

**MINUTES OF THE
JOINT SUBCOMMITTEE ON HUMAN SERVICES
OF THE SENATE COMMITTEE ON FINANCE
AND THE ASSEMBLY COMMITTEE ON WAYS AND MEANS**

**Seventy-Seventh Session
April 2, 2013**

The Joint Subcommittee on Human Services of the Senate Committee on Finance and the Assembly Committee on Ways and Means was called to order by Chair Debbie Smith at 8:19 a.m. on Tuesday, April 2, 2013, in Room 3137 of the Legislative Building, Carson City, Nevada. [Exhibit A](#) is the Agenda. [Exhibit B](#) is the Attendance Roster. All exhibits are available and on file in the Research Library of the Legislative Counsel Bureau.

SENATE SUBCOMMITTEE MEMBERS PRESENT:

Senator Debbie Smith, Chair
Senator Ben Kieckhefer
Senator David R. Parks

ASSEMBLY SUBCOMMITTEE MEMBERS PRESENT:

Assemblywoman Maggie Carlton, Chair
Assemblyman Michael Sprinkle, Vice Chair
Assemblyman David P. Bobzien
Assemblyman John Hambrick
Assemblyman Pat Hickey
Assemblyman William C. Horne
Assemblywoman Marilyn Kirkpatrick
Assemblyman Randy Kirner

STAFF MEMBERS PRESENT:

Mark Krmpotic, Senate Fiscal Analyst
Cindy Jones, Assembly Fiscal Analyst
Joi Davis, Senior Program Analyst
Cynthia Clampitt, Committee Secretary

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OTHERS PRESENT:

Michael J. Willden, Director, Department of Health and Human Services
Patrick J. Colletti, M.D.

Chair Smith:

I will now open this hearing with an overview of the tobacco Master Settlement Agreement (MSA) funds overview.

Joi Davis (Senior Program Analyst):

The table at the bottom of page 2 of the Joint Subcommittee on Human Services Closing List No. 1 ([Exhibit C](#)) reflects the spending plan for the MSA funds in fiscal year (FY) 2013-2014 and FY 2014-2015. Based on the MSA funds allocated to Nevada, and after allocations for tobacco enforcement activities are removed, 60 percent of the allocation is directed to the Department of Health and Human Services (DHHS). The remaining 40 percent is allocated to the Millennium Scholarship Account.

Based on S.B. No. 421 of the 76th Session, a spending plan is required detailing a community-needs assessment conducted by the Director's Office of the DHHS and the recommendations of the Grants Management Advisory Committee, the Nevada Commission on Aging and the Nevada Commission on Services for Persons with Disabilities. Today we will be discussing the proposed categorical allocations shown in the blackened area of the table on page 2 of [Exhibit C](#). These are within the Office of the Director of the DHHS, specifically, the Grants Management Unit (GMU). The other items will be discussed while closing other budget accounts.

I will be discussing certain proposed new uses of a portion of the tobacco MSA funds. One is contained in the Administration budget account (B/A) 101-3150.

HUMAN SERVICES

DHHS DIRECTOR'S OFFICE

HHS-DO - Administration — Budget Page DHHS-DIRECTOR-15 (Volume II)
Budget Account 101-3150

That request is to provide \$500,000 each year for the Office of Suicide Prevention (OSP), under decision unit E-275, to offset federal grant fund eliminations. Included in that recommendation, the Governor recommends two new positions for the OSP. The duties of those two positions are currently being addressed by contractual services. The position requests are for a suicide prevention trainer and an administrative assistant. The Interim Finance Committee (IFC) has approved use of tobacco MSA funds in the current fiscal year to support the offices due to elimination of those federal grant funds.

E-275 Educated and Healthy Citizenry — Page DHHS-DIRECTOR-17

When the budget was heard, the DHHS indicated those positions would help provide stability for the OSP. The first paragraph on page 3 of [Exhibit C](#) provides some facts about suicides in Nevada. The positions would provide additional outreach efforts and support the increased demand for services. The Joint Subcommittee inquired regarding any additional funds the OSP might utilize to support their functions. The DHHS indicated at that time that there might be some grant funding available in October 2014. However, if that funding should become available, the Agency would utilize those funds to expand the office.

The tobacco worksheet provided by the Agency shows obligated reserve balances for the tobacco MSA funds. Therefore, at the end of 2013-2015 biennium there would be an unobligated reserve of approximately \$1.7 million. The amount in reserve may change based on the mid-April payment and any decisions the Joint Subcommittee makes regarding the spending plan as a whole.

The options before the Joint Subcommittee are:

1. To approve the Governor's recommendation to use \$500,000 in tobacco settlement funds in each year of the 2013-2015 biennium to support a portion of the OSP, including two new positions. This option results in a General Fund appropriation of \$182,737 in FY 2013-2014 and \$188,702 in FY 2014-2015 to support the remaining expenditures, including support for the position and contractual costs for the suicide prevention hotline within the OSP; or
2. To approve tobacco settlement funds of \$682,737 in FY 2013-2014 and \$688,702 in FY 2014-2015 to support the entire OSP, including two new

positions, resulting in General Fund savings of \$182,737 in FY 2013-2014 and \$188,702 in FY 2014-2015.

Chair Smith:

I am pleased to see we are able to add positions to the OSP after all we know about the high rate of suicide. Discussions also highlighted the extraordinarily high rate of suicide among our veteran population. A significant effort between the two agencies will address that need.

Senator Kieckhefer:

This is also an investment in mental health. There is value in including a portion of General Fund in this budget account. I understand the need to retain some flexibility through application to the IFC process during the interim for the use of tobacco settlement funds within the DHHS. I support Option No. 1.

