

Minutes
STATE BOARD OF HEALTH
March 10, 2017
9:00 a.m.

Division of Public and Behavioral Health
4150 Technology Way, Room 303
Carson City, Nevada 89706

Southern Nevada Health District
Red Rock Trail Room A & B
280 S. Decatur Blvd.
Las Vegas, Nevada 89107

Division of Aging and Disability Services
Early Intervention Services
1020 Ruby Vista Drive, Suite 102
Elko, Nevada 89801

BOARD MEMBERS PRESENT:

Judith Bittner (Carson City)
Brian Saeman, ESQ (Carson City)
Jeffrey Murawsky, M.D. (Las Vegas)
Dipti Shah, M.D. (Las Vegas)

BOARD MEMBERS EXCUSED:

Monica Ponce, DDS
Jon Pennell, DVM

DIVISION OF PUBLIC & BEHAVIORAL HEALTH (DPBH) STAFF PRESENT:

Cody Phinney, Administrator, Joe Pollock, Deputy Administrator, Regulatory and Planning Services, John DiMuro, Chief Medical Officer, Paul Shubert, HCQC, Leon Ravin, Statewide Psychiatric Medical Doctor

OTHERS PRESENT:

Linda Anderson, AG, Julie Slabaugh, AG, Russ Phifer, NRCC, Karen Beckerbauer, Douglas County, Nicki Aker, CCHHS, Angelique Homm, MD Labs, Shayne Urrutia, MD Labs, Marc Julliard, MD Labs, Robert Harding, NNHOPES/NNOT, Jeanne Bishop-Parise, NV Assisted Living Association, Cameron Duncan, NAPNA, Andy Roman, Duncan Family Healthcare, Wes Rubio, WCHD, James English, WCHD, Susan Pintar, Carson City Health Officer, Melinda Hoskins, Culinary Workers Union members, Qiyuan Peng, Exel Lab, Diane McGinnis, Kristine Papa, LVSCC, Laura Saberola, FNP-SMU, Christopher Edwards, Christian Lazarte, Serenity Mental Health, Maria Mora, Shawn McGivney, Doctors, Bridget Jones, Clinical Pathology Lab, Kevin Dick, WCHD (phone), Dr. Joseph Iser, SNHD (phone)

Chairman Saeman opened the meeting at 9:02 a.m. Chairman Saeman indicated that the meeting agenda was posted at the following locations: Division of Public and Behavioral Health, Carson City; Washoe County Health District, Reno; Nevada State Library and Archives, Carson City; Grant Sawyer State Office Building, Las Vegas; Early Intervention Services, Elko; Legislative Building, Carson City; on the Internet at the Division of Public and Behavioral Health website: <http://www.dpbh.nv.gov>; and the Legislative Counsel Bureau website: <http://leg.state.nv.us> in accordance with the Nevada Open Meeting Law.

Roll call was taken and it was determined that a quorum of the State Board of Health was present.

Approval of Minutes: Chairman Saeman asked if there were any additions or corrections to the minutes from December 9, 2016. A motion was made to approve the minutes by Dr. Murawsky, seconded by Dr. Shah and carried to approve the minutes of December 9, 2016 as submitted.

Chairman Saeman informed that general public comment would be taken out of order.

Public Comment:

Mr. Jason Kordosky, on behalf of Culinary Workers Union, addressed the members. He brought to attention two recent academic studies that raise serious concerns about the human rights and working conditions of employees at Station Casinos. A written statement from Mr. Kordosky is attached to these minutes, Exhibit "A".

Mr. William Fountain, employee of Red Rock, shared some issues regarding working conditions. He feels harassed and discriminated against and is requesting help. A written statement from Mr. Fountain is attached to these minutes, Exhibit "B".

Dr. Shawn McGivney provided comments and opposition to Section 6, #2, of a nurse being a director of a one glucose test CLIA waived lab. He also pointed out a mistake on page 2 of the notice of public hearing, #1 anticipated effects on the business, adverse and #2 anticipated effects on the public, adverse which was reported as none. Dr. Shawn McGivney disagrees with that, he stated it should not be none.

