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

Seventy-Eighth Session
March 27, 2015

The Committee on Health and Human Services was called to order by Chair James Oscarson at 12:10 p.m. on Friday, March 27, 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), 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 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
Assemblywoman Ellen B. Spiegel
Assemblyman Michael C. Sprinkle
Assemblyman Tyrone Thompson
Assemblyman Glenn E. Trowbridge

COMMITTEE MEMBERS ABSENT:

Assemblyman John Moore (excused)

GUEST LEGISLATORS PRESENT:

None

STAFF MEMBERS PRESENT:

Kirsten Coulombe, Committee Policy Analyst
Risa Lang, Committee Counsel
Karen Buck, Committee Secretary
Jamie Tierney, Committee Assistant

OTHERS PRESENT:

Chris Giunchigliani, Commissioner, District E, Clark County; Member, Southern Nevada Board of Health
Hugh Anderson, Chairman, Government Affairs Committee, Las Vegas Metro Chamber of Commerce
Dan Musgrove, representing Southern Nevada Health District
Rod Woodbury, Chair, Southern Nevada Board of Health; Member, Boulder City Council
Joseph P. Iser, M.D., Dr.P.H., M.Sc., Chief Health Officer, Southern Nevada Health District
Erin McMullen, representing Nevada Resort Association
Laura Hale, Manager, Primary Care Office, Division of Public and Behavioral Health, Department of Health and Human Services
Gerald Ackerman, M.Sc., Program Director, Nevada Area Health Education Center and Nevada State Office of Rural Health, University of Nevada School of Medicine
Tracey D. Green, M.D., Chief Medical Officer, Division of Public and Behavioral Health, Department of Health and Human Services
Marcia Turner, Ph. D., Vice Chancellor, Health Sciences, Nevada System of Higher Education; Chairperson, Health Care and Medical Services Sector Council, Department of Employment, Training and Rehabilitation
Gary Olsen, President, Nevada Association of the Deaf

Chair Oscarson:
[Roll was taken. Committee rules and protocol were explained.] Before we begin our work session, we are pulling Assembly Bill 152. There are still some amendments that need to occur in that bill. Assemblyman Araujo has worked tirelessly to make that happen. It is good legislation, and we want to make sure we have the correct language. I spoke with Assemblyman Araujo earlier, and he was okay with that. We anticipate early next week it will be back on the agenda.

Assembly Bill 152: Enacts certain requirements governing child care facilities. (BDR 38-623)

Assembly Bill 222: Revises provisions governing the imposition of administrative sanctions against facilities for the dependent. (BDR 40-645)

Kirsten Coulombe, Committee Policy Analyst:
Assembly Bill 222 allows the Division of Public and Behavioral Health to impose administrative sanctions against a person who operates any facility for the dependent without a license (Exhibit C). It is sponsored by Assemblyman Kirner and was heard on March 16. There are no proposed amendments for this bill.

ASSEMBLYWOMAN TITUS MOVED TO DO PASS ASSEMBLY BILL 222.

ASSEMBLYMAN TROWBRIDGE SECONDED THE MOTION.

THE MOTION PASSED. (ASSEMBLYMEN BENITEZ-THOMPSON AND MOORE WERE ABSENT FOR THE VOTE.)

Chair Oscarson:
I assign the floor statement to Assemblywoman Titus.

Assembly Bill 243: Revises provisions relating to testing for the human immunodeficiency virus. (BDR 40-117)

Kirsten Coulombe:
Assembly Bill 243 was heard this past Monday, March 23 (Exhibit D). It is sponsored by Assemblyman Thompson. It requires a county, provider of health care, or medical facility to provide counseling when a person receives a positive result on a rapid test for human immunodeficiency virus (HIV), recommending that an additional test be performed with a more accurate test or a different rapid test. A person who has not obtained a license or certification is authorized to perform certain tests for the detection of HIV if the person has received training on administration, infection control procedures, and counseling. The bill also prohibits the State Board of Health from adopting regulations that require a director of a laboratory that only performs rapid tests to be a licensed physician or perform other duties. So they are not required to be those two things. There are no proposed amendments for this bill.

ASSEMBLYMAN GARDNER MOVED TO DO PASS ASSEMBLY BILL 43.

ASSEMBLYWOMAN SPIEGEL SECONDED THE MOTION.

THE MOTION PASSED. (ASSEMBLYMEN BENITEZ-THOMPSON AND MOORE WERE ABSENT FOR THE VOTE.)

Chair Oscarson:
I assign the floor statement to Assemblyman Thompson. I will now open the hearing on Assembly Bill 232. Assemblyman Thompson will be presenting.

Assembly Bill 232: Revises provisions governing health districts. (BDR 40-694)

Assemblyman Tyrone Thompson, Assembly District No. 17:
Thank you, Chair Oscarson and the Assembly Committee on Health and Human Services, for allowing me to present Assembly Bill 232 today. This bill revises provisions relating to health districts.

[Assemblyman Thompson read from page 1 and the top of page 2, (Exhibit E).] Uploaded onto the Nevada Electronic Legislative Information System (NELIS), there is a flow chart (Exhibit F), which has a diagram of the proposed structure for a district board of health. This was discussed in our meetings and there would be a chief medical officer that would be responsible for public health. Due to our continually increasing population, we have a plethora of issues centered around public health. The Committee felt it was necessary for us to have a chief medical officer that hones in and looks and works daily on the issues centered around public health.

On the chart, you can see to the right that there is a chief administrative officer. That is recommended because we have a lot of regulatory inspections that are going on through the Southern Nevada Health District. We felt that there was a need to truly be laser-focused in that arena as well.

As you look at the top of the organizational chart, we need a district administrative director. The two positions that I just talked about would house all of the functions that occur within the Southern Nevada Health District and then report directly to the district administrative director. This is what comprises the District Board of Health. At this time, I would like for you to also look on NELIS at the amendment that I would like to work off of, instead of the original bill (Exhibit G).

In section 1, subsection 1, it talks about "A health district with a health department consisting of a District Administrative Director...." It does give some basic criteria of what this person would do. It is very important that this person deals with the fiscal environment of the health district, as well as programming, program outcomes, and similar issues. There will probably be amendments to this amendment because, of course, the person will have to have more than two years of experience because we are looking at a very top-notch executive position. Section 1, subsection 8 gives the duties of the district administrative director. Section 3 talks about how the chief medical officer and the chief administrative officer will report directly to the district administrative director.

This concludes my testimony. I cannot reiterate enough that this was not just a whim but was something that a diverse group of professionals and people from the community gave their input and their time and hours into looking at a business model that would fare well for the community, based on all the demands and all of the needs. I do have Commissioner Chris Giunchigliani in Las Vegas giving testimony and a letter of support from former Assemblywoman April Mastroluca, who worked on our committee (Exhibit H). I received word that Mr. Bob Coyle from Republic Services would be submitting a letter of support. Also in Las Vegas is Hugh Anderson, the Government Affairs Chair at the Las Vegas Metro Chamber of Commerce, who will give a perspective from the business community.

Assemblyman Gardner:
In section 2, subsection 3, of the proposed amendment it changes a majority for a vote from "A majority of all members of the board..." to "A majority of the votes cast...." I was wondering why that was changed.

Assemblyman Thompson:
That should have been changed on the amendment, so it will be changed to remain the same language as the original bill. It is the majority of all the members of the board.

Assemblywoman Titus:
Do you have input from your current county medical officer for this bill?

Assemblyman Thompson:
I have been in discussion with and have had a few meetings with Dr. Joseph Iser and also with Dan Musgrove, who is the lobbyist for the Southern Nevada Health District.

Assemblywoman Titus:
Has Dr. Iser filed a statement as to whether he is pro, con, or indifferent on this bill?

