

**MINUTES OF THE MEETING
OF THE
ASSEMBLY COMMITTEE ON HEALTH AND HUMAN SERVICES**

**Seventy-Eighth Session
May 25, 2015**

The Committee on Health and Human Services was called to order by Chair James Oscarson at 12:34 p.m. on Monday, May 25, 2015, in Room 3138 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. The meeting was videoconferenced to Room 4406 of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. Copies of the minutes, including the Agenda ([Exhibit A](#)), the Attendance Roster ([Exhibit B](#)), and other substantive exhibits, are available and on file in the Research Library of the Legislative Counsel Bureau and on the Nevada Legislature's website Building, 555 East Washington Avenue, Las Vegas, Nevada. Copies of the at www.leg.state.nv.us/App/NELIS/REL/78th2015. In addition, copies of the audio or video of the meeting may be purchased, for personal use only, through the Legislative Counsel Bureau's Publications Office (email: publications@lcb.state.nv.us; telephone: 775-684-6835).

COMMITTEE MEMBERS PRESENT:

Assemblyman James Oscarson, Chair
Assemblywoman Robin L. Titus, Vice Chair
Assemblyman Nelson Araujo
Assemblywoman Teresa Benitez-Thompson
Assemblywoman Jill Dickman
Assemblyman David M. Gardner
Assemblyman John Hambrick
Assemblywoman Amber Joiner
Assemblyman Brent A. Jones
Assemblyman John Moore
Assemblywoman Ellen B. Spiegel
Assemblyman Michael C. Sprinkle
Assemblyman Tyrone Thompson
Assemblyman Glenn E. Trowbridge

COMMITTEE MEMBERS ABSENT:

None



GUEST LEGISLATORS PRESENT:

None

STAFF MEMBERS PRESENT:

Kirsten Coulombe, Committee Policy Analyst
Risa Lang, Committee Counsel
Karyn Werner, Committee Secretary
Norma Mallett, Committee Assistant

OTHERS PRESENT:

Mary E. Wheery, RN, MS, Deputy Administrator, Community Services,
Division of Public and Behavioral Health, Department of Health and
Human Services
Laura E. Freed, Deputy Administrator, Regulatory and Planning Services,
Division of Public and Behavioral Health, Department of Health and
Human Services
Christine Mackie, Chief, Bureau of Child, Family and
Community Wellness, Division of Public and Behavioral Health,
Department of Health and Human Services
K. Neena Laxalt, representing Nevada Dental Hygienist Association

Chair Oscarson:

[Roll was taken. Committee rules and protocol were explained.] We will open
the hearing on Senate Bill 500.

**Senate Bill 500: Revises the requirements for licensure as a facility for the
treatment of abuse of alcohol or drugs. (BDR 40-1160)**

**Mary E. Wheery, RN, MS, Deputy Administrator, Community Services,
Division of Public and Behavioral Health, Department of Health and
Human Services:**

This is a bill that was from last session: a cleanup bill. Right now, as it stands,
a residential treatment facility does not have to be licensed in the state of
Nevada, and that is a problem. We have providers whom we get complaints
about from the community, but we have no authority to do any kind of
inspection or evaluation of those residential treatment facilities unless they are
certified by the Substance Abuse Prevention & Treatment Agency (SAPTA).
This bill would not require a facility to be SAPTA-certified, but it would require
residential treatment facilities to be licensed by the Bureau of Health Care
Quality and Compliance (HCQC). That is what S.B. 500 is about.

Assemblywoman Titus:

On the surface it seems like a very simple bill, and I wonder why it had so many meetings and is just now coming to us.

**Laura E. Freed, Deputy Administrator, Regulatory and Planning Services,
Division of Public and Behavioral Health, Department of Health and
Human Services:**

This is actually a budget implementation bill. Budget implementation bills tend not to move until late. This bill implements E228 in Budget Account 3216, which was already closed by the joint money committees.

Assemblywoman Titus:

The financial component of this has already been vetted in the budget hearing. This is just a cleanup, along with the policy to go with the budget that has already been approved.

Assemblyman Thompson:

Do these facilities still have to go through the business licensing process?

Laura Freed:

Yes, that is correct.

Assemblyman Jones:

I was getting confused. You are throwing a lot of acronyms around that I am not familiar with. It seems to me that this is deregulating, but you said that right now the facilities do not require licensing, but they do now. It seems like this bill is saying that they do not require licensing. I am confused on your testimony. Can you please clear that up?

