MINUTES OF THE
SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

Seventy-Seventh Session
April 4, 2013

The Senate Committee on Health and Human Services was called to order by Chair Justin C. Jones at 3:30 p.m. on Thursday, April 4, 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 David R. Parks, Senatorial District No.7
Senator Joyce Woodhouse, Senatorial District No. 5

STAFF MEMBERS PRESENT:

Marsheilah D. Lyons, Policy Analyst
Risa Lang, Counsel
Joyce Hinton, Committee Secretary

OTHERS PRESENT:

Vance Farrow, Office of Economic Development, Office of the Governor
Daniel Spogen, M.D., University of Nevada School of Medicine
Christine Bosse, Renown Health
Cheryl Blomstrom, Nevada Nurses Association
Bruce Arkell, Nevada Senior Corps Association
Keith Lee, Board of Medical Examiners
Michael Hackett, Nevada Food Allergy and Anaphylaxis Alliance

Caroline Moassessi, Nevada Food Allergy and Anaphylaxis Alliance
Leila Moassessi, Nevada Food Allergy and Anaphylaxis Alliance
Colin Chiles, Mylan Inc.
Kacey Larsen, RN
Duane Gordin
Dana Gordin
Stuart Stoloff, M.D.
Lindsay Anderson, Washoe County School District
Nicole Rourke, Clark County School District
Diana Taylor, RN, Director of Health Services, Clark County School District
Joseph P. Iser, M.D., District Health Officer, Washoe County Health District
Mary Ellen Britt, RN, Southern Nevada Health District
Erin Breen, Southern Nevada Trauma System Advocacy Committee
Dennis Nolan, Southern Nevada Trauma System Advocacy Committee
Gail Yedinak, Southern Nevada Trauma System Advocacy Committee
Greg Fusto, RN, Southern Nevada Trauma System Advocacy Committee; University Medical center
Timothy Browder, M.D., Section Chief of Trauma Surgery, University of Nevada School of Medicine; Vice Chief of Trauma, University Medical Center
Sean Dort, M.D., Southern Nevada Trauma System Advocacy Committee; St. Rose Siena Trauma Center
Jane Shunney, RN, Manager, Office of Public Health Preparedness, Southern Nevada Health District
Shirley Breeden, Southern Nevada Trauma System Advocacy Committee
Bill Welch, Nevada Hospital Association
Melanie Flores, Public Health Alliance for Syringe Access
Hillary McQuie, Harm Reduction Coalition
Stephen Frye, M.D.
Abigail Polus, Northern Nevada HOPES
Ron Dreher, Peace Officers Research Association of Nevada
Tracy Shadden
Jon Penfold, Northern Nevada Outreach
Monty Williams, Executive Director, Statewide Native American Coalition, Inter-Tribal Council of Nevada, Inc.
Leslie Castle
James Marken III
Spencer Headley
Stacey Shinn, Progressive Leadership Alliance of Nevada
Vanessa Spinazola, ACLU of Nevada

Henedina Tollerstad
D. Eric Spratley, Lieutenant, Washoe County Sheriff's Office
Chuck Callaway, Las Vegas Metropolitan Police Department
Bob Roshak, Nevada Sheriffs' and Chiefs' Association

Chair Jones:
We will open the hearing for Senate Bill (S.B.) 340.

SENATE BILL 340: Revises provisions relating to the delivery of health care. (BDR 40-595)

Senator Joseph P. Hardy (Senatorial District No. 12):
Senate Bill 340 is a skeleton bill that will implement the creation of a patient-centered medical home (PCMH) program option for insurers. A PCMH will allow a physician to create a system of care for patients that will provide access to care, the opportunity to receive care when needed and the ability of patients to stay out of the emergency rooms. One visit to the emergency room is as costly as 50 visits to a doctor's office. This bill is the framework; we will flesh out the details. The Legislative Counsel Bureau will decide on the language. Vermont and New York have implemented this model of care, and our language may be similar to those states. Tracey Green, M.D., State Health Officer, Health Division, Department of Health and Human Services (DHHS), may indicate the State will be able to implement this model of care with less expense than previously suggested.

When a PCMH concept is implemented, it may cost money. However, this model of care will save money as people are taken care of and do not need to go to the emergency room.

Vance Farrow (Office of Economic Development, Office of The Governor):
The Federal Center for Medicare and Medicaid Services (CMS) has been encouraging the PCMH model of care for several years. The aim of the PCMH program is to reduce redundancy in medical care, lower the cost of medical care, improve health care outcomes and improve patient provider interaction. This is part of the Triple Aim concept that is being spearheaded by the Institute for Healthcare Improvement. There are many states that are adopting different models of PCMH. The data are being collected by CMS. The data show positive returns on the investment those states have made.

Daniel Spogen, M.D. (University of Nevada School of Medicine):
We started a PCMH at the University Medical Center (UMC), and we are in the process of being certified. Donald Burwick, previous director of CMS, said "The most important thing for health care is to look for better patient experience and better outcome at a lower health care cost." This is what we call a Triple Aim. Mr. Burwick thought that was best answered by having a PCMH.

There are three questions I was asked to answer. The first question is who will benefit from a PCMH? The patients are the first to benefit. By getting better health care experiences and outcomes, they will be a healthier population. Insurance companies and payers will also benefit because there will be savings downstream. The group that will receive the least benefit is the providers because of providing care that will prevent medical disasters down the road.

The second question is why is this important? The answer is that we need a healthier Nevada. The health care indicators for our State are all dismal. We need to improve. The focus of a PCMH is preventive care. This is not the focus of our current medical system. Our system is reacting to problems rather than taking care of problems before they exist.