Assemblyman Thompson:
I would rather they make their statements. They did have concerns, but I am a person who is very open to hearing input about what we can do to meet in the middle. I have not received any information yet, but I do know that they are in opposition.

Assemblywoman Titus:
I want you to know that as the Lyon County Health Officer, I am concerned about some of the administrative issues and concerns from the health care perspective.

Assemblyman Sprinkle:
For clarification, with this amendment am I seeing that there are two additional positions that are going to be requested, the district administrative director and a chief administrative officer?

Assemblyman Thompson:
Yes, that is correct.

Assemblyman Sprinkle:
There will be three total?

Assemblyman Thompson:
Yes, there will be three total.

Assemblyman Sprinkle:
Will all three be overseen by the district board of health?

Assemblyman Thompson:
Ultimately, everyone reports to the district board of health. The chief medical officer and the chief administrative officer report directly to the district administrative director. Then the district administrative director will report directly to the district board of health.

Assemblyman Sprinkle:
Part of why I asked is because I did not find the flow chart on NELIS.

Assemblyman Hambrick:
Under section 1, you have "consisting of a district administrative health officer, a district public health officer...." Reading the proposed flow chart, it looks like they are co-equals. You and I had a conversation offline on this issue, but I would like to get it on the record. Which do you think would be superior over the other?

Assemblyman Thompson:
Are you looking at the conceptual amendment or at the original printed bill?

Assemblyman Hambrick:
I am looking at the original bill.

Assemblyman Thompson:
I provided the flow chart because some of us are visual. On the new conceptual amendment, we would have a district administrative director, based on a lot of feedback that it is not going to work if we just have a chief medical officer and a chief administrative officer who are equals. Using that feedback and doing some research is how we came up with this new scenario.

Assemblyman Trowbridge:
Of the three new positions, which one of these is going to be a physician? Is it the chief medical officer? Is that required in the statutes?

Assemblyman Thompson:
Yes, the county medical officer would have a medical background, and the chief administrative officer would be more of a regulatory type of person. We need to have a high-level executive officer, which would be the district administrative director. Right now, the statute is funded for the chief medical officer. Although there is an administrative office-type position right now, we would be looking at more of a promotional opportunity because this amendment is raising the awareness and the level of this position and, in addition, adding on the new position of the district administrative director.

Assemblyman Trowbridge:
Is it really just adding one new position and upgrading two others?

Assemblyman Thompson:
It is upgrading potentially one.

Assemblyman Trowbridge:
Is that the chief administrative officer?

Assemblyman Thompson:
Yes, it is.

Assemblyman Jones:
I like the fact that there are not two heads, just one, with the amendment. However, my question is about the 300 people coming together and working a year and a half. Bottom line, what is the real problem trying to be addressed here? Is it that you need a doctor to understand the issues? What is the problem that we are really trying to solve?

Assemblyman Thompson:
To give a little background about the Southern Nevada Forum, we have convened with many different business interests, diverse groups of people, and professionals from the community. We actually did voting because we had a laundry list at first. When dealing with governance reform, the list can be long. We had to come up with three areas that we wanted to focus on by voting. We had a summit that was held at the University of Nevada, Las Vegas. The last event that we had was held in the City of Las Vegas at the city hall chambers. Our committee consisted of a consistent core of 20 to 25 people at every given meeting stating that we need to look ahead in the future. We have a highly populated community, and we need to be even more focused. It was not a put-down to the current structure, but it is looking ahead at how we are going to be better. That is how it came about. I hope that answers your question.

Assemblyman Jones:
Specifically, how will having these additional positions make us better? What will it do that we are not doing now or that we have perceived that we will not be able to grow into?

Assemblyman Thompson:
Currently, there is one person presiding over all of these issues, concerns, and needs. Not picking something out randomly, we did research and looked at best practices. We saw in the Phoenix area that this was a model that they have used for quite a while and has served their community well. As you know, their population is larger than ours is, but it is very similar. We really need a top executive that can truly look at issues such as fiscal needs, forecasting, and program performance. This will allow the other professionals to do what they do extremely well on both the public health side and the regulatory side.

Assemblyman Jones:
I apologize, Assemblyman Thompson; I am not understanding what the issue is that is being handled. Are you saying that we need somebody that can

do budgets? The President of the United States is one person. He runs the whole country. I do not know what you are trying to accomplish. When you say that Phoenix is doing better, how are they doing better? This is very general. There are no specifics of what we are trying to solve or create here.

Assemblyman Thompson:
Assemblyman Jones, can you be specific as to what you would like me to research and I will do that? Also, if we allow for the rest of the testimony to occur, I believe you will get some other perspectives as well. I am just giving the overview for the bill, but you will hear more from the testimony.

Chair Oscarson:
I think that is prudent. There may be some questions, Assemblyman Jones, you will want to ask of other presenters as they testify.

Assemblywoman Dickman:
In the amendment, section 3, subsection 4, the salary is crossed out. Can you tell us what this might cost?

Assemblyman Thompson:
This is going to be left up to the district board of health to determine, as they determine the salaries anyway.

Assemblywoman Dickman:
So we do not know what this additional position would cost, or do we?

Assemblyman Thompson:
First of all, the district board of health would be setting up the standards for their district administrative director because they would be the ones that would set the parameters of the type of person that they are looking for. At that point, they would be able to do the research to determine what would be the appropriate compensation for that position.

Assemblywoman Dickman:
Why was that language stricken on section 3, subsection 4?

Assemblyman Thompson:
It is already listed in the amendment with the name change of chief administrative officer from district administrative officer. It is crossed out to clean up the language and to illustrate the flow of the positions.

Assemblywoman Titus:
I am curious about the existing policies in Clark County. Based on population, they have their own health community and health district. Is that all paid by the county taxes? How is this funded? I do not believe there are any General Funds in there, are there?

Assemblyman Thompson:
To be truthful, I do not know the full makeup. They are not "Clark County." It is quasi-government. As far as their revenue sources, I do not know that, but I can get that information, or probably during the course of the testimony somebody might be able to share that.

Chair Oscarson:
Is Commissioner Chris Giunchigliani still presenting? What is her position?

Assemblyman Thompson:
Yes, she is presenting and is in support.

Chair Oscarson:
Is there testimony in support of A.B. 232?

Chris Giunchigliani, Commissioner, District E, Clark County; Member, Southern Nevada Board of Health:
I am speaking as an individual, but I am also a member of the Southern Nevada Board of Health. I have been on the Southern Nevada Board of Health since I was elected almost nine years ago. I am a former chair of the Southern Nevada Board of Health as well. The initial drafting of Assembly Bill 232, as several of your members have pointed out, created co-equal positions. I am glad the amendment has come forward in order to be able to delineate that because you always have to have a boss that everybody answers to. I believe that is the intent of the amendment that has been suggested by Assemblyman Thompson.

For a little bit of history, in the 1990s, the Southern Nevada Board of Health used to be under Clark County. Due to a midnight amendment, as I refer to it, it was pulled out of Clark County and established as a separate health district. Also at the time, some language was put into it then or subsequently thereafter to require that it had to be a doctor that managed the health district. Since that time, there has been a lot of discussion in the community—nothing against any of the physicians that have run it—that it is really more of a managerial role, and the public health officer should be focusing on public health.