Assemblywoman Carlton:

During the first hearing, we noted the importance of the suicide prevention programs. It was also noted that tobacco settlement funds have been used for other purposes. Eventually, if we value these programs we will need to "step up," because at some point the tobacco settlement funds will no longer be a viable alternative. If we are going to use tobacco settlement funds for this purpose, should we split funding between those funds and the General Fund? Is Option No. 2 a viable option?

Chair Smith:

According to our staff, the DHHS has approximately \$1.7 million in unobligated reserves, so the decision is whether to fund the two positions entirely with tobacco settlement funds or to split the funding, using a General Fund appropriation. What would be the impact of those decisions on the DHHS?

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

I concur with the estimate of approximately \$1.7 million in unobligated tobacco settlement fund reserves.

However, Title XX of the Social Security Act funds will be a little short according to our current projections for the upcoming biennium. There may also be impacts

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from the automatic spending reductions enacted by Congress through the Budget Control Act of 2011 (BCA, P.L. 112-25), called Sequestration.

We built a tobacco reserve for this purpose. We now know what the Sequestration results may be. We have received numerous letters from the federal agency indicating a 5 percent to 5.1 percent reduction in funding for some programs. Those may be as high as 9 percent for other programs.

The DHHS has determined to use tobacco settlement funds, or Title XX of the Social Security Act funds, to backfill funding for programs that cannot meet the 5 percent to 9 percent reductions. We have not yet received all the notices of violations and assessments. Those are notices of grant reductions due to Sequestration.

Assemblyman Sprinkle:

I believe strongly in the purposes of the OSP. If there is any question regarding the impacts of Sequestration, or other funding sources, we know the amount of the tobacco settlement fund reserve. Therefore, I would be more inclined to vote for Option No. 2, so that the OSP plans can move forward.

Senator Kieckhefer:

The Sequestration will have no effect on the tobacco settlement funds. Therefore, both the General Fund and the tobacco settlement funds are sound. The Director's testimony indicates there are other grants facing potential reductions through Sequestration. Having the ability to backfill those other grant categories with the tobacco settlements funds would save money by continuing to invest in the OSP with General Funds as in Option No. 1, which would allow more programs to potentially be kept whole.

Mr. Willden:

Senator Kieckhefer is correct.

Senator Parks:

My inclination is to support Option No. 1 because it retains General Fund money in the OSP. It is less likely that the program would be lost. A decade ago, I was eager to see the establishment of the suicide prevention program.

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Assemblyman Bobzien:

I appreciate the Director's caution about Sequestration, knowing it is our job to keep an eye on all the possible Sequestration impacts. I would hate to be in an IFC meeting a year from now, scrambling to find funding to backfill due to the loss of federal funding. Leaving a reserve is appropriate, so I support Option No. 1.

Assemblyman Hickey:

I concur with Assemblyman Bobzien and support Option No. 1.

ASSEMBLYMAN KIRNER MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE OPTION NO. 1; TO CONCUR WITH THE GOVERNOR'S RECOMMENDATION TO USE \$500,000 IN TOBACCO SETTLEMENT FUNDS IN EACH YEAR OF THE 2013-2015 BIENNIUM TO SUPPORT A PORTION OF THE OSP; AND TO ALLOCATE GENERAL FUNDS TO SUPPORT THE REMAINING EXPENDITURES FOR DECISION UNIT E-275 IN B/A 101-3150.

SENATOR KIECKHEFER SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED UNANIMOUSLY.

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Ms. Davis:

Another use for the tobacco MSA funding is to provide \$2.3 million each year to improve food security through the GMU. The Agency contracted with a vendor in the current biennium and the Food Security Steering Committee was formed to review the strategic process to improve food security in Nevada. An action plan was published in February and the Joint Subcommittee received testimony that \$2.3 million was recommended for food security.

In response to questions at the earlier hearing on this budget item, the Agency provided a breakdown of how the \$2.3 million would be used as reflected in the table on page 5 of [Exhibit C](#). Approximately \$1.6 million, or 70 percent, is targeted for hunger one-stop shops. According to the Agency, the request for application (RFA) has been released and is under review this month.

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The Agency would be issuing subgrant applications for collaborative projects to assist the State in meeting families' and individuals' needs for food resources and supportive services.

A part of the supportive services applications would require that the Agency work with families and individuals to maximize the State's participation rate in certain programs, such as the Supplemental Nutrition Assistance Program and the Children's Nutrition Program within the Nevada Department of Education.

The other large portion of the funding proposal is for 22 percent, or \$500,000, in each year of the biennium to increase food access points where none currently exist. That would include food pantries. According to the RFA, new food pantries must begin by September 30.

Does the Subcommittee wish to approve \$2.3 million in tobacco settlement funds in each fiscal year of the 2013-2015 biennium for Hunger subgrant allocations from the GMU?

Chair Smith:

I fully support getting more food to people who are hungry. However, I am concerned, in a few budget areas, about expanding to new programs and new locations that must then be sustained into the future.

Assemblyman Kirner:

It is good to expand into rural areas and other areas that are not currently being served.

ASSEMBLYWOMAN CARLTON MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE \$2.3 MILLION IN TOBACCO SETTLEMENT FUNDS FOR HUNGER SUBGRANT ALLOCATIONS.

SENATOR KIECKHEFER SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

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SENATE: THE MOTION CARRIED UNANIMOUSLY.

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Chair Smith:

We will now move to the Nevada 2-1-1 System.

Ms. Davis:

This program has been funded with a variety of funds, including from the General Fund, since its inception. Going forward, the spending plan is for \$500,000 of tobacco settlement funds in each year to continue the program.

