

**MINUTES OF THE MEETING OF THE
SENATE COMMITTEE ON FINANCE
AND
ASSEMBLY COMMITTEE ON WAYS AND MEANS
SUBCOMMITTEES ON HUMAN SERVICES**

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

The meeting of the Subcommittees on Human Services of the Senate Committee on Finance and Assembly Committee on Ways and Means was called to order by Chair Mark A. Lipparelli at 8:03 a.m. on Wednesday, April 1, 2015, in Room 3137 of the Legislative Building, Carson City, Nevada. [Exhibit A](#) is the Agenda. [Exhibit B](#) is the Attendance Roster. All exhibits are available and on file in the Research Library of the Legislative Counsel Bureau.

SENATE SUBCOMMITTEE MEMBERS PRESENT:

Senator Mark A. Lipparelli, Chair
Senator Ben Kieckhefer
Senator Aaron D. Ford

ASSEMBLY SUBCOMMITTEE MEMBERS PRESENT:

Assemblyman James Oscarson, Chair
Assemblywoman Jill Dickman, Vice Chair
Assemblyman Derek W. Armstrong
Assemblywoman Maggie Carlton
Assemblyman John Hambrick
Assemblywoman Marilyn Kirkpatrick
Assemblyman Michael C. Sprinkle
Assemblywoman Robin L. Titus

STAFF MEMBERS PRESENT:

Cindy Jones, Assembly Fiscal Analyst
Alex Haartz, Principal Deputy Fiscal Analyst
Joi Davis, Senior Program Analyst
Kristen Kolbe, Program Analyst
Emily Cervi, Committee Assistant
Lona Domenici, Committee Manager
Jackie L. Cheney, Committee Secretary

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OTHERS PRESENT:

Bonnie Long, Administrative Services Officer, Director's Office, Department of Health and Human Services
Ellen Crecelius, Ph.D., Deputy Director, Fiscal Services, Department of Health and Human Services
Richard Whitley, M.S., Interim Director, Department of Health and Human Services

Chair Lipparelli:

We will begin with the Department of Health and Human Services (DHHS), Director's Office, Public Defender, budget account (B/A) 101-1499.

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HEALTH AND HUMAN SERVICES – DIRECTOR'S OFFICE

HHS-DO - Public Defender — Budget Page DHHS-DIRECTOR-45 (Volume II)
Budget Account 101-1499

Bonnie Long (Administrative Services Officer, Director's Office, Department of Health and Human Services):

I have provided a handout entitled "DHHS Director's Office State Public Defender, Budget Hearing, April 1, 2015" ([Exhibit C](#)).

The Office of the State Public Defender (OSPD) represents adult and juvenile indigent, criminal defendants when a court appoints the OSPD as counsel. The OSPD provides services for Carson, Eureka, Storey and White Pine Counties. The 13 remaining counties provide their own public defender services through a county public defender or private contract attorney. The OSPD also handles appeals for State prison inmates whose habeas corpus post-conviction petitions have been denied. The State Public Defender maintains two offices, one in Carson City staffed with 14 full time equivalents (FTE) and one in Ely staffed with 4 FTEs.

Fees assessed to the counties utilizing the services of the OSPD and General Fund appropriations support B/A 101-1499. Funding for the

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2015-2017 biennium is derived 76 percent from county fee revenue and 24 percent General Fund appropriation, with the exception of postconviction relief, which is 100 percent General Fund appropriations.

The postconviction relief funding is \$714,693 for the current fiscal year. Historically, the total cost to provide postconviction relief has exceeded the legislatively approved amount with funds being requested from a transfer from the Contingency Fund midway through each fiscal year. The request for the 2015-2017 biennium is based on a 5-year average of actual costs and is approximately \$1.3 million.

Per *Nevada Revised Statute* (NRS) 260.010, subsection 3, participating counties have until March 1 of odd-numbered years to notify the OSPD of their intention to create their own county office for a public defender. White Pine and Eureka Counties provided written notice that they will not continue to receive services from the OSPD during the next biennium. Consequently, the OSPD in Ely will be closed effective July 1, 2015. Four positions in the Ely office will be eliminated as described on page 3 of [Exhibit C](#).

Budget Amendment No. A150601499 creates decision unit E-490 that removes costs associated with the Ely office totaling \$427,589 in fiscal year (FY) 2016 and \$427,614 in FY 2017. The total reduction in all decision units in this budget account resulting from the closure of this office is \$452,621 in FY 2016 and \$449,606 in FY 2017.

Chair Lipparelli:

What is the impact on the counties remaining with the OSPD?

Ms. Long:

The services to the remaining counties will not be impacted, although the funding will be reduced.

Chair Oscarson:

What efforts will be made for employees who lose their jobs because of the closure of the Ely office?

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Ellen Crecelius, Ph.D. (Deputy Director, Fiscal Services, Department of Health and Human Services):

We are looking within DHHS to identify vacant positions for which they may qualify.

Chair Oscarson:

Please help them transition to other positions so they can continue supporting their families. Will there be leave balances to cash out that need to be included in the 2015-2017 biennium budget?

Ms. Long:

The annual leave will be paid from the FY 2015 budget.

Chair Lipparelli:

We will now move to the budget closings, starting with B/A 101-3150. You have been provided a handout entitled "Human Services Joint Subcommittee Closing List #1, April 1, 2015" ([Exhibit D](#)).

HHS-DO - Administration — Budget Page DHHS-DIRECTOR-13 (Volume II)
Budget Account 101-3150

Joi Davis (Senior Program Analyst):

The DHHS Director's Office is responsible for coordinating all departmental programs, overseeing the department's budgets and providing technical assistance to the various divisions within the department.

There are two major closing issues in B/A 101-3150. The first is decision unit E-225 described on page 3 of [Exhibit D](#). In the Executive Budget, Governor Brian Sandoval recommends \$182,891 over the 2015-2017 biennium for a new information technology (IT) professional position and associated operating costs to support the Director's main office and six satellite offices throughout the state.

E-225 Efficient and Responsive State Government — Page DHHS-DIRECTOR-15

The DHHS does not have a dedicated IT position to support their functions. They have relied on IT staff from other DHHS divisions and contract IT services.

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Due to the use of vendors and intermittent staffing, the Director's Office has experienced delays and a lack of continuity with their databases. If this position is approved, \$2,464 for contract IT services can be eliminated from the Public Defender's account, B/A 101-1499, in each year of the 2015-2017 biennium. Based on testimony and information provided, this recommendation appears reasonable.

ASSEMBLYMAN OSCARSON MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE DECISION UNIT E-225 IN B/A 101-3150 AS RECOMMENDED BY THE GOVERNOR WITH THE REDUCTION OF \$2,464 IN B/A 101-1499 EACH YEAR OF THE 2015-2017 BIENNIUM.

SENATOR KIECKHEFER SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED UNANIMOUSLY.

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Ms. Davis:

The Executive Budget proposes a change of funding for the tribal liaison position in decision unit E-275. This position is currently supported by federal grant funds from the U.S. Centers for Disease Control and Prevention under the Public Health Preparedness (PHP) Program. The DHHS indicates the change in funding is needed because the position no longer works solely on PHP. The position duties will be transitioning from PHP to department-level tribal liaison duties to ensure the Nevada tribes have a single point-of-contract for information referrals and concerns within the DHHS. The new duties are listed in the middle of page 4 of [Exhibit D](#).

E-275 Educated and Healthy Citizenry — Page DHHS-DIRECTOR-16

Decision unit E-275 authorizes General Fund appropriations of \$165,976 over the 2015-2017 biennium to fund the tribal liaison position. Because this position will be performing work for all DHHS divisions, staff suggested a cost allocation

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plan be considered for the 2017-2019 biennium. The DHHS indicated they would track time and duties relative to the divisions and programs served during the 2015-2017 biennium.

Fiscal staff discussed with DHHS the possibility of cost allocating B/A 101-3150 in its entirety. The DHHS said they would be willing to work with the Department of Administration's Budget Division to evaluate the possibilities during the 2015-2017 biennium.

Do the Subcommittees wish to approve the change of funding for the tribal liaison position from federal PHP grant funds to General Fund appropriations? If so, staff recommends the Subcommittees direct the Budget Office and the DHHS, during the 2015-2017 biennium, to explore cost allocation methods to support department-wide services provided by the Director's Office, and to include those cost allocation methods, if appropriate, in the budget submitted for the 2017-2019 biennium. If not, DHHS indicates the tribal liaison position will be eliminated.

SENATOR KIECKHEFER MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE DECISION UNIT E-275 IN B/A 101-3150 AS RECOMMENDED BY THE GOVERNOR; AND TO REQUIRE THE DEPARTMENT OF ADMINISTRATION BUDGET DIVISION AND DHHS TO EXPLORE COST ALLOCATION METHODS TO SUPPORT DEPARTMENT-WIDE SERVICES PROVIDED BY THE DIRECTOR'S OFFICE; AND TO INCLUDE THOSE COST ALLOCATION METHODS, IF APPROPRIATE, IN THE BUDGET SUBMITTED FOR THE 2017-2019 BIENNIUM.

ASSEMBLYMAN OSCARSON SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED UNANIMOUSLY.

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Ms. Davis:

Decision unit E-228 in B/A 101-3150 requests General Fund appropriations of \$6,537 in each fiscal year of the 2015-2017 biennium for increases in out-of-state travel and training. This would allow the DHHS Director to attend at least one out-of-state conference each year and provide for additional out-of-state travel as needed by the Director, rather than relying on other DHHS divisions to support the Director's travel. These requests appear reasonable.

E-228 Efficient and Responsive State Government — Page DHHS-DIRECTOR-16

The Governor recommends \$15,147 in decision unit E-710 in B/A 101-3150 over the 2015-2017 biennium to replace computer equipment.

E-710 Equipment Replacement — Page DHHS-DIRECTOR-17

ASSEMBLYMAN ARMSTRONG MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE DECISION UNITS E-228 AND E-710 IN B/A 101-3150 AS RECOMMENDED BY THE GOVERNOR WITH AUTHORITY FOR STAFF TO MAKE TECHNICAL ADJUSTMENTS AS NEEDED.

ASSEMBLYWOMAN TITUS SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED UNANIMOUSLY.

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Ms. Davis:

The next account is the Grants Management Unit (GMU), B/A 101-3195, discussed on pages 6 through 11 of [Exhibit D](#). The GMU administers, monitors and audits the Title XX of the Social Security Act Social Services Block grant, Community Services Block grant, Community-Based Child Abuse Prevention grant, Family Resource Centers, Differential Response, Children's Trust Account, Problem Gambling grants and Fund for a Healthy Nevada grants. This

budget also includes the Office of Food Security (OFS) and the Nevada 2-1-1 System.

HHS-DO - Grants Management Unit — Budget Page DHHS-DIRECTOR-25
(Volume II)
Budget Account 101-3195

The Executive Budget recommends total funding of \$54.2 million over the 2015-2017 biennium, a 3.2 percent decrease compared to the \$56 million approved for the 2013-2015 biennium. The decrease is primarily due to changes in the Fund for a Healthy Nevada spending plan.

The first major closing item concerns the allocation from the Fund for a Healthy Nevada, also referred to as tobacco settlement funds. The DHHS receives 60 percent of those funds. The remaining 40 percent, after the initial outlay for the Office of the Attorney General for its Tobacco Enforcement Unit and the Department of Taxation for its Compliance Unit, goes to the Governor Kenny Guinn Millennium Scholarship program. The chart on page 11 of [Exhibit D](#) lists the distribution of the tobacco settlement funds to all budget accounts. The chart on the bottom of page 7 of [Exhibit D](#) shows the DHHS spending plan for approximately \$17.4 million received for GMU programs.

The Governor recommends in decision unit E-226 of B/A 101-3195 an increase of \$294,672 for disability grants and \$137,334 for the Family Resource Centers each year of the 2015-2017 biennium.