Mary Wheery:

The Substance Abuse Prevention & Treatment Agency program is referred to as SAPTA. We certify many programs in the state; we fund only 19. This SAPTA certification is an option; it is not mandatory. It is mandatory if you want to be funded by the federal block grant. Many providers in the state want to be certified as a recognition. We have criteria that we established that says you are a good provider. That is all it says as a substance abuse treatment provider. It is optional, so we have many residential providers in the state who provide substance abuse services but choose not to be SAPTA-certified. Part of the problem is that they are not regulated at all. For example, there are some providers in Las Vegas who run residential programs who let their consumers go out during the day, and they use drugs. There are complaints from the neighborhood because they find needles all around the neighborhood. When there are complaints, there is no way for anyone to go in and investigate.

Other residential programs get bad press because the perception is that residential programs should not be allowed in neighborhoods because the people who attend those programs bring potential crime or needles into those neighborhoods.

The other residential programs that choose to be SAPTA-certified are frustrated because their peers are not regulated in some ways. The consumers' family members, with loved ones in nonregulated programs, are frustrated because they file complaints but there is no one who can do anything about it. The leaders of the programs that choose to be SAPTA-certified are holding themselves to different standards than those who do not choose to be. We do not even know how many residential programs are out there since they do not have to be recognized by any agency. They may have a business license, but we have never gone down that path to see how many there are. Certification may be considered a form of regulation, but it is very soft. If this bill passes and HCQC regulates them, it will be a hard regulation.

Assemblyman Jones:

What does HCQC stand for?

Mary Wheery:

That is the Bureau of Health Care Quality and Compliance. They regulate hospitals, group care, nursing facilities, and many health care organizations and providers across the state, and have for years.

Assemblyman Jones:

The bill sounds like we are deregulating but, in fact, we are regulating more because we are saying that the people who do not choose SAPTA will fall under the HCQC. I do not see where it says that in the bill. How difficult is it to get registered? Are we going to be knocking people out of business?

Laura Freed:

No. We are adding licensees. For people who are currently SAPTA-certified and receive SAPTA block grant money as a result of that, nothing changes. They already have to get a license from HCQC. These would be the people who are not SAPTA-certified, do not receive any SAPTA block grant support in any way, and are just offering drug and alcohol inpatient treatment services.

Assemblywoman Spiegel:

I think you just answered my question, but I am going to ask it anyway. When I first read the bill, it looked like you were lowering the standards for these

facilities. As it turns out, you are actually increasing the standards and making them uniform regardless of whether the facility has SAPTA certification. Is that correct?

Laura Freed:

Yes, that is correct.

Assemblywoman Joiner:

I had the same question and I think I understand what you are trying to do based on having lived through some of that. If I understand correctly, the reason this is needed is that currently there are some exceptions for facilities under this definition. If you have the SAPTA certification in there, they are exempt from certain requirements. By removing the SAPTA certification, they are actually subject to those requirements. I am looking at *Nevada Revised Statutes* (NRS) 449.121, for example. Is that correct? [Yes was stated off microphone.]

Assemblyman Thompson:

How many of these facilities do we have in our state and/or in southern Nevada? The reason I ask is that we get those questions all of the time. If there is a certain number of people in the home, you do not have to get the business license. You also do not have to get the certification. You may not have that right now, but is that something you can possibly get us since I get these questions and concerns all of the time?

Laura Freed:

The budget was approved predicated on ten additional facilities that would have to be licensed by HCQC. I want to make a distinction between local business licenses and HCQC certification. The size of the facility has some effect on what it would cost to get a license because there is a per-bed charge like there is for medical facilities. We really cannot tell you what the relative cost of the local business license is for some of these facilities. We know where they are located, but I think they all need to have business licenses from their local jurisdictions.

Assemblyman Thompson:

I am not concerned about the costs and fees. I want to know how many are out there so we could do an overlay mapping or something of that sort. Some people feel there is an excessive number in the communities. You can get that to us later, which would be great for us to have for our information.

Laura Freed:

At last count, we had 20 licensed alcohol and drug treatment facilities. There would be 30 after this bill if our estimate is correct.

Assemblyman Thompson:

I would like to meet with you later because I am not understanding this. It seems like there are a lot of facilities in southern Nevada, and way beyond what you are stating. Maybe I am misunderstanding the language or the definition. I would appreciate that.

Chair Oscarson:

There are church groups and other organizations, like Alcoholics Anonymous, that do things that are not required to be licensed. You are actually talking about residential treatment facilities like WestCare or such, rather than all of the services that are available. There are a lot in southern Nevada, but still not enough. There are facilities that are nonprofit groups that help and offer support groups, et cetera. These are where people stay to get treatment. Is that correct?

Laura Freed:

That is correct.

Chair Oscarson:

Does that help you any, Assemblyman Thompson?

Assemblyman Thompson:

There are still a lot of them.

Mary Wheery:

I think that is what is to be determined. That is part of the concern. We estimated ten and I think what we may find is that, as we discover them and as people report, the number may be more than ten. We do not know for sure. Part of it will be through the complaint process and part through our current providers who are licensed. When they know that this requirement is law, they may start reporting through some of you. Some will be through word of mouth and some through other ways. This will be a process.