The table on the top of page 6 of [Exhibit C](#), shows the Executive Budget funding for the 2-1-1 System. The System also receives funds through private donations, and other in-kind contributions. Other funding has been explored, including federal legislation known as the Calling for 2-1-1 Act, which was never enacted. The "TXT 211" Program was discussed during the 2011 Legislative Session. Although it has been implemented, no additional revenue was generated for the program.

Does the Joint Subcommittee wish to approve \$500,000 in tobacco settlement funds each fiscal year of the 2013-2015 biennium to support a portion of the costs for the Nevada 2-1-1 System?

Assemblyman Sprinkle:

This program has proven its worth ten times over. We should do whatever we can to support the program.

ASSEMBLYMAN SPRINKLE MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE \$500,000 IN EACH FISCAL YEAR FOR THE NEVADA 2-1-1 SYSTEM.

SENATOR KIECKHEFER SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED UNANIMOUSLY.

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Ms. Davis:

The Health Access category was within the wellness category of the tobacco settlement spending plan. It proposes to utilize \$300,000 each year for health access grants. Those would provide health care access to at-risk individuals and families. They would provide services such as assistance in locating doctors. For a family that has a child with asthma, it would help them reach the resources they need and, hopefully, eliminate emergency room visits. There is also some door-to-door assistance to Nevadans and to minority groups.

Does the Joint Subcommittee wish to approve the use of \$300,000 in tobacco settlement funds each fiscal year of the 2013-2015 biennium to support Health Access grants?

Assemblywoman Carlton:

When I worked in the nonprofit arena on similar programs, I learned the importance of sustainability and the value of those programs.

As we move forward, the Legislature needs to know who is being served, and how they are being served in the form of progress reports. The health care provisions will be changing, Medicaid is changing and the Silver State Health Insurance Exchange (SSHIX) will have a significant impact. This program will need to be reviewed in the future. A couple of the entities currently receiving funding are performing well.

Assemblyman Hickey:

I remember testimony on this item, and I share some of Assemblywoman Carlton's concerns. With the whole outlay for the SSHIX and the Navigator programs, some unnecessary overlap of functions may occur.

When I heard testimony that part of the intent was to send representatives door-to-door, I wondered if people were not already aware of how to procure needed services. I have reservations on this budget item.

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Assemblyman Kirner:

Nevada is coming up to speed on the SSHIX and I see this as an opportunity to help move individuals toward that Exchange. I do not know if the provisions will still be needed in 2 years, but it will be needed during the 2013-2015 biennium. I see it working in combination with the SSHIX, and that is a positive action.

Senator Kieckhefer:

I am uncomfortable with this proposal. The description has been broad and lacks focus. It is duplicative of what we will be asking through the Navigator program and other efforts to sign individuals up for health care. I had requested, and received, supplemental information, but I still have reservations.

Assemblyman Horne:

I support the current proposal under consideration for health access. From what I have heard, the discomfort stems from outreach efforts to direct individuals to appropriate services more than once. That is not necessarily a bad thing.

ASSEMBLYMAN HORNE MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE \$300,000 IN EACH YEAR OF THE 2013-2015 BIENNIUM FOR HEALTH ACCESS.

ASSEMBLYMAN HAMBRICK SECONDED THE MOTION.

Senator Kieckhefer:

At some point, people need to take a certain level of responsibility for their own health care. Asking the State to continue urging individuals to sign up for health care seems excessive.

Assemblywoman Carlton:

I understand. The thing that convinces me this is still needed is that the world is still shifting. Additionally, there are numerous specialty components built into helping individuals navigate not only to primary care, but also to specialty care that may be needed. Until those issues are resolved, I support continuing this item through the next biennium. However, if I am elected to return for the 2015 Legislative Session, I would like a more complete explanation of what has been done and what is proposed for the future.

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ASSEMBLY: THE MOTION PASSED. (ASSEMBLYMAN HICKEY VOTED NO.)

SENATE: THE MOTION PASSED. (SENATOR KIECKHEFER VOTED NO.)

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Ms. Davis:

The spending plan items discussed to this point were proposals for new uses of the tobacco settlement funds. The plan also includes some existing uses on page 6 of [Exhibit C](#). Tobacco cessation was eliminated during the current biennium based on budget redirection of funds. It is being recommended for restoration in the Executive Budget at \$1 million each year. During the budget hearing the Joint Subcommittee expressed concern that the request was only for 4 percent of the actual grant amount.

The Agency has since indicated that an additional \$340,000 each year is included in the Executive Budget under a DHHS Health Division account for federal authority for Centers for Disease Control and Prevention (CDC) grants supporting tobacco cessation efforts.

Does the Joint Subcommittee wish to approve \$1 million in each fiscal year of the 2013-2015 biennium to restore tobacco cessation grants?

Assemblyman Hickey:

I would be against additional funding of \$1 million in each year for this program. I am wondering if the message has not already been spread.

Assemblyman Hambrick:

Do these funds affect the federal grant funds? If we do not do the one, do we damage the other, or are they completely independent considerations?

Mr. Willden:

As indicated, the Health Division receives approximately \$340,000 through a CDC grant. The \$1 million budget request would be granted to the Health Division. They would merge this \$1 million annually with the CDC grant and provide subgrants to the tobacco cessation prevention and education programs.

In the past, prior to budget reductions related to the recession, the Division was spending approximately \$2.3 million annually in cessation efforts allocated from the tobacco settlement funds. At some points, there were even increased CDC grants.

In other words, a few years ago we were spending upwards of \$3 million annually in tobacco cessation efforts. With the current proposal, we would receive approximately \$1.3 million for those efforts.

