

**MINUTES OF THE
SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES**

**Seventy-Seventh Session
March 5, 2013**

The Senate Committee on Health and Human Services was called to order by Chair Justin C. Jones at 3:30 p.m. on Tuesday, March 5, 2013, in Room 2149 of the Legislative Building, Carson City, Nevada. The meeting was videoconferenced to Room 4412E of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. [Exhibit A](#) is the Agenda. [Exhibit B](#) is the Attendance Roster. All exhibits are available and on file in the Research Library of the Legislative Counsel Bureau.

COMMITTEE MEMBERS PRESENT:

Senator Justin C. Jones, Chair
Senator Debbie Smith, Vice Chair
Senator Tick Segerblom
Senator Joseph P. Hardy
Senator Ben Kieckhefer

GUEST LEGISLATORS PRESENT:

Senator James Settelmeyer, Senatorial District No. 17

STAFF MEMBERS PRESENT:

Marsheilah D. Lyons, Policy Analyst
Joyce Hinton, Committee Secretary
Jackie Cheney, Committee Secretary

OTHERS PRESENT:

Marla McDade Williams, B.A., M.P.A., Deputy Administrator, Health Division,
Department of Health and Human Services
Lynn Hettrick, Executive Director, State Dairy Commission, Department of
Business and Industry
Lea Tauchen, Senior Director of Government Affairs, Grocery and General
Merchandise, Retail Association of Nevada
Michael M. DeLee, DeLee Law Offices, LLC
John Brett Ottolenghi

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Bruce Arkell, Nevada Senior Advocates; Personal Care Association of Nevada
Mark Sherwood, Coalition of Assisted Residential Environments
Bill Welch, President/CEO, Nevada Hospital Association
Emily Headley, Administrator, Sierra Place Senior Living; Coalition of Assisted Residential Environments
Mireya Hartman, Administrator, Whispering Willows; Coalition of Assisted Residential Environments
Lesley Pittman, Reno Diagnostic Centers
Kathleen Conaboy, Nevada Orthopaedic Society
Joan Hall, President, Nevada Rural Hospital Partners Foundation.
Barry Gold, Director, Government Relations, AARP Nevada
Ryan Beaman, President, Clark County Fire Fighters Local 1908

Chair Jones:

We will begin with Senate Bill (S.B.) 53.

SENATE BILL 53: Revises various provisions relating to vital statistics.
(BDR 40-312)

Marla McDade Williams, B.A., M.P.A. (Deputy Administrator, Health Division, Department of Health and Human Services):

Senate Bill 53 revises provisions in chapter 440 of the *Nevada Revised Statutes* (NRS) related to vital statistics and maintenance of vital records. Over the past decade, our vital records systems have been modernized. An electronic death registry system was implemented in 2006, and an electronic birth registry system was adopted in 2009. Changes are proposed to reflect these system updates. Additionally, minor revisions are made to align our statutes with certain provisions of the Model State Vital Statistics Act and Regulations (Model Law) from the U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, National Center for Health Statistics.

Senate Bill 53, section 2, pertains to security and confidentiality of birth and death certificates. The statutes do not specify how long after a birth or death the certificate becomes a closed record. In accordance with the 2009 version of the Model Law, it is proposed after 125 years from the date of birth and 50 years after the date of death, the record can become public. The records are considered private until these times expire.

Section 3, sets forth procedures for altering or amending a vital statistic record. The proposed revisions clarify the authority of the State Registrar of Vital Records, Health Division (HD), Department of Health and Human Services (DHHS), and allow for the rejection of an application to change a birth or death record when the information provided is not complete or is inaccurate.

The revisions to NRS 440, in section 4, allow the State Registrar of Vital Records to maintain an electronic statistical index. Section 5, allows electronic vital statistic records to be deemed the original record. Section 6, changes the language from "informant" to " ... person who produced the certificate ... " Currently, the informant is the family, not the ones who initiated and produced the certificate. This change allows the local health officer to go back to the entity, usually the hospital or hospital clerk that initiated the certificate, to provide missing data.

The amendment in section 7 of S.B. 53, allows for preparation and storage of electronic vital statistic records. Section 8 requires the funeral director to notify the local health officer when a death occurs without medical attendance. It is proposed this be revised also to require notification to a coroner or coroner's deputy for further investigation.

