to form a network to identify barriers, generate some data about outcome measures and see what works and what does not. By collaborating, we would learn, and then government could help by reducing some of the artificial barriers that disconnect the flow of a child from one agency to another. I think it is doable, but I think the model of governance is more like an advisory committee for a governmental agency. A child needs to be able to move from place to place without starting a new chart over and over again, meeting all new people and having the medications switched. We need a way to diagnose accurately. The way children's mental-health costs are paid for has to inflate the diagnosis as fast as possible to assure payment. This is another area where government can help. The reason this bill needs to be scuttled is it does not have any of that "stuff" in it. It does not help the agencies or providers that are already serving children and does not help us to get together to figure out how children can

transfer back and forth through a lower level of care, when needed, without the barriers and liabilities they are experiencing now.

CHAIR COPENING:
With no further business to come before the Senate Committee on Health and Human Services, the meeting is adjourned at 5:28 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. 335	C	Senator David Parks	Written Testimony
S.B. 335	D	Jennifer Stoll-Hadayia	Public Health Alliance for Syringe Access Statement in Support
S.B. 335	E	Dr. Lawrence Sands	Written Testimony
S.B. 335	F	Hilary McQuie	Overview of Evidence for Sterile Access
S.B. 335	G	Melanie Flores	Written Testimony
S.B. 335	H	Stacey Rice	Written Testimony
S.B. 419	I	Tracey D. Green, M.D.	Proposed Amendment
S.B. 448	J	Kevin Quint	Mental Health Planning Advisory Council letter of support.
S.B. 448	K	Norton A. Roitman, M.D., F.A.P.A.	Written Testimony
S.B. 448	L	Michelle Carro	Nevada Psychiatric Association/Nevada Psychological Association letter of concern