E-226 Efficient and Responsive State Government — Page DHHS-DIRECTOR-28

The OFS was first identified by the 2012 needs assessment, which resulted in approval of a \$2.3 million allocation each year of the 2013-2015 biennium. The Executive Budget recommends the allocation continue at the same level in the 2015-2017 biennium. The table on page 8 of [Exhibit D](#) shows how the OFS monies were distributed in FY 2014. According to DHHS, Hunger One-Stop Shops and food pantries have assisted in addressing the root causes of hunger. The OFS, and the allocations it provides, has assisted in increasing enrollments in the Supplemental Nutrition Assistance and National School Lunch programs.

The Nevada 2-1-1 is a statewide system of nonemergency information and referrals to the public regarding health, welfare, human and social services available through both public and private entities throughout the State. The System was previously supported by private donations, grant funds from the United Way and the Annie E. Casey Foundation, federal Title XX grant funds, as well as General Fund appropriations and tobacco settlement funds.

The Nevada 2-1-1 system is currently operated 24/7 by HELP of Southern Nevada and the Crisis Call Center in northern Nevada. The Executive Budget recommends \$700,000 in tobacco settlement funds in each fiscal year of the 2015-2017 biennium for the Nevada 2-1-1 system, which supports operating costs, such as personnel, rent, communication, travel and supplies for the call centers. This is an increase of \$200,000 per year over the current biennium.

During the budget Subcommittee hearing on February 6, 2015, concerns were expressed over the instability of the tobacco settlement funds and ongoing utilization to fund core functions of State government. The DHHS acknowledged the concern and indicated efforts were underway to look at other funding sources, including Medicaid and the Department of Public Safety, Division of Emergency Management, to offset the reduction in tobacco settlement funds. The nonprofit agencies are continuing to contribute by performing Web site development and maintaining the domain license.

Do the Subcommittees wish to approve the allocation of tobacco settlement funds for the GMU included in the 2015-2017 spending plan as proposed by the DHHS director and recommended by the Governor?

Assemblywoman Carlton:

I support the goals, but I am concerned about the ratio of dollars that goes to Clark County versus other counties. Clark County has the need, but does not appear to be getting their proportionate share.

Senator Kieckhefer:

Generally, the GMU does a good job assessing and prioritizing the needs. They work closely with the stakeholders to come up with a plan for allocating these dollars.

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SENATOR KIECKHEFER MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE THE ALLOCATION AND SPENDING PLAN OF THE TOBACCO SETTLEMENT FUNDS AND DECISION UNIT E-226 SET FORTH IN B/A 101-3195 AS RECOMMENDED BY THE DHHS DIRECTOR AND GOVERNOR.

ASSEMBLYWOMAN TITUS SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED UNANIMOUSLY.

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Ms. Davis:

The Governor recommends in decision unit E-225 tobacco settlement funds totaling \$103,284 over the 2015-2017 biennium for a part-time social services program specialist to serve as the statewide Nevada 2-1-1 coordinator and the associated operating expenditures.

E-225 Efficient and Responsive State Government — Page DHHS-DIRECTOR-28

Assemblyman Sprinkle:

It is imperative the DHHS look for other permanent funding sources. I have concerns about the tobacco settlement funds being used to fund these types of projects.

SENATOR KIECKHEFER MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE DECISION UNIT E-225 IN B/A 101-3195 AS RECOMMENDED BY THE GOVERNOR WITH AUTHORITY FOR STAFF TO MAKE TECHNICAL ADJUSTMENTS AS NEEDED.

ASSEMBLYMAN OSCARSON SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

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SENATE: THE MOTION CARRIED UNANIMOUSLY.

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Ms. Davis:

Decision unit E-710 in B/A 101-3195 proposes \$4,869 in FY 2016 to replace three laptop computers and one computer monitor.

E-710 Equipment Replacement — Page DHHS-DIRECTOR-29

Decision unit M-800 in B/A 101-3195 recommends \$2,004 in FY 2016 and \$52,536 in FY 2017 in cost allocation assessments for fiscal and administrative services provided by the DHHS Director's Office.

M-800 Cost Allocation — Page DHHS-DIRECTOR-27

Fiscal staff recommends these items be closed as recommended by the Governor with authority for staff to make technical adjustments as needed.

SENATOR KIECKHEFER MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE DECISION UNITS E-710 AND M-800 IN B/A 101-3195 AS RECOMMENDED BY THE GOVERNOR WITH TECHNICAL ADJUSTMENTS AS RECOMMENDED BY STAFF.

ASSEMBLYWOMAN DICKMAN SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED UNANIMOUSLY.

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Ms. Davis:

The Consumer Health Assistance, B/A 101-3204, is discussed on pages 12 through 16 of [Exhibit D](#).

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HHS-DO - Consumer Health Assistance — Budget Page DHHS-DIRECTOR-35
(Volume II)
Budget Account 101-3204

The Office of Consumer Health Assistance (OCHA) assists Nevada consumers to understand and navigate the health care system by understanding patient rights and responsibilities under various health care plans, including industrial insurance, Medicaid and the Silver State Health Insurance Exchange (SSHIX). The OCHA also provides educational outreach regarding access to health care, responds to and investigates complaints regarding health care plans and policies, and assists in billing disputes between patients and hospitals. The OCHA has offices in Las Vegas and Elko.

The budget is supported by a General Fund appropriation, federal funds, hospital assessments and a transfer from the Fund for Workers' Compensation and Safety. During the last two biennia, DHHS received Affordable Care Act (ACA) grant funds and federal funds transferred from SSHIX to assist Nevadans and insurance providers with the implementation of the ACA and the SSHIX. With the expiration of ACA and SSHIX funds for this budget, the Interim Finance Committee (IFC) approved the utilization of tobacco settlement funds to continue four ombudsman positions through FY 2015.

The major issues in B/A 101-3204 are the ombudsman positions and funding sources for the positions. Decision unit E-492 proposes \$703,697 over the 2015-2017 biennium to retain three of the four ombudsman positions and associated operating costs. The fourth ombudsman will be eliminated. The funding sources are a combination of tobacco settlement funds from the Fund for a Healthy Nevada and federal grant funds transferred from the Division of Public and Behavioral Health (DPBH), Behavioral Health Administration as shown on the chart on page 14 of [Exhibit D](#).

E-492 Expiring Grant/Program — Page DHHS-DIRECTOR-38

HHS-DPBH - Behavioral Health Administration — Budget Page DHHS - PUBLIC
HEALTH-150 (Volume II)
Budget Account 101-3168

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The DHHS indicated the consumer health advocate is currently enrolled in the State's Certified Public Manager program and as her capstone project, she will be evaluating and identifying funding sources to continue to support the salaries and operating expenditures for the three ombudsman positions. That report should be complete by October 2015.

If decision unit E-492 is approved, the Subcommittees may wish to recommend a Letter of Intent be issued directing the Agency to submit a report to the IFC on or before February 1, 2016, identifying recommendations for funding sources to support the salary and operating costs for the three ombudsman positions in future biennia.

Do the Subcommittees wish to approve the Governor's recommendation to eliminate one ombudsman position and retain three ombudsman positions to be supported with transfers from the DPBH and the Fund for Healthy Nevada over the 2015-2017 biennium? If so, do the Subcommittees wish to recommend the full Committees issue a Letter of Intent directing the Agency to report to the IFC on or before February 1, 2016, to identify efforts made and recommendations for funding sources to support the salary and operating costs for three ombudsman positions in future biennia?

Senator Kieckhefer:

Are the three ombudsman currently funded 100 percent with federal funds?

Ms. Davis:

The positions are funded 100 percent with tobacco settlement funds in FY 2015. During FY 2014, they were partially funded with ACA and SSHIX monies.

Senator Kieckhefer:

As I understand it, we are reducing the tobacco settlement funds to 48.8 percent and shifting some of the costs to health facilities hospital licensing fees and DPBH administration. What is the funding source for the DPBH administration?

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Ms. Davis:

The DPBH administration is funded by a federal grant. Staff checked with the DPBH who confirmed this is an appropriate use of those funds.

Senator Kieckhefer:

I am uncomfortable using the health facility hospital licensing fees in this way. Those are regulatory fees designed for the sole purpose of licensing and regulating an industry. Switching them to another purpose is inappropriate. I am only willing to consider this as a temporary solution.

ASSEMBLYWOMAN DICKMAN MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE DECISION E-492 OF B/A 101-3204 AS RECOMMENDED BY THE GOVERNOR; AND TO RECOMMEND TO THE FULL COMMITTEES TO ISSUE A LETTER OF INTENT DIRECTING DHHS TO IDENTIFY EFFORTS MADE AND RECOMMENDATIONS FOR FUNDING SOURCES TO SUPPORT THE SALARY AND OPERATING COSTS FOR THREE OMBUDSMAN POSITIONS IN FUTURE BIENNIA.

ASSEMBLYMAN OSCARSON SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED. (ASSEMBLYWOMAN TITUS VOTED NO.)

SENATE: THE MOTION CARRIED UNANIMOUSLY.

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Ms. Davis:

Decision unit M-800 of B/A 101-3204 recommends \$13,992 in FY 2016 and \$24,737 in FY 2017 for cost allocation assessments for the fiscal and administrative services provided by the DHHS Director's Office related to B/A 101-3204. Fiscal staff recommends approval of this item with authority for staff to make technical adjustments.

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ASSEMBLYMAN HAMBRICK MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE DECISION UNIT M-800 OF B/A 101-3204 AS RECOMMENDED BY THE GOVERNOR WITH AUTHORITY FOR STAFF TO MAKE TECHNICAL ADJUSTMENTS AS NEEDED.

ASSEMBLYWOMAN DICKMAN SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED UNANIMOUSLY.

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Chair Lipparelli:

Next, is B/A 101-3101, the DPBH Radiation Control Program (RCP).

PUBLIC AND BEHAVIORAL HEALTH

HHS-DPBH - Radiation Control — Budget Page DHHS - PUBLIC HEALTH-20
(Volume II)
Budget Account 101-3101

Kristen Kolbe (Program Analyst):

The RCP is discussed on pages 16-18 of [Exhibit D](#). This program protects public health, safety and the environment by regulating sources of ionizing radiation and providing general information concerning ionizing radiation sources. The RCP licenses and inspects radioactive material users; registers and inspects radiation producing machines statewide; issues certificates of authorization to operate mammography equipment and inspects mammography radiation producing machines; educates the public on radon hazards in the home and workplace; and licenses and provides oversight of the closed low-level waste disposal site near Beatty.

In decision unit E-227 of B/A 101-3101, the Executive Budget recommends transferring radioactive material license fees of \$535,895 in FY 2017 to support

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two new oral health contract positions in decision unit E-226 of the Chronic Disease B/A 101-3220.

E-227 Efficient and Responsive State Government — Page DHHS – PUBLIC HEALTH 23

HHS-DPBH - Chronic Disease — Budget Page DHHS - PUBLIC HEALTH-102
(Volume II)
Budget Account 101-3220

E-226 Efficient and Responsive State Government — Page DHHS – PUBLIC HEALTH-105

The DHHS requested these two positions be funded with General Fund appropriations. General Fund appropriations were not supported by the Governor's recommended budget for the 2015-2017 biennium, which required DHHS to find an alternative funding source. The DHHS then chose the radioactive material license fees and it appears to staff the sole reason for the selection was that dental office devices account for approximately 37 percent of the radiation producing machine registrations in the State.

Fiscal staff notes that while licensing fees are commonly used to support the cost of positions, funded positions typically perform the required regulator workload of inspecting, investigating and permitting associated with the fee revenue. The transfer to support the State dental health officer and the dental hygienist positions deviates from this practice. Should decision unit E-227 be approved, the DHHS indicated in response to staff inquiries that they would conduct a time accounting study and look for other funding sources during the 2015-2017 biennium.