In sections 9 and 10, the time required to file a birth certificate is modified from 4 years to 1 year. The HD found 4 years was an arbitrary number, and by making this change the NRS will be in alignment with the Model Law.

Chair Jones:

In adoptions, there are circumstances where the birth certificate is not recorded until later. Would the proposed revisions in section 9 affect the ability of adoptive parents to record a birth certificate for the first time more than 1 year after the birth?

Ms. McDade Williams:

No. Those proceedings are handled by separate statutes specific to adoptions.

Senator Hardy:

Why does the 125 years and 50 years in section 2 sound familiar? Did a similar bill come before us in the past?

Ms. McDade Williams:

You may be recalling language in Senate Bill No. 52 of the 76th Session. The Model Law provisions for when a record becomes public are incorporated into S.B. 53. No one can obtain a copy of a birth or death certificate from the vital records office until the 125 years or 50 years time frames expire, unless there is a legal reason to have it sooner. This protects the identity of people who are living today and does not allow strangers to obtain someone's private information.

Senator Hardy:

What is the Model Law, and when is it permissible to modify certificates?

Ms. McDade Williams:

The Model Law is the Model State Vital Statistics Act and Regulations. Nationally, vital statistics registrars have an organization that proposes model law for states. States can choose to incorporate certain aspects of it. Senate Bill No. 52 of the 76th Session sought to incorporate more provisions from the Model Law than this bill does. In constructing S.B. 53, we selected the most important revisions necessary for maintaining our electronic record system.

Various statutes govern changing records. For example, NRS 127.157 pertains to adoptions; NRS 41.209 through NRS 41.290 govern the proceedings to change names on birth and death certificates; NRS 126.011 through NRS 126.371 address surrogacy agreements, paternity and maternity. The State Registrar of Vital Records only changes names based upon court orders, not arbitrary whims.

Chair Jones:

We will proceed to Senate Bill (S.B.) 80.

SENATE BILL 80: Makes various changes to provisions governing dairy products and dairy substitutes. (BDR 51-460)

Senator James Settelmeyer (Senatorial District No. 17):

My district includes many dairies. A state of the art dry milk facility is being built in Fallon. The local dairies have been requested to increase their production by 20 percent. This will only reach 50 percent of the dry milk facility's capacity. In that respect, it is one of the growth industries in Nevada.

Senate Bill 80 addresses and streamlines some of the issues in the dairy industry and brings us into compliance with federal rules and regulations.

Lynn Hettrick (Executive Director, State Dairy Commission, Department of Business and Industry):

Senate Bill 80 cleans up the statutes and addresses some of the problems in the existing law. I have provided the Committee with a handout, "Nevada State Dairy Commission," ([Exhibit C](#)) that delineates the revisions. Nothing in this bill bans the sale of raw milk.

Section 2 addresses illegal sales of raw milk. To bypass the law, some people have been selling shares in cows or in a herd so other people can claim part ownership and use the milk from that cow or herd. The particular case causing concern involved transporting milk into Nevada from California, which is also a violation of federal law. As a result, this legislation addresses selling shares or interests in a cow, goat or other lactating mammal. People are allowed to sell raw milk for nonhuman use if it is properly labeled. There have been inquiries to the State Dairy Commission (Commission), Department of Business Industry, about making cheese, butter and milk products from multiple species of animals. Lactating animals are defined in *Nevada Administrative Code* (NAC) 584.0085 as hooved mammals.

Section 3 authorizes the Commission to impose a civil penalty for violation of certain provisions governing permits for the sale of milk and cream. This provision was inadvertently left out several years ago. Sections 4 and 5 simplify some descriptions and definitions to make them more understandable.

Section 6 changes the qualifications specified for one of the members of the Commission. Instead of requiring one member be an agricultural economist, the member must have a background in agriculture. Although an agricultural economist is preferred, a person with that qualification is hard to find.

There is no authority for the Commission to accept any kind of donations or contributions toward the promotion of healthy dairy products. Section 7 authorizes the Commission to accept gifts and grants to promote and develop the economic viability of the dairy industry in the State.

Section 9 deletes the words “for ultimate consumption” within the State. All sanitation practices should be included in the language regardless of where the product is to be consumed.

The Legislative Counsel Bureau (LCB) updated some of the language, and made some NRS numbering and reference corrections in sections 10, 11, 16, 17, and 19.

