

"Healthy Living By Design: Policy From a New Public Health Perspective
Legislation: How Public Health Fared in the 2009 Nevada Legislative Session"

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"The State of Public Health in Nevada: Taking Stock on the Eve of Healthy People 2010"

By

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1. Introduction (Paradigm Shift and Recession)

This may be a watershed period in the history of American health care. Every paradigm and assumption on which health care decisions have been made for more than a generation are being challenged by the public, the media, government at all levels, purchasers of health care, patients and their families, and by health care professionals themselves. As Thomas Kuhn wrote in his history of scientific paradigm changes, it's virtually impossible to know that they are occurring until there is no other way to think about things. Much of our current debate may well be moot, if the fundamental shifts in the system have already occurred but have yet to be acknowledged because, as Kuhn noted in his more controversial formulation one can't understand a paradigm through the conceptual framework and terminology of another paradigm.

Is "public health" part of this fundamental shift in rethinking health care? That's not clear, although many of the tenets and language of public health are emerging in the national and State legislative discussions about health reform. It is likely that the emergence of novel H1N1 influenza during the course of the debate about health care insurance and coverage have stimulated some of that, as well as the decisions to infuse funding into various public health programs as part of the efforts by the federal government to stimulate State and local employment and economic growth. Whether the use of terms like prevention and primary care will result in a reassessment of public health in the context of the national health care reform debate is far from evident this far.

In Nevada, however the predicate to the 2009 Legislative Session was certain to be a mixed bag for Nevada public health. By definition, most "public" health services are funded from "public" sources. The national Recession, which started some time in 2007 or 2008 (and had to be admitted even by economists in September 2008) has increased dramatically the number of uninsured Nevadans (both unemployed and employed). Medicaid and Nevada CheckUp (children without insurance) caseloads have grown steadily during the Recession (and is currently projected as 4% or nearly \$40million above the funding allocated in the current State budget). Revenue streams used by nearly all State governments for Medicaid, SCHIP, mental health services, health care system regulation and public health were reduced dramatically.

Two other national issues that helped to form the matrix of the 2009 Legislative Session were the onset of the novel H1N1 Influenza pandemic that started in late 2008 or early 2009 and is expected to be widespread in the coming months and the election of President Barack Obama, which was based (at least in part) on a promise to reform health care insurance coverage. The election also left key national public health positions vacant throughout the State's Legislative Session. The

adoption by Congress of the ARRA (or federal stimulus package) during the Legislative Session gave the promise of funding, but the specifics were not available before the Session ended.

There were 2 Legislative Special Sessions, cutting programs, draining various state emergency accounts and redirecting funds among programs. Anxiety would be a mild description of the psychology of lawmakers and the participants in the Legislative process as the Session began this February. The 75th Regular Session of the Nevada Legislature met from February 2nd to June 2nd and (at least regarding health care decisions) can be understood only in the context of these and related national and State actions, trends and expectations. Added to these factors was the largest outbreak of hepatitis resulting from transmission of a blood-borne pathogen in a health care setting in the nation's history. Unfortunately, this happened in Las Vegas and became public information in February 2008. Before the end of the Legislative Session, 17 pieces of legislation directly or indirectly addressing this outbreak would be considered and sweeping legislation was adopted. A sense of temporary relief was the best that could be felt in June. The sense of relief has dissipated as State revenues continue to decline and unemployment increases. Since the close of the Session, State revenues have continued to degrade and are nearly 30% below those forecast in the 2-year budget adopted by the Legislature over the veto of Governor Jim Gibbons. A Special Session is probable and would be called in the context of a charged electoral campaign process.

2. What Happened?

There were **1,121** bills and resolutions introduced this Session. The Assembly introduced **626** Assembly bills and resolutions (and **1** initiative, which was passed) (<http://www.leg.state.nv.us/75th2009/Reports/LastHistActionA.cfm>) while the Senate introduced **495** bills and resolutions (<http://www.leg.state.nv.us/75th2009/Reports/LastHistActionS.cfm>).

Governor Jim Gibbons vetoed a record **49** bills, while the Legislature overrode **25** of them (also a record) before they adjourned *sine die*. Bills vetoed without the opportunity for Legislative action are in limbo until the next Legislative Session, when the Legislature has the option to override or sustain them.

At least **248** bills and resolutions (as well as most of the budget hearings & process) affected the Nevada health care system either directly or indirectly. A report on all of these bills is available upon request (lmatheis@nsmadocs.org).

How did public health do in the Session? There were at least **75** proposed bills dealing specifically with public health issues. The worst was avoided (at least temporarily) and some constructive actions were taken. How one chooses to categorize legislation that is "public health" is difficult and arbitrary, but here's one way to provide some focus:

- **On the Budget Front-** Medicaid cuts made in the Special Sessions were partially offset by federal stimulus funds (American Recovery and Reinvestment Act- <http://www.leg.state.nv.us/75th2009/federalstimulus/>), but basically the best that can be said is that further cuts were avoided for service reimbursements. SCHIP was not capped (but actually was). Further mental health cuts were avoided, but the erosion of rural mental health clinical services is continuing. Emergency Psychiatric holds are at levels in Las Vegas higher than when the County and State declared a mental health emergency in 2006-2007 and are growing

statewide. No significant progress was made regarding increasing health professional workforce through expansions of capacity in the NSHE. While some additional construction is continuing, new medical residency programs and additional medical residency slots were not created and addressing the other professional workforce needs were also largely deferred. Nursing and public health educational positions were also flat. The federal stimulus funds may also make available significant resources for “Health Information Technology” investments in the State. Most of these require the State to apply for grants that will be competitively awarded. The federal stimulus funds include funding for some public health infrastructure.

- **Responses to Hepatitis Outbreak-** There were 17 bills that addressed an array of concerns arising from the outbreak & the response of the various State agencies with authority over the various participants. *(For a full summary, refer to the attached “Report on Nevada Legislation Responding to Las Vegas Hepatitis Outbreak”.)*
 - Not surprisingly, ambulatory settings are going to have significantly heightened scrutiny, including the licensing of office practices that perform procedures similar to those in ASC’s or other licensed settings. **AB123** (http://www.leg.state.nv.us/75th2009/Bills/AB/AB123_EN.pdf) has most of these new rules. The first of a series of workshops and hearings have been held and will be held during the coming months.
 - 13 bills proposed changes in the structures, authority & procedures of the professional licensing boards. **SB76** (http://www.leg.state.nv.us/75th2009/Bills/SB/SB76_EN.pdf), **SB269** (http://www.leg.state.nv.us/75th2009/Bills/SB/SB269_EN.pdf) was one of the Session’s last bills to pass with many amendments, **SB268** (http://www.leg.state.nv.us/75th2009/Bills/SB/SB268_EN.pdf), **SB362** (http://www.leg.state.nv.us/75th2009/Bills/SB/SB362_EN.pdf) all passed.
 - Several bills dealing with the public health & joint agency responses also passed.
 - While no State revenues have been added (except indirectly through future license and permit fees to be paid by facilities and professionals), Federal stimulus and CDC supplementary budget increases are available to Nevada for additional responses to the hepatitis outbreak and the Nevada pilot of materials to be used in a national Safe Injection Practices Campaign is being funded through the CDC.
- **Tobacco Issues**
 - The “Nevada Clean Indoor Air Act” came under a massive attack by tavern proprietors, the slot route industry, & others (although it has not yet reached the 3-year Constitutional moratorium on Legislative action regarding an initiative approved by ballot). **SB372** proposed to completely dismantle the successful law that helped turn around Nevada’s tobacco related numbers. That bill died in the Assembly. Several attempts to revive the bill failed until the LVCA lobby team found a bill (**AB309**) on stalking & inserted an exemption from the law for tobacco related conventions closed to the public. Nevertheless, the major purposes of the law have not been

changed or rescinded and the regulatory process to implement the ban will continue throughout this interim.