Assemblywoman Benitez-Thompson:

At first, I did not understand, but that was because I was so surprised that the Division does not have the ability to go in and inspect these folks and find out who they are. For every other type of bed designation that we have in the state, there is a place for consumers to call if they have concerns about quality of treatment. The industry itself is always the first to step up and say that you

need to make sure you know who all of the legitimate players are. It is the illegitimate players that leave the rest of us with the stereotypes that you were talking about. This is probably long overdue.

Assemblyman Sprinkle:

This is all based on an enhancement unit that is in the budget. If it is not passed, that will cause complications with the budget that has already been closed. Correct?

Laura Freed:

A little bit. There would be phantom revenue to the tune of about \$19,000 in that decision unit that would just stay there and not be collected.

Assemblywoman Titus:

For clarification, you said there is a potential that 10 facilities may be added to the 20 already there, but are those the numbers that you are listing and calling drug and alcohol abuse centers that only treat that? A lot of behavioral health institutions, hospitals, and treatment programs are multi-symptom and multi-diagnoses. It is not just isolated to alcohol and drug abuse. Some of them are mental health facilities. Is that 20 that you are listing purely substance abuse and alcohol facilities?

Laura Freed:

Yes.

Assemblyman Trowbridge:

This is an editorial statement, but there may be some confusion being introduced here as a result of the wide variety of residential care facilities. The density of those is what my colleague is inquiring about. Those are typically controlled by local planning ordinances in individual cities. It does not have much to do with you folks.

Chair Oscarson:

Are there any more questions from the Committee? Seeing none, we will take testimony in support. Seeing none, we will go to opposition here or in Las Vegas. Seeing no one, is there any testimony in neutral? Seeing no further testimony, you can come up and give more comments if you like. [There were no further comments.] I will close the hearing on S.B. 500. I will now open the hearing on Senate Bill 501 (1st Reprint).

Senate Bill 501 (1st Reprint): Revises provisions relating to the State Dental Health Officer and the State Public Health Dental Hygienist. (BDR 40-1162)

Christine Mackie, Chief, Bureau of Child, Family and Community Wellness, Division of Public and Behavioral Health, Department of Health and Human Services:

Senate Bill 501 (1st Reprint) is a companion bill to the Division's budget, and it supports units E225 and E227. This particular bill allows for the utilization of contracts with the State Dental Health Officer, as well as the State Public Health Dental Hygienist. Both of these positions are required by statute, *Nevada Revised Statutes* (NRS) 439.272 and NRS 439.279.

Assemblyman Araujo:

Why the shift from having the dental hygienist serve under the dental officer as they are now? Are they being asked to work collaboratively?

Christine Mackie:

We were working directly with the Nevada Dental Hygienist Association and, essentially, they were very clear that a dental hygienist does not have to work under a dentist according to NRS 631.287. They asked us to add this collaboration language into the bill, as opposed to being directed by or overseen by the dental officer. They can work collaboratively.

Mary E. Wheery, RN, MS, Deputy Administrator, Community Services, Division of Public and Behavioral Health, Department of Health and Human Services:

When the law was passed in 2001 that created these two positions, that was the case: the dental officer supervised the hygienist. However, my understanding from the dental hygienists is that, since that point in time, the dental hygienists have developed more autonomy and they have a different reporting relationship. It is similar to the advanced practice nurses having developed more autonomy in their relationship with physicians. That is why they asked to have the same recognition in this section of statute.

Assemblyman Araujo:

I am curious as to—I do not know the chain of command—how it would work now. As it stands right now, does the dental health officer make the final decisions which would include the dental hygienist component? Would they have to split their authority and make sure they are in agreement with everything that is proposed? How would that work?

Mary Wheery:

When we presented our budget, there were a lot of follow-up questions from the fiscal staff during that process. We put together a spreadsheet that distinguished between the roles and duties of the dental officer, the dental hygienist, and the program manager for the dental program. In our minds, the statute is pretty clear on what the dental officer would do, what the dental hygienist would do, and what the dental manager would do. It is clear in statute what the dentists' authority is for the dentists' scope of practice. I also think the scope of practice for a dental hygienist is clear in the NRS. This language also cleans up the reporting relationship. The spreadsheet we did has the corresponding relationship that we provided to the fiscal staff. It is consistent with oral health grants from the Centers for Disease Control and Prevention (CDC) that are very competitive. For us, what we envision is that the dental officer has a close working relationship with the School of Dental Medicine and community dentists. He may oversee dentists in practice in a school-based health clinic situation, and possibly in community health centers. He may be doing some supervision with dentists. The dental officer and dental hygienist may collaborate with dental hygienists in the community or collaborate with the dental hygienists on some public policy. Policy that a dental officer would develop would be at a different level than what we would expect a dental hygienist to develop. It is pretty clear for us. If we need to do something to make that clearer, we are open to that.

