

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

**Seventy-Eighth Session
April 1, 2015**

The Committee on Health and Human Services was called to order by Chair James Oscarson at 1:13 p.m. on Wednesday, April 1, 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'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 John Hambrick
Assemblywoman Amber Joiner
Assemblyman Brent A. Jones
Assemblyman John Moore
Assemblywoman Ellen B. Spiegel
Assemblyman Michael C. Sprinkle
Assemblyman Tyrone Thompson
Assemblyman Glenn E. Trowbridge

COMMITTEE MEMBERS ABSENT:

Assemblyman David M. Gardner (excused)

GUEST LEGISLATORS PRESENT:

None

Minutes ID: 765



STAFF MEMBERS PRESENT:

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

OTHERS PRESENT:

Jim Gubbels, President and Chief Executive Officer, Regional Emergency Medical Services Authority
Sarah J. McCrea, EMT-P, R.N., EMS Quality Improvement Coordinator, Las Vegas Fire and Rescue
Jared Oscarson, EMT-P, Clinical Coordinator, Emergency Medical Services, Humboldt General Hospital
Mary Ellen Britt, Manager, Office of Emergency Medical Services and Trauma System, Southern Nevada Health District
Christian Young, Medical Director, Office of Emergency Medical Services and Trauma System, Southern Nevada Health District
David Slattery, M.D., EMS Medical Director and Deputy Chief, Las Vegas Fire and Rescue; Associate Professor, Department of Emergency Medicine, University of Nevada School of Medicine
Joan Hall, President, Nevada Rural Hospital Partners
Susan L. Fisher, representing Air Methods, Englewood, Colorado
Ryan Beaman, representing Clark County Firefighters, Union Local 1908
Steve Walker, representing Storey County Fire Protection District
Steve Tafoya, Manager, Nevada State Emergency Medical Systems Program, Division of Public and Behavioral Health, Department of Health and Human Services

Chair Oscarson:

[Roll was taken. Committee rules and protocol were explained.] I will now turn the meeting over to Vice Chair Titus.

[Assemblywoman Titus assumed the Chair.]

Vice Chair Titus:

Will the sponsors of Assembly Bill 305 please come forward?

Assembly Bill 305: Authorizes and provides for the regulation of community paramedicine services. (BDR 40-167)

Assemblyman James Oscarson, Assembly District No. 36:

As you may recall, we had a presentation on February 16 about community paramedicine and the impact such programs have. [Continued reading page 1 ([Exhibit C](#)) of written testimony.]

There has been amazing interest in the urban areas, as well. I am very pleased about that and love to have bills that affect the entire state and not just certain areas. [Assemblyman Oscarson finished reading page 1 of his written testimony.] I am grateful for all their participation, help, and countless hours, not only in meetings, but also in conference calls, discussing the bill. We are presenting a good piece of legislation. I would like to briefly summarize the bill and the conceptual amendments ([Exhibit D](#)) on Nevada Electronic Legislative Information System (NELIS). [Continued reading pages 2 and 3 of written testimony.]

There was a lot of work and time that went into this. It has been a labor that started last session for me where we wanted to have a study on community paramedicine and its impacts, which has evolved to where we are today with national recognition and national groups watching what the state of Nevada is going to do with community paramedicine. I have consulted with many members of the Committee and appreciate their support and input to make this a great piece of legislation.

I would like to now turn it over to those who have also diligently worked on this piece of legislation and have some comments for the record.

Vice Chair Titus:

Conceptually, I am supportive of this project, but I do have concerns. We do not have enough providers, and I am always asking how we are going to get more. This bill is another tool that I like and appreciate. We are going to have to come up with more creative ideas to solve our health care problems and shortages. However, my questions are on the new addition that the health authority may issue a permit for the operation of an ambulance or vehicle. Is there going to be some regulatory criteria for that? How will it be different from an ambulance? What will be available on those vehicles? This is a whole new area.

