

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

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

The Committee on Health and Human Services was called to order by Chair Marilyn Dondero Loop at 12:56 p.m. on Monday, April 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
Assemblywoman Peggy Pierce
Assemblyman Michael Sprinkle

COMMITTEE MEMBERS ABSENT:

None

GUEST LEGISLATORS PRESENT:

Assemblywoman Lucy Flores, Clark County Assembly District No. 28

Minutes ID: 750



Assemblyman Lynn D. Stewart, Clark County Assembly District No. 22

STAFF MEMBERS PRESENT:

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

OTHERS PRESENT:

Bruce Arkell, representing Nevada Senior Advocates
Michael J. Willden, Director, Department of Health and Human Services
Cadence Matijevich, representing the City of Reno
Tom Clark, representing Black Rock City, LLC
Mary Walker, representing Douglas County, Lyon County, Storey County,
and Eureka County
Alex Ortiz, representing Clark County
Marla McDade Williams, Deputy Administrator, Health Division,
Department of Health and Human Services
Ryan Beaman, representing Clark County Firefighters Local 1908
Michael Gorman, General Manager, American Medical Response
Amber L. Howell, Administrator, Division of Child and Family Services,
Department of Health and Human Services
Erik Ayala, Private Citizen, Las Vegas, Nevada
John Griffin, representing Nevada Justice Association
Bryan Wachter, representing the Retail Association of Nevada
Michael Hackett, representing Alrus Consulting; Nevada State Medical
Association

Chair Dondero Loop:

[Roll was called. Rules and protocol were explained.] I am going to turn the meeting over to the Vice Chair, Assemblywoman Spiegel.

Vice Chair Spiegel:

I will now open the hearing on Assembly Bill 221.

Assembly Bill 221: Requires the Director of the Department of Health and Human Services to consider measures to revise the manner in which payments are reviewed and made to providers under Medicaid and the Children's Health Insurance Program. (BDR S-232)

Assemblywoman Marilyn Dondero Loop, Clark County Assembly District No. 5:

Thank you for taking over the meeting so I may have the opportunity to present Assembly Bill 221. In the beginning of this session, this Committee learned about the complexities of the Medicaid program in terms of eligibility requirements, medical services, and programs available to recipients, as well as Medicaid funding. As with all public service programs, it is important to ensure that everything is being done to eliminate wasteful spending, and opportunities to prevent the most common type of Medicaid fraud are implemented as soon as possible. With the potential expansion of Medicaid through the Affordable Care Act (ACA), the Medicaid program will be further stretched to handle the influx of new recipients; therefore, I feel it is important we prepare ourselves by examining the ways in which the Medicaid program can enhance its current efforts to prevent fraudulent claims by, or payments to, providers. Assemblyman Andy Eisen has been kind enough to collaborate with me on this bill. I would like to turn it over to him so he may discuss his work and walk through the key provisions of the bill.

Assemblyman Andy Eisen, Clark County Assembly District No. 21:

I appreciate the opportunity to have worked with Chair Dondero Loop on A.B. 221. Before we move into the description of the bill and the walk-through, I want to point out what we are presenting today will be based on the proposed amendment which we have submitted ([Exhibit C](#)). We have made some changes to the original language after considerable discussion with staff at the Department of Health and Human Services (DHHS).

As Ms. Dondero Loop mentioned, following the Governor's decision to opt in to the Medicaid expansion under the ACA under which the federal government will pay 100 percent of the resulting medical costs of the expansion over the first three years, this will lead to better than \$700 million of additional federal funding coming to Nevada. Assembly Bill 221 is designed to seek all avenues for maximizing the utilization of these funds for medical purposes that are appropriate at no cost to the state.

Since 2005, the federal government has utilized recovery audit contractors (RACs) to prevent and detect Medicare fraud and abuse. In light of that experience, Section 6411 of the ACA requires each state to incorporate a Medicaid RAC component into its state plan. This is something that has been occurring in Nevada on the postpayment side. Now is an opportunity for us to advance our Medicaid fraud prevention abilities.

Eleven states have already realized the need to implement prepayment fraud prevention measures. Minnesota has a comprehensive program in place at its

assessment project which addresses and identifies improper Medicaid payment requests prior to disbursing payments.

Assembly Bill 221 is an opportunity for Nevada's DHHS to gather information on the prospects for the implementation of a prepayment Medicaid fraud prevention initiative in the state of Nevada, similar to what is in place for Minnesota.

The first amendment ([Exhibit C](#)) to this bill is in section 1 and is a change to the due date which now reads by January 1, 2014. This requires the Director of DHHS to issue a request for information, essentially gathering options already out for these kinds of programs to detect prepayment waste, fraud, and abuse. The systems that will be sought will be those that can be done quickly so they will not delay payments and can be done only with existing funds or with savings from the program itself.

Section 1 also requires that the Director of DHHS submit a report of the responses received to the Legislative Committee on Health Care in the interim. The Committee will determine appropriate recommendations for next steps, including whether the Committee supports the Department moving forward to enter into contracts, and to carry out any measures that may be identified in the report.

Section 2 enacts the effect of this on July 1, 2013. [Remarks ([Exhibit D](#)) were submitted by Assemblymen Eisen and Dondero Loop for reference.]

Assemblywoman Benitez-Thompson:

Could you spell out how this process is different than existing processes; for example, the work that the Attorney General's office might do with Medicaid fraud?

Assemblyman Eisen:

What is happening in Nevada Medicaid now is postpayment surveillance for waste, fraud and abuse, and recovery of improper payments. In this bill, we are looking into prepayment detection of potentially abusive or fraudulent requests for payment and determining if there are systems that may be available that could detect those patterns and be able to avoid making the payments at all.

Assemblyman Hickey:

What are some examples of the kind of abuse that has happened and what this bill might help identify in the early stages?

Assemblyman Eisen:

I would be hesitant to label them all as abuse or fraud because oftentimes these are not intentional and there is an implication of some malice in those terms. I am not saying that it never happens, but I do not think that is the preponderance of circumstances. The most common example is the issue of whether or not the level of care or service that is coded is in keeping with the service that was documented. Currently, the program looks for patterns that appear to be out of the norm. For example, if the overwhelming majority of a provider's billings are at a high level of service, that will prompt someone to look and see. It may well be appropriate if that is a provider who takes care of very sick patients and there is a high level of acuity and complexity, but typically what is seen is more of a bell curve with a midlevel as the most frequent, and the upper and lower levels less frequent.

The system we currently have looks for those kinds of patterns, then looks closely to see if any of those billings may have been inappropriate, whether intentional or unintentional. The systems we are looking to identify now are to see if they exist in a way that would be helpful to Nevada and try and identify those kinds of patterns and flag those sorts of things before payments are actually disbursed.

Assemblywoman Dondero Loop:

I did some research and if you center on the states, some of the common billing issues include: services not provided, double billing, phantom visits for more hours than in a day, brand name drugs although generic drugs were dispensed, unnecessary services or tests, and more expensive procedures than performed. Those are some of the types of things that we see.

Assemblyman Sprinkle:

Is this a response to the potential or that we are anticipating an increase in caseload once the expansion occurs? Or, is this an identification of a problem that exists right now that we are not able to address properly? Or both?

Assemblyman Eisen:

What is prompting this is not necessarily a spike in concern, but we are talking about considerably more money with the expansion looking at an additional \$700 million coming into Nevada. We want to make sure that those monies are being used in the most appropriate way and that they are being used to provide

the care that the patients most-in-need are seeking to get. It is a matter of our being responsible stewards of those public dollars.

