

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

**Seventy-Seventh Session  
May 15, 2013**

The Committee on Health and Human Services was called to order by Chair Marilyn Dondero Loop at 1:40 p.m. on Wednesday, May 15, 2013, in Room 3138 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. The meeting was videoconferenced to Room 4406 of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. Copies of the minutes, including the Agenda ([Exhibit A](#)), the Attendance Roster ([Exhibit B](#)), and other substantive exhibits, are available and on file in the Research Library of the Legislative Counsel Bureau and on the Nevada Legislature's website at [nelis.leg.state.nv.us/77th2013](http://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](mailto: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 Barbara K. Cegavske, Clark County Senatorial District No. 8  
Senator Justin Jones, Clark County Senatorial District No. 9

**STAFF MEMBERS PRESENT:**

Kirsten Bugenig, Committee Policy Analyst  
Risa Lang, Committee Counsel  
Janel Davis, Committee Secretary  
Macy Young, Committee Assistant

**OTHERS PRESENT:**

Christopher Roller, representing American Heart Association  
Anna Smith, BSN, Neuro/Cardiac Coordinator, Valley Hospital Medical Center  
Marla McDade Williams, Deputy Administrator, Health Division, Department of Health and Human Services  
Nancy Hook, Chief Executive Director, Great Basin Primary Care Association  
Elisa Cafferata, representing Nevada Advocates for Planned Parenthood Affiliates  
Alex Ortiz, representing Clark County  
John Middaugh, Interim Chief Health Officer, Southern Nevada Health District  
Terry Coffing, Counsel, Southern Nevada Health District

**Chair Dondero Loop:**

[Roll was called. Rules and protocol were explained.] I will now open the hearing on Senate Bill 167 (1st Reprint). We welcome Senator Cegavske.

**Senate Bill 167 (1st Reprint): Enacts provisions for the designation of certain hospitals as STEMI receiving centers. (BDR 40-229)**

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

I brought Senate Bill 167 (1st Reprint) forward to help make sure that people are able to receive prompt and effective care for the most serious heart attacks. In the bill, you will see a reference to ST-Elevation Myocardial Infarction (STEMI) heart attacks. These are massive heart attacks with major blockage and a high mortality risk. These kinds of heart attacks require care from properly trained doctors and nurses, as well as access to appropriate hospital equipment.

Senate Bill 167 (1st Reprint) would create one clear, centralized list of hospitals that are accredited to treat patients with STEMI. The goal is to create a formal process so that the state can recognize hospitals that have this certification. You may remember that we passed a similar bill last session that dealt with care for stroke victims. As in that legislation, the list of qualifying hospitals under S.B. 167 (R1) would be posted and maintained online by the Health Division. More specifically, the Health Division would post a list of STEMI receiving centers as set forth in this bill.

In section 1, subsection 8, paragraph (b), a STEMI receiving center is a hospital accredited by the Society of Cardiovascular Patient Care or a similar organization approved by the Health Division. These hospitals have met certain standards in the receipt and treatment of a patient with STEMI. Once a hospital has been accredited, it would need to submit proof to the Health Division in order to be included on the list. In order to remain on the list, the hospital would have to provide proof of accreditation each year as you can see in section 1, subsection 3. If that accreditation is suspended or revoked, the Health Division could remove the hospital from the list.

I would like to make a special note of section 1, subsection 6. This bill does not prohibit any hospital from providing care to a heart attack victim regardless of whether that hospital is accredited as a STEMI receiving center. In other words, this bill does not restrict access to care in any way. It simply provides for a clear, accessible list of hospitals that have been certified to provide treatment for a particular, severe type of heart attack. I would like to thank you for your consideration of this legislation. I urge your support. This bill received unanimous support in the Senate. I would to turn it over to Christopher Roller who will provide more details and background on this bill.

**Christopher Roller, representing American Heart Association:**

I would like to thank Senator Cegavske and Senator Jones for sponsoring this legislation that will help to improve public awareness and education on what is a STEMI and the hospitals that have been certified to be able to treat STEMIs.

This bill does not do anything that would restrict hospitals that have not achieved certification from caring for STEMI patients. It is an important awareness and education piece. We worked with the Health Division to ensure that we could have language that would not have a fiscal impact and would still achieve the results we were hoping for in getting education awareness out to the public by formally recognizing and posting the hospitals that achieved this certification.

