MINUTES OF THE
SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

Seventy-Seventh Session
March 26, 2013

The Senate Committee on Health and Human Services was called to order by Chair Justin C. Jones at 3:34 p.m. on Tuesday, March 26, 2013, in Room 2149 of the Legislative Building, Carson City, Nevada. The meeting was videoconferenced to Room 4412 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 Barbara K. Cegavske, Senatorial District No. 8
Senator Aaron D. Ford, Senatorial District No. 11

STAFF MEMBERS PRESENT:

Marsheilah D. Lyons, Policy Analyst
Risa Lang, Counsel
Jackie Cheney, Committee Secretary

OTHERS PRESENT:

Michael J. Willden, Director, Department of Health and Human Services
Dan Musgrove, The Valley Health System
George Ross, HCA Sunrise Healthcare
Misty Grimmer, North Vista Hospital
Keith Uriarte, Chief of Staff, AFSCME Local 4041
Daniel H. Stewart, Executive Director, State of Nevada Association of Providers

Cecilia Colling, Legislative Chair, Nevada Women's Lobby
Vanessa Spinazola, Legislative Advocacy Director, American Civil Liberties Union of Nevada
Michael Hackett, Nevada State Medical Association
Donna G. Miller, President, Life Guard International
Jeffrey Davidson, M.D., Co-Medical Director, Life Guard International
Richard Henderson, M.D., City of Henderson Fire and Rescue Department; Community Ambulance
Zachary J. Carden, RN
Eileen Davies, RN, Chief Flight Nurse, Life Guard International
Paula Berkley, Food Bank of Northern Nevada
Marla McDade Williams, Deputy Administrator, Health Division, Department of Health and Human Services

Chair Jones:
We will begin with Senate Bill (S.B.) 274.

SENATE BILL 274: Revises provisions relating to contracts and agreements of the Department of Health and Human Services. (BDR 39-1082)

Michael J. Willden (Director, Department of Health and Human Services):
This bill pertains to the private hospital Upper Payment Limit (UPL) program proposed by the Division of Health Care Financing and Policy, Department of Health and Human Services (DHHS).

The DHHS has operated a public hospital UPL program for 10-12 years. For more than 3 years, we have worked collectively with the private hospitals to implement a private hospital UPL program. The DHHS submitted a state plan amendment to the federal government in March 2010. After 20 months of negotiating approval, the state plan amendment was approved in November 2011. As shown in the DHHS presentation on Senate Bill 274 (Exhibit C), the private hospital UPL program was used as a budget balancing mechanism during the 2011 Legislative Session. Page 3 of the presentation summarizes the language that was included in A.B. No. 580 of the 76th Session regarding the implementation of a private hospital UPL program. It was estimated this legislation would benefit the State General Fund (GF) by approximately $10 million during the 2011-2013 biennium.

The diagram on page 2 of Exhibit C shows how the private hospital UPL programs are intended to work. A new nonprofit organization, Nevada Clinical Services, would be created with the hospital corporations as members. The DHHS would end several of the service delivery contracts, and Nevada Clinical Services would assume payment for those services. The resulting GF savings would be transferred to the DHHS director's office budget to provide the State match used to obtain federal dollars—at a ratio of 1:2. These monies would then be paid to the hospitals in the form of UPL payments to support the hospitals for providing disproportionate indigent care.

This all sounded good coming out of the 2011 Legislative Session. The DHHS and hospitals went through 9 to 12 months of negotiations about how the process and participation would work which was finally resolved last summer. When we began constructing the Master Service Agreements, the Attorney General's Office indicated revisions would need to be made to *Nevada Revised Statutes* (NRS) 433 and NRS 433B before the implementation plan could go forward. Those revisions are set forth in S.B. 274.

The statutes for the Division of Mental Health and Developmental Services are contained in NRS 433. The proposed changes in S.B. 274, section 1, subsection 1, allow the Division to contract with nonprofits and provide services without compensation. Senate Bill 274 section 1, subsection 2(a), allows the DHHS to provide specific oversight on the terms of the contract; subsection 2(b) allows DHHS to share confidential information concerning consumers served; and subsection 2(c) makes clear that the State and the DHHS do not waive any immunity from liability in these contracts. Section 2 of S.B. 274 makes the same changes in the children's mental health statutes contained in NRS 433B.220.