Hence, over the last few years, that conversation has played out. The Southern Nevada Forum, as addressed by Assemblyman Thompson, heard from the business community that those who are regulated individuals, such as myself, felt very strongly that in a managerial role, when you have a regulatory agency with hundreds of employees, you need someone who is the top person that handles the management, staffing, and capital, and then hires their administrative assistant and the public medical officer. The public medical officer should and can be focusing on public health. That is the intent of this bill and is what is trying to be fixed with this bill. Taking away time has changed the focus. It puts people in adversarial roles that do not need to be there. The focus should be the clients that we are regulating, as well as the employees and the public health component. That seems to get lost from time to time. Clark County still pays for the health district, both by fees for environmental health and solid waste and other things along those lines. Up to 3.5 cents of the county general fund goes into paying for the health district. There is a nexus that even though cities sit on the health board as well as other individuals that are not elected, we are the only ones that fund it. That may answer the question that was asked about it.

I strongly agree that we do not need co-equal partners, but you do need an executive director, then someone who manages the day-to-day activities, and your medical officer. That is my reading of the intent of the amendment, and that is why I am here in support. The Southern Nevada Board of Health has not taken a position on this. I am sure there are others who will speak both for and against, depending on where they are at, but there is no position-taking. I will be sending in a letter from Commissioner Mary Beth Scow, who was the past chair of the health board, in support of this bill, as well.

I would say that this is aligned, not only like Phoenix, but also with how we do business within the state of Nevada in most of our local jurisdictions. For example, the county manager is equivalent to your chief executive officer (CEO) and/or executive manager. They then hire administrative assistants who have certain authority over different areas, and they are equal to each other and still answerable to the board. However, the final authority of the day-to-day management is the chief executive director, or administrative chief as they are calling it in here. I have seen two different terminologies. To me, it is the executive officer and then you have your linear group, which includes your administrative officer and your medical officer. Those are the next two and then below them, you have your fiscal people, your human resources, and all the others that manage it. It makes it more of a pyramid scheme, so that there is someone answerable directly to the board but handles the everyday details while the medical director can be truly doing what should be done, which is focusing on immunizations, human immunodeficiency virus, acquired

immunodeficiency syndrome, sexually transmitted diseases, and all the other factors. Then you have the other side with your solid waste, environmental health, and all the things that directly affect a business. The businessmen and businesswomen need to know that there is somebody that is still the chief of that. It is convoluted in many of our minds, and that is why the recommendation for years has been to move to this model. I would be happy to answer any questions.

Assemblywoman Titus:
You just clarified a lot of my concerns and questions. That was an excellent presentation.

Assemblyman Jones:
Right now, the problem is that the head person has to be a doctor, and that person does not have the administrative skills that you perceive are necessary as we continue to grow. Is that correct?

Chris Giunchigliani:
That sums it up, with no disrespect. Yes, because state law had required that. In fact, last session, the Legislature tweaked the language a little bit to allow the board the authority that the position did not have to be a doctor any longer. However, we were in the midst of our hiring and did not change during that because we already had our fees out. Therefore, we are still with a medical director, but even with that legislative change, you made them co-equal. This bill, with the amendment, actually makes it better linearly with your medical officer that focuses on public health and your chief executive, which is the regulatory side, who focuses on administration. This is just a further clean-up of what was done last session. It did not go quite far enough in order to make sure you do not create co-equals, as one individual termed it, which is not appropriate that way. To me, the public health officer is key with our outbreaks of measles, Ebola, and Legionnaires' disease. When we have the millions of tourists that come to our state, regardless of what county you are in, you want someone that is really focusing on public health and allowed to concentrate on those partnerships and that time that needs to be spent versus the regulatory side and then the everyday management side. That is how the bill is intended to flow.

Assemblyman Jones:
So now, the new top person who would be like the CEO does not have to be a medical doctor. The chief medical officer is the doctor.

Chris Giunchigliani:
That is correct. That way their expertise bubbles up, as well it should, in the health district.

Chair Oscarson:
Your board cannot do that without the Legislature doing it? The board who has the purview over this group cannot implement this policy themselves?

Chris Giunchigliani:
My understanding is the legislation that was changed last session created a co-equal status, and it left in place that it could be a doctor. As I said, Dr. Iser was in the midst of our hiring another individual when he came on board. Councilman Beers, a few other members, and I argued to stop the process. However, it was not fair and most of the board members disagreed with that. Really what this bill does is fix what I think was done legislatively last session with intent, but it did not get to the point that you needed a CEO that manages everyone and then you have your delineation of your administrative officer for the regulatory side and your public health officer for the other side. I do not believe the legislation last session fixed that part. My understanding is you created co-equal positions.

Chair Oscarson:
Is there any other testimony in support of A.B. 232?

Hugh Anderson, Chairman, Government Affairs Committee, Las Vegas Metro Chamber of Commerce:
I am speaking today to support the reforms regarding health districts. Good government has been an important part of the Metro Chamber's legislative priorities, and we believe this bill will help improve the function and role that health districts have in our community. [Mr. Anderson continued to read from written testimony (Exhibit I).]

Chair Oscarson:
Is there any other testimony in support of A.B. 232?

Assemblywoman Titus:
Looking at the original text of this bill, it says that it does not require a two-thirds majority, but it does "Contain unfunded mandates not requested by the affected local government." So this bill was not submitted by the Clark County commissioners but instead by individual legislators? We heard from one commissioner. If they are paying for this, I am anxious about unfunded government mandates. We are putting a burden on Clark County.

I am wondering what the rest of the county commissioners and other folks in Clark County feel.

Chair Oscarson:
Is there any other testimony in support? [There was none.] Is there any testimony in opposition?

Dan Musgrove, representing Southern Nevada Health District:
I would like to answer some of the questions first, and then I will ask our board chair, Rod Woodbury, to give some testimony. The big question is from Assemblywoman Titus regarding the funding. Even though I respect Commissioner Chris Giunchigliani completely, I wanted to clarify that I was the lobbyist for Clark County when we put in the funding for the Southern Nevada Health District. What we did was carve out 3.5 cents of the countywide tax rate. That is a countywide tax rate for everyone in Clark County, those who live in cities and in unincorporated Clark County. That is something that was put into statute to pay for regional services. Obviously, the Southern Nevada Health District is a regional service. The county actually made a decision to give the Southern Nevada Health District their own funding stream that they could count on, which is the 3.5 cents.

In regard to the other question about an unfunded mandate, the answer is absolutely. Assembly Bill 232, as it was originally written, had two co-equal persons. Our fiscal note with salary and benefits on the new person would have been approximately $330,000. Considering that you have to raise that person up, potentially the board can make the decision to downgrade the chief health officer to a lower departmental position. You are lessening some of the responsibilities of that person, but you would have to bring a chief administrative officer up to an equal position, and then put the district administrative officer above them. Candidly, the way the health district is set up, it already has that. We have a chief health officer. I am not trying to correct some of the previous testimony. This Legislature has spent a great deal of time looking at the Southern Nevada Health District. There have been multiple bills and multiple sessions of work tweaking them. One of the things that they did in 2005 was mandate that the chief health officer had to have administrative experience. The board at that time believed they needed to bring someone that not only had the medical capabilities and the medical decision-making abilities but also had the experience to be able to run an organization like this. That was actually put in statute. It is in the current bill. You can see what the chief health officer is required to have.

However, in the last session, the legislation did not create two equal positions. We had hoped that Councilman Bob Beers would have been here to testify on

this matter. What happened was when they were out searching for a new health officer, the provision in the law was very specific that the individual had to be a Nevada physician. As their national recruitment began, there was a very limited pool that would allow us to have someone that was a Nevada physician. The legislation from last session changed the language to say as long as you can get your Nevada license within a year, then you could apply if you had already met the other requirements of five years of medical experience, medical research capabilities, and administrative abilities. Then the Southern Nevada Health District could consider hiring you as long as you could get your doctor of osteopathic medicine degree or your doctor of medicine degree within a year. That is what the bill did in the last session.