Care coordination is another area of medical care a PCMH preforms. Care coordination helps chronic disease management. This management is costly, and it is important to recognize a PCMH offers more than a primary care office by providing this.

The third question is what does this provide for patients that they are not receiving already? Physicians now practice reactive care, they wait for a patient to make an appointment, they wait for a disaster to happen and then they take care of it.

Last year, a student, who was shadowing me and who was working as a nurse at Renown Health, mentioned to me that not one of the patients really needed to be there. Had they been given proper primary care they would not be there. That is a sad state of affairs for our State. Offering the PCMH can improve outcomes at a decreased cost.

This bill is all about patients. It is about making a healthier Nevada. It is predicted that in 10 years, 50 percent of Nevadans will be diabetic. We need

a system to avoid that. We need a health care system that works on prevention. As a bonus, this system of care will cost less.

Senator Hardy:
This Committee will have the opportunity to see this skeleton bill fleshed out before we have to vote on it next week. Medicaid Services Division of Health Care Financing and Policy, DHHS, will benefit. The private insurance companies will benefit. The state will be elevated in its health care.

Christine Bosse (Renown Health):
Renown Health supports S.B. 340. We would also like to encourage the Committee working on this bill to include national standards as they relate to PCMH.

Cheryl Blomstrom (Nevada Nurses Association):
The Nevada Nurses Association supports S.B. 340.

Bruce Arkell (Nevada Senior Corp Association):
We support S.B. 340.

Keith Lee (Board of Medical Examiners):
The Board of Medical Examiners is not opposed to S.B. 340. We encourage better health care and better outcomes. I apologize to Senator Jones and to Senator Hardy, but it was just brought to my attention there is a proposed change in section 13. This change will increase the time during which a provider must make records available to the Board of Medical Examiners or any other licensing board of a health care professional from 5 working days to 15 working days. For out-of-state inquiries, the time would be changed from 10 working days to 20 working days. We do not see a need for that. It would impair and impede an investigation.

Section 14 of this bill would repeal *Nevada Revised Statute* (NRS) 630.405, which makes it a penalty to refuse willfully to make health records available upon request. I do not know if this is intended. I will meet with Mr. Farrow and Senator Hardy to see if there is a reason section 14 was included. The Board of Medical Examiners does not consider it a good idea. We need medical records as quickly as possible.

Senator Hardy:
I would be happy to meet with Mr. Lee. One of the issues is that doctors are no longer the receptacles of medical records. When medical records are requested, they will be sent to the doctor from somewhere else. The concept of the medical records misdemeanor relates to the osteopath language which stated if you were not a receptacle of the records yourself, you were committing a misdemeanor for not being able to get the records.

Chair Jones:
The hearing for S.B. 340 is closed. We will open the hearing for S.B. 453.

SENATE BILL 453: Provides for schools to obtain and administer auto-injectable epinephrine. (BDR 40-1195)

Senator Debbie Smith (Senatorial District No 13):
Senate Bill 453 is important in that it requires our public schools to have auto-injectable epinephrine (EpiPens) in stock, and to be able to administer them under certain circumstances.

Most of us have no idea what it is like for people with severe allergies. I first became aware of this several years ago when a friend and neighbor lost her daughter. Her daughter was a middle school student who went to her dance class and stopped to get a smoothie. She had gone to this smoothie shop often. They knew she had severe nut allergies and were very careful about the way they prepared her smoothies, but on that particular day, there was residue left on the equipment. The young woman had an anaphylactic reaction and did not survive. This was such an eye-opener for me, as I had never had personal experience with that before. A couple of years ago, my granddaughter was diagnosed with nut allergies. We had to go through the whole process of her testing, and we learned we had to keep EpiPens with us. I had to keep an EpiPen in my kitchen and my purse. I started to learn more about nut allergies. Shortly after that, I had the honor of meeting Caroline Moassessi who is an amazing advocate on food allergies. Ms. Moassessi called and asked if I would meet with her about this issue. For many months we have been working on this legislation which requires schools to have EpiPens in stock. Ms. Moassessi, her organization and I are convinced this is the right thing to do for our schools.

I do not want us to be in a situation where we have one child in a school that does not have access to treatment in case of an emergency. The issue with this

legislation is that it is a simple idea but a very complex situation to solve. We have met with doctors, school nurses, school district representatives and the Nevada Medical Association. We have tried to understand thoroughly the possibilities and the complexities of this issue. We had to look at what was happening across the Country.

Ms. Moassessi's daughter gave me a coaster, and on the back it said, "Dear Senator Smith. There is a girl in my class. She has allergies. I asked her if she had an EpiPen. She said she did not know. Please help us get EpiPens in school. Be a pal."

That is what this is about. We need to take responsibility for this important need in our schools. We need to come together to overcome any obstacles to make that happen. Senate Bill 453 does that. We will hear a lot of support for this issue. In my 10 years of legislating, I have never worked with a group that has worked so hard to make a piece of legislation happen. They have done everything they said they would do. They have absolute passion because they are living this every day. Most of us think about it occasionally when we see a sign like the one on the door today. I would like you to keep this in mind as you hear the bill and be concerned about what we ask you to do.

Michael Hackett (Nevada Food Allergy and Anaphylaxis Alliance):
I could review S.B. 453 for the Nevada Food Allergy and Anaphylaxis Alliance. However, being respectful of the time constraints facing the Committee, I will defer to other people here today who are far more important to this cause than I am. The Committee needs to hear from them.

