

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

**Seventy-Eighth Session
March 4, 2015**

The Committee on Health and Human Services was called to order by Chair James Oscarson at 1:32 p.m. on Wednesday, March 4, 2015, in Room 3138 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. The meeting was videoconferenced to Room 4401 of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. Copies of the minutes, including the Agenda ([Exhibit A](#)), 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 website 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
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:

Assemblyman David M. Gardner (excused)
Assemblyman John Hambrick (excused)



GUEST LEGISLATORS PRESENT:

None

STAFF MEMBERS PRESENT:

Kirsten Coulombe, Committee Policy Analyst
Risa Lang, Committee Counsel
Nancy Weyhe, Committee Secretary
Jamie Tierney, Committee Assistant

OTHERS PRESENT:

Erin McMullen, representing Nevada Resort Association
Bonnie McDaniel, Private Citizen, Las Vegas, Nevada
Jon Sasser, Statewide Advocacy Coordinator, Washoe Legal Services
Dan Musgrove, representing the Southern Nevada Health District
Warren Wish, Leader, Carson City Guide Dogs
Mary Lau, representing the Retail Association of Nevada
Alex Ortiz, Assistant Director, Department of Administrative Services,
Clark County
Lesley Pittman, representing Nevada Podiatric Medical Association
Katheryne Waltz Glantz, D.P.M., Secretary/Treasurer, Nevada Podiatric
Medical Association
Kenneth Fatkin, D.P.M., Vice President, Nevada Podiatric Medical
Association

Chair Oscarson:

[Roll was taken. Committee rules and protocol were explained.] I am going to turn the hearing over to Vice Chair Titus because I am going to be presenting Assembly Bill 157.

[Assemblywoman Titus assumed the Chair.]

[Assembly Bill 157](#): Revises provisions governing service animals. (BDR 38-638)

Assemblyman James Oscarson, Assembly District No. 36:

Today I represent Assembly District 36, and I have sponsored Assembly Bill 157 on behalf of the Nevada Resort Association. Assembly Bill 157 aligns state law with federal law regarding the type of animal that could be considered a service animal. Due to the number of questions we have received, I would like to turn it over to Ms. McMullen to begin with some background before walking through the provisions of the bill.

Erin McMullen, representing Nevada Resort Association:

The purpose of bringing this bill was to simply align Nevada's law regarding the definition of "service animal" to the federal definition found in the Americans with Disabilities Act of 1990 (ADA) in Titles II and III ([Exhibit C](#)). The ADA limits service animals to dogs and, in some very limited exceptions, miniature horses. Miniature horses are only permitted when it is reasonable to accommodate them, and that standard is set forth in federal regulations.

Under the ADA, a service animal is defined as a dog that is individually trained to do work or perform tasks for a person with a disability. Nevada and the ADA both define disability to include physical and mental disabilities, which I think is very important. [Ms. McMullen continued to read from ([Exhibit C](#)).]

Currently under Nevada law, the definition of "service animal" is broader than the federal definition under the ADA and provides that any animal could be a service animal. We believe that this allows for an inappropriate use of certain animals that are not actually service animals trained to do specific tasks. In our experience we have seen a number of animals come through the resorts or the casinos that people are claiming to be service animals such as cats or snakes, and they are not trained to do what a service animal is typically trained to do.

Aligning our definition with the federal definition, we think would take care of some of this inappropriate use, eliminate some of those obstacles and allow those individuals who really need the service animals to use them properly.

I know there has been some confusion, so I would like to walk through what the bill does not do. This bill does not impact animals that are referred to as emotional support animals, comfort animals, or therapy animals. Those are animals whose sole function is to provide comfort or support to an individual and are not trained to do anything specific related to a person's disability. However, I want to highlight that a person with a mental disability such as post-traumatic stress disorder or any kind of psychiatric disorder is permitted to have a service animal, provided that service animal is trained to do something that helps with that mental disability.

Service animals and emotional support animals fall under different categories, and under current federal law a place of public accommodation would not have to allow without question an emotional support or comfort animal into their place. If it is a pet-friendly location, they are probably allowed to bring in their animal but might be subject to the property's pet policy.