In terms of the question asked by Assemblyman Jones, I do want to talk about what the actual structure of the health district is. We have a chief health officer who is our CEO. He then has broken up our departments into exactly some of the positions that we have discussed today. We have an administrative arm of the health district, nursing services, community health, and environmental health. These are four separate divisions within the Southern Nevada Health District that report to our chief health officer, which, candidly, is very much like Maripoca County, Arizona, except that one of the things that they have in their county department is air quality. So then what the Legislature did in previous years was move air quality over to Clark County. When this bill originally came out, our concern was the dual heads. That is why we are very glad for Assemblyman Thompson's amendment. You have to have someone in charge, as Commissioner Giunchigliani talked about, to make decisions, especially in a health emergency. The difference between Maricopa County and here is that Maricopa is a part of the county. There are county divisions, including regulatory, air quality, and environmental health, and then they all report to a county manager. I have tried to answer your questions and would like to turn this over now to Councilman Woodbury from Boulder City. He is the chair of the Southern Nevada Health District.

Assemblyman Araujo:
We heard from Assemblyman Thompson that they did a lot of research to see what other areas that had something that was working were doing. Have you done something similar? Has the Southern Nevada Health District looked at their own internal structure to see if this is really where they want to be in 20 years or if there is a better approach they can take to be proactive as a community and ensure they are well-prepared to take on any challenges?

Dan Musgrove:
Candidly, I think that is the role of the board. That is the question that Chair Oscarson asked. It is appropriate that our board chair answer that question.

Chair Oscarson:
If I understand your testimony correctly, there is zero impact on the state General Fund. Is that correct?

Dan Musgrove:
Yes, that is correct.

Chair Oscarson:
While we do not represent Clark County and we are not a money committee, back to the question about salary, I would guess that Clark County, like everybody, has some budget constraints and those kinds of issues that they face. I want to make sure that those dollars are what they are, everybody is aware of that, and that it is a level playing field when they make these decisions.

Dan Musgrove:
It is obviously not in our current budget for the Southern Nevada Health District. I want to caution you not to think about Clark County as a government but focus on the fact that this is the Southern Nevada Health District, which is a stand-alone separate entity with its own budget responsibilities. You are correct in that we act like a local government, but this is not in our budget, and it will impact services for your visitors and the citizens that operate in Clark County. It is not budgeted, and we will have to figure out a way to budget for that amount.

Chair Oscarson:
From a personal perspective, I know that there are some services that the Southern Nevada Health District provides to Nye County as well. I am concerned that those may be impacted. That is why my interest is in the fiscal part, even though we are not a fiscal committee. The policy somewhat concerns me.

Rod Woodbury, Chair, Southern Nevada Board of Health; Member, Boulder City Council:
Thank you for the opportunity to testify and all the good questions that were asked today. I also wanted to thank Commissioner Giunchigliani. We see eye to eye on most things, and she is a great advocate for constituents here. She works very hard to support the public health community in southern Nevada.

On this particular issue though, we do not exactly see eye to eye. She called this a pyramid scheme in her testimony. I hope that was a slip of the tongue. If it was not, you all should be running for the door with your hands on your wallets, but I am confident it was. Let me start out by addressing one issue raised by Mr. Anderson in his testimony about segmentation or division of responsibilities. I want to reiterate what has been said by Mr. Musgrove that we do already have that segmentation within the health district. We have a head chief health officer. We have four distinct departments with heads of each of those that have significant responsibility. That is the administrative, the nursing, the environmental health, and the community health departments. Therefore, I really do not see that as a legitimate concern.

My overriding response to what is being proposed is a statement that was made by Assemblyman Jones, "If it ain't broke, don't fix it." The current system that we have works very, very well, and we have had a lot of successes with the health district over the past several years. Some of those include recently finding a new home for the health district. We purchased a building that is currently being renovated. That has been a long time coming. Our former building was condemned three years ago. We have saved for years and years and years to fund this. The system that we have enabled us to get there, and we are looking forward to being in the new home.

Another major success that we have had at the health district is balancing the budget in tough fiscal times. Not all government entities can say that, but we are headed in the right direction in that regard as well. We have unparalleled cooperation, in my opinion, between industries, including the gaming industry and other industries and businesses in Clark County and the health district. You cannot do that without a good system in place. I remind you that we have a unique area here and unique public health needs in southern Nevada because we do have the tourist industry. We have large hotel casinos and gaming establishments. You have an unprecedented number of people coming through southern Nevada and you absolutely have to have a head of the health district to address those types of needs.

We have also recently settled our differences with Clark County in terms of the budget issues, as well as other types of issues. If this was not introduced by Clark County, I feel that this is an end run by Clark County to bring this back up. It was tried in past legislatures, and it failed in one form or another.

I think this particular piece of legislation is a bad idea. Let me give you three other reasons besides "If it ain't broke, don't fix it." The first of those is you need both types of expertise, the administrative expertise and the medical expertise in southern Nevada to have an effective leader of the health district.

We have had scenarios in Clark County where we have had major medical emergencies or health outbreaks with diseases. If there were a similar scenario, you absolutely have to have one head in charge when those things happen to be able to act quickly, not delay, and get things done. If you have your three-headed monster, one person is making decisions based on the bottom line because he is the administrator. The chief health officer is his subordinate who is trying to make decisions based on medical emergencies and needs, the most current data, and the most current medical practices. Maybe now he has this third person that is making decisions based on other reasons. You may not be able to address those medical emergencies in an effective way and that is absolutely necessary, especially in Clark County with our unique industries, including gaming and tourism. That is one reason. I strongly believe that you need that one head to have both the medical expertise and the administrative expertise. We have had that for many, many years even though the health district was controlled in a different way by the county in the 1990s and before. We had Dr. Ravenholt who was a medical doctor who served as the chief health officer for over twenty-five years. He did that effectively, both as an administrative head and as medical head.

The second reason I believe this is important is because we have had bills that were withdrawn by the county last year on similar issues, as well as past legislative sessions where this has not gone through for the reasons that I have already mentioned. They have been struck down.

The final reason is that I truly believe that this bill is not a good idea is because of the negative fiscal impact that this could have on the health district. We have had a couple of questions asked by Assemblywoman Dickman and Assemblywoman Titus about the financing of this. Others have chimed in on that as well. The current chief health officer makes approximately $250,000 a year as a base salary. Then you add in the other benefits, things like the Public Employees' Retirement System at about 28 percent now, health insurance, and the other allowances. You are talking about another $100,000 on top of that or close to it. Therefore, if you add two more positions that are effectively co-equal or similarly in demand for salaries and benefits, you are talking about potentially another $650,000 to $700,000. I do not know if the state is proposing to fund that. It sounds like not, or if the county is proposing to fund that, possibly so. I can tell you we have had disputes with the county over the funding of the health district. In fact, that dispute went all the way to the Nevada Supreme Court before we settled our differences. I do not have a lot of confidence that the county is going to step up and give us extra money to do this. I am very concerned that the funding would not be there. We already have our resources tapped to their fullest just trying to make ends meet. For the size of the community that we have and the jurisdiction that the health

district has over in southern Nevada, we are very understaffed to meet the needs. Everybody is making ends meet on a dime, and then we are just going to add more red tape to the process and financial burden by doing this.

Those are the three reasons I think this legislation is a bad idea. In addition I just do not see what is broken about the health district that we would need to fix it. When Assemblyman Thompson was introducing this, he said they looked at reform and the reasons he gave for having to reform were simplicity, transparency, and fairness. I do not see how this simplifies things. It adds extra layers of bureaucracy to the health district. It does not simplify it. He also said that even though the amendment does not reflect it, it should reflect the fact that there will not be just a vote by a majority of those present. It will remain the same. I hope that is true because that would defeat the purpose of transparency as well. It would encourage what Commissioner Giunchigliani called these midnight votes. It would encourage voting when you know somebody is either in opposition or a proponent of a measure is not present. That happens fairly regularly in the health district because everybody on that board, although some of us are elected, serves voluntarily. We do not get extra compensation for being there, and there are other obligations that we have, too. We do not want to encourage that type of thing, and I hope that part of the legislation is out of there.

