

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

**Seventy-Seventh Session
May 1, 2013**

The Committee on Health and Human Services was called to order by Chair Marilyn Dondero Loop at 1:38 p.m. on Wednesday, May 1, 2013, in Room 3138 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. The meeting was videoconferenced to Room 4401 of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. Copies of the minutes, including the Agenda ([Exhibit A](#)), the Attendance Roster ([Exhibit B](#)), and other substantive exhibits, are available and on file in the Research Library of the Legislative Counsel Bureau and on the Nevada Legislature's website at nelis.leg.state.nv.us/77th2013. In addition, copies of the audio record may be purchased through the Legislative Counsel Bureau's Publications Office (email: publications@lcb.state.nv.us; telephone: 775-684-6835).

COMMITTEE MEMBERS PRESENT:

Assemblywoman Marilyn Dondero Loop, Chair
Assemblywoman Ellen B. Spiegel, Vice Chair
Assemblywoman Teresa Benitez-Thompson
Assemblyman Wesley Duncan
Assemblyman Andy Eisen
Assemblywoman Michele Fiore
Assemblyman John Hambrick
Assemblyman Pat Hickey
Assemblyman Joseph M. Hogan
Assemblyman Andrew Martin
Assemblyman James Oscarson
Assemblyman Michael Sprinkle
Assemblyman Tyrone Thompson

COMMITTEE MEMBERS ABSENT:

Assemblywoman Peggy Pierce (excused)



GUEST LEGISLATORS PRESENT:

Senator Moises (Mo) Denis, Clark County Senatorial District No. 2

Senator Joseph (Joe) P. Hardy, Clark County Senatorial District No. 12

STAFF MEMBERS PRESENT:

Kirsten Bugenig, Committee Policy Analyst

Risa Lang, Committee Counsel

Harle Glover, Committee Manager

Janel Davis, Committee Secretary

OTHERS PRESENT:

Doug Dobyne, Private Citizen, Las Vegas, Nevada

Morgan Baumgartner, representing Nevada Resort Association

Cliff Vellinga, Private Citizen, Las Vegas, Nevada

Chris Darling, Private Citizen, Las Vegas, Nevada

Mary Beth Scow, Member, Board of Commissioners, Clark County; Chair,
Southern Nevada District Board of Health

Chris Giunchigliani, Member, Board of Commissioners, Clark County;
Member, Southern Nevada District Board of Health

Michael Cathcart, representing the City of Henderson

Kristina Swallow, representing the City of Las Vegas

David Truax, Intern to Senator Joseph P. Hardy

Daniel Spogen, M.D., Chair, Department of Family and Community
Medicine, University of Nevada, Reno School of Medicine; Director,
Board of Directors, American Academy of Family Physicians

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

Chair Dondero Loop:

[Roll was called. Rules and protocol were explained.] We are going to take the agenda out of order today.

I will open the hearing on Senate Bill 315 (1st Reprint). I would like to welcome Senator Denis.

Senate Bill 315 (1st Reprint): Revises provisions relating to health districts.
(BDR 40-1066)

Senator Moises (Mo) Denis, Clark County Senatorial District No. 2:

I appreciate your allowing me to go first today. Before I go through the bill, I want to tell why I am bringing this bill forward. For a year and one month, I was hired to work at a construction company that does recycling. I was mostly doing technology stuff. It was a family-owned business, and they asked me to look at some other things that were going on. One of the members of the company wanted to get some representation on the State Board of Health for recycling. I was able to attend some of their meetings. I also did some research and found that 68 percent of the things they were doing at the health district meetings was recycling. They had no one on the board who had any recycling experience from that industry. There was one position that had been set aside for a nongaming business to be represented on the board, but the actual position was filled with a person who was a contractor to the gaming industry. In essence, they had two positions, but did not have the expertise. I got to meet a lot of different recycling company folks. They would show up to the meetings and were able to get some input. In going through that process, I thought that we needed to make a change.

Senate Bill 315 (1st Reprint) seeks to amend *Nevada Revised Statutes* (NRS) 439.362, which is the statute that creates health districts and provides for the composition of health district boards. There are two primary purposes of S.B. 315 (R1), both of which have to do with modifying the composition of the health district boards. The modifications are to the criteria for one of the existing members of the board, and the addition of another member to the board. [Senator Denis continued to read from his prepared remarks ([Exhibit C](#)).]

Section 1 of S.B. 315 (R1) contains three changes to NRS 439.362. These changes are the basis of the proposed legislation. The first change in section 1 of the bill is the modification of the qualifying criteria for one of the existing members of the Southern Nevada Health District Board. For your reference, this member is provided for in section 1, subsection 2, paragraph (b), subparagraph (4) under NRS 439.362. Currently, this member of the board has to be a representative of a nongaming business that is subject to regulation by the health district. Subparagraph (4) of the bill changes that criteria for this particular member of the board to instead indicate that the business representative cannot be an owner, employee, or independent contractor of a gaming establishment. [Senator Denis continued to read from his explanation of the bill ([Exhibit D](#)).]

Assemblyman Thompson:

Will you now be expanding the board from 14 members to 15 members?

Senator Denis:

That is correct.

Assemblyman Thompson:

Are there currently any challenges with meeting a quorum?

Senator Denis:

No. They also have alternates. If a member cannot make it, there is an alternate available who can take his place. In the particular case of the nonbusiness person, or the nongaming position that we are clarifying in this section, that representative has not missed a meeting in four years. The alternate has never had the opportunity to serve.