- **AB229** (http://www.leg.state.nv.us/75th2009/Bills/AB/AB229_EN.pdf)
“Enacts provisions governing fire-safe cigarettes.” *This bill, which is modeled on requirements first adopted in New York in 2004, sets forth the testing requirements and performance standard for fire safety for cigarettes sold or offered for sale in Nevada. Passed*
- **AB255** (<http://www.leg.state.nv.us/75th2009/Bills/AB/AB255.pdf>)
“Increases the tax on tobacco products and provides for use of the additional tax proceeds to expand certain health care delivery programs.” *Sections 1 and 3 of this bill increase the tax on cigarettes from 40 mills per cigarette to 90 mills per cigarette. Section 4 of this bill requires the Director of the Department of Health and Human Services to include in the State Plan for Medicaid presumptive eligibility for pregnant women and coverage for medical services to pregnant women who have household incomes that are more than 133% but not more than 185% of the federally designated level signifying poverty. Section 2 of this bill provides that the money collected from the increase in the cigarette tax must be credited to the Department of Health and Human Services to pay for that presumptive eligibility and coverage to pregnant women. Any balance remaining after paying for such coverage for pregnant women must be divided equally between Medicaid and the Children’s Health Insurance Program. Died*
- **AB479** (<http://www.leg.state.nv.us/75th2009/Bills/AB/AB479.pdf>)
“Revises the rate of taxation on moist snuff.” *Existing law (NRS 370.450) provides for the taxation of all tobacco products other than cigarettes at the rate of 30% of the wholesale price. This bill revises the rate of taxation for moist snuff so that it is imposed at the rate of 75 cents per ounce, computed using the net weight of the product as listed by the manufacturer. Died*
- **SB340** (http://www.leg.state.nv.us/75th2009/Bills/SB/SB340_EN.pdf)
“Revises provisions governing the allocation of certain money from the Fund for a Healthy Nevada.” *Existing law establishes the Fund for a Healthy Nevada in the State Treasury, into which the State Treasurer is required to deposit: (1) 50% of all money received by the State pursuant to any settlement entered into by the State and a manufacturer of tobacco products; and (2) 50% of all money recovered by the State from a judgment in a civil action against a manufacturer of tobacco products. (NRS 439.620) Existing law requires the Department of Health and Human Services to allocate, by contract or grant, for expenditure not more than 15% of available revenues from the Fund for a Healthy Nevada for programs that prevent, reduce or treat the use of tobacco and the consequences of the use of tobacco. (NRS 439.630) This bill requires that the money be allocated for programs that are consistent with the guidelines of the Centers for Disease Control and Prevention of the United States Department of Health and Human Services relating to evidence-based best practices to prevent, reduce or treat the use of tobacco and the consequences of the use of tobacco. This bill further requires that the*

money be allocated: (1) to the district board of health in each county whose population is 100,000 or more (currently Clark and Washoe Counties) for expenditure for such programs in the respective county; (2) for such programs in counties whose population is less than 100,000 (all counties other than Clark and Washoe Counties); and (3) for evaluations, statewide tobacco cessation programs and other statewide services deemed necessary by the Health Division of the Department of Health and Human Services and district boards of health. This bill also removes the requirement that the Department or the Grants Management Advisory Committee conduct public hearings regarding existing or proposed programs that reduce prevent the use of tobacco. **Passed**

- **SB383** (http://www.leg.state.nv.us/75th2009/Bills/SB/SB383_R1.pdf)
"Requires certain warnings regarding the use of certain tobacco products." Existing law requires food establishments in which alcoholic beverages are sold for consumption on the premises to post at least one sign in a location conspicuous to the patrons of the establishment regarding the dangers of drinking alcoholic beverages during pregnancy. Existing law also requires the owner of a retail establishment in which tobacco products are sold or offered for sale to display prominently at the point of sale a notice indicating that the sale of cigarettes and other tobacco products to minors is prohibited by law and that the retailer may ask for proof of age to comply with the prohibition. This bill requires each retail establishment in which cigarettes are sold or offered for sale to post at least one sign regarding the dangers of smoking tobacco during pregnancy in a location conspicuous to the patrons of the establishment. Each such retail establishment is required to comply with the provisions of this bill on or before December 31, 2009. A person who fails to post the sign is subject to a civil fine of not more than \$100. **Died**
- **SB430** (http://www.leg.state.nv.us/75th2009/Bills/SB/SB430_EN.pdf)
"Transfers money from the Trust Fund for Public Health and the Fund for a Healthy Nevada to the State General Fund." During the interim between the 74th and 75th regular sessions of the Nevada Legislature and during the 24th and 25th Special Sessions of the Nevada Legislature, various actions were taken to address declining revenues for the State of Nevada and increasing budget deficits. These actions included reserving amounts in the Trust Fund for Public Health and the Fund for a Healthy Nevada for transfer to the State General Fund to offset a portion of the revenue shortfall. This bill transfers the amounts identified for this purpose and, for money transferred from the Fund for a Healthy Nevada, indicates the amounts transferred from each particular program to which the money had been allocated for expenditure. **Passed**

- **Immunization Issues**

- **AB349** (http://www.leg.state.nv.us/75th2009/Bills/AB/AB349_EN.pdf)
"Revises provisions governing certain emergency medical technicians." Existing law requires the district board of health, in a county whose population is more than 400,000 (currently Clark County), and the State Board of Health, in a county whose population is less than 400,000, to

*establish the requirements, basic training and scope of practice for the certification of intermediate emergency medical technicians and advanced emergency medical technicians. This bill requires the State Board of Health, in a county whose population is less than 400,000, to prescribe regulations for the endorsement of intermediate emergency medical technicians and advanced emergency medical technicians to administer immunizations, dispense medication and provide certain services for the community in an emergency or otherwise satisfy public health needs. The district board of health, in a county whose population is 400,000 or more, is authorized, but is not required, to adopt regulations for such an endorsement. **Passed***

