

**MINUTES OF THE
SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES**

**Seventy-Eighth Session
April 27, 2015**

The Senate Committee on Health and Human Services was called to order by Vice Chair Ben Kieckhefer at 3:34 p.m. on Monday, April 27, 2015, in Room 2149 of the Legislative Building, Carson City, Nevada. The meeting was videoconferenced to Room 4412 of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, 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.

COMMITTEE MEMBERS PRESENT:

Senator Ben Kieckhefer, Vice Chair
Senator Mark A. Lipparelli
Senator Joyce Woodhouse

COMMITTEE MEMBERS ABSENT:

Senator Joe P. Hardy, Chair (Excused)
Senator Pat Spearman (Excused)

GUEST LEGISLATORS PRESENT:

Assemblyman John C. Ellison, Assembly District No. 33
Assemblyman Tyrone Thompson, Assembly District No. 17

STAFF MEMBERS PRESENT:

Marsheilah Lyons, Policy Analyst
Eric Robbins, Counsel
Debra Burns, Committee Secretary

OTHERS PRESENT:

Dennis Hugh, Trustee, Dat-So-La-Lee Lions Camp, Las Vegas West Charleston
Lions Club
Toby Hyman, Grants Management Unit, Department of Health and Human
Services

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Marlene Lockard, Nevada Women's Lobby
Laura Hale, Manager, Primary Care Office, Division of Public and Behavioral Health, Department of Health and Human Services
Joan Hall, President, Nevada Rural Hospital Partners Association
Tracey D. Green, M.D., Chief Medical Officer, Division of Public and Behavioral Health, Department of Health and Human Services
Julia Peek, Manager, Office of Public Health Informatics and Epidemiology, Division of Public and Behavioral Health, Department of Health and Human Services
Cari Herington, Executive Director, Nevada Cancer Coalition
Tom McCoy, American Cancer Society
Brigid Duffy, Chief, Juvenile Division, District Attorney, Clark County

Senator Kieckhefer:

We will open the hearing on Assembly Bill (A.B.) 99.

ASSEMBLY BILL 99 (1st Reprint): Makes various changes concerning construction and labor camps. (BDR 40-53)

Assemblyman John C. Ellison (Assembly District No. 33):

Assembly Bill 99 addresses the definition of a youth camp. If you review the pictures I submitted ([Exhibit C](#)), you will note that the area in question is the Lamoille campground. This facility has been used for many years as a Boy Scout, youth and Lions Club camp. Last year, it was determined to be a labor camp, and as a result, it can no longer be used as a youth facility. Assembly Bill 99 changes the language to return it to a youth camp.

My expert in Las Vegas, Mr. Hugh, will address the issue further. If this issue lingers too late in this Session, the youth will not get to use the camp again this summer.

Senator Lipparelli:

I was born in Elko and visit the area regularly, Lamoille Canyon is beautiful.

Senator Kieckhefer:

Who decided a Boy Scout camp was a labor camp?

Assemblyman Ellison:

One individual from Las Vegas designated it as a labor camp, and that initiated this problem. The youth camp was shut down last year. We now need to bring it through the correct channels to determine it is a youth facility.

Senator Kieckhefer:

Are there any other designated labor camps in Nevada to which this would apply?

Assemblyman Ellison:

If some of the language in the law is not changed, some camps in the Lake Tahoe area could be closed. Assembly Bill 99 will correct this issue.

Dennis Hugh (Trustee, Dat-So-La-Lee Lions Camp, Las Vegas West Charleston Lions Club):

I have been associated with this camp, Camp Dat-So-La-Lee, with the Lions Club for over 30 years. When I lived in Elko, I spent a lot of time in Lamoille Canyon, bringing Boy Scouts and the like.

Camp Dat-So-La-Lee is accredited by the American Camp Association. It sets the national standard for camps, and the association has accredited it for more than 20 years.

There were concerns raised about sanitation at the camp. In the accreditation guide, there is an entire section on health and welfare. There are 28 standards that must be met in order to maintain accreditation. Because of the accreditation process, we looked at the permitting requirements. This process led us to discover a law written in 1957 that defined Camp Dat-So-La-Lee as a labor camp rather than a youth camp or outdoor program or children's camp. This designation was determined because that camp has more than five paid staff there for 24 hours a day, 7 days a week.