Assemblyman Oscarson:

The folks who are speaking can address those issues as well as the state regulatory requirements. There will be a lot of regulations on both ends of the

state with the State of Nevada regulating the rural component. We left some things open so that the regulations could indeed be consistent throughout the state.

Jim Gubbels, President and Chief Executive Officer, Regional Emergency Medical Services Authority:

I also have other representatives joining us for questions. We have had a very active working group, just as Assemblyman Oscarson said. We have representation from both southern and northern Nevada, Humboldt General Hospital that is serving the rural areas, and input from our chairman for the state committee on Emergency Medical Services (EMS). We believe, with the proposed amendments ([Exhibit D](#)) that have been shared with you today, that we have covered the majority of the aspects of what we need to move forward to get a bill for the state of Nevada.

There are a couple of other items that we discussed right before this meeting that we would like to work on for additional wordsmithing. Those are presented to you in my letter ([Exhibit E](#)). The first under section 4 talks about a permitted emergency medical provider or permitted agency. We may want to define the word agency more broadly to include all aspects of EMS within *Nevada Revised Statutes* (NRS) Chapter 450B. Also, after the new section 8 that you looked at today, which talks about NRS 450B.100, NRS 450B.200 then speaks about an ambulance, so we should add an additional section that an owner of an ambulance, air ambulance bus, or fire-fighting agency must also obtain the endorsement to be permitted to provide community paramedic services. That would make sure that we are covering both the fire services and our other permitted ambulance services within the state that are nonfire-based.

Are there any questions that we can answer for you today? I would like to stress to the Committee that we are really working statewide to support this and move it forward. Community paramedicine is new for the state of Nevada, so we do want to make sure that we do it correctly as we support this bill moving forward.

Assemblyman Sprinkle:

Under section 2 on the amendment, it looks like you have crossed out "transportation to a facility other than a hospital, which may include a mental health facility, and the provision of health care services...." Some of the conversations we have had in the past, not directly related to this bill in the last Legislature and even now when we are dealing with pure mental health issues, relate to the ability to potentially bypass emergency rooms. I am wondering if that was originally on the bill for something of this nature. Why have you chosen with the amendment to scratch that part out?

Jim Gubbels:

There is another section in the *Nevada Revised Statutes* (NRS) 400 series that talks about where a licensed ambulance can transport patients. In that law, it is clearly defined that a patient can be transported to an emergency department, a licensed community triage center, a mental health facility, and other licensed urgent care clinics. It was clearly defined in that law, so we did not want to do anything that clouded that statement. That is why we chose to remove this, as it is already clarified in the other NRS. Right now, some of us might have thought by state law we could only transport to an emergency department, but no, it is clear that we can go straight to a mental health facility, community triage center, et cetera.

Assemblywoman Benitez-Thompson:

My question is on section 4, where we talk about the board adopting regulations addressing components of subsection 1, paragraphs (a) through (e). When we talk about the boards, we mean the individual county health boards. Is that right?

**Sarah J. McCrea, EMT-P, R.N., EMS Quality Improvement Coordinator,
Las Vegas Fire and Rescue:**

The way that NRS Chapter 450B differentiates between the regulating bodies within this chapter is that everything outside of Clark County is regulated by the State Board of Health EMS office, and everything within Clark County is regulated by the Southern Nevada Health District. It has to do with the population size of that county, so those would be the boards.

Assemblywoman Benitez-Thompson:

Thank you for the clarification, so there are two boards. I believe they have different regulatory processes. I know how the state one works, but I am not familiar with the Southern Nevada Health Board. Is there the chance that we might end up with regulations in the state different from the county? Can you talk to me about how you are going to address the regulations? I imagine that you would probably want them to be as consistent as possible.

Sarah McCrea:

We currently have two sets of regulations, one with the State Board of Health EMS, which is in the *Nevada Administrative Code* (NAC), and for the Southern Nevada Health District, where we have our own regulations. They are very consistent with a lot of similarities between them. We use NAC to help steer the Southern Nevada Health District regulations. There would be subtle differences due to the population and demographic makeups of the different areas that they service. However, there would be a lot of consistency.