In closing, I would encourage you to think very, very carefully about the many unintended consequences of this particular bill. In my opinion, we do not need to create an extra layer of bureaucracy. We do not need to remove the expertise that is already there or relegate it to a lower level in terms of the medical side. We do not need to undo what has been done in past legislative sessions. Dr. Iser is here with me, and some of the Committee members had questions before about what his position was on the bill. He was not planning to testify, but he is here if you have questions for him.

Chair Oscarson:
If indeed this were to be passed, Mr. Musgrove alluded to the fact that services could be cut. As a board chairman, what would you potentially look at cutting? I am not going to put you on the spot and ask for any answers now because I am sure that you have to go through the process with your staff. However, that is important for us to know.

Rod Woodbury:
It is a very good question, and that would be something that we would have to look very hard at. That would be a difficult question because, as I said before, we already are very, very lean on our programs that we can offer, based on the funding that we do have. I know, for instance, last year because of budgetary

constraints, we had to consider whether we were going to cut the early childhood program involving things such as maternal and early childhood health. That was a hot issue that came before the board, and we ultimately voted to keep it in place, notwithstanding the fact that it was going to increase the length of our outlook for balancing the budget. Those are the types of programs that might have to go, and fortunately this year, it looks like we are going to get a grant for a similar program to that. Those are difficult questions when you are already operating lean, and maybe the better question is for Dr. Iser, who has that medical expertise, so he would have to recommend to the board which programs should be cut. Sometimes that is just based on whether they are evidence-based or not, and the ones that are not evidence-based have to go.

Assemblywoman Dickman:
I am having a hard time understanding why, if the health department does not want this and it seems to me that they would be in a position to know what works best, are we considering putting this huge financial burden on them to do something that they do not want to do?

Assemblyman Jones:
As a business owner and a CEO, I think that for me managing two people is almost a waste because I do manage more than two people. So I like the fact that at least the way you have it now, you are overseeing four people. That seems more practical. I like to believe that managers can manage up to five active people, but two seems way too small. I think four seems like a good number. I do not quite understand what the problem is.

Assemblywoman Titus:
Dr. Iser, I am glad you are at this meeting today because I had concerns that you were not part of the initial discussion, and as a county health officer, I would be hugely concerned about having to report to somebody else if I wanted to make an urgent medical decision for my county. I really wanted your input on if you saw the need for this and if there are areas that you felt that you could not pay attention to when necessary.

Joseph P. Iser, M.D., Dr.P.H., M.Sc., Chief Health Officer, Southern Nevada Health District:
You have seen me here before and have met me. I think you and this entire Committee understand that I do not have a lack of interest or lack of laser focus on clinical issues. I have testified to you on clinical issues and in other committees as well. I do not see the need for this bill at all, with all due respect to Commissioner Giunchigliani, who mentioned that she did not believe that I had the management experience to run a district of this size or perhaps at all.

If I can just tell you in a few words, I have managed air quality programs, environmental health programs, and clinical programs. The indigent health program that had gone through the counties and county social services here in Nevada, we managed at the county public health level in California. We had an additional clinical administrative program that worked with children with special health needs that came through the county health programs. We had laboratories and emergency preparedness. In one of my counties in California, I had seven people that I managed, and here, I have five professionals that I manage, including our legal counsel that is co-managed truthfully by the Nevada State Board of Health. I would be happy to put both my credentials and my experience related to my ability to manage up against anyone. I do not see that as a problem. I believe our regulatory community may have had that with previous health officers, but I do not see that kind of attitude related to me or my chief health regulator, Jacqueline Reszetar. She is the director of Environmental Health for Southern Nevada Health District.

Assemblywoman Titus:
Thank you. I just wanted to have it on the record.

Dan Musgrove:
That was one of the reasons why we had not planned on having Dr. Iser testify because it really is a board decision as to who their chief health officer is. I think this Legislature, with guidance from the Southern Nevada Health District, has worked over the years to make sure that we have all the legislative tools in place to make sure that we can get the best candidate to run this very important organization.

I want to thank Assemblyman Thompson for his work over the interim. His leadership on this committee was exemplary and in our discussions with him, he has been very open and candid with us. I will be very candid to you. One of the things that we found out during this process was there was a disconnect between our folks and the business community. One of the missions of Dr. Iser and the folks that he has put in charge is to make sure that we bridge those gaps. I think we have gone way beyond what the perception used to be. We are business friendly with a health focus.

The only reason regulatory exists is to protect the public health. They have to work in concert with each other. I do not want to diminish the work that came out of this Committee over the interim because there is a companion bill that Assemblyman Thompson and Senator Roberson are putting forth on the Senate side. I think we will want to work with them on it because it does have some potential changes to our board structure that might make it better in terms of how the business community looks at us and that we are willing to work

with them. I was so glad that he did bring the dual-head, two-headed monster idea forward and then put it to bed with his amendment. The feeling of my board, at least those who have testified today, without discounting Commissioner Giunchigliani at all because she is an integral member, is, at this point, it should be a medical doctor.

Chair Oscarson:
Is there any other testimony in opposition in Carson City or Las Vegas? [There was none.] [(Exhibit J) was submitted but not presented.] I will now take testimony in neutral.

Erin McMullen, representing Nevada Resort Association:
I did sign in as neutral because obviously we actually were not supportive of the bill with the co-equal heads as has already been testified here today. We are more supportive of the amendment proposed by the sponsor Assemblyman Thompson, which does create a single head and allows room for those individuals underneath to have expertise as a medical officer and then the administrative regulatory piece to allow for more focus. As you know, the gaming industry does have a representative on the Nevada State Board of Health and is a significant contributor to the fees of the health district as well. We are very invested in this and wanted to ensure that we can get it right. Therefore, we will continue, and as Assemblyman Thompson said, there will be additional amendments. We will continue to work with him and see what we can work out. I did want to go on record.

Chair Oscarson:
Is there any other testimony in neutral here or in Las Vegas? [There was none.]

Assemblyman Thompson:
As a public administrator by profession, it is imperative to always be forward-thinking, on the cutting edge, and innovative. Never should there be a time where you are just stagnant because you are going to be caught off guard when and if something emergent happens within your organization. And so I know we have heard the expression "If it ain't broke, don't fix it." However, we have to be forward-thinking as we have a unique community, a growing community with a plethora of public health and regulatory issues. I do want to thank the Committee for your attention today and the good questions. When you are presenting a bill, you try to anticipate every single question, but there were some questions that I did not anticipate. However, we had good dialogue to try to come up with some answers. I do want to publicly thank the members that were on the Governance Reform Committee for their hard work on this bill. I hope that you would strongly consider passing Assembly Bill 232.

Chair Oscarson:
I will now close the hearing on A.B. 232. I will now open the hearing on Assembly Bill 340. It establishes a health professional workforce liaison program. Assemblywoman Joiner will be presenting this. I had an opportunity to visit with her a little earlier to learn about it and look forward to her presentation.

Assembly Bill 340: Establishes a health professional workforce liaison program. (BDR 40-1058)

[Assemblywoman Titus assumed the Chair.]