- **SB233** (http://www.leg.state.nv.us/75th2009/Bills/SB/SB233_R1.pdf)
"Revises provisions relating to immunizations." NRS 439.010 authorizes the Health Division of the Department of Health and Human Services to administer provisions governing the administration of public health, which includes the establishment of immunization programs. The Health Division has established the Nevada Immunization Program and the Vaccines for Children Program to increase the rate of immunization for persons in this State. Sections 2-4 of this bill create the Nevada Advisory Committee on Vaccines to advise and make recommendations to the Health Division concerning immunization programs in this State and to develop and implement public policy regarding the immunization of persons in this State. Existing law provides that, subject to certain exceptions, a child must be immunized against certain diseases before the child may be enrolled in a public or private school or admitted to a child care facility in this State. Existing law also requires the county, city, town and district boards of health to hold clinics for the immunization of children not less than 1 month before the opening date of the school year. Section 4 of this bill requires the Health Division and the county, city, town and district boards of health, within the limits of legislative appropriation, to establish a program that provides certain immunizations, without charging for the cost of the vaccine, booster or medicine, for each child if: (1) the child is a resident of this State; (2) the child is less than 4 years of age; and (3) the cost of the immunization is not eligible for payment or reimbursement by an insurer, health plan, health benefit plan or program of public assistance. Section 4 permits charges to be assessed for the cost of the administration of the vaccine, booster or medicine to the child, including the cost of any fee for providing medical or professional services. Section 6 of this bill requires a manufacturer, which sells immunizations in this State to prepare and submit to the Director of the Department an annual report regarding the actual cost to the manufacturer of producing each immunization, which the manufacturer sells in this State. Section 7 of this bill limits the amount that a manufacturer may charge for certain immunizations sold to providers of health care in this State. Section 8 of this bill makes an appropriation to the Department of Health and Human Services for the provision of these immunizations in the next biennium. The Department must allocate the appropriations among the Health

Division and the county, city, town and district boards of health in a manner that will most effectively provide for the required immunizations.

Died

- **SB381** (http://www.leg.state.nv.us/75th2009/Bills/SB/SB381_R1.pdf)
*“Revises provisions governing the immunization of children against certain diseases.” Existing law provides that, subject to certain exceptions, a child must be immunized against certain diseases before the child may be enrolled in a public or private school or admitted to a child care facility in this State. Existing law requires certain public and private health care plans and policies of insurance to provide coverage for the human papillomavirus vaccine. Section 1 of this bill requires the Director of the Department of Health and Human Services to include in the State Plan for Medicaid the provision of immunizations to children. Section 4 of this bill authorizes the Health Division of the Department and the county, city, town and district boards of health to enter into contract with insurers to provide certain immunizations. Section 4 also limits the amount such an insurer may charge for immunizations provided pursuant to such a contract. Section 2 of this bill requires that plans of self-insurance provided by certain governmental agencies include coverage for certain immunizations administered to children. Sections 5, 7-9 and 11 of this bill require policies of individual health insurance, policies of group health insurance, policies of health insurance issued by a hospital or medical service corporation, health care plans of health maintenance organizations and health care plans issued by managed care organizations to provide the same coverage for the administration of immunizations to children. **Died***

- **Public Health and Safety Measures-**

- **AB2** (<http://www.leg.state.nv.us/75th2009/Reports/history.cfm?ID=12>)
*“Requires each officer of the Nevada Highway Patrol to complete certain training in the proper installation of a child restraint system.” **Died***
- **AB16** (http://www.leg.state.nv.us/75th2009/Bills/AB/AB16_EN.pdf)
“Provides for the disclosure of certain information to an emergency response employee concerning possible exposure to an infectious disease.” Section 6 of this bill requires each employer of emergency response employees in this State to designate at least one employee to serve as a designated officer to act on behalf of its emergency response employees with regard to their possible exposure to infectious diseases. Section 7 of this bill requires a medical facility or, in certain circumstances, the county coroner or medical examiner, as applicable, to notify a designated officer of an emergency response employee who transported a victim of an emergency who the medical facility, county coroner or medical examiner determines has an infectious disease. Section 8 of this bill authorizes an emergency response employee to request that his designated officer make an initial determination of the employee’s possible exposure to an infectious disease. Section 9 of this bill requires a medical facility, county coroner or medical examiner to respond to a request from a designated officer of an emergency response employee

regarding whether the employee may have been exposed to an infectious disease once the medical facility, county coroner or medical examiner makes such a determination. Section 10 of this bill provides that if information was insufficient for a medical facility, county coroner or medical examiner to determine whether an emergency response employee was exposed to an infectious disease, the health officer in whose jurisdiction the medical facility, county coroner or medical examiner is located shall evaluate the request and the response of the medical facility, county coroner or medical examiner. Section 11 of this bill requires a designated officer to notify each emergency response employee who responded to an emergency and may have been exposed to an infectious disease of the determination of the medical facility, county coroner or medical examiner. Section 12 of this bill provides limitations on the liability of a medical facility, county coroner, medical examiner or designated officer and clarifies that the provisions of this bill do not authorize an emergency response employee to fail to respond or deny services to a victim of an emergency. Section 12 further provides that this bill does not authorize or require a medical facility, county coroner or medical examiner to test any victim of an emergency for the presence of an infectious disease and does not authorize or require certain persons to disclose the identity of such a victim or an emergency response employee. **Passed**

- **AB72** (<http://www.leg.state.nv.us/75th2009/Bills/AB/AB72.pdf>) “Eliminates the Alcoholic Beverage Awareness Program Account.” This closes this account and uses fines to alcoholic beverage retailers for the Fund for the Compensation of Victims of Crime. **Died**
- **AB107** (http://www.leg.state.nv.us/75th2009/Bills/AB/AB107_EN.pdf) “Creates the Advisory Committee for the Prevention and Treatment of Stroke within the Health Division of the Department of Health and Human Services.” Sections 8 and 9 of this bill create the Advisory Committee for the Prevention and Treatment of Stroke and Heart Disease within the Health Division and prescribe the duties of the Committee. Section 10 of this bill authorizes the Health Division to enter into contracts and to apply for and accept gifts, grants, donations and bequests to carry out the provisions of this bill. **Passed**
- **AB136** (http://www.leg.state.nv.us/75th2009/Bills/AB/AB136_EN.pdf) “Establishes the State Program for Oral Health.” Existing law requires the State Health Division to appoint a State Dental Health Officer and a State Public Health Dental Hygienist. This bill establishes the State Program for Oral Health within the Health Division to increase public knowledge and raise public awareness of oral health and to educate the residents of this State on matters relating to oral health. It creates the Advisory Committee on the State Program for Oral Health to make recommendations to the Health Division concerning the Program. This bill revises provisions governing the State Dental Health Officer and the State Public Health Dental Hygienist to include a provision that the Dental Officer shall, and the Dental Hygienist may, provide advice and make recommendations to the Advisory Committee. **Passed**