Assemblyman Hickey:

You are correct, Dr. Eisen, it is a huge increase. Director Michael Willden said something to the effect that we are going from \$6 million in outlay per day to somewhere in the area of \$10 million. From your point of view, are there other areas that we might need to be looking into besides the Children's Health Insurance Program (CHIP)? I know we are talking about Medicaid in general, but in your own view, in trying to be good caretakers of a greatly expanded program, are there some other areas we might want to be paying attention to?

Assemblyman Eisen:

To clarify, this bill does not apply exclusively to the CHIP. This is for Medicaid, so it would cover that expansion. Nevada is quite aggressive about identifying inappropriate payments and recovering those. This is simply another process that may be helpful. The whole point of A.B. 221 is to identify if it would be useful for us to enter into.

I mentioned that there are a number of states that have identified this need. No one yet has developed a large body of data to show that they are recovering substantial amounts through this. That is why we want to look at what is out there; to look at what might be possible and bring that back to the interim Legislative Committee on Health Care to determine what next steps might be most appropriate.

Assemblywoman Benitez-Thompson:

So, we are asking DHHS to get information about technology and data, then report it back to the Legislative Committee on Health Care. In reading section 1, is it like a request for proposal (RFP), or would it be a request for information (RFI)? Are they going to openly solicit vendors who may have the ability to collect this data and come back to the interim committee with those vendors and cost and aspects of the program? Is that what we are looking at?

Assemblyman Eisen:

This is the first step—an RFI—to gather information on what is available and whether there is a potential for us to identify a system that will work to benefit us. We are looking for DHHS to bring back exactly that information to the interim committee. Is there something that is worth moving forward that would require the development of an RFP? The RFI is simply to see what exists and what options there are. The RFP would be to define, in much clearer terms, specifically what we seek in a program. That development would require some resources. Depending on the responses to the RFP, if there is a company out

there who has a product that would address the needs in RFP, the next step would be entering into a contract.

Vice Chair Spiegel:

We will now hear testimony in support of A.B. 221. [There was no response.] Is there anyone in opposition?

Bruce Arkell, representing Nevada Senior Advocates:

I have worked closely with one of the industries that has been identified as having major problems with fraud, waste, and abuse; and for most personal care agencies, based on national surveys, that is true. Looking at Nevada, the actual numbers are less than 2 percent. Nationally, the numbers are at about 20 percent. Most of that is due to the aggressive efforts of the Medicaid division, as was mentioned.

It bothers me when we start taking off on a new program when there does not seem to be an issue. These systems are electronic and they use averages, samples, and all kinds of things—none of which talks about touching the actual data by a person. I find that conceptually wrong. Medicaid has recently entered into programs with contract auditors that review providers and they are only paid if they find things wrong. These, in my terms, are headhunters for that kind of an audit approach. I understand the need for that, but all of those are hands-on programs.

If you are going to proceed with this, I think you need to carefully determine what the problem is in Nevada that we are addressing. Are we finding there is fraud, waste, and abuse that we cannot find any other way? I am not hearing anything that ties this back to Nevada. I understand the expansion of the Medicaid program, but expanding it does not necessarily mean that you have to change the whole process and go to an electronic system to identify fraud, waste, and abuse. We have gotten caught up in those catch words to the point where it has become a consultant's dream.

Vice Chair Spiegel:

Are there any questions?

Assemblyman Hickey:

Would the Committee allow us to invite Michael Willden to the table?

Vice Chair Spiegel:

Mr. Willden is signed in as neutral. He will be speaking. Is there anyone else in opposition? [There was no one.] We will now hear testimony from folks who are neutral on this bill.

Michael J. Willden, Director, Department of Health and Human Services:

I would like to thank Chair Dondero Loop and Dr. Eisen for working with us over the last several weeks to help with some of the amendments to the bill. We are in general support of this bill, but signed in as neutral. I am here today to give context as to where we think this fits in with what we do today. The term "fairly aggressive" has been used. We certainly want to ferret out fraud, waste, and abuse wherever we can. It is important for the Committee to understand what we do now and where this could fit in with the fraud, waste, and abuse work.

We first start with things that we call prior authorization. There are certain things that providers cannot do unless they call in and get prior authorization to do it. We contract with Hewlett Packard (HP) Enterprise Services to run our management information system. Inside that system, there are a number of edits that validate things like age, gender, duplicates, global procedure edits, incidental procedure edits, et cetera. There are a number of edits that are run that claims cannot be processed if they do not get through the screening edits. We also utilize a product called McKesson Claim Check, which is another layer of editing. When claims come in, we check for things that allow the claims to be paid. Claims just do not come in and get paid willy-nilly.

As has been discussed, we have a surveillance utilization and review team—a number of staff who use proprietary tools and their own common sense to look for fraud, waste, and abuse under utilization fraudulent practices. The sponsors mentioned the term "recovery audit contractors." Nevada utilizes RACs, specifically a company called HMS. They work under contract with us to do postpayment claim audits. They get monthly data, eligibility data, provider information, and they look for overpayments.

We also cooperate with the federal government. They have a twin set of RACs that are called Medicaid integrity contractors, referred to as MICs. They get data dumps of our files and do data mining activities and provider audits. They provide the information back to us. Again, these are postpayment tools that we use.

We have a data warehouse. We call it the Truven Advantage Suite. We also have a tool called J-SURS. Both are subcontracted out to HP to help us with analytics on payment of claims. The idea I am trying to get across here is that there are a number of tools in place that we use, as most Medicaid agencies do, to ensure that claims are paid appropriately. Assembly Bill 221 is another tool in the toolbox. These tools have been being developed for several years. This would provide the opportunity for us to do an RFI. We commonly call this a bake-off—let people come in who would probably get a set of our claims that

we paid over a period of time, maybe three to six months. We would ask them to tell us how their tool works, how can it improve upon the tools that we already have, and is there an opportunity to save money? We would evaluate the results of the RFI, report back to the interim committee, and work with the Legislature for direction as to how to move forward after that.

I hope that answers some of the questions. I would correct two pieces of data. We have about 330,000 Medicaid recipients today. You heard testimony about 78,000 new eligibles, but there are also about 70,000 current eligibles not enrolled who will also be coming on. All together we are talking about going from 330,000 Medicaid eligible today to about 475,000 new eligibles at the end of the next two years. There is a significant increase in the number of enrollees. Along with that, as Mr. Hickey said, is a significant increase in the spending whether that is federal or state dollars.

As we have savings or recovery in our processes, it is not all state money. When we recover money, there is federal and state participation in the claims that have been paid, or in the cost avoidance principals. Those are shared by the state and federal government based on our participation and the claims that have been paid.

Assemblyman Hickey:

Mr. Willden, to your credit, you have always been receptive to auditing tools. On this particular bill, there is no fiscal impact that I see noted to the state for the implementation of it in your program. If I hear you correctly, you are saying that this is another tool that could be useful in shedding greater light. Is that the case?

Michael Willden:

That is accurate. I would add one comment. We worked with the sponsors to be careful about how we could move forward without an initial fiscal impact. We feel comfortable that our staff can run the RFI, working with state purchasing and collaboratively running the RFI, so we would not see fiscal impact. We would then pause and report back to the interim committee. If there is significant cost to running an RFP, then we would look at the potential of going to the Interim Finance Committee and financing the RFP out of potential savings. Right now, there would not be an identifiable fiscal impact and there could be significant savings.

Assemblyman Sprinkle:

Thank you. That was my question.

Vice Chair Spiegel:

Is there anyone else wishing to testify in neutral on A.B. 221? [There was no one.] I will invite Assemblyman Eisen back for closing remarks.

Assemblyman Eisen:

I appreciate the concerns that were raised by Mr. Arkell about implementing programs. That is exactly the reason why we are moving in the direction we are to gather the information to see if adding this tool will be helpful. I did mention the word aggressive earlier and that was because I could not think of something that sounded gentler. I still cannot think of something better.