Assemblyman Hickey:

One discussion with respect to Medicaid was to determine what cost-sharing elements might be acceptable under the Affordable Care Act. Could this be tied into Medicaid in some way to allow us to reward individuals for healthy choices?

Mr. Willden:

I will need to check with my Medicaid staff to confirm whether that can be done. In a world of cost-sharing discussions regarding the "carrot and the stick," there are opportunities in federal legislation to have cost sharing for Medicaid recipients. There are clearly opportunities for incentives. The managed care companies provide incentives in some of their wellness programs. However, I cannot speak specifically to tobacco cessation incentives.

Assemblywoman Kirkpatrick:

We can never stop educating individuals about this subject. People view things differently the younger they are. When we stop educating people they start believing an issue is no longer important.

That is my perspective as a smoker. Tobacco funds should be utilized to continue that education level.

Chair Smith:

There is substantial data regarding advertising and education helping young people. When advertising is reduced, the number of smokers increases.

Mr. Willden:

That is accurate. I cannot quote statistics. However, I know the executive director of the Nevada Central Cancer Registry periodically provides that data which shows a connection between smoking and heart and lung illnesses.

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ASSEMBLYWOMAN CARLTON MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE \$1 MILLION IN EACH FISCAL YEAR OF THE 2013-2015 BIENNIUM TO RESTORE TOBACCO CESSATION GRANTS.

SENATOR PARKS SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED UNANIMOUSLY.

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Chair Smith:

We will now consider other tobacco settlement fund allocations.

Ms. Davis:

The spending plan includes funding for immunization, differential response, family resource centers and disability grants at the same level the Legislature approved for the current fiscal year.

Chair Smith:

Ms. Davis will review the proposals for the disputed tobacco settlement agreement on page 7 of [Exhibit C](#). However, it is my intent to hold this item today.

Ms. Davis:

In 2003, a dispute arose regarding the annual settlement funding received by the State and the nonparticipating manufacturers (NPM). In December 2012, the Nevada Attorney General announced that the dispute had been resolved and Nevada was one of 17 states to enter into an arbitrated agreement period.

The announcement indicated that the State would realize an estimated additional \$21 million in tobacco settlement funds. The terms of the arbitrated agreement were subject to approval by an arbitration panel, which met and secured the terms of the agreement on March 13. However, an independent auditor is reviewing the terms of the arbitrated agreement to determine the amount of offset each state will receive based on the NPM offsets.

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As of March 29, we are uncertain what funding Nevada will receive. The Fund for a Healthy Nevada will receive 60 percent, and 40 percent will be allocated to the Millennium Scholarship Fund.

The funding may be included as a part of the mid-April payment, shortly after that time, or after the Legislature concludes its business.

When this matter was discussed in the budget subcommittee, the Agency indicated that if additional funds became available, they would either expand existing programs that are included in the spending plan currently under discussion, and/or conduct a competitive bid process to solicit new projects. The options for the Joint Subcommittee are:

1. To authorize the DHHS to increase funding levels for existing program allocations approved for the 2013-2015 spending plan; or
2. To authorize the DHHS to solicit additional competitive bids for new program allocations pursuant to the statutory use categories; or
3. To require additional tobacco settlement funds awarded pursuant to the arbitrated agreement be retained in an unobligated reserve status for inclusion in the spending plan for the 2015-2017 biennium through IFC approval, after which performance measures pertaining to the 2013-2015 spending plan would be evaluated to determine the appropriate level of funding for the statutory use categories.

Senator Kieckhefer:

Will the percentage that is regularly allocated to the Millennium Scholarship Fund continue under the supplemental payment plan?

Ms. Davis:

That is correct. Of the estimated \$21 million, some funding is directed to the Office of the Attorney General for tobacco enforcement. After that, the 60/40 split would be distributed.

Senator Kieckhefer:

What amount of funding would be available to the DHHS?

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Ms. Davis:

That amount is not yet known, because of required offsets from the estimated \$21 million based on the NPM dispute. The exact computation is complicated and is currently being reviewed by an independent auditor. The funds may be disbursed over a 3-year period.

Senator Kieckhefer:

In other words, the DHHS will not receive a \$21 million windfall allocation.

Ms. Davis:

They will not.

Senator Parks:

It is my understanding the \$21 million figure is not an absolute and the disbursement may be even larger. I have heard the amount of the award may be revealed, perhaps by the end of the month. My inclination is to place those funds in an unobligated reserve and determine the exact use later.

Chair Smith:

That is one of the reasons I am going to place a hold on this decision today until more information is made available.

I will now continue the hearing on budget account 101-3150, the DHHS Administration budget, page 8 of [Exhibit C](#).

Ms. Davis:

This budget account has two major issues. The first is the expiration of a federal health information technology grant in decision unit E-490.

E-490 Expiring Grant/Program — Page DHHS-DIRECTOR-18

The grant was awarded to Nevada in February 2010, but will expire on February 7, 2014. It is not projected to be continued for FY 2014-2015. The expiration of the grant will require the elimination of four positions. During the budget hearing in February, the Joint Subcommittee expressed their concern to the Agency regarding meeting the nonfederal-match requirement of \$1.3 million, pursuant to that grant. The Executive Budget includes \$828,932 for existing gifts,

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grants and donations. Additional budget amounts are included for FY 2012-2013 to the nonfederal-matching grant requirement.

The Agency indicated they anticipate 90 percent of the match requirement will be realized by October 2013. It continues to receive in-kind donations to meet the match requirement. Decision unit E-490 appears reasonable to the Fiscal Analysis Division Staff. However, the Joint Subcommittee may wish to direct the Agency to report to the IFC by November 1, 2013, to provide updated information about how the nonfederal-match is being met.