Chair Jones:
I appreciate the offer Mr. Hackett. Let us hear from the people who are here. It would be helpful if you could be on call for Committee questions when we are finished.

Caroline Moassessi (Nevada Food Allergy and Anaphylaxis Alliance):
The Alliance is a group comprised of passionate parents and allergists across the State. It includes two major food allergy parent education groups as well. I am going to share some points that are important from the parent perspective. Please see my written testimony (Exhibit C).

Nevada is one of a small handful of states that have the highest prevalence of food allergies in the Country, Exhibit C. I called the lead researcher of a study about prevalence of food allergies, Dr. Rishi Gupta. I asked her what is going on in Nevada. She said, "I absolutely do not know. Usually you have a higher prevalence where you have higher population density like in Las Vegas, but this is across your whole state. I have no idea." I asked her what she could suggest to us. She said, "This is what you need to do. You need to get epinephrine in schools. Even though I am in Chicago, I will do whatever you need me to do to help you with this legislation." It is that important to all of us across the Country.

We ask that you support this bill. Everyone is working so well together, and we continue to try hard. Our children are priceless.

Leila Moassessi (Nevada Food Allergy and Anaphylaxis Alliance):
I am 9 years old, and I attend Elizabeth Lenz Elementary School. I have food allergies to all peanuts. I have been carrying an EpiPen since I was 5 years old. I will show you how I use it. [She provided a demonstration].

Chair Jones:
Thank you, Leila, that was very brave.

Colin Chiles (Mylan, Inc.):
I support S.B. 453. I have submitted a position paper (Exhibit D). I have also submitted a map that shows the current legislative status across the Country on this issue (Exhibit E). It is an emerging issue with 26 states having already introduced legislation this year. Fourteen states have already addressed this issue.

Mylan has created the EpiPens4Schools Program. Over the last few years, this has become an emergency issue. We initially created a program to sell the pens to schools at half price. That was a great step in the right direction. As people started to address this issue legislatively and we started to talk to leaders across the Country, it became clear to us something more needed to be done.

Our CEO decided she was sick and tired of reading about children passing away at school. We created this new program which launched in August 2012. Our EpiPens4Schools program provides two two-packs of EpiPens to any public or private school in this Country that can get a prescription or standing order from

a doctor. The pens can be shipped directly to the schools. We have so far given over 20,000 pens to schools across the Country. I hope this legislation will allow Nevada schools to start participating in our program. I am available for questions, and I will offer to be on call if there are other specific questions related to the product.

Chair Jones:
Thank you, Mr. Chiles, and thank you for your company's commitment to our State.

Kacey Larsen, RN:
I live in Carson City. I am a registered nurse and a parent of a child with severe food allergies. My 3-year-old daughter was diagnosed with severe peanut and egg allergies when she was just 4 months old. She was held by a family member, who had just eaten peanuts when she had her first allergic reaction. As a nurse and as a parent, I know this is lifesaving legislation.

I consider my daughter lucky to have had an allergic reaction as early as she did. We know about her food allergies. We had an EpiPen, and it was available when she needed it whenever she had an anaphylactic reaction. She needed it before her second birthday. She was at her day care, which is now her preschool, when it happened. She needed it not because of her food allergies; she needed it because she was stung by a bee. We did not know she was also allergic to bee venom. Fortunately, her EpiPen was available. I had previously educated the staff on how to use it, and they knew when to use it. My daughter is proof that EpiPens are lifesaving.

This bill would not only help children with food allergies but also children with undiagnosed food or other allergies—the allergies that result in the first-time anaphylactic shock. Everyone is at risk for a first-time reaction. You never know when this is going to happen. Nearly 6 million American children have food allergies and are at greater risk of anaphylaxis, a systemic allergic reaction that can kill someone within minutes. To prevent death, anaphylaxis has to be treated immediately. Waiting for someone else to help is not always an option. A slight delay in response time can be too long. Too long in this case can be a matter of life or death. This legislation will allow Nevada to ensure epinephrine is available in school and school personnel are trained to administer it in an emergency. Epinephrine is safe and easy to administer. I hope you will support

this legislation. We do not know when or which child, but this legislation will save a child's life.

Duane Gordin:
We support S.B. 453. We will each read from of our prepared written testimony (Exhibit F).

Dana Gordin:
I will finish reading our written testimony, Exhibit F.

Stuart Stoloff, M.D.:
I am a family physician and have practiced for over 30 years in Carson City. I am a fellow with the American Academy of Allergy Asthma and Immunology and a fellow of the American Academy of Family Physicians. For the last 20 years I have worked with the National Institute of Health and the National Heart, Lung, and Blood Institute. I am one of the people who write the guidelines for asthma for the United States. There are fewer than 20 of us who do that.

It has been part of my responsibility to be involved and engaged with the Food Allergy and Anaphylaxis Network to determine who is at risk. One of the highest risk groups is young children. Children with additional risk are children who have asthma. One out of every eight children in the United States under the age of eighteen will have food allergies. Our State has a higher instance of food allergy. The cause is unknown. There have been substantial and successful efforts in teaching school personnel, who are not health professionals, how to recognize and utilize EpiPens. The question is not just the cost of the product but the educational efforts and what that will entail. There are efforts, with minimal if any cost involved, to educate personnel to be able to administer epinephrine.

There is no question when you look at the risk-benefit ratio, the benefits of having epinephrine available are substantially greater than any risk associated with the use of the medication. If a child or an adult has an anaphylactic event, there is only one medication that will save his or her life, and that is epinephrine. The issue medically is not whether it should be done, it is doing it. If you think about it, you have to administer it. You have a couple of minutes, and that is it. It has to be readily available.