Do the Subcommittees wish to approve the transfer of \$535,895 in radioactive material license fees in FY 2017 to fund a State dental health officer and a State public health dental hygienist position in the Chronic Disease account, B/A 101-3220, as recommended in the Executive Budget?

Senator Kieckhefer:

I do not support this request. The proposed funds are regulatory licensing fees intended for the enforcement and oversight of the regulatory infrastructure in the industry. Decision unit E-227 proposes to use those funds for something that is unrelated to that function. I recommend denial of this request.

Assemblywoman Carlton:

I disagree with Senator Kieckhefer. We just recommended closure of a number of budgets using tobacco settlement dollars for ongoing core functions. The intent of this request is to start oral health activities while looking for other dollars to fund it in the future. Thirty-seven percent of the funds requested to support these positions were generated by the dental offices. These new positions will serve an area of need in dental health that has existed for a long time. Dental health for the indigent is nonexistent. When a mobile dental unit stays in front of a school for 2 years because the need is so great, it is an indication of a crisis in this State. This may not be the perfect way to address the need, but it is a start. No Legislature ties the hands of a future Legislator. This is a way to start addressing the problem. If we keep putting it off, the problem will only worsen. This is a 2-year plan with a plan within it to find a better way to fund it in the future. I support this initiative and plan to be here in 2 years holding DHHS accountable for how it can be funded in the future.

Senator Kieckhefer:

Tobacco settlement funds would be a perfect way to fund this. The use of those funds is more flexible. I do not agree with using radioactive material license fees as proposed in decision unit E-227.

Assemblywoman Titus:

I concur that dental health for indigents in Nevada is in dire need and we need to do something to improve it. I am not convinced this is the appropriate funding mechanism. I have concerns about the stability of the proposed funding. More digitalization and less radiation are used in the general healthcare and dental realm, including mammography.

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Chair Oscarson:

I too have concerns. I suggest we consider clinical reimbursement structures that could be cost allocated. Perhaps we should fund only the hygienist position, rather than both the dentist and hygienist to get this program started.

Assemblyman Sprinkle:

I disagree. Both these positions are necessary to begin addressing a necessary public health issue. If the proposed funding mechanism is not appropriate, this body must find another funding source for these positions.

Assemblywoman Kirkpatrick:

If we do not use the radioactive material license fees for these positions, what happens to those funds? Will they be used or will they sit in a reserve? Is there an opportunity to use tobacco settlement funds for this?

Ms. Kolbe:

If the radioactive material license fees are not used, they will remain in the reserves. If the funding is taken out to fund the proposed positions, a 3-month reserve will remain. Adding back the funding for these positions increases the reserve to 4 months. It is permissible to use the tobacco settlement funding for these positions.

Assemblywoman Kirkpatrick:

I do not like to see money sit in reserves because it will be used to cover a shortfall somewhere else. However, if there is a different way to fund these two positions, we should be looking at that option. In the grand scheme of things, we are talking about a small dollar amount in relation to the services gained.

Assemblywoman Dickman:

Is there any money left in the tobacco settlement funds to cover this?

Richard Whitley, M.S. (Interim Director, Department of Health and Human Services):

We looked for a way to start these positions with the intent of moving toward cost allocation. The positions must be up and going to enable documenting time and effort aimed at establishing a cost allocation plan. The proposed funding is

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intended to be temporary. We do not have adequate tobacco settlement dollars to support these positions.

Assemblyman Armstrong:

I agree with Assemblywoman Kirkpatrick's comments. If we will end up using the reserve dollars somewhere else, we should use the money as a one-time measure to get these positions up and going. I am willing to accept the Governor's proposal for this biennium only.

Chair Oscarson:

Would the DHHS be willing to consider only funding the hygienist position?

Mr. Whitley:

We looked at other states and the models they use. Approximately 40 other states have dental health officers. Some states do not have both a dentist and dental hygienist. Some use the dental hygienist as the health officer. One position could get things started in assessing the need.

SENATOR FORD MOVED TO RECOMMEND TO THE FULL COMMITTEES
TO APPROVE DECISION UNIT E-227 OF B/A 101-3101 AS
RECOMMENDED BY THE GOVERNOR.

ASSEMBLYWOMAN KIRKPATRICK SECONDED THE MOTION.

Senator Kieckhefer:

I have expressed my discomfort with the proposal for using these funds. Clearly, the other members of the Subcommittees are more comfortable than I. Considering the Agency will be coming back with a proposal for cost allocating this in future biennia, I will agree to support the measure.

Assemblywoman Titus:

Dental health is a serious problem in Nevada. We have a shortage of dentists, but mostly we have a shortage of payment sources for people to go to a dentist. I could get my patients in to see a dentist if they had a way to pay. I do not like the idea of funding two administrative positions unless I am assured they will help solve the problems of getting patients treated by dentists. Money is being authorized to pay administrative salaries rather than to reimburse

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providers for services rendered. This money could pay for a lot of treatment. Please make sure these positions will actually provide patient care and will take steps to improve access to dental care.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED UNANIMOUSLY.

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Ms. Kolbe:

There are other closing items listed on page 17 and 18 of [Exhibit D](#). Decision units E-710, E-711, E-712, and E-720 are for replacement equipment and new equipment. Decision units M-803 and E-803 recommend a reduction in reserves of \$23,001 over the 2015-2017 biennium to support the DPBH federal indirect rate agreement cost allocation.

Fiscal staff recommends these items be closed as recommended by the Governor and requests authority to make technical adjustments as needed.

E-710 Equipment Replacement — Page DHHS – PUBLIC HEALTH-23
E-711 Equipment Replacement — Page DHHS – PUBLIC HEALTH-24
E-712 Equipment Replacement — Page DHHS – PUBLIC HEALTH-24
E-720 New Equipment — Page DHHS – PUBLIC HEALTH-25
M-803 Cost Allocation — Page DHHS – PUBLIC HEALTH-22
E-803 Cost Allocation — Page DHHS – PUBLIC HEALTH-25

SENATOR KIECKHEFER MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE DECISION UNITS E-710, E-711, E-712, E-720, M-803 AND E-803 OF B/A 101-3101 AS RECOMMENDED BY THE GOVERNOR WITH TECHNICAL ADJUSTMENTS AS RECOMMENDED BY STAFF.

ASSEMBLYWOMAN KIRKPATRICK SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED UNANIMOUSLY.

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Ms. Kolbe:

The DPBH Child Care Services account, B/A 101-3149, is described on pages 19 and 20 of [Exhibit D](#). This program is responsible for licensing, monitoring and providing technical assistance to childcare facilities caring for five or more children and not licensed by local entities. This budget is mainly funded through transfers from the Division of Welfare and Supportive Services for contracted services, as well as licensing fees and General Fund appropriations.

HHS-DPBH - Child Care Services — Budget Page DHHS - PUBLIC HEALTH-28
(Volume II)

Budget Account 101-3149

The Executive Budget, decision unit E-225, recommends eliminating General Fund appropriations of \$13,564 over the 2015-2017 biennium and proposes replacing them with increased fee support. A flat rate of \$111 is suggested with an additional \$2 fee per child for facilities providing care for 13 or more children. Childcare facilities providing care for 12 or fewer children would not be subject to the proposed rate increase.

E-225 Efficient and Responsive State Government — Page DHHS – PUBLIC HEALTH-30

The Executive Budget did not include fees for facilities providing care for more than 200 children. Fiscal staff included an adjustment of \$60,014 over the 2015-2017 for this item. Additionally, existing law requires the DPBH to perform periodic background investigations on persons involved in the operations of a childcare facility and authorizes the Agency to charge each person a reasonable cost for the investigation. The DPBH does not currently charge for conducting background investigations but will start to charge for these beginning in FY 2016. It is estimated \$141,726 will be received during the FY 2015-2017 biennium. The additional investigation fees, which equate to approximately 16 days of operating revenue for each year, were placed into the reserve category for use as start-up funding in a subsequent fiscal year.

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Do the Subcommittees wish to eliminate General Fund appropriations of \$13,564 over the 2015-2017 biennium, as recommended by the Governor, and approve additional licensing fees of \$60,014 and investigation fees of \$141,726 over the 2015-2017 biennium, as adjusted?

Assemblywoman Kirkpatrick:

If the estimated fees do not come in as expected, is there a reserve to cover the services?

Ms. Kolbe:

Yes.

ASSEMBLYWOMAN DICKMAN MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE DECISION UNIT E-225 IN B/A 101-3149 AS RECOMMENDED BY THE GOVERNOR; AND TO APPROVE ADDITIONAL LICENSING FEES OF \$60,014 AND INVESTIGATION FEES OF \$141,726 OVER THE 2015-2017 BIENNIUM, AS ADJUSTED BY FISCAL STAFF.

ASSEMBLYMAN ARMSTRONG SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED UNANIMOUSLY.

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Ms. Kolbe:

Decision unit E-710 requests \$12,077 in FY 2017 to replace nine desktop computers and five flat panel monitors.

E-710 Equipment Replacement — Page DHHS – PUBLIC HEALTH-31

The Executive Budget recommends a reduction of \$3,799 in operating expenses over the 2015-2017 biennium in decision unit M-803 to support the DPBH's federal indirect rate agreement cost allocation. Since the cost allocation

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is funded through a reduction in operating expenses, the Executive Budget reflects \$0 in revenue and expenditures in this decision unit.

M-803 Cost Allocation — Page DHHS – PUBLIC HEALTH-30

Fiscal staff recommends approval of these requests with authority to make technical adjustments as needed.

ASSEMBLYWOMAN KIRKPATRICK MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE DECISION UNITS E-710 AND M-803 IN B/A 101-3149 WITH TECHNICAL ADJUSTMENTS AS RECOMMENDED BY STAFF.

SENATOR KIECKHEFER SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED UNANIMOUSLY.

* * * * *

Ms. Kolbe:

The DPBH Immunization Program, B/A 101-3213, is described on pages 21 through 23 of [Exhibit D](#).

HHS-DPBH - Immunization Program — Budget Page DHHS - PUBLIC HEALTH-51
(Volume II)
Budget Account 101-3213

Decision units E-490 and E-913 in the Executive Budget transfer General Fund appropriations of \$130,264 over the 2015-2017 biennium from the DPBH Immunization Program to the Division of Health Care Financing and Policy (DHCFP) for the Children's Health Insurance Program, also called Nevada Check Up, B/A 101-3178, decision unit E-913.

E-490 Expiring Grant/Program — Page DHHS – PUBLIC HEALTH-54

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E-913 Transfer From BA 3213 To BA 3178 — Page PUBLIC HEALTH – PUBLIC HEALTH-55

HHS-HCF&P - Nevada Check-Up Program — Budget Page DHHS - PUBLIC HEALTH-36 (Volume II)
Budget Account 101-3178

E-913 Tran Frm Public Health To Health Care Fin & Policy — Page DHHS-DHCFP-39

Fiscal staff was notified by the Budget Division on March 28, 2015, that due to recent developments, the DPBH, DHCFP and the Budget Division recommended eliminating these decision units. Fiscal staff has reviewed the proposal and has determined that eliminating the E-490 and E-913 decision units of B/A 101-3213 would provide the physicians that administer immunizations to Nevada Check Up recipients continuity of the program by maintaining the State immunization program as the purchaser and distributor of childhood vaccines for the Nevada Check Up children. There would be no net effect to the General Fund.

Do the Subcommittees wish to eliminate the transfer of General Fund appropriations of \$130,264 over the 2015-2017 biennium from the DPBH Immunization Program, B/A 101-3213, to the DHCFP, B/A 101-3178; and continue the transfer of \$2.1 million in federal Nevada Check Up grant funds from the DHCFP to the DPBH Immunization Program over the 2015-2017 biennium?

