

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

**Seventy-Seventh Session
April 11, 2013**

The Senate Committee on Health and Human Services was called to order by Chair Justin C. Jones at 3:42 p.m. on Thursday, April 11, 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 Greg Brower, Senatorial District No. 15
Senator Moises (Mo) Denis, Senatorial District No. 2
Senator David R. Parks, Senatorial District No. 7
Senator Patricia Spearman, Senatorial District No. 1
Senator Joyce Woodhouse, Senatorial District No. 5

STAFF MEMBERS PRESENT:

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

OTHERS PRESENT:

Lesley Pittman, Reno Diagnostic Centers
Tracey Green, M.D., State Health Officer, Health Division, Department of
Health and Human Services
Josh Griffin, Health Services Coalition

Rusty McAllister, President, Professional Firefighters of Nevada
Myra Ocampo, Service Employees International Union, Nevada
John Middaugh, M.D., Interim Chief Health Officer, Southern Nevada Health District
Marla McDade Williams, Deputy Administrator, Health Division, Department of Health and Human Services

Chair Jones:

We will open the meeting and start with the hearing for Senate Bill (S. B.) 112.

SENATE BILL 112: Revises certain provisions relating to health care.
(BDR 40-441)

Senator Greg Brower (Senatorial District No. 15):

The original bill has been changed in concept significantly. A proposed amendment for the Legislative Committee on Health Care to conduct an interim study is presented ([Exhibit C](#)).

Lesley Pittman from Reno Diagnostic Centers will explain to the Committee the intent of the proposed legislation.

Lesley Pittman (Reno Diagnostic Centers):

I will give the history of S.B. 112. In 2009, A.B. No. 123 of the 76th Session was passed by the Legislature to respond to a number of issues raised by injection practices at two Las Vegas clinical centers. The law set in place new licensure and permitting requirements for licensed ambulatory surgery centers and previously unlicensed outpatient settings. The law also directed the Health Division, Department of Health and Human Services, to establish the framework for permitting for outpatient settings. The new facilities and offices that are required to participate in this process are those that use one of three levels of sedation: general anesthesia, deep sedation and conscious sedation. The legislation also required all of the outpatient medical facilities to maintain current accreditations with a nationally recognized accrediting organization approved by the State Board of Health.

In fall 2009, the Health Division promulgated regulations to meet the requirements of A.B. No. 123 of the 76th Session. The new regulation resulted in a new permitting category and process. Survey and inspection requirements

were also established. Fees were levied on facilities to pay for the administrative cost of the new regulations.

Unintended consequences have resulted from passage of A.B. No. 123 of the 76th Session and its overly broad reach. It is important to note that in 2009, during the testimony and deliberation of A.B. No. 123 of the 76th session, there was extensive discussion concerning the use of the three levels of sedation as benchmarks. These benchmarks determined what requirements a facility would have to follow under the new legislation. There was concern that using these benchmarks would inadvertently capture facilities where the level of sedation provided patients was simply to relieve anxiety and stress. If this occurred, it would result in reduced access and increased cost for patients.

In 2009, during the Assembly Committee on Health and Human Services' hearing on A.B. No. 123 of the 76th Session, Assemblywoman April Mastroluca stated:

My fear is that we might make this cost prohibitive for a physician to perform a procedure that could be done relatively simply and quickly in his office rather than taking up space in our overcrowded hospitals. If we have physicians who are performing these procedures, for example a biopsy, who are saying they will not do them anymore because it is too costly for the accreditation and the licensing, that would force patients to go to an outpatient surgery center, which could become overcrowded.

Assemblywoman Mastroluca was trying to find a balance.

Reno Diagnostic Centers provide only the lowest level of conscious sedation for outpatients. It is to alleviate their anxiety and stress prior to magnetic resonance imaging (MRI). We are bound by the new licensing, permitting and accreditation requirements. Since A.B. No. 123 of the 76th Session was passed and subsequent regulations were implemented, we have stopped providing conscious sedation at one of our two facilities. This was a financial decision made reluctantly as we recognized the impact it would have on our patient community.

The permitting and accreditation fees and costs amount to tens of thousands of dollars a year for us. We only offer conscious sedation at our Eureka Avenue

facility in Reno. When patients urgently need an MRI or other procedure requiring conscious sedation we try to accommodate those patients at our Eureka facility, and if unable, we are forced to refer them to a hospital. This is more costly and may require them to undergo general anesthesia.

The reason behind this amended version of the bill is the need for conversation with the health care community and Legislators. There is need for discussion of the impact of A.B. No. 123 of the 76th Session. We need to see if we are capturing the facilities that were not intended. The provisions need to be reviewed to determine if the 2015 Legislature should make revisions. This amendment speaks specifically to diagnostic centers, but we would like to expand the interim study to include other providers as well.

Senator Segerblom:

It is bad timing to introduce this bill the same week a \$500 million judgment was rendered against an insurance company because of the endoscopy issue.

Senator Kieckhefer:

We have received a few bills that have the interim Legislative Committee on Health Care providing studies. I am trying to determine the size of a review and the staff that will be needed. This appears comprehensive. Is there something specifically wrong with the bill as it was presented that did not accomplish what you wanted?