I strongly support this bill. I am the former Chair of the Board of Directors of the Allergy and Asthma Network, which consists of mothers of asthmatics. Their efforts around the country to get bills such as this one passed have been substantial for decades. I encourage you to be positive in supporting this bill.

Senator Smith:
There are two amendments. One is the State Board of Pharmacy's recommended language. I am most appreciative that they offered good language to help implement this program (Exhibit G). There is also a conceptual amendment that a working group including school district members and school nurses created. It clarifies some of the language (Exhibit H).

Lindsay Anderson (Washoe County School District):
We support S.B. 453. We have been working with Senator Smith and her advocates throughout the interim. They have been very willing to work with us to address the concerns we had as a school district, including the conceptual amendment.

Washoe County does have a comprehensive plan in place to address anaphylaxis. We have worked with the families affected by this and try to meet their needs in every way.

We are happy to hear there may be options to limit the fiscal impact on school districts. We expect there will be a fiscal impact of $50,000. We usually oppose unfunded mandates, but based on the generosity of the pharmaceutical companies in the upcoming year, and we hope in perpetuity, we support this bill.

Nicole Rourke (Clark County School District):
I would like to ask our Chief School Nurse, Diana Taylor, in Las Vegas, to give you her testimony based on the training you heard Duane and Dana Gordin talk about. Clark County School District (CCSD) already participates in an epinephrine program, and we support this bill.

Diana Taylor, RN (Director of Health Services, Clark County School District):
I want to follow up on Mr. and Mrs. Gordin's testimony and provide a summary of the work CCSD has been doing.

We have provided a three-tiered training that was given to all CCSD staff. Tier one was an overall mandatory training. Tier two was a training at every school by the school nurse. This included information on allergens, signs and symptoms of allergic reactions, and storage and administration of epinephrine. Tier three training focused on the individual student and the staff members who would be assisting him or her. The school nurse delegates the training, provides the training and selects the personnel who will provide assistance to the student. The training involves the use of the EpiPen or other epinephrine auto-injectable device and training in the student's health plan.

The CCSD supports the maintenance and stock of epinephrine auto injectors on school sites. There are a significant number of first-time allergic reactions, and there are students who do not have their EpiPens on-site.

There will be a fiscal impact to CCSD. Additional personnel will be trained to administer the epinephrine. This training will be provided during the workday. The CCSD will hire contract nurses so the regular nurses can conduct the training. The fiscal impact on the CCSD will be over $300,000 once there are no longer donations from Mylan. We will seek other resources to provide the epinephrine.

Senator Smith:
Six months ago I would not have imagined we would be here today without any opposition, and with such a collaborative effort. There has been a lot of work put into this bill. We tried to answer the issue the stakeholders had with the bill. We have a good piece of legislation that will be truly lifesaving. I will close and ask for your consideration.

Joseph P. Iser, M.D. (District Health Officer, Washoe County Health District):
I am in support of this bill. I apologize that I was not previously aware of it, and I have a question about section 4. This section discusses how the district health officers and the State Health Officer would work with the charter schools.

Dr. Green, the State Health Officer, and I would like to work with Dr. Middaugh from the Southern Nevada Health District and Director Marena Works from Carson City Health and Human Services, to define the work with the charter schools.

Chair Jones:
We will close the hearing on S.B. 453. With the amendments put forth today, we will bring this bill to a work session in the near future.

The following written testimonies and information were submitted in support of S.B. 453: (Exhibit I, Exhibit J and Exhibit K).

We will open the hearing for S.B. 205.

SENATE BILL 205: Makes various changes concerning the collection of information relating to the treatment of trauma. (BDR 40-698)

Senator Joyce Woodhouse (Senatorial District No. 5):
I am here to present S.B. 205. I will read my written testimony (Exhibit L). There is also a proposed amendment to this bill.

Mary Ellen Britt, RN (Southern Nevada Health District):
I am the Trauma Coordinator for the Southern Nevada Health District. I am here to speak in support of S.B. 205. The purpose of the Nevada Trauma Registry is to collect, analyze and report on data related to the treatment of individuals who sustain blunt or penetrating injuries statewide.

Trauma patients are defined using inclusion criteria written by the American College of Surgeons' (ACS) committee on trauma. The data collected include patient demographics, injury incident detail, injury severity, treatments, patient outcome and payer sources.

Trauma Registry data can help define the impact of specific injuries on vulnerable groups within our communities. They can guide prevention programs or policy decisions to reduce the risk of injury in the future. In addition, the data can be linked to prehospital reports and motor vehicle crash data to help us better understand a leading cause of morbidity and mortality in Nevada.

In Nevada, the Registry was established in 1987, with the first regulations written in 1988. There were two designated Level II trauma centers in Nevada, Washoe Medical Center and University Medical Center. In 1998, the State began using the National Trauma Registry of American College of Surgeon's software to manage the incoming trauma data. The software became outdated and insufficient to meet the needs of the Registry.

In 2007, the decision was made to upgrade the software to a Web-based system that would allow hospitals to enter trauma reports directly into the system. The project was funded by the Aging and Disability Services Division, DHHS. It has been reported the vendor delays, a lack of staffing and inconsistent funding have significantly hindered the progress of the upgrade project. The trauma centers have not been able to upload their data. This delay created a backlog of paper trauma reports from the non-trauma center hospitals. Due to many obstacles, the Registry has not been fully operational since 2007.