Assemblyman Thompson:

In certain boards that we might administer, or be responsible for, many times we miss the boat for the consumer. The health district is so vast. It seems that this is a lot of government and business. The actual person, or persons, or a special interest group such as the American Lung Association or American Heart Association, or an actual person who has a current chronic disease, could add so much more to this board. That is more of a consideration being that you are now proposing to bring on someone from recycling, but you should look at that part as well.

Senator Denis:

When I looked at this issue, I thought of that, as well as redoing the whole makeup of the board. We have worked with a lot of different individuals. One of the things that came up on the Senate side was to possibly do an advisory board, similar to the Planning Commission versus City Council. I think we need to look at the overall structure in governance of the Health District. That became much more than what I thought we could do during this legislative session. I was looking for a way to get to something that is an important issue not being represented—not to say that those are not—but there are more issues than we are talking about. It would have to be more specific if you are going to put somebody on the board who represents some other constituency.

Assemblyman Eisen:

I am curious about the specific language that is used in section 1, subsection 2, paragraph (b), subparagraph (6). As I look at the descriptions in subparagraphs (3), (4), and (5), they list one representative who has a background or expertise in environmental health or environmental health issues; one representative of a business that is subject to regulation by the health district and one representative of the association of gaming establishments. In the new subparagraph (6), it specifically says: "One representative who is an

employee. . . ." I am just curious about the thought process for this section. Why would that representative have to be an employee, but the representatives from the other areas would not?

Senator Denis:

Part of that is because in the other positions we are talking about representatives of an association. I think those other industries are far more organized. Compared to those other industries, recycling is a fairly new industry in Nevada. There used to be very few people who recycled. They are actually getting more and more organized. Currently, they do not have an association, which may change in the future. We were looking to make sure that, in subparagraph (6); it was a person who is associated with a recycling company because there is no association.

Assemblyman Eisen:

It seems to me that the goal is to have a representative to mirror the language in subparagraph (3). Subparagraph (6) concentrates specifically on requiring an employee of an entity that specializes in recycling. For example, you could have someone from the academic world who has expertise in this issue. It is really the expertise being brought to this board that is of the most importance. I am trying to understand why it would specifically need to be an employee.

Senator Denis:

That is a good question. There are some individuals who have that expertise out there, but the ones who work in the industry day in and day out have the real-world experience when it comes to recycling. That is why we did it that way.

Assemblyman Hambrick:

I would like to revisit subparagraphs (4) and (6). In your interpretation of the way it is written, could there then be two representatives from the recycling industry?

Senator Denis:

The way it is currently done, they were able to interpret it to have a second gaming person by having a contractor. That is what we are trying to clarify in that section because there are other industries that could do that. It is up to the board itself to decide who their members will be. They go through a process to do that. If they wanted to, they could probably do two. I think the legislative intent is clear; we want one member from recycling and the other member from something other than that.

Assemblyman Hambrick:

You said the magic words: legislative intent. So, it is your intent not to have two representatives from any given industry, other than the health industry. Would the intention in subparagraph (4) and (6) be to not have two members from the same industry?

Senator Denis:

That is the intent, correct.

Assemblywoman Fiore:

I do not understand why it has to be specific to recycling. This is the Southern Nevada Health District. There are restaurants and so many other people involved with health cards and the district, et cetera.

Senator Denis:

When I attended the board meetings, I discovered that 68 percent of all business being done was recycling. Every time they had a board meeting, 68 percent of their time was spent on recycling matters. That was the reason for this whole bill. If they were not doing so much, then there would be no need for recycling. Since recycling is an up-and-coming industry, we want to encourage new industries to come to Nevada. We have the opportunity to recycle and bring more jobs into the state. Many of the applications that the health district receives, and the things that they do and approve, are recycling. That was not being represented on the board.

Assemblyman Martin:

I noticed in section 1 that you are now introducing the concept of term limits, effectively. It seems that two terms, two years, is very restrictive for a large board. I think that is going to have an impact on the institutional knowledge of the board. You are obviously dropping it in there for a reason and addressing a specific issue, but if you can comment on the rationale behind implementing such a restricted term limit, I would appreciate it.

Senator Denis:

The only thing I noticed when we went through this process is by having term limits—while there is institutional knowledge that is important to have—the elected members can serve the term they have. They can provide some of that. By having term limits, it allows for the opportunity to bring in more people from different parts who can share their expertise. By having longer term limits, fewer people have the opportunity to share their expertise. There are some wonderful individuals out there who could share their abilities, but never get the opportunity when the term limits are longer.

Chair Dondero Loop:

I am looking at page 2, line 14, where it discusses a representative as a nurse licensed to practice nursing. The next line discusses a representative with a background in environmental health. Could that not be the same person? Could you be an environmental health nurse? I recognize that you might not be the same person, but could that be a duplicate person in that position?

Senator Denis:

I believe when they went through this process last time, they had an individual who had expertise in two different things. They can only apply for one; they cannot do both.

Chair Dondero Loop:

If I were an environmental health nurse, I might fall under that environmental health piece and they would still find a nurse to fill the other piece?

Senator Denis:

Correct.

Assemblywoman Spiegel:

In section 1, subsection 2, paragraph (b), subparagraph (6) when it talks about an employee who specializes in recycling, is there a reason why you left out independent contractors or owners from being considered as well?

Senator Denis:

No. An owner would obviously be an employee. The board has already interpreted a contractor differently on the other piece; there is no particular reason for that, it is just the way it ended up.