ASSEMBLYMAN BOBZIEN MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE DECISION UNIT E-490 OF B/A 101-3150, REGARDING THE NONFEDERAL-MATCH; AND TO ISSUE A LETTER OF INTENT DIRECTING THE AGENCY TO REPORT TO THE IFC ON OR BEFORE NOVEMBER 1, 2013, REGARDING THE STATUS OF MEETING THE NONFEDERAL-MATCH REQUIREMENT PRIOR TO THE HEALTH INFORMATION GRANT EXPIRATION IN FEBRUARY 2014.

SENATOR KIECKHEFER SECONDED THE MOTION.

Chair Smith:

Does a Letter of Intent seem reasonable to the Agency?

Mr. Willden:

The request is reasonable. We are continuing to pursue in-kind contributions to reach this requirement. Progress is being made. Some of the recent in-kind contributions include pro bono legal assistance for the nonprofit organizations, contributions from the Nevada Rural Health partners and from several of the board members. We have received an in-kind contribution from Orion Health. We clearly understand the mission: we need to raise the funds, and if not, we will be unable to match federal funding.

Chair Smith:

It is good to hear that progress is being made.

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Assemblywoman Carlton:

The last time this was discussed, the Agency indicated one large donation was expected, but it could not be discussed at that time. Has that donation been received?

Mr. Willden:

That is still being developed. The Agency is working with three donors and/or organizations.

We continue to identify potential donors through people who will benefit from the exchange of health information. The Agency anticipates receiving some significant donations. There are likely to be more in-kind contributions and cash contributions. One of the big drives is how to package some of the in-kind contributions in the development of the SSHIX.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED. (SENATOR PARKS WAS ABSENT FOR THE VOTE).

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Chair Smith:

The next item is the transfer of the OSP in decision unit E-906, page 10 of [Exhibit C](#).

E-906 Transfer from Director's Office to Health — Page DHHS-DIRECTOR-20

Ms. Davis:

The Joint Subcommittees approved funding the OSP using tobacco MSA funds. This decision unit would transfer the OSP from the DHHS to the Maternal Child Services budget within the Health Division. There is a request for the Health Division to be renamed the Division of Public and Behavioral Health. The Agency indicated this transfer would improve access to the collection of data regarding suicides in Nevada and expand opportunities for the OSP to collaborate with other public health programs and initiatives.

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PUBLIC HEALTH

HHS-DPBH - Maternal Child Health Services — Budget Page DHHS-PUBLIC
HEALTH-100 (Volume II)
Budget Account 101-3222

E-506 Adjustments to Transfers E906 — Page DHHS-PUBLIC HEALTH-104

Assembly Bill (A.B.) 29 creates the Committee to Review Suicide Fatalities and includes the Committee within the Office of the Director of the DHHS. However, an amendment was adopted by the Assembly Committee on Health and Human Services to place the Committee within the DHHS, not specifically within the Office of the Director.

ASSEMBLY BILL 29: Creates the Committee to Review Suicide Fatalities.
(BDR 40-307)

Language similar to that in A.B. 29 would need to be approved regarding the additional suicide trainer position that will be included in the Unclassified Pay Bill. The Joint Subcommittee has approved that position and one suicide prevention trainer position in its previous action. Staff will monitor future actions to ensure that the position is placed in the Unclassified Pay Bill.

Does the Joint Subcommittee wish to transfer the OSP to the proposed Division of Public and Behavioral Health as recommended by the Governor?

SENATOR KIECKHEFER MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE B/A 101-3150, DECISION UNITS E-506 AND E-906, AS RECOMMENDED BY THE GOVERNOR.

ASSEMBLYWOMAN CARLTON SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED UNANIMOUSLY.

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Ms. Davis:

The Joint Subcommittee may close all other items in B/A 101-3150, or I can describe the remaining items individually.

Chair Smith:

We will close the Other Closing Items as one motion.

ASSEMBLYMAN SPRINKLE MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE ALL REMAINING CLOSING ITEMS IN B/A 101-3150 AND AUTHORIZE TECHNICAL ADJUSTMENTS AS RECOMMENDED BY STAFF.

SENATOR KIECKHEFER SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED UNANIMOUSLY.

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Chair Smith:

I will now open the meeting on B/A 101-3195, the GMU, on page 13 of [Exhibit C](#).

HHS-DO - Grants Management Unit — Budget Page DHHS-DIRECTOR-23
(Volume II)
Budget Account 101-3195

Ms. Davis:

This account includes Budget Amendment No. A13A0030 submitted on March 27, to transfer the tobacco MSA funds from the Healthy Nevada Fund to B/A 101-3195, to assist in tobacco cessation as previously approved by the Joint Subcommittee and to allow the funding to be allocated directly to the Health Division, rather than through the GMU.

The second provision of Budget Amendment No. A13A0030 is to increase a social services program specialist III position from part-time to a full-time equivalent (FTE) position in the GMU. That position change, although not discussed during the

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budget hearing, was recommended for change because of the Food Security Strategic Plan, which was not finalized until February.

The Agency indicated the position would be needed to provide the services and operation of the Office of Food Security, within the GMU. The personnel expenditures would increase by \$25,874 in FY 2013-2014 and \$26,248 in FY 2014-2015.

The decision before the Joint Subcommittee is whether to approve Budget Amendment No. A13A0030 to allow the transfer of tobacco funds for tobacco cessation efforts to go directly to the Health Division and increase a part-time position to a FTE position.

ASSEMBLYMAN KIRNER MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE BUDGET AMENDMENT NO. A13A0030 TO B/A 101-3195 AS RECOMMENDED BY THE GOVERNOR.