We were advised that the State trauma coordinator position was reduced from a full-time to a half-time position in the first rounds of budget cuts in 2007. In August 2010 the half-time funding for the trauma coordinator was eliminated. During the 2011 Legislative Session, the operating budget approved in the Governor's recommended budget was removed, leaving no funding for Registry operations. In fall 2011, funding was obtained for the Hospital Preparedness Program to support the effort to complete the rollout of the new software purchased in 2007. However, we have been advised further funding is questionable.

The inability to access the Trauma Registry data has presented many challenges in Clark County. In 2005, NRS 450B.237 was amended to require the Clark County District Board of Health to adopt a comprehensive trauma system plan for the county. These plans are to include consideration of the future trauma needs based on the demographics of the County and the manner which can most effectively provide trauma services to our residents and visitors.

In July 2001, the ACS committee on trauma conducted an assessment of the Clark County trauma system. They found the absence of a functional state trauma registry had significantly hampered the ability to aggregate, analyze and report injury data. These data are necessary to policy development, performance improvement activities and future development of the trauma system. The ACS strongly recommended the Registry be restored and maintained for the evaluation of trauma care in Nevada.

The Southern Nevada Health District is in support of S.B. 205

Erin Breen (Chair, Southern Nevada Trauma System Advocacy Committee):
The Southern Nevada Trauma System Advocacy Committee was established in 2012 to address an unmet need in southern Nevada. This need was defined by

the trauma system assessment conducted by the ACS. Our committee's first goal was to define the gaps in service that inhibited the trauma system in Nevada. We also identified possible means of support for the system.

We found a lack of complete data in the trauma system. These data support all the programs, agencies and advocacy groups that work every day to mitigate trauma in our State.

We have met no less than monthly for the past 6 months. We have had input by data generators and data users. We have also had guidance from current and former Senators. Today, we have for your consideration, the biggest step to ensure Nevada has meaningful and complete trauma data. These data can help reduce trauma incidents and increase trauma mitigation funding. If passed, S.B. 205 will allow Nevada access to federal and private funding in the trauma arena. We urge your support in this important legislation. This bill will ensure the Trauma Registry will grow and contain all the data our State needs.

Dennis Nolan (Southern Nevada Trauma System Advocacy Committee):
I am an emergency service instructor in Clark County, Chair of the Board of Governors for Centennial Hills Hospital and a member of the Southern Nevada Trauma System Advocacy Committee.

I will give you an overview of S.B. 205 proposed amendments (Exhibit M).

Gail Yedinak (Southern Nevada Trauma System Advocacy Committee):
I support S.B. 205. I will present the Trauma System Advocacy Committee's proposal to fund the Trauma Registry. We propose a small portion of the State's Indigent Accident Fund (IAF), approximately 1 percent, be directed to this effort. All counties participate in the IAF. The funds pay, at a reduced amount, claims submitted by hospitals for treating indigent patients involved in catastrophic accidents. More resources need to be directed to prevention to mitigate injuries. The IAF would be a source to help cover the full spectrum of care including prevention.

We are all interested in leveraging federal funds. We have determined what funding opportunities Nevada may be missing. In previous presentations to this Committee, Michael Willden, Director, DHHS, has stated that for the State to apply timely for funds, the needs assessments must be completed and readily available. The problem of not maintaining a trauma registry translates into not

having a needs assessment. It also prevents the State from having the ability to identify specific injury prevention needs for Nevada citizens.

I queried the Web portal for federal agency funding announcements and found 157 available grant opportunities related to injury prevention. Our trauma system would be an eligible applicant for approximately 35 of these grants. The amounts of these grants ranged from $20,000 to $7.3 million with the average award just under $1 million.

Greg Fusto, RN (Southern Nevada Trauma System Advocacy Committee; University Medical Center):

There are only four trauma centers in Nevada that collect data. We use these data to benchmark patient care nationally. This is important as it is about best practice and optimal patient care. We only see a small picture as we are only seeing data from the four trauma centers. With your support of this bill, the State will have the support needed to collect like data from the non-trauma hospitals. This bill is about patient care.

Timothy Browder, M.D. (Section chief of Trauma surgery, Trauma System Advocacy Committee; University of Nevada School of Medicine; Vice Chief of Trauma, University Medical Center):

The goal of a trauma system is to get the right patient the right care at the right facility with fiscal responsibility. To do this efficiently takes data. We use data to identify injury patterns, initiate prevention programs and allocate resources. Data are key in what we do. The ACS is aware of this and pointed it out on both of their visits.

The UMC is the only Level I Trauma Center in the State. This gives us the goals and responsibilities of education and research, which are required to be a verified Level I Trauma Center. I am involved with a grant for the Office of Traffic Safety and have become aware of how difficult it is to get data on the state level. The inability to get reliable data makes it nearly impossible to give sufficient information to the trauma system and to apply for grants.

The UMC is the leading trauma center in Nevada, and we agree with the ACS assessment that a statewide Trauma Registry is vital to improving trauma care in the State.

Sean Dort, M.D. (Director, Medical Trauma, St. Rose Siena Trauma Center):
I will address the importance of this registry on effecting outcomes. The registry is essential to support performance improvement as it directly relates to current and future care being delivered to our trauma patients. The data supports evaluation of current practice and enables comparable benchmarking of best practices. This impacts Nevada's trauma patient outcomes in trauma centers and non-trauma centers. These data, as they relate to patient outcome, enable us to identify weaknesses in the system and to prioritize patient care needs. This will optimize trauma patient outcomes, which will decrease morbidity and mortality of all trauma patients in Nevada.