Assembly Bill 157 does not affect or limit the broader definition of assistance animal under the Fair Housing Act. That is another thing that is commonly confused because, under the Fair Housing Act, a person with an emotional

support animal can be made to be reasonably accommodated to be allowed into that apartment facility. If they had a "no pet" policy, you can provide documentation saying you have an emotional support animal and then they must make a reasonable accommodation for you to live there. This makes sense because this is your home or somewhere you are going to live for an extended period of time versus a more transient place you are just visiting, where other people go in and out.

You cannot have medical documentation or even ask for certification or documentation for a service animal, which helps distinguish these even more.

I would like to walk through the provisions of the bill. The guts of the bill are in section 1, which defines "service animal" as it is in Title 28 of the Code of Federal Regulations (C.F.R.), section 36.104 and includes a miniature horse in limited exceptions. Section 2 provides that under Nevada law a service animal-in-training also has to be a dog or a miniature horse so as not to create any type of loophole. If we are only going to have service animals that are dogs or miniature horses, we would not want someone to be training another type of animal to become a service animal.

Sections 3 through 6 of the bill clarify Nevada statutes that miniature horses are only permitted when it is reasonable to accommodate them. That reasonable standard is delineated in federal regulations. Just like a dog that is a service animal, that miniature horse would have to be housebroken, be able to be controlled, and cannot compromise in any way the safety of the others that are frequenting that facility or public location.

Specifically, section 3 provides that an employer may not discriminate against an employee with a disability who has a service animal, except any employer may refuse to permit an employee to keep a miniature horse if it is unreasonable to do so.

Section 4 provides that same caveat for place of public accommodation. Section 5 provides that a common carrier is not required to permit a service animal that is a miniature horse if it is not reasonable, and section 6 is the same for a common motor carrier of passengers.

There is one small amendment that we have brought due to some concerns that were raised initially. They are related to sections that are not in the bill but help clarify the distinction that both physical and mental disabilities are permitted under the ADA and Nevada statutes. On the Nevada Electronic Legislative Information System (NELIS) we submitted an amendment, if you want to refer to that ([Exhibit D](#)). It would add in *Nevada Revised Statutes* (NRS),

Chapter 426.510 a delineation of who is able to use a service animal; in section 1, subsection 4, it says "a person with a physical disability," and that is more limiting than what is currently defined in Nevada law. Existing Nevada law already defines "a disability" as a physical or mental impairment that impacts one or more major functions of the body or of a person.

We saw that same restriction in NRS Chapter 426.515 and decided to strike "physical" because disability is already defined in NRS Chapter 426.068.

Clark County also has a proposed amendment, which we deem a friendly amendment, and we are fine with it. I believe it is primarily a language clarification to ensure that the provisions of the bill are consistent with one another.

Assemblywoman Dickman:

I have received many emails about the emotional support aspect, so I know what you are trying to do with this bill and I agree with it, but I think there are so many cases where dogs are used for emotional support that it is very important. Is there some way that when you travel on an airline you could have an emotional support dog with you? But you would have to have documentation unlike with a disability. Is there any way that could be added to the bill?

Erin McMullen:

The mental illness or emotional components where the dog is trained to do something that is directly related to that person's disability or illness would be permitted. We could work to figure out if there is some way to allow for the concerns that you are addressing. Technically, this bill does not impact that. I do not think it is changing anything or restricting anything further to emotional support or comfort animals that is already prohibited by law.

Assemblywoman Dickman:

An emotional support dog is not really trained to do anything; it just comforts the person by its presence. But if we keep it to dog—it is just a suggestion.

Erin McMullen:

I am happy to take it into consideration.

Assemblyman Sprinkle:

My understanding of this bill is that we are specifically talking about service animals, and what you have is as simple as that. We are not trying to discriminate against anything else; this bill is simply trying to get us in line with federal language. Is that correct?

Erin McMullen:

Yes, that is exactly our intent for this bill. It is not to implicate anything else that is not already either permissible or impermissible under laws regarding other types of animals that are not "service animals."