Passing S.B. 274 would allow us to continue with the implementation of a private hospital UPL program similar to the public hospital UPL program. Once S.B. 274 is approved, the DHHS will resume work on the contracts and master service agreements processed through the Attorney General's Office and the Board of Examiners and get the program operational as soon as possible.

Chair Jones:
Mr. Musgrove has submitted an amendment (Exhibit D). Are you in agreement with that amendment?

Mr. Willden:
Yes, we have reviewed the proposed amendment with our legal counsel and do not see any problems. Basically, the amendment proposes the same language used in our mental health and children's mental health statutes to be incorporated into the Health Division, Welfare and Supportive Services Division and the Aging and Disability statutes.

Dan Musgrove (The Valley Health System):
The intent of the proposed amendment is to allow further execution of contracts or agreements with certain governmental or private entities with additional divisions within DHHS than that originally provided for in S.B. 274.

If the State has done all the possible contracts within mental health and child welfare and the UPL cap has not been reached, these amendments would provide the flexibility to expand into the Health Division, the Division of Welfare and Supportive Services, and the Aging and Disability Services Division to maximize the federal dollars to the State.

Senator Smith:
Are we only talking about private nonprofit hospitals?

Mr. Musgrove:
The private nonprofit hospitals are the ones enjoined into this collaborative effort.

George Ross (HCA Sunrise Health Care):
I am testifying in support of S.B. 274 and the amendment presented by Mr. Musgrove. I echo all of Mr. Musgrove comments. We have been working on this for several years. The results will be well worth everyone's efforts.

Misty M. Grimmer (North Vista Hospital):
I agree with the comments of Mr. Willden, Mr. Musgrove and Mr. Ross. This is a great program for bringing more federal dollars to Nevada.

Keith Uriarte (Chief of Staff, AFSCME Local 4041):
I have concerns regarding NRS 433.354, section 1, subsection 1, which allows the DHHS to provide services without payment for those services. Secondly, I have concerns about the DHHS being able to provide good oversight of contract services. I have provided the members of this Committee with a copy

of an audit done by DHHS on January 2, 2013, regarding a private nonprofit (Exhibit E). Essentially, the audit findings indicate this private nonprofit was receiving funds from DHHS for services they were found not to be providing. The lack of oversight that exists, particularly in the DHHS, is of great concern. Since the intent is to maximize federal dollars, consideration should be given to how much money the DHHS has given to this private nonprofit for services not provided.

Senator Segerblom:
Are you saying this nonprofit entity should just be a part of Mr. Willden's Department?

Mr. Uriarte:
I am not suggesting this nonprofit be a State agency. This private nonprofit is a bad example of any type of business providing services. My point is S.B. 274 is authorizing the DHHS to have oversight of contract activity for the private nonprofits mentioned in that bill. What I offer today shows that the DHHS provides little oversight. When an audit is done showing the provider is not doing what they should, as was the case in Exhibit E, it is ignored and the funding is continued.

Chair Jones:
Brian Patchett, President, Easter Seals Nevada, requested his written response to Mr. Uriarte's comments regarding the review of the Easter Seals organization be included in the record of this meeting (Exhibit F). Mr. Patchett stated in his cover sheet to Exhibit F, "The issues raised in the monitoring report in Part C were either corrected prior to the monitoring, during or immediately following." He also said, "It is important to note that this was not an audit, but a monitoring."

Mr. Willden:
I want to be clear about how the contract oversight will work in relation to S.B. 274. Currently, when DHHS contracts with a nonprofit, we are required to provide oversight. Sometimes we do a great job and sometimes we do less than a stellar job. In this situation, Nevada Clinical Services is not a service provider—an important difference for this Committee to understand. The way the relationship works in the UPL program is that the nonprofit is simply the bill payer. I will give a specific example of how this would work.

The Division of Mental Health and Developmental Services has a contract with WestCare Nevada to provide triage services to the mentally ill and substance abuse individuals. This means we contract with that agency, provide oversight and provide all the administrative functions of paying the bills through the State accounting system. In the UPL program, the State still provides all the oversight, quality assurance and does everything else the State would do today with WestCare. The only difference is when we get to the last transaction of putting the information into the State accounting system. Instead of paying through the State accounting system, we transmit the payment records to the Nevada Services Corporation and they pay the nonprofit on our behalf. The payments are made out of their resources rather than the State's resources. This frees up State dollars to move around within the system to become Medicaid match dollars. The UPL program has all the same oversight and all the same administrative functions up to the last item of who pays the bill.