When citizens are in a traumatic condition, there is an expectation that everything will go well, will be done right and that all resources are going to be there. All of that depends on these types of data and registry for the State. I lend my support to S.B. 205.

Jane Shunney, RN (Manager, Office of Public Health Preparedness, Southern Nevada Health District):
Several federal issues pertain to the Trauma Registry. Presidential Policy Directive 8, March 2011, directs local communities to strengthen the security and resilience of the United States through systematic preparation for threats that pose the greatest risk to the security of the Nation. These risks are terrorism, cyber-attacks, pandemics and catastrophic natural disasters.

The Center for Disease Control and Prevention hospital preparedness program and the Public Health Emergency Preparedness cooperative agreements work together to address Capability 10, which relates to medical surge. This addresses the nature and the scope of an incident requiring the analysis of health data from emergency medical services, firefighters, local law enforcement, public health and others.

Public health has been designated as one of the 16 critical infrastructure sectors in the Nation. This was defined in Presidential Policy Directive 21 released February 2013.

Trauma centers are specialized preparedness groups under public health and are required to provide baseline data. Presidential Policy Directive 21 directs communities to strengthen and maintain resilient critical infrastructure. This requires baseline data, secure data and efficient exchange of information via

data. These are national and local requirements for resiliency. Therefore, it is necessary to have a standardized system for the collection and analysis of trauma data.

Shirley Breeden (Southern Nevada Trauma System Advocacy Committee):
I have prepared written testimony (Exhibit N) in support of S.B. 205.

Bill Welch (Nevada Hospital Association):
I speak in support of S.B. 205. I was not aware of all the information provided through today's testimonies. The hospitals that are trauma centers have been working with the State to ensure the data have been set, and we understand the importance of this information. It was not clear to us the bill would include all hospitals. Our amendment (Exhibit O) defines only the four designated trauma centers that would participate in the Registry. I will work with the sponsor of the bill, but I need to understand how this will affect the other hospitals. I will need to make sure it will not create challenges for them.

We agree funds should be allocated for this important function. We are concerned with the amendment presented today indicating the funds would come from the IAF. There is a value for this important information to be gathered by the State. It is a public health policy. The State should allocate the appropriate resources to fund this. We have been fighting since 2009 to have the IAFs restored to their original intent, which is to pay for the medical cost for patients who receive emergency medical care and have no means of support. We are concerned about where we stop if we start cutting away at these funds. We do have to go on record to voice our concerns about that proposed amendment.

Chair Jones:
The hearing on S.B. 205 is closed.

A letter of support of S.B. 205 was submitted by Alex Ortiz for the Clark County Fire Chief, Bertral Washington (Exhibit P).

The hearing on S.B. 410 is now open.

SENATE BILL 410: Revises provisions governing hypodermic devices. (BDR 40-451)

Senator David R. Parks (Senatorial District No. 7):
I will present S.B. 410. The bill increases access to sterile syringes preventing needle stick injuries.

Dr. Iser:
I have provided written testimony (Exhibit Q). Larry Matheis had to leave a few minutes ago, but he told me to reiterate that the Nevada State Medical Association is in support of S.B. 410.

I have talked to Dr. Middaugh from the Southern Nevada Health District, and he supports S.B. 410. The only issue we have is the reporting requirement to the district health officer and district health departments. We want to make sure that is a reasonable process. I would like to work with Senator Parks to make sure that governmental agencies are authorized to participate in syringe programs.

Senator Kieckhefer:
We had a needle exchange bill last Session that was different from this bill. I am very uncomfortable with parts of this bill. Section 2 presents the purpose of the bill and states … "to enable the use of sterile hypodermic devices and other related material for use among people who inject drugs for the purpose of reducing the intravenous transmission of diseases". Section 7 talks about the ability to provide pipes, inhalation devices, screens, stems, alcohol wipes and lip balm. How often are blood borne-pathogens transmitted through smoking a pipe?

Dr. Iser:
There are diseases transmitted through the sharing of pipes. Many blood-borne diseases also are contracted through the salivary glands.

Senator Kieckhefer:
How often does that happen?

Dr. Iser:
I do not have that information. I have been working with Sheriff Haley and the police chiefs in Reno and Sparks. I have also spoken to the Sheriffs' and Chiefs' Association. I would guess their main concern is the same as yours. They would take issues not related to clean syringes and needles out of this bill.

Senator Kieckhefer:
Would you also remove section 7, subsection 4, paragraph (d) which talks about instructing people on "the proper use on hypodermic devices and any other equipment used to ingest, inject or inhale drugs."

Dr. Iser:
The same considerations that apply to other drug paraphernalia would also apply to this. Not-for-profit agencies and public health in general do have the opportunity to instruct in the safer use of needles and syringes.

Senator Kieckhefer:
I want to be supportive of a bill that is a safe syringe program, and this is not it for me.

Dr. Iser:
You have given my predecessors and me a lot of authority in many areas. Like the quarantine of diseases, which I have used since I have been here in the last 2 years. A Tdap vaccine is required at seventh grade which other states do not require. It is a tool I can use. I would beg of you to give us this tool to save lives and to decrease the transmission of disease despite your reservations.

Senator Hardy:
I am not sure how inhaled drugs and ingested drugs fit together with immunization. I am onboard with the injected. If you are telling people how to inhale or ingest I am not sure where that fits with a clean syringe and needle program.

Dr. Iser:
I understand your concern.