I have invited a cardiac nurse coordinator from a currently certified facility in Las Vegas, Anna Smith, to provide some background information for those who need to know what a STEMI is and why it is important to achieve this certification and for patients to be taken care of at these hospitals when they have a STEMI. Hospitals that obtain the certification of STEMI receiving center through the Society of Cardiovascular Patient Care and the Mission: Lifeline initiative have gone through a rigorous process in order to show they treat these patients in a timely and effective manner. The recognition of these hospitals is an effort to build awareness among the public and professionals toward a more coordinated system of care for STEMI and heart attacks in general. That is what we are hoping to achieve—a more coordinated system and to make more folks aware that those centers are best equipped to treat these heart attacks.

I supplied a handout ([Exhibit C](#)) to the Committee that provides background information on STEMI and a press release ([Exhibit D](#)) that was provided when the Mission: Lifeline initiative and the Society of Cardiovascular Patient Care joined forces to build awareness around the certification as a STEMI receiving center. One other document that was provided was testimony from Dr. Sean Ameli ([Exhibit E](#)) who is a cardiologist in Las Vegas and current chair of our Mission: Lifeline initiative committee in southern Nevada.

**Anna Smith, BSN, Neuro/Cardiac Coordinator, Valley Hospital Medical Center:**

We are a certified center. I work with Dr. Ameli and Christopher Roller of the American Heart Association.

**Chair Dondero Loop:**

Did you want to present?

**Anna Smith:**

If anyone has any questions, I am happy to answer them.

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

This is something that we can implement relatively simply. Based on the requirements of the bill, there would not be any additional burden imposed on the Health Division. As indicated, the hospital would essentially provide the information to us, and we would ensure that it is posted on the website, similar to the stroke legislation that was enacted in 2011.

**Chair Dondero Loop:**

Are there any questions?

**Assemblyman Sprinkle:**

I want to thank you for bringing this bill forward. Mr. Roller and I had discussions on this last summer and it is good to see the bill here now. From a prehospital standpoint, I cannot overemphasize the importance of having designated centers for those of us who are in the back of an ambulance trying to figure out exactly what is the best receiving facility. Oftentimes, when we have these designated centers, we do not even need to stop in the emergency room; these patients often get bypassed directly to a certified STEMI designated center, saving critical minutes when their heart potentially is not getting the oxygen it needs.

This bill does not have any direct relationship to mandating prehospital care providers to transport patients to these facilities. Maybe this is something we can look at in the future.

**Christopher Roller:**

Yes, you are correct. This bill does not have any provisions that would mandate the patients are directed to any particular facility. It is not something that we tried to tackle with this particular bill.

**Senator Cegavske:**

Thank you for your support, Assemblyman Sprinkle.

**Assemblyman Hambrick:**

You mentioned the stroke bill from last session. We had the firefighters testify. They have a list so they know what hospitals are nearby if they respond. There are several hospitals in my district. Once this list is available, will the first responders know what hospitals are on the list and which hospitals are nearby? I appreciate that is not mandated, but in my area, we have three or four good hospitals within a short distance. Would they have a list once this certification is given of which hospital would be best for the patient?

**Christopher Roller:**

It is a hope that, with the recognition and posting of these facilities, emergency medical services (EMS) will also have a better idea of the facilities that are equipped to treat the patients; however, it is not going to create rules that would direct them. For Clark County, discussions have started about creating those protocols for Clark County through the Southern Nevada Health District and Medical Advisory Board. Those protocols may be put into place for Clark County, but it would be a few months' process in order to do so. At this point, it is in the very beginning stages, and it would be separate from this bill.

**Marla McDade Williams:**

The 2009 Legislature created the Advisory Committee for the Prevention and Treatment of Stroke and Heart Disease. Kimberly Fahey, who is here with me today, was instrumental in pulling that membership together. This is one of the issues they have addressed in their discussions and will continue to move forward about protocols and working with EMS. It is on the radar on how to figure out that system and ensure that it works.

**Anna Smith:**

One of the things that are great about certifications is not just the process that identifies the good work hospitals are already doing, but it is also instrumental in having community hospitals reach out to the community and do education. Part of that education is also being a part of Mission: Lifeline initiative. Mission: Lifeline initiative encompasses all the hospitals in Clark County, whether the patient is receiving treatment or not at that level. All of the hospitals and EMS are encouraged to participate. Emergency Medical Services is an intimate partner in our discussions with where patients go and how they get there.

I, myself, and several other colleagues at our sister facilities do a great deal of education with the EMS community so that they have a firsthand understanding of the services we offer. All of the diseases that have been spoken about today, stroke and heart attack, are very time-sensitive diseases. So, we are out in the community, which is part of our certification. We lend ourselves to the community and our EMS partners so that they know what we are capable of doing and can have an ongoing educational process with them.