Reports (Informational):

Ms. Nicki Aker, MSN, MPH, RN, Director for Carson City Health and Human Services and Ms. Susan Pintar, Carson City Health Officer-- Ms. Aker reported that clinical services Title X funding is in jeopardy at the federal level. Letters have been sent to national representatives from the "Nevada Title X network." The preventive and public health funding is also in jeopardy under the repeal and replace of the Affordable Care Act and work will be done. CCHHS is currently working on community health needs assessment. Four of the assessments that are associated under the MAPP (Mobilizing for Action through Planning and Partnership) process have been completed. A workgroup meeting was held on March 1st. CCHHS received the Food and Drug Administration/Association of Food and Drug Officials grant to help provide staff training and enhancements to the current electronic inspection system. CCHHS has been involved with the antimicrobial stewardship initiative. A new Public Health Preparedness manager has been hired. Public Health Preparedness was awarded a NACCHO Medical Reserve Corps Challenge Award to develop a Functional Assessment Service Team in Northern Nevada. Ms. Pintar recommended that as community health improvement plans are developed and formalized, they be presented to the board for information and perhaps for further action.

Mr. Kevin Dick, District Health Officer for Washoe County Health District- Mr. Dick informed the committee that Washoe County is operating under an emergency declaration due to flooding in the North Valleys, specifically Lemmon Valley. A unified command with Washoe County and Truckee Meadows Fire Protection District has been established. To date, 48 homes have been affected by flood waters in Lemmon Valley. They are working on assessing the hydrology to

determine what the potential impact may be as spring progresses and snow melts. There is already discussion with the county for potential additional funding for mosquito abatement efforts this fiscal year and next fiscal year. Two bills in legislature that are applicable to Washoe County are AB 193 and SB 152. AB 193 would reduce the population threshold to 100,000 for providing community water fluoridation. SB 152 sets standards for vehicles that have classic automobile plates. The Pools and Spas and Invasive Body Decorations regulations have been adopted by the Board of Health. The 2016 annual progress report for community health improvement plan has been completed. They are currently in FY 2018 budget process. There is concern about Title X program funding and consequences of repeal and replace, and impacts that it might have on HHS funding. Exposure with federal grants on EPA is another area of concern if grants are reduced. On March 29th, the Robert Wood Johnson County Health rankings will be issued and there will be an event. In conjunction with Truckee Meadows Healthy Communities, a housing forum has been organized to bring in the three jurisdictions and appropriate interested parties together to develop a cohesive plan that addresses a continuum of housing.

Dr. Joseph Iser, Chief Health Officer for Southern Nevada Health District- Dr. Iser reported that they do not have adequate funding in order to fight mosquitoes and zika that can live in Southern Nevada. The Health District has been involved with the assembly and senate bill on legislation. They are quite concerned about what would happen with the Federal Family Planning program should it be significantly reduced. There is also concern over the change in the Affordable Care Act and in its effects on all their hospitals. Dr. Iser provided an update on accreditation. SNHD has lost state funding in a couple of grant programs, they are in process of shutting down those programs and transferring employees into other open positions. Dr. Iser provided an overview of infectious diseases and Zika cases.

Dr. John DiMuro, D.O., Chief Medical Officer- Dr. DiMuro informed that the committee that he was able to help craft the Governor's Bill on controlled substances and it will be introduced into the legislative session in the next few weeks. The Association of State and Territorial Health Officers reported that live born infants infected with Zika in the United States is now 47. There has been an issue of incomplete gonorrhea treatment in the South, the patient has not been located, and it continues to be an ongoing medical case. Regarding reporting of sentinel events, several have been reviewed however none have fulfilled the criteria for reporting per guidelines. Dr. DiMuro has been working with the Life Change Center, a methadone clinic in Sparks and Carson City. Dr. DiMuro has been appointed to serve on the Governor's Task Force for the Regulation and Taxation of Marijuana Act. The Vivitrol pilot program is expected to roll out next month. The oral health program continues as a high priority to the Division. Dr. DiMuro continues to work closely with Medicaid.