To give a sense of scale, I have the data for fiscal year (FY) 2012 from the Medical Fraud Control Unit in Nevada. The total amount of money recovered was approximately \$7 million. That is out of total Medicaid expenditures of approximately \$1.8 billion, which probably does not sound like a whole lot, but that is \$7 million that could then be used to provide care to patients. The whole principle behind A.B. 221 is to see if there is something more that we can do that will ensure that both the state and federal dollars are going to provide care to patients. We are asking the Director to look into that and report back and see if there are further steps to be taken.

Assemblyman Oscarson:

I appreciate your bringing this up now. It seems whenever there is an influx of money into any program—usually it is in disasters—but in these kinds of incidents, the people who crop up are those who take advantage of those situations and those systems and monies that are available. I do not take this that DHHS and Mr. Willden and his staff are not doing their jobs; I take it as a tool to help them continue to do their jobs and participate in a process with all of these funds coming in. I appreciate you and the Chair bringing this forth. I think it is a great bill.

Vice Chair Spiegel:

I will close the hearing on A.B. 221 and turn the meeting back over to Chair Dondero Loop.

Chair Dondero Loop:

Thank you. I will now open the hearing on Assembly Bill 286. We welcome Assemblywoman Flores.

**Assembly Bill 286: Requires the provision of emergency medical personnel and emergency medical services at the site of certain special events.
(BDR 40-526)**

Assemblywoman Lucy Flores, Clark County Assembly District No. 28:

This bill is about medical services being provided at large events. Essentially, this came from an event in Las Vegas that I participated in. There are photos I submitted from a marathon I attended ([Exhibit E](#)). Initially, the origins of this bill came after a large sporting event in Las Vegas. The marathon had over 44,000 attendees that year. Some of you may have heard there were a lot of problems with this particular event. It was about two years ago. Many people got sick at this event, myself included. It did not occur to me to think about what the requirements were as far as medical services until much later. That is because I was taking a tour of American Medical Response.

One of the random comments made was about the grid functions and the emergency services grid functions for a city. During the marathon event, it was not required to have medical services available to the participants. They had to respond to the emergency occurrences that happened because of all the people needing medical attention. Those services came off the grid. The ambulances that are available to service the community had to be pulled away from the community and sent to this very large event because they did not provide medical services on-hand for the event participants in case something like that occurred, which it did, unfortunately.

In addition, about a year later, I participated in a different sporting event, and the same thing happened. I had been thinking about this problem and that is why I took those pictures ([Exhibit E](#)). We were at one of the major exchanges for this running event. It was a relay race where people run close to 300 miles. Things might go wrong, and medical help may be needed. Sure enough, that is what happened. The pictures are from the event where an ambulance had to be called because someone ended up needing help.

In this process, I found out that the state of Nevada does not have a requirement that medical services be provided at large events. I started digging around trying to find out what local governments and other states have. Fortunately, I found an example in the City of Reno. The City of Reno has more of a flow chart that requires different levels of medical services to be provided, depending on how many people are in attendance and what type of event it is.

I was able to turn that flow chart into this bill. The bill defines a couple of the different things that need to be provided. For example, it poses questions such as: what is a dedicated advance life-support ambulance? What is a first-aid station? What does it mean to be the host organization? The bill goes through the breakdown of the event. For example, section 11 says that if you have 2,500 people but less than 10,000 persons, the host organization shall provide at least one first-aid station at the site of the special event if: a) the special

event is a concert; or b) three or more of the following factors apply to the special event: it is a high-risk activity, it poses environmental hazards to persons attending the event such as extreme heat or extreme cold, and the age of the persons attending. All of those factors matter in terms of determining whether or not medical services will be needed.

Section 11 goes through all the things you should take into account, for example, if alcohol is going to be sold at the event or the density of the amount of people that are there. Then, it tells you what you need at that particular event. Subsection 2 further defines whether or not it is an event with a minimum of 10,000 people or less than 15,000 people and what you need to provide. In the particular example in the bill, it says you need at least one first-aid station and one roving emergency medical technician team.

The rest of the bill follows in that manner. It breaks down the size of the event, the kind of event, and what is necessary for you to have at the special event. I have two friendly amendments. My amendment ([Exhibit F](#)) that I am proposing is defining a special event further. I am further defining special event in section 10 to add after, projected to be attended or observed by 2,500 or more persons, "but does not include an event held at a venue that hosts concerts, sporting events, conventions, trade shows, or other similar events in the regular course of business." The regular course of business language is important because it means, for example, if there is an event at the Mandalay Bay Events Center or the Grand Sierra Resort, or any place that usually accommodates special events, this would not cover them.

The intent is to have services provided by folks who put on these special events, but that do not normally do these types of events in that particular area. A special events center generally has these services already covered. They have people trained on staff and they have their own resources. We are not concerned, nor have we experienced any problems, with those folks who generally do these types of events. I wanted to make it clear that this bill is not intended for convention centers or event centers; that is what they do—they host large concerts and trade shows, et cetera.

The other amendment ([Exhibit G](#)) is from Holland & Hart who will be presenting today. There was some concern with a specific event, and that was with Burning Man. Apparently, Burning Man has what they call a central medical facility which actually provides the same level of service that two separate first-aid stations would provide. I think that is okay because the idea is to provide a minimum amount of medical support. If you are accomplishing that in one central medical facility as opposed to two separate ones, then it is okay

because we are still providing the basic level of support for that large of a gathering.

We are also going to define central medical facility for the purposes of this bill so that we know exactly what a central medical facility is and what it should provide. It should provide, at the very least, what the first-aid station requires and the licensed physicians. It would end up being at least two physicians and a first-aid station, which is defined as: staffed by at least one emergency medical technician (EMT), or a person with higher level of skill who is capable of providing emergency medical care. We will have language to the Committee shortly.

Chair Dondero Loop:

Are there any questions from the Committee?

Assemblyman Eisen:

Page 3 of the bill, line 29, section 11, subsection 1, paragraph (a), specifically notes that a first-aid station has to be provided if the special event is a concert. I am wondering what distinguishes a concert from any other large special event such as an art fair or political rally.

Assemblywoman Flores:

This is under section 11, line 29, paragraph (a) and (b). It is an "or" where you are asking. The idea is that for any large gathering, not necessarily that a concert is more dangerous than an art show, it just means that if you have an event that has 2,500 or less than 10,000 in an area that is not normally designed for that, whether it is a concert or it involves these other three factors, there are enough people there that you should have some sort of contingency plan available for any medical emergencies that may come up. It is not the concert per se that might require the medical services; it is simply that that is a large gathering that we should have contingency medical services available for.

Assemblyman Eisen:

I was trying to look at the whole section together and I was trying to figure out why that line is about a concert specifically; if it was a concert that did not meet three of those conditions in paragraph (b). It also led me to wonder as I look to subparagraphs (3) and (4), how it is that the organizer of an event would know the average age of the persons attending or would know whether or not the persons attending had acute or chronic illnesses? How would they manage that? You said that you had drawn a lot of this from something that is already in place within the City of Reno. How do they do that?

Assemblywoman Flores:

It is essentially up to the host organization to know their demographics and who they are going to be attracting to that particular event. A lot of it would be based on their own assessment of whatever persons might attend their event. At the end of the day, it is up to the event organizer to be able to self-identify these things in order to be able to defend whether or not this applies to them.

The idea is that it is a contingency. I do not know if the majority of people between the ages of 25 to 50 have medical conditions that are going to require anything. If they do, like the marathon that occurred in Las Vegas where so many people ended up needing medical services, you never really know if an emergency is going to happen. That is why it is called an emergency. All of this is really for the purpose of saying, if we can help break that down in some way to identify some factors that could lead to a more enhanced need for emergency medical services then we will do that. This was largely drawn off of the City of Reno ordinance that they have in place. It is my understanding that it has been working well for them. The idea was to get to a place where we can help people identify the need, and then make sure that it is there.