Senator Brower:

It was clear upon introduction of the original bill that the various interested parties and stakeholders might not be in agreement with all of the detail of the bill. Those concerns have been taken to heart. As Senator Segerblom referenced, this issue has been the subject of litigation and controversy. The idea is that this deserves further study. We need to get this right. The regulatory scheme and the statutory scheme both need not be overly broad but also not under-inclusive. The idea is to spend some time with the various stakeholders and take a careful look at this during the interim.

Senator Hardy:

Are you allowing the second facility to start providing services so we can study the effect? Are we still going to limit what is done in conscious sedation at each of your facilities?

Ms. Pittman:

The purpose of the study is to determine if there are better benchmarks than the three levels of sedation. The benchmarks will determine the permitting and accreditation requirements. We need to determine if there is a better way to focus on the use of sterile injection practices. The 2009 Session struggled with how to determine which facilities would be required to comply with the new requirements.

Now that the legislation and regulations have been in place for several years, we also need to determine if the law is as broad and overreaching as it seems to be.

Senator Hardy:

What did we accomplish with cutting back on what we were doing all along? Did we save more lives? Did we have fewer infections? Did we create more anxiety?

Ms. Pittman:

I understood that information would be collected. I do not know if anything has been done with that information. This could be discussed during the interim study. If there have not been any more hepatitis C crises, things may be working well. Assembly Bill No. 123 of the 76th Session was a broad brushstroke. I recognize we were in crisis and appreciated the Legislature taking quick action. However, maybe we should look at this, as it has been onerous for a number of facilities including ours.

Senator Hardy:

The role of sedation is to accomplish something. Going back to Senator Segerblom's comment, the litigation had to do with somebody doing something wrong. It was not about conscious sedation, but about somebody using something in an inappropriate way. I do not know what a study is going to do but state, yes we should still wash our hands and use one dose vials one time. I hope that in the last 2 years we would have learned that decreasing the facilities where we can do these procedures increases the anxiety. I am not opposed to the study, but this is information we already know.

Senator Bower:

It seems clear there are some unintended consequences from A.B. No. 123 of the 76th Session. There is not a consensus of the scope and severity of those

unintended consequences. Rather than rush to fix the unintended consequences, let us take time and carefully deliberate. We can come to a real consensus as to whether the 2009 bill was overreaching or not.

Ms. Pittman:

I do not like to use the term cost-benefit analysis in a health care discussion, but you do have situations where patient access is being reduced and the cost of health care is being increased. Our object is to increase access and decrease cost, and A.B. No. 123 of the 76th Session had the opposite effect.

Senator Smith:

I was the Chair of the Committee when this legislation was passed. We held hearings in Carson City and Las Vegas, and I remember them very well. Could we please hear from someone from the Health Division? Could we also hear about the current situation and data collection?

Tracey Green, M.D. (State Health Officer, Health Division, Department of Health and Human Services):

I will give some data that might answer some of the questions. Forty-five outpatient facilities have been permitted since A.B. No. 123 of the 76th Session became law. The issue at hand in 2009 was infection control practices, and that is what we were trying to reach. After the hepatitis C incidents, the legislation was trying to ensure there was safety surrounding infection control practices. We looked at procedures that required infection control practices, sedation and intravenous procedures. This is where the sedation issue came in.

Annual inspections were conducted on all facilities. Three fourths of the facilities had infection control findings. I can provide the findings and the specifics. The findings included problems with sterilization and disinfection of instruments, infection control training and the lack of manuals to address problems of using and reusing single dose or multi-dose vials. In addition to the inspection findings, we should also put the costs into prospective. The annual new fee is \$3,570. The fee to reestablish a facility is \$1,785.

Senator Smith:

Did three-fourths of all the facilities have issues?

Dr. Green:

That is right; three-fourths of the facilities inspected had a finding in the infection control area.

Senator Smith:

I understand there are various levels of severity reported in the findings.

Senator Hardy:

Did they learn their lessons and clean up their acts?

Dr. Green:

Yes.

Ms. Pittman:

The challenge for Reno Diagnostic Centers is the accreditation process. This process is onerous and requires a full-time employee. There are costs associated with technology for the requirements. It is not the cost associated with the inspection that is a concern but the federal accreditation process.

Chair Jones:

The purpose of the S.B. 112 was to correct an unintended consequence. Why would we go from trying to correct an unintended consequence to a broad ranging study of this issue? Can we not just correct the unintended consequence?

Ms. Pittman:

It is not just Reno Diagnostic Centers. Other practice groups indicated that they want a study of this law.

Chair Jones:

Yes, but you do not represent them. Why would we not just fix the item of your concern?

Senator Bower:

There is a consensus that there have been positive results from the 2009 law. Beyond the good things the 2009 law achieved, it may have overreached in some areas, like the accreditation issue Ms. Pittman mentioned. That is worthy of more study. We are not sure S.B. 112 as originally written would correct the

unintended consequence. We would not want the Committee to rush into a decision without the consensus of all the stakeholders.

Chair Jones:

Dr. Green, do you need us to request a study in order for you to give us results?

Dr. Green:

No. We are happy to work with you and present that information. We can see if there is another way to approach this. I am not sure it would meet the sponsor's needs.