- **AB137** (http://www.leg.state.nv.us/75th2009/Bills/AB/AB137_EN.pdf)
 “Revises provisions governing branch laboratories of the State Hygienic Laboratory.” Existing law requires the University of Nevada School of Medicine to maintain the State Hygienic Laboratory. The purpose of the State Hygienic Laboratory is to make available proper laboratory facilities to diagnose communicable diseases, make certain examinations, conduct certain research and undertake other technical and laboratory duties as are in the interest of the health of the general public. This bill designates the State Hygienic Laboratory as the State Public Health Laboratory. Existing law also authorizes the University of Nevada School of Medicine to establish and maintain such branch laboratories of the State Hygienic Laboratory as may be necessary. This bill authorizes the University of Nevada School of Medicine to designate, establish or maintain those branch laboratories. This bill also requires a public agency that operates or controls such a branch laboratory to enter into a cooperative agreement concerning the branch laboratory. **Passed**
- **AB150** (<http://www.leg.state.nv.us/75th2009/Bills/AB/AB150.pdf>)
 “Provides for the regulation of tanning establishments by the State Board of Cosmetology.” This bill requires the State Board of Cosmetology to regulate operators of tanning establishments and tanning equipment. This bill requires that an operator of a tanning establishment ensure that an operator of tanning equipment has sufficient knowledge and expertise regarding the operation of tanning equipment. This bill requires a person using a tanning establishment to sign a consent form before using tanning equipment for the first time. This bill places restrictions on the use of tanning establishments by minors and requires an operator of a tanning establishment to maintain a record on a person who uses tanning equipment at the tanning establishment. This bill requires an operator of a tanning establishment to provide information on the procedure to file a complaint with the Board. This bill alters the membership of the Board so that one of the four members who are cosmetologists must also be an operator of a tanning establishment. This bill expands the duties of the Board to include the regulation of tanning establishments. This bill prohibits a person from operating a tanning establishment without being licensed by the Board. This bill provide for the licensure of a tanning establishment, including application, renewal and expiration. This bill requires that an operator of a tanning establishment notify the Board of any change in ownership, name or location of, or the services offered at, the tanning establishment. This bill requires that an operator of a tanning establishment display his license in plain view in the tanning establishment for which the license was issued. This bill authorizes the sale of food and beverages in tanning establishments. This bill authorizes the Board to take disciplinary action against operators of tanning establishments for failure to comply. **Died**
- **AB153** (<http://www.leg.state.nv.us/75th2009/Bills/AB/AB153.pdf>)
 “Revises provisions governing the issuance of drivers' licenses to certain persons.” Existing law authorizes the Department of Motor Vehicles to

issue a driver's license to a person who is 16 or 17 years of age if he has completed various requirements, including the completion of a course provided by a school district or a licensed private school for training drivers and 50 hours of supervised driving experience. This bill requires a person who is 16 or 17 years of age to complete an additional 6 hours of behind-the-wheel training while in a motor vehicle provided only by a licensed private school for training drivers, of which not more than 3 hours may take place in an automobile simulator. An exemption applies if such training is not offered within a 30-mile radius of the person's residence.

Died

- **AB191** (http://www.leg.state.nv.us/75th2009/Bills/AB/AB191_EN.pdf) "Removes the prospective expiration of a provision requiring certain examinations of the height and weight of pupils." Existing law requires each school to conduct physical examinations of pupils in certain grades to determine if a child has scoliosis, a visual or auditory problem or a gross physical defect, and to conduct examinations of the height and weight of a representative sample of pupils in certain grades. The requirement for examinations of the height and weight of a representative sample of pupils in certain grades is scheduled to expire on June 30, 2010. Section 2 of this bill extends the prospective expiration of the requirement that each school conduct examinations of the height and weight of a representative sample of pupils to June 30, 2015. Section 1 of this bill revises the grades in which the examinations of the height and weight of a representative sample of pupils are conducted to require each school district to conduct and report on the examinations for grades 4, 7 and 10 and authorizes a school district to conduct the examinations in other grade levels. **Passed**
- **AB210** (<http://www.leg.state.nv.us/75th2009/Bills/AB/AB210.pdf>) "Revises provisions governing driving under the influence." Section 3 of this bill revises existing law, which requires a person to attend a program of treatment for the abuse of alcohol or drugs if the person is convicted of a first offense of driving under the influence and had a concentration of alcohol of 0.18 or more in his blood or breath, by reducing the required concentration of alcohol to 0.15. Section 4 of this bill revises existing law, which prohibits a person from applying to attend a program of treatment for the abuse of alcohol or drugs in lieu of serving his sentence if the person is convicted of a first offense of driving under the influence and had a concentration of alcohol of 0.18 or more in his blood or breath, by reducing the required concentration of alcohol to 0.15. Section 5 of this bill requires a court to order an evaluation to determine whether a person is an abuser of alcohol or other drugs if the person is convicted of a first offense of driving under the influence and had a concentration of alcohol of 0.15 or more in his blood or breath. Section 6 of this bill revises existing law, which authorizes or requires a court to order a person to install a device to prevent a person who has consumed alcohol from starting his motor vehicle if the person is convicted of a first offense of driving under the influence and had a concentration of alcohol of 0.18 or more in his

blood or breath, by reducing the required concentration of alcohol to 0.15.

Died

- **AB217** (<http://www.leg.state.nv.us/75th2009/Bills/AB/AB219.pdf>)
*“Prohibits minors from using cellular telephones and similar devices while operating motor vehicles.” This bill prohibits a minor who is operating a motor vehicle from simultaneously using a cellular telephone or other similar means of communication, except in the case of an emergency. A violation of this provision would be treated as a minor traffic offense by the juvenile court. The juvenile court is authorized to take certain actions as appropriate for such a violation, which may include ordering the minor to pay a fine or complete a traffic safety course or recommending suspension of the driver’s license of the minor. The offense is also reported to the Department of Motor Vehicles. **Died***
- **AB219** (http://www.leg.state.nv.us/75th2009/Bills/AB/AB219_EN.pdf)
*“Enacts provisions governing certain blood tests for children.” This bill requires the Department of Health and Human Services to encourage each provider of health care or other services to perform or cause to be performed blood tests to ascertain the amount of lead in the blood of each child receiving services from the provider of health care or other services when the child reaches certain ages. This bill also requires the Department to encourage each provider of health care or other services who provides early and periodic screening, diagnostic and treatment services to a child under federal law to conduct or cause to be conducted such a screening for lead levels in accordance with the guidelines of the Centers for Medicare and Medicaid Services of the United States Department of Health and Human Services. This bill further requires that any result of a blood test which is obtained from a capillary specimen and which indicates a level of lead that is greater than 10 ug/dL be confirmed using blood drawn from a vein. Finally, this bill requires a laboratory that conducts a blood test for the presence of lead in a child who is under 18 years of age to report the results of that test to the appropriate health authority in accordance with regulations adopted by the State Board of Health. **Passed***
- **AB247** (http://www.leg.state.nv.us/75th2009/Bills/AB/AB247_EN.pdf)
“Revises provisions governing the operation of bicycles” NRS 484.503 provides that every person riding a bicycle upon a roadway is generally subject to the provisions of chapter 484 of NRS which apply to drivers of vehicles. Existing law requires the driver of a vehicle to signal an intention to turn from a direct course continuously during not less than the last 100 feet traveled in a business or residential district and not less than the last 300 feet traveled in any other area. Section 2 of this bill exempts the operator of a bicycle from these requirements and instead requires the operator only to signal his intention to turn at least one time, unless the bicycle is in a designated turn lane or when safe operation of the bicycle requires the operator to keep both hands on the bicycle. Existing law provides for the methods of giving signals by hand and arm. Section 3 of this bill authorizes an operator of a bicycle to signal for a right turn by

extending his right hand and arm horizontally and to the right side of the bicycle. **Passed**