In sections 14 and 15, references to the “American Association of Medical Milk Commission” are deleted as it no longer exists.

Sections 17 and 18 delete the provisions that specify the amount of the fee and instead authorize the Commission to establish a fee of not more than \$10. The fees are specifically addressed in NAC 584.4071. Some outdated language regarding boardinghouses is deleted.

The language is updated in sections 20 and 21 to comply with the Code of Federal Regulations.

Chocolate drink is deleted in section 22 because it does not always include dairy. Eggnog, yogurt and butter are added as products regulated by the Commission.

Section 23 replaces the reference to “cows or goats” with “lactating mammals.” All lactating mammals are covered under the applicable health regulations.

Sections 24 and 25 clarify all dairy products are included, and the mission statement is revised to support the new dairy industries. Nevada has been chosen for an \$84 million dairy dry powder milk plant. This plant is one of three in the world. It is a state of the art facility with an estimated completion date of October or November 2013. It will create approximately 2,000 immediate jobs in the area. The dairy will employ 40 individuals, but the multiplier effect considering everything else that goes with it is huge.

Sections 26 and 27 clarify that all dairy products are included related to the statements made within these sections. The words “or fluid cream” is added wherever “fluid milk” is mentioned.

Section 28 removes the language "substitute dairy products." Only dairy products are regulated. The reference to NRS 584.176 is removed.

In section 29, the current law does not allow a retailer to sell a product below cost. The intent was to provide protection against someone buying the market. Dairy is a refrigerated product with a limited shelf life. Each item has a date stamp indicating the last day the product can be sold. People tend not to purchase an item with a stamped date near the current date because they believe the product is no good after that date. The retailer throws away the product after that date. The product is good for some time beyond the stamped expiration date. The changes in section 29 allow the retailer to discount or donate the product within 48 hours before midnight of the date printed on the dairy product. This prevents products from going to waste by allowing a sale that is otherwise banned by law. This section is also modified to simplify the cost-determination process to accurately reflect how we determine cost during an audit.

Section 30 combines butter, fresh dairy products, fluid milk or cream to dairy products. Additionally, an outdated process was removed from the section.

Section 31 requires anyone purchasing milk buy a surety bond to guarantee payment. This made sense in 1955 when the law was first put into place.

Today, almost all milk is sold through co-ops. The co-op buys and pays for the milk making the buying of this bond meaningless. The wording is revised only to require a bond when a direct purchase is made from a producer. This will save the processors money, help them be more profitable and get rid of some meaningless bonds.

The language in section 32 is updated by the LCB. Section 33 is changed to reflect direct sales from producers. "Fresh" is removed from section 34. It implied some dairy products might not be fresh. Section 35 revises the process to require a monthly report including months when there were no sales or purchases. Section 36 lists the NRS sections that are repealed.

Chair Jones:

Is there a date when the milk is considered expired and cannot be sold?

Mr. Hettrick:

The proposed revision allows milk to be discounted or donated up to 48 hours before the expiration date. The store must still remove the product after the expiration date. This simply provides the opportunity for less waste.

Senator Smith:

Will this change allow the retailer to sell the milk at any price during the 48-hour period?

Mr. Hettrick:

Yes, and after the expiration date, it would be taken off the shelf and thrown away.

Senator Kieckhefer:

Are there any guidelines for how long a product is consumable after the expiration date besides the "smell test?"

Mr. Hettrick:

No. Some things keep better than others. There are also multiple ways to extend the shelf life such as ultra-pasteurization. The "sell by date" stamped on the product is the only date we use.

Senator Kieckhefer:

It sounds like the smell test is the best bet.

Mr. Hettrick:

The product is good for a significant time after the sell by date.

Lea Tauchen (Senior Director of Government Affairs, Grocery and General Merchandise, Retail Association of Nevada):

I support S.B. 80 on behalf of the Retail Association of Nevada. We appreciate the proposal to simplify and clarify how costs are calculated. We like the option of being able to donate or discount the product 48 hours before the expiration date. The product is still good, and it is a shame to destroy it, especially considering the current economic environment. This allows us to provide a lower price option for our customers, food banks and local pantries.