Assemblywoman Spiegel:

I think this bill has a good policy objective behind it. I had a question on whether or not you had considered extreme temperature as one of the factors. In southern Nevada, we often have outdoor events like triathlons and road races that when the temperature is over 110 degrees present certain medical situations that are not there if the temperature is in the 80s.

Assemblywoman Flores:

Yes. That is one of the factors that they have to take into consideration. It is listed in section 11 where it says: the special event poses environmental hazards to persons attending or observing the special event; or is held during a period of extreme heat or cold.

Assemblyman Sprinkle:

By and large, I like much of this bill. I think it is necessary and important. You are referring to the need for physicians. What are the services you feel that a licensed physician can provide that other prehospital, advanced life-support personnel cannot that make it so that they need to be on scene at these events?

Assemblywoman Flores:

Since I am not in the medical field, I cannot specifically tell you what a physician can do that an EMT cannot; however, I will say that, for example, the Reno Air Races, which is an event that is subject to different restrictions, they

have to have an emergency medical plan in place because they use federal land. They are not subject to the Reno ordinance. As tragic as that event was, they did have these folks on site and they had an emergency medical plan in place. It is my understanding that they were able to care for and transport within an hour. Who knows what could possibly happen.

There has to be a difference between a physician and an EMT. I cannot specifically tell you what that is, but they would be able to provide a higher level of care and have the knowledge necessary to deal with very serious injuries. I am not talking about heat exhaustion or something of that nature, but blood and limbs, et cetera.

Assemblyman Sprinkle:

Per the conversation that we had earlier, specifically in regard to ambulances, I am wondering what your thoughts are in regard to the level of emergency personnel being on scene versus the need for an actual transporting ambulance being on the scene. You have designated that in statute for over 2,500 people. I am wondering why you felt the need for that in this bill.

Assemblywoman Flores:

I have a representative from American Medical Response (AMR) in Las Vegas who can speak to that question. As I mentioned in the introduction of this bill, the way that it came on—besides the fact that I was personally affected by not having medical services around when I was laying on the floor at Mandalay Bay Events Center thinking I was going to die—was later on when I heard that there was a significant issue in getting ambulances to respond to the event. It was not because they were not available, but it was because they could not get through traffic or different issues. Some ambulances had to transport some of those folks out of the event and to a hospital. That burdens all of the services that are available to the rest of the community.

For example, the picture of the fire department ([Exhibit E](#)) that was responding to the person who needed help at the other relay race I was that, that person or fire truck is not available to respond to other emergencies that may be happening in the city, or will happen in the city. It is about planning in advance and ensuring that we are not creating a burden on the grid on our emergency services that are supposed to be there for the community, not to be staffing your special event.

At the end of the day, that is what it boils down to. We should not have private organizations coming in and expecting our local government dollars supporting services that are supposed to be available for the community for

emergency services, but rather diverting those services to an organization in providing services for them when they should have planned ahead for that.

Assemblyman Sprinkle:

The bill says: "The host organization shall provide at least one dedicated advanced life support ambulance at the special event." Under the scenario that you just provided, if a situation were to occur, this ambulance now is forced to transport one of the patients. Does the event now need to shut down until another ambulance can get there? How does that work?

Assemblywoman Flores:

No. If the event is going on for a long period of time, for example, Burning Man goes on for seven days, and if they have folks who leave, then they are going to have to find a replacement in order to offer those continuous services. In many of these events where they are just several hours or a day long, and they have to leave and transport someone—hopefully it is just one incident and not a mass casualty—then no, I would not assume that you would have to order standby ambulances. At that point, it is emergency medical management. If you are going to have someone gone for six hours of the eight-hour event, then yes, you will need back up. It is possible that you are going to run into emergency situations. If a large tragedy were to happen, 9-1-1 would need to be called and backup services will be needed.

Assemblywoman Benitez-Thompson:

Could you clarify the type of events we are getting at? In the amendment, ([Exhibit F](#)) we are taking out concert, sporting event, conventions, trade shows, and similar events. In the examples, you seem to be speaking to the sporting event categories such as marathons, races, and relays. What would be the difference between a sporting event and the events that you are participating in?

Assemblywoman Flores:

It is not so much the type of event; it is where the event is held. That is really what defines the amendment versus the type of events I am talking about. I am talking about those events because they are from my own experience, but that does not necessarily mean that a day-long festival that has alcohol and a concert would not also need emergency medical services, because they would. That is why we have it broken down with the type of factors. The number of people, the temperature, et cetera, should be taken into consideration. The amendment, and what this bill would cover, is more about defining where the event is.

The language says: "But does not include an event held at a venue that hosts concerts, sporting events, conventions, trade shows, or other similar events in the regular course of business." That is meant to be clear that if you are an event center, convention center, or any type of venue, who, in the regular course of business, holds those types of mass gatherings, then this is not subject to you because you have those services covered for liability purposes. The Mandalay Bay Events Center or Grand Sierra Resort, for example, provide for folks who are trained in emergency medical services. They have security and all of the different resources that, many times, these other free-standing events do not have because they do not have to provide those services.

Assemblywoman Benitez-Thompson:

I guess we are begging the question of a venue. For example, if you are a city that hosts a park for different events including holiday events where you might have more than 2,500 people attending, would that be included or excluded from your intent?

Assemblywoman Flores:

It depends on whether or not that venue is specifically for the purpose of holding that type of event. In addition, the bill says: "The host organization means if a permit was obtained for a special event or a permit was not obtained for a special event, the person who sponsored the special event." You would be assuming that if they got a special event permit, that will apply to them. Special event permits are not necessary if you are having a concert at your arena because that is in your regular course of business.

The regular course of business at a park is not to hold a Lady GaGa concert. That type of special event would not be held at that area, but Lady GaGa would be at Mandalay Bay Events Center or the Thomas & Mack Center or at the Grand Sierra Resort. It would not apply to the Reno Aces Stadium because that is what they do in their normal course of business. This would not apply to those examples.

Assemblyman Eisen:

I understand and appreciate where you are coming from with the concern about the potential for a problem at an event like this. In terms of the amendment, I see the concern, for example, Art in the Park in Boulder City. There are a lot of people there, alcohol is sold, and it may be warm out. It could qualify under this requirement.

I understand your explanation of what the amendment says, but I am not clear why these exceptions exist. Why is it that the same kind of collection of people would not have the same risk and, therefore, merit the same kind of emergency

services available if it happened at the Thomas & Mack Center or the Mandalay Bay Events Center or the Grand Sierra Resort? Why is it that if it is a place that normally does this, the risk is perceived as different?

Assemblywoman Flores:

There is a working assumption that this has been proven because it is what they do; they have a working knowledge to be able to deal with these types of medical situations should they arise. I think that is an acceptable explanation. These event centers are used to having alcohol served and having thousands of people around. It is almost as if we required physicians to be on staff for every single casino or night club in Las Vegas where people are going to be drinking a lot or engaging in activities that could affect them medically. It could produce some sort of medical emergency. They have an infrastructure built up by virtue of being private industry and ensuring that their clients are safe and, if their clients are not safe, that they have the appropriate medical services available even for the purposes for liability. Parks, for example, are required to have a certain amount of liability insurance in case something bad happens or if the park was sued. These things are already in place in the Las Vegas Strip and throughout Nevada when it comes to organizations and venues that exist solely for the purpose of providing the infrastructure for these types of events.