- **SB250** (<http://www.leg.state.nv.us/75th2009/Bills/SB/SB250.pdf>)
"Requires cities and counties to adopt ordinances that require certain swimming pools be enclosed or equipped with an alarm." This bill requires every city and county to adopt an ordinance requiring that a newly constructed swimming pool either be: (1) enclosed by a barrier designed to prevent drowning by children; or (2) equipped with a motion-sensing alarm. Each city or county must also adopt provisions in its building code or by ordinance regarding design specifications for such a barrier and performance specifications for such an alarm. Finally, this bill requires that a purchaser of residential property, which includes a swimming pool ensure that the swimming pool is enclosed by a barrier or equipped with an alarm within 180 days of purchase. **Died**
- **AB277** (<http://www.leg.state.nv.us/75th2009/Bills/AB/AB277.pdf>) "Makes various changes concerning the excise tax on liquor." *Section 2 of this bill increases the excise tax on liquor, with the money collected providing additional revenue for genetic marker testing and programs of treatment for the abuse of alcohol or drugs established in judicial districts, also referred to as specialty court programs. Section 1 provides that of the money collected, county treasurers receive a pro rata share of 50% for genetic marker testing and the Office of Court Administrator receives 50% for specialty court programs. Sections 3 and 5 of this bill direct the Office of Court Administrator to distribute the money collected to establish or support specialty court programs. Courts are required to use the money to pay the cost of treatment and testing of program participants and to improve the operations of the specialty court program. Section 4 of this bill directs county treasurers to deposit the money received in the county fund for genetic marker testing. The money received must be used for genetic marker testing, and must supplement and not replace funding otherwise available. Any remaining money must be used to support the forensic laboratories that conduct or oversee genetic marker testing.* **Died**
- **AB285** (http://www.leg.state.nv.us/75th2009/Bills/AB/AB285_R1.pdf)
"Requires a certain amount of time each school day for physical activity in elementary schools and revises provisions governing the use of school property." *NRS 389.018 requires the board of trustees of each school district to provide instruction in physical education to the pupils enrolled in the public schools within the school district. Section 1 of this bill requires the board of trustees of each school district to adopt a policy for the elementary schools within the school district to provide at least 30 minutes of physical activity each school day during regular school hours, which are not required to be consecutive minutes. The policy must include a provision for an exemption for certain pupils who are unable to participate. The provisions of section 1, which require 30 minutes of physical activity each school day do not apply to pupils who are enrolled in a half- day kindergarten program. Existing law authorizes the board of trustees of a school district to grant the use of school buildings or grounds by the*

general public for certain purposes. Section 2 of this bill requires the board of trustees of a school district, upon request, to grant the use of any athletic field that does not contain lights at an elementary school, middle school or junior high school within the school district to a nonprofit organization which provides programs for youth sports, subject to the availability of the athletic field. The provisions of section 2 do not apply if a school district has entered into an agreement with a local government to provide the use of the athletic fields or playgrounds of the school district to a community organization, which provides programs of youth sports. **Died**

- **AB300** (<http://www.leg.state.nv.us/75th2009/Bills/AB/AB300.pdf>) “Revises provisions governing the wearing of protective headgear when operating motorcycles.” Existing law defines a motorcycle to mean a motor vehicle equipped with a seat or a saddle to travel on not more than three wheels, specifically excluding a tractor and a moped. Existing law requires drivers and passengers of motorcycles that are driven on a highway to wear protective headgear and exempts drivers and passengers of trimobiles and mopeds from the requirement. This bill eliminates the requirement of wearing protective headgear for drivers of motorcycles who: (1) are 21 years of age or older; (2) have possessed a valid motorcycle license for not less than 1 year; and (3) have completed an approved motorcycle safety course. This bill also removes the exception from these requirements concerning protective headgear for trimobiles. Finally, this bill eliminates the requirement of wearing protective headgear for a passenger of a motorcycle who is 21 years of age or older. **Died**
- **AB391** (<http://www.leg.state.nv.us/75th2009/Bills/AB/AB391.pdf>) “Makes various changes concerning tanning devices.” Section 7 of this bill requires that operators of tanning equipment be at least years of age. Section 8 of this bill requires written parental consent for a person under years of age to use tanning equipment. Section 8 also requires an operator of tanning equipment to be present the entire time that a person under 16 years of age uses tanning equipment. The written parental consent required by section 8 expires after 12 uses of tanning equipment and may be renewed. Section 9 of this bill bars any person under 14 years of age from using tanning equipment unless a physician provides written authorization for its use. **Died**
- **AB432** (http://www.leg.state.nv.us/75th2009/Bills/AB/AB432_EN.pdf) “Revises provisions governing alcoholic beverage awareness programs” Under existing law, certain employees of certain establishments that sell alcohol must have successfully completed an alcoholic beverage awareness program. The owner of an establishment that is not in compliance must pay an administrative fine, to be imposed by the Department of Taxation. Money from the administrative fines must be divided equally into the Fund for the Compensation of Victims of Crime and the Alcoholic Beverage Awareness Program Account in the State General Fund. Section 1 of this bill provides that peace officers may enforce the requirements of the provision relating to employees having successfully completed the program by issuing a notice of a civil infraction

for violations. Section 1 also revises the provision for distribution of the money received by the Department for fines from establishments found in violation, providing that instead of depositing 50% of the money in the Fund for the Compensation of Victims of Crime and 50% of the money in the Alcoholic Beverage Awareness Program Account, 50% of the money must be deposited in the Account for Aid for Victims of Domestic Violence and 50% of the money must be deposited in the account created in the State General Fund for the support of community juvenile justice programs and must be used only to enforce laws that prohibit the purchase, consumption or possession of alcoholic beverages by persons under the age of 21 years. **Passed**