I would like to make a comment. There was an article that came out in the newspaper this week that suggested I was doing this because it benefits a previous employer—because a previous colleague with whom I had worked was one of the people who applied for this. This is not an attempt to get my previous colleague a position on the health district board. Going through this process with him is where I learned about all of this and that there was a need. My intent in this bill is to help get more recycling to happen in Nevada and be able bring in those jobs that come in from recycling.

Chair Dondero Loop:

Thank you. Do you have the name of the person wishing to testify in Las Vegas?

Senator Denis:

Yes, his name is Doug Dobyne.

Doug Dobyne, Private Citizen, Las Vegas, Nevada:

I am here representing myself and speaking in support of S.B. 315 (R1). The current structure of the Board of Health for health districts consists of 14 members of which 8 are elected officials and 6 are appointed by the elected officials. This bill looks to clarify some existing language and add one important new position. Currently, the gaming industry has a guaranteed member on the board. There is also a business industry position which represents an industry regulated by the health district; however, with the current regulatory language, the board now has two members that are both paid for by the gaming industry.

I believe that this bill is clarifying existing language so that the other industries regulated by the health district get representation. It also makes sure that the representative is an employee of a regulated business and not some third party. In regard to a recycling position, as Senator Denis mentioned, there are currently over 60 recycling companies, material recovery facilities, or waste management facilities within the Southern Nevada Health District with several new businesses applying for licensing every month. Recycling has become one of our largest growth industries in southern Nevada. Having a board member who is knowledgeable about recycling will help provide representation to this growing industry and provide guidance to the board on the importance of recycling in terms of job growth and preserving our natural resources for all of Nevada. By adding this one position to the board, we will now have 15 members consisting of 8 elected officials and 7 appointed members. The elected officials will maintain their majority, but we would now have an odd number of board members which should eliminate any potential tie issues.

I personally have always been a big believer in term limits. Currently, the health district board has an alternate for every appointed board member. This allows for the institutional knowledge to be passed along. By imposing term limits on the appointed members only, we offer new ideas and skills to be brought to the board.

Assemblyman Thompson:

Why would we exclude a business that is disposing of municipal solid waste? Why not stop at one representative of an entity that specializes in recycling period?

Doug Dobyne:

I assume you are talking about the municipal franchisees who pick up waste at homes?

Assemblyman Thompson:

Yes.

Doug Dobyne:

Their business is all guaranteed by contract with the various municipalities. So, how they conduct business, what their charges are, what they are allowed to take, and what business they have to share with the independent companies, is regulated by their civil contracts.

Assemblyman Thompson:

Why would that exclude them from participation? Whenever you are on a board, there is some type of conflict.

Doug Dobyne:

I apologize. I do not have the bill in front of me. Under the recycling portion, I believe that does not solely exclude somebody from one of the franchisees. The particular franchisees in Las Vegas actually own some material recovery facilities and participate in recycling. Theoretically, they could put their application in like any other company or individual.

Senator Denis:

In the original bill that came out, we had a separate piece for that. We talked to some of the municipal waste folks who already have that contract. We were trying to avoid making the board too large because there is a longer range plan in what I would like to see done with the board. We were originally going to make it smaller and do this other piece, but in talking with them, it was not as big of an issue. Perhaps those folks are here and could talk to whether they have an interest in that or not. We had set two because one is regulated. The ones who do residential have protections that the other recycling industry folks do not have because of the contract that they have. We wanted one from the industry that was nonregulated, and we were going to put a second piece in, but in order to keep the board from getting too large, we did not go that route.

Chair Dondero Loop:

Are there additional questions? [There were none.] I will call those in support of S.B. 315 (R1).

Morgan Baumgartner, representing Nevada Resort Association:

We are in support of S.B. 315 (R1). We worked with Senator Denis on some of the further refinements of the amendment that he proposed during the Senate proceedings. We understand his intent. We would also like to state that the entity of the health district is composed of members of the regulating industry. We believe it is an important component because it has such a wide range of

issues they address; we feel it is important to have industry representation to consider these very specific and difficult issues. This is particularly with respect to the gaming industry. A lot of the decisions and regulations made have a very big impact, not only on our businesses and employees, but on the broader economy in Las Vegas and the way these things are handled. We appreciate Senator Denis' attention to this. We support the bill as it came out of the Senate.

Chair Dondero Loop:

Are there any questions from the Committee? [There were none.] We will go back to support in Las Vegas.

Cliff Vellinga, Private Citizen, Las Vegas, Nevada:

I am an employee of Silver Dollar Recycling in the city of North Las Vegas. I am in support of this bill because I feel that recycling needs to have some representation on the health district board. Recycling contributes more to the removal of material from the landfill and causing material to be recycled back in to viable uses. It is a changing industry; it is an industry that is always finding new ways to be able to take things that are discarded and bring them back in to use. In order for the recycling industry to continue with these types of things, we need to be able to have someone who understands our industry who can represent us on the board. It was mentioned that we should not let a person who was in the solid waste business be in this position. My feeling is that they tend to want to keep everything the same and maintain a status quo which is not conducive to recycling and innovation within the recycling industry.

Chair Dondero Loop:

Are there any questions?

Assemblyman Oscarson:

It is important to recognize that there are a lot of different types of recycling going on. We are not just talking about automobiles and salvage. There is a great deal of different types of that industry going on. I think the representative could come from any one of those. For example, they could come from medical waste recycling or from the type of recycling that you do out of Silver Dollar Recycling, et cetera. It is important to recognize that there is a whole gamut of things that come under the recycling clause.