Chair Dondero Loop:

When you say, "normally what we do," for example on the Las Vegas Strip, normally we have hundreds of thousands of people there. When you have a running event, there is a good chance it may start or stop on the Strip. How do we take "normally what we do" and turn it into something different? You say, if they are used to holding concerts or sporting events. In this case, that sporting event has to be held on the street because they are running great lengths. Would not that be "normally what they do?"

Assemblywoman Flores:

No, we do not normally have 15,000 people running up and down the Strip.

Chair Dondero Loop:

Have you counted lately? There are a lot of people.

Assemblywoman Flores:

There are 44,000 people running up and down the Strip. In my mind, and under the guidelines of this bill, that is a special event. When we talk about this amendment ([Exhibit F](#)) and it being held at a venue that hosts concerts, sporting events, conventions, trade shows, and similar activities in the regular course of business, and the Strip was designed to have 44,000 people run up and down it every weekend and that was the purpose of the Strip, then I would say that is

normally what they do. I do not think it is. That is what this bill is designed to address.

The key words in this amendment are: "in the regular course of business." If a venue exists to hold a concert, trade show, or sporting event then that is the purpose of your existence. It is your business. Any other location that does a bunch of other things is not the purpose of your existence as a business.

Chair Dondero Loop:

You reference the City of Reno and Washoe County for several things. I am assuming that may be a county regulation. I do not know if that is true, so clarify that for me. Furthermore, why would this not be a county issue if it is a county issue there?

Assemblywoman Flores:

It is based on Reno local ordinance. The reason why is because Nevada has nothing in place compared to other states. For example, you cannot even have a mass gathering without getting a permit from the state—not just your local government, but your state. It is more regulated so we can ensure that every person who has an event, regardless if it is held in Reno, Sparks, Incline, or North Las Vegas, meets a basic minimum of medical services that need to be made available.

I believe that there is a state statute that requires law enforcement to be present. If we require police to be at an event, I think it is reasonable to also ensure that there is a basic level of medical services being provided.

Assemblyman Oscarson:

I am not an expert on this subject, but it appears to me that in southern Nevada, there is AMR, in northern Nevada, there is Regional Emergency Medical Services Authority (REMSA), and in the rural areas, there is Humboldt General Hospital. When I have been at large-scale events, those folks are there in anticipation of medical issues happening. I know a lot of large events in Las Vegas that we have all been to, there is always a larger presence of people from AMR.

I am thinking that a lot of those folks have their emergency plans in place. This bill is probably useful in some instances where there are single events. In my district, for example, we have an event where the police officers run between Baker, California, and Las Vegas, Nevada. There is also a significant medical presence as well as a physician on staff at this event. If I am not mistaken, I think what you are trying to hit is some of the smaller events that may need

some additional assistance which could prevent some of those issues from happening. That has been my experience.

Assemblywoman Flores:

I will say, kind of. Unfortunately things come to our attention because you have a bad actor and bad things happened. We then question, what do you mean this is not required? This is the situation in this bill. For the most part, all of the folks who I have interacted with from various organizations are already providing this; therefore, they are not in opposition. They may have some concerns, which has prompted amendments that I thought were valid. They are not just small events.

The marathon that had 44,000 people in attendance, for example, is a lot of people to not have any medical services available. If they are not correcting themselves and do not voluntarily start providing these services, which many very good organizations and festival-holders are doing right now, they are putting their attendees at risk.

In addition, you are also creating a burden on the rest of the community because now there are fewer ambulances available for regular day-to-day emergencies. I think this puts everyone on an even playing field. Everyone is required to meet these basic medical services. As you correctly pointed out, many of the organizations already are.

Assemblyman Oscarson:

I am not saying that I am not supportive. I am simply saying that the group you are trying to target is exactly that: the "bad actors," and folks who do not see that there is a need for those kinds of services, and that is when some of these tragedies seem to happen.

Chair Dondero Loop:

I was looking through the bill and I was wondering if you have classified what "normal" means. In other words, is it one time or two times? If I have the National Finals Rodeo (NFR) one time a year, is that a normal use of the event? If I have a Reno rodeo one time a year, is that normal for that venue? How do we define normal?

Assemblywoman Flores:

It depends if that venue is where it occurs each year. If the event is held at the Thomas & Mack Center, which is a location that, in its regular course of business, holds those types of events, then, yes, that is normal. It is not how often it occurs; it is where it occurs. If that location is designed to hold that type of event—just because NFR is at the Thomas & Mack Center does not

mean that they are not going to have some other type of event in that same place a month later. The key to this amendment ([Exhibit F](#)) is if it is the type of event that you, in the regular course of business, have.

The Thomas & Mack Center exists to hold concerts, trade shows, and rodeos. They hold mass gatherings. I do not want to confuse anyone in the type of event. The types of events are included to give further clarification and to give examples. At the end of the day, it is a mass gathering of people. If you have a mass gathering of people in your facility and you exist for the purpose of hosting those people, then it is in the regular course of business.

Chair Dondero Loop:

I would go back to the fact that the Strip holds other running events. The Strip holds a New Year's Eve party and downtown Reno holds various running events where they block off streets and hundreds of thousands of people are walking around. What makes that event not normal? I am struggling with that. I want to make sure that we do not put something in place and all of sudden realize that we cannot have the New Year's Eve party on the Strip.

Assemblywoman Flores:

That is not their regular course of business. The Las Vegas Strip has their own process by which they shut down the streets and hold their events. They provide an overabundance of police officers and medical services on New Year's Eve. It comes back to whether or not it is in your regular course of business. If there is a wine walk in downtown Reno and streets will be shut down, and it has more than 2,500 people, then yes, you would be considered a special event. It is whether or not you exist for that purpose. If you do, then this does not apply to you. If it is a one-time special event that is taking place anywhere that is not a special event center, then this would apply.

Chair Dondero Loop:

I see the Strip and downtown Reno as that is why they exist.

Cadence Matijevich, representing the City of Reno:

The City of Reno is neutral on this bill, but hopefully I can answer some of your questions since this bill is based on our process. If we are looking at a permit for something taking place that is on private property, for example, a business owner who is going to have an event in their parking lot, the primary use of that venue is a parking lot—that is its primary use and what is designed for. If the business is licensed as an event venue, then this bill would not apply to them. That would be an event area or a convention center. For public property, we look at what the primary use that venue was designed for. Even though we

frequently, perhaps regularly, are using public rights-of-way for special events, their primary purpose is public right-of-way.

Chair Dondero Loop:

Are there any additional questions from the Committee? [There was no response.] Ms. Flores, do you have anyone testifying in support?

Assemblywoman Flores:

There is one person wishing to speak in support here in Carson City and one person signed in as neutral in Las Vegas.

Tom Clark, representing Black Rock City, LLC:

Sixty thousand people come into Nevada to participate in the Burning Man event. Thirty-four nations were represented last year. In speaking with the sponsor of the bill, specifically about section 13, we had concerns because Burning Man is an eight-day event. It is actually longer than that because we have volunteers on site as well. We not only meet the strict standards of the Bureau of Land Management (BLM), but also the strict standards of the state and local governments. The event is held in Pershing County.

The one thing Assemblywoman Flores and I have been talking about is the first-aid stations. For a typical event that will happen for one or two days, there are first-aid stations. Those are relevant and important. It is important to have doctors there to make sure that you can take care of those folks. For an event that takes place over eight days, we plan for all of those things. We lease the state emergency homeland security hospital and build it in the center of the city every single year. It is staffed by physicians and EMTs. We also have relevant EMT stations throughout the city that can take care of people.

Most of the health care we provide is for lacerations because people will trip over rebar when somebody puts up their tent and does not place a tennis ball over the rebar as they should. Dehydration is a big deal; we are dealing with extreme temperatures of 110 degrees during the day. To Mr. Sprinkle's thought, we have EMTs, and those EMTs can take care of the majority of those issues. If there is something that happens and someone needs a physician or hospital treatment, we have that facility at the premise.