Michael M. DeLee (DeLee Law Offices, LLC):

I support S.B. 80. I am a proponent of raw milk and support the legislation being presented by Assemblymen Paul Aizley in Bill Draft Request 51-1011. When we first read S.B. 80, we thought it was intending to ban raw milk. After meeting with Mr. Hettrick this morning, we have a better understanding and now wholeheartedly support S.B. 80.

BILL DRAFT REQUEST 51-1011: Revises provisions governing the distribution of raw milk. (Later introduced as Assembly Bill 209).

John Brett Ottolenghi:

I am a proponent of raw milk and support S.B. 80. I intend to build the first raw milk dairy in Nevada in compliance with the law.

Chair Jones:

We will now open the hearing on S.B. 149.

SENATE BILL 149: Revises provisions relating to inspections of certain medical facilities and offices. (BDR 40-841)

Senator Ben Kieckhefer (Senatorial District No. 16):

I was the public information officer at the DHHS for 2 years. In that capacity, I worked with all the divisions within DHHS and learned much about their business processes. One of the things that struck me was how often we as a state try to gain regulatory compliance by punishing bad behavior rather than incentivizing positive behavior. Senate Bill 149 is an attempt to shift that paradigm by implementing an incentivizing model that would apply to health care facilities. It would allow facilities that have positive inspection records from the Bureau of Health Care Quality and Compliance, HD, to have their next periodic inspection extended to one and one-half times the usual period required by state law. Additionally, there would be a 25 percent reduction in the facility's license fees for the next consecutive renewal.

Section 2 of S.B. 149 sets forth the incentivizing provisions for medical facilities that pass a periodic inspection by DHHS. Medical facilities include, but are not limited to, obstetric centers, independent centers for emergency medical care, intermediary care facilities, skilled nursing facilities, hospice, hospitals and psychiatric hospitals. Section 2, subsection 1, paragraph (a) pertains to the extension of the periodicity of the inspection. Section 2, subsection 1,

paragraph (b) provides for the 25 percent reduction in the fees charged by the HD for the next consecutive renewal of the license of the facility. Specific information about the fees collected from the facilities is located in NAC 449.013 and NAC 449.016.

The exceptions that would exclude eligibility for these incentives are specified in section 2, subsection 2, paragraphs (a) through (e). They include initial inspections or inspections responding to a complaint, follow-up inspection to a previous inspection that identified a deficiency, a change in licensure, situations where the facility has had a substantiated complaint filed against it within the immediate preceding 12 months and emergency inspections.

Section 3 of S.B. 149 provides the provisions in section 2 to regulated physicians' offices and ambulatory surgery centers.

I understand the concerns of the State's regulatory role of ensuring quality within health care facilities. The State's focus should ensure compliance both through strict enforcement on those who have proven to be bad actors while supporting those who have proven to be good actors. The proposed legislation in S.B. 149 is a different approach to how government usually works, but I believe it is prudent and proper.

A fiscal note is attached to S.B. 149 that will require this bill to be heard in the Senate Committee on Finance. It is anticipated the fee revenue collected by DHHS will be reduced by \$471,000 as a result of the 25 percent reductions in fees. This reduction in fees is offset by the reduction in costs to the DHHS in having to do fewer inspections.

Bruce Arkell (Nevada Senior Advocates; Personal Care Association of Nevada):

We support S.B. 149. It is a good bill. It incentivizes people instead of punishing them. I agree with Senator Kieckhefer's statements about the reduction in fees being offset by DHHS having to do fewer inspections. This is a good step forward to help reduce costs for health care providers and to encourage people to get into businesses that are regulated by DHHS. We welcome any other ideas focusing on incentives rather than penalties.

Mark Sherwood (Coalition of Assisted Residential Environments):

The Coalition of Assisted Residential Environments (CARE) supports this bill. The aging population needs the service our members provide. If we can make it

easier for care providers to do their job and help them stay in business, we will be serving our seniors while looking out for the bad actors. This is a continuation of our grading system that started in 2009. It has been a huge success. We see this as the next logical step to that effort.

