MINUTES OF THE
SENATE COMMITTEE ON GOVERNMENT AFFAIRS

Seventy-ninth Session
March 3, 2017

The Senate Committee on Government Affairs was called to order by Chair David R. Parks at 12:02 p.m. on Friday, March 3, 2017, in Room 2135 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 David R. Parks, Chair
Senator Mark A. Manendo, Vice Chair
Senator Julia Ratti
Senator Joseph P. Hardy
Senator Pete Goicoechea

GUEST LEGISLATORS PRESENT:

Senator Joyce Woodhouse, Senatorial District No. 5

STAFF MEMBERS PRESENT:

Jennifer Ruedy, Policy Analyst
Heidi Chlarson, Counsel
Suzanne Efford, Committee Secretary

OTHERS PRESENT:

Tom McCoy, American Cancer Society, Cancer Action Network
Veneta Lepera, BA, BSN, RN, Market Manager, Palliative Care, Dignity Health-St. Rose Dominican
Kim Anderson, Vice President of Business Development, Infinity Hospice Care; Nevada Palliative Care
Mary Bowers
Jet Mitchell
Mike Dyer, Director, Nevada Catholic Conference

CHAIR PARKS:
I would like to open the hearing on Senate Bill (S.B.) 136.

SENATE BILL 136: Makes various changes concerning health care. (BDR 18-143)

SENATOR JOYCE WOODHOUSE (Senatorial District No. 5):
There is a thorough definition of palliative care in section 4 of this bill. Palliative care is specialized medical care for people facing serious and chronic illnesses that focuses on providing patients relief from symptoms, pain and stress regardless of their diagnosis.

Section 7 creates the State of Nevada Advisory Council on Palliative Care and Quality of Life within the Department of Health and Human Services (DHHS) and prescribes the qualifications and duties of members of the Council.

The Director of the DHHS is authorized to appoint the members in any number deemed appropriate as long as at least nine members are appointed. The Council shall meet at least twice annually and each member serves without compensation but is entitled to receive per diem allowance and travel expenses. Section 13 sets forth the initial terms of those members.

Section 9 authorizes the Council to apply for any available grants and accept any available gifts, grants, appropriations or donations to carry out the Palliative Care and Quality of Life Consumer and Professional Information and Education Program that is established in section 10 of the bill.

Section 10 further requires the DHHS to maintain an Internet Website with links to appropriate external Internet Websites offering information concerning the delivery of palliative care in the home and in primary, secondary and tertiary environments; best practices for the delivery of palliative care; and educational materials and referral information for palliative and hospice care.

Section 12 provides that on or before January 1, 2018, DHHS shall encourage all hospitals, assisted living facilities and facilities for skilled nursing in the State, with 100 beds or more, to educate their physicians, nurses and staff members regarding palliative care and to provide information to patients or residents regarding palliative care.

While I understand that this is a policy committee, I would like to acknowledge the one fiscal note from the Aging and Disability Services Division, DHHS. It shows an impact of approximately $35,000 in the first year and $45,000 in the second year for an Administrative Assistant 4 to manage the business of the Council. In testimony this afternoon, you will hear that we have a donor who has pledged to fund the costs of this measure.

Over time, the benefits of this legislation will bring immeasurable relief to patients and their families, and I urge your support.

SENATOR GOICOECHEA:
Is the Director stated in the bill the Director of Health and Human Services?

SENATOR WOODHOUSE:
Yes, that is correct.

TOM MCCOY (American Cancer Society, Cancer Action Network):
I have submitted frequently asked questions (Exhibit C) regarding this bill and a pamphlet titled *Improving Quality of Life through Palliative Care* (Exhibit D).

I want to clarify some things. Even though the American Cancer Society Cancer Action Network has brought this bill, this applies to anyone with a serious illness. We are doing this not only for our cancer patients but also for all patients in Nevada with serious health issues.

As Senator Woodhouse explained, there is a misunderstanding of what is palliative care, not just in Nevada but nationwide. Our organization has been trying to change that through education. There is a lack of understanding and awareness of palliative care.

We brought this bill to the 78th Legislative Session. When talking with Legislators during that Session, the immediate response was that we were talking about end-of-life or hospice care. While hospice care may be part of the process, depending on someone’s situation, palliative care is much broader. It is a continuum of care beginning with the diagnosis of a serious illness.

Historically, someone would go through curative treatment and then start palliative care, which deals with social, financial, spiritual and other aspects of life. It all comes down to one thing: palliative care is treating the patient and not just the disease.

In addition, pediatric palliative care is something we must address. Cancer is the leading cause of death by disease for children aged 5 to 14. We are not doing anything to address that part of our population. As an organization, the American Cancer Society is focusing on pediatric palliative care. It can add extra layers of support and lead to surviving and thriving.