We have provided an amendment ([Exhibit G](#)). Section 13, subsection 1 reads: "Two or more first-aid stations at the site of the special event that are each staffed by at least one physician licensed pursuant to Chapter 630 or 633 of NRS unless the host organization provides a central medical facility. That is what we need to define or clarify at some point—that it is staffed by at least one physician licensed pursuant to NRS Chapter 630 or 633. The emergency

medical services that are provided at the Burning Man event are world renown. Joseph Pred, who is our EMT director and our fire services director, travels the world when he is not at Burning Man talking about how you can best do these types of festivals.

I think this legislation is a positive step because you need to send a message to all of those special events that you must have the right medical personnel in place because you never know what is going to happen. Whether it is a marathon or children rowing boats on the lake at the Sparks Marina, you need to have the proper amount of medical services available. We think that we provide those services. We think that we can meet the standard.

Assemblyman Oscarson:

This bill, in no way, would have you reduce the current medical services that you have, or plan to have, at your events, would it?

Tom Clark:

Absolutely not.

Chair Dondero Loop:

Mr. Clark, are you supporting a different amendment?

Tom Clark:

I am supporting our amendment ([Exhibit G](#)) which is under Holland & Hart.

Chair Dondero Loop:

So, would you not be supporting the bill?

Tom Clark:

This is a friendly amendment.

Chair Dondero Loop:

I apologize. Thank you. Are there any last comments?

Assemblyman Eisen:

Mr. Clark, the amendment that you have brought forth, effectively what it does is decrease the minimum number of physicians required on site from two to one. What it says here is that you must have two first-aid stations that are staffed by a physician unless you have a central medical facility, and you said that needed to be defined.

Tom Clark:

The intent is that we will have just as many physicians, but they will not be set at each of the first-aid stations. They will mostly be in the central facility and we will have EMTs in those first-aid stations because we agree with that part of the legislation where it talks about roving EMTs and dedicated advanced life support ambulances and those kinds of things.

No, it is not the intent to decrease the amount of medical care that is provided at events like Burning Man. It supports what the sponsor of the bill would like to see and making sure that the attendees of those events—especially in remote areas like Gerlach, Nevada—have the right medical care they need and that there are plenty of physicians and EMTs on board to take care of those emergency medical services that are necessary.

Assemblyman Eisen:

Thank you for the clarification.

Chair Dondero Loop:

What happens with balloon races?

Cadence Matijevich:

The balloon races are held in a Washoe County regional park. They would obtain their permit through Washoe County. Washoe County District Board of Health, the emergency medical services mass gathering guidelines—the events that take place in the unincorporated Washoe County area—fall under those guidelines. Events that take place in the City of Reno fall under those guidelines. They would be under a very similar matrix to what you see that the bill has been drafted under that we also have in the City of Reno.

Chair Dondero Loop:

I am hearing that the City of Reno and Washoe County have these guidelines, but I cannot imagine in Clark County, with all of the people we house, that there are no guidelines.

Assemblywoman Flores:

It is my understanding that there is nothing in place.

Assemblywoman Benitez-Thompson:

We are housing this in NRS Chapter 450, so we are going to mandate that ambulances and the persons here shall be at the events when and if they meet your criteria. Is the assumption that when the host organization gets a permit, that they cover those costs? As I am reading the chapter right now, they are mandated to be there right now whether their costs are reimbursed or not.

I know different parts of the state have different arrangements with local governments in terms of their ambulance services and programs. I know it is different in southern Nevada and northern Nevada. Mr. Clark, I do not know if you want to speak to that.

I know REMSA in the north is a private non-profit, but in contracts with services to local government I do not know what it is for Clark County. I wanted something on the record if we are mandating in NRS Chapter 450 for the medical and the services component to be there, where their costs are going to be reimbursed or covered.

Tom Clark:

From the Burning Man perspective, yes. Every single one of the dollars that is spent on the emergency medical services that are provided by Humboldt County, which is our current contractor, is reimbursed dollar for dollar. They give us a receipt, we tell them okay, and we reimburse that.

Assemblywoman Benitez-Thompson:

That is because of the BLM process per se and the special agreement. If we are off of BLM and we are just in the city and county—that is the question I am begging.

Tom Clark:

I also represent REMSA out of Washoe County. They are neutral on this particular piece of legislation, but they are contracted by special events to provide services above and beyond what would normally be done. I think that is why the sponsor looked at the City of Reno to model this bill because it is pretty solid.

Assemblyman Sprinkle:

Are there any other services in Washoe County that provide ambulance service besides REMSA?

Tom Clark:

No, there are not; REMSA has the controlling authority of transport. There are the fire services that provide advance life services (ALS), but REMSA is the only one that provides transport.

Assemblywoman Flores:

I want to be clear that we are addressing the issue of reimbursement. I know that Cadence Matijevich has something to add. It really depends on the contract. We have various organizations in Clark County—AMR and the fire department being two of them. If your permit is set up in that way where you

are going to reimburse county services or if you are going to contract in advance with a private organization like AMR, then you would do that. It really depends on the local government or whether or not you are on public or federal land, and how you work out that particular event.

Cadence Matijevich:

For the City of Reno, we require 100 percent reimbursement of all city services that are rendered in support of a special event. If the Reno Fire Department were providing the services under this matrix, then the event organizer would be required to reimburse us for those services unless they had entered into a sponsorship agreement with our City Council. If the services are being provided by REMSA, then they would be required to pay REMSA for those services.

Chair Dondero Loop:

Are there any additional questions? [There were none.] We will go to opposition.

Mary Walker, representing Douglas County, Lyon County, Storey County, and Eureka County:

We appreciate Assemblywoman Flores stepping forward with this bill. We do have concerns with how it affects rural areas. I have received several comments from our rural fire chiefs who are very concerned about the bill. Much of rural Nevada does not have ALS. Much of rural Nevada has volunteers with intermediate life support and they also transfer folks. We are also concerned that this requirement may conflict with existing franchise agreements. There are ambulance franchise agreements in effect.

We want to make sure, since a lot of our local jurisdictions do not provide ALS, they will get somebody from the urban areas to come in to provide it. We need to determine if that is in conflict with our franchise agreements. The biggest concern is that, in regard to some of these local events, particularly the larger ones, it was discussed that there is a comprehensive plan for the event management, for fire, police, and emergency medical services, that is required under the National Incident Management System.

We do a lot of training with each other to make sure that when these events happen, and there is something like a fire, a stage collapse, or shooter, that we are able to respond. If we are going to have somebody outside of our county come in, maybe a private sector ambulance, that has not trained with us, that is of concern from our fire chiefs. I just saw the amendment today, so I am not sure how that is going to affect our fire chiefs' concerns. There is a New Year's Eve party in South Lake Tahoe, there are farmers' markets, the Camel Races in Virginia City, all of which get thousands of people. We will

work with the sponsor of the bill, but the rurals are different than the urban communities.

Chair Dondero Loop:

Is there anyone in the neutral position?

Cadence Matijevich:

As I indicated earlier, the City of Reno is neutral on this bill. Many of the things I might have been able to answer have already been asked. I am here to answer any questions because this legislation is modeled after a process that we have in place in our city.

Alex Ortiz, representing Clark County:

In speaking with Clark County Fire Department in particular on this issue, a couple of things came up. First, there is nothing in county code that requires emergency medical services be provided at an event in Clark County; however, for larger events like Electric Daisy Carnival, NASCAR races, marathons, or a 4th of July event which is a large event that we have at one of our regional parks, we work closely with the sponsor or promoter of the event to ensure that there are some services provided.