Ms. Karen Beckerbauer, Manager for Douglas County Social Services- Ms. Beckerbauer reported that Douglas County has worked for the last two years to join the services of social services with the community health clinic as well as an adult day club. As of January 1st, the community health clinic is operating under Douglas County and is staffed by an Advanced Practice nurse, two RN's, and administrative support staff with focus on family planning scope. Staff's primary concerns with Title X funding is the generous permissions to treat minors since they are a significant population of those treated at the clinic. The programs are growing and they hope to expand some of the services through the community health clinic. The day club is

up and running with approximately 15 full enrollees. The Division of Welfare and Supportive Services has an intake worker in the county 5 days a week stationed at various locations. Ms. Beckerbauer looks forward to providing a full report of the after the intake worker being in the jurisdiction for six months. The Douglas County Board of Health convened on January 11th. At the next meeting, a resolution will be presented to appoint a Committee on Health.

Consent Agenda: No items for consideration on consent agenda.

Consideration and adoption of proposed changes to Nevada Administrative Code Chapter 652, LCB File No. R149-15, Medical Laboratories. Paul Shubert, Bureau Chief of Health Care Quality and Compliance.

Dr. Murawsky inquired if they looked at The Joint Commission or College of American Pathology in verifying waived standards for the laboratory directors that could do waived testing.

Mr. Shubert responded that only the federal CLIA laboratory regulations were considered.

Dr. Murawsky asked for correction on Section 16, 1b. He indicated that the wording created a board that does not exist. The certification for pulmonary is a specialty that is granted by the American Board of Internal Medicine for M.D.'s and D.O.'s. Dr. Murawsky suggested that "a" and "b" be removed in Section 16, #1 and in #1 add "American Board of Internal Medicine as an M.D. or D.O."

Public Comment:

Russ Phifer, National Registry of Certified Chemists- Mr. Phifer would appreciate being added to the list of approved boards for laboratory directors of high complexity testing. Exhibit "C"

Robert Harding, Northern Nevada Hopes/Northern Nevada Outreach Team- In support of changes in Sections 7, 8, and 9.

Diane McGinnis- In support of APRN's being allowed to be medical laboratory directors.

Jeanne Bishop-Parise, NV Assisted Living Association- Ms. Bishop-Parise requested 2 presentations be brought into the record (Exhibit "D"). The assisted living community is looking for clarification on whether they have to be treated as a CLIA waived laboratory doing glucose testing on a single use device or if they are considered like the nursing facility.

Cameron Duncan, NV Advance Practice Nursing Association- In support of proposed regulation changes.

Marc Julliard, MD Labs- In support of changes.

CHAIRMAN SAEMAN ENTERTAINED A MOTION ON ITEM 5, NAC 652, LCB FILE NO. 149-15. A MOTION BY DR. MURAWSKY TO APPROVE WITH THE AMENDMENT OF REMOVING SECTION 16, 1b WAS MADE. SECTION 16, #1

SHALL READ “BE A PHYSICIAN CERTIFIED IN THE SUBSPECIALTY OF PULMONARY DISEASE BY THE AMERICAN BOARD OF INTERNAL MEDICINE AS AN M.D. OR D.O.” THE MOTION WAS SECONDED BY MS. BITTNER; THE MOTION PASSED UNANIMOUSLY.

Consideration and approval of Washoe County Health District regulations, Invasive Body Decoration Establishments and Public Swimming Pool and Spa Operator Certification Program. Wesley Rubio, Senior Environmental Health Specialist and Jim English, Environmental Health Specialist Supervisor.

Mr. Rubio reported that the primary reason for the updating of regulations is to be consistent with national standards of practice to create a consistent terminology, technology and applicability within the tattoo and piercing industries within Washoe County.

Mr. English informed the committee that there are simple semantic changes to the Swimming Pool and Spa regulations along with the removal of requiring the professional industry to go to the office to get an ID card.

