MINUTES OF THE
SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

Seventy-ninth Session
March 31, 2017

The Senate Committee on Health and Human Services was called to order by Chair Pat Spearman at 3:54 p.m. on Friday, March 31, 2017, 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 Pat Spearman, Chair
Senator Julia Ratti, Vice Chair
Senator Joyce Woodhouse
Senator Scott Hammond

COMMITTEE MEMBERS ABSENT:

Senator Joseph P. Hardy (Excused)

STAFF MEMBERS PRESENT:

Megan Comlossy, Policy Analyst
Eric Robbins, Counsel
Martha Barnes, Committee Secretary

OTHERS PRESENT:

Reesha Powell, Deputy Administrator, Division of Child and Family Services, Department of Health and Human Services
Jill Marano, Assistant Director, Department of Family Services, Clark County
Kevin Burns, Chair, United Veterans Legislative Counsel
Mike Kelly, Chair, Nevada Democratic Veterans and Military Families Caucus
Greg Whalen, Disabled Veteran
Richard Carreon, President, Nevada Veterans Association
Christiana Cabrera, YMCA of Southern Nevada
Peni Sua

Darrol Brown, Chair, Welcome All Veterans Everywhere, Inc., Douglas County
Brigid J. Duffy, Director, Juvenile Division, Office of the District Attorney, Clark County
Connie McMullen, Personal Care Association of Nevada
Helen Foley, Nevada Assisted Living Association
Jane Gruner, Advocate for Seniors and Persons with Disabilities
Marsy Kupfersmith
Michael DiAsio, Personal Care Association of Nevada
Paul Shubert, Chief, Bureau of Health Care Quality and Compliance, Division of Public and Behavioral Health, Department of Health and Human Services
Marlene Lockard, Service Employees International Union Local 1107 Nevada
Jose Tinio, Chairman, ECHO, The Association of Adult Care Providers of Southern Nevada
Kirsten Coulombe, Deputy Administrator, Administrative Services, Division of Public and Behavioral Health, Department of Health and Human Services
Bill Welsh, Nevada Hospital Association
Kathleen Conaboy, Ambulatory Surgery Center Association
George Ross, Hospital Corporation of America, Inc.; Sunrise Hospital and Medical Center; Mountain View Hospital; Southern Hills Hospital and Medical Center

CHAIR SPEARMAN:
I will open the hearing on Senate Bill (S.B.) 510.

SENATE BILL 510: Revises provision governing the eligibility of a child for assistance from the Kinship Guardianship Assistance Program. (BDR 38-901)

REESHA POWELL (Deputy Administrator, Division of Child and Family Services, Department of Health and Human Services):
Senate Bill 510 revisits the current eligibility requirements contained in the *Nevada Revised Statutes* (NRS) for the Kinship Guardianship Assistance Program. The Social Security Act was modified with the passing of the Fostering Connections to Success and Increasing Adoptions Act of 2008. The Act provided an option for states to enter into a kinship guardianship assistance agreement. The agreement provides assistance payments to relatives who assume legal guardianship of the children they have been caring for and continue to care for on a permanent basis as foster parents.

The Kinship Guardianship Assistance Program was codified in NRS 432B in 2011. However, it restricted the program to youth eligible to receive maintenance payments pursuant to Title IV, Part E of the Social Security Act while residing with a relative. This bill requests the removal of that specific eligibility criteria so it will be an available option for all youth in the custody of a child welfare agency providing they meet all other eligibility requirements. Such as the youth who has been placed with a licensed foster care provider, who is also a relative, for at least six months.

Reunification and adoption have been ruled out as appropriate permanency options and the child demonstrates a strong attachment to the perspective relative guardian. The relative guardian demonstrates a strong commitment to continue long term for that child. If the child is 14 years or older the youth has been consulted and agrees with the guardianship.

Subsidized guardianship is often appropriate when a family member takes custody of a child but does not feel comfortable with having the parental rights terminated. Sometimes it is out of love, respect or even based on cultural reasons why they do not want to pursue legal custody. This will allow children to receive permanency through guardianship with a relative rather than lingering in foster care. It also provides an opportunity for a youth to remain with a relative and maintain a permanent connection with his or her family which is important for his or her stability and outcomes in life. All youth in Nevada who are in custody of a child welfare agency and meet the other requirements should be afforded the same program and should not be denied because they do not qualify for Title IV, Part E of the Social Security Act.

The estimated cost for S.B. 510 is included in the Division of Child and Family Services (DCFS) budget and we are projecting that we will have about 26 cases in Fiscal Year (FY) 2018 and 29 cases in FY 2019. I do not have projected numbers from the other child welfare agencies.

JILL MARANO (Assistant Director, Department of Family Services, Clark County):
We support S.B. 510.

CHAIR SPEARMAN:
I will close the hearing on S.B. 510 and open the hearing on S.B. 326. I will hand the gavel over to Senator Woodhouse in order to present this bill.

SENATE BILL 326: Requires a child care facility to grant priority in admission to children of a parent serving or who has served in the Armed Forces of the United States. (BDR 38-558)

SENATOR PAT SPEARMAN (Senatorial District No. 1):
As you know, I am a veteran and veterans are very near and dear to my heart. I oppose simply tying a yellow ribbon around a tree or displaying a yellow ribbon on a car to say someone supports veterans. If a person supports our veterans they have to walk the talk. Maybe a parent has been killed in action or is missing in action and that parent has children. These are Gold Star children. Too often, the person who is left to pick up the pieces for the children has to do so without the comfort of having competent child care. Senate Bill 326 requests priority for children of military and veterans, particularly for those Gold Star children.

One of the benefits of passing this legislation puts the child care centers on more secure footing because the center will get paid. The bill is simply to provide priority for military children.

SENATOR WOODHOUSE:
I am glad you brought this bill back. This is something we should be doing for our military and our veterans.

KEVIN BURNS (Chair, United Veterans Legislative Counsel):
The United Veterans Legislative Counsel is an organization that oversees and advocates legislation for the majority of the 300,000 veterans in Nevada. We support S.B. 326.

When we first read the summary, we were doing cartwheels and handstands, because we thought it meant every veteran would receive priority for child care. We have read the rest of the bill and now understand Senator Spearman's intent. Child care is at a crisis in this Country from an availability standpoint and from a cost standpoint.

In my day job I run the Veterans Resource Center for Western Nevada College and I am the faculty advisor for 200 student veterans attempting to get on with their lives after completing their service. The costs associated with child care are staggering. Educational benefits for a student veteran includes payment for classes through the Veterans Administration (VA) and a monthly stipend for

housing and expenses. That stipend is determined geographically by the VA. In the Carson City area it works out to be about $1,400 a month. If a student veteran is a parent and has two children in the Western Nevada College facility, their bill is $1,400 a month. This means they need to have a full-time job and be a full-time student in order to be successful.