VENETA LEPERA, BA, BSN, RN (Market Manager, Palliative Care Services, Dignity Health-St. Rose Dominican):
I have submitted written testimony (Exhibit E) explaining why I support S.B. 136 and the establishment of an advisory and educational council for palliative and quality of life in Nevada.

I have submitted additional testimony from myself and Diana Lee, M.D. (Exhibit F) supporting S.B. 136 and a letter of thanks to Senator Woodhouse (Exhibit G) for bringing this bill forward.

SENATOR WOODHOUSE:
The letter from Dignity Health-St. Rose Dominican signed by Veneta Lepera identifies the donation for the next two years of funding for this program.

KIM ANDERSON (Vice President of Business Development, Infinity Hospice Care; Nevada Palliative Care):
I have submitted a letter (Exhibit H) and my written testimony (Exhibit I) explaining why I support S.B. 136.

MARY BOWERS:
I am a cancer survivor. I am in remission. My treatment could have been so much better if I had had the support of those around me. My husband was my caregiver. He struggled with seeing me suffer with my treatments. He had nowhere to turn for much-needed support.

Since my diagnosis, we have been blessed with the wonderful people with the American Cancer Society who have enabled us to reach out for that needed support. However, S.B. 136 is the answer for everyone who is going through any form of medical treatment whether the illness is terminal or not.

I am in remission. They say it will return. If it does return, I know I will have support. Having this in place would be beneficial to me and to those I have met along my journey. I do not know what more I can say. We ask for your support in making this possible. I support S.B. 136.

JET MITCHELL:
I am a volunteer advocate with the American Cancer Society Cancer Action Network. I have stage IV metastatic breast cancer.

On May 8, 2015, I heard the four words that no woman ever wants to hear, "You have breast cancer." So began a process for me of double mastectomy, aggressive chemotherapy and radiation. I completed that process believing that I would be bald one time. I was wrong.

On September 16, 2016, I heard the six words that no one with breast cancer wants to hear, "You have stage IV breast cancer." This was particularly concerning to me because a study released in December 2016 showed, statistically, that women in southern Nevada have a significantly higher death rate from breast cancer than their sisters around the Country. Statistically, women in northern Nevada are significantly more likely to be diagnosed at a later stage and more likely to die from breast cancer than their sisters across the Country.

Statistically, women in southern Nevada are in a worse place compared to women in northern Nevada. Women in Nevada as a whole have been shown, through this study, to be in a worse place than their sisters across the Country. This was alarming. I am now going through intensive chemotherapy. I have just completed another round, and I will start a new round this month.

I am an attorney, although I do not practice. Part of the advocacy in me makes me want to talk about the message and the meaning of palliative care. The message of palliative care is not just for the dying. It is also for the living. I will die, but it will not be next Tuesday. While I live, I want care that not only includes the aggressive treatment that I will receive, but everything else around that which supports the emotional, psychological, spiritual and mental piece of the disease called cancer. This has not been addressed in Nevada.

The message has to be that it is not some random group of people called cancer survivors. It is I. It is you. It is your friend. It is your colleague. It is your mom. It is someone you love. This is not a faceless group. This is us. Those of us who are diagnosed and go through the journey to continue our lives must have palliative care.

As a long-time resident of southern Nevada, I did not even hear the words, palliative care, until I attended a workshop held by the American Cancer Society. I am currently in aggressive chemotherapy for stage IV metastatic cancer. If I am not hearing those words, how many others for whom I speak have not heard those words. The message must be that it is us; it is all of us.

The meaning of palliative care is also critically important. Many people do not understand that palliative care involves everything around the treatment I am receiving. While I am receiving aggressive chemotherapy, I also need to receive other support services. So far, these services are not disseminated to many patients because many of us are not in hospice.

Palliative care may include hospice, but that is only one component. Palliative care is everything that goes around the treatment that is involved with a cancer diagnosis. I have been fortunate with the resources I have had. In addition to being treated in southern Nevada, I have gone to the University of California, Los Angeles, in southern California, MD Anderson Cancer Center in Houston and the Dana-Farber Cancer Institute in Boston. When I went to the Dana-Farber Cancer Institute in Boston, I was immediately handed a booklet about the metastatic breast cancer program called *EMBRACE, Ending Metastatic Breast Cancer for Everyone*. They not only have a program, but they give information to people who have metastatic cancer to tell them about all of the available services. Nevada needs this type of program and this type of service for stage IV cancer fighters.

The meaning of palliative care must include more than just hospice. It is important to think about the end of life. We honor those who have died. However, we honor those who are living by continuing to help and offer those kinds of services with palliative care. I speak for those who are living with cancer. The key word is “living.”

I spoke about the message and about the meaning of palliative care. I ask for your support of S.B. 136 for those who have stage IV cancer who are not able to speak here and ask for palliative care. It is critically needed in Nevada.