Assembly Bill 99 will clarify this law not only for our camp, but for other camps as well. It clarifies that when there is an agreement to use the U.S. Forest Service (USFS) properties, the USFS checks everything at the camp. Changes to the facility cannot be made without the approval of the USFS. Assembly Bill 99 states that as long as the USFS requirements are met, the facility can continue to operate as a camp.

The 1957 law was written for construction camps and labor camps and required things like putting screens on dining room windows. Because Camp Dat-So-La-Lee is listed in the National Registry of Historic Places, we cannot put screens on the dining room windows; the USFS will not allow it.

We meet all the standards, and Rule No. 1 is safety first for our campers. We encourage your support of A.B. 99.

Assemblyman Ellison:

The Elko County Board of Commissioners sent a letter in support of A.B. Bill 99 ([Exhibit D](#)).

The time constraint is a large concern for us.

Senator Kieckhefer:

Were I not the stand-in for Chair Hardy, I would process the bill now. We will close the hearing on A.B. 99 and open the hearing on A.B. 156

ASSEMBLY BILL 156 (2nd Reprint): Revises provisions governing family resource centers. (BDR 38-209)

Assemblyman Tyrone Thompson (Assembly District No. 17):

Assembly Bill 156 revises provisions governing family resource centers (FRC). Family resource centers were established in 1995 per *Nevada Revised Statutes* (NRS) chapter 430A. Nevada is divided into service areas with an FRC providing information, referrals and case management to residents. Family resource centers collaborate with local and State organizations to help families access needed services and support.

I have provided you a document ([Exhibit E](#)) listing family resource centers throughout the State. With A.B. 156, we hope to look ahead another 20 years and continue to serve.

As we discuss A.B. 156, please note Proposed Amendment 6857 ([Exhibit F](#)). This was submitted after we spoke to family resource center directors and gathered their input.

Significant concerns were expressed regarding determining an at-risk community in section 1, so the amendment strikes out "by an analysis of demographics and

data.” Section 1.2 retains the direction to work with those families in imminent risk of homelessness. Although the economy is getting better, many families remain a paycheck away from losing their houses or apartments or are transient, staying with family and friends. Section 2, subsection 2, A.B. 156 adds “directly from the family resource center.”

Section 3, subsection 3, paragraph (b) and section 4, subsection 1, paragraph (a) adds, “and the local and state elected officials who represent the geographic area in which the family resource center is located.” This does not obligate elected officials, but sometimes local officials are knowledgeable regarding special grants or services the family resource center can access. Section 5, subsection 3, paragraph (a) adds the word “develop,” and section 5, subsection 3, paragraph (b) adds words, “Collect and analyze data to monitor the performance by the family members of the responsibilities prescribed in the plan.” This addition provides for basic case management. We desire to help the families to get to where they need to be, so we can free that space for the next family in need.

Senator Kieckhefer:

How many cases does an average FRC have? What burden will be placed upon an FRC staff to collect such data? Must the data be uniform?

Assemblyman Thompson:

The numbers of cases vary from center to center.

Toby Hyman (Grants Management Unit, Department of Health and Human Services):

All the FRC currently collect information about clients who access their services by way of a “welcome” form. This lists demographic data. The family will then work with a case manager to determine services needed. Almost every person coming into a FRC for the first time needs food; that is usually the tip of the iceberg. We develop a case plan and assist them in setting and meeting their goals. Monthly and quarterly, the FRC send us the reports showing all that information.

Senator Kieckhefer:

So, is collection and analysis of data already happening?

Ms. Hyman:

Yes, collecting and analyzing data is already taking place.

Senator Lipparelli:

Who determines an imminent risk of homelessness as it is added in section 1, subsection 2?

Assemblyman Thompson:

Originally we delineated transient, but A.B. 156 adds another subcategory of struggling family with "at imminent risk of homelessness."

Senator Lipparelli:

What does at imminent risk of homelessness mean?

Assemblyman Thompson:

This would apply to those who are a paycheck away from being homeless, those who have lost their jobs or those who are already homeless.

Senator Lipparelli:

When A.B. 156 states families may obtain social services "directly from the family resource center," are we adding or subtracting services with that additional phrase?