Josh Griffin (Health Services Coalition):

Dr. Green's answer is a position we would support. Senator Smith, you chaired the committee in the development of the oversight and permitting processes. It was a long time coming and a lot of work. A process makes sense. The Health Services Coalition is opposed to S.B. 112.

Chair Jones:

Ms. Pittman proposed to expand the scope.

Mr. Griffin:

I understand the scope has been expanded beyond the narrow intent of the original legislation. However, we would maintain it would be a better path if, over the interim, the State and Dr. Green answer the questions and help guide the entities with problems rather than conduct a new study.

Rusty McAllister (President, Professional Firefighters of Nevada):

We did not see the amendment until we got here. The Professional Firefighters of Nevada are opposed to the original bill. In 2009, we had members who were notified that they had been exposed because they were treated at the facility in question. Anything that would limit or weaken the inspection process in any facilities concerns us. We want to take care of our members as greatly as possible. If there were unintended consequences from A.B. No. 123 of the 76th Session that can be corrected by reviewing a study, we would not be opposed. We want to make sure that whatever comes out of the review protects our members to the fullest extent possible.

Chair Jones:

We will close the hearing on S.B. 112. We will open the hearing on S.B. 349.

SENATE BILL 349: Revises provisions governing the coordination of services provided to persons with sensory disabilities. (BDR 38-878)

Senator Moises (Mo) Denis (Senatorial District No. 2):

There is a fiscal note on S.B. 349. We are still working on some issues and ask that you refer this bill to the Senate Committee on Finance.

SENATOR SEGERBLOM MOVED WITHOUT RECOMMENDATION TO REREFER S.B. 349 TO THE SENATE COMMITTEE ON FINANCE.

SENATOR HARDY SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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Chair Jones:

We will open the hearing on S.B. 448.

SENATE BILL 448: Enacts provisions to promote federally qualified health centers. (BDR 40-95)

Marsheilah D. Lyons (Policy Analyst):

As a staff member of the Legislative Counsel Bureau, I may not advocate for or oppose any legislation that comes before this or any other body. At the request of the Chair, I will walk the Committee through an amendment to S.B. 448.

The amendment to S.B. 448 would direct the Legislative Committee on Health Care (LCHC) to conduct a study during the interim that would look at federally qualified health centers (FQHC) and rural health centers (RHC) in the State. The strategies of other states that have had success with FQHCs and RHCs would be evaluated. The study would determine possible ways to increase the number of these facilities within the State, particularly in underserved areas. I will read page 2 of the work session document ([Exhibit D](#)).

Chair Jones:

The Committee may recall that we had a presentation on leveraging State dollars in order to obtain additional federal funding. More than one of the presenters talked about leveraging State dollars for FQHCs. Nevada is last in the

Nation in terms of FQHCs. I am proposing we look at that issue over the interim.

Senator Kieckhefer:

We have many bills asking the interim LCHC to conduct studies. We need to take a step back and look at what we expect out of that Committee over the interim. We cannot overburden them and expect anything to happen. I do not disagree with the intent of the legislation. We need to have a broader discussion on what we are expecting from the LCHC.

Senator Hardy:

The interim LCHC, of which I have had the pleasure of being a member over many interims, hears studies, so they can recommend bill draft requests or actions. It is a good process during the interim. People know they are required to provide a report to the committee. The committee does not conduct the studies. The studies are presented to LCHC, and then we decide what is to be done. I do not think we have overburdened the LCHC.

Senator Kieckhefer:

I think of an interim study as a comprehensive review of a beefy issue. The amendment may need to include the language "... shall provide a report to the LCHC on FQHC efforts and barriers." This makes more sense in relation to what Senator Hardy is saying. I want to be deliberate on what we expect back from the LCHC.

Myra Ocampo (Service Employees International Union, Nevada):

The University Medical Center (UMC) is one example of a hospital for which federal funding was not considered but could have benefited from this funding. Neither the hospital nor the State found this federal money; however, the union did, and we brought it to our facility. It will only benefit our community, and it is needed. I am encouraging the LCHC to conduct the study.

Senator Smith:

I would like to suggest the same thing as Senator Kieckhefer. The amendment should state the LCHC will study rather than conduct an interim study. This language would make it clear.

Senator Hardy:

I agree with that suggestion.

SENATOR HARDY MOVED TO AMEND AND DO PASS AS AMENDED S.B. 448 WITH LANGUAGE THAT THE LEGISLATIVE COMMITTEE ON HEALTH CARE WOULD CONSIDER THE STUDY TO BE CONDUCTED AND PROVIDE A RECOMMENDATION.

SENATOR SMITH SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY

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Chair Jones:

We will open the work session and start with S.B. 205 ([Exhibit E](#)).

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 Proposed Amendment 8069 to S.B. 205, [Exhibit E](#). Since the hearing on S.B. 205, I have met with the individuals who had concerns with the bill. This amendment should address their concerns. In section 2, subsection 2, the rural hospitals were concerned that they may not be able to input data electronically, so we added the words "if practicable." This should take care of the issue.

In Subsection 1, we replaced the word "may" with the word "shall," and we added the word "quarterly."