I understand the criticism that DHHS may not have provided the best oversight in some cases. I am willing to provide information and respond to specific allegations; however, the UPL program is different from what Mr. Uriarte has described.

Chair Jones:
The hearing for S.B. 274 is closed. Next is S.B. 233.

SENATE BILL 233: Revises certain provisions pertaining to zoning. (BDR 40-890)

Senator Barbara K. Cegavske (Senatorial District No. 8):
Senate Bill 233 repeals sections of the NRS that the United States (U.S.) District Court for the District of Nevada held in the Nevada Fair Housing Center to be federally preempted including the provision which directs certain governing bodies to establish a minimum distance between residential establishments.

A residential establishment, as defined in the NRS, includes certain homes for individual residential care, halfway houses for recovering alcohol and drug abusers and residential facilities for groups. Current State law requires the governing body of the county and each city in such county whose county population is 100,000 or more (currently Clark and Washoe Counties) establish by ordinance a minimum distance between residential establishments that is at

least 1,500 feet but not more than 2,500 feet. A registry of group homes must be kept to ensure observance of any mandatory minimum distances. However, federal law, with respect to persons with disabilities, specifically preempts conflicting state laws that discriminate in housing based on disability or fail to give persons with disability reasonable accommodation required to use and enjoy a dwelling.

The U.S. District Court for the District of Nevada held that the provision of the federal Housing Amendments Act preempted NRS 278.0238 to 278.02388, inclusive. Therefore, the changes proposed in S.B. 233 are necessary to bring Nevada into compliance.

I urge your support in passage of this bill.

Chair Jones:
Do you know the original intent of the NRS statute as currently written?

Senator Cegavske:
In the larger counties, people voiced opinions about not wanting a group of recovering drug and alcohol residents living in close proximity to neighboring homes with children.

Senator Smith:
I agree with Senator Cegavske's recollection of why the law came into being. When the building boom started, there were not very many neighborhoods left where group homes could go, particularly because of the increased number of gated communities. Consequently, some small neighborhoods had many group homes. People who lived in these neighborhoods voiced their concerns through testimony to the legislature in support of revising the NRS to define some limitations for where group homes could be located.

Senator Hardy:
The changes set forth in S.B. 233 allow the disabled and those with special needs to choose homes closer to services. This bill allows us to have compassion for those living in these homes.

Chair Jones:
Ms. Lang, is this a complete preemption or a permissive preemption?

Risa Lang, Counsel:
It is a complete preemption.

Daniel H. Stewart (Executive Director, State of Nevada Association of Providers):
I support S.B. 233. I represent providers who provide a wide range of services including day training services, child services and supported living arrangement services (SLA). The SLA services are typically provided to four roommates who share a home. Paid caregivers provide supervision, guidance and oversight of their care. The goal is to develop independence and integration within communities. Sometimes the people we serve have difficulties fully integrating with neighbors and misperceptions can occur. We try to be good neighbors. We support the broadest application of the Fair Housing Act of 1986. Senate Bill 233 is a good step in that direction.

Senator Smith:
I want to clarify that my earlier comments about the origin of the current statutes regarding S.B. 233 was not a position statement but rather a recollection of the discussions that had occurred.

Senator Jones:
Edward Guthrie, Executive Director of Opportunity Village, submitted his written testimony (Exhibit G) in support of S.B. 233.

SENATOR HARDY MOVED TO DO PASS S.B. 233.

SENATOR KIECKHEFER SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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Chair Jones:
We will open the hearing for S.B. 117.

SENATE BILL 117: Revises provisions governing the powers of the Department of Taxation. (BDR 32-536)

Senator Debbie Smith (Senatorial District No. 13):
The intent of S.B. 117 is to update Nevada taxation statutes to ensure that patient health information is protected. This bill prohibits the Department of Taxation from issuing a subpoena for information that contains individually identifiable health information. Individually identified health information is information that can identify a person to their specific physician or medical condition.

There is a perception among the general public that the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy and Security Rules protect their health information from use by all governmental agencies. The fact is HIPAA laws only apply to entities deemed as covered entities. These are defined as health plans, health care clearinghouses or health care providers who transmit health information in connection with certain transactions. These transactions include claims, benefit eligibility inquiries, referral authorization requests or other transactions for which The U.S. Department of Health and Human Services has established HIPAA transaction rules.