Cliff Vellinga:

We are not in medical waste recycling, but I do know some folks who are. We recycle all nonferrous and ferrous metals, cardboards, and plastics. In the industry, there are all kinds of new things that are starting to be recycled that are removing things from the landfill. We are currently under application to

begin to recycle green waste, which contributes to almost 40 percent of the material that goes into the landfill. If we could process this into a product that could be used in the process for the generation of energy, that would be a tremendous influence on the material that is being recycled. These are innovations that are coming about within the last while. As those innovations come about, we need to be able to have people who understand our industry.

Chair Dondero Loop:

Are there any questions from the Committee?

Assemblywoman Fiore:

Thank you for your presentation. I heard a lot of opinions from you. Do you have any studies on those opinions, or do you just think your company should be the one we expand government on this board with?

Cliff Vellinga:

I have been in the industry for 25 years, so I consider myself to have some experience. As far as studies, no, I do not have studies. I have studies that have been done on some of the possibilities of new recycling.

Assemblywoman Benitez-Thompson:

The bill itself and what we are trying to get to is begging the question of having stakeholder representation on the board in the same way that you have gaming on the board because they are stakeholders. The best types of public policies developed are those in which you have input from the folks that impact it the most. As I look through some of the health districts' different board meetings, there were a lot of issues around recycling in many different ways. It looks as though there is a medical corridor subcommittee. As Assemblyman Oscarson said, recycling is a big world and it looks to be a topic of conversation. It seems like it would make sense to have stakeholders who are the most impacted sitting at the table talking about the policy that impacts them.

Chair Dondero Loop:

Would you please explain to me what green waste is?

Cliff Vellinga:

Green waste is the material that is generated mostly by landscapers. It is the trimmings that come from bushes and trees. Right now, it is typically going 100 percent into the landfill. Recycling this into something that could be used for energy would be good. It is also good for composting and making soil which is something that we could use to be able to grow things here in southern Nevada. Those are things that take this material that currently go into the

landfill and generate methane gas to be made into something that would be more useful to the community.

Chair Dondero Loop:

Thank you. Is there anyone else in support?

Chris Darling, Private Citizen, Las Vegas, Nevada:

I am the owner of a material recovery facility in Las Vegas. We are governed in Las Vegas by the Southern Nevada Health District. Recycling changes daily with new methods of technology. A board member should have the background and the latest technology so that Clark County has the up-to-date recycling methods, rates, and policies in effect. Clark County currently has a low recycling rate compared to other counties in the state. We need to increase the rate. By adding a recycling industry member, we will increase our recycling rates and keep material out of the landfills. California is currently shooting for a 75 percent recycling rate from construction sites and primarily from a material recovery facility. We also do construction sites and that is called construction and demolition (C&D). Southern Nevada Health District's goal is about 20 percent, which is a low delta. There are ways that Clark County can close that delta. I ask that a member of the recycling industry be on the board of the Southern Nevada Health District.

Chair Dondero Loop:

Thank you. We will now go to opposition for S.B. 315 (R1).

Mary Beth Scow, Member, Board of Commissioners, Clark County; Chair, Southern Nevada District Board of Health:

Clark County developed the proposed amendment ([Exhibit E](#)) with the input of the Cities of Las Vegas, North Las Vegas, and Henderson. The amendment is intended to accomplish three things. First, it changes the composition of the board to include elected officials in a structure that replicates other regional boards like the Regional Transportation Commission. Second, the amendment shifts the nonelected board members to an advisory committee in order to preserve the ability for the board to receive formal input from the business and medical community on items for the board. Third, it allows one member selected by the advisory committee to serve on the board in order to formalize the input of the advisory committee in addition to whatever other means of input the advisory committee determines.

We have an error. This amendment ([Exhibit E](#)) was formulated off the reprint from the original bill, and it does not include the solid waste person. We would like to add the solid waste person to the advisory committee as it was stated in the original bill. I believe these amendments are essential to the bill because it

is important to change the board to include primarily elected officials because the board has significant responsibility both in the expenditure of taxpayer dollars and in the setting of policies that regulate businesses from restaurants to resorts to pools. This responsibility should be vested in a board that is responsible to the voters. Currently, voters have no recourse against the nonelected appointed members who make decisions regarding public funds and public policy.

Our amendment also expands the advisory committee to include the members suggested in the original language, as I mentioned, and allows the board to add other members to the advisory committee as necessary. We believe this is important because formal input from the business community is a necessary component to effective decision making for the board. We believe these changes are important to improve the functioning of the health district and to provide more accountability for the policies in expenditure of funds.

I would like to comment on some of the discussion that preceded us. Senator Denis mentioned that recycling has been much less of an issue for the board. There was a change last fall that took much of the permitting process to administrative levels, so we have seen much less of that recycling permitting. We have alternates. In some ways, that is a difficulty because we often do not have the same people meeting after meeting, so there is a loss of continuity. We believe that these changes would be very helpful in the functioning of the Southern Nevada Health District.

Chair Dondero Loop:

Are there any questions for Ms. Scow?

Assemblywoman Spiegel:

As the bill exists right now, there is a provision for term limits for the industry representatives. I was wondering what your thoughts are about those term limits essentially being four years.