Assemblyman Thompson:

I have questions about the boundaries. I know at the beginning, Assemblyman Oscarson talked about how this will really help with the rural communities. In southern Nevada, we have a major homeless problem. There are some areas that are difficult to get into because you are dealing with different homeless encampments. Would this form of community paramedicine services be an appropriate use for those situations? There are many times when homeless people have injuries and should have been taken to a hospital a long time ago, but they just deal with it. Can you please speak to that?

Sarah McCrea:

I work with Las Vegas Fire and Rescue, and the homeless quarter within the City of Las Vegas is in our jurisdiction. We have been trying to do a lot of different types of outreach for those populations. In a rural community or an urban setting, you can still have barriers for access to health care, and that population is one which we would like to serve. However, our existing legislation and the existing NRS limits our abilities because it says we have to respond to an emergency and can only transport patients to hospitals. That is one of the many programs we are starting to develop, doing outreach to patients so we can go out to patients that are not calling 911. We can initiate that patient contact and steer them into the appropriate kinds of care that they need. We want to help navigate them through the health care system, so we can prevent chronic illness from becoming an acute problem and meet those people where they are, as opposed to them having those barriers of access.

Assemblyman Thompson:

Are you saying with the passage of this bill that you can start doing this?

Sarah McCrea:

Yes, we can.

Assemblyman Thompson:

If we are working with the various outreach teams, such as mental health providers and general people that work on the outreach team, would there potentially now be the opportunity that we can include these services in this multidisciplinary team?

Sarah McCrea:

Yes, that is correct.

Vice Chair Titus:

I am going to go back to my question that I asked the sponsor of the bill, Assemblyman Oscarson, about transportation, as Assemblyman Sprinkle

brought up a question about transportation, too. It has been addressed in this bill now that you are going to potentially transport patients and that there will possibly have to be two different types of vehicles. Originally, when I heard the potential for this bill, I thought you were going to assess a patient and decide if transport was needed or not. In a rural area, will you be calling from the house if a patient should be transported and needs a different vehicle? Will you change what you carry on your emergency vehicle? What will you do in urban areas? You may have responded with one vehicle that maybe does not have all the lifesaving standard mandatory equipment on it that we do require for licensures of our ambulance services. What are you going to have on these potential transport vehicles?

Jim Gubbels:

To answer that question, the way this bill is written, you can design your paramedicine program to meet the needs of the community. So in your community, for instance, you are going to have the need for providers that can wear a couple of different hats. They can wear the 911 or emergency hat, or they could also wear the hat of a community paramedic who is able to deal with the situation at the home and get that patient the correct resources other than transporting. For our particular community paramedic program that we have in Reno right now, those community paramedics are not going out as emergency responders. They are going out as a follow-up visit to that patient. Should they do that follow-up visit and find out that the patient is actually in crisis, then we would activate our 911 system and bring an ambulance in. However, in the rural communities, through this bill, you can adjust what you need with the community resources that you have and how you utilize them.

Vice Chair Titus:

For the record, I want to make sure we are talking about a paramedicine program and not a paramedic program because there is a distinct difference between the two, and you are using them interchangeably when they should not be. We do not have a paramedic in our services. Our community already practices paramedicine. They go out and do well-checks frequently. For example, they will go and assist if somebody falls down. I see that you will expand what your paramedics are doing. However, it is really a paramedicine program, not a paramedic program.

Jim Gubbels:

You are absolutely correct. That is why in this bill, we are making sure that the program includes an emergency medical technician (EMT), an EMT advanced, and a paramedic. The term "community paramedicine" is being spoken to as far as what the program is.

Assemblywoman Spiegel:

Would the community paramedicine services be able to charge the patients, or is the program paying for itself and providing the services as needed on a complimentary basis?