Assemblyman Sprinkle:

I think that is an important thing that needs to be on the record because I have received those same emails as well. It is not hurting that. I am pleased with the amendment because it makes it far more inclusive. People with mental disabilities absolutely need to be recognized as well.

Assemblyman Oscarson:

There are facilities, and I have been at them on the Las Vegas Strip, that accept animals. They are "pet friendly." There are options for people to be able to utilize those facilities in every city that I have been in, and many hotels are becoming much more pet-friendly than I have ever seen them. I think it is an important note in part of this, and I agree with my colleague. This is just very simple clarifying information with the amendments that have been placed forward.

Assemblyman Thompson:

If we did not do this, would there be any sanctions, violations, or repercussions that our state would face if we do not bring this into compliance?

Erin McMullen:

The interesting aspect about federal law is that states can do something that is a little bit broader and go more specific in certain cases, but you still have to comply with the requirements of federal law. While this would bring ours into alignment and limit our more broad statute, you would still have to comply with federal law regardless. Essentially you have to comply with both. I do not think there would be sanctions or anything like that. Facilities are required to comply with federal law as it stands today. This would just make it easier and more in alignment so that there is not any confusion between the two.

Assemblyman Trowbridge:

What we have here then is a standardization of the language between the NRS and the federal ADA. It in no way negatively impacts current health code issues

nor does it have any influence whatsoever on the Fair Housing Act, which has its own reasonable accommodation rule. This is just a stand-alone, clean-up-the-language type of document.

Erin McMullen:

That is correct.

Vice Chair Titus:

If there are no further questions I would like to open the meeting up to any people in the audience that are testifying in favor of A.B. 157. We will go to Las Vegas first.

Bonnie McDaniel, Private Citizen, Las Vegas, Nevada:

I am a registered nurse and have been for over 40 years. I work with a lot of Alzheimer's patients and a lot of children that have attention deficit hyperactivity disorder (ADHD), Down syndrome, and birth defects. Many of these children and Alzheimer's patients are deathly afraid of dogs. I support the majority of this bill, but I oppose certain portions of it.

Vice Chair Titus:

We are hearing testimony in favor of the bill right now. If you would like to hold your remarks in opposition, we will go back to you later unless you are testifying in favor.

Bonnie McDaniel:

I support the majority of the bill, but there are a couple things that I would like to have clarified. To limit it to just "a dog" or "a miniature horse" as the only animals that can be service animals is wrong. As I said, ADHD children, Down syndrome children, and children with other birth defects and cancer have cats, rabbits, and even guinea pigs that are considered service or companion animals as they calm them down. They make them more manageable when the family takes them shopping, traveling, or in other situations.

They are registered with the ADA as service animals. The only difference is these animals have to be in an animal carrier when they are on a common carrier, such as an airplane or bus, or even in a hotel. [Ms. McDaniel continued to read from ([Exhibit E](#)).]

I would like the language left as "any animal" or "an animal" as it says now.

Vice Chair Titus:

Is there anybody else in Las Vegas in support of A.B. 157? [There was no one.] Here in Carson City?

Jon Sasser, Statewide Advocacy Coordinator, Washoe Legal Services:

I am the legislative chair of the Nevada Commission on Services for Persons with Disabilities, and we were approached by Ms. McMullen a number of months ago when she was contemplating this legislation. She asked for our thoughts and our input, and I circulated it to all the members of the Commission. The only concern we had from the language that she proposed at that time was that she had limited "service animal" to "dog." We called her attention to the miniature horse regulation under the ADA, and she was kind enough to make that change. After the bill came back from the Legislative Counsel Bureau, she asked us to take a look at it, and we circulated it among our membership, which includes the Nevada Disability Advocacy and Law Center. We pointed out the portion about limiting it to physical as opposed to mental disabilities, and she again was kind enough to accommodate those changes.

We have not, as a commission, had a formal vote for or against the bill, but they have reached out to us. Each time we have raised a concern, they have addressed it, so I wanted to bring that to the Committee's attention.