We would like to amend the bill to include single parents. There are a couple of men I represent who are single parents, but the vast majority of single parents are women. We are shortcutting women who are parents in today's age because they are stuck with this cost. Another issue is trying to get children into a day care facility. One student veteran has two children and waited until the second child was six months old before trying to place the child in day care. It took another six months to get that child into the same facility.

If adding a single parent is too broad, we would ask to include a student veteran single parent be included in the bill. We are talking about an individual who has given something for this Country, but he or she is being held back because of this child care situation.

SENATOR HAMMOND:
The bill encourages meeting certain criteria to get veterans' children into a child care facility. Does the language speak to a reduction in cost for child care?

MR. BURNS:
My point addresses the two problems associated to child care for veterans, one is cost and the other is availability. Senate Bill 326 addresses child care availability.

MIKE KELLY (Chair, Nevada Democratic Veterans and Military Families Caucus):
We support S.B. 326. This brings back some personal memories for me. When a commander is on active duty there are many social functions requiring families to attend.

Oftentimes, we had service members who were required to attend functions with senior commanders, but they had to find child care in order to attend these functions. One of the most difficult problems was to find child care because there were no facilities available, and the service member had to bring the child with him or her which affected the experience. There are military veterans and active duty military personnel who work shifts and are unable to obtain child

care. This bill addresses many issues that people are experiencing in today's armed forces. I wish this were around when I was a young officer because it would have made a huge difference for my family. It would have made a great difference for many of my soldiers. We will do whatever we can to help you get this bill passed.

GREG WHALEN (Disabled Veteran):
I was surprised to hear this bill failed the last time it was introduced. I heard there were no wait times for getting children into a child care facility. I do not have any children, but I know what I went through with different programs. Once when I was told there was no wait time, there was a six month wait time. This is not political; it affects veterans. If this does not cost anyone a penny or stress or conflict with other programs why would it be a no vote? There is always a need.

RICHARD CARREON (President, Nevada Veterans Association):
In 2010, there was a study submitted to both houses of the United States Congress regarding the impact on children for deployed family members. The study related about 10 percent of the Reserve and National Guard force was either single parents or dual military parents. When an individual is a single parent or dual military parent, he or she is obligated by a Department of Defense regulation to assign a caretaker to care for his or her children while he or she is deployed.

There have been a number of instances, throughout my career, when the civilian caretaker or family care plan provider is unable to arrange child care to take care of funeral arrangements for the military member who is deceased. It is also difficult to make temporary arrangements when the military member is missing in action.

I was bothered by a similar bill not passing when it was heard prior to this Legislative Session. We could not tell the future, but since last Session three National Guard Units have deployed from Nevada. The needs may not have been there the last time the bill was heard, but the need is here now. Nevada has National Guard and Reserve forces as well as combined active duty forces of 30,000 troops throughout the State who deploy on a rotational basis.

In addition, it is not just the folks who are deployed in harm's way, there are equipment failures stateside and accidents that happen in the home. This bill

will allow the family who stays behind or the caretaker to have one less worry while they are making arrangements for their service member to be buried. I wholeheartedly support S.B. 326.

CHRISTIANA CABRERA (YMCA of Southern Nevada):
The YMCA of Southern Nevada supports S.B. 326. The YMCA has had a long history of supporting active military members and their families dating back to the Civil War.

In addition to the invaluable services provided by YMCAs located on military bases, YMCAs throughout the Country support military families and veterans. The support includes a prior partnership with the Department of Defense to provide YMCA memberships to military families in which the YMCA of Southern Nevada is actively engaged. The YMCA is a leading provider of child care and understands how important it is for parents to know their children are in a safe environment.

The YMCA promotes nurturing staff providing quality early education enabling their children to thrive. For active military families, the relationship with their child care providers becomes even more stressful. With help, an entire family can thrive during a stressful and difficult time apart. The YMCA is pleased to offer support for this legislation.

PENI SUA:
I am here to support S.B. 326. I am a retired Command Sergeant Major and spent 28 years in the military. I recently retired, but was deployed many times. During one of the deployments I got an email from my wife that said, "Call me!" When I returned from our mission I called her. She said there were some issues back home. She said there was a soldier that needed money. She indicated the soldier had not paid his bills because the majority of his income was going to child care. The soldier's spouse did not get a job to cover the gaps. My wife and other family members gave the soldier money to make ends meet.

During deployment, it is very hard to concentrate and dedicate time and energy to the mission when there are issues back home. If your child or your family is not secure, it is unsettling. Senior officers try to help take away some of the burden from the soldier's family back home. One of the biggest issues for family members back home is child care.

We have veterans returning from war who are unable to find child care for their children so they can attend meetings. Either the spouses or the soldiers are not attending meetings due to child care issues. I urge you to pass S.B. 326 because these veterans have earned this assistance for their service to this great Country.

DARROL BROWN (Chair, Welcome All Veterans Everywhere, Inc., Douglas County):
I support S.B. 326, but I have a question. Listening to the speakers tells me child care is very important. Many of these people are referencing the short term, I need child care today. As I understand it, most child care centers require a long-term commitment. You cannot call a center and ask to drop off a child for a meeting. The bill is probably meant to cover this example, but I am unsure if the language would be interpreted that way.

The Committee may want to discuss if this bill intends to cover child care on a long term-commitment while talking about deployment, or is it like attending a meeting and the need is for only a couple of hours?

SENATOR SPEARMAN:
The bill is intended to provide long-term child care services for people who are deployed, and especially for those that receive the devastating news their loved one has paid the ultimate sacrifice. This is what the bill is designed to do and it comes from my knowledge as a commander. Many of the soldiers who were required to have a family plan in place did not.

I also received information from one of my younger sisters who was in charge of child care facilities for the Air Force in Washington, D.C. She always says there are not enough child care facilities who accept military children.

VICE CHAIR RATTI:
I will close the hearing on S.B. 326.

CHAIR SPEARMAN:
I will open the hearing on S.B. 480.

SENATE BILL 480: Revises provisions relating to the protection of children. (BDR 38-1089)

SENATOR JULIA RATTI (Senatorial District No. 13):
This bill was a concept brought to me relatively late in the bill request process and pertains to us aligning with federal regulations so we do not risk losing federal support. The concept was brought forth by Clark County and has to do with child welfare.