The initial amendment to this bill stated the funding would come from the Indigent Accident Fund. This was a major issue for those who were concerned about the bill. In order not to affect that fund, I have suggested an appropriation of \$200,000 from the State General Fund, section 3.5.

In the initial hearing we indicated, with a number of speakers, why The State Trauma Registry is important to the State. I ask that S.B. 205 be amended with Proposed Amendment 8069 and be rereferred to the Senate Committee on Finance. That committee will consider the possibility of funding the State Trauma Registry.

Senator Hardy:

I liked your first proposal; the \$200,000 is going to be problematic.

SENATOR SEGERBLOM MOVED TO AMEND AND DO PASS S.B. 205
AND REREFER TO THE SENATE COMMITTEE ON FINANCE.

SENATOR SMITH SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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Chair Jones:

We will open the hearing for S.B. 449.

SENATE BILL 449: Revises certain provisions relating to the unlawful disposal of
solid waste, sewage or other similar materials. (BDR 40-121)

Ms. Lyons:

There is a prepared work session document for S.B. 449 that I will walk you
through ([Exhibit F](#)).

SENATOR HARDY MOVED TO AMEND AND DO PASS S.B. 449.

SENATOR SMITH SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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Chair Jones:

We will open the hearing for S.B. 450.

SENATE BILL 450: Revises the qualifications for certain district health officers.
(BDR 40-1081)

Ms. Lyons:

Senate Bill 450 is presented on a work session document ([Exhibit G](#)). There is
a proposed amendment to this bill by Southern Nevada Health District.

Chair Jones:

The proposed amendment lists education and experience requirements for the District Health Officer. Can you clarify the list?

John Middaugh, M.D. (Interim Chief Health Officer, Southern Nevada Health District):

The conjunctions, "or" and "and" in that list were specifically put into this section. There needs to be a medical license or the eligibility to obtain the medical license within a 12-month period after hire. The applicant must also have the following: a master's degree in public health or related field; or completion of equivalent job experience such as at the Centers for Disease Control and Prevention Epidemic Intelligence Service; or be certified or eligible to obtain certification by the American Board of Preventive Medicine; and also have 5 years of experience working in a management position. These are important components reflecting the standard of comparable positions in the Country. The eligibility to obtain a medical license requirement is valuable so we can effectively recruit potential candidates. I appreciate being able to work with you on this amendment.

Chair Jones:

Will this make it more likely that the Southern Nevada Health District would be able to find the qualified applicants for its position?

Dr. Middaugh:

Yes, the eligibility language is specifically going to be helpful.

Chair Jones:

What will happen if a person who is hired is not licensed in Nevada but eligible to be licensed and does not get the license within 12 months? Would that person be fired by operation of the law?

Dr. Middaugh:

Yes, he or she would be. I cannot anticipate why within 12 months an eligible person could not complete the process to obtain the license in Nevada.

Senator Kieckhefer:

There is value in the bill as it was originally proposed, based on the issue of licensing. I worked for the Department of Health and Human Services when that Department was looking for a Health Officer. We had someone who was

licensed in another state and would have been second only to Dr. Green, but we could not hire that person because of differences between our licensing requirements for doctors. The requirement that someone obtain a license in Nevada within 12 months is not realistic in some cases. There are different lengths of residency program requirements. If you have a professional that has been out in the real world for some time, he or she is not going to go back to medical school to get that extra year of residency. Going away from the original language does not make sense.

SENATOR KIECKHEFER MOVED TO DO PASS S.B. 450.

SENATOR SMITH SECONDED THE MOTION.

Senator Hardy:

If we go with the motion, we will not be able to recruit from out of state. We will only be able to recruit people licensed in Nevada. How would we get a person from out of state? I will be opposing the motion as it is now.

Senator Kieckhefer:

I will withdraw my motion on S.B. 450 until we have further discussion.

Senator Smith:

I withdraw my second on S.B. 450.

Chair Jones:

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)

Ms. Lyons:

I will walk you through this bill and the two amendments in the work session document ([Exhibit H](#)). Washoe County School District submitted their conceptual amendment at the hearing. The State Board of Pharmacy also submitted their amendment at the hearing. The Washoe County Health District submitted their proposed amendment ([Exhibit I](#)) yesterday.

Chair Jones:

Senator Smith, are you agreeable to the amendments?

Senator Smith:

I am. We took into consideration the concerns that were raised at the hearing, and the amendments address those concerns.

Senator Kieckhefer:

The conceptual amendment states the intent of the bill pertains to regular school hours only. Is that really the intent? Would we not expect this to be available outside of the regular school day?

Senator Smith:

It is the intent. We spent time talking about this issue. We would all like to think we could provide this type of rapid response if having a special event or extracurricular activity. However, there is doubt if a person there would have access to the medication or the training. Our initial goal is to make this confined to school hours. After this has been implemented, the issue of after school hours can be reevaluated.

Senator Hardy:

The practical portion of this bill is that the auto-injectable epinephrine (EpiPen) will be kept at school. Existing laws allow students to carry and self-administer asthma medicine with their own EpiPen. The danger would be if the EpiPen were taken out and not put back where it should be and a person tries to get it and it is not there—that is when you get into trouble. We cannot be in charge of the world, but we can be in charge of the school.