Assemblyman Thompson:

As well as referring out, in many cases, social service needs are fulfilled at the FRC campus; this allows the FRC flexibility.

Senator Lipparelli:

Are we expediting by adding to this bill?

Assemblyman Thompson:

With this, we are not only expediting but also increasing the likelihood of continued tracking ability. If you give a person a referral slip, you cannot be assured that it was followed through. When you can perform the needed services, it can be determined directly.

Senator Kieckhefer:

The proposed changes further define services to make direct provision also.

Marlene Lockard (Nevada Women's Lobby):

The Nevada Women's Lobby strongly supports A.B. 156.

Senator Kieckhefer:

Hearing no further testimony on A.B. 156, we will close the hearing on it and open the hearing on A.B. 39.

ASSEMBLY BILL 39 (1st Reprint): Increases the cap on the application fee for the Physician Visa Waiver Program. (BDR 40-328)

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

The Division of Public and Behavioral Health (DPBH) administers the J-1 Physician Visa Fee Waiver Program. The program allows physicians with international medical degrees to remain in the United States providing those physicians are willing to serve in designated shortage areas. Following the completion of his or her residency training, a physician, typically would be required to return to that physician's home country.

Currently, the fee for our program is \$500, which does not cover our administration costs. The DPBH would like to raise that fee from \$500 to up to \$2,000 to better support the program. In 2009, the Legislature increased oversight for this program based on complaints from Las Vegas. The complaints referenced substantial abuses of the physicians regarding working extended hours and requiring them to work outside their designated areas.

With the new legislation and regulations that have been put into effect, our requirements for overseeing the program and ensuring compliance have increased. Thus, we ask to increase the fee.

The physicians who participate in this program are our best ambassadors to bring other physicians into the program; as we demonstrate better program compliance and ensure the program is fair, the physicians are happier and do not feel coerced to do things that are out of compliance with the program.

The \$500 fee currently collected is assessed regardless of the type of application and specialty practiced. Since we see more specialists and third-party contractors now, there could be multiple locations that require more site visits and increased oversight. Third-party contractors do not necessarily

administer the sites, and then we have to work with them to collect the data to meet the federal requirements for the shortage areas.

We merely want to raise the cap, not create a barrier. If the physician can demonstrate a hardship, we can waive that fee completely. The fee is shared by the physician and the employer. With the Conrad 30 Waiver Program for J-1 medical doctors, 30 positions would be available per state. Texas, which routinely fills all those slots, charges between \$3,000 and \$5,000 per physician. If this fee would create a barrier, we would waive the fee.

Senator Lipparelli:

Are you increasing the capability to raise the fee to \$2,000, or are you raising the fee to \$2,000?

Ms. Hale:

We are increasing the capability to raise the fee. This would set up a structure whereby the fee would be dependent upon the increased level of work for our staff. Specialists and third-party contractors would be charged a higher fee; a primary care physician with the employer being the direct facility administrator would be charged at the \$500 level. We get different types of applications.

Senator Lipparelli:

How do you determine that charge?

Ms. Hale:

We will have to develop regulations to manage this increase, regardless of what level we charge above \$500, but this allows for flexibility in future.

Senator Lipparelli:

Since these are nonrefundable fees, will the State Board of Health be informed in the decisions to raise the fees reflective of costs incurred to regulate them?

Ms. Hale:

These are nonrefundable fees. We have an advisory council that advises our administrator.

Senator Lipparelli:

Just to clarify, will the fees be reflective of the level of costs incurred to oversee the physician?

Ms. Hale.

Yes, the fees will be reflective of the level of costs incurred to oversee the physician.

Senator Kieckhefer:

Will the fee be dependent upon the costs of regulation incurred, the type of physician applying or relationship of the physician with his or her employer?

Ms. Hale:

If the physician is a specialist working at multiple facilities, we must look at data from those facilities and make site visits to them. When the employer is a third-party contractor, the types of data which those people access will be different, so we must negotiate with them.

Senator Kieckhefer:

Are these letters of support for applications made to the federal government?

Ms. Hale:

That is correct; these letters go to the United States Citizenship and Immigration Services.

Senator Kieckhefer:

Is the program operating well?