**Assemblywoman Spiegel:**

I am wondering if someone could speak to how ambulances are dispatched and how the determination is made which hospital they take the patient to. If the patient is having a heart attack, would this bill route somebody to one hospital over the other if there was a STEMI certification versus not?

**Anna Smith:**

There are several answers to that question. From my understanding working in EMS previously and my current job, patients always have a right to go to whatever hospital they choose. That is something that is imparted to the patient at every level. Emergency medical services are the first health care provider the patient sees. Most EMS professionals are the first to say, "I really think you need 'this' based on my clinical interpretation, and here is where I think you should get care." They drive care based on their own clinical understanding and education.

The thing that levels the playing field is that most hospitals in Clark County have this certification; there are few that do not. There are several hospitals in many areas that are very good. It may be difficult to decide which one to go to. We are very fortunate in southern Nevada, and I only speak to the south because I am familiar with that area. We have numerous hospitals close that are very good and offer these services.

The EMS person is the first health care professional that arrives and decides what is going on and encourages the patient to go where they feel is best for them, but any hospital would be beneficial, especially if the patient was having a heart attack.

**Assemblyman Oscarson:**

I thank the committee that thought this out during the interim, as well as Senator Cegavske. I have been looking at STEMI protocols in a rural setting for some time now through our helicopter service and EMS. This is extremely critical in those areas where we do not have a five- or seven-minute transport time to get to a place in the event of a thrombolytic and all those things that come into play in these STEMI guidelines become so important in that process.

Do we have any idea how many hospitals are currently STEMI-capable or using the STEMI protocols and guidelines in northern and southern Nevada?

**Christopher Roller:**

It is approximately 15 hospitals total. I know that there are 12 in Las Vegas and at least 2 or 3 in the northern part of the state that are currently STEMI-certified receiving centers. I would have to double-check and make sure if it is 14 or 15 hospitals.

**Assemblyman Eisen:**

The Society of Cardiovascular Patient Care offers a few different kinds of accreditation and that is the piece I wanted to clarify. From what I see on their website, we have 13 hospitals in the state—10 in Clark County, 3 in Washoe County—that are accredited with regard to chest pain. There are three, two in Clark County, one in Washoe County that are accredited with regard to heart failure.

I want to make sure that we are clear in terms of which hospitals would be listed; whether we would list separately the different kinds of accreditation that are offered by the Society or if we lump them all together and, if so, which of those accreditations are we talking about? I just want to make sure we are clear about what the intent is. The numbers I have are 13 for the state with regard to chest pain, and 3 for the state with regard to heart failure.

**Christopher Roller:**

I will have to get back to you. It is my understanding that this is separate. If you go to the Society of Cardiovascular Patient Care, they have the heart failure and chest pain center certification which is separate from this. I will have to double-check the number and get back to you on that question.

**Anna Smith:**

Valley Hospital is both an accredited chest pain center and heart failure center. Certifications are fantastic, but there are several ways to get certified. Heart failure certification is specifically different. The Joint Commission also has a heart failure certification program. There are several hospitals that are also heart failure-certified. That is through a different organization and equally acceptable credentialing body. With acute myocardial infarction (MI) and STEMI, those chest pain-certified centers are either Cycle III or Cycle IV; one does thrombolytics and one is a percutaneous coronary intervention (PCI) certification.

Most of the hospitals in southern Nevada are now approaching their Cycle IV certification and the five Valley Health Hospitals are all Cycle IV with PCI. The PCI is considered the gold standard; this is when you take the patient emergently to cath lab as opposed to thrombolytics which is something that we try to do in our rural communities when we do not have cath lab or interventional teams accessible. The certifications are diverse at best. There are several hospitals that have joint commission certifications.

**Assemblyman Eisen:**

I appreciate where you are going. I want to be clear because the bill itself explicitly references the accreditation from the Society of Cardiovascular Patient Care; it does not reference any of the other organizations explicitly. It does say that the Health Division could approve an equivalent organization, but I want to make sure that we are clear with regard to this particular one. I see the initiative in the bill known as Mission: Lifeline, which is an American Heart Association partnership with the Society of Cardiovascular Patient Care. In fact, under that program, there are currently no hospitals in Nevada that have that accreditation; there is one in California. It is not particularly broadly used at the moment.

My preference is that, if we are going to put this information out there, it be done in a manner that parallels the accreditation processes that are used for the Society. I believe that Valley Hospital is one of the three hospitals in the state that is accredited both for chest pain and heart failure and it would say that. Some of the other hospitals, for example, St. Rose Hospital, Siena campus, are accredited for chest pain specifically. I want to be sure that we are clear about



how we were going to present that information. I think the idea of getting it out there is great. I think the idea that it would potentially help to motivate other hospitals to pursue this kind of accreditation is valuable, I just want to be clear.