Bill Welch (President/CEO, Nevada Hospital Association):

I support S.B. 149. The Nevada Hospital Association recognizes and appreciates the effort to oversee with a carrot versus a stick. It is good to have a balance of both. This legislation provides for continued appropriate oversight. It does not lessen any additional oversight and inspections deemed necessary. It does not change the many other survey processes required for hospitals. All hospitals must be certified by the Centers for Medicare and Medicaid Services, which entails a regular review process. Many hospitals have been accredited by the Joint Commission on the Accreditation of Healthcare Organizations. Time and effort should be focused on those facilities that are not consistently meeting the standards and need the additional oversight. The State is allowed to bill for the extra cost of surveys in situations where the State finds the complaints are validated. Any reductions resulting from licensing fees may be recoverable from the monies collected for additional inspections for facilities that are not consistently meeting the standards.

Emily Headley (Administrator, Sierra Place Senior Living; Coalition of Associated Residential Environments):

I am the administrator for Sierra Place Senior Living, a senior living property in Carson City that includes 63 apartments. Today, I am also representing CARE. We are required to post our letter grade in an immediate, completely visible place, for people walking through the door of any of our properties. There is a description on the bottom of the letter grade sign explaining what the grades, "A," "B," "C" and "D" mean. It is the first item surveyors look for when they walk into the building. It is something that anyone working in the industry takes very seriously. The goal is always to achieve and maintain an "A."

I came to Nevada after working 27 years in California for a nationally owned senior living organization. In California, inspections are done every 4 or 5 years. There is no letter grade. A binder is kept up front for interested parties to read. Visitors have to read a 20-30 page report to get any information about how a particular property is doing. I started work in Nevada in November 2008. The Nevada survey process is extremely innovative and effective. In comparison to California, the consumers in Nevada are extremely well protected.

We heartily endorse S.B. 149 and second the notion of concentrating the effort and time on the bad performers. Poor performance by a few always seems to increase oversight and regulations for everyone. The majority of us take our "A" grade seriously. The consumer choice always reflects on the good properties. Capitalism is alive and well in this industry.

I know, almost to the week, when the surveyor will be visiting my property for the 12-month survey. It is usually in March; no one takes vacations in March. Changing the survey to 18 months makes it a different time of year. This could keep us more on our toes for the possibility of a survey at any time during the year, and in that regard, could be good for the industry.

Mireya Hartman (Administrator, Whispering Willows; Coalition of Assisted Residential Environments):

I am the administrator for Whispering Willows in Reno which has been in business for 23 years. Today, I am also representing CARE.

Whispering Willows has maintained an "A" grade since the inception of the grading system. I had a surprise survey last year, and I still got an "A." Extending the time frames for surveys would benefit all of us. It would reduce the financial burden on the State and provide an opportunity to concentrate on the bad providers. In the past, all homes and facilities have been treated the same regarding inspection times. This bill would provide an incentive to providers to achieve a better grade, resulting in better care for our residents. These are tough economic times. Lowering the license fees would be another incentive to achieve and provide better care for the elderly. Whispering Willows has had a tough time this past year. It would be nice to be rewarded for the good work we do.

Lesley Pittman (Reno Diagnostic Centers):

Reno Diagnostic Centers (RDC) has been in operation since 1984. We have two diagnostic imaging centers in the Reno area and manage one in Elko. We support S.B. 149.

We applaud Senator Kieckhefer's efforts to make the impacts of A.B. No. 123 of the 75th Session and the subsequent regulations less onerous on people who do things the right way. At RDC, we provide the lowest level of conscious sedation. It is primarily used to alleviate anxiety and stress. Mostly this is done in pill form, but occasionally it is done through injection. Some of the

regulations and new requirements that were put in place in 2009 cost us approximately \$50,000 to \$90,000 the first year. Every subsequent year it costs us an additional \$10,000. As a result, we have stopped providing conscious sedation to our patients at our facility located on Sierra Rose Drive and refer those patients to the facility located on Eureka Avenue and sometimes in urgent situations, to the hospital. I just wanted to share with you some of the impacts associated with that and to come here in support of A.B. 149 in terms of its reduced fee obligations and reduced frequency of inspections. We would appreciate your support of the bill.

Kathleen Conaboy (Nevada Orthopaedic Society):

Our doctors all have offices and some of the members of the Nevada Orthopaedic Society also own and operate ambulatory surgery centers. We are pleased Senator Kieckhefer acknowledges that some people do follow the rules, and we thank him for his efforts to incentivize good behavior.

Joan Hall (President, Nevada Rural Hospital Partners Foundation):

Our members are in support of S.B. 149 and echo the comments previously made. Thank you for bringing this forward.