Mary Beth Scow:

We had discussion about that in our board meeting. I do not have a problem with having term limits. Four years gives a person adequate time. At the present time, I do not think that we have term limits, so we have people who have served for a very long time. I do not think that matters as much to our board members as the composition of it.

Chris Giunchigliani, Member, Board of Commissioners, Clark County; Member, Southern Nevada District Board of Health:

I think Senator Denis was actually trying to fix one of the problems with the board, and that is we are not reacting to the industries that are always regulated. In the last four years, we have licensed over 35 material recovery facilities. We have brought those people into compliance that used to dump out in the desert. I have to commend these small businessmen and women that have come forward because their industry has not been fully represented. It was about 68 percent of the board's decisions that had to deal with recycling discussions more than anything else, other than food and pools. I have a feeling that the Senator's genesis of this was wanting to make sure an industry that is regulated has a voice.

I believe those elected are accountable to their constituents and should be the ones that regulate and should be the only ones who are able to tax or establish fees. The Board of Health does all of that. You have almost a majority of people who are not accountable to the general public that vote on fees and regulations that regulate their own industries. You do not have an industry that is regulated sitting on the Public Utilities Commission; you do not have a person that is regulated sitting on buses; you do not have individuals who are regulated sitting on the board that establishes their very own regulations. In my mind, it just creates a potential for a conflict.

We worked with the other elected officials that served there and that is why we have support from them. With regard to the amendment ([Exhibit E](#)), it is not to take away; it is to restructure. Very truthfully, the restructuring when the health district was taken out of the county as a department was one of those midnight amendments, and we have been dealing with it in a dysfunctional way for quite some time. I believe Senator Parks tried to do legislation to restructure it years ago. I think Senator Denis is attempting to do that, just in a different way. We are all kind of on the same page, but how we are getting there may be a little different.

The amendment that Commissioner Scow recommended keeps the representation from the electives and suggests that you create an advisory committee. There are authorities that could be given to them, but that way, they could be the first individuals, as stakeholders, that receive proposed regulations or proposed public input, and can seek it from their own industry and present that to the board for final approval. I believe we have recommended that a share of that commission be a nonvoting member of the board. There are different ways to be able to structure that. I think Assemblywoman Benitez-Thompson is correct. It is about who the stakeholders are that have the input. There are a lot of folks missing from this list. I worked

with Assemblywoman Kirkpatrick to make sure that chefs have never been involved in any of the regulatory piece with regard to food. They have never been sought out before. So we put together a committee to meet with the health district. You have nonprofits that represent those in the field that deal in health care, whether it is Almost Family (AFAM) or community counseling. There is a variety of different groups that have never had a seat at the table. Our intent was to make this, at a minimum, what the advisory committee should have. There may be other individuals who represent various industries that are regulated by the health district that should be on an advisory council to flesh out their input, flesh out the regulations, and flesh out the fee structure. But in the ultimate end, the electives should be the ones voting on it. No other board that I am aware of that is a regional board, has this kind of a makeup.

Since they could never make quorums, they had a backup for everybody, and that is what we have done all these years. You could go to one board meeting and all six or seven nonelected members are different people from the meeting a month before. It makes it difficult for history, for continuity, and is dysfunctional. We are trying to work with the intent of what the Senator had, which is recycling and those folks in solid waste who should have a seat at the table and they have not yet. That said, I do not personally believe that nonelecteds should be voting on their own regulatory process. I believe that should go back to the individuals who are elected from their entities.

Chair Dondero Loop:

Are there any questions from the Committee?

Assemblyman Sprinkle:

Was this amendment proposed on the Senate side?

Chris Guinchigliani:

Yes it was.

Assemblyman Sprinkle:

I understand a lot of what you have just explained as far as the necessity for an advisory committee. I am wondering if you could describe to me, in your mind, how this makeup is and what kind of influence they would have over the board and how often they would be meeting. It is not described in the amendment.

Chris Guinchigliani:

We would envision them meeting on a monthly basis. We meet monthly at the end of the month. I would think that they would meet prior to that because we have shifted so much in the last year administratively. That is where the administration, the outreach to the public and stakeholders that are going to be

regulated should be the front-runners of sifting through that; making sure the right people are at the table to give them input. They would then work with the administration to bring forth regulation, fees, structures, policy changes, and health care policies that need to come into play. They would almost become a recommending committee so to speak. They would recommend to the board of directors of the health district. If they do not reach a solution, they could have minority reports and function like anything else, but, to me, that is almost like our town boards. They are the ones that hear closest to the constituents that are there, and they sift that out and then they make their recommendations to the Board of Health in and of itself. The Board of Health becomes the final vote.

Assemblyman Sprinkle:

Could you go into more detail about the makeup of this board? Are we talking 10 people or 100 different representatives?

Chris Guinchigliani:

That is a very good question. We envisioned leaving it similar to what it already is as those representatives, adding the recycling, solid waste person since we left that off. I believe that nonprofits in the health care world, or chefs or those who deal directly with the food handling, should have some input from time to time. Nothing would prohibit an advisory board from pulling together community stakeholders from a particular industry if that is a regulation that is coming forward.

For example, say they were looking at how you can Cryovac your food and allow it to be in. We only outreach to a very small group of people. Come to find out, the people who actually order and prepare and deliver the food were not aware of the changes that were made. Many of the casino industry folks came back and said, "How did you do these regulations?" They should be on the front end; government should not do it to some industry, they should seek the industry's input on the front end, and that is what we were trying to envision by restructuring how we get the information as a board of directors. I will point out that the gaming representative that is in the statute was only added last session, and they were added because they were frustrated with how the board was dealing with business overall. With those types of situations, you cannot just keep adding people to a voting board in order to be able to accommodate it; you try to fix the problem managerially. I think we have worked on that part. Secondly, you look at where your stakeholders' input is. They should be on the front end.