ASSEMBLYMAN OSCARSON MOVED TO RECOMMEND TO THE FULL COMMITTEES TO ELIMINATE THE TRANSFER OF GENERAL FUND APPROPRIATIONS OF \$130,264 OVER THE 2015-2017 BIENNIUM FROM THE DPBH IMMUNIZATION PROGRAM, B/A 101-3213, TO THE DHCFP, B/A 101-3178 AND CONTINUE THE TRANSFER OF \$2.1 MILLION IN FEDERAL NEVADA CHECK UP GRANT FUNDS FROM THE DHCFP, B/A 101-3178 TO THE DPBH IMMUNIZATION PROGRAM OVER THE 2015-2017 BIENNIUM.

SENATOR KIECKHEFER SECONDED THE MOTION.

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Assemblywoman Titus:

I am abstaining from this vote because I benefit from reimbursements for immunizations.

ASSEMBLY: THE MOTION CARRIED. (ASSEMBLYWOMAN TITUS
ABSTAINED FROM THE VOTE.)

SENATE: THE MOTION CARRIED UNANIMOUSLY.

* * * * *

Ms. Kolbe:

The Executive Budget recommends in decision unit E-225 the addition of a new administrative assistant position to support the Vaccines for Children (VFC) program and act as the Nevada State Immunization Program's liaison with the Bureau of Child, Family and Community Wellness within the DPBH. This position would alleviate contractual staff turnover and maintain programmatic consistency for the VFC. The position would be supported with a reduction in contract services of \$85,043 over the 2015-2017 biennium.

E-225 Efficient and Responsive State Government — Page DHHS – PUBLIC
HEALTH-53

ASSEMBLYMAN HAMBRICK MOVED TO RECOMMEND TO THE
FULL COMMITTEES TO APPROVE DECISION UNIT E-225 IN
B/A 101-3213 AS RECOMMENDED BY THE GOVERNOR.

SENATOR KIECKHEFER SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED UNANIMOUSLY.

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Ms. Kolbe:

Decision unit E-491 recommends elimination of \$272,166 over the 2015-2017 biennium in the U.S. Centers for Disease Control and Prevention National Center for Immunization and Respiratory Diseases federal grant funds to eliminate the costs associated with maintaining, storage and handling of vaccines.

E-491 Expiring Grant/Program — Page DHHS - DPBH-54

Decision unit E-710 recommends \$9,260 in FY 2016 to replace computer equipment and software. This recommendation appears reasonable.

E-710 Equipment Replacement — Page DHHS - DPBH-55

Decision units M-803 and E-803 recommend reductions totaling \$30,410 in General Fund appropriations and a reduction of \$84,303 in Nevada Check Up funds over the 2015-2017 biennium to support the DPBH's federal indirect rate agreement cost allocation.

M-803 Cost Allocation — Page DHHS – PUBLIC HEALTH-53

E-803 Cost Allocation — Page DHHS – PUBLIC HEALTH-55

Fiscal staff recommends these items be closed as recommended by the Governor and requests authority to make technical adjustments, as needed.

ASSEMBLYWOMAN DICKMAN MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE DECISION UNITS E-491, E-710, M-803 AND E-803 IN B/A 101-3213 AS RECOMMENDED BY THE GOVERNOR WITH TECHNICAL ADJUSTMENTS AS RECOMMENDED BY STAFF.

SENATOR KIECKHEFER SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED UNANIMOUSLY.

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Chair Lipparelli:

We will move to Communicable Diseases, B/A 101-3215, discussed on pages 24 and 25 of [Exhibit D](#).

HHS-DPBH - Communicable Diseases — Budget Page DHHS - PUBLIC
HEALTH-63 (Volume II)
Budget Account 101-3215

Ms. Kolbe:

The Executive Budget, B/A 101-3215, decision unit E-276, recommends a new classified program officer position and associated costs.

E-276 Educated and Healthy Citizenry — Page DHHS – PUBLIC HEALTH-65

According to DPBH, the ACA and the U.S. Department of Health and Human Services Health Resources and Services Administration have directed a shift in the program from medication monitoring to health insurance cost-sharing activities. This position would carry out those duties, track and resolve client copay and premium payment issues, track insurance enrollment and serve as the backup to the AIDS Drug Assistance Program coordinator. To implement health insurance cost sharing activities, DPBH added a contract position in FY 2015 until a permanent position could be approved. This new classified program officer position would replace the existing contract position.

Chair Oscarson:

Is this a grant-funded position?

Ms. Kolbe:

This position is supported with a reduction to the U.S. Department of Health Resources and Services Comprehensive Care grant operating expenses of \$98,852 over the 2015-2017 biennium.

ASSEMBLYMAN OSCARSON MOVED TO RECOMMEND TO THE
FULL COMMITTEES TO APPROVE DECISION UNIT E-276 IN
B/A 101-3215 AS RECOMMENDED BY THE GOVERNOR.

SENATOR KIECKHEFER SECONDED THE MOTION.

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ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED UNANIMOUSLY.

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Ms. Kolbe:

Decision E-710 recommends \$6,300 to replace four laptop computers over the 2015-2017 biennium.

E-710 Equipment Replacement — Page DHHS – PUBLIC HEALTH-66

Decision units M-803 and E-803 propose General Fund appropriations of \$6,038 over the 2015-2017 biennium to support the DPBH's federal indirect rate agreement cost allocation.

M-803 Cost Allocation — Page DHHS – PUBLIC HEALTH-65

E-803 Cost Allocation — Page DHHS – PUBLIC HEALTH-67

Fiscal staff recommends that these decision units be closed as recommended by the Governor and requests authority to make technical adjustments as needed.

ASSEMBLYWOMAN DICKMAN MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE DECISION UNITS E-710, M-803 AND E-803 IN B/A 101-3215 AS RECOMMENDED BY THE GOVERNOR WITH TECHNICAL ADJUSTMENTS AS RECOMMENDED BY STAFF.

SENATOR KIECKHEFER SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED UNANIMOUSLY.

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Chair Lipparelli:

Next is Health Facilities Hospital Licensing, B/A 101-3216, discussed on pages 26 through 32 of [Exhibit D](#).

HHS-DPBH - Health Facilities Hospital Licensing — Budget Page DHHS - PUBLIC
HEALTH-69 (Volume II)
Budget Account 101-3216

Ms. Kolbe:

The Executive Budget recommends 9.6 new contract positions and 1 part-time position. The table on page 27 of [Exhibit D](#) summarizes the new positions and the industries or programs they would support. Four new positions are proposed for the medical laboratories including 1 for the medical laboratories and health facility licensing, 0.6 for dietitians and music therapists, 3 in health facilities, 2 in psychiatric hospitals and skilled nursing facilities, and a 0.5 State FTE position in community health workers.

The Governor recommends in decision unit E-225 a reduction in reserve funding of \$431,174 over the 2015-2017 biennium for the addition of four full-time and one part-time contract positions and associated costs. These positions would address industry growth in medical laboratories. Two health facility inspectors and one administrative assistant would support the increased medical laboratory licensing workload. A second administrative assistant would support the medical laboratories and health facility licensing.

E-225 Efficient and Responsive State Government — Page DHHS – PUBLIC
HEALTH-72

The Executive Budget indicates how the number of laboratories, medical laboratory personnel and health facilities has grown, which has resulted in an increase in fees received. In FY 2014, this budget was legislatively authorized to receive \$6.1 million in health facility licenses and fees and medical laboratory certification fees. However, the budget actually received \$7 million, or an unanticipated increase of \$878,430. To date, this budget has received \$5.9 million of the legislatively approved amount of \$6.1 million, or 97 percent for FY 2015. Due to the growth, DPBH is not current with the licensing, inspection and certification processes. As of March 5, 2015, there is a backlog

of 577 entities, both medical laboratories and health facilities, needing inspections and 111 applications pending licensure or informational licensure changes.

To improve the timeliness of inspections, self-attestations were implemented in FY 2010 and with onsite validation inspections. Subsequently, DPBH determined self-attestations were not an effective method to ensure regulatory compliance since inspectors cited deficiencies for laboratories that previously indicated regulatory compliance through the self-attestation process. Although NRS 449.132 permits the DPBH to inspect a facility as often as necessary, by policy, medical laboratories are inspected every 18 months. The additional staff would reduce the current backlog and meet the 18-month periodicity schedule.

Do the Subcommittees wish to approve the addition of two full-time health facility inspector contract positions, two full-time administrative assistant contract positions and associated costs to address industry growth for medical laboratories and health facility licensing?

Assemblywoman Dickman:

How are these positions funded?

Ms. Kolbe:

These positions are funded with health facility licensing fees and medical laboratory certification fees.

Assemblywomen Carlton:

Is there a cost savings in hiring contract employees versus regular State employees?

Ms. Kolbe:

The DPBH requested regular FTE State positions. The Governor converted the same dollar amount into contract staff retaining the same number of positions. This was done because of the difficulty in recruiting and retaining staff in these positions.

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Assemblywoman Titus:

I have concerns about the 577 entities, both medical laboratories and health facilities, needing inspections and 111 pending licensure or informational licensure changes. Are there 111 healthcare facilities that have not opened because they are pending inspection to get their formal licensure?

Ms. Kolbe:

There are 577 entities waiting for inspections. We are supposed to perform inspections every 18 months.

Mr. Whitley:

The inspections for new businesses and businesses with changes affecting their licensure or certification are delayed. We try to make new businesses a priority and triage performance of laboratories, but there have been continuing delays in new businesses being licensed and certified.

Assemblywoman Titus:

We have a healthcare shortage in Nevada. Please provide the number of labs and facilities that are not opening because we cannot get them inspected.

Mr. Whitley:

I will provide that information.

Chair Lipparelli:

Please address Assemblywoman Carlton's question about contract staff versus State positions.

Mr. Whitley:

The DPBH primarily relies on the State FTE workforce. However, we have the same challenges that the health care industry has in general in recruiting health care providers. We hire health care providers and laboratory technicians as inspectors. We try to maximize the clinical knowledge of the inspector and have the administrative assistants perform the paperwork. It makes sense to bring new staff on as contractors in FY 2015-2017 and then decide whether it makes sense to convert them to State FTE positions the following biennium.

ASSEMBLYWOMAN DICKMAN MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE THE ADDITION OF TWO FULL-TIME HEALTH FACILITY INSPECTOR CONTRACT POSITIONS, TWO FULL-TIME ADMINISTRATIVE ASSISTANT CONTRACT POSITIONS AND ASSOCIATED COSTS IN DECISION UNIT E-225 IN B/A 101-3216 AS RECOMMENDED BY THE GOVERNOR.

SENATOR KIECKHEFER SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED UNANIMOUSLY.

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Ms. Kolbe:

The NRS requires the State Board of Health to license and regulate music therapists and regulate dietitians. The DPBH has a part-time contract person equivalent to a 0.6 FTE that has been fulfilling these statutory requirements. The Agency requested the conversion of the part-time contract position to a part-time State position, citing the licensing and regulation of music therapists and dieticians as permanent. However, the Governor recommends an additional part-time administrative contract position to support the music therapist and dietician regulation and licensing for a total FTE of 1.2 contract positions. In response to staff inquiries, the Agency provided workload statistics, which demonstrates a need of one full-time position, regardless of whether it is a State position or a contract position. Staff concurs that the statistics provided by the Agency demonstrate the workload of one FTE.

The Subcommittees may wish to consider the following options:

1. Approve the addition of a 0.6 FTE equivalent contract position for a total contract FTE of 1.2, as recommended by the Governor.
2. Approve the addition of a 0.4 FTE contract position for a total FTE equivalent of 1 contractor position.

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3. Approve the addition of a 0.4 FTE equivalent State position for a total FTE of 1 State position. This option would require the Subcommittees to make the current 0.6 contract position a state position.

Assemblyman Sprinkle:

If we chose Option 1, how much staff time does 0.2 provide?

Ms. Kolbe:

In theory, you could have two staff working 0.6 time.

Assemblywoman Carlton:

I support Option 3 making the position one State FTE position.

Assemblyman Armstrong:

I also support Option 3.

Assemblyman Dickman:

I like Option 2 but will support Option 3.