No public comment.

CHAIRMAN SAEMAN ENTERTAINED A MOTION ON ITEM 6, WASHOE COUNTY HEALTH DISTRICT REGULATIONS. A MOTION BY DR. SHAH TO APPROVE AGENDA ITEM 6, WAS MADE AND SECONDED BY DR. MURAWSKY. THE MOTION WAS PASSED UNANIMOUSLY.

Public Comment: There was no public comment.

Chairman Saeman informed that the next Board of Health meeting will be on June 9, 2017.

Ms. Cody Phinney requested that the community health improvement plans be included as an informational agenda item for the next meeting as requested by Ms. Pintar.

The meeting was adjourned at 10:41 a.m.

Good morning Chairman and Board Members

My name is Jason Kordosky and I am here on behalf of the Culinary Workers Union.

I am here today to bring your attention to two recent academic studies that raise serious concerns about the human rights and working conditions of employees at Station Casinos. As the third largest private employer in Nevada, Station Casino's occupational safety practices pose a significant public health question for Nevadans.

The first report, titled *Banking on Unsafe Working Conditions*, is authored by Yale and Harvard educated, former UNLV Associate Professor Fatma E. Marouf, who recently taught courses in International Human Rights Law and was the Co-Director of Boyd Law School's Immigration Clinic, Sameer Ashar, a Clinical Professor of Law at UC Irvine School of Law, and Jennifer Rosenbaum, a Human Rights Fellow at Yale Law School. In the report, the authors examine the working conditions of employees at Station Casinos and raise serious human rights concerns – foremost regarding worker health and safety.

The key allegations of human rights issues include:

- inadequate safety gear and precautions
- preventable workplace injuries
- inadequate protection from abuse by customers
- severe mental stress
- environmental hazards
- inability to take breaks
- lack of job security
- lack of social security
- excessive work without overtime pay
- discouragement of freedom of association and collective bargaining
- discrimination
- abuse of human dignity

The second report, titled *On-the-Ground Health and Safety Experiences of Non-Union Casino Workers*, is authored by Dr. Diana Romero, an Associate Professor at the City University of New York's School of Public Health, and Kathleen Flandrick, Master of Public Health. The report is the result of a blind study commissioned by the Culinary Workers Union, Local 226. The findings of the study, which were presented at the American Public Health Association's 2016 conference, "present a grim picture of work conditions related to employee health and safety risks" at Station Casinos' properties.

Notable findings from the study, which was conducted in 2015, include:

- 84.6% of respondents said that first aid supplies were not easily available at work.
- Study participants described receiving reprimands and warnings for situations such as reporting a gun in a guest's room where the guest claimed the worker had gone through his things or being blamed for a health code violation when a worker used a broken food warmer.

- 1/3 of guest room attendant respondents said they are not provided with a separate sponge/rag to clean toilets.
- 60.7% of respondents said they "feel discriminated against at work."

On February 9, 2017, workers from nine casino hotels owned and managed by Station Casinos delivered a petition to their respective human resources departments. The petition was signed by one hundred occupational health professionals and calls on Station Casinos to assure full compliance with its responsibility to protect its workers from health and safety risks.

I think you will agree that the findings in these studies raise serious questions about the health and safety of workers at Station Casinos. As the third largest private employer in the State of Nevada, Station Casinos' treatment of workers has sizable public health implications. It also has implications for the quality of life of Clark County families and workers in the gaming industry that is the chief engine of our local economy. We urge you to exercise the vast moral authority of your position to demand that Station Casinos assure full compliance with its obligations to provide a safe and healthful work environment for its employees.

Thank you for your time.

Good morning Good morning Chairman and Board Members

My name is William Fountain and I've been working at Red Rock for going on 11 years in May as a Houseman.

I just want to share some issues with you about my working conditions.