**Chair Dondero Loop:**

Thank you. Mr. Sprinkle, did you have a follow-up?

**Assemblyman Sprinkle:**

To Assemblywoman Spiegel's question, I wanted to state that when we are dispatching, oftentimes we truly do not know what we are getting dispatched to until we are on scene. I think it is important and very relevant to this bill to understand that the direction of prehospital care medicine is being able to affirmatively verify that this situation is going on. By having designated hospitals, once we, in the prehospital care setting, are able to verify that this is the exact situation, it then makes it much easier for us to determine where that patient needs to be transported to.

**Chair Dondero Loop:**

Thank you. Are there any additional questions? [There were none.] Is there anyone in support of S.B. 167 (R1)? [There was no one.] Is there anyone in opposition? [There was no one.] Is there anyone in the neutral position? [There was no response.] We will go back to the Senator to hear closing remarks.

**Senator Cegavske:**

I want to thank all of you for allowing us to bring this bill forward. We appreciate your support and passage.

**Chair Dondero Loop:**

I will close the hearing on S.B. 167 (R1). Since Senator Jones is not present at the moment, we will move onto work session. Our policy analyst will go over the bills. Mrs. Bugenig, please go ahead.

**Senate Bill 86 (1st Reprint): Requires the Department of Health and Human Services to allocate money for certain programs relating to persons with Alzheimer's disease and other related dementia. (BDR 40-550)**

**Kirsten Bugenig, Committee Policy Analyst:**

[Mrs. Bugenig read a description of the bill from the work session document ([Exhibit F](#)).] There are no amendments to this bill.

**Chair Dondero Loop:**

Is there a motion?

ASSEMBLYMAN EISEN MOVED TO DO PASS  
SENATE BILL 86 (1ST REPRINT).

ASSEMBLYWOMAN SPIEGEL SECONDED THE MOTION.

THE MOTION PASSED. (ASSEMBLYWOMAN PIERCE WAS  
ABSENT FOR THE VOTE.)

Mr. Duncan will do the floor statement.

**Senate Bill 97 (1st Reprint): Revises provisions relating to hearings concerning  
children who are removed from their homes. (BDR 38-69)**

**Kirsten Bugenig, Committee Policy Analyst:**

[Mrs. Bugenig read a description of the bill from the work session document  
([Exhibit G](#)).] There are no amendments proposed for this bill.

**Chair Dondero Loop:**

Is there a motion?

ASSEMBLYMAN SPRINKLE MOVED TO DO PASS  
SENATE BILL 97 (1ST REPRINT).

ASSEMBLYMAN HOGAN SECONDED THE MOTION.

THE MOTION PASSED. (ASSEMBLYWOMAN PIERCE WAS  
ABSENT FOR THE VOTE.)

Mr. Martin will do the floor statement.

**Senate Bill 98 (1st Reprint): Revises provisions governing certain reasonable  
efforts made by an agency which provides child welfare services to  
preserve and reunify the family of a child. (BDR 38-68)**

**Kirsten Bugenig:**

[Mrs. Bugenig read a description of the bill from the work session document  
([Exhibit H](#)).] There are no proposed amendments for consideration.

**Chair Dondero Loop:**

Is there a motion?

ASSEMBLYWOMAN BENITEZ-THOMPSON MOVED TO DO PASS  
SENATE BILL 98 (1ST REPRINT).

ASSEMBLYMAN THOMPSON SECONDED THE MOTION.

Is there any discussion?

**Assemblywoman Fiore:**

I have some questions about this bill off line. I will vote yes to get it out of Committee, but I will reserve my right to change my vote.

**Chair Dondero Loop:**

I just want to note that we had much discussion about this bill after we heard it. There was a proposed amendment at one time when we initially heard the bill. The parties spoke, the amendment was pulled, and all parties were happy. I would like to thank all of the agencies and Ms. Tanata Ashby for all of her hard work. We value all the interested parties in any of these bills.

With that, I will call for a vote.

THE MOTION PASSED. (ASSEMBLYWOMAN PIERCE WAS  
ABSENT FOR THE VOTE.)

I will do the floor statement.

**Senate Bill 99 (1st Reprint): Provides for the protection of children in the child welfare system from identity theft. (BDR 38-65)**

**Kirsten Bugenig, Committee Policy Analyst:**

[Mrs. Bugenig read a description of the bill and proposed amendment from the work session document ([Exhibit I](#)).]