MIKE DYER (Director, Nevada Catholic Conference):
The Nevada Catholic Conference is the entity through which the Catholic Bishops in Nevada address statewide issues. We strongly support S.B. 136. The theology of the Catholic Church fully embraces palliative care.

SENATOR RATTI:
This is a great bill. Clearly, there is a critical need. What services are available? Much of this is about educating people and making sure they are told about palliative care. If more people know about palliative care, do we have the services to provide to them?

SENATOR WOODHOUSE:
That is one of the reasons why the Advisory Council is so important and why Ms. Lepera had indicated that she is willing to do the training. As of January 2018, nurses, doctors and staff in hospitals and facilities with 100 beds or more will be trained in palliative care. We will not have to hear the stories about patients who never heard of palliative care. We have been in emergency rooms where we were never told about palliative care. It is a step forward to get the word out about this support system to patients who are going through these kinds of situations. As was said, the illness does not have to be terminal. Therefore, many others would benefit from these services.

MR. MCCOY:
At the federal level, the concept is to provide funding for centers around the Country that will help train doctors and nurses in palliative care. The theory is that it will trickle down at some point.

On the State level, we are seeing palliative care education working its way into medical schools. They understand, and surveys have proven, that it saves money for hospitals because it reduces the number of people going back into intensive care units. The process will feed on itself. The Advisory Council is a starting point to acknowledge where we are and determine where we need to go and how to get there.

SENATOR RATTI:
I am trying to understand. I support the bill. From testimony heard today, there are traditional health care providers and another group of providers to whom someone is referred to receive palliative care. Are you saying that you want

traditional providers trained so they can integrate palliative care into the system and not hand patients off to a different system?

MR. MCCOY:
If providers were not in a position to handle palliative care themselves, then they would do that handoff. We have hospital and community-based palliative care. Recently, a young woman, who died right after the first of the year and would have been here to testify, had a short bit of palliative care tied to hospice at home. We are getting there; however, we are not there yet. I do not want to characterize Nevada as being the only state in this situation. It is not. Serious illness health care is moving in this direction. This is an opportunity for Nevada to do something about it.

SENATOR RATTI:
How would someone obtain palliative care?

MR. MCCOY:
Palliative care is available in Reno, Carson City and Las Vegas if someone is close enough to make use of those facilities. The difficulty we have, and this is always the case when we start talking about health care challenges, is that these services are not available in rural Nevada. Someone would have to go from Elko to Salt Lake City or to Reno, which would be difficult.

SENATOR RATTI:
Does insurance cover palliative care?

MR. MCCOY:
Yes, but not all aspects of it. It is a health plan issue.

CHAIR PARKS:
As I was listening to the testimony, I reflected back to 35 years ago when we had the advent of the AIDS pandemic. Some of us heard a call to action and proceeded to provide services to young men who had lost their jobs, their insurance and almost everything they had. They were dependent upon people to provide services. Out of that grew the organization Aid for AIDS of Nevada where I served for more than 25 years. We provided a wide variety of services. We had a food pantry and provided transportation to medical visits. This was before we had Americans with Disabilities Act Paratransit Services. We also had the green bucket brigade. We would clean apartments and help with those kinds

of services. In a sense, we were providing palliative care not knowing that was what it was.

I have received a letter from Barry Gold, AARP Nevada (Exhibit J), supporting S.B. 136.

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CHAIR PARKS:
We will close the hearing on S.B. 136, and having no further business to come before the Senate Committee on Government Affairs, we are adjourned at 12:44 p.m.

RESPECTFULLY SUBMITTED:

Suzanne Efford,
Committee Secretary

APPROVED BY:

Senator David R. Parks, Chair

DATE:

EXHIBIT SUMMARY

Bill	Exhibit / # of pages		Witness / Entity	Description
	A	1		Agenda
	B	1		Attendance Roster
S.B. 136	C	2	Tom McCoy/American Cancer Society Cancer Action Network	Frequently Asked Questions
S.B. 136	D	2	Tom McCoy/American Cancer Society Cancer Action Network	Palliative Care Pamphlet
S.B. 136	E	4	Veneta Lepera/Dignity Health-St. Rose Dominican	Written Testimony
S.B. 136	F	1	Veneta Lepera and Diana Lee/Dignity Health-St. Rose Dominican	Written Testimony
S.B. 136	G	1	Veneta Lepera/Dignity Health-St. Rose Dominican	Dignity Health Letter to Senator Woodhouse
S.B. 136	H	1	Kim Anderson/Nevada Palliative Care	Letter to Committee
S.B. 136	I	6	Kim Anderson/Infinity Hospice Care	Written Testimony
S.B. 136	J	1	Barry Gold/AARP Nevada	Letter to Committee