Dan Musgrove, representing the Southern Nevada Health District:

I think it is important for the state to go ahead and do this, as we are seeing a bit of creep beyond animals that are actually trained to be service animals. It is important for our public areas and places where people expect to be safe that these animals are trained and that the public has a knowledge that those animals that are allowed will not pose a problem or a danger to them. I think that is what is important about clarifying some of this language.

Warren Wish, Leader, Carson City Guide Dogs:

I am the leader of the Carson City Guide Dog Club, and for over 30 years my wife and I have been raising guide dogs for the blind. I came today to see a miniature horse that is in service. I am disappointed. I am in support of this legislation, but I would like to see the legislation go one step further. Let me explain.

I think you all know that it has been very fashionable for people to try to take their animals everywhere they go. You have seen the ladies with the baby carriers over their chest; you have seen the people walking their dogs of all shapes and sizes wherever they go. Clearly, right now the way the law reads it is difficult for a place of public accommodation to really distinguish the difference between which is a legitimate service animal and which are the pretenders, the posers.

I would like to suggest that perhaps over the interim, or in next session, additional language be placed into the law to focus on the behavior of the animal as a way for that animal to be judged as to whether or not it is a service animal. Let me provide an example: if I went into an establishment and I were drunk, rowdy, and aggressive, though I have a right to be there, the establishment has a right to say, You need to leave.

I believe that if a service dog, regardless of whether or not it is with a blind person or anyone else, goes into the establishment and the dog starts to bark or interferes with the operation of that establishment, or is aggressive, that person and that animal can be asked to leave. Right now that is part of federal law as well, and it is missing from this bill. I see that as a protection for those that have legitimate service animals. I can tell you that members of my club have taken their animals-in-training into various establishments here in Carson City and have literally come across other animals, dogs, that have been very aggressive. We need to deal with that as a society and that is just a recommendation for a way to really help our public accommodations to be able to tell the difference between a trained animal and one that is not.

Assemblyman Moore:

Have there been issues in the past regarding this, as far as animals being aggressive and barking? Why is this legislation necessary?

Warren Wish:

Yes, in fact your Committee Counsel can tell you—and this is secondhand—but she was in Costco with her guide-dog-in-training and encountered a lady with a dog that aggressively went after her guide dog. The woman was not in control of her dog, and it posed a danger to a service animal. If that had happened, if the service dog had been injured, our law says that that woman would have been liable for all of the damages to the service animal, including complete veterinarian costs and any other costs. But the trauma that causes can be better avoided than being dealt with after the fact.

Assemblyman Moore:

I do not see a problem with this bill, but I am a little concerned that it specifically says "dogs" and "miniature horses." I am curious as to why we need to limit that to only the dogs and miniature horses as far as what if someone has a cat that is a service animal for them.

Warren Wish:

I know what you are doing. You are trying to get me in the middle of trying to argue whether or not pot-bellied pigs and ferrets bring comfort to people. That is not a question I can answer.

Vice Chair Titus:

Under section 4, subsection 2(b)(1) and (2) of the bill there is already language there to address that.

Warren Wish:

What is of concern is I do not think places of public accommodation clearly know that they have that right, so that presents the problem.

Mary Lau, representing the Retail Association of Nevada:

I am testifying in support of this bill. It does match federal guidelines, and we are fully aware of the questions that we can ask our customers. In alignment with Mr. Musgrove's testimony, there has been some creeping into other areas, and we have concerns with other animals. We want to accommodate our customers and their needs, and we appreciate Assemblyman Oscarson bringing this forward.

Vice Chair Titus:

Is there anyone else in the audience wanting to testify in favor of A.B. 157? [There was no one.] Are there any in opposition to A.B. 157? [There was no one.] Is there any neutral testimony to A.B. 157?