Assemblywoman Titus:

Neither of these positions are filled at this time, are they?

Mary Wheery:

That is correct.

Chair Oscarson:

They have been in statute since 2001.

Assemblywoman Titus:

Have they ever been filled?

Mary Wheery:

No.

Chair Oscarson:

We appropriated money to do this if I am not mistaken.

Assemblyman Thompson:

On line 23, on page 2, you took out the dental school. Are they totally excluded from input? Why does it not say that the Advisory Committee and any other dental education program in this state is excluded? Can you explain why we excluded that?

Christine Mackie:

This was not meant to be exclusionary; it was meant to be inclusionary. The concept is to include all of Nevada's System of Higher Education dental schools. That would be dental schools and hygienist schools. We could begin to work more collaboratively across the board as opposed to being exclusive and only being able to work with the dental school itself.

Assemblyman Thompson:

Is a dental school synonymous with a dental education program? Sometimes a dental education program can just be giving some basic information, whereas a dental school is a dental school.

Christine Mackie:

Correct. We are looking at the Nevada System of Higher Education dental education programs inclusively.

Assemblyman Sprinkle:

You answered my question for me that tied it to the budget, so I am good.

Chair Oscarson:

Are there any other questions? Seeing none, we will go to testimony in support of S.B. 501 (R1).

K. Neena Laxalt, representing Nevada Dental Hygienist Association:

It has been a long wait for this bill, since 2001. We were able to put language in last session—thanks to Assemblywoman Benitez-Thompson—that aligned with the language that changed the supervision by the dentist into collaboratively working with the dental hygienists. The reason is, when you are out in the public health—and this is only in a public health setting—a lot of times we are dealing with the rural areas and there is not always a dentist on call. It allows the dental hygienists to remain within their scope, but not necessarily have a dentist right there, so they can continue to do their work and take care of the kids. This aligns with the language that was put into statute last session.

Chair Oscarson:

Are there any questions? Seeing none, we will ask for testimony in opposition. Seeing no testimony in opposition, we will ask for testimony in neutral. Seeing no further testimony, I will close the hearing on S.B. 501 (R1).

Assemblywoman Titus:

I would like to ask the Committee to entertain a motion, if they go along with this, that we suspend the rules so we can do a work session on the two bills we just heard.

Chair Oscarson:

That would take a unanimous vote of the members who are here. Do I hear a motion?

ASSEMBLYWOMAN TITUS MOVED TO SUSPEND
ASSEMBLY STANDING RULE 57.

ASSEMBLYWOMAN BENITEZ-THOMPSON SECONDED THE
MOTION.

THE MOTION PASSED. (ASSEMBLYMEN JOINER AND MOORE
WERE ABSENT FOR THE VOTE.)

Kirsten Coulombe, Committee Policy Analyst:

The work session would be the two bills that we just heard and, if there are any questions, I am sure the sponsors could answer them better than I can.

Chair Oscarson:

Do I hear a motion to do pass Senate Bill 500?

ASSEMBLYMAN THOMPSON MOVED TO DO PASS
SENATE BILL 500.

ASSEMBLYMAN JONES SECONDED THE MOTION.

Assemblywoman Titus:

I want to let it be known that I am absolutely in favor of passing the bill out of Committee today, but then I will do a little more research on this to see the total impact. I reserve the right to change my vote on the floor.

Assemblywoman Dickman:

I am also reserving my right to change my vote on the floor.

Chair Oscarson:

All those in favor say aye.

THE MOTION PASSED. (ASSEMBLYMEN JOINER AND MOORE
WERE ABSENT FOR THE VOTE.)

The floor statement will be done by Assemblyman Thompson.

Chair Oscarson:

We will take a motion to do pass Senate Bill 501 (1st Reprint).

ASSEMBLYWOMAN DICKMAN MOVED TO DO PASS
SENATE BILL 501 (1ST REPRINT).

ASSEMBLYWOMAN TITUS SECONDED THE MOTION.

THE MOTION PASSED. (ASSEMBLYMEN JOINER AND MOORE
WERE ABSENT FOR THE VOTE.)

The floor statement will be done by Assemblywoman Dickman. We will open the floor for public comment in Las Vegas or here. Seeing none, this meeting is adjourned [at 1:06 p.m.].

RESPECTFULLY SUBMITTED:

Karyn Werner
Committee Secretary

APPROVED BY:

Assemblyman James Oscarson, Chair

DATE: _____

EXHIBITS

Committee Name: Assembly Committee on Health and Human Services

Date: May 25, 2015

Time of Meeting: 12:34 p.m.

Bill	Exhibit	Witness / Agency	Description
	A		Agenda
	B		Attendance Roster