SENATOR KIECKHEFER SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED UNANIMOUSLY.

* * * * *

Chair Smith:

There are several Other Closing Items with no technical adjustments. I will now accept a motion for those items.

ASSEMBLYMAN HAMBRICK MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE THE OTHER CLOSING ITEMS IN B/A 101-3195 AS RECOMMENDED BY THE GOVERNOR.

SENATOR KIECKHEFER SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

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SENATE: THE MOTION CARRIED UNANIMOUSLY.

* * * * *

Chair Smith:

We will now open the meeting for B/A 101-3200, Problem Gambling.

HHS-DO - Problem Gambling — Budget Page DHHS-DIRECTOR-29 (Volume II)
Budget Account 101-3200

Ms. Davis:

The only major issue in this budget account is the budget restoration. The table on the top of page 16 of [Exhibit C](#) shows the slot tax proceeds that have been redirected to the General Fund over the last few years. The Executive Budget retains the sunset provision established by A.B. No. 500 of the 76th Session, which would allow approximately \$1.5 million in each fiscal year to support the treatment and prevention of problem gambling programs in this budget.

In February, the Agency testified at the Joint Subcommittee hearing that restoring this account would increase reimbursement rates to providers for those programs that had previously been removed from the budget. It would restore the per client cap and help to serve approximately 100 additional clients in the program.

The decision for the Joint Subcommittee is whether to approve the Governor's recommendation to restore slot tax revenue to support subgrants for problem gambling programs and operating expenditures over the biennium.

ASSEMBLYMAN HAMBRICK MOVED TO RECOMMEND TO THE FULL COMMITTEES TO RESTORE THE SLOT TAX REVENUE IN B/A 101-3200 AS RECOMMENDED BY THE GOVERNOR AND TO ALLOW TECHNICAL ADJUSTMENTS BY STAFF.

SENATOR PARKS SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

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SENATE: THE MOTION CARRIED UNANIMOUSLY.

* * * * *

Chair Smith:

We will now move to B/A 101-3201, the Children's Trust Account.

HHS-DO - Children's Trust Account — Budget Page DHHS-DIRECTOR-30
(Volume II)
Budget Account 101-3201

Ms. Davis:

The Joint Subcommittee did not previously hear the Children's Trust Account. Staff is responsible for developing recommendations for this account. Staff recommends closing B/A 101-3201 as recommended by the Governor.

ASSEMBLYMAN KIRNER MOVED TO RECOMMEND TO THE FULL COMMITTEES TO CLOSE B/A 101-3201 AS RECOMMENDED BY THE GOVERNOR.

SENATOR PARKS SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED UNANIMOUSLY.

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Chair Smith:

We will now open the meeting for B/A 628-3244, the Indigent Supplemental Account, page 18 of [Exhibit C](#).

HHS-DO - Indigent Supplemental Account — Budget Page DHHS-DIRECTOR-31
(Volume II)
Budget Account 628-3244

Ms. Davis:

Budget account 628-3244 is administered by the Board of Trustees of the Fund for

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Hospital Care to Indigent Persons. Included in the Fund is the Indigent Accident Fund and the Indigent Supplemental Account. The property tax proceeds provide reimbursements to hospitals and counties regarding indigent hospital care.

One major closing issue is the restoration of this budget. The funding in this Account has been redirected for several years to the General Fund. Proposed legislation in A.B. No. 529 of the 76th Session included the sunset provision to allow restoration of this budget account. The Governor recommends that funding to be continued. Projections are for approximately \$21 million in each fiscal year. That amount will be reprojected later in April.

Assemblyman Kirner:

This is one of the accounts, similar to the SSHIX, which will continue into the future. Not every person, in every circumstance, will be covered by insurance. It is something that will need to be monitored to see what effect the SSHIX will have on the provisions in this account. My hope is that not all of this proposed allocation will be needed going forward.

Chair Smith:

It is also intended that the hospitals will receive higher payments than they have in the past, for their indigent claims. They are reimbursed at literally "pennies on the dollar."

Senator Kieckhefer:

We are also hearing legislation to leverage these funds for federal matching funds.

Chair Smith:

That is correct.

ASSEMBLYMAN BOBZIEN MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE RESTORATION OF THE HEALTH INSURANCE FLEXIBILITY AND ACCOUNTABILITY WAIVER UNDER B/A 628-3244.

SENATOR KIECKHEFER SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED UNANIMOUSLY.

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Chair Smith:

The next item is the proposed changes to the Fund for Hospital Care to Indigent Persons, page 19 of [Exhibit C](#).

Ms. Davis:

On March 25, Senate Bill (S.B.) 452 was introduced proposing changes to this Fund.

SENATE BILL 452: Revises provisions governing assistance provided to indigent persons. (BDR 38-1085)

This legislation allows the Board of Trustees of the Fund for Hospital Care to Indigent Persons to enter into agreements with the Division of Health Care Financing and Policy of the DHHS, to transfer an agreed upon amount from this account to be used as leverage for federal funds in the Medicaid State Plan for advanced rates to reimbursements for hospital care.

The Agency reported that not all of the funding in B/A 628-3244 would be utilized for such transfers. The budget account also includes \$60,000 each year directed to the Nevada Association of Counties (NACO). The Agency indicated that even if S.B. 452 were to pass, there would still be indigent claims as has been discussed. Therefore, the NACO contract would still be necessary.

A bill hearing is scheduled on April 4 before the Senate Committee on Health and Human Services. The Joint Subcommittee may wish the Agency to discuss any impact that bill may have on this budget account.