- **AB433** (http://www.leg.state.nv.us/75th2009/Bills/AB/AB433_R3.pdf)
"Requires county hospitals to provide cancer treatment as part of their care to indigent persons" Counties are required through county hospitals to provide care to indigent persons. Section 1 of this bill provides that in a county whose population is 400,000 or more (currently Clark County) the care provided by a county hospital must include the outpatient treatment of cancer if the indigent person is a resident of that county and was a resident of that county at the time the person was diagnosed with cancer, but clarifies that this does not prohibit the hospital from providing uncompensated care for the outpatient treatment of cancer to other persons. Section 1 further provides that the duty to provide to indigent persons outpatient treatment for cancer applies only to the extent that the county hospital realizes a cost savings as a result of the amendatory provisions of sections 5 and 6 of this bill. Under existing law, most drivers of and passengers in modern vehicles are required by law to wear safety belts. However, the failure to wear such safety belts is not, at the present time, a primary offense for which a vehicle may be halted. Sections 5 and 6 of this bill make the failure to wear a safety belt as prescribed by law a primary offense for which a vehicle may be halted. Existing law establishes a uniform system of demerit points, which points are assigned to persons who commit certain moving traffic violations. Section 3 of this bill provides that if a person who commits such a violation is in compliance with the primary safety belt law established pursuant to the amendatory provisions of sections 5 and 6, any demerit points which would otherwise be assigned to the driving record of that person must be reduced by one demerit point. Sections 7 and 8 of this bill require the Legislative Commission to provide for studies of, respectively: (1) the incidence of racial profiling in the enforcement of the primary safety belt law; and (2) the efficacy and cost-savings associated with the primary safety belt law. Section 10 of this bill requires University Medical Center to use the cost savings that it accrues as a result of the enactment of the primary safety belt law to pay the costs associated with providing cancer care to indigent persons as required by section 1, as well as allowing University Medical Center to pay other costs that it determines to represent areas of significant need. **On the last night of the Session, the bill was radically altered & the subject changed**

http://www.leg.state.nv.us/75th2009/Bills/AB/AB433_R4.pdf). The title became "Provides that failure to wear a safety belt is a primary traffic offense". *Under existing law, most drivers of and passengers in modern vehicles are required by law to wear safety belts. However, the failure to wear such safety belts is not, at the present time, a primary offense for which a vehicle may be halted. Sections 5 and 6 of this bill make the failure to wear a safety belt as prescribed by law a primary offense for which a vehicle may be halted. However, section 9 of this bill clarifies that, during the period beginning on the effective date of this bill and ending on July 1, 2011, peace officers may only issue warnings for violations of the primary safety belt law. Existing law establishes a uniform system of demerit points, which points are assigned to persons who commit certain moving traffic violations. Section 3 of this bill provides that if a person who commits such a violation is in compliance with the primary safety belt law established pursuant to the amendatory provisions of sections 5 and 6, any demerit points which would otherwise be assigned to the driving record of that person must be reduced by one demerit point. Sections 7 and 8 of this bill require the Legislative Commission to provide for studies of, respectively: (1) the incidence of racial profiling in the enforcement of the primary safety belt law; and (2) the efficacy and cost-savings associated with the primary safety belt law. "Amend and Do Pass As Amended".* **Died**

- **SB7** (http://www.leg.state.nv.us/75th2009/Bills/SB/SB7_EN.pdf) "Makes various changes to the Advisory Council on the State Program for Fitness and Wellness." *Existing law provides that, within the limits of available money, the Health Division of the Department of Health and Human Services shall establish the Advisory Council on the State Program for Fitness and Wellness to increase public knowledge, to raise public awareness and to educate the residents of this State on matters relating to physical fitness and wellness. Section 1 of this bill increases the number of voting members of the Advisory Council from 7 to 11 members and authorizes the appointment of additional nonvoting members. Existing law requires the State Health Officer or his designee to serve as the Chairman of the Advisory Council. Section 2 of this bill provides instead that a majority of the voting members of the Advisory Council must select a Chairman and a Vice Chairman of the Advisory Council. Section 2 further authorizes a majority of the voting members of the Advisory Council to appoint committees and subcommittees to study issues relating to physical fitness and wellness and provides for the removal of nonlegislative members. Existing law authorizes the Health Division to contract with public or private entities to provide services necessary to carry out the State Program for Fitness and Wellness. Section 3 of this bill authorizes the Health Division to award grants for the same purpose. Existing law requires the Health Division, on or before January 1 of each year, to prepare and submit a report to the Governor and to the Director of the Legislative Counsel Bureau for transmittal to the Legislature summarizing the findings and recommendations of the Advisory Council*

and the status of the State Program for Fitness and Wellness. Section 4 of this bill requires the Health Division to prepare and submit the report on or before February 1 of each year. Section 5 of this bill revises the dates that limit the expenditure and require the reversion of money appropriated by the 2007 Legislature to pay the operational costs of the Advisory Council.

Passed

- **SB116** (<http://www.leg.state.nv.us/75th2009/Bills/SB/SB116.pdf>) “Makes failure to wear a safety belt in a motor vehicle a primary offense.” This bill removes the provision of existing law, which prohibits the issuance of a citation for failure to wear a safety belt in a motor vehicle unless the vehicle is stopped or the person is arrested for another offense. By removing that provision, this bill allows the issuance of a citation for such a violation even absent any other conduct. **Died**
 - **SB136** (http://www.leg.state.nv.us/75th2009/Bills/SB/SB136_R1.pdf) “Prohibits certain persons from using a telephonic device to write, send or read a text-based communication while operating a motor vehicle.” Section 1 of this bill prohibits a person operating a motor vehicle from using a telephonic device to write, send or read a text-based communication while the motor vehicle is in motion or stopped at an intersection that is controlled by a traffic-control signal. A person who violates this provision must pay a fine of \$20 for a first offense, a fine of \$50 for a second offense and a fine of \$100 for a third or subsequent offense. This bill does not create a moving violation. **Died**
 - **SB145** (<http://www.leg.state.nv.us/75th2009/Bills/SB/SB145.pdf>) “Makes various changes relating to motor vehicle and traffic safety.” This bill removes the provision of existing law, which prohibits the issuance of a citation for failure to wear a safety belt in a passenger car or taxicab unless such vehicle is stopped or the person is arrested for another offense. By removing this provision, the bill allows the issuance of a citation for such a violation even absent any other conduct (that is, as a “primary offense”). This bill also makes it a violation of law for the driver of a taxicab to fail to ensure that a child passenger is wearing a safety belt, provided that the child is of such a size and weight as to be required to wear a safety belt. **Died**
 - **SB220** (http://www.leg.state.nv.us/75th2009/Bills/SB/SB220_EN.pdf) “Provides for the establishment of the Chronic Obstructive Pulmonary Disease Program.” This bill requires the Health Division to establish, within the limits of available money, the Chronic Obstructive Pulmonary Disease Program within the Division in order to establish strategies for reducing the impact of chronic obstructive pulmonary disease and to coordinate efforts to assist persons with chronic obstructive pulmonary disease in this State. This bill also authorizes the Health Division to apply for and accept gifts, grants and bequests to carry out the Program.
- Passed**
- **SB278** (http://www.leg.state.nv.us/75th2009/Bills/SB/SB278_EN.pdf) “Requiring the Legislative Committee on Health Care to study certain issues concerning the provision of public health.” This bill requires the