We don't have the proper tools to do our job, the proper chemicals, and they give us so much work that when I take my lunch break and I come back on the floor there is linen all over the floor. At that time, new guests will soon be arriving and I have rush to pick up all the linen which is hard on my back. I take my break on time but when I complain to the managers about all the linen on the floor all they do is make it hard for me and I feel harassed.

I've been working in the industry for almost 42 years, for 24 years I was at a union hotel, so I know the difference between feeling harassed and being treated with respect.

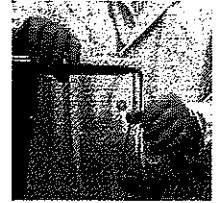
Please take my issues seriously and do whatever you can to solve the problem.

Thank you for your time.

National Registry of Certified Chemists

125 Rose Ann Lane, West Grove, Pennsylvania, USA 19390
610-322-0657 / 800-858-6273 Fax / rphifer@nrcc6.org

American Chemical Society
American Institute of Chemists
American Board of Clinical Chemistry
American Industrial Hygiene Association
National Academy of Clinical Biochemistry
American Association for Clinical Chemistry



Nevada State Board of Health Hearing Support for proposed change #6 to NAC 652

The Nevada State Board of Health has proposed expanding the certifications that an applicant who holds a doctorate can use to qualify to be a licensed or registered laboratory director.

The National Registry of Certified Chemists (NRCC) began certifying chemists in clinical chemistry in 1967 and in toxicological chemistry in 1982. NRCC is an approved Certification Board by CLIA for Laboratory Directors of High and Medium Complexity Testing who hold a doctorate degree. NRCC manages certification programs for chemists in clinical, toxicological, and environmental analytical disciplines as well as a program for laboratory safety personnel.

Standards for certification of Clinical Chemists are vigorous; these include documenting education (a minimum of 24 semester hours of chemistry plus an additional 8 hours in other natural science disciplines), a minimum of three years of experience working in a CLIA approved clinical laboratory handling human specimens, a personal statement, three professional references, and an examination. NRCC also requires documentation of continuing education on an ongoing basis. The Clinical Chemistry examination is completely up to date, having been revised over the past year and implemented beginning February 15, 2017. The NRCC Board of Directors includes several clinical lab professionals who have been active with other professional Boards which are currently accepted by Nevada Board of Health for laboratory director licensing.

NRCC certification is accepted in nearly every state that requires Board certification for licensing purposes (all except New York). California, Louisiana, Tennessee & Florida are among the states with vigorous licensing requirements; all those states accept NRCC certifications for licensing. In addition to Laboratory Director positions, NRCC certifies laboratory personnel as clinical chemistry technologists and toxicological technologists. These certification programs are currently accepted by the Nevada Board of Health for licensing of laboratory technologists in those disciplines.

The NRCC Board of Directors is comprised of professionals in their fields who have been nominated by one of our association sponsors. These include the American Board of Clinical Chemistry (ABCC), American Association of Clinical Chemistry (AACC), American Chemical Society (ACS), the American Institute of Chemistry (AIC), and the American Industrial Hygiene Association (AIHA).

NRCC currently has approximately twenty certified chemists who are residents of Nevada.



To: Nevada State Board of Health

From: Nevada Assisted Living Association

Re: Intent to Adopt Regulations (LCB File No. R149-15)

Clarification on Requirement and Effects on Adult Group Care both licensed and unlicensed or certified

With the renewals for the 2017 calendar year came the option within our industry to become an exempt laboratory that only performs glucose testing. NALA wants to clarify two very different items which are before us in current legislation and regulatory settings.

First, is giving assistance with an FDA approved, personal, non-shared, glucometer as would occur in a home setting where a person lives permitted? The doctors of the post-acute care subcommittee and CLIA agree that it is safe and should be allowed. Our facilities are licensed as nonmedical facilities.

CMS and CLIA both agree that not sharing a meter is safe and cost effective. That combined with the safe, efficient, consistent, home / community based system of care that already includes accurate documentation, recording and reporting to the Primary Care Physician offered under monitored RFFG settings is a safe alternative to the proposed regulation. RFFG have an established monitored system to build on for documenting, recording, and adding glucose testing with an individual's own FDA approved machine to the existing RFFG medication management program. That would allow those who need help to get it safely and add no cost to the health care budget.