Chair Jones:

Let us be clear on which amendments we are including. There were two listed in the work session document and another one from Dr. Iser, Washoe County Health Officer.

SENATOR KIECKHEFER MOVED TO AMEND AND DO PASS AS AMENDED S.B. 453 WITH ALL THREE PROPOSED AMENDMENTS.

SENATOR HARDY SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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Chair Jones:

We will move to S.B. 501 with the work session document ([Exhibit J](#)).

SENATE BILL 501: Makes various changes concerning substance abuse prevention and treatment. (BDR 40-1141)

Ms. Lyons:

One amendment was submitted by Marla McDade Williams of the Health Division.

Senator Segerblom:

In the previous hearing of S.B. 501, a gentleman stated his concerns regarding nongovernmental drug rehabilitation and treatment programs. Are you confident this bill will regulate the nongovernmental programs?

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

Yes, we are confident that we are able to regulate the nongovernmental programs if the bill moves forward as proposed. In the work session document, [Exhibit J](#), page 2, item 7, addresses this issue. There was not a need for *Nevada Revised Statute* (NRS) 484C.310 to be in the statutes if the Health Division was going to be the agency to adopt the regulations. The other changes ensure the Health Division will license and regulate inpatient treatment facilities.

SENATOR HARDY MOVED TO AMEND AND DO PASS S.B. 501.

SENATOR SEGERBLOM SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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Chair Jones:

We will open the hearing on S.B. 502.

SENATE BILL 502: Makes various changes relating to certain required investigations of the background and personal history of certain persons

as a condition of employment, licensure, certification and other privileges.
(BDR 40-1137)

Ms. Lyons:

There were two amendments proposed to S.B. 502. The first is from Senator Segerblom, which will amend section 14 of the bill to strike subsection 7 as shown in the work session document ([Exhibit K](#)).

The second amendment is proposed by Ms. McDade Williams from the Health Division. There are several different provisions that were explained at the hearing.

Senator Segerblom:

This is a State Website, but it deals with private employers. I would hate to criminalize information someone put on the Website, which this section did. That is why I proposed to delete it.

Senator Kieckhefer:

I want to be sure about what we are striking. The purpose of the background check is to ensure we are not hiring sex offenders to work in juvenile facilities and other situations like that. If a person is willfully providing a false statement or information in connection with a background check, he or she should be guilty of something.

We have this law to protect vulnerable people. If we are striking out provisions designed to protect the integrity of the background check system, this undermines the purpose of the entire bill.

Senator Segerblom:

Everyone is guilty of resumé fraud. This would make it a potential crime. If a person lied and said he or she was not a sex offender but is in actuality, that is different. If a person said he or she graduated from college or worked at a Starbucks, that should not be a crime.

Senator Kieckhefer:

I understand what you are saying. Maybe the language can be changed to indicate making a false statement would disqualify a person from employment.

Senator Segerblom:

Who will make that determination?

Senator Kieckhefer:

There are certain crimes listed in statute for which you cannot have been convicted in order to qualify for the jobs. If a person received a degree in English instead of an art degree, that fact would not be important. However, if a person was convicted of something that would disqualify him or her from employment, that fact is different.

Senator Segerblom:

If the person intentionally failed to disclose a crime, would that language work?

Ms. McDade Williams:

I understand that provision applies to an individual not an employer. The employer would not be liable for false information provided by the employee. It is specific to information related to background information and professional licensure status. These provisions address a person who has a conviction that disqualified him or her from employment. If that person lied and was found out, the misdemeanor prosecution would be handled by the district attorney or the Attorney General's office.

Senator Segerblom:

That is not the way the language now reads.

Chair Jones:

Ms. Lang, is there a way to accomplish the goal that Senators Kieckhefer and Segerblom want?

Risa Lang (Counsel):

Yes, we can provide some clarifying language. Does the language make sure we are talking about information that would disqualify a person from employment?

Senator Segerblom:

Yes.

Ms. McDade Williams:

The amendments I am proposing were discussed in a section-by-section analysis in the previous meeting. They ensure that NRS 449 is made a part of S.B. 502.

They clarify that the employer is the person who puts the information in the Website and not the Health Division. They also ensure that facilities are added back into the bill that should already be required to process background checks. We then add the new facility types and make necessary clarifications.

There are technical changes in [Exhibit J](#), page 3, item G. We are clearing up the language related to temporary employees.

SENATOR HARDY MOVED TO AMEND AND DO PASS AS AMENDED S.B. 502 WITH THE CONCEPTUAL AMENDMENT THAT REITERATES PAGE 3, LINES 42 THROUGH 44 AND PAGE 10, LINES 32 THROUGH 35 OF THE BILL AND THE PREVIOUS TWO AMENDMENTS.

SENATOR KIECKHEFER SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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Chair Jones:

We will open the hearing on S.B. 381.

SENATE BILL 381: Makes various changes to prevent recipients of certain public assistance from using benefits for certain purposes. (BDR 38-459)

Ms. Lyons:

One amendment to S.B. 381 has been proposed by Senator Brower to limit the provisions to those required by federal law. The proposed Amendment 8054 is attached to the work session document ([Exhibit L](#)).