BRIGID J. DUFFY (Director, Juvenile Division, Office of the District Attorney, Clark County):
Senate Bill 480 pertains to a federal requirement under the Comprehensive Addiction and Recovery Act of 2016 (CARA). The CARA was enacted July 22, 2016 and it modifies the Child Abuse Prevention Treatment Act (CAPTA) requiring each state to address the needs of infants born with, and identified as being, affected by substance abuse, withdrawal symptoms or fetal alcohol spectrum disorder. The CAPTA provides federal funding to states in support of prevention, assessment, investigation, prosecution and treatment activities, and also provides grants to public agencies and nonprofit organizations.

The CARA is in response to the national opioid epidemic which includes an increase of incidents of neonatal abstinence syndrome in 2000 there were 1.2 hospital births and in 2010 there were 5.8 hospital births. The number of children exposed to opioids in utero, increased from 1.2 to 5.8 over a 10-year period.

In addition, the rate of the neonatal intensive care unit across the Country increased from 7 cases out of 1,000 admissions in 2004 to 27 cases out of 1,000 admissions in 2013. The change requires intervention on all substances, not just illegal substances. Notification is not to be construed as a requirement for prosecution for any illegal action nor to establish a definition under federal law of what constitutes child abuse and neglect.

The goal of the CARA is not to remove children or to punish mothers for drug use but to develop plans of safe care to address the safety of children and address the health and substance use disorder treatment and needs of the infant and affected family caregivers. The federal expectation is for child welfare agencies to collaborate with community health and substance abuse providers to ensure the infant and family receive appropriate services even when there is no child abuse or neglect. The federal government also expects states to collect and report on information. I will summarize the amended language (Exhibit C).

Section 1 of S.B. 480 adds a definition to NRS 432B for fetal alcohol spectrum disorder.

Section 2 adds a reference to the definition of fetal alcohol spectrum disorder.

Section 3 allows an agency that provides child welfare services to share information with other states and welfare agencies for the purposes of developing a plan of safe care.

Section 4 amends the mandated reporting requirements in NRS 432B to require medical professionals to report to the agency and provide child welfare services when they have reasonable cause to believe the newborn has been affected by fetal alcohol spectrum disorder or any prenatal substance abuse. The word "illegal" has been removed. The reporting use is to be for "illegal" substance abuse only.

Section 5 amends reporting requirements to include the effect of fetal alcohol spectrum disorder and removes the word "illegal" from substance abuse on newborn infants.

Section 6, subsection 3 amends language to indicate an investigation by an agency providing child welfare services is not warranted if the alleged effect of the fetal alcohol spectrum disorder or prenatal substance abuse could be eliminated if the child and family were referred to participate in social or health services offered in the community.

Section 6, subsection 6 amends language to add a requirement if the agency determines an investigation is not warranted, the agency still has to refer a family, including the newborn, to a contracted person to participate in an assessment; and provide counseling, training, and other services to ensure the safety and well-being of the newborn and address the health and treatment needs of the family or caregiver of the newborn.

Section 6, subsection 7 requires the person who is contracted with the agency to provide services to the family or the newborn. The contractor must notify the agency, providing child welfare services, if the family or caregiver refuses to participate, fails to participate, is successful in their participation or if there is a serious risk for the health and safety of the newborn.

Section 7 clarifies the outcomes of the investigations are not to be reported to the central registry so they will not have a child abuse neglect history based on investigated allegations.

Section 8 addresses that a child may be in need of protection if he or she is affected by fetal alcohol spectrum disorder or any substance abuse, not just illegal substance abuse.

Section 9 allows a police hold for a newborn in a hospital for no longer than 24 hours if there is reasonable cause to believe the child is affected by the fetal alcohol spectrum disorder or any prenatal substance abuse The word "illegal" is removed.

MS. POWELL:
We worked closely with our child welfare partners, both the Clark County Department of Family Services and the Washoe County Department of Social Services to develop this friendly amendment (Exhibit D). We are asking to have the proposed language in section 6, paragraph 6, subparagraphs (a) and (b) and section 6, paragraph 7, subparagraphs (a) and (b) removed.

Since this bill was drafted we have talked with other states and learned that agencies providing child welfare may not be the best option for intervention for all families. We currently have a statewide committee comprised of medical experts, public health and child welfare partners. We are expanding the work group to include our substance abuse providers. We are collaborating to establish the most appropriate service intervention to ensure the well-being of the infant in the least intrusive manner.

We are also requesting a revision to the definition of fetal alcohol spectrum disorder by removing the word "permanent".

SENATOR HAMMOND:
The bill states fetal alcohol spectrum disorder means a continuum of permanent birth defects. What effect does it have to remove the word "permanent" in the definition of fetal alcohol spectrum disorder?

MS. POWELL:
There is really not a definition for fetal alcohol spectrum disorder. It is more of a clinical diagnosis or umbrella term describing the range of effects that may

occur if an individual is prenatally exposed to alcohol. The exposure may include physical, mental, learning or behavioral disabilities. We felt some children may grow out of the disability conditions so we wanted to remove the word "permanent".

SENATOR HAMMOND:
Do we still want them to qualify for the help even though they may not show the signs anymore?

MS. POWELL:
Yes.

MS. MARANO:
We support the amended version of S.B. 480.

SENATOR RATTI:
This is a straightforward bill putting us in compliance with federal law. This is a vulnerable population, and we want to ensure they are receiving the services needed.

CHAIR SPEARMAN:
I will close the hearing on S.B. 480 and open the hearing on S.B. 318.

SENATE BILL 318: Revises provisions relating to the payment of wages to certain employees. (BDR 53-1088)

SENATOR JULIA RATTI (Senatorial District No. 13):
Senate Bill 318 is another bill that has merit. The basic premise of this bill is a sleep time rule passed in the last Legislative Session that applies to residential facilities. The Personal Care Association of Nevada will present the bill.

CONNIE MCMULLEN (Personal Care Association of Nevada):
I will summarize my written testimony (Exhibit E). I represent 30 Personal Care Associations out of many across the State. We support S.B. 318 because NRS 608.0195 enables a caregiver to provide personal care services in the home, some time for sleep and the ability to enter into a joint agreement with the person for whom he or she provides care. The change was made in 2015, and we would like to see it changed again.

Senate Bill 318 extends a sleep period to include nonmedical caregivers who work 24 hours or more. The bill enables the caregiver to enter into an agreement, not to be paid for their sleep period in excess of 8 hours. A sleep period must be uninterrupted for at least 5 hours. The sleeping accommodations have to be agreed upon and S.B. 318 allows the working caregiver time to stay with the vulnerable elder or person with disabilities during the night, unless they are called to work and the sleep time is interrupted. At this time, the caregiver will go back to work and the pay will begin again.

Senate Bill 318 saves the care receiver money and allows care to be provided by a familiar person. Oftentimes when a caregiver has worked 24 hours a day, the agency may pull out the employee and replace him or her with another. This is difficult for the caregiver and also the person receiving care. The two can form a trusting bond and often get to know their caregivers. The change in personnel brings an unfamiliar face into the situation which can be disruptive to the continuum of care.