ASSEMBLYMAN OSCARSON MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE IN DECISION UNIT E-225 OF B/A 101-3216 THE ADDITION OF A 0.4 FTE EQUIVALENT STATE POSITION AND CONVERT THE CURRENT 0.6 CONTRACT POSITION TO A STATE POSITION RESULTING IN A FTE OF ONE STATE POSITION FOR MUSIC THERAPIST, DIETICIAN REGULATION AND LICENSING.

SENATOR KIECKHEFER SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED UNANIMOUSLY.

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Assemblywoman Titus:

Will the person in this position have to be both a music therapist and a dietitian?

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Ms. Kolbe:

The music therapist and the dietitian are two separate positions.

The Executive Budget, decision unit E-226 of B/A 101-3216, recommends a reduction in reserve funding of \$250,586 over the 2015-2017 biennium for the addition of three administrative assistant contract positions and associated costs to complete administrative workload caused by industry growth in health facilities.

E-226 Efficient and Responsive State Government — Page DHHS – PUBLIC HEALTH-73

The number of health facilities has grown by 50 percent in the last 5 years, and health facility inspectors are now spending an average of 30 percent of their time on administrative or clerical activities, increasing overtime costs and reducing their availability to conduct survey work. To increase health facility inspector field time, reduce overtime costs, and collect and analyze health facility licensing data at regular intervals, the three new contract positions are recommended in this decision unit to alleviate clerical and administrative duties of health facility inspection staff.

Do the Subcommittees wish to approve the addition of three administrative assistant contract positions and associated costs to support the health facilities unit?

ASSEMBLYMAN ARMSTRONG MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE DECISION UNIT E-226 IN B/A 101-3216 AS RECOMMENDED BY THE GOVERNOR.

SENATOR KIECKHEFER SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED UNANIMOUSLY.

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The Executive Budget, decision unit E-227 in B/A 101-3216, recommends a reduction in reserve funding of \$69,090 and fees and Centers for Medicare and Medicaid Services grant funding of \$212,576 over the 2015-2017 biennium for the addition of two contract positions, one health facility inspector and one psychiatrist. The positions would provide technical assistance to medical facility staff of psychiatric hospitals and skilled nursing facilities and assist with the backlog of inspections for mental health facilities. Page 29 of [Exhibit D](#) includes a list of justifications for these positions such as increases in Nevada psychiatric hospitals and skilled nursing facilities and increases in citations written to skilled nursing facilities for inappropriate actions.

E-227 Efficient and Responsive State Government — Page DHHS - DPBH-73

Recent efforts to recruit permanent, full-time health facility inspectors with psychiatric training have resulted in no candidates. These new contract positions would provide a team dedicated to improving the safety and quality of care for residents in both psychiatric hospitals and skilled nursing facilities by providing training and technical assistance to medical facility staff.

Do the Subcommittees wish to approve the addition of one contract health facility inspector and one contract psychiatrist to provide technical assistance and assist with inspections of mental health facilities?

Assemblywoman Titus:

What is the purpose of the psychiatrist and what amount of time are they expected to be available? Nevada does not warrant a full-time psychiatrist position to inspect our mental health facilities. There is a greater need in the actual field of psychiatry than there is in inspecting the psychiatric facilities. Nurses and other professionals with mental health expertise could perform these inspections with the assistance of pharmacists regarding medication and prescriptions. I am concerned we would be tying up a psychiatrist to inspect mental health facilities.

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Ms. Kolbe:

The psychiatrist would provide technical assistance. This position could help with inspections, but primarily would provide the technical guidance for the individuals conducting the inspections.

Assemblywoman Kirkpatrick:

Since this is a contract psychiatrist, this person could be called upon when needed. Considering the legal issues and bad press we had during the past 18 months regarding our mental health facilities, it is imperative we have this type of person involved with the corrective action plan.

ASSEMBLYWOMAN DICKMAN MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE DECISION UNIT E-227 IN B/A 101-3216 AS RECOMMENDED BY THE GOVERNOR.

SENATOR KIECKHEFER SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED UNANIMOUSLY.

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Ms. Kolbe:

The Executive Budget recommends in decision unit E-228 of B/A 101-3216 new license and fee revenue of \$19,140 over the 2015-2017 biennium for administration of alcohol and drug abuse facilities. The NRS and regulation would be amended to support this recommendation.

E-228 Efficient and Responsive State Government — Page DHHS – PUBLIC HEALTH-74

Currently, the Agency is authorized to license only facilities providing treatment for alcohol and drug abuse that are funded by the Substance Abuse Prevention and Treatment Agency (SAPTA) within the DPBH. The new license and fee revenue is predicated on licensing an additional ten facilities, averaging 26 beds. The DPBH existing staff would absorb the additional workload since

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the Agency does not have an accurate assessment of the number of otherwise unlicensed facilities operating without certification by SAPTA to substantiate additional positions. Senate Bill (S.B.) 500, which implements this budget recommendation, was referred to the Senate Committee on Health and Human Services on March 25, 2015.

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

Do the Subcommittees wish to approve \$19,140 over the 2015-2017 biennium in new license and fee revenues from the licensure of all facilities providing treatment for alcohol and drug abuse, contingent upon passage and approval of S.B. 500?

Assemblywoman Titus:

Our alcohol and drug abuse facilities are failing fast in numbers and availability. We used to fund these through taxes on alcohol and other items. Now, we have to move money from other areas.

Mr. Whitley:

The funding for this would not come from treatment dollars or tax from alcohol. It would come from the increased licensure fees paid by the facilities.

Assemblywoman Titus:

Which facilities are charged?

Mr. Whitley:

Only facilities that receive State funding for substance abuse treatment are regulated. We get a substantial number of complaints regarding other facilities, but we have no authority to inspect treatment facilities that do not receive funding from the State.

ASSEMBLYWOMAN TITUS MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE DECISION UNIT E-228 IN B/A 101-3216 AS RECOMMENDED BY THE GOVERNOR CONTINGENT UPON PASSAGE OF S.B. 500.

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SENATOR KIECKHEFER SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED UNANIMOUSLY.

* * * * *

Ms. Kolbe:

To establish fees for the certification of community health workers (CHW), the Executive Budget, decision unit E-229, of B/A 101-3216 recommends license and fee revenue of \$18,000 and a reduction in reserves of \$33,625 over the 2015-2017 biennium. The new revenue is predicated on licensing and certifying 40 CHWs in FY 2016 and an additional 10 in FY 2017. This would support a part-time administrative assistant and associated costs to provide administrative and licensing support for the new CHWs. The CHWs are considered an evidence-based model to improve access to health care, increase education and awareness, prevent disease and improve select health outcomes for the populations in which they reside.

E-229 Efficient and Responsive State Government — Page DHHS – PUBLIC HEALTH-74

Unlike other types of health care workers that require advanced education, CHWs are not licensed professionals. Typically, they have at least a high school diploma and must complete only a brief period of training. Additionally, CHWs are first-line caregivers providing educational opportunities to the communities in which they reside. Fiscal staff has worked with the Agency, which agreed that the Executive Budget understated license and fee revenues by \$18,000 over the 2015-2017 biennium. That adjustment is shown on page 26 of [Exhibit D](#).

Senate Bill 498 was referred to the Senate Committee on Health and Human Services on March 25, 2015. This bill contemplates the licensure of CHW pools; however, it does not include licensure of CHWs as necessary to implement the Executive Budget. The DPBH has indicated a budget amendment is forthcoming to clarify this issue.

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SENATE BILL 498: Provides for the regulation of community health worker pools. (BDR 40-1190)

Do the Subcommittees wish to approve a part-time administrative assistant and associated costs, and new license and fee revenue, which implements this budget recommendation, from the licensure of CHWs, contingent upon passage and approval of S.B. 498?

Assemblywoman Carlton:

I am uncomfortable passing the money portion of this prior to the amendment and passage of S.B. 498.

Assemblywoman Titus:

If S.B. 498 does pass, it is uncertain when it would be effective, which would affect the funding.

Senator Kieckhefer:

I propose delaying this item until after the passage of S.B. 498.

Alex Haartz (Principal Deputy Fiscal Analyst):

The Subcommittees may choose to delay action on this item and address it when the full Committees hear these budgets on May 2, 2015. This will allow more time to understand the status of the bill.

Assemblywoman Carlton:

Would S.B. 498 come to the Committee on Finance?

Mr. Haartz:

Yes, because it affects the Executive Budget.

Chair Lipparelli:

Decision unit E-229, of B/A 101-3216 will be postponed. Please move to the other closing items in this account.

Ms. Kolbe:

The Executive Budget recommends in decision unit E-230 of B/A 101-3216 establishing license and fee revenue of \$16,680 over the 2015-2017 biennium

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and proposes amending NRS to provide for the licensure and certification of peer support recovery organizations. Peer support recovery organizations and peer supporters focus on persons with mental illness, addictions or co-occurring disorders. Peer supporters are separate and distinct from the CHWs. They are individuals who assist their peers while they too are recovering.

E-230 Efficient and Responsive State Government — Page DHHS – PUBLIC HEALTH-75

Senate Bill 489, which implements the budget, was referred to the Senate Committee on Health and Human Services on March 25, 2015.

SENATE BILL 489: Provides for the regulation of peer support recovery organizations. (BDR 40-1191)

Do the Subcommittees wish to approve new license and fee revenue from the licensure and certification of peer support recovery organizations, contingent upon passage and approval of S.B. 489?

Chair Lipparelli:

I will relinquish the gavel to Chair Oscarson.

Assemblywoman Carlton:

This is the same issue as in decision unit E-229. I propose decision unit E-230 of B/A 101-3216 also be delayed pending the furtherance of S.B. 489 through the process.

Assemblyman Sprinkle:

Perhaps any of these dependent upon passage of policy bills should automatically be delayed.

Cindy Jones (Assembly Fiscal Analyst):

All bills that affect the budget are vetted by the money Committees as part of the process. A chicken and the egg type of discussion can occur on these; however, recommended actions, contingent upon passage of another piece of legislation, is an acceptable motion. It is also acceptable to delay discussion of these specific items tied to the bill until they reach the full committees.

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Assemblywoman Kirkpatrick:

When there are questions about revenue structures and time frames, it makes sense to wait.

Assemblywoman Titus:

I agree.

Ms. Kolbe:

Three components in B/A 101-3216 are contingent upon passage of bills: the alcohol and drug abuse facilities, decision unit E-228 on S.B. 500; the CHWs, decision unit E-229 on S.B. 498; and the peer supporters, decision unit E-230 on S.B. 489.

Do the Subcommittees wish to delay all three or only the last two?

Senator Kieckhefer:

There is more clarity on S.B. 500 than there is on the other two bills. Therefore, I recommend moving forward on decision unit E-228 and delaying decision units E-229 and E-230.

Assemblywoman Dickman:

I agree with Senator Kieckhefer.

ASSEMBLYWOMAN DICKMAN MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE DECISION UNIT E-228 IN B/A 101-3216, AS RECOMMENDED BY THE GOVERNOR, CONTINGENT UPON PASSAGE AND APPROVAL OF S.B. 500; AND REFER TO THE FULL COMMITTEES WITHOUT RECOMMENDATION DECISION UNITS E-229 AND E-230 OF B/A 101-3216.

SENATOR KIECKHEFER SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED UNANIMOUSLY.

* * * * *

Ms. Kolbe:

Decision Unit E-232 in Health Facilities Hospital Licensing, B/A 101-3216, proposes a transfer of reserves of \$263,368 to the PHP, B/A 101-3218, to support a new primary care workforce development manager and a new management analyst position for primary care. These positions will be heard in the next account. The narrative in the Executive Budget incorrectly refers to this position as a radiation control manager.

E-232 Efficient and Responsive State Government — Page DHHS – PUBLIC HEALTH-75

Decision unit E-490 of B/A 101-3216 recommends a net reduction of \$62,467 over the 2015-2017 biennium in federal Background Data Utilization grant funds since the grant expires September 2015.