Chair Jones:

Senator Brower, were there changes to the nonrestrictive gaming language?

Senator Brower:

We did make those changes. Ms. Lang will explain the changes.

Ms. Lang:

We added to the provision that this bill would be limited to gaming purposes. The establishment would be operating under a nonrestrictive license, or where

gaming is the principal purpose of the business. This will ultimately be decided by the regulation because the federal law is not clear. This will allow the bill to be worked out with the federal regulations.

Senator Brower:

The intent is to address gaming activity as opposed to purchases at a gaming establishment.

SENATOR KIECKHEFER MOVED TO AMEND AND DO PASS S.B. 381.

SENATOR SMITH SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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Chair Jones:

We will open the hearing on S.B. 315.

[SENATE BILL 315](#): Revises provisions relating to health districts. (BDR 40-1066)

Ms. Lyons:

There is one amendment to S.B. 315 proposed by Senator Denis. The amendment is included in the work session document ([Exhibit M](#)).

Senator Denis:

The proposed amendment removes the addition of a member of the district board of health who was to be a representative of a governmental entity or person responsible for the management and disposal of solid waste generated within the health district.

This amendment also clarifies that the member of the district board of health who is a representative of a nongaming business subject to regulation by the health district is not intended to be an owner or employee of or under contract with a gaming business. This will ensure there is a person on the board that represents a business entity subject to regulation but who is not in gaming. There are currently two gaming-related members. One is a gaming person and the second person represents a business that is a contractor to gaming.

Senator Hardy:

I like this amendment.

Senator Kieckhefer:

I expressed some concern during the hearing of this bill about the elected members being taken off the State Board of Health. The amendment is consistent with the bill with removing the elected members, so I will be voting against S.B. 315.

Senator Denis:

That is not the intent; elected officials stay on the board. The amendment is adding one member and clarifying one of the other positions.

Senator Kieckhefer:

The original language says two representatives of the board of county commissioners. They are clearly elected officials. The bill at page 2, lines 5 through 7 states, "... selected by the governing body of each other city in the county from among the residents of the city in which the governing body sits." That could be anybody in the county. This could become a board with no elected officials who are accountable.

Senator Denis:

That was not the intent.

Ms. Lyons:

Are you retaining language that was proposed in the original to be stricken?

Senator Denis:

Correct.

Senator Hardy:

There are two county commissioners, two Las Vegas City Council members, one council member from the other cities involved as the elected officials. That is the way I understand it.

Senator Denis:

That is the way I also understand it.

SENATOR HARDY MOVED TO AMEND AND DO PASS AS AMENDED S.B. 315 WITH THE CONCEPTUAL AMENDMENT THAT THE BOARD OF HEALTH CONSIST OF TWO REPRESENTATIVES FROM THE COUNTY COMMISSION, TWO REPRESENTATIVES FROM THE CITY OF LAS VEGAS, ONE REPRESENTATIVE FROM EACH OF THE OTHER CITIES IN CLARK COUNTY AND MEMBERS DELINEATED THEREAFTER INCLUDING ONE REPRESENTATIVE FROM THE ENTITY THAT SPECIALIZES IN RECYCLING BUT NOT IN THE BUSINESS OF DISPOSING OF MUNICIPAL SOLID WASTE NOR AN EMPLOYEE OF OR UNDER CONTRACT WITH THE GAMING INDUSTRY.

SENATOR SMITH SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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Chair Jones:

We will open the hearing on S.B. 410.

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

Ms. Lyons:

One amendment has been proposed to S.B. 410, and it is included in the work session document ([Exhibit N](#)).

Chair Jones:

There were some concerns from Senator Kieckhefer and others. Does your amendment address those concerns?

Senator David R. Parks (Senatorial District No. 7):

The proposed amendment does address all the concerns.

Senator Hardy:

This amendment limits S.B. 410 to a needle exchange program.

SENATOR KIECKHEFER MOVED TO AMEND AND DO PASS S.B. 410.

SENATOR SEGERBLOM SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

* * * * *

Chair Jones:

We will open the hearing for S.B. 221.

SENATE BILL 221: Makes certain changes relating to persons with mental illness. (BDR 14-943)

Ms. Lyons:

Proposed Amendment 8133 has been presented on S.B. 221 by Senator Jones. Please see the work session document ([Exhibit O](#)).

Chair Jones:

There were several concerns raised by members of the Committee and others who testified at the previous hearing on S.B. 221. I have spent a lot of time meeting with those who have raised concerns. I met with members of this Committee, the National Rifle Association (NRA) and others. I studied the issues that were addressed. I also spent time talking with our law enforcement officials and people from The Central Repository for Nevada Records of Criminal History to make sure we got this bill right.

The amendment is a reflection of that work addressing many of the concerns members of the Committee raised with regard to transfers. The amendment addresses the issue of transfer between family members that Senator Kieckhefer raised. Also included in the amendment is the issue Senator Hardy raised if he needs to take a gun from a patient. There were also issues raised at the hearing with regard to the transfer of a gun upon death of a family member. We have addressed all the legitimate issues that were raised at the hearing.