**Chair Dondero Loop:**

Is there a motion?

ASSEMBLYMAN THOMPSON MOVED TO AMEND AND DO PASS  
SENATE BILL 99 (1ST REPRINT).

ASSEMBLYWOMAN SPIEGEL SECONDED THE MOTION.

Is there any discussion?

**Assemblyman Eisen:**

I wanted to point out something that came up during the bill hearing. There is a technical issue with section 1, subsection 1, which had to do with timing of a child who is 16 years old. I talked to Legal about that as a technical adjustment to this bill—it does not change the intent of that paragraph.

**Chair Dondero Loop:**

Were they in agreement with that?

**Assemblyman Eisen:**

Yes, Legal was in agreement.

**Assemblyman Thompson:**

I just wanted to say thank you to the Division of Child and Family Services and Clark County Department of Family Services for working with me on the language so I could feel comfortable.

**Chair Dondero Loop:**

Thank you.

THE MOTION PASSED. (ASSEMBLYWOMAN PIERCE WAS  
ABSENT FOR THE VOTE.)

Mr. Thompson will do the floor statement.

**Senate Bill 176 (1st Reprint): Revises various provisions concerning  
investigations of reports of abuse or neglect of a child. (BDR 38-66)**

**Kirsten Bugenig, Committee Policy Analyst:**

[Mrs. Bugenig read a description of the bill and proposed amendments from the work session document ([Exhibit J](#)).]

**Chair Dondero Loop:**

Is there a motion?

ASSEMBLYMAN SPRINKLE MOVED TO AMEND AND DO PASS  
SENATE BILL 176 (1ST REPRINT).

ASSEMBLYWOMAN SPIEGEL SECONDED THE MOTION.

Is there any discussion?

**Assemblywoman Spiegel:**

I just want to clarify that it is both amendments, correct?

**Kirsten Bugenig:**

Yes. Both amendments are for consideration and are not conflicting.

**Chair Dondero Loop:**

Mr. Sprinkle's motion was to include both amendments.

THE MOTION PASSED. (ASSEMBLYWOMAN PIERCE WAS  
ABSENT FOR THE VOTE.)

Ms. Fiore will do the floor statement.

**Senate Bill 453 (1st Reprint):** Provides for schools to obtain and administer  
auto-injectable epinephrine. (BDR 40-1195)

**Kirsten Bugenig, Committee Policy Analyst:**

[Mrs. Bugenig read a description of the bill from the work session document  
([Exhibit K](#)).] There are no proposed amendments to this bill.

**Chair Dondero Loop:**

Is there a motion?

ASSEMBLYMAN EISEN MOVED TO DO PASS  
SENATE BILL 453 (1ST REPRINT).

ASSEMBLYMAN SPRINKLE SECONDED THE MOTION.

THE MOTION PASSED. (ASSEMBLYWOMAN PIERCE WAS  
ABSENT FOR THE VOTE.)

Mr. Sprinkle will do the floor statement.

**Chair Dondero Loop:**

I would like to open the hearing on Senate Bill 448 (1st Reprint). We welcome  
Senator Jones.

**Senate Bill 448 (1st Reprint):** Instructs the Legislative Committee on Health  
Care to consider methods to promote federally qualified health centers  
and rural health clinics. (BDR S-95)

**Senator Justin Jones, Clark County Senatorial District No. 9:**

Senate Bill 448 (1st Reprint) establishes a study for the Legislative Committee on Health Care to consider federally qualified health centers (FQHC) and rural health clinics. This was an issue that came up in our Senate Committee on Health and Human Services. It was something that I was very interested in and an opportunity for us to potentially leverage state dollars in order to gain additional access to federal grant funding. We looked at certain options to try and make it happen this time, but I think we latched on a little too late.

It is something that I think our state could benefit greatly from and is something that is being employed in the north very well, but, in southern Nevada, it could be used much better in order to gain additional dollars from the federal government for federally qualified health centers, jumping through the hoops for FQHC and also in the rural communities for rural health centers. Senate Bill 448 (1st Reprint) proposes to have the Legislative Committee on Health Care take a look at that issue and provide a report to the 2015 Legislature. I ask for your support.

**Chair Dondero Loop:**

In section 2 of this bill, it talks about submitting a report in the 2015 Legislature. Am I correct in understanding that this does not happen at all right now?