Legislative Committee on Health Care to study: (1) the feasibility of establishing a health district in a county whose population is less than 100,000 (currently counties other than Clark and Washoe Counties); (2) the feasibility of consolidating or integrating certain health and social services provided in a county whose population is 400,000 or more (currently Clark County); and (3) the feasibility of establishing regional centers for the provision of services for the prevention and treatment of alcohol and substance abuse. **Passed**

- **SB304** (http://www.leg.state.nv.us/75th2009/Bills/SB/SB304_EN.pdf)
"Revises provisions relating to tests for certain communicable diseases." NRS 442.010 requires physicians and persons who attend to pregnant women to conduct a test for syphilis on pregnant women during the third trimester of pregnancy. Section 1 of this bill requires an additional test for syphilis during the first trimester of pregnancy. The State Board of Health is required to regulate certain medical laboratories and may adopt regulations concerning those laboratories. Federal laws and regulations relating to medical laboratories provide three categories of laboratory tests: (1) waived tests; (2) tests of moderate complexity; and (3) tests of high complexity. NRS 652.123 provides that regulations adopted by the Board may not be more stringent than the federal regulations unless the regulations relate to waived tests or the qualifications and duties of the personnel of a medical laboratory. Section 3 of this bill provides that regulations relating to tests for the detection of the human immunodeficiency virus, regardless of whether it is a waived test, may not be more stringent than federal regulations. Section 2 of this bill requires a laboratory which conducts a test for the detection of the human immunodeficiency virus that is classified as a waived test to: (1) conduct the test in accordance with the quality assurance guidelines established by the Centers for Disease Control and Prevention of the United States Department of Health and Human Services; and (2) comply with certain reporting requirements. **Passed**
- **SB305** (http://www.leg.state.nv.us/75th2009/Bills/SB/SB305_R2.pdf)
"Makes various changes concerning dispensing a medication and providing a prescription for the sexual partner of a person diagnosed with a sexually transmitted disease." This bill authorizes an employee of a board of health, under the direction of the local health officer, to: (1) if the board of health has on its premises a pharmacy, dispense a medication for the treatment of the sexual partner of a person who has been diagnosed with a sexually transmitted disease without examining the partner; or (2) if the board of health does not have on its premises a pharmacy, issue a prescription for the treatment of the sexual partner of a person who has been diagnosed with a sexually transmitted disease without examining the partner. This bill further allows the employee of a board of health to exclude from the prescription the name or other identifying information of the partner if the prescription specifies the purpose for the prescription. This bill also authorizes an employee of a board of health, under the direction of the local health officer, or a

practitioner in a federally qualified health center to dispense such a medication or issue such a prescription if the sexual partner of a patient provides the employee or practitioner with a written diagnosis from a provider of health care indicating that the patient has been diagnosed with a sexually transmitted disease. This bill further requires the State Board of Health to adopt regulations relating to dispensing a medication or providing a prescription pursuant to the provisions of this bill. **Died**

- **SB309** (http://www.leg.state.nv.us/75th2009/Bills/SB/SB309_R2.pdf)
“Prohibits a person operating a motor vehicle from using a telephonic device to write, send or read a text-based communication while the motor vehicle is in motion or stopped at certain intersections.” *Section 3.7 of this bill prohibits a person operating a motor vehicle from using a telephonic device to write, send or read a text-based communication while the motor vehicle is in motion or stopped at an intersection that is controlled by a traffic-control signal. A person who violates this provision must pay a fine of \$75. This bill does not create a moving violation. This bill originally dealt with motorcycles and mopeds. On the Session’s last day, the Senate amended the bill by replacing all of the original bill with the language in SB136. Died*
- **SB311** (http://www.leg.state.nv.us/75th2009/Bills/SB/SB311_R1.pdf)
“Requires the fluoridation of water provided by certain public water systems and water authorities in certain counties.” *Existing law requires the State Board of Health to adopt regulations requiring the fluoridation of all water delivered for human consumption in a county whose population is 400,000 or more (currently Clark County) by a public water system that serves a population of 100,000 or more or by a water authority. Section 2 of this bill requires the Board to revise those regulations to make them applicable in any county whose population is 100,000 or more (currently Clark and Washoe Counties). Section 2 also requires the Board, under certain circumstances, to make a temporary exception to the minimum permissible concentration of fluoride to be maintained in a public water system or water authority in a county whose population is 100,000 or more but less than 400,000 (currently Washoe County). Section 4 of this bill requires the placement of an advisory question concerning the fluoridation of water on the ballot for the general election in November 2010 in a county whose population is 100,000 or more but less than 400,000 (currently Washoe County). Died*
- **SB322** (<http://www.leg.state.nv.us/75th2009/Bills/SB/SB322.pdf>)
“Provides for the establishment and maintenance of an integrated system for the provision of health and social services in certain counties.” *Existing law creates a health district with a health department consisting of a district health officer and a district board of health in any county whose population is 400,000 or more (currently Clark County). The district board of health is vested with certain powers, duties and authority concerning matters of public health, and the district health department has jurisdiction over all public health matters in the health district. The district board of health may adopt certain regulations subject to the approval of the State*

*Board of Health. This bill authorizes the board of county commissioners to authorize the district board of health to establish and maintain an integrated system to provide comprehensive health and social services, including: (1) adoption services; (2) alcohol and drug abuse prevention services; (3) child abuse prevention services; (4) child welfare services; (5) delinquency prevention services; (6) determination of eligibility for public assistance; (7) employment and training services; (8) foster care services; (9) health services; and (10) mental health services. In addition, section 1 authorizes the board of county commissioners to place any county agency, which provides health or social services under the direct control and supervision of the district health department. Section 1 also authorizes the district board of health to adopt regulations to carry out the integrated program and administer any county agency placed under the direct control and supervision of the district health department. A district board of health that establishes and maintains an integrated system for the provision of health and social services is required to provide a biennial report to the Governor and the Legislature concerning the system and the services provided by the system. **Died***