I would not want the board to be any larger than nine people. Right now, you have a health board that is 14 members and is going to 15 members. That is

not a functional board, very truthfully. We tried to say that you must include X, Y, and Z if you are interested in an amendment, then capping it at some point might make sense. They can always pull together subcommittees made up of a specific industry. When we were doing tattoos, for example, we finally said, as a board, "Go get the people who are in the business and bring them into a meeting and have them help us walk through this." We did not know the difference between certain needles and those areas. That is where an advisory committee would be absolutely ideal. I think that is what we were trying to envision here.

Chair Dondero Loop:

Have you discussed your amendment with the bill sponsor? And did I hear you say that you presented this to the Senate?

Chris Guinchigliani:

Yes. Commissioner Scow did the presentation and testified on the Senate side. Senator Denis was quite aware. Out of respect, I emailed him today that we would be here. We respect him, and we did not want him to be blindsided in any way. I think Senator Denis had a goal, which was to make sure another stakeholder group was anticipated. I think everyone was unsure if the amendment was too cumbersome or not, but I do not think it would be.

Chair Dondero Loop:

Is there anyone else in opposition to S.B. 315 (R1)?

Michael Cathcart, representing the City of Henderson:

We are here to voice our support for the amendment offered by the Clark County Commissioners. We echo their sentiments.

Kristina Swallow, representing the City of Las Vegas:

Like the City of Henderson, we echo the concerns brought up by the Commissioners, and we support the amendment that they have proposed.

Chair Dondero Loop:

Is there anyone in the neutral position? [There was no one.] Senator Denis, do you have any closing remarks?

Senator Denis:

As you can tell, with the amendment, there are a lot of pieces to that. I was kind of amenable to looking at some of that, but I realized that there is not enough time to work all of that out. During the interim, I tried to get some folks to talk about it, but the best way to get people to talk about it is to bring a bill to the Legislature. I think we can continue to work on that. I will mention that

there is a benefit to have nonelecteds on the board also. The majority are still elected and they have the opportunity to vote. I mentioned earlier that they have alternates. The alternates for the nonelecteds never get to participate because the person who is appointed is always there. The elected have a harder time. The alternates they have get used a lot more because they have a lot more conflicts. There is a lot of continuity with the folks who are nonelecteds. I think that voice is important to have on there; however, going forward, we still need to look at this. There is a lot more work that needs to be done, more than what we have today.

Chair Dondero Loop:

I hope those of you who need to get together have 30 minutes between now and May 17, 2013. I will close the hearing on S.B. 315 (R1). I will now open the hearing on Senate Bill 318 (1st Reprint). We will welcome Senator Hardy.

Senate Bill 318 (1st Reprint): Requires the Commissioner of Insurance to conduct a study concerning claims, coverage and payments under policies of dental and health insurance. (BDR S-1061)

Senator Joseph (Joe) P. Hardy, Clark County Senatorial District No. 12:

Senate Bill 318 (1st Reprint) has been worked over particularly by my intern from University of Nevada, Las Vegas. He has practiced his presentation and wants many difficult questions if you can give those to him after his presentation.

David Truax, Intern to Senator Joseph P. Hardy:

Senate Bill 318 (R1) helps look for a solution to a current problem regarding oral surgery and we believe it can help us find one. When you go to a dentist under dental coverage and you are told you need to have your painfully impacted, infected tooth removed, your dentist refers you to an oral surgeon who can charge either under your medical insurance or dental insurance because he is both a dentist and an oral surgeon. Your dental procedure is covered under your insurance after the oral surgeon so confirms. [Mr. Truax continued to read from prepared testimony ([Exhibit F](#)).]

We have spoken with the Commissioner of Insurance, and he is on board with conducting the evaluation so there will be no fiscal note.

Chair Dondero Loop:

Are there any questions? [There were none.] Senator, do you have anyone you would like to call up in support?

Senator Hardy:

My intern instructed me that we would like only the people in support to come up.

Chair Dondero Loop:

Is there anyone in support for S.B. 318 (R1)? [There was no one.] Is there anyone in opposition? [There was no one.] Is there anyone in the neutral position? [There was no one.]

Senator Hardy:

Thank you.

Chair Dondero Loop:

I will close the hearing on S.B. 318 (R1). I will now open the hearing on Senate Concurrent Resolution 4.

Senate Concurrent Resolution 4: Encourages the Department of Health and Human Services and the Commissioner of Insurance to work with health care providers and insurers to develop a patient-centered medical home model of care. (BDR R-507)

Senator Joseph (Joe) P. Hardy, Clark County Senatorial District No. 12:

Senate Concurrent Resolution 4 is designed to have the Committee and the Legislature and the people aware of what we call the Patient-Centered Medical Home (PCMH). The PCMH is an opportunity for a person to have a personal, ongoing relationship with the physician and continue that comprehensive care in such a way that there is a team approach to that care. The concept is to increase access to care and increase the quality and availability of care, as well as to save money and to have family involvement, feedback, and change the paradigm from fee for service to a system of service where you would sometimes have a per patient, per month set reimbursement.