The fire department is part of the overall command of those events. Therefore, it does go back to the sponsor of the committee for the time and services that we provide during those events. There is a process in place, even though it is not necessarily in code, that we are required to provide medical services at those events. We are working closely with our county commissioners to try and get that into county code so it is an actual regulation down south.

Chair Dondero Loop:

When they file an application for an event like the Electric Daisy Carnival, are there specifications on that event application?

Alex Ortiz:

We look at every event differently. Exclusively, we look at the time of the year, the location, the venue, et cetera. Depending on what those circumstances are, we will then determine what we need to provide.

Chair Dondero Loop:

On that event application, it would not say "have necessary security, ambulance or medical services, safety. . .?" For example, you do not have to answer with a check, check, check.

Alex Ortiz:

I personally have not seen one of those applications, but I do know that they would work closely with Las Vegas Metropolitan Police Department to ensure that there are adequate security-type services and maybe contract with them to provide for those larger events.

Chair Dondero Loop:

As a teacher, I can tell you when you fill out a piece of paper to go on a field trip, it is extensive. I cannot believe there is not anything in place. Could you acquire one of those applications so we can see what it looks like?

Alex Ortiz:

Yes.

Chair Dondero Loop:

Is there anyone else in the neutral category?

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

There was a comment made earlier about the special events being permitted. The Health Division is the EMS for the rural counties—not Clark or Washoe Counties. The bill does not provide for permitting of the special event. It would only be if there were an ambulance going in that was not currently permitted. We would have the authority under the bill to permit that ambulance service, but we would only have permitting authority for that which we already have permitting authority for. This does not create a new category for us.

Ryan Beaman, representing Clark County Firefighters Local 1908:

I also work as a firefighter in Las Vegas and have worked the Las Vegas Strip for over ten years. I agree with the legislation that Assemblywoman Flores is bringing forward. I have not had the chance to speak to her about it, but there are some things in regard to what she is doing that I know.

When the marathon that happened two years ago occurred, they had a group of people ending the marathon at the same time a concert was getting out of the Mandalay Bay Events Center. So, there were two groups mingling, and it was a very cold event, so everybody was trying to go inside the events center at one time. We had nearly 100 patients that we had to take care of. It ended up turning into a mass casualty incident for the fire department. They had first-aid tents at the event, but calls for service came through 9-1-1 which taxed our service there for the fire department. After that event, we had a meeting to try to develop an instant action plan to address the next year's events. If you looked at how the marathon ended this year, it was down at the other end of

the Strip in front of the Mirage. It gave people time to get between the venues without going into one area.

We meet in regard to these large events. For example, these 50,000 plus events like Electric Daisy Carnival have a great incident action plan that we set forward and try to address. I think we provide more service than what is outlined in the bill. I wanted to give you a perspective that there is no county code in place that addresses what types of service are provided. I think a lot of the hotels do a great job in regard to events that are there in providing first-aid stations that they contract with a private ambulance for. I think I understand where the Assemblywoman is going with some of these other large events.

Chair Dondero Loop:

Is there anyone else in the neutral position?

Michael Gorman, General Manager, American Medical Response:

We are neutral on this bill. I primarily wanted to be here today to answer any questions the Committee had on how the 9-1-1 system works and how the special event system works, or how they are related. I also would like to comment on some of the things that have been discussed. For example, with Electric Daisy Carnival, I am not aware of any requirements by the venue. I could tell you that we have been meeting with Electric Daisy Carnival. We have done their event for the last two years, this year will be the third year. We actually have a meeting on Friday with them.

When we meet with them, we make recommendations of stuff that we have seen in the past two years that went right and stuff that has gone wrong and ways that we want to adjust it, but at the end of the day, it is up to them. If they feel that they do not want to add any more personnel to the event despite what we strongly recommend, it is our understanding that they do not have to change that. I want to make sure that if I am misunderstanding that there is a requirement, we are not aware of it. That is how the meetings take place.

As Mr. Beaman said, we coordinate very closely with the fire department. As a public safety system, what resources the event will have on property is done in the most logistical way possible to keep the event as safe as possible by what he called an incident action plan. I think what Assemblywoman Flores' bill is doing is a good thing. We look out for the welfare of the community that we serve. If these events do not have any medical personnel at all, or do not have enough, all that gets pulled out of the 9-1-1 system. We will be there to help the event, but it will be at the unfortunate taxing of the 9-1-1 system so when all of those resources that were planned for that day's 9-1-1 calls, will now not be there.

Chair Dondero Loop:

Are there any questions? [There were none.] Ms. Flores, do you have any closing remarks?

Assemblywoman Flores:

Besides the one person in opposition, I want to emphasize that this creates a minimum requirement. I understand that you might be in different areas of the state, but that does not mean that if you are a person that you should not have medical services available to you. An event is an event is an event.

If you are going to a farmer's market with 5,000 people and something bad happens, you should have services available to you regardless of where you are in the state. As has been repeated, we want to create a basic structure so that there are medical services available.

Chair Dondero Loop:

I will close the hearing on A.B. 286. Mr. Stewart, your patience is well-noted. I would like to do our work session now. We have one bill on work session today and your binders have been updated to include the work session document. Ms. Bugenig, will you please review Assembly Bill 155?

Assembly Bill 155: Revises provisions governing reports of the abuse or neglect of a child. (BDR 38-610)

Kirsten Bugenig, Committee Analyst:

Assembly Bill 155 was heard on March 13, 2013. It was presented by Assemblyman Eisen. It was brought forth because currently the law identifies mandatory reporters by profession which can, in some cases, not capture all persons responsible to report.

Assembly Bill 155 changes how mandatory reporters of child abuse are specified in law, requires mandatory reporters to be informed of their duty to report, and that an acknowledgment is received. Notifications must occur at the next time of renewal for those with licensure certification or endorsement. For those reporters who are nonlicensed, it would be by December 31, 2013. [Kirsten Bugenig continued to read the bill summary from the work session document ([Exhibit H](#)).]

There are two proposed amendments that have been submitted and are attached to the work session document ([Exhibit H](#)). I will ask Dr. Eisen to go through his amendment.

Assemblyman Eisen:

As the Committee will recall from the hearing, the one point of contention that arose was the addition of an exemption to the responsibility to report on the part of an attorney representing a child in foster care. We had a considerable amount of discussion with all of the parties who came to the table that day, and came up with this provisional language recognizing that the language itself is not final here.

Fundamentally, the idea was to ensure that we were clear about the limitations on that exemption that is provided the children's attorneys. I believe in principle that all the folks who were at the table agreed with these clarifications of the limitations.

Chair Dondero Loop:

Mr. Ortiz, would you like to discuss your amendment from Clark County?

Alex Ortiz, representing Clark County:

Even though the work session document states this amendment was submitted by Clark County, it was actually a request from the state Department of Health and Human Services, Division of Child & Family Services (DCFS). The amendment within the work session document ([Exhibit H](#)) is asking if it would be possible to amend this language into the bill. If so, I would like to bring forth Amber Howell, Administrator, DCFS to discuss the proposed amendment.

**Amber L. Howell, Administrator, Division of Child and Family Services,
Department of Health and Human Services:**

In and around 2007, we implemented a new program called the Differential Response Program. If a report came into the child welfare hotline and it did not rise to the level of abuse and neglect, but we felt like the family could benefit from services, we now have an opportunity to refer them to the Differential Response Program. That program is voluntary, so it is a different approach with the family. We needed the statute to catch up with one of our new programs. Now that it is implemented statewide, it gives this opportunity, so we do not have to investigate every single child under the age of five.

Chair Dondero Loop:

Is there a motion?

ASSEMBLYMAN SPRINKLE MOVED TO AMEND AND DO PASS
ASSEMBLY BILL 155.

ASSEMBLYWOMAN BENITEZ-THOMPSON SECONDED THE
MOTION.