- **SCR12** (<http://www.leg.state.nv.us/75th2009/Bills/SCR/SCR12.pdf>)
"Urges the promotion of physical fitness in the schools." **Passed**
- **SCR15** (<http://www.leg.state.nv.us/75th2009/Bills/SCR/SCR15.pdf>)
"Recognizes World Kidney Day on March 12, 2009." **Passed**
- **SCR20** (http://www.leg.state.nv.us/75th2009/Bills/SCR/SCR20_EN.pdf)
"Designates March 25, 2009, as Diabetes Awareness Day in Nevada"
Passed
- **SCR28** (http://www.leg.state.nv.us/75th2009/Bills/SCR/SCR28_EN.pdf)
"Recognizes the second week in May as Melanoma and Skin Cancer Detection and Prevention Week in Nevada and encourages the public to take measures to decrease incidents of skin cancer." **Passed**
- **SCR31** (http://www.leg.state.nv.us/75th2009/Bills/SCR/SCR31_EN.pdf)
"Recognizes the month of May as Dandy-Walker Syndrome and Hydrocephalus Awareness Month." **Passed**
- **"Kick the Can" on Budget Problems**-Some of the most controversial issues were moved into various Legislative Interim activities. The Legislative Interim is the 19 month period between Regular Legislative Sessions. The last 2 years have seen the fulfillment of the rhetoric that drove the incredibly unpopular 2003 Legislative Sessions that led to the largest tax increases in the State history, but did not fundamentally improve the revenue streams. There is a structural misalignment between the total revenue that the State gets from taxes and fees & the State budget, as it has evolved over the years. There have been 2 massive studies (a 2001-2002 study-
<http://www.leg.state.nv.us/71st/interim/studies/taxpolicy/FinalReport/TaxTaskForcehomepage.cfm> and a study by Price-Waterhouse in 1988-
<http://www.leg.state.nv.us/lcb/research/library/HotTopics/FiscalAffairs/FiscalAffairsExecSum.pdf>) of this reality & they came to the same conclusion- the revenue base for the State needs to be restructured. That would be politically difficult enough since the unsanitized version of that conclusion is that some groups or

individuals need to pay more than they do now. The sources of revenue for the State budget are available at:

<http://www.nevadaspending.com/OpenGov/ViewBudgetSummary.aep?amountView=Total&view=Revenue>. The **revenue package (SB429)**

(http://www.leg.state.nv.us/75th2009/Bills/SB/SB429_EN.pdf) "Provides additional revenue for the provision of governmental services.") passed over the Governor's veto is likely to be inadequate to fund the **budget package (AB165)**

(http://www.leg.state.nv.us/75th2009/Bills/AB/AB165_EN.pdf) "Revises the provisions governing the Fund to Stabilize the Operation of the State Government.", **AB562**

(http://www.leg.state.nv.us/75th2009/Bills/AB/AB562_EN.pdf) "Makes various changes regarding state financial administration & makes appropriations for the support of the civil government of the State.", **AB563**

(http://www.leg.state.nv.us/75th2009/Bills/AB/AB563_EN.pdf) "Ensures sufficient funding for K-12 public education for the 2009-2011 biennium.", **AB564**

(http://www.leg.state.nv.us/75th2009/Bills/AB/AB564_EN.pdf) "Authorizes & provides funding for certain projects of capital improvement" & **SB431**

(http://www.leg.state.nv.us/75th2009/Bills/SB/SB431_EN.pdf) "Authorizes expenditures by agencies of the State Government") they just passed over the Governor's veto, they could be lumbering back to Las Vegas after a number of new Executive agency cuts later this or early next year. These issues are likely to be the heart of campaign debates & at "interim" (*i.e.* the period between regular Legislative Sessions) hearings on the budget & federal stimulus revenues (**AB232**) (http://www.leg.state.nv.us/75th2009/Bills/AB/AB232_EN.pdf) "Revises provisions governing the Interim Finance Committee", **ACR34**

(http://www.leg.state.nv.us/75th2009/Bills/ACR/ACR34_EN.pdf) "Provides for the Interim Finance Committee to create the Subcommittee for Federal Stimulus Oversight.", **SB428** (http://www.leg.state.nv.us/75th2009/Bills/SB/SB428_EN.pdf)

"Revises provisions governing state financial administration" & **SCR37**

(http://www.leg.state.nv.us/75th2009/Bills/SCR/SCR37_EN.pdf) "Provides for the Interim Finance Committee to conduct a review of Nevada's revenue structure and to provide long-term stabilization of revenue"). The Legislative Interim Finance Committee

(<http://www.leg.state.nv.us/Interim/75th2009/Committee/Interim/IFC/?ID=1>) and its subcommittees are already the focus of heated disputes, which will continue until and possibly after any Special Sessions.

- **Other Interim Activities on Health Care-** Whatever happens on the budget, there is a full slate of interim Legislative studies planned (mostly through the Leg Cmte on Health Care), as well as a host of Executive agency regulatory hearings necessitated by the new laws.

- **SB278** (http://www.leg.state.nv.us/75th2009/Bills/SB/SB278_EN.pdf) "Requiring the Legislative Committee on Health Care to study certain issues concerning the provision of public health." *This bill requires the Committee to study: (1) the feasibility of establishing a health district in a county whose population is less than 100,000; (2) the feasibility of consolidating or integrating certain health & social services provided in a county whose population is 400,000 or more (currently Clark County); &*

(3) the feasibility of establishing regional centers for the provision of services for the prevention & treatment of alcohol & substance abuse.

- **SB307** (http://www.leg.state.nv.us/75th2009/Bills/SB/SB307_EN.pdf)
“Requires the Office of the Director of DHHS to study issues relating to Medicaid.” *This bill requires Department, to the extent money is available, to hire a consultant to study the financing, including the financial sustainability, of Medicaid in this State and to conduct an analysis of the rates paid by Medicaid in this State.*
- **AB52** (http://www.leg.state.nv.us/75th2009/Bills/AB/AB52_EN.pdf)
“Revises provisions relating to public hospitals & requires hospitals in certain larger counties to provide a report of certain information concerning patients to the Leg Cmte on Health Care.” *Hospitals in this State are required to provide emergency services & care, & it is unlawful for a hospital or a physician working in a hospital emergency room to refuse to accept or treat a patient in need of emergency services and care. This bill requires certain hospitals located in Clark & Washoe counties to provide a report of certain information to the Leg Cmte on Health Care concerning the transfer of patients from the hospital to another hospital & the availability of specialty medical services in the hospital.*
- **AB225** (http://www.leg.state.nv.us/75th2009/Bills/AB/AB225_EN.pdf)
“Revises certain provisions relating to county fire departments.” *This bill requires Clark County to submit a quarterly report to the Leg & the Leg Cmte on Health Care regarding the number of yearly transports made by the fire department & all ambulance companies. The report must include, without limitation, the fees charged for those transports, whether or not the persons transported had health insurance & what medical facilities the persons were transported to and from.*
- **AB326** (http://www.leg.state.nv.us/75th2009/Bills/AB/AB326_EN.pdf)
“Revises provisions governing controlled substances.” *This bill requires the Leg Cmte on Health Care to conduct a study of the abuse of prescription narcotic drugs & the manner of monitoring & addressing such abuse in this State and to submit a written report to the Leg.*

3. **What changes need to be made in Nevada’s public health care systems to improve both the health of it’s population?**
4. **How can the public health community most effectively influence future legislative and regulatory actions that become policies that move towards Healthy Living by Design?**