Ms. Hale:

We struggle to increase the number of physicians we recruit through that program. Following the abuses reported, Nevada's reputation suffered. We are working to improve that. Right after the complaints, we received two applications per year. Since then, we have gotten four and seven. We are making incremental progress. We wish to highlight this opportunity as part of our recruitment process.

Joan Hall (President, Nevada Rural Hospital Partners Association):

We are supportive of A.B. 39 for several reasons. The rural hospitals historically were the only employers of J-1 Visa physicians until J-1 Visa physicians were allowed to work in underserved areas. For whatever reason, these physicians would rather go to a metropolitan area like Las Vegas than Battle Mountain, so we have seen a decrease in these physicians in rural areas.

Although we would not like to see an increase in the fees, we understand that the fees need to be consistent with the work the State must do to oversee, particularly since the Primary Care Office is only staffed by two people.

Senator Kieckhefer:

We will close the hearing on A.B. 39 and open the hearing on A.B. 42.

ASSEMBLY BILL 42 (1st Reprint): Revises provisions relating to mammography and the reporting of information on cancer. (BDR 40-331)

Tracey D. Green, M.D. (Chief Medical Officer, Division of Public and Behavioral Health, Department of Health and Human Services):

Assembly Bill 42 has two unique sections that are important to improving cancer services and surveillance in Nevada.

In section 1, subsection 1, paragraph (b), A.B. 42 changes the division to the State Board of Health, which is the approving body for the standards described in this section. Section 1, subsection 3, paragraph (c) removes the word, "exclusively," and adds the words, "and may be used for screening, diagnostic or therapeutic purposes." When the word exclusive is next to mammography, the machine is used only for screening purposes. Community standards now use mammography for diagnostic purposes. In the future, there will be studies and U.S. Food and Drug Administration-approved uses for therapeutics. Adding this section will allow for current screening and diagnostics using mammographic machines. Currently, the understanding is that the machines may be used for both screening and diagnostics, but the language change needs to occur so that these can be continued.

Julia Peek (Manager, Office of Public Health Informatics and Epidemiology, Division of Public and Behavioral Health, Department of Health and Human Services):

Nevada Revised Statute 457 outlines the reporting and tracking of cancer data in Nevada. Assembly Bill 42 will improve the Nevada Central Cancer Registry operations. Many changes are cleanup language and updating to align with national standards. I have provided my written presentation ([Exhibit G](#)).

Nevada has seen years of underreported cancer cases; this has detrimental effects upon cancer prevention and treatment services. Based on our conversations with the health care industry, we have determined that the fee

assessed to health care facilities that abstract their own cases, \$8 per case, has been a major factor in this underreporting. No other states charge facilities for abstracting their own cases. Under current law, a facility or provider who did not report a case would be guilty of a misdemeanor, which would result in a fine and possible imprisonment.

In A.B. 42, we are requesting a monetary administrative penalty for not reporting. The penalty will be determined in regulations. The penalty would be assessed if the unreported case was discovered on a death certificate or in a pathology lab report.

Senator Woodhouse:

Would you explain more thoroughly what is meant by “therapeutic purposes”?

Dr. Green:

Therapeutics means, as we look at the future of treatment of cancers, isolating lesions with mammographic machines and having secondary radiation machines next to those mammographic machines is the direction of future science—using this for therapeutic intervention. You have been given a letter from Dr. Michael Kos, a Reno oncologist ([Exhibit H](#)) who has been investigating such therapeutics in association with a radiation machine.

Senator Lipparelli:

In section 4, what has been the history regarding misdemeanors being prosecuted in these unreported cases?

Ms. Peek:

As long as I have been with the Registry, which is about 9 years, no prosecutions have been made.

Senator Lipparelli:

Is that because the Registry would not choose to do so or because those people would like to have the administrative remedy at hand?

Ms. Peek:

We choose not to go down that road. We want compliance with reporting. We have no intention of sending a physician to jail. We would not want to invest the time required to prosecute that case.

Senator Kieckhefer:

Does neoplasm mean tumor?

Dr. Green:

Neoplasm means cancer.

Senator Kieckhefer:

In sections 2 and 3, the bill states "cancer and other neoplasms." Describe how that can be.

Dr. Green:

There are neoplasms that are not cancerous but are abnormal in nature.

Senator Kieckhefer:

Is there a difference between a neoplasm and a tumor?

Dr. Green:

Tumor means collection in a shape. There may be a single cell or a tissue.