In 2015, the sleep time period was extended for residential facilities and then in 2016 the United States Department of Labor issued a memorandum of exclusion of sleep time for work hours under the Fair Labor Standards Act. This was an important discussion that needed to be addressed regarding vulnerable populations.

Senate Bill 318 will give the caregivers valuable rest so they can continue to provide quality around the clock care for people in their homes. I see this as a valuable tool for people living in rural communities where caregiving is so hard even as a professional caregiver. I know of one provider for the rural areas and that is Consumer Direct Care Network.

HELEN FOLEY (Nevada Assisted Living Association):
The NRS 608.0195 was updated during the last Session and was missing a very important element.

I provided a copy of the current Federal Live-In Exemption Regulations (Exhibit F). One of the issues in Title 29 CFR Part 552, section 552.102 provides an exemption from the Fair Labor Standards Act's overtime requirements for domestic service employees who reside in the household where employed. This exemption does not excuse the employer from paying the live-in worker at the applicable minimum wage rate for all hours worked. This

would have to be agreed upon through a written agreement. One of the big differences with residential facilities for groups and people who work there are that they live at the facility 24 hours a day. The live-in worker may go out to the movies or hang out with friends, but after working an eight-hour shift, he or she will return to his or her room after the shift ends. If the worker is in her or her room watching Netflix under the strictest interpretation of the law, he or she would have to be paid for those hours.

We would like the law in Nevada to conform to the federal law so these overtime hours would not be considered. Again, all applicable minimum wage rates for the work would be included. If the individual's sleep is interrupted, he or she would be paid for those hours worked. If an individual receives a paycheck and mail at the facility, he or she is considered living at that location. In this case, the facility is the individual's home and the person's place of work. We believe the federal requirements in Exhibit F provide the best language for what we need in Nevada.

On behalf of the Legislative Committee on Senior Citizens, Veterans and Adults with Special Needs, S.B. 468 includes many of these same provisions. This bill was introduced by the Committee on Commerce, Labor and Energy and referred to the Committee on Commerce, Labor and Energy.

SENATE BILL 468: Makes changes relating to the calculation of hours worked for certain domestic service employees. (BDR 53-149)

Senate Bill 318 was introduced by the Committee on Health and Human Services and referred to the Committee on Commerce, Labor and Energy and then rereferred to the Committee on Health and Human Services. It is very confusing. You might consider combining the two bills. We would like to use one of these bills to make the changes to assist our residential facilities for groups. This change will address the number of employees from three people up to ten people in the group home.

JANE GRUNER (Advocate for Seniors and Persons with Disabilities):
I support this bill as good public policy. The changes will allow provisions of effective supports and services to be delivered to individuals in their home by personal care employees when the services are needed most. This change to policy supports a person-centered approach to assisting individuals to be independent and encourages self-direction and choice.

The policy change protects both the consumer and the employee. The change to this policy protects the personal care employee by stipulating clearly the work and pay parameters. The decision to work within the set guidelines is then a choice between the consumer and the employee.

Overwhelmingly, Nevadans want to live their lives in their own communities and in their own homes for as long as possible. In order to make this a reality for our most vulnerable consumers, we must support a strong provider network that offers creative approaches, innovative thinking and quality services. This is especially true for consumers living in frontier and rural areas of our State.

I believe this policy change allows for the following to occur:

1) It allows consumers and providers to create individual support plans that are really flexible so the hours can be determined by the needs of the person's medical condition.

2) It allows a reduction to the number of days that a person would need to stay in the hospital or in the rehabilitation hospital when a caregiver is available to come into his or her home and support activities of daily living.

3) In the frontier and rural areas, this change will allow personal care agencies to accommodate the needs of the individual. Without this change, often an individual is not able to return to his or her community because he or she is unable to find support.

4) It enhances Nevada's ability to uphold the Olmstead Decision by supporting older adults and persons with disabilities to live independently in their communities.

MARSY KUPFERSMITH:
I am a volunteer for seniors and I am in support of S.B. 318. I have seen when a care receiver has a trusted bond with his or her caregiver by day, and if that caregiver can stay through the night, it is just as important. Many times when an individual is not feeling well, fears develop during the night. If there is a person in the home the care receiver trusts and feels comfortable with it is good for the individual who is ill and the family as well. The family will trust that the person they love is being well cared for by someone they trust.

MICHAEL DIASIO (Personal Care Association of Nevada):
I am a board member with the Personal Care Association of Nevada (PCAN) and co-owner of Visiting Angels, a senior care organization in southern Nevada. There are well over 200 agencies licensed by the State of Nevada in the care industry, which is the fastest growing industry in the Country. The industry is projected to be significant during the next ten years because of the number of seniors who are aging. By making this adjustment to NRS, the change will bring down the cost of 24-hour care for Nevada seniors by about 50 percent.

Passing this legislation will allow Nevada to match the federal regulations and allow seniors to stay in their homes by dramatically decreasing the cost of care. Our industry helps seniors receive care and stay in their homes. We have talked to our 300 employees, and they are looking forward to the changes because they will receive overtime.

The passing of S.B. 318 will help our industry. We are having a hard time finding quality caregivers who can meet all of the state regulations, currently with 24-hour care we must use 3 people per day to cover the shift. This change will allow us to use one caregiver for a 24-hour shift which will help our industry as well as help the seniors.

SENATOR RATTI:
I will request assistance from the Legislative Counsel Bureau in order to determine if the federal live-in exemption regulation language would be better added to S.B. 318 or to S.B. 468.

CHAIR SPEARMAN:
I will close the hearing on S.B. 318 and open the hearing on S.B. 482. I will turn the gavel over to Vice Chair Ratti in order to present this bill.

SENATE BILL 482: Provides for the establishment of a system for rating certain health care facilities. (BDR 40-605)

SENATOR PAT SPEARMAN (Senatorial District No. 1):
I have proposed an amendment to S.B. 482 (Exhibit G) so my remarks are based on the bill with the proposed changes. We often talk about improving health and the health care system in Nevada. We develop and implement programs, appropriate funding, track outcomes and revise our efforts and policy decisions

based on what works. Senate Bill 482 aims to take another step toward improving health care in Nevada by increasing transparency and accountability.

This bill requires the State Board of Health within the Division of Public Behavioral Health in the Department of Health and Human Services to establish a system for rating certain medical facilities and facilities for dependents. It is based on the premise that the public posting of a letter grade on each facility based on the facility's compliance and applicable statutes, regulations and standards not only increases information available to the public but provides information that patients will use when deciding where to access care. It also creates a mechanism to improve accountability and inspire facilities to do better.