I have also included language in the amendment that will allow law enforcement officials to have access to the same information provided to the FBI database. We have had instances in Las Vegas in which the police have shot people who were mentally ill. I am hopeful with this additional language that we will provide our law enforcement officials with additional tools. When law enforcement

personnel approach a situation, they will have these tools to know whether a person has been adjudicated to have a mental disorder.

I know the Committee members have been inundated with email opposing both my bill and Senator Kieckhefer's bill. I commend the NRA for their highly effective grassroots lobbying.

I want to understand whether these individuals are representative of average citizens in Nevada. In a poll we commissioned last month, 86 percent of respondents statewide said they favored making all gun sales subject to background checks. Eighty-six percent also said they favored preventing people with a history of mental illness from purchasing guns.

The numbers for surveys for this Committee are even higher. In Clark County, 88 percent of people polled support universal background checks. Surprisingly, in Washoe County and Carson City, 90 percent support universal background checks.

I understand this is not an easy issue, but we need to stop cowering at the vocal but small minority and do what is right for our constituents, for our children and the State. We need to listen to our law enforcement officials about what will prevent crime.

I dedicate today's vote to victims of the Carson City IHOP shootings down the street and at Sandy Hook.

Senator Smith:

I appreciate the work you have done to respond to the concerns presented to us.

This has been a difficult issue, and it will continue to be difficult. We have been inundated with contacts from constituents. After the tragic events, we heard an outcry that the solution was to do something about the people with mental illness having access to guns. I agree with Chair Jones' and Senator Kieckhefer's efforts to address that issue. It is alarming that people who have mental illnesses can have such easy access to firearms. This is not the answer to all the problems. This is one means to address the situation.

I am from a family that hunts, and we have guns in our home. My dad was a licensed gunsmith, and I have four brothers who are avid sportsmen and gun owners. This legislation does not threaten me or my family who are legitimate gun owners. If I have a family member with mental illness, I hope he or she does not have access to firearms. The background check issue does not threaten my family.

I appreciate the people who have contacted us, lobbied this issue and expressed their opinions. Some of it has not been kind. I regret that part because we live in a world where we should all be able to have our opinions and voice them in a respectful fashion.

I have given this issue a lot of thought and have done a lot of soul-searching since the shooting at Newtown. As a mother and grandmother, it was time for me to take some serious action. We have the opportunity for action with the two bills presented today.

Senator Hardy:

I appreciate the work you have done with me personally as well as the work you have done with all of us. I appreciate the process that we have gone through legislatively with this bill.

I would particularly like to notice section 9 where adjudication is addressed and section 13 where the mental health professional's duty to warn and to notify the police is addressed. Those were not only well thought out but appropriate.

Criminals will not apply for conceal and carry weapons permits. They will get guns how they now get guns. In the medical world, we are not able to predict when somebody will snap with an acute psychosis.

How are we going to change the judicial system? The response time is the critical variable in a situation where a person is shooting innocent victims. Shooters tend to choose unarmed victims that are safe for them to attack. Therefore, I will not be supporting S.B. 221. It does not address the criminal, the acute psychotic person, the response time or the rapidity with which we need to solve problems with our judicial system intervening before someone is adjudicated.

Senator Segerblom:

This bill will prevent the mass shootings event we have recently seen. The shooting at Carson City IHOP was a poster child for this bill. There was a person who was clearly mentally ill and had no business having guns. The doctor who was treating him knew that, and yet it was never disclosed.

Suicides are epidemic in this country. Today they announced that Minister Rick Warren's son killed himself with an unregistered firearm. This bill also addresses that issue. This is not just about mass shootings; it is also about people taking their own lives. These are vulnerable people in our society, and if this bill stops one person, it is fantastic.

I commend your courage, Chair Jones. This bill is past due.

Senator Smith:

We hear the adage of not giving up the good for the perfect. I do not know if this is the perfect solution, but it is a meaningful step. I prefer to do this than to do nothing.

SENATOR SMITH MOVED TO AMEND AND DO PASS AS AMENDED
S.B. 221.

SENATOR SEGERBLOM SECONDED THE MOTION.

THE MOTION CARRIED. (SENATORS HARDY AND KIECKHEFER VOTED NO.)

* * * * *

Chair Jones:

We open the hearing for S.B. 277.

SENATE BILL 277: Revises provisions relating to firearms. (BDR 15-923)

Ms. Lyons:

Two amendments have been submitted to the measure by Senator Kieckhefer. Proposed Amendment 8081 is included in the work session document ([Exhibit P](#)). The conceptual amendment adds a new section ([Exhibit Q](#)).

Senator Kieckhefer:

When I previously presented this bill to the Committee, I discussed the need for an additional amendment to address one area of due process that was lacking from the original draft.

I have tried to capture that in the conceptual amendment, [Exhibit Q](#). The other amendment is the mock-up I presented to the Committee previously.

Senator Segerblom:

I want to commend Senator Kieckhefer for his bill. This addresses an important issue where society knows there are dangerous people out there and for whatever reason the court processes cannot act fast enough.

There was testimony regarding due process. The right to purchase a gun does not rise to the level of normal due process. Preventing a person from buying a gun for 30 days, 60 days or 3 years is not a problem if eventually that person can get a gun if he or she does not have issues. We need to be proactive and prevent people from harm. I appreciate that [S.B. 221](#) and [S.B. 277](#) go together.