Assemblywoman Joiner, District No. 24:
Today I am presenting Assembly Bill 340. During the last decade in my various roles relating to health care and working in the health policy realm, I have become deeply concerned about the shortage of health and human service workers in our communities in Nevada. [Assemblywoman Joiner continued to read her testimony (Exhibit K).] If you look at the handout, in slide 1 (Exhibit L), there are three different pictures of the state of Nevada. Nevada ranks forty-seventh for the ratio of primary care providers in our communities. Each of the maps focuses on a different area. The first one is the most staggering, which relates to mental health professionals. In the legend, the plain yellow color represents not as severe of a shortage, although there still is a shortage. The gray area is a Health Professional Shortage Areas score of greater than 16. That score runs from 1 to 25. The second map shows you the shortage of primary medical care health professionals, and the third one is the shortage of dental health professionals. This map gets worse and worse. Over the last decade, you will see that we have had more and more shortage areas. This is the problem that we are attempting to tackle today.

On your second slide, there is a list of the federal resources available to students or health care professionals who work in the shortage areas. This has a list of the various programs across the top, and the various locations are down the side. Slide 3 has a list of all the loan repayment and scholarship programs that are currently available that the liaison in this bill would be coordinating. You can see the third box down includes psychiatrists, psychologists, advanced practice registered nurses, psychiatric nurses, licensed clinical social workers, clinical professional counselors, and licensed alcohol and drug counselors. There is a program for each of these different lines of work, all of which we need.

The favorite parts of my presentation are maps on slides 4 and 5. Slide 4 is the National Health Service Corps award, and it tells you how many people,

professionals, and/or students we have in Nevada using these programs. Slide 4 shows you primary care, and you can see in Nevada, we only have 19. Look at how we compare to the other states, even the ones around us. Utah has 42, and Idaho has 70. These numbers may change and fluctuate, depending on the lag of this year. However, the point is, in comparison to other states, we are not utilizing these federal programs. The key to this particular federal program is that there is not a state match for this one. This is a loan forgiveness program. On the previous slide, if you wanted more details on the list, it tells you how many years of service in the shortage area equates it to how much of loan forgiveness. Slide 5 is your mental health map. You can also see, in comparison to other states, we are not utilizing the program. The impetus for this bill was to take a closer look at this and try to figure out why we are not utilizing these programs and what we can do to help increase that.

Slide 6 gives you more details about what the National Health Service Corps is. It provides stipends, tuitions, and related costs for up to four years of education in exchange for service at an approved site. It includes medical primary care, dental care, and mental and behavioral health. On slide 7, there is a list of the approved sites in Nevada for that particular program. The National Health Service Corps has been the first part of this presentation.

The next main program is the Nevada Health Service Corps, which you find on slides 8 and 9 (Exhibit L). In this one, there is a federal/state match. What you will hear from some of my co-presenters soon is that this is one of the programs where we have cut some of the state match in recent years. This might be an area, if we prioritize folks going into these fields and staying in Nevada, where we want to increase the state match so we are not leaving those federal dollars on the table. That is something we will definitely want to look at.

That concludes my presentation. I would like to quickly walk through Assembly Bill 340. You will see in section 1 "within the limits of available money." There is no fiscal note on this bill. The idea is to create a health professional workforce liaison program within the Division of Public and Behavioral Health. Right now, there are a lot of professionals in the state working in this area who are already collaborating. This just formalizes it and makes it a priority. In section 1, subsection 2, the duties of the Health Professional Workforce Liaison would be to "Collaborate with the Nevada System of Higher Education and other postsecondary institutions... to plan and strategize regarding the best ways possible to provide outreach and recruit students and professionals into existing loan repayment, grant and scholarship programs..." and then also to "Report to the Administrator of the Division of Public and Behavioral Health regarding the status of the effectiveness of the collaborative efforts...." You can see in section 1,

subsection 3, in order to pay for the program, this bill authorizes the program to accept grants and donations and use funds that they currently have on hand. The definition in section 1, subsection 4, of "health care professional," if you look at that title in the *Nevada Revised Statutes*, includes most of the entities that are in those federal programs, such as physicians, physician assistants, medical assistants, dentistry, nursing, and social workers. It is an extensive definition. In section 2 is another piece that I thought was important for this bill. Because we are taking the first step of formalizing the liaison, but we are not yet taking any steps such as adding personnel since we do not know yet what the solution is, section 2 would require the liaison to "submit a report to the Legislative Committee on Health Care..." during the interim. They would need to include several things: data on the current utilization of these programs, the status and effectiveness of the collaboration, and then recommendations on how to enhance the recruitment of students and professionals into these programs. That for me is key. Once we get this report during the interim, as the Legislature, we can decide what the next steps are. Why is it that other states have students and professionals in these programs, and we do not? We need to look at that, we need to have a report, and then hopefully by next session, we will have an idea of what our next steps will be. I have several people here as part of my formal presentation including Laura Hale, who is the manager of the Primary Care Office for the Department of Health and Human Services. Dr. Tracey Green is in Las Vegas. She is the chief medical officer for Nevada. We have Dr. Marcia Turner who is the Vice Chancellor of Health Sciences for the Nevada System of Higher Education, and Gerald Ackerman, who is the director for the Nevada State Office of Rural Health for the University of Nevada School of Medicine. [Submitted but not mentioned is written testimony in support (Exhibit M).]

[Assemblyman Oscarson reassumed the Chair.]

Laura Hale, Manager, Primary Care Office, Division of Public and Behavioral Health, Department of Health and Human Services:

Our role in all of this is that we work with the federal government to do these shortage-area designations. One of the things I wanted to point out on the first page is the map that shows how massive our designations are (Exhibit L). As Assemblywoman Joiner just said, that paints a picture of the severe shortages that we have in our state. However, there is a great benefit to having these shortages. They allow us to leverage federal funds for programs like the National Health Service Corps and the Nevada State Loan Repayment Program. I wanted to point out that even though it looks bad, it is actually a good thing to have those designations because it allows us to draw those funds.

The second thing that I wanted to mention with regard to collaboration is that we do work very closely with Gerald Ackerman's Nevada State Office of Rural Health; the Nevada State Loan Repayment Program; the Special Supplemental Nutrition Program for Women, Infants, and Children; and the Nevada Primary Care Association. There is a lot of collaboration that is always going on, but it varies over time as staff changes and budgets and funding levels change. One thing that is very interesting to me is, just yesterday, I learned that the Nevada Primary Care Association used to be part of the Office of Rural Health. It changed over to the Division of Public and Behavioral Health back in the 1990s. The fact that I was not aware of that tells you how things change over time when staff changes, which affects the ability to retain that focus on the importance of these programs and keep that collaboration in place. There is an intended very close integration. The Department of Health and Human Services (DHHS) very much supports the bill, and it is consistent with what our administrator's vision is. Mr. Whitley really wants to take more advantage of these loan repayment programs. We do not leverage those federal dollars nearly to the extent that we could. While we do some outreach, that is part of what we are funded to do. It has been somewhat limited, and by formalizing this and doing the report, we are really looking at why we do not take as much advantage of this as we can. That form of collaboration will really help us to do that. I would be happy to answer any questions.

Assemblyman Gardner:
The health professional work force liaison is, I am guessing, a person, but you were saying we are not going to hire somebody. Is this somebody that is going to be hired to perform this report, or is it going to be something that we will have someone else take on that job title and do the report? Then maybe in the future we will have to hire somebody?

Assemblywoman Joiner:
It is a liaison program, so it is not one person. The idea is that Ms. Hale's office, which currently has much of that role anyway, would take the lead on that because it is under the Division of Public and Behavioral Health. Is that how you understand it, Ms. Hale? It is not a person, but more as a unit they would work on it?

Laura Hale:
Yes, we agree that it would be a joint role.

Assemblyman Gardner:
The purpose of this program would be talking to counselors and things like that? Do we know how we would be doing that collaboration?