Jim Gubbels:

Currently, the program that we have in Washoe County is an innovation grant award funded through the Centers for Medicare and Medicaid Services. We are actively pursuing how we work with our community partners and, of course, our medical community partners, along with insurance companies, to look at how they could reimburse for these services that we are providing because the downstream costs are huge. For every patient that we can treat and not have to take to an emergency department, the hospital costs are reduced. The patients themselves, if we can get them to a different level of care that still meets their needs, have their out-of-pocket costs reduced, too. We are currently working with all payer sources, including Medicaid, on how we can grow these within our state so that, yes, they are self-sustaining.

Vice Chair Titus:

I am really concerned about another issue. In our rural areas, we are all volunteers. Under section 10, subsection 2, paragraph (b), it says "Is employed by a person or a government entity, or firefighting agency...." Where do the volunteers fit into this? We have volunteers who have been looking for reimbursement. Perhaps that will prohibit reimbursement for our volunteers?

Jared Oscarson, EMT-P, Clinical Coordinator, Emergency Medical Services, Humboldt General Hospital:

We have a combination department at Humboldt General Hospital. Those folks who are volunteer staff are integrating with our full-time staff to provide these services. We consider them employees. Under the permits, my understanding is that they are employees of whatever agency they are volunteering for. Somewhere in the NRS, it says that they are considered employees. Therefore, we consider them employees, and they are permitted under that agency as providers. That should clear it up.

Vice Chair Titus:

It does not necessarily clear it up for me. We will probably have to adjust that language because I would want to make sure it covers the volunteers, especially in the rural areas, because all of our folks are volunteers. We will have to talk to Legal Counsel about that to make sure that I can accept that.

Jared Oscarson:

They fall under our workers' compensation and some of those kinds of things. That is where we are getting that understanding that they are employees of the agency when they are volunteers.

Assemblywoman Joiner:

I am looking specifically at section 4 of the amendment. The entity that the permit is granted to looks like it can be an emergency medical provider and agency. Who is the holder for purposes of liability insurance? Does it go to the licensed health care professional? If you could talk about where that liability lies, that would be great.

Jim Gubbels:

Under this section, the endorsement has to be for the licensed permitted agency. Whether that is a private, not-for-profit ambulance, a fire-fighting agency ambulance, or a for-profit ambulance, if they are a permitted ambulance service, they can apply for the endorsement to be able to provide these services. The employee or the provider also has to be endorsed through education in order to be able to provide these services. The protection back for the provider then is through that owner or operator of the company who must provide that malpractice insurance.

Assemblywoman Joiner:

I think I hear you saying it is the agency then.

Assemblyman Sprinkle:

In regard to section 5, where it is talking about reporting requirements, those are going to the State Board of Health. Why is this information not going to the jurisdictions that have direct control, for example, Clark County versus the others? Far more importantly, if the origin of all of this came from a pilot program, which we already vetted in another hearing here and we understand where we are at now, this is not codifying it in statute that this is what we are going to do. What is the necessity for the reporting to begin with? Are there specific benchmarks that you are looking for that are indicative of what we are going to do with this in the future? Are we looking at some long-term goals here?

Jim Gubbels:

Part of the reporting process is brand new for our state. We believe it is important to report back to you, to show you how these interventions can help with overall health care costs and interventions into those costs statewide. It would be a reporting process back. It also is a way then, through either the Committee on Emergency Medical Services or the Southern Nevada

Health District, that they can see what these interventions are in their community and how they could be impacting the cost for health care in the community. The whole concept here is being able to deliver the correct level of service to the right person or patient at the right time. It gives a measurement, so we can track what we are doing statewide.

Assemblyman Sprinkle:

Are you planning on keeping your working group going, or is the assumption that this information be brought back here to us at the Legislature and then we will be making decisions in the future? Has that been thought out yet?

Jim Gubbels:

It has not totally been thought out, but our working group felt it was very important that we validate what we are trying to do with our programs. A way to do that is we need to have a reporting mechanism back. It would also go to the state EMS Committee and the Southern Nevada Health District, but we also wanted to bring it to the Interim Committee on Health Care. Therefore, we show accountability for the ability to expand these services.