Current Nevada law governing the Department of Taxation provides the agency with authority to subpoena the production of books and papers for various agency purposes. Additionally, the Department of Taxation is not identified under HIPAA as a covered entity, thereby exposing patient health information to security breaches. As legislators, it is incumbent upon us to ensure patient privacy of health records. I ask for your support in passing S.B. 117 as we update the taxation statutes to ensure patient privacy is guaranteed. This is an area of law where medical records are not protected. This is a good consumer protection piece of legislation. I have included a letter (Exhibit H) from a national advocacy group, Patient Privacy Rights, in support of S.B. 117.

Cecilia Colling (Legislative Chair, Nevada Women's Lobby):
The Nevada Women's Lobby is an organization that is concerned about the protection of women, children and families. On a personal level, I was involved in working with the Division of Vocational Rehabilitation, Department of Employment, Training and Rehabilitation where we had to abide by strict HIPAA rules. There were many systematic things that took place to protect information. The Department of Taxation should be required to follow the HIPAA rules and protect patient health information. We support S.B. 117.

Vanessa Spinazola (Legislative Advocacy Director, American Civil Liberties Union of Nevada):
I support S.B. 117. This legislation expands civil liberties and elevates the protection of personal privacy information.

Michael Hackett (Nevada State Medical Association):
The Nevada State Medical Association supports S.B. 117. We are unaware of any instances of this nature occurring in Nevada, but we are aware they have occurred elsewhere which compromises individual patient confidentiality. Senate Bill 117 would prevent a predictable problem from occurring, and for that reason, we support this bill.

SENATOR KIECKHEFER MOVED TO DO PASS S.B. 117.

SENATOR HARDY SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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Chair Jones:
We will now open the hearing for S.B. 285:

SENATE BILL 285: Revises provisions relating to emergency medical services. (BDR 40-833)

Senator Joseph P. Hardy, M.D. (Senatorial District No. 12):
The intent of S.B. 285 is to protect the people in Nevada who fly to and from destinations on air ambulances.

Donna G. Miller (President, Life Guard International):
I am a Nevada resident and president of Life Guard International, a Nevada air ambulance. I am also a flight nurse with 15 years of critical care experience and 12 years of aeromedical experience.

Air ambulances transport critically ill patients by aircraft from one facility to another. For example, if the care required by an intensive care unit (ICU) patient is not available where the patient currently is, this patient will be transported by aircraft from the current ICU to an ICU in another location that can treat the

patient. The aircraft and its medical personnel serve as a bridge between the two ICUs. While the patient is in the hospital, there is a team of medical professionals, physicians, nurses, respiratory therapists etc., attending to this patient. When transporting in an air ambulance, only the flight crew attends to the patient's needs.

People transported in air ambulances are exposed to environmental factors unique to air medical transport that have the capability of worsening the condition that is already critical and usually unstable. The patients are being moved from a stable environment, which adds stressors to the already critical condition. The expertise and number of people who are caring for this patient are decreased. The performance capabilities of the flight crew are paramount to maintaining the patient's life. Often, the quality of care provided on this bridge is the difference between life and death for the patients being transported.

Air ambulances are a unique combination of aviation and medicine. From an aviation point of view, the Federal Aviation Administration regulates the aviation aspect of an air ambulance. From a medical point of view, there is no comparable entity to regulate the medical aspect at the federal level. It is up to each state to decide whether they want to regulate the medical aspects of an air ambulance. Those states that choose to regulate the medical aspect decide the level of care that will be required by the medical team onboard the aircraft. There are three levels: A basic level where there is an emergency medical technician basic attending to the patient; an advanced level where a paramedic is caring for the patient; and a critical care transport level where there is a physician or registered nurse on board.

The oversight on the regulation ranges from no regulation to very comprehensive regulations. There can be great variation in patient care and performance capabilities from one air ambulance to another. Nevada recognizes the challenges of air medical transport and chooses to regulate the medical aspects of air ambulances. Nevada requires the medical team aboard its air ambulances to provide care at the critical care transport level. This increases their ability to address the foreseen and unforeseen changes in the patient's condition while on board the aircraft.

In order to maintain a critical level, Nevada requires the primary caretaker on the aircraft to be a registered nurse who, in addition to her registered nurse license, must have an emergency medical services certification issued by the Nevada

Board of Nursing. Not any nurse can obtain such a license—a certain amount of specific critical care experience is required. The nurse must obtain certain certifications including going through an approved aeromedical training program. In addition to the required minimum personnel on board, Nevada requires a certain level of technology, medication and supplies to complement the expertise of the support team in place to maintain someone's life on the aircraft. Nevada requires a Nevada licensed physician be on board to oversee the medical aspects of the air ambulance company.