Laura Hale:
Currently, we do outreach to the University of Nevada with all sorts of different programs. Assemblywoman Joiner talked earlier about all the different professionals that are eligible, so we do outreach to raise awareness. We collaborate on that outreach with the Office of Rural Health regarding those state loan repayment programs. We also work with the Nevada System of Higher Education for the broader spectrum of this. For example, Ms. Turner is going to talk about Governor's Workforce Investment Board and the Healthcare and Medical Services Sector Council. I sit on that with Ms. Turner as the chair. We are looking to leverage every opportunity we can to expand these programs and raise awareness about them.

Assemblyman Sprinkle:
Since there is no fiscal note and it is not going to any money committees, I am curious as to the intent in the future as far as this position. Is this something that if we were to establish with this legislation, in the future is it going to be built into future budgets within the department? When do you anticipate that occurring if that is the case?

Assemblywoman Joiner:
The way that I envisioned this is that currently the Division of Public and Behavioral Health sets in statute the priority that this is a role that they have responsibility for, to be a liaison for these programs. The reason I put the interim report in there is because I think it has yet to be seen what the future looks like. If that comes back with best practices from another state that says we should be doing this model and it involves this many personnel, then perhaps that would be a recommendation that would be at the bottom of that report to the Interim Committee on Health Care or to a legislator who might want to do that bill draft request next time. I truly do not know what the future looks like, so that is why we wanted to do the report. I want you to know there are two positions in the proposed budget for that office, in which a portion of their job would be this. They would also do other things. Regardless of whether those are approved, we want this responsibility in there, so that it does not get brushed under the rug or set aside for other priorities. They have so much on their plate that we need to prioritize. This is saying that this is a priority in that office. I do not know what the future looks like, so I think we need that study to see for sure.

Assemblyman Sprinkle:
I completely agree. I think that it is smart and a good piece of legislation. As far as this report goes, how are you going to be accumulating that data? Are there going to be benchmarks in place that we are looking for in regard to placements of recent graduates into the professions? Where is all of that going

to come from? Is two years going to be enough to accumulate the information to be able to justify this?

Laura Hale:
We collect a lot of data already as part of our requirements under the federal grant, and this allows us to enhance our collaboration to look toward a specific set of recommendations for the Legislature. I know Mr. Ackerman can add to that.

Gerald Ackerman, M.Sc., Program Director, Nevada Area Health Education Center and Nevada State Office of Rural Health, University of Nevada School of Medicine:
It used to be in Nevada that we were one of the first loan repayment programs. We used to have something special where we could offer loan repayment, and people would say, Yes, I want to work in Eureka. I want to work in Austin. Everybody offers loan repayment now. I actually had dinner last night with our residency director for internal medicine. For four years now, there is a term that everybody hears called hospitalist. Hospitalists are a great thing. They manage patients in a hospital, but do you know what hospitalists have done to general internal medicine? They have killed it. You cannot find a general internist. He told me yesterday that out of all of his residents, 43 in our Reno program, only 2 are going into general internal medicine. Everybody else is going into hospitalist service or into specialty service.

I think the reason this is important now is everybody is doing everything possible in every state, every hospital system, and every health care system to entice providers, whether they are physicians or whoever they are, to come and work for them. We do not have enough of them. The most important piece of this legislation is to focus in and hone in on what we can do with the resources we have, what do we need to bring to the table, and how do we catch up. I have colleagues in states that have divisions that work on this. Ms. Hale's office has two people, and I have myself, the director of the Office of Rural Health, and somebody who manages the state loan repayment program. We do not have divisions, and we have a great big state with lots of needs and lots of underservice. I hope that answered your question. There are many layers that we need to look at and come back to the Committee and say, Boy, we really need to get laser-focused. We could really make an impact with effort and your help in the Legislature on these five areas.

Assemblyman Sprinkle:
To an extent, that does answer my question. I would just say that having specific benchmarks and data would enhance a recommendation coming from you in the future. I would certainly look very favorably upon it because I think

this is a very valuable position and should be a funded position because of all the things that you just said. That is my only recommendation.

Assemblyman Jones:
What does the term hospitalist mean?

Gerald Ackerman:
A hospitalist is a great paying position for somebody who works at a hospital. They see patients in a hospital and are responsible for the quality of their management care. That is all they do. They do not go to the office after hours and see patients in the office. Because we are not training enough of those general internal medicine doctors in Nevada or around the country, it has really put a strain on primary care. Because I am older, I look for the general internal medicine doctor or a good family physician. There are just not enough of them, and we have not created any more in Nevada. Everybody from every other state comes to Nevada and looks for ours. We look for ours. Hopefully, that answers your question. Those internists like to practice medicine, and they like complex cases. That is why they went to school to become internists, which is a great place. You do not have to take calls or anything like that. You are seeing patients in a hospital on a shift. If I got any of that wrong, Assemblywoman Titus, I would be happy to be corrected, but I think that was a good representation.

Assemblyman Jones:
Along that vein, it seems like a hospitalist would almost be like a general practitioner but for hospitals. Could they not later on, after they are burned out, become general practitioners in the private sector?

Gerald Ackerman:
I do not know if that will happen. A hospitalist is kind of a new trend over the last four or five years. Hopefully, that will happen, and we will be there to catch them as they burn out. However, so far, most of the hospitalists that I have talked to are happy with their hours, and they like doing what they are doing. It is where our health system has gone to. The other part of the pipeline where there are still those family practitioners, general internal medicine doctors, and general pediatricians, has just not kept up. We are behind.

Assemblywoman Titus:
I have some clarification, Assemblyman Jones, on the difference between a hospitalist and a person in private practice that is seeing patients for follow-up. One of the reasons that the folks are going to school to be a hospitalist as opposed to choosing what I do, which is 24/7 people knock on your door and then you have follow-up and accountability to your patients, is the lifestyle

where you can have a shift, and you really can have time off. When you walk out of the hospital, you leave that there. It is really a business model for them to be hospitalists where they get to practice complex medicine, yet they can walk away from it. That is a huge difference from having your own office.

Assemblywoman Joiner:
Can we continue with the sequence of presentations after Mr. Ackerman makes a statement, and then we have two folks in the south?

Chair Oscarson:
Mr. Ackerman, we would be pleased to hear from you, and then we will hear the two in the south.

Gerald Ackerman:
We have had a long tradition of working with the primary care office. There are very few of us looking at these problems, and so we are good friends. We talk and work together already. I think what this does is give us a charge. That benchmark suggestion is a great idea so that as this Committee works on this, we start establishing some benchmarks. We are supportive of the University of Nevada School of Medicine, the State Office of Rural Health, and the Nevada Health Service Corps. I think I said everything else in my other statements.

Tracey D. Green, M.D., Chief Medical Officer, Division of Public and Behavioral Health, Department of Health and Human Services:
I just wanted to add to the presentations that the recruitment and retention of physicians and other primary care providers really is multifactorial. While we have looked at one component of it, that being the loan repayment, we clearly know that in and of itself is not drawing physicians to our community as frequently as we would like. The other part of this is the opportunity to really look at other aspects, whether it be a board issue, a credit issue, a status of internship, or a licensure issue. I think the opportunity for this role would be not just how we get more providers using the loan repayment, but why is it that we have limitations to providers coming to our state. We see this as an integrated role, and we have begun working with the National Governors Association, Marcia Turner, and Dr. Ackerman, looking at what the other pipeline-related issues are when we study why physicians are not coming to or staying in Nevada.