Mr. Willden:

Two bills may influence B/A 628-3244 and should be monitored. One is S.B. 452, as currently drafted, which would allow for the Board of Trustees to make decisions that would transfer all, or part, of the \$21 million to the Medicaid program for three purposes. Those are to make rate enhancements, to make supplemental payments to hospitals and to offset the counties'

responsibilities under *Nevada Revised Statutes* chapter 422. That is the long-term care program.

The reason S.B. 452 contains three proposals is tied to the provisions proposed in S.B. 3. Under S.B. 3, rural counties would be allowed to cap the amount of the property tax used to pay for their share of long-term medical costs under the Medicaid program. The request would cap their share at 8 cents *ad valorem*. If S.B. 3 were passed, there would be a pool of General Fund allocations to support the counties' obligation after the input of 8 cents *ad valorem*. The fiscal note on S.B. 3 is currently estimated at approximately \$1.3 million in General Fund cost.

SENATE BILL 3: Revises provisions governing the amount of money allocated for medical assistance to indigent persons in certain counties. (BDR 38-263)

If S.B. 3 is not passed, then the counties have also requested funding from the Indigent Accident Fund to help offset their obligations for long-term care. The Board would be empowered to spend the funds, as they have in the past, for supplemental indigent accident claims, transfer funds to Medicaid for the three purposes I specified and to pay the NACO administrative costs.

Flexibility is placed in the bill because we are still working with the federal Centers for Medicare and Medicaid Services to decide the best mechanism to achieve federal leverage. Those include rate enhancements or supplemental payments. The intent is to reduce the negative impact on the State's ability to receive benefits from the upper payment limit in the Medicaid program. That is still under negotiation.

Earlier comments indicated, as the SSHIX expands, there should be fewer uninsured claims to the Indigent Accident Fund, allowing additional funding to the State Medicaid program. The Chair indicated, instead of paying 10 cents or 12 cents on the dollar for Medicaid claims, we could pay 25 cents or 30 cents on the dollar for those claims.

However, the need for this Fund should decline during the next 2 biennia. It will be important to have flexibility regarding the use of funds, or to redirect the use of the funds completely.

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Chair Smith:

The final consideration for B/A 682-3244 is to allow Staff the ability to make technical adjustments.

ASSEMBLYMAN KIRNER MOVED TO RECOMMEND TO THE FULL COMMITTEES TO CLOSE B/A 628-3244 AS RECOMMENDED BY THE GOVERNOR AND TO AUTHORIZE STAFF TO MAKE TECHNICAL ADJUSTMENTS AS NEEDED.

SENATOR KIECKHEFER SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED UNANIMOUSLY.

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Chair Smith:

We will now consider B/A 262-3261, the Healthy Nevada Fund.

HHS-DO - Healthy Nevada Fund — Budget Page DHHS-DIRECTOR-33 (Volume II)
Budget Account 262-3261

Ms. Davis:

This budget account was not heard previously by the Joint Subcommittee. It is a Staff-recommended closing. This is a pass-through account of the tobacco MSA funds to the GMU. Other Closing Items on page 22 of [Exhibit C](#) show this has a corresponding budget amendment to that which the Joint Subcommittee approved in B/A 101-3195 for the GMU. Budget Amendment No. A13A0043 would align the transfers affected through Budget Amendment No. A13A0030.

ASSEMBLYMAN KIRNER MOVED TO RECOMMEND TO THE FULL COMMITTEES TO CLOSE B/A 262-3261 AS RECOMMENDED BY THE GOVERNOR, AS AMENDED, AND TO GIVE STAFF AUTHORITY TO MAKE TECHNICAL ADJUSTMENTS.

SENATOR KIECKHEFER SECONDED THE MOTION.

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ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED UNANIMOUSLY.

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Chair Smith:

We will now discuss B/A 101-1499, the Public Defender Account.

HHS-DO - Public Defender — Budget Page DHHS-DIRECTOR-34 (Volume II)
Budget Account 101-1499

Ms. Davis:

There are no major issues in this budget account. Staff would note that under Other Closing Items on page 24 of [Exhibit C](#), there is an unclassified position change in decision unit E-811. Changes to the salary levels for unclassified positions will be made later. Staff recommends that B/A 101-1499 be closed as recommended by the Governor, including authority to make the salary adjustments based on the outcome of those decisions.

E-811 Unclassified Changes — Page DHHS-DIRECTOR-37

Chair Smith:

The salaries for unclassified positions are in a number of budgets and the Joint Subcommittee members will see those positions grouped together for consideration later.

ASSEMBLYMAN HORNE MOVED TO RECOMMEND TO THE FULL COMMITTEES TO CLOSE B/A 101-1499 AS RECOMMENDED BY THE GOVERNOR AND TO ALLOW STAFF AUTHORITY TO MAKE TECHNICAL ADJUSTMENTS.

SENATOR KIECKHEFER SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

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SENATE: THE MOTION CARRIED UNANIMOUSLY.

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Chair Smith:

We will now discuss B/A 101-3154, Developmental Disabilities.

HHS-DO - Developmental Disabilities — Budget Page DHHS-DIRECTOR-39
(Volume II)
Budget Account 101-3154

Ms. Davis:

This budget account was not heard previously by the Joint Subcommittee because it is a Staff-recommended closing. There are no major closing issues and Staff recommends the account be closed as recommended by the Governor.

ASSEMBLYMAN HICKEY MOVED TO RECOMMEND TO THE FULL
COMMITTEES TO CLOSE B/A 101-3154 AS RECOMMENDED BY THE
GOVERNOR.

SENATOR KIECKHEFER SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED UNANIMOUSLY.

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Chair Smith:

We will now discuss B/A 101-3204, Consumer Health Assistance.