The rules and regulations ensure all patients on board of an aircraft in Nevada receive the proper and safe medical care. All of those regulations are contained in NRS 450B. However, NRS 450B.830, subsections 4 and 5 exempt out-of-state air ambulances from the Nevada requirements. Perhaps it is assumed all states will be responsible in regulating their medical aspects for their air ambulance companies. Unfortunately, that is not always true. In states where there are no medical regulations, any aircraft operator with an FAA license can put a bed in the back of an airplane and call it an air ambulance. They can transport sick and vulnerable Nevada patients.

Patients do not have a choice about what air ambulance company will transport them. Insurance companies usually make those choices even though hospitals bear the legal liability and responsibility for those patients while they are on board of the aircraft.

Nevada's established rules, regulations and laws are meant to protect Nevada citizens. All people and all entities providing services to Nevada residents with no exceptions should observe those rules and regulations. The exemptions in NRS 450B.830, subsections 4 and 5, allow unlicensed air ambulance providers to care for Nevada citizens. This unnecessarily endangers lives of Nevadans and negatively affects Nevada medical providers.

Senate Bill 285 will require all air ambulances providing services to Nevada citizens obey the same rules and regulations. Passage of this bill will ensure the same high level of care is provided to all Nevadans receiving air ambulance services.

I encourage you to pass S.B. 285. I have provided you with a handout (Exhibit I) that gives more information about air ambulances and background information related to this proposed legislation.

Senator Smith:
Do I understand correctly that an air ambulance based outside Nevada transporting a patient from Arizona to a Nevada hospital does not have to be licensed?

Ms. Miller:
That is correct.

Senator Hardy:
We cannot specify what the air ambulance flies but we can legislate what is medically required inside the air ambulance in caring for Nevada patients.

Ms. Miller:
That is correct. The Airline Deregulation Act of 1978 preempts the states from regulating anything that has to do with the aviation or economics aspect of an air ambulance. However, the act also says the States have the authority to regulate medical standards that serve patient care objectives.

Jeffrey Davidson, M.D. (Co-Medical Director, Life Guard International):
I have been a board certified emergency physician since 1994 involved in medical direction of air ambulance patients and critical care patients for over 10 years. During this time, I have trained, worked with and directed many dedicated, compassionate and caring paramedics, nurses and others.

The air ambulance is used when it is necessary to transport patients greater distances than can be achieved quickly with ground transportation or in a helicopter. An air ambulance transport requires a highly qualified group of medical personnel who are capable of continuing advance care from one medical center to another. Typically, the transport is made from an ICU in one city to an ICU in another city or state.

Nevada law provides standards of care for air ambulance providers based in Nevada. These standards are intended to ensure the appropriate and safe transport of patients. The current law does not regulate the air ambulance providers outside of Nevada who may be transporting Nevada residents. Consequently, companies may be transporting Nevada residents without the same high standards as Nevada. As a Nevada physician, I am uncomfortable with this. It is dangerous not to know what level of care an air ambulance is providing during their transport. The sending physician is the responsible

physician until the patient lands in the next critical care facility and the care is taken over by the receiving physicians and medical team. Senate Bill 285 will ensure the same high level of care that occurs with air ambulances based in Nevada will occur with companies transporting Nevada residents to another state.

Richard Henderson, M.D. (City of Henderson Fire and Rescue Department; Community Ambulance);
I am an emergency care physician from Henderson, Nevada. I support S.B. 285. Nevada has a demonstrated interest in regulating the safety and quality of air ambulance care. Nevada residents should not be subjected to a lesser standard of care from out-of-state air ambulance providers than they would receive from a Nevada based provider.

Zachary J. Carden, RN:
I am a registered nurse in Las Vegas where I have lived for 19 years. I have been a critical care nurse for 13 years. I love what I do. I love taking care of people.

I support S.B. 285. It is an important bill. The care provided in the back of an air ambulance is a high level of care. Family members are not able to choose what air ambulance transports their loved one. All air ambulances transporting Nevada residents should be held accountable by the same standards.

Eileen Davies, RN (Chief Flight Nurse, Life Guard International):
I live and work in Nevada. I have been a registered nurse for almost 32 years. I have been a flight nurse for nearly 16 years transporting patients in Alaska and Nevada. Having worked in urban, rural and frontier settings, I know the importance of bringing highly trained medical personnel to these areas.