**Senator Jones:**

There are two federally qualified health center operators in the state right now. One is HAWC up north and the other, Nevada Health Centers is down south. I had talked to some folks about whether there were other options in southern Nevada for health centers to be converted to federally qualified health centers because there are a lot of dollars that are being used by other states. We are fifty-first in the nation in terms of federal funding for FQHC. We are basically throwing away money by not jumping on this. Unfortunately, we cannot jump on it now because we did not jump on it early enough, but I am hopeful that we can at least focus on that during the interim and hopefully get things moving. If there are any statutory changes that need to occur, then we can do that in 2015.

**Chair Dondero Loop:**

Are there any other questions?

**Assemblyman Eisen:**

I think it is important that we get a sense of what we are doing and what we can do in the state. This would not interfere if there were an entity that wanted to establish or expand an FQHC in Nevada in the 2013-2015 biennium. If there

were an entity that wanted to apply to get that designation, this would not stop that from happening in the biennium, would it?

**Senator Jones:**

Absolutely. One of the people we heard from in the Senate Committee is going through that process right now. It is a bit of a laborious process. She and her company are trying to move in that direction. We were trying to do it on a broader scale because there are a lot of opportunities that we are missing right now. There is no legislation at this time that is necessary; anyone could go down that path at this point.

**Chair Dondero Loop:**

Thank you. Are there additional questions or comments? [There were none.] We will go to opposition. [There was no response.] Is there anyone in the neutral position?

**Nancy Hook, Chief Executive Director, Great Basin Primary Care Association:**

We are a nonprofit 501(c)(3) charitable organization working on behalf of community health centers, tribal health centers, and other safety net providers. The Great Basin Primary Care Association (GBPCA) provides a range of services designed to strengthen and expand community health centers, also known as federally qualified health centers, and other safety net providers and is working to develop delivery systems in underserved areas that do not have adequate health services. [Nancy Hook continued to read from prepared testimony ([Exhibit L](#)).]

**Elisa Cafferata, representing Nevada Advocates for Planned Parenthood Affiliates:**

We are here in support of this bill. We are very aware that access to health care is a huge issue in this state and think this is one of the major components to improve that for Nevada moving forward.

**Chair Dondero Loop:**

Are there any questions? [There were none.] I will close the hearing on S.B. 448 (R1). Senator, parting words?

**Senator Jones:**

Thank you for your support.

**Chair Dondero Loop:**

I will now open the hearing on Senate Bill 450 (1st Reprint).

**Senate Bill 450 (1st Reprint): Revises the qualifications for certain district health officers. (BDR 40-1081)**

**Senator Justin Jones, Clark County Senatorial District No. 9:**

Senate Bill 450 (1st Reprint) revises the qualifications for certain district health officers. The reason this came about was because Dr. Middaugh, who was the interim district health officer for the Southern Nevada Health District, was leaving and there were some concerns in terms of the search for his replacement. I was contacted by a member of the board. After they received their report back from the search crew, they did not have a lot of options because the criteria under the *Nevada Revised Statutes* was pretty restricted. He asked that we loosen that up a bit. What we have here in this bill is an attempt to ensure that we still have the highest quality individuals who are qualified come to our state either from our state or from out of state in order to be district health officers, but still ensuring that we can attract as many people or more than were previously available from our search criteria. That is the intent of this bill. I welcome any comments or questions.

**Chair Dondero Loop:**

Are there any questions or comments from the Committee?

**Assemblyman Eisen:**

I would like to follow up on the amendment ([Exhibit M](#)) that was offered, concerning our district health officer in southern Nevada prior to the current one who was an osteopathic physician. Although there is some overlap in the certification of those individuals by the different boards, the American Board of Preventive Medicine and the American Osteopathic Board of Preventive Medicine, I just want to make sure that we were opening that up to the equivalent organizations.

**Senator Jones:**

As I stated in regard to Senate Bill 448 (1st Reprint), I am amenable to the amendment in Senate Bill 450 (1st Reprint).

**Chair Dondero Loop:**

Thank you. We will call up those in support.

**Alex Ortiz, representing Clark County:**

I am here to talk to you about this friendly amendment ([Exhibit N](#)) regarding S.B. 450 (R1) proposed by Clark County. I have spoken with the sponsor and he was okay with us submitting this amendment on this bill. It does not pertain to the qualifications of the health officer, but it does talk about the budgetary process that is in place.



The amendment ([Exhibit N](#)) clarifies that the Health District follow the same budgetary process as all of our accounting agencies. In looking at the amendment in *Nevada Revised Statutes* (NRS) 439.365, it says the district board of health shall submit the budget to the board of county commissioners before April 1. Our amendment follows to include, "for inclusion in the tentative budget prepared pursuant to NRS 354.596." That NRS states that we, the county, must submit, on or before April 15, a copy of the tentative budget to the Department of Taxation. We want to make sure that we receive the budget from the Health District on April 1, which is included in our budget, which we submit to the Department of Taxation on April 15.