E-490 Expiring Grant/Program — Page DHHS - DPBH-75

Decision unit E-710 of B/A 101-3216 authorizes a reduction in reserves of \$73,785 over the 2015-2017 biennium for equipment replacement and associated maintenance costs.

E-710 Equipment Replacement — Page DHHS – PUBLIC HEALTH-76

The Executive Budget recommends in decision units M-803 and E-803 of B/A 101-3216 reductions in reserves of \$42,947, a reduction in federal Data Utilization grant funds of \$7,246 and adjustments to various expenditure categories over the 2015-2017 biennium to support the DPBH federal indirect rate agreement cost allocation.

M-803 Cost Allocation — Page DHHS – PUBLIC HEALTH-71

E-803 Cost Allocation — Page DHHS – PUBLIC HEALTH-77

The Fiscal Analysis Division requests authority to make technical adjustments necessary to fund one ombudsman position and related costs in the DHHS Director's Office's Consumer Health Assistance account, B/A 101-3204, as described in item 5 on page 32 of [Exhibit D](#).

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SENATOR KIECKHEFER MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE DECISION UNITS E-232, E-490, E-710, M-803 AND E-803 IN B/A 101-3216, AS RECOMMENDED BY THE GOVERNOR WITH AUTHORITY FOR STAFF TO MAKE TECHNICAL ADJUSTMENTS AS NEEDED.

Senator Kieckhefer:

I again want to register my concern about using licensing fees for purposes unrelated to oversight regulation, but I will support passage.

ASSEMBLYMAN OSCARSON SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED UNANIMOUSLY.

* * * * *

Ms. Kolbe:

The Public Health Preparedness Program (PHP), B/A 101-3218, is discussed on pages 33 through 34 of [Exhibit D](#).

HHS-DPBH - Public Health Preparedness Program — Budget Page DHHS -
PUBLIC HEALTH-82 (Volume II)
Budget Account 101-3218

The Executive Budget, decision unit E-232 of B/A 101-3218, recommends a transfer of license and fee revenues from the Health Facilities Hospital Licensing, B/A 101-3216, of \$263,368 over the 2015-2017 biennium to support a new classified primary care workforce development manager and a new classified management analyst position to support primary care workforce professional development within the Primary Care Office (PCO). The PCO is currently staffed by two health resource analysts, who develop health professional shortage area designations and support recruitment and retention of health care professionals. These functions are supportive of workforce development, but do not encompass broader outreach to coordinate

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recruitment and retention with professional education and training, licensure and certification.

E-232 Efficient and Responsive State Government — Page DHHS – PUBLIC
HEALTH-86

The new positions would build on a federal liaison model, which would coordinate the recruitment and retention of behavioral health professionals and provide long-range, broad-based planning and policy development. The Executive Budget incorrectly identifies the primary care workforce development manager position as a radiation control manager position.

Do the Subcommittees wish to approve license and fee revenues transferred from the Health Facilities Hospital Licensing B/A 101-3216 of \$263,368 over the 2015-2017 biennium to support a new classified primary workforce development manager and a new classified management analyst position to support primary care workforce professional development?

Assemblywoman Titus:

I have concerns about funding management positions when we are unable to reimburse the actual providers who provide direct care. Do we truly need this position? We seem to have many administrative positions that do not directly interface with the people in need.

Chair Oscarson:

I share your concerns about the shortage of providers. I view this as an opportunity to continue to build the provider workforce to serve the needs of Nevada citizens.

Assemblywoman Titus:

If we took \$263,368 and used it for payment to providers, we would not need someone to recruit them.

Assemblyman Sprinkle:

I respectfully disagree with Assemblywoman Titus. The expansion of medical coverage under the ACA has resulted in a shortage of providers. We need to do everything possible to increase the number of providers.

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Assemblywoman Carlton:

Is this the funding model for the future, or is there a plan to identify an alternate funding source?

Ms. Kolbe:

Staff has not received any information about a plan to change the funding source related to this proposal.

Assemblywoman Carlton:

Unless this is a temporary funding source, I have concerns about using license and fee revenues for something that is not related to regulatory oversight.

Assemblywoman Kirkpatrick:

I have a different perspective. This position will help with professional development. The Governor's Workforce Board has a medical sector consisting of medical professionals, community leaders and higher education representatives who have indicated a need for these types of positions to help recruit and retain medical providers.

Assemblywoman Carlton:

I agree. I suggest approving the Governor's recommendation for these positions but add a Letter of Intent requiring the DPBH to look for alternative funding and report back next Legislative Session with their findings and recommendations.

Mr. Whitley:

The two new positions will work with two existing positions to address the shortage of health care providers. Much of Nevada has a health care workforce shortage, including our urban areas. We need to solicit the help of universities, colleges and employers. Nevada underutilizes the federal loan repayment program; currently there are fewer than 50 participants. All health professions, including nurses, nurse practitioners, doctors and social workers are eligible for the federal loan repayment program. The new positions can develop ways to promote the federal loan program to individuals interested in entering the health care field.

In response to the question about looking for sustainable funding, I commit to looking for a viable funding and cost allocation plan to support these activities.

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I will report back next Session with options for diversifying the funding to support these positions ongoing.

Assemblywoman Titus:

I support these positions now that I understand how they will be used to address the workforce shortage and how they will educate people interested in going into the health care fields about the federal reimbursement loans.

ASSEMBLYWOMAN CARLTON MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE DECISION UNIT E-232 IN B/A 101-3218, AS RECOMMENDED BY THE GOVERNOR, WITH A LETTER OF INTENT REQUIRING THE AGENCY TO EXPLORE ALTERNATIVE FUNDING FOR THESE POSITIONS AND REPORT BACK TO THE LEGISLATURE BY FEBRUARY 1, 2016, THE FINDINGS AND RECOMMENDATIONS.

SENATOR KIECKHEFER SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED UNANIMOUSLY.

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Chair Oscarson:

I am returning the gavel to Chair Lipparelli.

Ms. Kolbe:

Decision unit E-226 of B/A 101-3218 proposes \$9,055 in FY 2016 and \$9,468 in FY 2017 to support standby pay for three existing positions as described on page 34 of [Exhibit D](#).

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Decision unit E-490 of B/A 101-3218 eliminates \$369,676 in Public Health Infrastructure grant funds since the grant expires September 2015. A quality assurance specialist position is eliminated.

E-490 Expiring Grant/Program — Page DHHS – PUBLIC HEALTH-86

Decision unit E-710 of B/A 101-3218 provides \$23,037 to replace computer equipment.

E-710 Equipment Replacement — Page DHHS – PUBLIC HEALTH-87

Decision units M-803 and E-803 recommend a net reduction of \$149 in Maternal Child and Health block grant funds and adjustments to various operating categories to recognize a net decrease in cost allocation changes of \$37,636 over the 2015-2017 biennium.

M-803 Cost Allocation — Page DHHS – PUBLIC HEALTH-85
E-803 Cost Allocation — Page DHHS – PUBLIC HEALTH-88

The Governor recommends transferring two IT positions and related costs from the PHP, B/A 101-3218, decision unit E-909, to the DPBH Office of Health Administration, B/A 101-3223, decision unit E-909.

E-909 Transfer From BA 3218 To BA 3223 — Page DHHS – PUBLIC HEALTH-88

HHS-DPBH - Office of Health Administration — Budget Page DHHS - PUBLIC HEALTH-118 (Volume II)
Budget Account 101-3223

E-909 Transfer From BA 3218 To BA 3223 — Page DHHS – PUBLIC HEALTH-127

Fiscal staff suggests these items be closed as recommended by the Governor with authority to make additional technical adjustments as needed.

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ASSEMBLYWOMAN KIRKPATRICK MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE DECISION UNITS E-226, E-490, E-710, M-803, E-803 AND E-909 IN B/A 101-3218, AS RECOMMENDED BY THE GOVERNOR, WITH AUTHORITY FOR STAFF TO MAKE TECHNICAL ADJUSTMENTS AS NEEDED.

SENATOR FORD SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED UNANIMOUSLY.

* * * * *

Ms. Kolbe:

The Biostatistics and Epidemiology account, B/A 101-3219, is discussed on pages 36 and 37 of [Exhibit D](#).

HHS-DPBH - Biostatistics and Epidemiology — Budget Page DHHS - PUBLIC
HEALTH-91 (Volume II)
Budget Account 101-3219

The Governor recommends in decision unit E-225 of B/A 101-3219 new fee revenue of \$78,405 over the 2015-2017 biennium for various data and statistical information queries. A proposed fee schedule accounts for the nature, complexity, time and effort needed to fulfill the requests by the DPBH's Web query system. The new fees will be used to enhance performance of the existing query system. Additionally, the Agency indicates the fees could be used to develop system features requested by the users to improve statistical information. Currently, a contract person maintains the Web data query system. Statute enacted in 1997 permitted a charge of a fee for extraordinary use of personnel or technology resources. Therefore, a regulation change is not required.

E-225 Efficient and Responsive State Government — Page DHHS - DPBH-96

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Do the Subcommittees wish to approve new fee revenue of \$78,405 over the 2015-2017 biennium for data and statistical information queries, as recommended by the Governor?

ASSEMBLYWOMAN TITUS MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE DECISION UNIT E-225 IN B/A 101-3219, AS RECOMMENDED BY THE GOVERNOR.

SENATOR KIECKHEFER SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED UNANIMOUSLY.

* * * * *

Ms. Kolbe:

The Executive Budget recommends in decision unit E-226 of B/A 101-3219 federal Sexually Transmitted Screening (STD) grant funds of \$58,448 and a transfer from the Communicable Disease account, B/A 101-3215, of \$59,030 over the 2015-2017 biennium to fund a new classified health resource analyst position and related costs for geographical information systems support.

E-226 Efficient and Responsive State Government — Page DHHS – PUBLIC HEALTH-96

This position will be responsible for geospatial analysis of communicable diseases in Nevada, specifically HIV/AIDS and sexually transmitted diseases. This will allow more targeted prevention and intervention efforts.

ASSEMBLYWOMAN DICKMAN MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE GRANT FUNDS OF \$58,448 AND A TRANSFER FROM THE COMMUNICABLE DISEASE, B/A 101-3215, OF \$59,030 OVER THE 2015-2017 BIENNIUM; AND APPROVE DECISION UNIT E-226 IN B/A 101-3219, AS RECOMMENDED BY THE GOVERNOR, TO SUPPORT A NEW CLASSIFIED HEALTH RESOURCE ANALYST POSITION AND RELATED COSTS.

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SENATOR KIECKHEFER SECONDED THE MOTION.

Assemblywoman Titus:

Typically, grant funds have strict requirements for how the funds are used. Is it permissible to use the STD grant funds in this way? Is there a mandate to report to the federal government on the use of these funds?

Ms. Kolbe:

The STD grant funds can be used for additional staffing. The position is being used to target HIV/AIDS; however, the position can be used for the broader base of STDs. Every federal grant requires ongoing reports to the federal government on the use of the funds.

Mr. Whitley:

Three federal grants support the activity: a prevention grant, a surveillance grant and a treatment grant. This position and function are approved for these grants.

Assemblywoman Titus:

The whole STD issue is a huge public issue for Nevada. "What happens in Las Vegas does not stay in Las Vegas. It goes throughout the Nation and world." Please provide a follow-up report about what is being done with these programs.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED UNANIMOUSLY.

* * * * *

Ms. Kolbe:

Decision unit E-710 of B/A 101-3219 provides \$18,594 over the 2015-2017 biennium for computer replacement equipment.

E-710 Equipment Replacement — Page DHHS - DPBH-98

Decision units M-803 and E-803 recommend General Fund appropriations of \$17,114, a net increase in federal funds of \$6,422 and a net reduction in

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transfers from other operating budgets of \$4,784 to support DPBH's federal indirect rate agreement cost over the 2015-2017 biennium.