Alex Ortiz, Assistant Director, Department of Administrative Services, Clark County:

We are neutral on this bill but would like to propose a simple language clarification amendment that is friendly, as you heard from the sponsor earlier. It is on NELIS as well; you can see the purpose of this amendment is to align NRS Chapter 651.075, subsection 1, paragraphs (b) and (c) to the current language in NRS Chapter 704.145, section 1, paragraph (b) ([Exhibit F](#)). If you look on the amendment, you will see on page 2 the language in green and red, that is being amended into the bill, and then on the last page of the amendment where it matches under section 5, lines 41-43, the same language.

Vice Chair Titus:

Any other questions? [There were none.] Any other neutral testimony? If not, I would like the sponsor of the bill to come back and make final statements.

Assemblyman Oscarson:

I think the comments have been prudent and the bill speaks pretty clearly to what its intent is and what it needs to do. After seeing the support of the community, maybe we can do a better job of publicizing the fact that there is recourse if you have a service animal that is acting inappropriately, or any other animal for that instance. I can work with Mr. Wish and some of the other groups to see how we can publicize that, and maybe even work with the people

from the Retail Association of Nevada to see if we can get that information out to their customers and people that are involved. Overall I think the bill stands on its own. I appreciate the communities' questions and the people that have testified.

Vice Chair Titus:

Any further comments from the community? [There were none.] I am officially closing the hearing on A.B. 157.

[Assemblyman Oscarson reassumed the Chair.]

Chair Oscarson:

I will now open the presentation on podiatric services and Medicaid coverage. I had the privilege and honor of serving on the State Board of Podiatry for a significant period of time, and then actually being the first consumer member ever to be the president of the Board of Podiatry. I enjoyed that time very much and learned much more about feet and diseases of the foot than I ever thought I would need to know. I appreciate the opportunity for these people to present. I think there are some opportunities for podiatric services to be expanded in the state as far as some of our Medicaid programs go, and I look forward to the presentation and their explaining how we can do that.

Lesley Pittman, representing Nevada Podiatric Medical Association:

I appreciate the opportunity to provide you an overview of the education and training requirements for podiatrists, but also to detail some information that we think will be for your benefit of the cost savings to the state, as well as the quality-of-life benefits that stem from regular podiatric care. It would be very positive for our state if podiatry coverage were included for all Medicaid enrollees.

Katheryne Waltz Glantz, D.P.M., Secretary/Treasurer, Nevada Podiatric Medical Association:

I am a native Nevadan and a board-certified doctor of podiatric medicine who has been in practice for 25 years. I am currently the secretary/treasurer of the Nevada Podiatric Medical Association. Podiatrists provide a very valuable health care service to Nevadans. A podiatrist is a Doctor of Podiatric Medicine, otherwise known as a podiatric physician or podiatric surgeon. Podiatrists treat conditions of the foot, ankle, and related structures of the leg. [Dr. Glantz continued to read from ([Exhibit G](#)).]

Kenneth Fatkin, D.P.M., Vice President, Nevada Podiatric Medical Association:

I would be surprised if there is not a consensus here that foot conditions should be allowed to be treated by foot doctors. The only exception to that in the

state of Nevada is Medicaid. About ten years ago podiatrists were excluded from being able to provide foot services and to care for feet for Medicaid recipients.

I did a rather exhaustive search to try and find any evidence that there are negative budgetary factors presented by allowing foot doctors to treat feet and was unable to find any. To the contrary, I found much evidence to show that Medicaid recipients are not able to receive equal care for their foot ailments. A recent study showed that approximately 55 doctors have already chosen to not accept new Medicaid patients.

The reasons were probably around two premises: first, the cost savings associated with eliminating the line items the state budget associated with podiatry; and the other was the thought that perhaps these foot conditions can be treated optionally, are elective in nature, and that other physicians could provide the same services.

Since that time there have been significant increases, and there also have been a couple of studies that have been done to show what I wanted to present. One, by Thomson Reuters Healthcare ([Exhibit H](#)), deals with the monetary aspects of it. The other was done by Duke University, which focused on clinical outcomes. Both of these found that there were significant increases in cost; that there had been overburdening of physicians in other specialties, including primary care physicians; that the standard of care had been reduced for those who had been enrolled in Medicaid; and not allowing primary care physicians to refer their Medicaid patients in the normal chain caused the system to become confusing, treatment was delayed, and Medicaid recipients were unable to enjoy the same standard of care that is afforded to others.