Based on experience, the Department of Health and Human Services (DHHS) has been implementing a similar grading system for residential facilities for groups. A representative from DHHS will provide information regarding the success of the program in both improving compliance and providing a critical tool to help families make well-informed decisions when choosing the best facility for a loved one.

The mission statement of the Bureau of Health Care Quality and Compliance is posted on the Website. The Bureau of Health Care Quality and Compliance, formerly Licensure and Certification, protects the safety and welfare of the public through promotion and advocacy of quality health care through licensing, regulation enforcement and education. This mission is accomplished through the bureaus two sections: licensure and certification; and medical laboratories and radiological health.

Senate Bill 482 requires the State Board of Health to adopt regulations establishing a system for rating each medical facility and facility for the dependent. Medical facility and facility for the dependent are defined in NRS and encompass numerous facilities which are listed in (Exhibit H).

Facility ratings will be based on investigations by the Division of Public and Behavioral Health (DPBH), which is already authorized to conduct investigations. This includes investigations the Division may conduct upon application for a license to operate a facility and upon receipt of a complaint against a facility as well as inspections the Division may conduct, at any time, with or without notice to ensure compliance, regulations and standards. The State Board of Health rating system must provide for the assignment for a letter grade A, B, C

or D based on the compliance of the facility with the applicable statutes, regulations and standards, including the number of resolved and unresolved violations.

The regulations must establish procedures by which a facility may request a follow-up inspection within 30 days after the initial inspection, investigation or inspection. In addition, the regulations must allow a facility to appeal a finding of a violation of a statute, regulation or standard. These procedures are already in place with the current process of investigations and inspection surveys.

In addition, S.B. 482 provides that a letter grade becomes final either after 30 days following the investigation or inspection on which the grade is based after the completion of any follow-up inspection, or upon the completion of the final determination of any appeal, whichever is later.

We are sensitive to the fact that sometimes corrective action cannot be taken immediately so the legislation allows for the facility to go through the remedial steps necessary to satisfy whatever was identified during the inspection.

Finally, not later than five days after the facility's letter grade becomes final, the bill requires DPBH to post the grade and a report of any unresolved violations on its Website. Each facility must also post the grade in a conspicuous place near every entrance to the facility that is regularly used by the public.

This bill does not require additional inspections even if the DPBH inspects the facility a second time. The assessed fees are already in place. The same procedures are in place so nothing changes. I have a copy of the State Hospital Workbook (Exhibit I), and it is 38 pages used to record the inspection. As I stated before, nothing changes except with the exception of one of the comment section boxes titled, Yes, No, N/A and Comments.

Under S.B. 482, the DPBH will assign numerical evaluations to each category. These evaluations have the same requirements today in order to pass inspection. The only difference is at the conclusion of the inspection process, the facility will receive a letter grade.

I have had discussions with different folks regarding this bill and asked them if they look at the letter grade when they go to a restaurant. Is the letter grade important? The answer was yes. If someone books a hotel in a city the person

never visited before does he or she look at the rating for the hotel? The answer was yes again. When a family is looking at health care and prospective facilities for a family member is the rating for that facility important? Yes, it is important. We are always talking about improving the health care delivery system and making it more consumer friendly. This legislation does just that.

This bill adds some accountability if the facilities are doing what they should be doing as required by law and regulation, there should be no problem with S.B. 482. If the facilities are not following the law or regulations, the deficiencies will be identified, and they will have an opportunity to correct the violations and improve their final grades.

Currently, the inspection does not include adjectives or adverbs. As an example, a listing under the *Nevada Administrative Code* (NAC) 449.3385 Dietetic services: Personnel, is noted as S 0186 on page 10 of Exhibit I, "If an employee of the dietary service has a beard or moustache, or both, which is not closely cropped, the employee shall cover the beard or moustache, or both, while he is on duty." This requirement would also be effective under NRS 482. If the facility is in compliance with this item now, there is no problem, but if they are not in compliance, it becomes a big problem.

The requirements have not changed. A letter grade has been added. We are providing information for people who are researching and evaluating facilities for health care. We are giving these people the same consideration we give to restaurants and other medical facilities. If I know the restaurant I am eating in has an A rating or a C rating, then I should have the same knowledge of the letter grade received by the facility I would like to have care for my loved one.

I have a right to know if there are roaches in the cereal. I have a right to know if there are rats in the facility. I have a right to know if the temperature of the hot water in the dishwasher is at the correct temperature. I have a right to know if chicken is being stacked on top of strawberries. The letter grade will tell me the facility is doing what they are supposed to do.

Hospitals passing previous inspections that continue to maintain the same level of service or have improved their standards based on previous comments should not have any problems with this bill. However, if the standards outlined in the survey are not being met, it will be a big problem.

PAUL SHUBERT (Chief, Bureau of Health Care Quality and Compliance, Division of Public and Behavioral Health, Department of Health and Human Services): The Department is neutral regarding S.B. 482. I am here to provide answers for the Committee regarding any of the current regulations in place assigning grades to residential facilities for groups. While it is not altogether necessary for us to move toward grading all facility types, it has proven to be the most efficient and effective way to change behaviors regarding regulatory compliance.

Sanctions are available to encourage compliance, but some facilities budget for sanctions that will be applied and merely consider them to be a cost of doing business. There is also the cyclic effect of low-level deficiencies, when we create a citation that neither requires sanction or a revisit, and the facility provides an acceptable plan of correction. When we return for the next periodic inspection, we find the same deficiencies, and the cycle begins all over again.

The grading we apply to residential facilities for groups has diminished those types of issues. Again, this is a way to encourage changes with regards to compliance with regulations. Each deficiency receives a score relative to the severity of the problem. How widespread the problem is can be identified by the scope score. If we find a particular deficiency has the potential for harm, we will assign a severity of two, and if it affected most or all of the people in the facility it would be considered widespread, and we would assign a scope score of three to the deficiency. Combined, the deficiency would have a point value of five. If a facility had two values of five points each, they would have a total point value of ten assigned to the facility. Utilizing the current regulations for residential facilities for groups: a survey of 15 points or less receives an A grade; 16 to 24 points receives a B grade; 25 to 34 points receives a C grade; and 35 or more points receives a D grade. This is how the current process works.

This legislation is really only allowing us to generate a set of regulations similar to the regulations used to evaluate residential facilities for groups that would allow us to assign point values and letter grades to all of our facilities for the dependent as well as medical facilities.

The other assignment of grades is based on a deficiency with a severity of three and it affects the majority of residents who are patients in a facility, so a scope of three with a severity of three creates a widespread issue with a potential for

harm, and that harm is predictable. In that case we would reduce the facility letter grade to a B.