M-803 Cost Allocation — Page DHHS – PUBLIC HEALTH-95
E-803 Cost Allocation — Page DHHS – PUBLIC HEALTH-98

The Executive Budget inadvertently excluded transfer funds of \$20,892 and reductions of \$5,339 General Fund appropriations over the 2015-2017 biennium. Fiscal staff made technical adjustments to reflect increased transfer funding and reduced General Fund appropriations as shown on page 2 of [Exhibit D](#).

Fiscal staff recommends approval of these items as recommended by the Governor and requests authority to make technical adjustments, as needed.

ASSEMBLYWOMAN DICKMAN MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE DECISION UNITS E-710, M-803 AND E-803 IN B/A 101-3219 AS RECOMMENDED BY THE GOVERNOR WITH AUTHORITY FOR FISCAL STAFF TO MAKE TECHNICAL ADJUSTMENTS AS NEEDED.

SENATOR KIECKHEFER SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED UNANIMOUSLY.

* * * * *

Ms. Kolbe:

The Chronic Disease account, B/A 101-3220, is discussed on pages 38 through 40 of [Exhibit D](#).

The Executive Budget proposes in decision unit E-226 of B/A 101-3220 to transfer \$535,895 in radioactive material license fees from the Radiation Control budget in FY 2017 to support a dental health officer and a public health

dental hygienist. Both positions are contract positions in the unclassified service of the State.

E-226 Efficient and Responsive State Government — Page DHHS – PUBLIC
HEALTH-105

The current national ratio is one dentist for every 1,700 people. Nevada has a ratio of one dentist to every 2,717 residents. In response to oral health needs, the new oral health positions would create infrastructure and address access to care needs.

A classified oral health program manager is currently dedicated to oral health activities and is funded through a Title V of the Social Security Act Maternal and Child Health (MCH) Services block grant. The manager is a public health specialist required to have a background in policy development, health assessment, program planning, implementation and evaluation. The manager will assist the new dental health officer with the day-to-day operations and technical assistance. Additionally, the manager would coordinate public health education and perform surveillance activities and foster collaboration between the dental community, Medicaid, MCH program and local community health coalitions.

The new officer position will provide leadership and expertise in the advances of dental medicine and governing regulations. This position will also monitor and evaluate access to care plans for the State; formulate and foster statewide policies, protocols and procedures; develop and implement a plan to address Medicaid concerns from the public and providers to increase access to oral health services. Further, the officer would coordinate with the University of Nevada, Las Vegas School of Dental Medicine within the Nevada System of Higher Education to promote an oral health workforce.

The new hygienist position would serve as the statewide coordinator of dental health programs, which includes fluoridation, oral health education and sealant programs. Additionally, the hygienist would work under the guidance of the officer to coordinate and implement a statewide survey and provide direct assistance to the coalitions.

The DPBH is willing to conduct a time and effort accounting, which would determine future funding.

Senate Bill 501 will authorize the new dental health officer and public health dental hygienist be either in the unclassified service of the State or serve as contracted positions. Senate Bill 501 was referred to the Senate Committee on Health and Human Services on March 26, 2015.

SENATE BILL 501: Revises provisions relating to the State Dental Health Officer and the State Public Health Dental Hygienist. (BDR 40-1162)

Based on the decision of the Subcommittees to transfer the use of radioactive materials licensing fees from the Radiation Control budget, the Subcommittees may wish to consider the following options:

- A. If the Subcommittees approve the transfer of funding from the Radiation Control budget:
 - 1. Approve the new dental health officer and public health dental hygienist contract positions, as recommended by the Governor, contingent upon passage and approval of S.B. 501.
 - 2. Approve the new dental health officer and public health dental hygienist positions as unclassified State positions, which can occur regardless of whether S.B. 501 is passed and approved.
- B. If the Subcommittees do not approve the transfer of funding from the Radiation Control budget:
 - 1. Do not approve the recommended positions and associated operating costs.
 - 2. Approve the positions and associated operating costs contingent upon the DPBH and the Budget Division identifying a funding a funding source(s) reflective of the functions/activities these positions would perform.

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Assemblywoman Carlton:

I am interested in implementing these positions as quickly as possible. I recommend hiring them as contract employees as recommended by the Governor and, therefore, choose option A.1. If S.B. 501 fails, we still can go forward with option A.2.

ASSEMBLYWOMAN CARLTON MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE DECISION UNIT E-226 IN B/A 101-3220 AS RECOMMENDED BY THE GOVERNOR.

SENATOR FORD SECONDED THE MOTION.

Assemblywoman Titus:

I am concerned we have set some precedent here today by postponing some decisions based on outstanding decisions on related bills.

Assemblyman Hambrick:

I am concerned about the statement made about the new hygienist coordinating fluoridation programs. In the 2009 Legislative Session, there were disputes in northern Nevada, particularly in Washoe County, where the residents voted twice not to have fluoridation. Please clarify what role this new position will have in fluoridation programs.

Mr. Whitley:

The intent of the new hygienist position would be as a factual resource for answering questions that may arise.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED UNANIMOUSLY.

* * * * *

Ms. Kolbe:

Decision unit E-710 of B/A 101-3220 recommends \$18,673 for computer hardware and software replacement. This is accomplished through reductions in Tobacco Grant, Colorectal Cancer and Screening Planning grant expenditures.

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E-710 Equipment Replacement — Page DHHS – PUBLIC HEALTH-106

The Executive Budget recommends in decision units M-803 and E-803 expenditure reductions totaling \$38,918 over the 2015-2017 biennium to support DPBH's federal indirect rate agreement cost allocation.

M-803 Cost Allocation — Page DHHS – PUBLIC HEALTH-105

E-803 Cost Allocation — Page DHHS – PUBLIC HEALTH-106

Fiscal staff recommends these items be closed as recommended by the Governor and requests authority to make technical adjustments, as needed.

ASSEMBLYWOMAN DICKMAN MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE DECISION UNITS E-710, M-803 AND E-803 IN B/A 101-3220 AS RECOMMENDED BY THE GOVERNOR WITH AUTHORITY FOR FISCAL STAFF TO MAKE TECHNICAL ADJUSTMENTS, AS NEEDED.

SENATOR FORD SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED UNANIMOUSLY.

* * * * *

Ms. Kolbe:

The Maternal Child Health Services account, B/A 101-3222, is discussed on pages 41 through 43 of [Exhibit D](#).

HHS-DPBH - Maternal Child Health Services — Budget Page DHHS - PUBLIC HEALTH-109 (Volume II)
Budget Account 101-3222

Decision unit E-275 of B/A 101-3222 proposes \$534,594 over the 2015-2017 biennium to support five new classified positions for the federal grant funded Nevada Home Visiting Program (NHVP). The

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recommendation is supported with reductions to home visiting contract expenses totaling \$476,749 over the 2015-2017 biennium and additional federal Home Visiting Program grant funds of \$57,845 in FY 2017. The DPBH has used contract positions since 2010, which has contributed to significant turnover and has negatively affected the program. To address staff turnover, the Executive Budget recommends five new permanent State positions. Their respective duties are shown in the chart on page 42 of [Exhibit D](#).

E-275 Educated and Healthy Citizenry — Page DHHS – PUBLIC HEALTH-113

Do the Subcommittees wish to approve five new classified positions to replace five existing contract positions for the NHVP, as recommended by the Governor?

SENATOR KIECKHEFER MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE DECISION UNIT E-275 IN B/A 101-3222 AS RECOMMENDED BY THE GOVERNOR.

ASSEMBLYMAN OSCARSON SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED UNANIMOUSLY.

* * * * *

Ms. Kolbe:

In the Executive Budget, decision units E-225, E-226 and E-937 of B/A 101-3222, recommends transferring the programmatic responsibility of the Newborn Screening (NBS) program from the MCH Services budget to the University of Nevada, School of Medicine (UNSOM) and School of Community Health Sciences.

The Executive Budget also adds General Fund appropriations of \$15,041 over the 2015-2017 biennium to support expenditures related to office rent, occupied by MCH staff.

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E-225 Efficient and Responsive State Government — Page DHHS – PUBLIC HEALTH-112

E-226 Efficient and Responsive State Government — Page DHHS – PUBLIC HEALTH-113

E-937 Transfer From Ba3222 To Ba3208 — Page DHHS – PUBLIC HEALTH-115

Under NRS 442.009, DPBH is required to give priority to State public health laboratories for in-state laboratories before a laboratory is located outside the State. Previously, newborn screening samples were sent to the Oregon Health Sciences University. In 2014, the UNSOM acquired the necessary equipment and trained personnel to conduct the newborn screening analyses. Subsequently, the NBS entered into an interlocal agreement with UNSOM to conduct the newborn screening testing. Placing all activities under one organization minimizes fragmentation and duplications of effort.

Two of the three State positions, equivalent to 2.51 FTEs, which operate the NBS, a health program manager and an administrative assistant, are currently vacant. These two vacant positions would be eliminated and would not transfer to the UNSOM. The Governor's budget recommends the filled part-time health program specialist position, currently assigned to the NBS, transfer to the Early Intervention Services (EIS) budget within the Aging and Disability Services Division. The part-time position is currently working with EIS and provides support to infants and toddlers with serious or life-threatening metabolic conditions. As a result, no existing NBS positions would transfer to UNSOM.

Do the Subcommittees wish to approve the programmatic transfer of the NBS program to the UNSOM and School of Community Health Sciences, including the elimination of two positions and the transfer of one part-time position to the Early Intervention program, as recommended by the Governor?

SENATOR KIECKHEFER MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE DECISION UNITS E-225, E-226 AND E-937 IN B/A 101-3222 AS RECOMMENDED BY THE GOVERNOR.

ASSEMBLYMAN ARMSTRONG SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

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SENATE: THE MOTION CARRIED UNANIMOUSLY.

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Decision unit E-710 of B/A 101-3222 recommends the replacement of computer hardware and software totaling \$20,905 over the 2015-2017 biennium.

E-710 Equipment Replacement — Page DHHS – PUBLIC HEALTH-114

The Executive Budget, decision units M-803 and E-803 of B/A 101-3222, recommends a reduction to General Fund appropriations of \$18,638 and a reduction to various operating categories totaling \$224 over the 2015-2017 biennium to support DPBH's federal indirect rate agreement cost allocation.

M-803 Cost Allocation — Page DHHS – PUBLIC HEALTH-112

E-803 Cost Allocation — Page DHHS – PUBLIC HEALTH-115

Fiscal staff recommends approval of these items as recommended by the Governor and requests authority to make technical adjustments as needed.

ASSEMBLYWOMAN DICKMAN MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE DECISION UNITS E-710, M-803 AND E-803 IN B/A 101-3222 AS RECOMMENDED BY THE GOVERNOR, AND REQUESTS AUTHORITY FOR STAFF TO MAKE TECHNICAL ADJUSTMENTS AS NEEDED.

SENATOR KIECKHEFER SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED UNANIMOUSLY.

* * * * *

Ms. Kolbe:

The Office of Health Administration, B/A 101-3223, is discussed on pages 44 through 47 of [Exhibit D](#).

The 2013 Legislature approved a reorganization of the Health Division, moving the mental health portion of the Mental Health and Developmental Services to a new DPBH, B/A 101-3223. After the 2013 Legislative Session, the DPBH identified needs and disparities created by the reorganization. The DPBH testified during the January 21, 2015, Legislative Commission's Budget Subcommittee hearing that DPBH initiated the 2013 reorganization, aligning direct service positions with the new agency's needs, and that the additional transfers would align administrative positions with DPBH needs. Further, the Division indicated that the full integration of direct and administrative staff would maximize federal funding through the 41 positions and associated costs transfers to address the identified organizational needs.