The Thomson Reuters study found that over a three-year period there was \$27 to \$51 saved for every one dollar invested, and that was for commercial insurance patients. For Medicare-eligible patients, there was a \$9 to \$13 savings [page 2, ([Exhibit I](#)).]

The Duke study showed that for those who had received care with a podiatrist within a year, there was a significant reduction in complications ([Exhibit J](#)). All stages of complications were between 31 percent for ulcerations and 77 percent for cellulitis, which is an infection of the leg, and Charcot foot. They were less likely to undergo amputations compared to those visiting other health care professionals.

More recently the same type of situation occurred in Arizona that happened here several years ago. In the state of Arizona they decided to discontinue

allowing podiatrists to treat foot problems for Medicaid recipients. A study was done subsequent to that ([Exhibit K](#)). The University of Arizona has a very well-established and world-renowned podiatrist there, and they decided to look at this and see what the actual numbers would be in their state. They found that there was almost a 38 percent increase in diabetic foot infection hospital admissions [page 3 ([Exhibit I](#))], that there was nearly a 30 percent longer length of stay, 45 percent higher charges associated, and a 50 percent increase in severe aggregate outcomes, which includes such things as death, amputation, sepsis, and surgical complications.

I think this study underscores what probably happened in Nevada at the time that podiatry was excluded from Medicaid. Because of that I believe that the savings that could be associated with including podiatry again for Medicaid recipients are not just immediate and significant—but because we stopped the program ten years ago, it makes it difficult to track.

Doctors of podiatric medicine prescribe medication, perform surgeries, are licensed by Nevada state boards, and function without supervision or collaboration with any other physician. In other words, they can work independently. However, a lot of podiatry services are teased out of budget perhaps because there are considered as an optional benefit, and under current law states have constant pressure to curtail optional spending.

As a private practice physician I am constantly looking to try to figure out how to better treat my patients, and also how to better balance my budget; and I believe that the state of Nevada could be significantly served by allowing podiatrists to treat foot problems for your Medicaid recipients.

Assemblywoman Titus:

For those of you who are fellow members of The Assembly Committee on Ways and Means, you have heard me bring up that podiatry should be covered. Part of the issue is that Medicaid covers podiatry, but only for children right now. What we are looking at, and I am very much in support of this, is expanding it. Medicare covers podiatry, but it is that age group in between Medicaid and Medicare where we have more adult onset diabetics who especially are in need of podiatry services to not only treat them but to save limbs. My question to you is why would you ask to be on Medicaid? They do not pay you enough as it is.

Kenneth Fatkin:

The thought process began a few years ago, and was that with the onset of the Affordable Care Act there was going to be an onslaught of Medicaid recipients, that there were going to be more and more people that are being cared for

under Medicaid benefits, and that there was a larger need for podiatry to be included again in Medicaid.

Katheryne Glantz:

I would like to say, that is what I do. I am a podiatrist, I treat people's feet, and I should be able to treat everybody's. I understand that we get paid less, but that is what I do. That is my passion.

Assemblywoman Spiegel:

Dr. Fatkin, you had mentioned that it is suggested that diabetic patients have two foot exams per year. If there is not coverage right now, who is performing those, or are patients going without care that is recommended?

Kenneth Fatkin:

It is more likely that they are going without care. Often the primary care doctors are overworked and someone goes to see a primary care doctor because they need to have a medication change for diabetes, they are sick, or there are other issues. Oftentimes the shoes never come off, so the answer to your question is they are either being treated for free by a podiatrist, which I do often for some patients that come into my office, or they are not being treated.

Chair Oscarson:

I would submit to you that is not free care. That is no-cost care because somebody is paying for it—you are.

Kenneth Fatkin:

That is correct, as long as they keep the lights on.