Marcia Turner, Ph.D., Vice Chancellor, Health Sciences, Nevada System of Higher Education; Chairperson, Health Care and Medical Services Sector Council, Department of Employment, Training and Rehabilitation:

Thank you for the opportunity to participate today. We are in support of this bill, and we applaud Assemblywoman Joiner for her leadership in bringing this bill forward. As she and Laura Hale both mentioned, we have a lot of partnerships among our sister agencies. It is really neat, as Mr. Ackerman said, because we have a great big state, but it is also a small state. There are a lot of benefits to that and the fact that we all know each other and get to work together on many different projects is one. Mr. Ackerman and Ms. Hale are leaders in these types of programs on a day-to-day basis. We applaud all the work that they have done.

This bill is a natural extension to those partnerships and formalizes it a little more by helping to organize it. With the creation of this new program within the Department of Health and Human Services, that gives it a natural home. Then we, from the Nevada System of Higher Education, look forward to working with whoever within the staff is assigned to help identify where we are today and where are opportunities for new funding sources or more funding leverage within existing programs for the students.

Then on the students' side, we look for opportunities to increase awareness, recruit students, and to support them in their decision-making to understand what it means to go into and increase the utilization of these programs. It is a great benefit for existing students who have already chosen to go into the health professions. However, in some of our conversations in preparation for this presentation, we were talking about students who would like to become health care professionals, but they see the cost of it as a barrier and then choose to not even enter the programs, and that is really sad. I think there is an opportunity to dive into the kindergarten through twelfth grade world to try and recruit and create awareness for students who would like to become health care professionals who have financial barriers. There are a lot of opportunities, and it really translates into promoting access to public health in underserved areas.

If I may switch hats here for a minute, I also serve as the chairperson of the Health Care Medical Services Sector Council under the Department of Employment, Training and Rehabilitation. At our last meeting, I had an opportunity to bring up this bill and to talk to the council about the potential, as this legislation moves forward and if it is approved, to work with DHHS to identify the proper vehicle and venue for having this discussion, not just from an access standpoint, but from a workforce development and economic development standpoint. We see this as a potential tool in the toolbox for helping promote the expansion of the health care workforce across the different

professions. I know that physicians, nurses, and dentists are much of the focus of this. However, Assemblywoman Joiner's presentation, slide 3 (Exhibit K), shows the other health professions, such as the social workers, psychiatrists, and psychologists. It really is a cross section to support the continuum of care that helps keep people well and helps them to be treated if they become ill. Both from an entry standpoint and the Health Care Medical Services Sector Council, we support this bill, and I will be happy to help facilitate the interaction to involve those folks in this discussion as well.

Chair Oscarson:
You do work with Mr. Ackerman, correct?

Marcia Turner:
Yes, I am Vice Chancellor for Health Sciences, and I work in the chancellor's office. Mr. Ackerman works in the office of statewide programs, which is housed within the University of Nevada School of Medicine. Yes, we are part of the Nevada System of Higher Education team.

Assemblywoman Titus:
I had to invent my own program to pay for my medical school, so I went to my county commissioners because there was not an organized system like this to show me where to go. We know that to get health care providers, all of these health care providers, whether they are physicians, nurses, or laboratory technicians, the best way to get them into the rural areas is to grow them there because then they are more willing to go back. With the cost of this education, a lot of kids do not go into the field or if they do, their debt is so great that they cannot go back to the rural areas. Having this in place on a proactive level, I would encourage you to use it to recruit students into these fields and then give them these ideas where they could get the financing for it. The key component is first the recruitment. A lot of kids turn away from that because they do not know how to pay for it. If that were armed together, I would add that to the program of the recruitment arm of this to keep kids in the rural areas and then say, Here are all the options to paying for this. We, in our rural hospital, actually sponsor our nurses because if we know they are from our community, we will pay their nursing career costs so they can come back and work at our hospital. Those are just some other ideas that I would add to tag onto that recruitment phase of these kids. If you can grow them, you can usually keep them there. It is great legislation and great ideas.

Chair Oscarson:
Is there anyone in opposition to Assembly Bill 340? [There was no one.] Is there any testimony neutral to A.B. 340? [There was none.] I will close the hearing.

Assemblywoman Titus:
I would like to make a motion that we go ahead and suspend the rules and take a vote on passage today.

Chair Oscarson:
We have a first from Assemblywoman Titus, a second from Assemblyman Trowbridge, and it has to be a unanimous vote of those present.

> ASSEMBLYWOMAN TITUS MOVED TO SUSPEND THE RULES AND TAKE A VOTE ON PASSAGE OF ASSEMBLY BILL 340.
>
> ASSEMBLYMAN TROWBRIDGE SECONDED THE MOTION.
>
> THE MOTION PASSED. (ASSEMBLYMAN MOORE WAS ABSENT FOR THE VOTE.)

Chair Oscarson:
Is there a motion to pass A.B. 340?

> ASSEMBLYWOMAN DICKMAN MOVED TO DO PASS ASSEMBLY BILL 340.
>
> ASSEMBLYMAN ARAUJO SECONDED THE MOTION.
>
> THE MOTION PASSED. (ASSEMBLYMAN MOORE WAS ABSENT FOR THE VOTE.)

Chair Oscarson:
That was great legislation, Assemblywoman Joiner, and your fellow assembly members believe that. Congratulations on your first bill and your only bill. Please plan on doing the floor statement. Is there any public comment?

Gary Olsen, President, Nevada Association of the Deaf:
[Ferrall Cafferetta-Jenkins, an individual who was present, volunteered to help Mr. Olsen. "I am not an interpreter. I do sign and will help Mr. Olsen."]

> The deaf community is very concerned about all these changes that are happening to the agenda on Monday about Assembly Bill 200, but we have not been given a notice for this change. And so now we have run out of time to actually have that. He would like to stop by your office, Chair Oscarson, but you are in meetings, so he cannot really catch you. He would like to

have more comments with you after this. He would like to talk more later. He is just concerned that the agenda has changed, and now we have run out of time to notify the deaf community that we are going to come on Monday to the meeting. Assembly Bill 200 has been pulled from that agenda, and he is concerned about that. He is very frustrated that he cannot get an interpreter. He wanted to just walk by and come in and make a comment, and luckily, I was standing out there. He can write, but it is really difficult for all of you to read that really fast.

Chair Oscarson:
I will look forward to visiting with you, and we will discuss your concerns.

Assemblyman Sprinkle:
I think it is fair to say that this is very difficult when we are talking about people with disabilities to have such short notice. I really appreciate the comments that were just made.

Chair Oscarson:
Are there any other comments? [There were none.] Seeing no other public comment, this meeting is adjourned [at 2:02 p.m.].

RESPECTFULLY SUBMITTED:

_____
Karen Buck
Committee Secretary

APPROVED BY:

_____
Assemblyman James Oscarson, Chair

DATE: _____

EXHIBITS

Committee Name: Committee on Health and Human Services

Date: March 27, 2015 **Time of Meeting: 12:10 p.m.**

Bill	Exhibit	Witness / Agency	Description
	A		Agenda
	B		Attendance Roster
A.B. 222	C	Kirsten Coulombe, Policy Analyst	Work Session Document
A.B. 243	D	Kirsten Coulombe, Policy Analyst	Work Session Document
A.B. 232	E	Assemblyman Thompson	Written Testimony
A.B. 232	F	Assemblyman Thompson	District Board of Health Flow Chart
A.B. 232	G	Assemblyman Thompson	Proposed Amendment
A.B. 232	H	April Mastroluca, Private Citizen, Henderson, Nevada	Written Testimony
A.B. 232	I	Hugh Anderson, Las Vegas Metro Chamber of Commerce	Written Testimony
A.B. 232	J	Stacey Woodbury, Nevada State Medical Association	Written Testimony
A.B. 340	K	Assemblywoman Joiner	Written Testimony
A.B. 340	L	Assemblywoman Joiner	Handout
A.B. 340	M	Nancy Hook, Nevada Primary Care Association	Written Testimony