Barry Gold (Director, Government Relations, AARP Nevada):

The AARP Nevada opposes proposals to lengthen the period between inspections. We have all heard the stories about the terrible problems in facilities that care for seniors and people with disabilities. Cutting back on oversight and inspection is going the wrong way. The quality of care can change overnight in a facility due to a variety of reasons such as a change in administrators, staff or owners, or it can change for no reason at all.

The quality of care can easily change before the next scheduled inspection. Extending the length between inspections is an accident waiting to happen. The federal and State governments should conduct regular, thorough and consistent oversight to ensure consumer's quality of care and quality of life and to protect their rights. The key words are "regular" and "consistent." Inspections should be conducted at least annually with follow-up inspections as needed to ensure problems are corrected. They should also respond promptly to complaints. Support for training programs for surveyors and funds for surveyor activities should be increased, not decreased.

The quality of care can and does yo-yo quickly. We must protect Nevadans who rely on the State to conduct proper oversight and inspections. You may find the previous inspection was good in facilities where terrible problems have occurred. The previous inspection is not always something we can count on. There is a reason these inspection intervals were established, and we should continue to follow them. Cutting back on these vital inspections exposes the public to potential harm and may increase costs to the State in situations where problems occur. Let us not forget so quickly the hepatitis C scandal. Inspections cannot stop everything from happening, but they do provide a level of safeguards to the public.

Facilities often look at these inspections as punitive. Inspections are designed to be a tool used for quality improvement. To quote Dr. Carlos Brandenburg who was the administrator of the Division of Mental Health and Developmental Services, DHHS, for a number of years, "Quality improvement does not have a finish line." You should never believe you are doing so good that you do not need a measurement on your performance for an extra 6 months or a year. All of us who have regular jobs have yearly performance reviews. We do not get to wait an extra 6 months for another review because last year's review was good. What will the public say when something dreadful happens in a facility in a case where it was not inspected until one and one-half times when the inspection is normally required? Would we do the same thing for foster care homes? If you look at the homes where tragedies have occurred, I imagine some of these did well on last year's inspection.

Do restaurants get an extension between their inspections just because they did well on the last inspection? The public would never accept this. Why should the facilities that care for people get an extension for inspections? It is good they followed the rules, and we should find incentives, but just because you do well or get an "A" on one report card should not mean you can wait longer to take your next exam. The public expects to be protected, and annual inspections do that.

Cutting the fee for inspections will create a further burden on DHHS that is already running and working hard to keep up with surveys.

While we need to find incentives for providing quality care, this is not the appropriate way. There could be unintended consequences that end up hurting people. The AARP Nevada members and their families and all of Nevadans want

to be safe and healthy. The provisions in S.B. 149 do not protect them. We have heard Nevada has innovative and effective surveys. Why change what we are doing if it is so good?

On behalf of our 309,000 members across the State, AARP Nevada opposes S.B. 149 and strongly urges this committee not to pass it.

Ms. McDade Williams:

The DHHS is neutral on S.B. 149. I want to remind the Committee that one of the fiscal note impacts is the cost for regulations which we have submitted in our fiscal note.

Chair Jones:

The work session for S.B. 99 is now open.

SENATE BILL 99: Provides for the protection of children in the child welfare system from identity theft. (BDR 38-65)

Marsheilah D. Lyons, Policy Analyst:

The work session document ([Exhibit D](#)) provides an explanation of S.B. 99. This bill requires an agency which provides child welfare services to obtain and examine the credit report of certain children placed into its custody. It requires that if the child welfare services agency report has any information which indicates potential identity theft or other crimes, they turn it over to the Attorney General to work on resolving those issues.

One of the concerns expressed during the hearing was the frequency of the reports the bill requires. An amendment was submitted to change the frequency to have the credit reports requested after the child reaches age 16 years and annually thereafter. With this amendment, the fiscal notes attached to the bill are no longer necessary.

SENATOR HARDY MOVED TO AMEND AND DO PASS AS AMENDED
S.B. 99.

SENATOR SEGERBLOM SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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Chair Jones:

We will begin the hearing for S.B. 100.