Assemblywoman Joiner:

Two people have asked how you pay for the program, and I think I heard you say that you currently have a grant. When Vice Chair Titus asked the question about her volunteers, that triggered a question for me. If the grants run out, or there are other entities that do not currently have grants, what is the billing mechanism for this? Are you able to bill to Medicaid? I know, in the past, there have been changes in definition that were needed, and I am not sure what the current status is. Are there ways that you can bill private insurance or Medicaid on these issues, or is that something we are still working on?

Jim Gubbels:

We are working on that process right now. With our federal grant through Medicare and Medicaid, we are building this data set for them, showing the cost savings by providing this level of service with the intention of moving forward on policy changes for reimbursement on the national level. Then, also, what we are doing on the state level is really being able to demonstrate the success of these programs so that it can become policy change. In the current policy, we can only request reimbursement if we transport a patient to an emergency department. We are trying to show the added value of being able to take care of that patient outside of the hospital setting.

Vice Chair Titus:

I will now open up this hearing to testimony in favor of Assembly Bill 305. I will start with testimony in Las Vegas first.

Mary Ellen Britt, Manager, Office of Emergency Medical Services and Trauma System, Southern Nevada Health District:

I am here today to speak on behalf of the Southern Nevada Health District and Dr. Joseph Iser, our chief health officer, in support of A.B. 305. We appreciate that the language has been written broadly to allow the health authorities to prepare and promulgate regulations based upon the needs in our community. We strongly support the recommendation that the services be provided by licensed personnel with an additional community paramedicine endorsement when working for a permanent EMS agency in Nevada. We expect community paramedicine programs will fill gaps in our current care delivery system and promote and improve patient outcomes.

Christian Young, Medical Director, Office of Emergency Medical Services and Trauma System, Southern Nevada Health District:

I want to dovetail on Ms. Britt's comments. We stand in support of this bill. We applaud the efforts. It is an amazing amount of work that has been done. I do want to follow up on Assemblyman Sprinkle's comments regarding the submission of the data in section 5. I would respectfully request to consider submission of that data to our local health authority, in addition to the State Board of Health. We look forward to developing this process and helping it meet our needs and provide the necessary oversight. Having that information would be very helpful and important for us as well.

David Slattery, M.D., EMS Medical Director and Deputy Chief, Las Vegas Fire and Rescue; Associate Professor, Department of Emergency Medicine, University of Nevada School of Medicine:

I am an emergency physician, and I am here speaking in support of this bill. As has been mentioned by everyone else previously, it is important that the main focus of this bill is enabling all of our providers to be able to meet the needs and the gaps that are in our communities right now. I wanted to speak about a specific gap in our community that is a serious one we are trying to address. That is those vulnerable populations, the homeless patients, the chronic public inebriate patients, the psychiatric patients, and the complicated patients in our systems. We have great resources that we just need the connection for. This is a very, very important bill for those individuals in need.

Joan Hall, President, Nevada Rural Hospital Partners:

We are supportive of Assembly Bill 305 and have been partners with Humboldt General Hospital's paramedicine program over the last several years. We insure them, so we get information about what is going on there, as well as in Battle Mountain. This truly does fill much needed gaps. It fills care provisions that otherwise, in rural Nevada specifically, could not be filled. I do appreciate your question, Vice Chair Titus, about the employment in section 10

because that has been a concern that I have received from several of our members in Caliente, Pershing County, and Mason Valley because they do have those volunteer services. I want to make sure that it is on the record and, somehow or another, that it does cover them. We think you will see great results with this and urge your support and passage of this bill.