We are trying to get away from "If you are sick, come in, I will treat you, I will charge you," to "How can I prevent you from getting sick and how can I take care of your needs?" And, "When you do go to the hospital, how I can get you out of the hospital into caring hands effectively so that you do not have to be readmitted." You will find that many people in the hospital sector, as well as the private and public sector, are interested in this kind of idea.

Likewise, we in Nevada, when we train medical students and residents in medicine, we are interested in training them in such a model because this is the model that has been well studied and is rolling out in many places. The major insurance companies are interested in doing this. I recently talked with the

Blue Cross Blue Shield representative who is the patron saint of the PCMH. They position their 1,000 job opportunity in Ogden, Utah, instead of Nevada because they have a system of taking care of their patients the way they would like to do it.

You should have a colored sheet on PCMH ([Exhibit G](#)) that gives you some of the particulars, as well as the PCMH. I have a companion bill that talks about how it will be done that is much more problematic than the resolution of "we like it." This is the resolution of making a public statement. We like PCMH and we are still trying to figure out how to implement it and let it go forth. Dr. Spogen is here as a fellow family physician and as a person who knows more about it than I do.

Chair Dondero Loop:

Thank you. Are we going back to the old days when Dr. George used to come to my house?

Senator Hardy:

Yes. That is a good way to see it. Marcus Welby is coming back. In the days of technology, we have an opportunity to make use of the whole team in a more effective way. We are using the nurse to make sure that the person who gets in the hospital has an ability to not only get out, but have care as they go out and make sure everyone is in place so that there is not a lapse in the medication and prescriptions are obtained. There is an accountability portion to this; opportunities and organizations or accountable care organizations that come into this.

This has been somewhat implemented with the MGM in Las Vegas, even the federally qualified health clinic in Las Vegas. We have, in part, done some things in Nevada and need to fully implement this. This is the resolution that says, "Yes, we believe that we should take better care of our patients without waiting for them to get sick to do it."

Chair Dondero Loop:

Are there any questions or comments?

Assemblyman Eisen:

While I appreciate the nearly historical reference to Marcus Welby, I have to say that, in recalling what Senator Hardy said about what we teach medical students these days, in orientation for our medical students currently, I actually put up a picture of Robert Young as Marcus Welby. None of the students know who he is; one student thought he was Dr. Kelso from the television show Scrubs. The point I make in saying that—and I want to emphasize this to go

along with the understanding of where we are trying to head with this—is that Marcus Welby is not where we are going. This is not the physician-centered process; this is a patient-centered medical home. The idea is that we utilize all of the health care professionals on the team to their maximum benefit to the patient. It is the coordination of that which is the key, and that is what makes the bill so much more complicated in how you actually put that into place. This idea that we have a coordination of care in order to, first, have the best possible outcomes, and, second, to have the most cost-efficient delivery of health care, is what I think this is after. I think this is the direction we need to go. I am really looking forward to the bill piece of this as well, but it is important that we know this is a move forward to a more coordinated kind of care.

Chair Dondero Loop:

That disappoints me slightly, since Dr. George, who delivered me, is still alive. He will be 100 years old this month. Are there any more questions?

Assemblyman Thompson:

Can you explain the engagement process? I have been reading up on this process. We are going to have people who are homeless and people depending on welfare services. Many times, they access emergency care when they need to. Can you explain the engagement process and how it is culturally sensitive, inclusive, and if there are language barriers? How do you make it where we want it to be?

Daniel Spogen, M.D., Chair, Department of Family and Community Medicine, University of Nevada, Reno School of Medicine; Director, Board of Directors, American Academy of Family Physicians:

This is very much a passion of mine. To answer your question, Assemblyman Thompson, I think that is the whole idea behind the team concept to medical care. We realize that a lot of the health care issues of the day are what we call social determinants of health. Some of that might be mental health or a lack of ability to get to exercise equipment to stay in good, physical condition or nutritional health. Part of the PCMH is to have infrastructure available so that you can be more proactive in your care and take care of problems when they are more of a nutritional need, rather than having out-of-control diabetes.

We are looking to develop a system. The problem is it takes more costs up front than normal primary care. Currently what happens is you have what we call reactive care. You wait for someone to come in—maybe they are complaining of an infection in their foot—and you start backtracking to figure out why they got there and see what you can do about it. Sometimes, it is too late to take care of a lot of those problems. Then, we are ending up with a lot

of chronic morbidity from having a lot of disease process. If you can move it more up front and start taking care of the problems that you mentioned earlier, then you can prevent a lot of those health care costs down the road.

Assemblyman Thompson:

I am going to dig deeper. For example, with the homeless, we have outreach teams. With this, I am envisioning the physicians actually joining the outreach team. Most of the people who are homeless, as long as they have a valid Nevada identification card, they are going to qualify for the services. I mean actually going to those persons to, like you said, reduce the morbidity rate and get people in who are vulnerable and get them into services. Being able to go into communities that have a language barrier or, if there is a community meeting that is going on where everybody always assembles, and really letting them know about this and getting them enrolled so we are extremely proactive and not reactive.

Daniel Spogen:

I totally agree with that. Our county clinics in the Reno area are already working at developing their own PCMH. So, this is not something that people are waiting for to happen because they realize that this is what they need to do to reach out to the community. At the university, we have a free homeless clinic. We actually go to the homeless shelters and treat patients there as well. It is putting all of that together and getting those underlying issues taken care of. Do they have a place to stay? Do they have proper food? That might be the key to their diabetes getting better if they can take care of some of those basic health care needs.