Melanie Flores (Public Health Alliance for Syringe Access):
I have provided my written testimony and study (Exhibit R), and I will read the first three paragraphs. The most interesting parts of the health needs assessment were my focus group with injection drug users. The drug users told us how they were disposing of hypodermic devices. Because they were concerned about repercussions from law enforcement, they would "chuck" them anywhere. They were also breaking off needles and flushing them down toilets or putting them in garbage cans.

Addiction is very powerful. The people addicted to drugs would rather spend their money on the drug than purchase syringes. Syringe service programs will give clean syringes so people are not passing on the diseases.

I also have a pamphlet titled "Report of Injection Drug Use in Nevada and Public Health Risk Indicators (Exhibit S).

I urge you to support S.B. 410.

Hillary McQuie (Harm Reduction Coalition):
I want to address why the other issues were included in this bill. The hepatitis C epidemic has been increasing, and crack smoking is one of the ways it is transmitted. That is why a lot of needle exchange programs around the Country have started to give out safe inhalation supplies for people who smoke drugs. The lip balm is included because of sores on the mouth of people who smoke drugs. A little bit of blood can transmit hepatitis C. Anything that can get blood on it is considered a health safety supply. The instruction about inhalation is not about how to get high, it is about how to stay safe.

The major cost we see on the West Coast related to nonlethal injection drug use is skin tissue infections. Teaching people how to take care of themselves properly if they are going to inject is an important element of a syringe exchange program.

I have submitted a copy of some frequently asked questions with answers (Exhibit T).

Senator Hardy:
I do not think there is a law against teaching people anything, so I do not know why we are looking at that.

Stephen Frye, M.D.:
I am a medical doctor and former professor at the University of Nevada School of Medicine. I have been researching and writing about the drug war for 10 years. My book is titled, *We Really Lost This War! Twenty-Five Reasons to Legalize Drugs*. Syringe exchange programs started in the Netherlands almost 20 years ago, and it is sad we are still discussing it in Nevada. We really need to do this. It not only protects the drug addicts, it protects our first responders, police, firefighters and ambulance personnel. Every first responder to any drug

addict exposed to a dirty needle runs the risk of AIDS, hepatitis, etc. The needles used by people who are addicted to drugs are often discarded in such places as parks, which jeopardizes our children. The cost of running these programs for a year is less than putting one person addicted to drugs in prison where he or she can still get drugs. This is a meaningful public health initiative that is in 200 different locations in 32 states. They are able to recycle 37 million syringes a year. I strongly urge the passage of S.B. 410 with whatever adjustments are necessary.

Abigail Polus (Northern Nevada HOPES):
I support S.B. 410 and have provided written testimony (Exhibit U). I want to highlight a couple of key points. There were questions about funding these programs. Northern Nevada HOPES has a successful integrated health care facility where we are offering primary care referrals to detox programs and chronic disease treatment and management. We are also an incredible outreach team. We are on the streets. We are reaching people. We are getting them into care. We are referring them to rehabilitation centers and methadone clinics.

We have the ability to hand off not only clean injection supplies but the other supplies discussed and included in the bill. People do not understand how long hepatitis C can live outside the body before it dies. You can get it from nail clippers, razors, tweezers and toothbrushes. It only takes a little drop of blood and if you are sharing a straw, pipe or needle, you can be infected with a disease requiring thousands of dollars of treatment.

Chair Jones:
Do we need to put all of that so specifically into statutes, or could you just do that?

Ms. Polus:
That is not a question I can answer. I am just telling you from an outreach perspective why I think it is important. People do not understand they can be infected. We are constantly educating people on the street of their potential risk. We are capable, and we have the experience to run a syringe service program. We are also educated as to why we should be doing it. We support S.B. 410.

Ron Dreher (Peace Officers Research Association of Nevada):
We were approached several months before the Session regarding S.B. 410. We ask this Committee to support S.B. 410. We are concerned with section 7, subsection 2 that dealt with marijuana. We are also concerned with section 8, which describes possession or delivery of drug paraphernalia. Section 8, subsection 1, paragraph (c) provides a good description. This would take care of our concerns on drug paraphernalia and how that would be exempted from a law enforcement officer taking any action. Putting the provisions of paragraph (c) under paragraphs (a) and (b) would take care of our concerns. We are overwhelmingly in support of the concept of the bill.

Tracy Shadden:
I am not a professional. I am a mom. I am coming from that perspective. My son starting using heroin when he was 14 years old and was injecting until he was 20 years old. The face of a junky is not just somebody on the street or a homeless person. It is a child in school. My son was getting heroin from a janitor at school.

This legislation is powerful. It is a way to keep a young person alive until he or she can make a proper decision. Fortunately, my son has been clean and sober for a year now. I want you to consider the young people who are making these decisions. They are teenagers and are not making the right decisions. I support this important bill because it will give young people an opportunity to use a clean needle. If they have to use drugs, it will also give them the opportunity to learn a safer method. It will keep them alive.

I have also provided written testimony (Exhibit V).

Jon Penfold: (Northern Nevada Outreach):
I am on the outreach team, and I am out there on the street picking up the needles where I find them. I am also an 18-year recovered intravenous drug user. I accessed needle exchange in a neighboring state, and that is what saved my life. I have provided a written testimony (Exhibit W).

I support S.B. 410.

Monty Williams (Executive Director, Statewide Native American Coalition, Inter-Tribal Council of Nevada, Inc.):
I am the Executive Director of the Nevada Statewide Native American Coalition, and I am a licensed drug and alcohol counselor. I support S.B. 410. However, our law enforcement community has urged me to use caution about section 7 and the other related materials. We do not want anything slipping in with this bill. We do support the syringe exchange and hope Senator Parks will be open to discussion about the other language.