The second part of our amendment ([Exhibit N](#)) speaks to the final budget that must be adopted by the board of county commissioners as part of the annual county budget in the manner set forth in NRS 354.598. Looking at that statute which speaks to the final budget and that the board of county commissioners would indicate any changes to the budget and shall, at that point, essentially adopt this tentative budget and final budget at their hearing. That must be submitted to the Department of Taxation before June 1.

We would like to ensure that the Health District provides the tentative budget information to us by April 1 in time for us to give the information to the Department of Taxation by April 15.

**Chair Dondero Loop:**

Are there any questions on this amendment or for Mr. Ortiz? [There were none.] Is there any additional support?

**John Middaugh, Interim Chief Health Officer, Southern Nevada Health District:**

I am here to support S.B. 450 (R1) as presented, without the amendment from Clark County. I have been pleased to work with Senator Jones and very much appreciate the amendments he has created to help with recruitment and totally support maintaining strict qualifications for the chief health officer of the Southern Nevada Health District. I was here to completely support the bill, but I have to let you know that I do not support the amendment being offered by Clark County. I only heard about it about five minutes before I drove down here.

The amendment would have the impact of completely changing the Southern Nevada Health District's dedicated funding stream and would have the effect of putting the Health District as a department of Clark County. This issue was litigated between the Southern Nevada Health District and Clark County and went to the Nevada Supreme Court, which found in favor of the Southern Nevada Health District. I would ask the Committee not support the

Clark County amendment. In fact, it seems to me that amendment has nothing to do with the original intent of the bill, which was specifically introduced to help with the eligibility and qualifications of the chief health officer position.

**Chair Dondero Loop:**

I do not mean to cut you off, but if you do not support the bill, then you would be in opposition, even if you support parts of it. If you would like to wait, we will get support out of the way, then go to opposition. I understand that there are time-sensitive issues.

Is there anyone else in support here in Carson City or Las Vegas? [There was no one.] We will now go to opposition. Dr. Middaugh, please continue.

**John Middaugh:**

Thank you. I am confused because if the amendment were not part of the bill, then we would support S.B. 450 (R1).

**Chair Dondero Loop:**

That is correct.

**John Middaugh:**

So, should I just talk about the amendment?

**Chair Dondero Loop:**

The rules are this: if you support the bill, you support it as written or with an amendment that has been approved by the sponsor. If you have not talked to the sponsor about that amendment, or have not agreed to it, then you are in opposition to the bill as written with the amendments. You may very well tell us that you support certain parts of the bill, but because you do not support the bill as a whole, then we need your testimony as opposition. Then we will need you to talk with the sponsor of the bill.

**John Middaugh:**

I understand. I would be very happy to work with the bill sponsor and try to see if we can attain some resolution. We are very much opposed to the amendment that was just presented by Clark County.

**Chair Dondero Loop:**

Thank you. The sponsor gets to make those decisions. Please contact the sponsor and have that discussion with him. Are there any questions for Dr. Middaugh?

**Assemblywoman Benitez-Thompson:**

Madam Chair, please let me know if you want this to be a conversation off the record. Why the Clark County amendment?

**Alex Ortiz:**

Over the last several years, we have had some difficulty in getting the tentative budget to us prior to April 1, which has caused strain and concern on our end because we, by statute, have to submit the tentative budget by April 15. We can have no delay in that. This amendment ([Exhibit N](#)) is just clarifying that we can receive that budget or should receive it by April 1, as it is in statute as well.

**Assemblywoman Benitez-Thompson:**

The intent of this language is to clarify an underscore of that April 1 date? It does not necessarily change the existing flow through process of who submits a budget to whom, right?

**Alex Ortiz:**

It does. It is to clarify that we receive the budget by April 1; this has nothing to do with the funding streams. It is all about submitting a document to Clark County.

**Chair Dondero Loop:**

Thank you. Are there any other questions or comments?

**Terry Coffing, Counsel, Southern Nevada Health District:**

Respectfully to Alex Ortiz, the effect of this amendment would put the Southern Nevada Health District under the auspices of the Clark County Board of County Commissioners. They would get the opportunity to amend our budget after we submit it, whereas they do not have that right at this point. Our Supreme Court has spoken clearly—that the Southern Nevada Health District receive a dedicated funding stream and the county shall adopt our budget as proposed. The amendment does nothing to seek clarity; it seeks to undo what the Supreme Court has already said they cannot do. We are in opposition to this. There is nothing being clarified; this is a wholesale change.