If a facility has a severity four, it means significant harm has actually occurred or can be predicted to occur if the facility does not take immediate remedial action. If the occurrence only affected one resident, the letter grade would be reduced to a grade C. If we followed up with a four and a two and determine a pattern exists, the severity level and best grade the facility could receive is a D. If a facility has an egregious violation at a level 4, it would not be assigned a grade A or B but would be assigned a grade C or D because of the severity of the violation.

This provides you with examples of the current regulations and the new regulations supported by S.B. 482 that will go through the established rule making process and end up with the Legislative Commission for final approval.

VICE CHAIR RATTI:
Is the system you described with the deficiencies and results the current process for group homes? Are you proposing the same structure for the medical facilities?

MR. SHUBERT:
Yes. My assumption is that we will apply a similar structure to medical facilities and other facilities for the dependent. We will need to go back through the process and establish regulations with feedback from the industries.

SENATOR SPEARMAN:
In the point structure you described, would the severity of violations be any different in terms of the action you take against the facility?

If the same action is assessed without a letter grade, then it appears the only difference in the process is the letter grade.

Will the resulting action be the same with or without a numeric score?

MR. SHUBERT:
Yes. The same action will occur whether a grade is assigned or not. Currently, the deficiencies are assigned a sanction, the facility is notified, and the facility can respond by accepting the sanction or appealing the sanction. In the

meantime, the grade lets the public know the facility had an issue and its grade was affected by the deficient practice. It is much more recognizable to the public to see a letter grade as opposed to searching the Division's Website to find there were possible sanctions at a facility.

SENATOR SPEARMAN:
What if you have to go back out to reassess the facility to determine if the deficiency has been corrected? Do you assess a fee, and if so who pays the fee?

MR. SHUBERT:
Yes, there is a fee assessment based on a completed application the residential facility for groups submitted. If the facility receives a B grade, it is optional for them to apply for a regrading survey with a $400 application fee. If the facility receives a C or D grade, they must apply for a regrading survey, and there is a $600 application fee.

SENATOR SPEARMAN:
If someone from your Bureau has to visit a hospital and review any corrective action that has been taken, is there an assessed fee, and if so who pays it?

MR. SHUBERT:
There is no assessed fee at this time. A fee is only assessed for the residential facilities for groups.

SENATOR SPEARMAN:
The process for reviewing a facility that is out of compliance, other than the letter grade, has not changed. The corrective action is what you are reviewing, but the process itself already exists.

MR. SHUBERT:
For example, when we find deficiencies at a hospital, the facility is required to provide us with a plan of correction in a written answer to the statement of deficiencies sent to the facility. There are some circumstances where we would actually return to the facility and conduct another inspection to ensure compliance with the plan of correction. In most cases, we would not necessarily return. We will accept the plan of correction, and the facility has provided evidence they have corrected the deficiency in the form of training or photographs of an area that was deficient and is now back in compliance. If the

plan is accepted by the Bureau, we would not necessarily return to the facility for a re-inspection. When we develop the new regulations in association with grading the facilities, we may need to assess an application fee for that regrading survey.

SENATOR HAMMOND:
During the presentation you spoke about a survey. Do you survey facilities now? How often do you conduct a survey?

MR. SHUBERT:
Yes. We are supposed to be in all facilities within 24 months. With the exception of several facilities that have a statutory mandate for annual inspections, such as ambulatory surgery centers, residential facilities for groups, outpatient facilities and skilled nursing facilities, based on requirements for the Centers for Medicare and Medicaid Services.

SENATOR HAMMOND:
You already survey these facilities within 24 months.

MR. SHUBERT:
Yes.

SENATOR HAMMOND:
Does the bill require you to survey these new facilities annually?

MR. SHUBERT:
I do not believe the legislation requires any additional periodicity. The bill speaks to what will happen when we conduct inspections.

SENATOR HAMMOND:
You will not need to make any changes with your staffing. You are ready to do this now, and there are no extra costs for more staff.

MR. SHUBERT:
We are not looking at any additional workload except we may need to revisit facilities more often, and there could be a cost associated to that visit. Since those costs are paid through application fees, it would not affect the General Fund. We are a fee-based agency for the most part.

MARLENE LOCKARD (Service Employees International Union Local 1107 Nevada):
The Service Employees International Union (SEIU) represents over 12,000 health care workers employed in many different classifications within acute care hospitals throughout Nevada. We have had ongoing issues with our nursing staff that has developed over the years. In 2013, it helped to have statutory language passed to address some of these issues. There has been some difficulty satisfactorily meeting statutory requirements by all parties involved.

We are looking forward to this legislation for a chance to remedy some of the problems the understaffing of positions has presented. Patients do not receive their medications on time, vital signs are not checked on time and some nurses are being forced to take on roles which they are not trained to do, such as administering electrocardiograms or acting as laboratory technicians.

Nurses are being reassigned to departments requiring specialized training, but they have not received the training. When a nurse is given an assignment for which he or she is unprepared, the nurse is urged to complete a form noting they accepted the assignment despite their objections. Many hospitals are failing to act on these reports in staffing committees. The staffing committees are a major issue with our union. We feel we do not have a voice in who is selected to serve on the staffing committees. We do not always see staffing plans prior to submission to the regulators.

The SEIU believes the staffing needs of a hospital is a team effort. It is our hope through development of regulations and working with all of the stakeholders we will be able to enforce the existing statutes. We appreciate the effort to resolve these issues.

MS. FOLEY:
I am representing the Nevada Assisted Living Association which includes all of the group homes that are under NRS 449 from three individuals to ten individuals as well as many of the large assisted living centers. We are already being inspected and have letter grades. If there is a statement of deficiency and a plan of correction, it is all on the Website. We are one of the most transparent organizations in the Nation as a State-sponsored facility or as a private pay facility.

We have two items of concern. The first concern is that we do not have independent dispute resolution. If there is a problem with the letter grade, it

could be easily resolved through dispute resolution rather than another inspection. Conducting additional inspections takes the Bureau away from its regular work.

The second concern, the legislation covers everyone such as medical facilities and facilities for the dependent, except those that are supported living arrangements (SLA) and community based living arrangements (CBLA) which are just being created this Session. Vulnerable people, whether they are intellectually disadvantaged or mentally ill, live in these locations. There are far more than just three people living in group homes yet they are not covered by this legislation. I would also encourage including everyone in NRS 433 and NRS 435.

SENATOR SPEARMAN:
Did you say the SLAs and CBLAs are covered now or are not covered?

MS. FOLEY:
The SLAs and CBLAs are inspected, but it is not through the Bureau of Health Care Quality and Compliance. The process is confusing because the system is bifurcated. If I needed to send my mother to a facility, I would be able to look at the Website to see the grade and any reports regarding that particular facility. You cannot find this kind of information regarding the SLAs and the CBLAs because they do not follow the same requirements. These entities do not have the same transparency as NRS 433 or NRS 435 in the same way we do in NRS 449.