The Executive Budget recommends the positions and associated costs be transferred from B/A 101-3161, B/A 101-3164, B/A 101-3168, B/A 101-3170, B/A 101-3218 and B/A 101-3648 to DPBH account, B/A 101-3223 as shown in decision units E-502/E-902, E-503/E-903, E-504/E-904, E-505/E-905, E-506/E-906, E-509/E-909, and E-939. Combined, these decision units transfer total funding of \$7.5 million to support the position transfers. In addition, the Executive Budget recommends a transfer of one position from B/A 101-3223. The net position increase to 101-3228 is 40 positions as shown on page 47 of [Exhibit D](#).

The chart on page 47 of [Exhibit D](#) lists those positions and the impact of to the General Fund.

HHS-DPBH - So NV Adult Mental Health Services — Budget Page DHHS -
PUBLIC HEALTH-205 (Volume II)
Budget Account 101-3161

HHS-DPBH - Behavioral Health Information Systems — Budget Page DHHS -
PUBLIC HEALTH-162 (Volume II)
Budget Account 101-3164

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HHS-DPBH - Behavioral Health Prev & Treatment — Budget Page DHHS -
PUBLIC HEALTH-171 (Volume II)
Budget Account 101-3170

HHS-DPBH - Rural Clinics — Budget Page DHHS - PUBLIC HEALTH-181
(Volume II)
Budget Account 101-3648

E-502 Adjustments To E-902 — Page DHHS – PUBLIC HEALTH-120
E-902 Transfer From BA 3164 To BA 3223 — Page DHHS – PUBLIC
HEALTH-124
E-503 Adjustments To E-903 — Page DHHS – PUBLIC HEALTH-121
E-903 Transfer From BA 3170 To BA 3223 — Page DHHS – PUBLIC
HEALTH-124
E-504 Adjustments To E-904 — Page DHHS – PUBLIC HEALTH-121
E-904 Transfer From BA 3168 To BA 3223 — Page DHHS – PUBLIC
HEALTH-125
E-505 Adjustments To E-905 — Page DHHS – PUBLIC HEALTH-122
E-905 Transfer From BA 3648 To BA 3223 — Page DHHS – PUBLIC
HEALTH-125
E-506 Adjustments To E-906 — Page DHHS – PUBLIC HEALTH-122
E-906 Transfer From BA 3161 To BA 3223 — Page DHHS – PUBLIC
HEALTH-126
E-509 Adjustments To E-909 — Page DHHS - PUBLIC HEALTH -122
E-909 Transfer From BA 3218 To BA 3223 — Page DHHS - PUBLIC
HEALTH-127
E-939 Transfer From BA 3164 To BA 3223 — Page DHHS - PUBLIC
HEALTH-127

Fiscal staff has reviewed the transfer proposals and has determined the recommendations consistently align with the duties and functions performed in B/A 101-3223.

Do the Subcommittees wish to approve the transfer of 41 administrative positions from various operating budgets as recommended by the Governor and authorize Fiscal staff to make any necessary technical adjustments?

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Chair Lipparelli:

Please include decision unit E-907 of B/A 101-3223.

Ms. Kolbe:

Decision Unit E-907 of B/A 101-3223 transfers the DPBH deputy administrator for clinical services to the Behavioral Health Administration, B/A 101-3168, decision unit E-907. This would consistently place the four deputy administrators with the programs they serve. Additionally, in-state travel costs totaling \$4,400 each year of the 2015-2017 biennium should have been included in this decision unit. The technical adjustments include an additional General Fund appropriation transfer of \$4,400 each year of the 2015-2017 biennium have been incorporated into this closing document.

E-907 Transfer From BA 3223 To BA 3168 — Page DHHS – PUBLIC HEALTH-126

E-907 Transfer From BA 3223 To BA 3168 — Page DHHS – PUBLIC HEALTH-156

ASSEMBLYWOMAN CARLTON MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE DECISION UNITS E-502, E-902, E-503, E-903, E-504, E-904, E-506, E-906, E-509, E-909, E-939, AND E-907 IN B/A 101-3223 AS RECOMMENDED BY THE GOVERNOR WITH AUTHORITY FOR FISCAL STAFF TO MAKE ANY NECESSARY TECHNICAL ADJUSTMENTS.

SENATOR FORD SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED UNANIMOUSLY.

* * * * *

Ms. Kolbe:

The Executive Budget, decision unit E-225 of B/A 101-3223, recommends cost allocation reimbursements of \$6,539 and a reduction to reserve funding of \$337,499 over the 2015-2017 biennium to add one new IT professional

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position and two new IT technical positions. The DPBH has 1,696 State employees plus contractors located throughout the State. The field services and help desk unit are charged with the improvement of IT conditions for the DPBH. The management duties are split between northern and southern regions which has resulted in slow response times and services and staff downtime. The new positions would promote efficiencies and proactively manage security risks. The IT professional position would coordinate over 800 mobile devices, including smart phones, tablets and laptops. The IT technician positions would provide desktop computer support, help desk support and application support.

E-225 Efficient and Responsive State Government — Page DHHS – PUBLIC HEALTH-120

The DPBH currently has 1 IT staff to 58 employees. The Department of Motor Vehicles has a ratio of 1:18, and the DHHS's Division of Welfare and Supportive Services 1:23. Fiscal staff acknowledges each agency's IT needs are unique, making a true comparison of IT ratios difficult. Nonetheless, this rudimentary comparison provides an awareness of the IT staff-to-employee ratio for other similarly sized agencies.

Do the Subcommittees wish to approve cost allocation reimbursements of \$6,539 and a reduction to reserve funding of \$337,499 over the 2015-2017 biennium for the addition of three new IT positions and related costs?

SENATOR KIECKHEFER MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE DECISION UNIT E-225 IN B/A 101-3223 AS RECOMMENDED BY THE GOVERNOR.

ASSEMBLYMAN OSCARSON SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED UNANIMOUSLY.

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Ms. Kolbe:

Decision unit E-710 of B/A 101-3223 proposes replacement of computer equipment through cost allocation reimbursements of \$286 and a reduction to reserve of \$18,968 in FY 2017.

E-710 Equipment Replacement — Page DHHS – PUBLIC HEALTH-123

Fiscal staff recommends this be closed as recommended by the Governor and requests authority to make technical adjustments, as necessary.

ASSEMBLYWOMAN CARLTON MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE DECISION UNIT E-710 IN B/A 101-3223 AS RECOMMENDED BY THE GOVERNOR WITH AUTHORITY FOR STAFF TO MAKE TECHNICAL ADJUSTMENTS AS NECESSARY.

SENATOR FORD SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED UNANIMOUSLY.

* * * * *

Ms. Kolbe:

The Marijuana Health Registry, B/A 101-4547, is discussed on pages 48 through 50 of [Exhibit D](#).

HHS-DPBH - Marijuana Health Registry — Budget Page DHHS - PUBLIC HEALTH-144 (Volume II)
Budget Account 101-4547

The Marijuana Health Registry (MHR) is a State registry program. The role of the program is to administer the provisions of the Medical Use of Marijuana law as approved by the Nevada Legislature for registry of patients with chronic or debilitating medical conditions, or their caregivers, to possess or cultivate marijuana for medical use. The DPBH administers the application and eligibility

process. The MHR is supported with patient application and renewal license fees.

Senate Bill No. 374 of the 77th Session approved the registration of medical marijuana establishments authorized to cultivate or dispense marijuana or manufacture edible marijuana products or marijuana-infused products for sale to persons authorized to engage in the medical use of marijuana. It also provides for the registration of agents who are employed by or volunteer at medical marijuana establishments.

The Medical Marijuana Establishments (MME) program regulates the operations of medical marijuana laboratories, cultivators, dispensaries and production facilities. The program also evaluates new applications for medical marijuana establishments annually, licenses medical marijuana establishment agents who work in or volunteer for a MME, and inspects facilities for compliance with NRS 453A and Nevada Administrative Code 453A. The MME is supported with establishment and agent application licenses and fees.

Due to the complexity of the MME program and lack of transparency in the Executive Budget, the Fiscal Analysis Division, with agreement from the DPBH, recommends separating the programs and creating a new budget account for the MME program.

To establish the new MME budget in FY 2016, the DPBH projects approximately \$516,000 in MME reserves would remain at the end of FY 2015. Of that amount, the DPBH anticipates approximately \$424,000 would be used for cash flow purposes until fees are collected in the subsequent year. The remaining fees of approximating \$92,000 would be available for transfer to the Distributive School Account (DSA), B/A 101-2610. The DPBH, the Department of Taxation and the Budget Division will meet jointly prior to the close of the 2015 Legislative Session to finalize revenue projections and transfers to the DSA.

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The MHR would be supported by application and renewal fees as well as Treasurer's interest distributions. The new MME budget would be supported by Excise taxes, establishment licenses and fees, as well as Treasurer's Interest. Of the 16 existing State positions in this budget, 4 positions would remain to support the MHR program, and 12 positions would transfer to support the new MME program.

Do the Subcommittees wish to approve the MHR budget and the creation of the MME budget as recommended by Fiscal staff, with authority for staff to make technical adjustments including finalized revenue projections, as necessary?

Assemblywoman Carlton:

I support two separate budget accounts.

SENATOR FORD MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE THE MHR B/A 101-4547 AND TO CREATE A NEW BUDGET ACCOUNT FOR THE MME PROGRAM AS RECOMMENDED BY FISCAL STAFF, WITH AUTHORITY FOR STAFF TO MAKE TECHNICAL ADJUSTMENTS AS NECESSARY.

ASSEMBLYWOMAN DICKMAN SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED. (ASSEMBLYWOMAN TITUS VOTED NO.)

SENATE: THE MOTION CARRIED UNANIMOUSLY.

* * * * *

Ms. Kolbe:

Decision unit E-710 in B/A 101-4547 recommends a reduction in reserves of \$6,894 in FY 2017 to purchase computer hardware and software.

E-710 Equipment Replacement — Page DHHS – PUBLIC HEALTH-147

The Executive Budget recommends in decision units M-803 and E-803 of B/A 101-4547 net reductions in reserves of \$1,045 and Transfers to School

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Fund expenditures category of \$3,297, and an increase in excise taxes of \$279 over the 2015-2017 biennium to support the DPBH's federal indirect rate agreement cost allocation.

M-803 Cost Allocation — Page DHHS – PUBLIC HEALTH-146
E-803 Cost Allocation — Page DHHS – PUBLIC HEALTH-147

Fiscal staff recommends these items be closed as recommended by the Governor and requests authority to make technical adjustments, as necessary.

ASSEMBLYWOMAN CARLTON MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE DECISION UNITS E-710, M-803 AND E-803 OF B/A 101-4547; AND TO MAKE THE PROPOSED BUDGET ADJUSTMENTS IN THE RESERVES, SCHOOL FUND EXPENDITURES AND EXCISE TAX CATEGORIES, AS RECOMMENDED BY THE GOVERNOR, WITH AUTHORITY FOR STAFF TO MAKE TECHNICAL ADJUSTMENTS AS NECESSARY.

SENATOR FORD SECONDED THE MOTION.

ASSEMBLY: MOTION CARRIED. (ASSEMBLYWOMAN TITUS VOTED NO.)

SENATE: THE MOTION CARRIED UNANIMOUSLY.

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Chair Lipparelli:

Is there any public comment? Seeing none, this meeting is adjourned at 10:20 a.m.

RESPECTFULLY SUBMITTED:

Jackie L. Cheney,
Committee Secretary

APPROVED BY:

Senator Mark A. Lipparelli, Chair

DATE: _____

Assemblyman James Oscarson, Chair

DATE: _____

EXHIBIT SUMMARY				
Bill	Exhibit		Witness or Agency	Description
	A	2		Agenda
	B	2		Attendance Roster
	C	7	Bonnie Long, DHHS Director's Office	DHHS Director's Office State Public Defender Budget Hearing April 1, 2015
	D	50	Joi Davis, Fiscal Analysis Division	Human Services Joint Subcommittee Closing List #1, April 1, 2015