**Alex Ortiz:**

The amendment we are proposing to NRS 439.365 is only to subsection 1 of the bill. With all due respect to the Southern Nevada Health District, I believe that they are speaking to subsection 2, which we are not touching.

**Chair Dondero Loop:**

I would just like to remind everybody that this is a policy committee.

**Assemblywoman Benitez-Thompson:**

Looking at the amendment and the language here, what part of this language gives you the interpretation that you think undermines the Supreme Court case or gives the county commission the ability to alter your budget? Is it the word tentative?

**Terry Coffing:**

No. It is referenced as set forth in NRS 354.598, which would require the district to submit a budget to the board of county commissioners and the board could then modify the budget as they see fit, whereas the current state of the law is that we have a dedicated funding stream and our budget shall be adopted without allowing the board of county commissioners to make any changes to it. We have two members of the commission on our board; they sit and move the board along with the rest of the board of health. This is a wholesale change. To suggest that it is not referencing section 2 is, again, not accurate. It is an end run around what the Supreme Court said they could not do by making our budget subject to the whims of the county commissioners which is not a right that they enjoy at this point and was the whole purpose of creating the Southern Nevada Health District.

**Assemblywoman Benitez-Thompson:**

I should have Mr. Ortiz clarify. With this language, does it give the board of county commissioners the ability to veto and change the Southern Nevada Health District budget? Or is there any intent along those lines?

**Alex Ortiz:**

It is my understanding that Clark County has the authority to adopt the final budget and the Southern Nevada Health District does not. They do through us. We are the local government entity that actually has the authority to do that. It would be included within our budget document itself. Under NRS 354.598, they have the ability to indicate changes to that budget.

**Assemblywoman Benitez-Thompson:**

I just want to make sure, for the Committee's sake, that we have clarity on what was happening with this amendment and what our prerogative is.

**Chair Dondero Loop:**

Correct. The truth is that the sponsor will need to approve none, one, or both amendments. We will have that discussion. Are there any more questions?

**Assemblyman Thompson:**

This is a question for Mr. Ortiz. Who is the ultimate fiduciary agent for this? Is it the county, or the Southern Nevada Health District?

**Alex Ortiz:**

The way NRS Chapter 354 is written, it would be Clark County. They are essentially submitting their budget, but we are submitting the budget on their behalf to the Department of Taxation.

**Assemblyman Thompson:**

So, that is the reason why the county would like the Health District to submit their budgets; so it is in alignment with all other departments at the county. Is that correct?

**Alex Ortiz:**

They already do that. They already submit the budget to the county who then submits it to the Department of Taxation. That process is already in place.

**Chair Dondero Loop:**

Are there any additional questions? [There were none.] Is there any additional opposition? [There was none.] Is there anyone in the neutral position? [There was no one.] Senator Jones, closing remarks?

**Senator Jones:**

This amendment from Clark County came to me this afternoon. I am happy to discuss it with Mr. Coffing.

**Chair Dondero Loop:**

I will close the hearing on S.B. 450 (R1). Is there any public comment? [There was none.] This meeting is adjourned [at 2:50 p.m.].

RESPECTFULLY SUBMITTED:

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Janel Davis  
Committee Secretary

APPROVED BY:

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Assemblywoman Marilyn Dondero Loop, Chair

DATE: \_\_\_\_\_

**EXHIBITS**

**Committee Name:** Committee on Health and Human Services

**Date:** May 15, 2013

**Time of Meeting:** 1:40 p.m.

<b>Bill</b>	<b>Exhibit</b>	<b>Witness / Agency</b>	<b>Description</b>
	A		Agenda
	B		Attendance Roster
S.B. 167 (R1)	C	Christopher Roller	Fact sheet
S.B. 167 (R1)	D	Christopher Roller	Press release
S.B. 167 (R1)	E	Sean Ameli	Letter
S.B. 86 (R1)	F	Kirsten Bugenig	Work Session Doc.
S.B. 97 (R1)	G	Kirsten Bugenig	Work Session Doc.
S.B. 98 (R1)	H	Kirsten Bugenig	Work Session Doc.
S.B. 99 (R1)	I	Kirsten Bugenig	Work Session Doc.
S.B. 176 (R1)	J	Kirsten Bugenig	Work Session Doc.
S.B. 453 (R1)	K	Kirsten Bugenig	Work Session Doc.
S.B. 448 (R1)	L	Nancy Hook	Written Testimony
S.B. 450 (R1)	M	Assemblyman Eisen	Amendment
S.B. 450 (R1)	N	Alex Ortiz	Amendment