CLIA and CDC already acknowledge in their interpretive guidelines and other lecture material that using your own individual FDA approved meter is safe.

See CLIA Interpretive Guidelines 493 (b) which confirm that if a person is using their own individual FDA approved meter that "just getting assistance" does not require a CLIA Waiver. They distinguish the "Laboratory" which is a setting where one is expected to share the testing device.

pg 49 / 414 pgs Clia interpretive guidelines.

Interpretive Guidelines §493.3(b)

The purpose for which the test is conducted, not the test itself, determines whether a facility conducting testing is subject to the CLIA requirements. Testing that is used to gather evidence for legal purposes, and is not performed for purposes of clinical treatment, medical diagnosis, health assessment or disease prevention is not subject to CLIA.

Industrial laboratories that monitor employee health, insurance company laboratories that assess an individual's health for insurance purposes, health maintenance organizations, and other facilities such as pharmacies and health fairs that perform screening test procedures are subject to the CLIA requirements.

Individuals who self-administer a test in their own home with a device that has been cleared specifically for home use by the FDA are not regulated under CLIA. An employee of a home health agency (HHA) or hospice that provides assistance to an individual as that individual uses such a device is not, by virtue of that assistance, subject to CLIA. However, an HHA or hospice that performs laboratory testing on individuals such that they meet the definition of "laboratory" in §493.2 is subject to CLIA requirements. Getting assistance is not the issue. using a shared meter is

When you expect to share a meter like in street fair, lab, or any setting where the resident is not expected to bring their individual meter you need a Clia Waiver!

Another example that shows CDC and CLIA distinction of using an individual, non- shared meter and a laboratory sharing the meter is CLIA and point of care testing 12/8/2011 Karen Dyer who describes that a finger stick done with an individual FDA approved meter pose's no reasonable risk of harm to the patient if the test is performed incorrectly. That is not the case when using a shared testing device which is why CLIA exists to protect those who get tested in a shared testing setting.

Waived Tests....

- Simple laboratory examinations and procedures
- Cleared by FDA for home use: Individual, non shared, FDA approved, home glucometer
- Employ methodologies that are so simple and accurate as to render the likelihood of erroneous results negligible; or
- Pose no reasonable risk of harm to the patient if the test is performed incorrectly.

CLIA

CMS

Consequently, facilities that utilize non-shared meters should not be required to obtain a CLIA exempt lab registration or license. They clearly distinguish that sharing a meter in a facility or lab is not safe and therefore needs the CLIA waiver.

The Second issue is when a facility opts to share a testing meter and thus needs a CLIA exempt lab registration or license, the allowance for a nurse to be the lab director when by regulation nurses employed by Residential Facilities For Groups under 449 cannot practice as a nurse in the area of diabetic care. This raises a safety concern because of the disconnect between the nurse and the oversight of the lab setting not meeting recognized laboratory safety guidelines nor bringing proficiency testing standards in line with federal regulation requirements. Infection Preventionist Nurses exist in other settings and we find no problem with a Nurse Practitioner as Lab Director as well.

NALA has made objections in previous workshops and small business impact statements on both of these issues.

The issue is not one test or one glucose test but that they are sharing the testing device and the expectation of documenting, recording and reporting the information which puts people at risk. The risks are not only from infection. The risks include lack of standardization of the test results, poor recording and reporting to the provider who will ultimately use the results. These are clearly issues to CLIA in their study all of which are not addressed in the proposed regulation allowing a nurse to be a medical lab director of a one glucose CLIA waived lab within our setting.

As a result of the aforementioned it is clear **that the anticipated adverse effects could be more than none** as stated in the Public Hearing notes. The interaction of the lab director in the laboratory's operations is a clear expectation of the exempt lab.

Thank you in advance of your consideration of these 652 or non 652 areas in the adult group care nonmedical settings.