Assemblywoman Titus:

I want to clarify an answer to my colleague's question. As a primary care physician for every diabetic check that I do, and I see a lot of diabetic patients, their shoes all come off. That is part of our standard of care under the electronic health record. We have to document that we have looked at their feet. The nurse practitioners do that; we all look at diabetics. That is the most important part of our education process, making sure that every night the patient takes their shoes off and that they make sure they do not have a blister or a sore, so we do that as far as the exams go. Where the problem is, and where I need to refer to podiatry, is when they have pressure points and when they need to offload that pressure point, when they get that sore, when they have poor vascular return, those are things outside the expertise of the primary care physician. As far as the exam goes, I take off toenails and can treat ankle mycosis and all those things. It is that intervention that they really need.

Katheryne Glantz:

Once you examine those patients and you see that they have a problem, you refer them to a podiatrist. At that point, those patients still require those exams twice a year, so we can follow up and see if the disease progression is occurring.

Chair Oscarson:

Would one of you comment on what the cost is should a patient like that go untreated? What would the progression for a patient be, for example, if they were diabetic and they got an infected toenail? Take it from there and work it through the process.

Katheryne Glantz:

There are a lot of statistics out there that show the average cost of an amputation is \$50,000. An ingrown toenail can become infected and the patient does not go to see the podiatrist, especially if they are a Medicaid patient. It is not covered, it leads to an ulceration, but they do not feel the pain from it because they do not have normal feeling. They do not have good circulation to heal it. Eventually six months later they show up at the emergency room. At that point they may have a bone infection that cannot be treated for whatever reason. If they do not have enough circulation to heal it, they end up with an amputation.

Kenneth Fatkin:

These things can happen relatively quickly with diabetics, to the point where you see a patient one week and there is a small wound, and they come back the next week and half their foot is black and you think, Why did you not call me earlier? Things proceed very quickly so catching things quickly, following up early, and routine care are all critical things for diabetics.

Medicare does not provide services such as diabetic shoes and things like that for you because they love you, although they may. It is because it is cost-effective. Everyone knows by looking at the numbers that it costs this much to take care of a big problem and this much to keep them walking.

Chair Oscarson:

Any other questions from the Committee? [There were none.] I am an advocate for podiatry and think that we need to talk to our Medicaid people. I hope they are watching today and that we try to get you together to explain the benefits again and the resources that you have available. It is my understanding that even when you are compensated, the rate is less than other physicians. There is a lower percentage rate that you are compensated under. What is that?

Leslie Pittman:

I can get you that information, but I believe it is 12 percent less than primary care physicians.

Kenneth Fatkin:

That is also my understanding.

Chair Oscarson:

So there is already a 12 percent savings. Any other questions from the Committee? [There were none.] Any public comment here or in Las Vegas? [There was none.] The meeting is adjourned at [2:27 p.m.].

RESPECTFULLY SUBMITTED:

Nancy Weyhe
Committee Secretary

APPROVED BY:

Assemblyman James Oscarson, Chair

DATE: _____

EXHIBITS

Committee Name: Committee on Health and Human Services

Date: March 4, 2015

Time of Meeting: 1:32 p.m.

Bill	Exhibit	Witness / Agency	Description
	A		Agenda
	B		Attendance Roster
<u>A.B. 157</u>	C	Erin McMullen, Nevada Resort Association	ADA Service Animals Overview
<u>A.B. 157</u>	D	Erin McMullen, Nevada Resort Association	Proposed Amendment
<u>A.B. 157</u>	E	Bonnie McDaniel, Private Citizen, Las Vegas, Nevada	Written testimony
<u>A.B. 157</u>	F	Alex Ortiz, Department of Administrative Services, Clark County	Proposed Amendment
	G	Katheryne Waltz Glantz, Nevada Podiatric Medical Association	Written testimony
	H	Kenneth Fatkin, representing Nevada Podiatric Medical Association	Thompson Reuters Study
	I	Kenneth Fatkin, representing Nevada Podiatric Medical Association	Written testimony
	J	Kenneth Fatkin, representing Nevada Podiatric Medical Association	Duke University Study
	K	Kenneth Fatkin, representing Nevada Podiatric Medical Association	University of Arizona Study