When patients need a higher level of care than available in a particular facility, a decision may be made to transfer them by air ambulance to another facility. The medical condition of these very ill patients may be tenuous at best while in a stable hospital environment. Consider moving this same patient by putting them on an ambulance gurney, driving them down a bumpy road, sliding them into a small airplane and then taking off with them into turbulent skies. All of this while titrating potent intravenous medications, perhaps managing them on a breathing machine and trying to maintain a less than normal blood pressure. Perhaps the patient may even have a cardiac arrest during this trip. For

a successful outcome, the medical personnel taking care of these patients should be of the highest caliber. I would want this for my family member. Would you not want it for yours?

By requiring all air ambulances transporting Nevada residents to comply with the rules and regulations Nevada has in place, we are ensuring patients will receive the highest level of care available. Patients are not given a choice about who transports them. They depend upon someone else to keep their best interest in mind. They depend on the Nevada regulations to protect them.

Nevada patients deserve the best medical care. All air ambulance companies that pick up patients in Nevada should follow the same rules whether they are based in state or out of state. This is why I support S.B. 285.

SENATOR SEGERBLOM MOVED TO DO PASS S.B. 285.

SENATOR KIECKHEFER SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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Chair Jones:
We will move to the Work Session for S.B. 206.

SENATE BILL 206: Revises provisions relating to food establishments. (BDR 40-935)

Marsheilah D. Lyons, Policy Analyst:
Senate Bill 206 revises provisions relating to food establishments. Two amendments have been proposed as described in Exhibit J.

Chair Jones:
Do you have a response to the amendment proposed by Ray and Virginia Johnson from Custom Gardens Farm & CSA?

Senator Aaron D. Ford (Senatorial District No. 11):
The amendments presented upon the first hearing of S.B. 206 were reviewed and approved by all the health districts throughout the State. I respectfully

decline the proposed amendment from Mr. and Mrs. Johnson and request the Committee pass the proposed bill with the amendments provided to you during the first hearing, Amendment No. 1 on page 1 of Exhibit J.

Paula Berkley (Food Bank of Northern Nevada):
I agree with the statements made by Senator Ford.

SENATOR SEGERBLOM MOVED TO AMEND AND DO PASS S.B. 206 WITH AMENDMENT NO. 1 PRESENTED BY SENATOR AARON FORD.

SENATOR KIECKHEFER SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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Ms. Lyons:
Senate Bill 149 revises provisions relating to inspections of certain medical facilities and offices. An amendment was submitted by Senator Kieckhefer as described in Exhibit K.

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

Marla McDade Williams (Deputy Administrator, Health Division, Department of Health and Human Services):
The amendment clarifies that group homes are not excluded from the provisions in S.B. 149. Clarification is made regarding complaints that there has not been a substantiated complaint since the last periodic inspection versus "within the immediately preceding 12 months."

Chair Jones:
Would there ever be a situation where the periodic inspection is greater than 12 months?

Ms. McDade Williams:
It is possible due to an oversight or heavy workload.

SENATOR HARDY MOVED TO AMEND AND DO PASS S.B. 149.

SENATOR SEGERBLOM SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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Chair Jones:
There being no further business, this meeting is adjourned at 4:49 p.m.

RESPECTFULLY SUBMITTED:

Jackie Cheney,
Committee Secretary

APPROVED BY:

Senator Justin C. Jones, Chair

DATE:

EXHIBITS				
Bill	**Exhibit**		**Witness / Agency**	**Description**
	A	1		Agenda
	B	9		Attendance Roster
S.B. 274	C	3	Michael J. Willden	DHHS Presentation Senate Bill 274
S.B. 274	D	7	Dan Musgrove	Amendment Proposal S.B. 274
S.B. 274	E	5	Keith Uriarte	Audit Findings
S.B. 274	F	2	Chair Jones on behalf of Brian Patchett, Easter Seals of Nevada	Response to Exhibit E Audit Findings
S.B. 233	G	1	Senator Jones	Edward Guthrie, Opportunity Village Letter of Support
S.B. 117	H	1	Senator Smith	Deborah Peel, M.D., Patient Privacy Rights
S.B. 285	I	5	Donna Miller	Flying ICU
S.B. 206	J	6	Marsheilah Lyons	Work Session Document
S.B. 149	K	3	Marsheilah Lyons	Work Session Document