Senator Kieckhefer:

In A.B. 42, are we significantly expanding what must be reported?

Dr. Green:

We are aligning with national standards. We have found that though we are maintaining what is required reported in other states, we have significant underreporting, especially in pediatric cancers.

Cari Herington (Executive Director, Nevada Cancer Coalition):

Assembly Bill 42 represents a yearlong collaborative effort of the Division of Public and Behavioral Health, Nevada Cancer Coalition, our hospitals, providers and researchers. The bill updates and aligns NRS chapter 457 with national standards. I have provided written testimony ([Exhibit I](#)).

The Nevada Cancer Coalition and more than 20 hospitals and organizations support Assembly Bill 42.

Tom McCoy (American Cancer Society):

We are in full support of sections 2 through 5 of A.B. 42, which is the cancer registry. As past president and chair of the Nevada Cancer Coalition and

ongoing board member, I was actively supportive of the Cancer Registry. My written testimony has been provided ([Exhibit J](#)).

Section 1 is problematic because the American Cancer Society, which was instrumental in the development of mammography, as well as the standards, usage and guidelines, only recommends the use of mammography machines for screening and diagnostic mammograms in breast cancer. Our concerns are centered upon the change proposed in A.B. 42.

The American Cancer Society does not recommend the use of mammography equipment in screening for other cancers. There is no published literature that weighs the benefits, risks or effectiveness of using these machines for other purposes.

The American Cancer Society wishes to go on the record with our concerns with section 1.

Senator Kieckhefer:

Hearing no further testimony on A.B. 42, I close the hearing and will hear testimony on A.B. 52.

ASSEMBLY BILL 52 (1st Reprint): Revises provisions governing the persons responsible for a child's welfare. (BDR 38-192)

Brigid Duffy (Chief, Juvenile Division, District Attorney, Clark County):

I oversee the attorneys in the Department of Family Services and am here to present A.B. 52.

Assembly Bill 52 came out of the interim Legislative Committee on Child Welfare and Juvenile Justice. Former Assemblyman Jason Frierson was the interim chair of that committee and he asked me to introduce this bill to this Committee.

In A.B. 52, we are looking to amend NRS 432B.130. The statute defines as a person a public or private home or facility where the child receives care outside of the home for all or a portion of the day or a person directly responsible or serving as a volunteer for or is employed by such a home, institution or facility. The term "person" is defined in NRS 0.039 as a business or a nongovernmental agency. We would like to clarify that skilled nursing facilities, specifically,

pediatric skilled nursing facilities, can be determined to be a person responsible for the welfare of a child. For example, if we have one of our children placed in a pediatric nursing facility, either privately or through the Division of Child and Family Services, and that child is injured while in that facility, with multiple changes in nursing staff, the specific person who allowed the injury to occur may not be identifiable; however, we want to hold the facility accountable as responsible for that child's welfare.

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Senator Kieckhefer:

If it came out of the interim committee, there were plenty of good reasons for it.

Hearing no other testimony on A.B. 52, I will close the hearing.

With no further business before the Committee, the meeting is adjourned at 4:19 p.m.

RESPECTFULLY SUBMITTED:

Debra Burns,
Committee Secretary

APPROVED BY:

Senator Ben Kieckhefer, Vice Chair

DATE: _____

EXHIBIT SUMMARY				
Bill	Exhibit		Witness or Agency	Description
	A	2		Agenda
	B	5		Attendance Roster
A.B. 99	C	6	Assemblyman John C. Ellison	Pictures of Lamoille Canyon and Camp Dat-So-La-Lee
A.B. 99	D	1	Assemblyman John C. Ellison	Letter of Support from the Elko County Board of Commissioners
A.B. 156	E	6	Assemblyman Tyrone Thompson	Family Resource Center List
A.B. 156	F	3	Assemblyman Tyrone Thompson	Proposed Amendment 6857
A.B. 42	G	1	Julia Peek/Department of Health and Human Services	Written Testimony
A.B. 42	H	1	Tracey Green/Department of Health and Human Services	Letter from Dr. Michael Kos
A.B. 42	I	2	Cari Herington/Nevada Cancer Coalition	Written Testimony
A.B. 42	J	2	Tom McCoy/American Cancer Society	Written Testimony