SENATE BILL 100: Revises provisions relating to certain providers of emergency medical services. (BDR 40-501)

Ms. Lyons:

The work session document ([Exhibit E](#)) provides an explanation of S.B. 100. The terms used to refer to three types of trained and certified emergency medical technicians are revised to be consistent with the terms used in the National Emergency Medical Services Education Standards released by the National Highway Traffic Safety Administration in 2009. The term "emergency medical technician" in existing law refers to the basic level of emergency medical technician. This bill replaces the term "intermediate emergency medical technician" with "advanced emergency medical technician" and replaces the term "advanced emergency medical technician" with "paramedic." Sections 18, 19 and 21 require the training for certification as an emergency medical technician, advanced emergency medical technician and paramedic to follow the curriculum or educational standards prepared by the United States Department of Transportation, which are now set forth in the National Emergency Medical Services Education Standards.

During the testimony, only one concern was expressed about the time frames for transitioning existing technicians and paramedics to comply with the new requirements. An amendment was presented by the HD, DHHS, to address that transition, page 2 of [Exhibit E](#).

Chair Jones:

Can Mr. Beaman explain that concern?

Ryan Beaman (President, Clark County Fire Fighters Local 1908):

We have endeavored over the years to have all our members and employees certified as intermediate or advanced emergency medical technicians. We support the amendment to S.B. 100 which allows a time frame for our employees to attain the advanced emergency medical technician certification.

The Clark County firefighters responded to 130,000 medical calls last year. We run a dual response system with the private ambulance company. Both provide the same level of service with paramedics and intermediates. Almost all our employees are already at the paramedic or intermediate emergency medical technician level. There are less than 15 people who are certified as basic emergency medical technicians who will need to progress to the advanced emergency medical technician level.

Senator Hardy:

Can the members qualify to be advanced quickly and efficiently in every jurisdiction?

Mr. Beaman:

The change regarding the time frames in the amendment makes this possible. That is why we support the amendment.

Senator Hardy:

What happens if they do not get to the official qualification of advanced emergency medical technician by the designated time frame?

Mr. Beaman:

I propose that everyone proceed to the advanced level. If they do not, I assume they will remain at the lower level and continue to work until they acquire the advanced technician level.

Senator Jones:

As I understand Mr. Beaman, he is not asking for an amendment, he just wanted to make sure this was clear to the Committee

Mr. Beaman:

That is correct.

Senator Hardy:

I am having a hard time allowing everyone to go to the advanced level if they have not qualified for it. I would be more comfortable with adding a new intermediate level instead of just defining people as advanced when they have not qualified yet.

Senator Jones:

Perhaps Ms. McDade Williams, can provide further clarification.

Ms. McDade Williams:

The amendment changes the effective date of the bill. Effective January 1, 2014, individuals applying for new certificates must meet the provisions of the bill. For the purpose of issuing certificates to emergency medical technicians, advanced emergency medical technicians or paramedics whose certificates will expire on March 31, 2014 or on March 31, 2015, have until December 31, 2015, to complete a transition course that meets the national standard.

We are not intending the date the bill is passed for people all of a sudden to be considered one thing or the other. The intention of the changes in the effective dates is to allow reasonable time for the transition.

Senator Jones:

Do I understand correctly that they do not become advanced emergency medical technicians without going through the proper qualification process?

Ms. McDade Williams:

That is correct, and they will have until December 31, 2015 to do that.

Senator Hardy:

I now understand there is not automatic progression to the higher level; the employees must meet the qualifications. I suggest there be no pay grade increase until the person qualifies for the advanced level.

SENATOR SEGERBLOM MOVED TO AMEND AND DO PASS AS
AMENDED S.B. 100.

SENATOR SMITH SECONDED THE MOTION

THE MOTION CARRIED UNANIMOUSLY.

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Senator Jones:

There being no further business, this meeting is adjourned at 4:43 p.m.

RESPECTFULLY SUBMITTED:

Jackie Cheney,
Committee Secretary

APPROVED BY:

Senator Justin C. Jones, Chair

DATE: _____

<u>EXHIBITS</u>				
Bill	Exhibit		Witness / Agency	Description
	A	1		Agenda
	B	8		Attendance Roster
	C	30	Lynn Hettrick	Nevada State Dairy Commission, Senate Bill 80
S.B. 99	D	1	Marsheilah D. Lyons	Work Session Document
S.B. 100	E	2	Marsheilah D. Lyons	Work Session Document