JOSE TINIO (Chairman, ECHO, The Association of Adult Care Providers of Southern Nevada):
We represent the 300 care homes of ten beds or less and over 150 homes for individual care throughout the State. I would like to comment on what was stated by some of the previous speakers.

I am in favor of S.B. 482 and understand the reasons for the legislation. Consumers need to have information to review in order to make sound choices. The consumers who would be making a choice for SLAs are actually being placed there by the Division of Public and Behavioral Health and Southern Nevada Adult Mental Health Services. Individuals are being placed in these environments. There may be some misinformation being circulated due to a misunderstanding of the process.

I would like the Committee to table this particular bill for a future Legislative Session. An amendment should be included whereby industry stakeholders are included in drawing up the detail of the implementation of this bill. There are so many existing duplicate regulations making it hard on the providers of care to operate. Who loses in the end?

It is our opinion that the Bureau of Health Care Quality and Compliance (HCQC) is not currently capable of implementing this requirement if it were to pass. We need to look at what we see as inherent problems within the Bureau that have existed for a number of years, even prior to the Hepatitis C debacle that happened a few years ago. We believe there is a systemic problem, but we are not here to speak against the Bureau, as we support it. Sometimes an outsider is needed to help the Bureau understand the problems it needs to address.

There were a number of complaints against one of the inspectors of HCQC, the most serious of which was a fabrication of offenses which led to sanctions and fines. We expect this employee to be terminated from this agency. Therefore, this will lead to one less inspector. We are in the process of preparing complaints against two other employees at this time. The Bureau may not need additional staff if this bill passes, but we feel the Bureau is short staffed now. We are aware of a few facilities that seriously require inspections, but the Bureau is already six months behind. This is a violation of statute.

The Bureau is not able to hire and keep new, promising and qualified personnel. Some of the inspectors and supervisors they have now are also in need of further training. This training holds not only the statutes but the regulations that are required to be implemented and the correct or incorrect interpretation of the above. I could elaborate more but for lack of time.

We have been in close contact with Mr. Shubert and he and his staff have been working on innovative ways to fully utilize their manpower. As a former corporate executive of a major bank in New York, managing over 40 employees, I appreciate what they are trying to accomplish. However, they need your help.

Perhaps you should look at increasing the HCQC budget so they can hire more inspectors. Perhaps we should also look at increasing their training budget so they can train new staff and retrain existing staff. We realize these issues are beyond the scope of this Committee, but maybe you could bring these issues forward to the Legislators who can help.

From our end, we have tried to help. The HCQC objective has always been to raise the standard of care in the industry by providing training and instruction to providers, caregivers and auxiliary staff on statutes, regulations and best practices. We have spent our own funds trying to meet our objectives. The beneficiaries for access here today and in the future are the most vulnerable citizens of Nevada, the elderly, the mentally ill, the displaced veterans, the disabled and the infirm just to name a few. These are the people we serve. These people will not be served if the statute and regulations are not properly implemented and the people implementing them are not capable.

Please give Mr. Shubert time to catch up before adding more to his plate. You asked him if this bill would create any differences. No, there is nothing different because we have already been under these regulations for quite a long time. However, there will be an added workload if the requirement is to revisit facilities. If a facility receives a grade C or D, they will need to revisit the facility. There are already some facilities that are way behind on their surveys.

With the grading system, the grade stays on the Internet forever. Whenever an attempt is made to do something good, we cannot look at the past, what happens now is what is important.

VICE CHAIR RATTI:
Another speaker suggested an independent dispute resolution process. Do you think that would be helpful?

MR. TINIO:
Yes. There used to be something like that in place in the past. Some of us have been able to speak to Mr. Shubert in order to resolve some issues, but it does not seem to be open to everyone.

SENATOR HAMMOND:
Are you testifying neutral? You feel there might be some problems with the staffing numbers in the Bureau to accomplish what they need to do now.

MR. TINIO:
The concept is great, and I am personally in support of S.B. 482. There are certain inherent problems now in the Bureau that need to be fixed first. Give Mr. Shubert the support he needs both in manpower and time so he can catch up before implementing new regulations.

MS. MCMULLEN:
I submitted my written testimony to the Committee (Exhibit J). Facilities for the dependent will be affected by this bill. One of my clients said, "We got an A." This client received a letter grade from the Bureau of Health Care Quality and Compliance because they did a good job. Those facilities who are rated, assisted living and the small residential group homes, are happy to receive that grade. There are many good providers who work hard.

I was present when this program was developed. It took a lot of time and energy and people in Health Care Quality and Compliance are very proud of what they accomplished. This provides a good source of education and information for consumers and families looking for a place for their loved ones in a facility, especially if the family does not live in the area or are coming here from out of state.

Whenever a surveyor goes into a facility, it is just a snapshot in time because the visit is scheduled. The facility will try to obtain compliance prior to the visit. Will the inspectors find deficiencies; yes, they will fall into the rating system and be given a plan of correction within a certain timeframe. It is good to train the facilities to be in compliance because it is about people. When we go to research these records on the Website, a low level of deficiency is still out there even though they have resolved the deficiencies. The average consumer is going to read that one bad review and is influenced by it. Even if the facility changes ownership, the one bad review is still on the Internet.

I would like to see the language expanded to the personal care industry of nonmedical providers. The personal care industry operates out of an office and sends their caregivers to wherever they are needed in the community. They do not have a medical facility where they are taking care of people on a premise. To rate caregivers with the same criteria in a skilled nursing facility or assisted living facility is difficult because there are differences. We have talked with the Bureau and personal care is one of the advisory boards. In order to address personal care through this bill, many things have to take place. I want it to be addressed in the right way. Because HCQC is a fee-based agency, they can afford to conduct these surveys and do it right. That is my concern, but we will work with them whenever we can.

SENATOR SPEARMAN:
As clarification, HCQC can inspect without notification now. Sometimes facilities are notified, and sometimes they are not.

MS. MCMULLEN:
That is probably true. The HCQC has worked hard to ensure none of our caregivers go out of business because of the limited number of providers in our State. There was a huge issue in Las Vegas years ago when patients were not receiving their medications as needed. This is the reason those facilities are surveyed annually. There were some egregious events happening. Training is always an option.

Senator Spearman:
I just want to be clear NRS 449.132 states that a facility may be inspected, at any time, with or without notice, as often as necessary, by the Division of Public and Behavioral Health. One of the things we want to do with this legislation is to improve access. Two people have testified that the grade stays with the facility. I do not have a problem amending the bill so the grade goes away once the deficiencies are corrected. The newest grade can then be posted on the Website.