Leslie Castle:
Syringe exchange services and harm reduction have saved people who are very dear to me. I support S.B. 410.

James Marken:
I support S.B. 410. It is important to save lives and to save the State money. I have prepared written testimony (Exhibit X).

Stacey Shinn (Progressive Leadership Alliance of Nevada):
We support S.B. 410.

Spencer Headley (Public Health Alliance for Syringe Access):
I support S.B. 410.

Vanessa Spinazola (ACLU of Nevada):
We support S.B. 410 because it decriminalizes needles and gives people the help they need instead of putting them in jail.

Henedina Tollerstad:
I support S.B. 410. It is a matter of health not only for the people who use drugs but also for the people who get stuck with needles in the parks. It is a matter of health for everybody. It is a matter of learning, and knowledge is powerful and important. We need knowledge about these issues in the Spanish community.

D. Eric Spratley, Lieutenant (Washoe County Sheriff's Office):
I am in opposition to S.B. 410. Please see the written testimony I submitted (Exhibit Y).

Chair Jones:
I assume that Mr. Callaway and Mr. Roshak have the same opinion. Are the three of you in agreement as to what your issues are, and have you submitted an amendment?

Lieutenant Spratley:
We will submit an amendment.

Chuck Callaway (Las Vegas Metropolitan Police Department):
We echo the comments made by Lieutenant Spratley.

Bob Roshak (Nevada Sheriffs' and Chiefs' Association):
We support the concept of the bill but mirror the same concerns as Lieutenant Spratley.

Senator Parks:
I will work with the police agencies to make sure the bill is amended. I will also work with the recommendation from Dr. Iser and Senator Kieckhefer.

Chair Jones:
The written testimony from Maddi Eckert (Exhibit Z) was submitted in support of S.B. 410.

We will close the hearing on S.B. 410. We will move to our work session with S.B. 176.

SENATE BILL 176: Revises various provisions concerning investigations of reports of abuse or neglect of a child. (BDR 38-66)

Marsheilah D. Lyons (Policy Analyst):
Senate Bill 176 was heard April 2, 2013, and one amendment presented by Ruiz Lee is included in the work session document (Exhibit AA).

Chair Jones:
The amendment addressed technical corrections on a few items.

SENATOR HARDY MOVED TO AMEND AND DO PASS S.B. 176.

SENATOR SEGERBLOM SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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Chair Jones:
We will go to the work session document on S.B. 338 (Exhibit BB).

SENATE BILL 338: Changes the term "mental retardation" to "intellectual disability" in NRS. (BDR 39-52)

Ms. Lyons:
There was an amendment presented on April 2, 2013. The amendment removes the language that refers to all mental disabilities, and deals more specifically with the terminology of mental retardation and mentally retarded.

SENATOR HARDY MOVED TO AMEND AND DO PASS S.B. 176.

SENATOR SMITH SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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Chair Jones:
We are adjourned at 5:35 p.m.

RESPECTFULLY SUBMITTED:

_____
Joyce Hinton,
Committee Secretary

APPROVED BY:

_____
Senator Justin C. Jones, Chair

DATE:_____

EXHIBITS

Bill	Exhibit		Witness/ Agency	Description
	A	2		Agenda
	B	15		Attendance Roster
S.B. 453	C	1	Caroline Moassessi	NFAAA Nevada Food Allergy and Anaphylaxis Alliance
S.B. 453	D	2	Colin Chiles	People with Life-Threatening Allergies need to be better prepared
S.B. 453	E	1	Colin Chiles	Epinephrine School Legislation Status 2013
S.B. 453	F	1	Duane and Dana Gordin	Testimony
S.B. 453	G	9	Senator Smith	Board of Pharmacy's Suggested Edits to BDR40-1195 (SB453)
S.B. 453	H	1	Senator Debbie Smith	Conceptual Amendment
S.B. 453	I	1	Nevin Wilson	University of Nevada School of Medicine Letter of support
S.B. 453	J	1	Doris Chelini	Letter to Senator Justin Jones
S.B. 453	K	2	Liana Burns	Asthma and Allergy Foundation of American
S.B. 205	L	4	Senator Joyce Woodhouse	Statement
S.B. 205	M	1	Dennis Nolan	Amendment offered by Senator Joyce Woodhouse
S.B. 205	N	2	Shirley Breeden	Testimony
S.B. 205	O	2	Bill Welch	Nevada Hospital Association Proposed Amendment
S.B. 205	P	3	Senator Justin Jones	Clark County Fire Department Letter
S.B. 410	Q	2	Joseph Iser	Written Testimony

S.B. 410	R	7	Melanie Flores	Public Health Alliance for Syringe Access Testimony
S.B. 410	S	1	Melanie Flores	Injection Drug use in Nevada
S.B. 410	T	1	Hillary McQuie	FAQ: SB 410 Increasing Syringe Access and Preventing Needle Stick Injuries
S.B. 410	U	1	Abigail Polus	Testimony
S.B. 410	V	1	Tracy Shadden	Testimony
S.B. 410	W	2	Jon Penfold	Testimony
S.B. 410	X	1	James Marken	Testimony
S.B. 410	Y	2	D. Eric Spratley	Testimony
S.B. 410	Z	2	Maddi Eckert	Letter
S.B. 176	AA	7	Marsheilah D. Lyons	Work Session Document
S.B. 338	BB	18	Marsheilah D. Lyons	Work Session Document