HHS-DO - Consumer Health Assistance — Budget Page DHHS-DIRECTOR-44
(Volume II)
Budget Account 101-3204

Ms. Davis:

The first major issue in this budget account is the Health Insurance Exchange grant

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expected to expire in 2015, page 28 of [Exhibit C](#). Three positions would be affected by the expiration of this grant. Decision unit E-490 appears reasonable to Staff.

E-490 Expiring Grant/Program — Page DHHS-DIRECTOR-47

The second area in which a grant is expected to expire is the UnitedHealth Group Settlement funds in decision unit E-491. This grant has been supporting the Small Business Health Information and Education Program within the Office for Consumer Health Assistance. It would result in the elimination of one position. The decision unit appears reasonable to Staff.

E-491 Expiring Grant/Program — Page DHHS-DIRECTOR-47

Chair Smith:

This is one of those occasions when grant funds are accepted, where we always ask what will happen to the positions when the grants expire.

ASSEMBLYMAN SPRINKLE MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE THE POSITION ELIMINATIONS IN DECISION UNITS E-490 AND E-491 IN B/A 101-3204.

SENATOR KIECKHEFER SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED UNANIMOUSLY.

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Ms. Davis:

The next item is the submission, by the Budget Division, Department of Administration, of a budget amendment that influences two positions in B/A 101-3204, page 29 of [Exhibit C](#). They are a health resource analyst II and a management analyst III position. At the time of building the budget, pursuant to budget instructions, these were budgeted at step 1. However, they were later filled at higher steps. These are not typical adjustments, but based on the amount

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required in the adjustments and the size of the budget account, the adjustments are recommended in Budget Amendment No. A13A0047.

Assemblyman Kirner:

Staff has noted positions are not adjusted in this manner due to the amount of the adjustment and the size of the budget that is proposed. The increased steps cannot be absorbed by the Agency. What exactly does that mean?

Chair Smith:

The budget amendment adds General Funds into the budget to fill the positions.

Ms. Davis:

The position titled health resource analyst II is funded 100 percent through a federal grant. The management analyst III position is funded 53 percent through the General Fund. Based on that funding split, the budget amendment increases the budget account by \$48,500 over the biennium and \$26,111 of that is from the General Fund.

Assemblyman Kirner:

We should find a way for the Agency to absorb that cost.

Ms. Davis:

The Agency, the Budget Division, and the Fiscal Analysis Division of the Legislative Counsel Bureau discussed this item and this appeared to be the best methodology for this budget account.

Chair Smith:

These situations must be approved by the Legislature to balance the budget. They occur from time to time, especially when smaller budget amounts are involved.

ASSEMBLYWOMAN CARLTON MOVED TO RECOMMEND TO THE FULL COMMITTEES TO ACCEPT THE FUNDING CHANGES AND THE CLOSING ITEMS IN B/A 101-3204, AND TO PERMIT AUTHORITY FOR STAFF TO MAKE TECHNICAL ADJUSTMENTS.

SENATOR KIECKHEFER SECONDED THE MOTION.

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ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED UNANIMOUSLY.

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Chair Smith:

The final closing of the budgets discussed today will be presented to the full committees at a later date. All steps in the budget process are ever changing.

Is there any public comment to come before the Joint Subcommittee?

Patrick J. Colletti, M.D.

I am a pediatrician from Reno and I represent approximately 60 other pediatricians and subspecialists who care for children treated through the DHHS, Nevada Early Intervention Services (NEIS). I have provided my written testimony, with a letter attached from those medical professionals I represent, to Mr. Willden ([Exhibit D](#)).

Pediatricians are the medical home for approximately 90 percent of the children who are referred through the NEIS. We have an intimate relationship with their parents. We are always struggling to assure the children achieve the highest potential of which they are capable.

Budget discussions indicated there would be substantial changes in some of the budgets. Pediatricians have two major concerns about the NEIS functions.

One is that we would prefer the intake and evaluation of the children to remain in a centralized location because approximately 50 percent of these children are medically fragile to the point they will be unstable and unable to enter any rehabilitation or educational process successfully. If they do enter such programs, they will not succeed. Then they are left out at a critical point in their development. Many times, there is only one chance to help these children.

After the last hearing, there appears to be a rush to privatize these processes. Pediatricians have no particular concern about privatization, once these children are cleared to be directed to such a system. However, the goal of a 75 percent

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referral-out rate is not sustainable considering that the intake rate is at least 50 percent for medically fragile patients.

There has been no quality assessment in timely follow-up care of these children ensuring intervention or outcome assessments. I am currently working with Dr. Tracy Green, Nevada Health Officer, to implement and develop a strong quality assessment plan. The intent is to assist the Division in moving ahead with their plans to decide which groups should, or should not, be privatized.

We are concerned about the process because of the funding. Nevada does not have large funding resources and we want to ensure every dime allocated to these special children gets used to its best purposes. It is premature at this point to move toward privatization without having a quality assessment plan in place and functioning.

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Chair Smith:

Seeing no further business to come before the Joint Subcommittee, the meeting is adjourned at 9:38 a.m.

RESPECTFULLY SUBMITTED:

Cynthia Clampitt,
Committee Secretary

APPROVED BY:

Senator Debbie Smith, Chair

DATE: _____

Assemblywoman Maggie Carlton, Chair

DATE: _____

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<u>EXHIBITS</u>				
Bill	Exhibit		Witness / Agency	Description
	A	1		Agenda
	B	1		Attendance Roster
	C	29	Joi Davis/Fiscal Analysis Division	Joint Subcommittee on Human Services Closing List #1 dated April 2, 2013
	D	3	Patrick J. Colletti, M.D.	Written testimony/letter