KIRSTEN COULOMBE (Deputy Administrator, Administrative Services, Division of Public and Behavioral Health, Department of Health and Human Services):
We wanted to thank Chair Spearman for accepting our amendment which simply changes the rating to a D rating rather than going all the way to an F. This will make this language consistent with the ratings we already use for groups as discussed earlier.

BILL WELSH (Nevada Hospital Association):
We support the objectives the bill intends to meet. I have distributed S.B. 482 to all of our members for review. It will be further discussed to ensure our understanding of what is required by our Association. I hope to provide any issues, concerns or suggestions to the Committee once I receive their input as we are neutral on the bill.

Some of our concerns were addressed offline, and there were some questions as a result of our discussions. We do have some concerns and wanted to understand how the scoring system will work with this tool as there are in excess of 600 different points by which a facility can be rated. We wanted to

know how the point system and grading system will work. We have a number of different types of hospitals such as full service acute care hospitals, trauma center hospitals, rural hospitals, rehabilitation hospitals, psychiatric facilities, and I am unclear if one system for all hospitals will be appropriate. Some hospitals have significant volume and a more likely opportunity to have a complaint like a trauma center running thousands of patients through the facility versus a smaller hospital. One occurrence could have a negative effect on the facility. We did receive some clarification on some questions about how the process works to have a complaint reconsidered and managed.

I may have additional questions once I understand how the point system will work. How will the Division review the facilities, and how might a complaint impact the final score? I do understand the testimony but need to reconcile how it might work with the existing system. Not all acute care hospitals are surveyed every two years. Some of those hospitals are joint commission accredited. How will that initial score be established if every hospital is not being surveyed?

SENATOR SPEARMAN:
Many of the issues you brought up will be addressed in regulations, but if there is a deficiency now that would equivocate to a D, without the letter grade, the sanction will be the same. It is not a matter of cosmetic or size because these do not count now. The only thing we are adding is the letter grade. Many of your issues will be resolved once the regulations are adopted. Whatever will shut you down now with a letter grade would have shut you down before. Without a letter grade, the facility would be shut down.

MR. WELSH:
I do not disagree with what you are saying. My only concern is how it has been presented by some of the prior witnesses in that once that score is posted, it is there. I appreciate you are willing to work with us regarding this matter. The Nevada Hospital Association and our members have been very supportive with transparency. There are a dozen different transparency functions that take place with others. The Nevada Hospital Association created a Website presenting all diagnostic results for all of our hospitals. We worked with other groups on staffing legislation, and we have worked diligently to come into compliance with these requirements.

KATHLEEN CONABOY (Ambulatory Surgery Center Association):
The Ambulatory Surgery Center Association is totally committed to full compliance with all of the Centers for Medicare and Medicaid Services regulations with the accreditation process at the National level and State licensure. We are supportive of the expectation of patient safety that is reflected in our commitment to the compliance. I had two concerns which have been raised by other testifiers. The proposed amendment to provide the facility a chance to resolve issues before the letter grade is posted covers one of our concerns. The concept of how the many, many data points on an inspection will be weighted. Everything from, if the personnel policies are on file correctly, to the much more concerning issues about infection control. We look forward to participating with any discussions prior to the passing of this legislation and during the regulatory process.

GEORGE ROSS (Hospital Corporation of America, Inc.; Sunrise Hospital and Medical Center; Mountain View Hospital; Southern Hills Hospital and Medical Center):
We are neutral on S.B. 482 because we share the objective for increasing the quality of care in southern Nevada and throughout the State. We like the development of teamwork with the many stakeholders. Our concern is that the letter grade conveys to anyone reading it that this is a representation of the quality of care of the facility and is extremely misleading. A neonatal intensive care unit with a few three and one half pound babies are waiting to gain another pound before they go home. It will not take much there to make an easy grade. A neonatal intensive care unit with 72 beds is another story. There may be babies who are drug addicts when they were born and cannot go home with their mothers who are often 24 weeks old with terribly deformed bodies. These units can take a 17-week-old baby and send them home in six months. A hospital that can take a baby born with a one valve heart, backwards and upside down, and send that baby home to lead a normal life. This is quality care.

This letter grade can really mislead the public about what a letter grade means regarding quality care. We work very hard to meet every criteria on that list. When you have a hospital with 700 people with incredibly diverse processes with high complexity, it becomes a difficult situation. It sounds like one complaint in an emergency room of 160,000 people a year will be treated the same as one complaint in and emergency room of 25,000 people a year. There needs to be an adjustment for size.

VICE CHAIR RATTI:
We are up against a hard stop so I am asking the rest of you waiting to testify to provide your written testimony.

SENATOR SPEARMAN:
You asked how the letter grade captures quality care. How does the present system capture quality care? We could take all of the information being gathered now and put it all on the Internet. Each hospital could put the results of the survey on its home page. We are trying to get that snapshot in time to provide the public with an idea about the type of care they will receive from that facility.

MR. ROSS:
Forty-two percent of our patients are Medicaid individuals and 6 percent are uninsured. The uninsured patients pay nothing. We receive 53 percent of the cost of treating that 42 percent of patients. That hospital is supposed to provide the greatest care possible, which we do by improving all the time. The Legislature sends us a message every year when they provide us with compensation. I asked my client this question. What is the average Medicaid percentage of cost reimbursement in all the other states in which you operate? The answer was 89 percent. It is difficult to run a hospital when you are not compensated.

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VICE CHAIR RATTI:
You raised some real issues. I will close the hearing on S.B. 482. There being no further business to come before the Committee, this meeting is adjourned at 6:02 p.m.

RESPECTFULLY SUBMITTED:

_____
Martha Barnes,
Committee Secretary

APPROVED BY:

_____
Senator Pat Spearman, Chair

DATE: _____

EXHIBIT SUMMARY				
Bill	**Exhibit / # of pages**		**Witness / Entity**	**Description**
	A	2		Agenda
	B	8		Attendance Roster
S.B. 480	C	11	Brigid Duffy / Office of the District Attorney, Clark County	Amendment 1
S.B. 480	D	1	Reesha Powell / Division of Child and Family Services	Proposed Amendment
S.B. 318	E	1	Connie McMullen / PCAN	Written Testimony
S.B. 318	F	1	Helen Foley / Nevada Assisted Living Association	Current Federal Live-In Exemption Regulations
S.B. 482	G	1	Paul Shubert / Bureau of Health Care Quality and Compliance	Proposed Amendment
S.B. 482	H	1	Senator Patricia Spearman	Definition of “Medical Facility” and “Facility for the Dependent”
S.B. 482	I	38	Senator Patricia Spearman	State Hospital Workbook
S.B. 482	J	1	Connie McMullen / PCAN	Written Testimony