Chair Jones:

I also wanted to commend Senator Kieckhefer for his effort. This is an important bill. It addresses an important part of the issue of those who suffer from mental illness who are a danger to themselves or others and need to be stopped from obtaining weapons. This bill does this without violating due process rights, and it works in concert with [S.B. 221](#). I will be voting in favor.

Senator Hardy:

I appreciate the emotional investment everybody has had in these two bills. I suffered with the prosecuting attorneys when the justice system had a problem taking action quick enough to adjudicate. That is a major flaw in our system. Treatment is effective for people with mental illness, and 90 percent to 95 percent of the time these people are amenable to treatment. To preclude a person from having a gun, or having a gun transferred for 3 years or for an arbitrary period is onerous and not appropriate.

I am a physician. I have kept the guns of suicidal patients in my home until they were better. I returned the guns long before 3 years. Some people with mental illness have a chronic condition, and 3 years is not long enough. The time periods of 72-hour holds, 3 weeks before a hearing with a judge and 3 years

before returning a gun are arbitrary. There are major flaws in our system of mental health and this does not solve them.

SENATOR SEGERBLOM MOVED TO AMEND AND DO PASS S.B. 277.

SENATOR SMITH SECONDED THE MOTION.

THE MOTION CARRIED. (SENATOR HARDY VOTED NO.)

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Chair Jones:

We will open the hearing to S.B. 318.

SENATE BILL 318: Requires the Legislative Committee on Health Care to conduct an interim study concerning claims, coverage and payments under policies of dental and health insurance. (BDR S-1061)

Ms. Lyons:

The work session document ([Exhibit R](#)) includes an amendment proposed by Senator Hardy.

SENATOR SEGERBLOM MOVED TO AMEND AND DO PASS S.B. 318.

SENATOR KIECKHEFER SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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Chair Jones:

We will open the hearing for S.B. 340.

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

Ms. Lyons:

The work session document ([Exhibit S](#)) includes Proposed Amendment 8155 from Senator Hardy.

Senator Hardy:

There is also a proposed conceptual amendment ([Exhibit T](#)). The first amendment allows the Advisory Council on Patient-Centered Medical Homes (PCMH) to act in compliance with all the federal regulations and still recognizes that the antitrust laws need to be observed. The appropriate NRS also will need to be observed.

This bill will allow us to get off the ground. It is still a work in progress. There will be costs involved. If the bill passes out of this Committee, it will need to go the Senate Committee on Finance.

Chair Jones:

Can you give us some clarification on how much more work this will take in the Finance Committee?

Senator Hardy:

The policy is being made now and the regulations will be written. There is an advisory council. This is not a small undertaking. The opportunity we have for PCMH will be extended to private practices. The advisory council will be modeled after two other State advisory councils. Dr. Green was very helpful in suggesting an administrative type approach. We do not have startup money. This will give us the framework to build the PCMH. The Senate Committee on Finance will have to decide how we will fund this.

SENATOR SMITH MOVED TO AMEND AND DO PASS AS AMENDED
S.B. 340 AND REREFER TO THE SENATE COMMITTEE ON FINANCE.

SENATOR KIECKHEFER SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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Chair Jones:

The meeting is adjourned at 5:41 p.m.

RESPECTFULLY SUBMITTED:

Joyce Hinton,
Committee Secretary

APPROVED BY:

Senator Justin C. Jones, Chair

DATE: _____

<u>EXHIBITS</u>				
Bill	Exhibit		Witness / Agency	Description
	A	2		Agenda
	B	11		Attendance Roster
S.B. 112	C	2	Senator Greg Brower	Proposed Amendment
S.B. 448	D	3	Marsheilah D. Lyons	Work session document
S.B. 205	E	3	Marsheilah D. Lyons	Work session document with Proposed Amendment 8069
S.B. 449	F	1	Marsheilah D. Lyons	Work session document
S.B. 450	G	2	Marsheilah D. Lyons	Work session document
S.B. 453	H	11	Marsheilah D. Lyons	Work session document
S.B. 453	I	1	Joseph Iser	Proposed Amendment
S.B. 501	J	2	Marsheilah D. Lyons	Work session document
S.B. 502	K	3	Marsheilah D. Lyons	Work session document
S.B. 381	L	9	Marsheilah D. Lyons	Work session document with Proposed Amendment 8054
S.B. 315	M	3	Marsheilah D. Lyons	Work session document
S.B. 410	N	10	Marsheilah D. Lyons	Work session document with Proposed Amendment 8092
S.B. 221	O	22	Marsheilah D. Lyons	Work session document with Proposed Amendment 8133

S.B. 277	P	7	Marsheilah D. Lyons	Work session document with Proposed Amendment 8081
S.B. 277	Q	1	Senator Kieckhefer	Conceptual Amendment
S.B. 318	R	2	Marsheilah D. Lyons	Work session document
S.B. 340	S	12	Marsheilah D. Lyons	Work session document with Proposed Amendment 8155
S.B. 340	T	1	Senator Hardy	Proposed Conceptual Amendment