THE MOTION PASSED. (ASSEMBLYMAN HICKEY WAS ABSENT FOR THE VOTE.)

I will now open the hearing on Assembly Bill 362 and welcome Assemblyman Stewart to the table.

Assembly Bill 362: Provides for the establishment of the HIV/AIDS Drug Donation Program. (BDR 40-757)

Assemblyman Lynn D. Stewart, Clark County Assembly District No. 22:

Some time ago, a woman by the name of Jackie Ayala contacted me and several other members of the Legislature concerning cancer drugs that were left over. Her father had cancer and passed away. They had a large number of cancer drugs that were left over. She was very concerned that they would go to waste. She tried to donate them to pharmacies. Nobody would accept them because there was no legal authorization to do so. Due to this story and other constituents who requested these same types of measures on various drugs, the Legislature passed a bill which would allow pharmacies to accept donations of sealed cancer drugs that were left over from persons who had this illness and the drugs were not used.

The bill before you is because of the son of Jackie Ayala, Erik Ayala. He wanted to expand this legislation to include all other types of medication. We found that the only type of medication that was sealed properly, as the cancer medication is, was human immunodeficiency virus (HIV) medication. At the request of Erik Ayala, we are bringing forth this bill to expand this system that is already set up. In the legislation, you will find the word "may" is used on numerous occasions. With your permission, Madam Chair, I would like to have Erik Ayala go through this bill.

Erik Ayala, Private Citizen, Las Vegas, Nevada:

I would like to speak on this bill because I came up with the idea for it. After my mother, Jackie Ayala, helped to support the previous bill on cancer drugs, I thought of this. This is a very similar bill. The HIV medication is very expensive and treatment can cost from \$2,000 to \$5,000 per month. Over a lifetime, that is \$500,000; HIV is called the Gucci Disease because of how high the cost of medication is. Over half of the people who have HIV and need this treatment do not have insurance. The drugs that are not used have to be thrown away. With this bill, they would be able to be donated and given to the people who need them and would not be able to get them otherwise.

Assemblyman Hambrick:

Mr. Ayala, do you have any knowledge whether or not any of the other states have adopted similar legislation considering the HIV/AIDS drugs?

Erik Ayala:

Yes. I know that several other states have similar bills concerning cancer or other types of disease. I believe that there is a similar bill in Connecticut.

Assemblywoman Spiegel:

I am not familiar with HIV medications. If any of them require refrigeration, would it be possible for a pharmacy to reject the medication if they felt it might have become ineffective on the basis that it required refrigeration and was not under their control?

Assemblyman Stewart:

This legislation is permissive. If the pharmacy feels that they cannot properly handle the drug, they do not have to accept it.

Assemblywoman Spiegel:

It is not so much that I am concerned that the pharmacy would not be able to handle it, but I am concerned that the pharmacy may feel that the donor did not necessarily handle it properly before it got to the pharmacy to be donated, for example, if something needed to be refrigerated and it sat on somebody's back seat for three or four hours while they were doing other errands.

Assemblyman Stewart:

That again would be up to the pharmacy. If they felt that there was danger that the drug was not properly handled, then they do not have to accept it.

Assemblyman Sprinkle:

Do these medications come in individually sealed packets? They are not multi-dose where there is a chance that they could be tampered with and you would not know?

Assemblyman Stewart:

That is correct. Originally, we wanted to include a large number of diseases and drugs treating those diseases, but in working with pharmacies, we found that the only two drugs that were safely sealed were the cancer drugs and the HIV drugs. We had to change the bill to exclude all other drugs except the HIV drug.

Assemblyman Martin:

I think this is great. Those medications are expensive. There is at least one community group that comes to mind that has an HIV/AIDS outreach program. I am hoping they have been coordinated with. Did you have any conversations with the Gay and Lesbian Community Center of Southern Nevada about how to work the logistics of this?

Assemblyman Stewart:

I have not had those conversations, but I would be happy to work with them to get more publicity about this and to work closely with them to get these drugs out to as many people as we can.

Assemblyman Oscarson:

I notice there are fees. I am assuming those are dispensing fees or whatever fees are associated with the program that you have documented in the bill. I am wondering how the Pharmacy Board is with is. Do you have their seal of approval?

Assemblyman Stewart:

I have not specifically talked to them about it, but it would be the same process that we have used on the cancer drugs. We have not had any problem with them on that so I would assume that it would go through the same process.

Chair Dondero Loop:

I will now call those in support of A.B. 362.

John Griffin, representing Nevada Justice Association:

The Committee members will note there is an immunity section in the bill. As a general matter, immunity provisions are frowned upon. I do not think that is a great policy move on behalf of the state except in rare incidences. This is one of those. This immunity provision mirrors the immunity provision that was put into the Cancer Drug Donation Program. We worked with Mr. Stewart on this, and we think this is one of those exceptions where the immunity provision is a good thing and, therefore, we support this bill.

Bryan Wachter, representing the Retail Association of Nevada:

We appreciate Mr. Stewart's leadership on A.B. 362 and share in his vision for expanded access to HIV and AIDS patients in order to get the medication they need. Assembly Bill 362 provides a proven voluntary solution to a crippling problem plaguing those with HIV and AIDS who lack the resources to receive the medicine. The members of the Retail Association in our pharmacy industry are leading the way in increased access to free, confidential, safe, and compassionate HIV assistance.

For example, Walgreens is leading the charge. They have 700 HIV specialized pharmacies in the nation, 8 in Las Vegas. The specialized pharmacies directly support the national HIV/AIDS strategy by offering a range of personalized services that can prove health outcomes, increase access, and help fill gaps in care, particularly in AIDS and endemic communities where stigma and other dispensaries may hamper diagnosis and complicate treatment.

The HIV specialized pharmacies are equipped with systems, processes, and safety checks that operate behind the scenes to provide discrete specialized care. Each site is fully stocked with HIV medications and a wide range of related health care essentials. By allowing donations of these medications in a safe and controlled process, A.B. 362 will add a powerful voluntary tool that will supplement existing programs already adopted by our industry. We urge your support on this measure.

Michael Hackett, representing Alrus Consulting; Nevada State Medical Association:

We have been involved in supported issues in the past to establish the Cancer Drug Donation Program and we see this program as providing similar benefits to that. We also appreciate the bill in terms of its ability to address some of the challenges that the Cancer Drug Donation Program encountered when it was first established by allowing, in addition to pharmacies, medical facilities, health clinics, and provider offices to serve as areas where drugs can be donated, dispensed, and shared. We feel this is an important benefit.

Chair Dondero Loop:

Are there any questions? [There were none.] Is there any opposition? [There was no response.] Is there anyone in the neutral position? [There was no one.] Mr. Stewart, do you have any closing remarks?

Assemblyman Stewart:

I would like to thank the Committee for hearing this bill and I urge your support. I would like to thank Erik Ayala for bringing the bill forward and for spending his afternoon at the Grant Sawyer Building in Las Vegas.

Chair Dondero Loop:

Thank you, Mr. Stewart and thank you, Mr. Ayala. It is always a pleasure to have our students involved in our process. I will close the hearing on A.B. 362. Is there any public comment? [There was none.]

This meeting is adjourned [at 3 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: April 1, 2013

Time of Meeting: 12:56 p.m.

Bill	Exhibit	Witness / Agency	Description
	A		Agenda
	B		Attendance Roster
A.B. 221	C	Assemblyman Eisen	Proposed Amendment
A.B. 221	D	Assemblyman Eisen	Remarks
A.B. 286	E	Assemblywoman Flores	Photos
A.B. 286	F	Assemblywoman Flores	Proposed Amendment
A.B. 286	G	Tom Clark	Proposed Amendment
A.B. 155	H	Kirsten Bugenig	Work Session Document