Affidavit of Steven R. Feller, 2-28-17

My name is Steven R. Feller

Thank you for the opportunity to offer some perspective on the current situation regarding care of diabetics in assisted living homes, in Nevada. I believe this is a story of unintended consequences of a well-meaning regulation, perhaps outdated now, originally promulgated to help and protect some of our most vulnerable citizens who are elderly and suffering diabetes. One of those citizens is my brother-in-law, Meliton Ramirez.

I won't recount all the details of Mel's life except that he spent 25 years working for the Railroad, and 10 plus years at MeadowWood Mall. But age, diabetes, and other diseases caught up to him one day in 2013, and he collapsed near the door to his private apartment. After approximately a year in and out of the VA Hospital, his health stabilized enough to place him in Assisted Living. He lost so much weight that diabetes testing was unnecessary, as the doctors watched his 1AC results, and he took Metformin, occasionally.

Naturally, my wife and I were glad to find an assisted living facility to care for Mel because we live 225 miles away, and could not cope with his daily needs, including medication management and close personal safety monitoring. Mel spent 3 ½ very good years at Park Place Assisted Living before his next medical problem landed him in the hospital again. He recovered and was sent to a skilled nursing facility for rehabilitation, and his room at Park Place was held for him.

What happened next surprised us. The doctors at the skilled nursing home saw "diabetes" in his medical record from the VA and ordered daily testing for blood sugar, even though he had not needed daily testing for over three years. That had the unintended consequence of blocking his return to Park Place Assisted Living because regulations would not allow anyone at the assisted living facility to do the actual testing. What's difficult to understand is why the people who work at Park Place can't help him with diabetes testing when necessary. It seems unusual that the regulations contemplate that the patient or members of his family could take care of the testing, but trained personnel accustomed to dealing with all manner of medical situations at assisted living were prohibited.

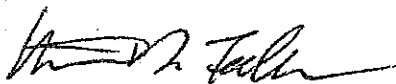
We thought that Mel entered Park Place Assisted Living knowing his care needs would increase and fully expecting to be able to get what he needed in reasonable accommodations and assistance when needed if or when he needed help.

We were taken by surprise when Mel was suddenly and unexpectedly forced to stay in a nursing home and leave his home. He was forced to rely on Medicaid to help with the expenses, because his Railroad Pension and VA Aid & Attendance did not cover even a third of the cost of skilled nursing. For the hundreds of people like him that have diabetes and have any minor physical or cognitive issue and need help with a finger stick the only state allowed place is a nursing home. The state should allow diabetics to get routine assistance with a glucometer since the CDC, CMS and Clia clearly show it is a very safe process to use an FDA approved meter.

We don't understand the interpretation when the Federal Olmstead Act was pushing to help allow the disabled like Mel to have reasonable, safe, accommodations to help prevent institutionalization. The result was at a time when he was needing more assistance to remain at the assisted living stage, he was forced by the state's regulations to remain in a nursing home.

Please support a more reasonable interpretation of existing Federal law and help pass laws that give regulators clearer guidelines on allowing Nevadans in all home and community based settings to get help when needed with their own FDA approved individual glucometer. Indeed, many Federal laws protects that choice for the many disabled including diabetics in this case who choose to get a little help with their own individual glucometer in their own community based home setting.

Sincerely,



Steven R. Feller
Mel's Brother-in-Law
Berkeley, California

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Alameda

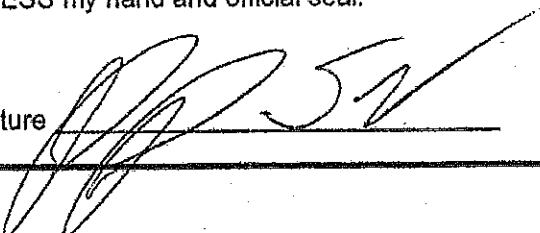
On 3/2/17 before me, Phillip Spruner, Notary Public
(insert name and title of the officer)

personally appeared Steven Robert Feller
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature



(Seal)