Assemblyman Oscarson:

I think we need to recognize that, with the Affordable Care Act (ACA), this has to be a team approach. For this type of care to exist, this has to be a collaboration between the insurance companies, the nursing staff, the hospital, and the discharge planners. All of those folks have to be a part of this, and it starts with the physician overseeing that whole process. I envision this to really cut back on the readmission rates that people are going to be uncompensated for if there are readmissions to the hospitals, and the physicians are not going to be compensated for that additional care. I see it as a health issue when it comes to people being able to keep those comorbidities. You have a diabetic then there are other things that start to happen as a result of that and managing them properly. To my colleague's question, I think there are groups in place already to put together groups of people to register and do these things, such as the Silver State Health Insurance Exchange and the ACA. All of those things are going to play in to this being a successful model for what it is. I applaud

Senator Hardy's effort to make this happen. Hopefully the federal government feels it is as important as we do.

Daniel Spogen:

If I could add on to that, that is so important. As you know, the ACA actually talks about population management systems such as the PCMH as being a mechanism for handling that process. The Center for Medicare and Medicaid Services Medical Group recently passed a bill to authorize payment for transition to care. This was never even covered before. Patients got discharged from the hospital and were told, "Good luck with that, hopefully you will get better because it might be some time before you see your physician and follow up." At least now some of that infrastructure is being built so that there can be continuity of care and the patient can be cared for from the time they go to the hospital back into their own home.

Chair Dondero Loop:

Thank you. Are there additional questions from the Committee? [There were none.]

Senator Hardy:

I think we have a new name. It is called the Proactive Patient Center and Medical Home. Thank you, Assemblyman Thompson.

Chair Dondero Loop:

I think the idea is a good one. Is there anyone in opposition to S.C.R. 4? [There was no one.] Is there anyone in the neutral position? [There was no one.] We will close the hearing on S.C.R. 4. I will open the hearing on Senate Bill 100 (1st Reprint).

Senate Bill 100 (1st Reprint): Revises provisions relating to certain providers of emergency medical services. (BDR 40-501)

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

I would like to extend my appreciation to then-Assemblywoman Mastroluca. She had this issue dealt with during the interim through the Legislative Committee on Health Care. Senate Bill 100 (1st Reprint) standardizes language between *Nevada Revised Statutes* (NRS) Chapter 450B and the National Emergency Medical Services education standards which were released by the National Highway Traffic and Safety Administration in 2009. It is a long bill. Essentially, the bill changes the name of emergency medical personnel so that it is consistent with national standards.

We have done some vetting with stakeholders, including the State Committee on Emergency Medical Services, the International Association of Fire Fighters, the Nevada Fire Chiefs Association, the Northern Nevada Fire Chiefs Association, Southern Nevada Health District, and the Nevada State Firefighters Association, as well as the State Board of Nursing. The titles that change are emergency medical technician, advanced emergency medical technician, and intermediate emergency medical technician.

The bill was amended in the Senate to allow for staggered compliance. There are some individuals at different stages of training, and we did not want them to have to come in immediately and meet the national standard because it would impose a burden on them. Section 51.5 includes the staggered language. We did have an oversight, so I provided an amendment ([Exhibit H](#)) to the Committee as it relates to the term "paramedic," that should be replaced with "intermediate emergency medical technician." With that small change, it should make everything consistent. We are in agreement with that, which was provided by Clark County, I believe.

Chair Dondero Loop:

Thank you. Mr. Sprinkle, would you like to chime in?

Assemblyman Sprinkle:

So, when do I need to get my certification? I have a question about the amendment. I thought the wording that was in the original bill is what the standards were as far as an advanced emergency medical technician (EMT) is now considered the former intermediate EMT and the paramedic is now what was the advanced EMT. Could you describe what the amendment does?

Marla McDade Williams:

You are correct; that is how the new universe would be. I do not know if it is a transitory section or not, but, right now, the statutes do not reference paramedic. When we are trying to stagger them in, all it does is reference the old title.

Assemblyman Sprinkle:

Yes. You are talking about the bridge course work and stuff like that? Because it is going to take some time, and you needed the intermediate and paramedic language to still be there, correct?

Marla McDade Williams:

That is correct, until they meet those requirements.

Chair Dondero Loop:

Are there any additional questions? [There were none.] Is there anyone here wishing to testify in support of S.B. 100 (R1)? [There was no one.] Is there anyone in opposition? [There was no one.] Is there anyone in the neutral position? [There was no one.] I will close the hearing on S.B. 100 (R1). Is there any public comment? [There was no response.]

This meeting is adjourned [at 3:03 p.m.].

RESPECTFULLY SUBMITTED:

Janel Davis
Committee Secretary

APPROVED BY:

Assemblywoman Marilyn Dondero Loop, Chair

DATE: _____

EXHIBITS

Committee Name: Committee on Health and Human Services

Date: May 1, 2013

Time of Meeting: 1:38 p.m.

Bill	Exhibit	Witness / Agency	Description
	A		Agenda
	B		Attendance Roster
S.B. 315 (R1)	C	Senator Denis	Remarks
S.B. 315 (R1)	D	Senator Denis	Bill Explanation
S.B. 315 (R1)	E	Alex Ortiz, Clark County	Amendment
S.B. 318 (R1)	F	David Truax	Bill Points
S.C.R. 4	G	Senator Hardy	PCMH Information
S.B. 100 (R1)	H	Marla McDade Williams	Amendment