Susan L. Fisher, representing Air Methods, Englewood, Colorado:

I am here today representing Air Methods, which operates Mercy Air here in Nevada. We are in full support of this bill. This is a reasonable effort to enhance coverage and expand care. While it does not impact our current operations, there could be an opportunity in the future to expand more into some form of this service. We are very aware, as you were told earlier, some of the areas that we do serve do have the pilot programs, and they are utilizing a lot of the EMS personnel that we currently work with. We do support this program.

Ryan Beaman, representing Clark County Firefighters, Union Local 1908:

Thank you to Assemblyman Oscarson for his commitment to this legislation. He started this two years ago and made sure there was the commitment to bring all the groups together and work on this. I appreciate the working group and the time that they put into this important piece of legislation. It really ties into what Assemblyman Thompson said about the homeless population. In the district that I work in, it is a huge problem. This bill gives us another avenue or another tool for the fire service to help with some of these reoccurring patients that are going back to the hospital. With the decrease in budgets for the fire service, this will help us with the 911 system in recognizing these calls.

Vice Chair Titus:

Is there any further testimony in favor of A.B. 305?

Steve Walker, representing Storey County Fire Protection District:

The group I represent is in full support of the legislation.

Vice Chair Titus:

Is there any further testimony in favor of A.B. 305? [There was none.] I will open up to opposition. [There was none.] Is there neutral testimony?

**Steve Tafoya, Manager, Nevada State Emergency Medical Systems Program,
Division of Public and Behavioral Health, Department of Health and
Human Services:**

The Division of Public and Behavioral Health is neutral on this bill. This bill helps fill gaps in each community. This bill maintains that each EMS provider is working within their current skill for practice, and this bill is not expanding their

current skill. This bill does not require all permitted EMS agencies to obtain community paramedicine services for their counties if they choose not to. The following EMS levels would be able to provide community paramedicine services within their community: the EMTs, the advanced EMTs, and the paramedics. This bill has neutral fiscal impact on the Division of Public and Behavioral Health. The bill does require regulations from the Division. The Division has plans for regulation and has funding through the Emergency Medical Services for Children grant, which is through the Health Resources and Services Administration to offset this cost. This bill will not impact the day-to-day workload for the EMS program, as our program already processes permits and certifications of providers and agencies. I am available for questions.

Vice Chair Titus:

I want to put on record again what Assemblyman Oscarson already addressed, that the two-thirds vote requirement has been removed from this because it is not a fee.

Assemblyman Oscarson:

I hope the Committee can see the dedication and the collaboration that has gone into a two-year process to make this into what we feel is a great presentation on how we can fill some of the gaps, not only in urban Nevada, but in rural Nevada as well. There is a tremendous need for providers with the influxes we have heard about in our Committee many times with the 600,000-plus people that are now being served. Anything we can do to utilize existing services there to participate in taking care of the residents of the state is a good thing. Let me say one more time that I am extremely grateful for staff. Ms. Coulombe and Ms. Lang have put in a tremendous amount of time on this bill, as well as those who have testified before me and after me, and have stated on the record their thoughts.

One last thing, I would be remiss if I did not say that it is a pretty great day when you get to come to the witness stand with your son [Jared Oscarson] on a bill. I do not know how many people have had the opportunity to do that, but I am truly grateful for that opportunity and the process that he engaged me in two and a half years ago to make A.B. 305 come to fruition. Make sure if you see these folks in the hallway that you thank them for their dedication to what they do. Every day they are out there doing what the rest of us hope we never have to be a patient for.

Vice Chair Titus:

We will close the hearing on A.B. 305. Is there any public comment? [There was none.]

[Assemblyman Oscarson reassumed the Chair.]

Chair Oscarson:

Seeing no public comment, this meeting is adjourned at [1:55 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: April 1, 2015

Time of Meeting: 1:13 p.m.

Bill	Exhibit	Witness / Agency	Description
	A		Agenda
	B		Attendance Roster
A.B. 305	C	Assemblyman Oscarson	Written Testimony
A.B. 305	D	Assemblyman Oscarson	Proposed Amendment
A.B. 305	E	Jim Gubbels, REMSA	Proposed Amendment