

Department of Health and Human Services Nevada State Health Division



Agency Budget Highlights SFY 12/13

The Mission of the Health Division is to Promote and Protect the Wellbeing of Nevadans and Visitors to our State by Preventing Disease, Injury and Disability

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Department of Health and Human Services

Health Division

Budget Account Summaries

State Fiscal Years 2012 and 2013

BA 3101 – Radiological Health

The Radiation Control Program protects public health and safety and the environment by regulating sources of ionizing radiation and providing general information concerning ionizing radiation sources. The Radiation Control Program licenses and inspects radioactive material users; registers and inspects X-ray machines statewide; issues certificates of authorization to operate mammography equipment and inspects mammography x-ray machines; educates the public on radon hazards in the home and workplace; licenses and provides oversight of the closed low-level waste disposal site near Beatty, Nevada; coordinates with local counties and other agencies to provide radon training; and conducts statewide radiological emergency response activities.

Statutory Authority: NRS 457 and NRS 459.

- E710 – This decision unit requests replacement of eight computers and ten radiological items.
 - Requests the replacement of six desktop computers and four laptops with docking stations in FY 2012 and two laptops with docking stations in FY 2013 in accordance with the DOIT replacement schedule. Replacements also include software and surge protectors.
 - Replacement of specialized radiological equipment: (1) Neutron Survey Meter, (5) Pressurized Ion Chambers, (2) Radiation Response Kits, (1) Radionuclide Identifier w/Neutron, (1) Tritium Scintillator in FY 2012 and (2) Radiation Response Kits in FY 2013.
- E721 requests funding for development of a database to meet regulatory, state and program changes to meet US Nuclear Regulatory Commission requirements. This request also includes funding for a programmer to make modifications and enhancements to the program.

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BA 3152 – Health Radioactive & Hazardous Waste

The mission of the program is to provide a trust fund for post-closure monitoring and performance assessment of the state-owned, low-level radioactive waste disposal site near Beatty, Nevada. Statutory Authority: NRS 459.

An Agreement between the United States Nuclear Regulatory Commission and the State of Nevada for Discontinuance of Certain Commission Regulatory and Responsibility within the State pursuant to Section 274 of the Atomic Energy Act of 1954 as amended, dated May 25, 1972 provided for the State of Nevada to assume licensing responsibilities and closure activities at the closed low-level waste site near Beatty, Nevada. The closing of this site also fulfilled Nevada's obligation under the Rocky Mountain Compact.

The trust fund for the closed low-level waste site near Beatty, Nevada was established to ensure that the State of Nevada could assess the status of the site and provide for periodic maintenance. The low-level waste generators in the Rocky Mountain Compact paid burial fees to provide for the long-term care of the site. Since the site is closed no additional funding, other than interest, will be augmenting the fund. Costs associated with the site are periodic sampling and staff salaries, periodic cap repair that was estimated at \$288,000 last year, maintenance of existing monitoring wells and potentially establishing an additional monitoring well that is anticipated to cost upwards of \$600,000. These anticipated periodic costs exclude any control or containment issues in the subsurface should they occur.

If future environmental monitoring activities demonstrate radioactive waste site failure, uncontrolled radioactive contamination of groundwater in Nye County and other southern Nevada locations will be experienced.

Funding for ongoing site post-closure monitoring and maintenance activities must remain sufficiently available for routine monitoring and occasionally required additional environmental monitoring to assess site performance and to respond to elevated off-site environmental/water results should they be documented.

- E710 - This request replaces computer hardware, associated software, and peripherals per the state's replacement schedule.

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BA 3153 – Cancer Control Registry

The primary purpose of the Statewide Cancer Registry is to collect and maintain a record of reportable cases of cancer in the state. The data is used to evaluate the appropriateness of measures for the prevention and control of cancer and to conduct comprehensive epidemiological surveys of cancer and cancer related deaths. Statutory Authority: NRS 457.

As the Statewide Cancer Registry, over 12,500 cancer cases are processed annually. Cancer case data is collected from hospitals, medical laboratories and other free standing facilities and from physicians that provide screening, diagnostic or therapeutic services to patients with respect to cancer. The information on these cases of cancer is reported to the State Registry. This is accomplished by reporting facilities abstracting State required patient cancer information from their medical records or by Health Division staff who abstract from the reporting health care facility medical records. Collected data is entered into a specialized database where additional case information is added, edited and consolidated for accuracy and completeness. The Registry conducts follow up activities with facilities and/or physicians and uses sources such as the Department of Motor Vehicles, Hospital Discharge, Social Security Death Index, Voter Registration, Census Tract and death information from the State Office of Vital Records to assure case completeness.

Annually, the Registry compiles comprehensive cancer data collected for all years of operation and submits a report to the Centers for Disease Control and Prevention/National Program of Cancer Registries (NPCR) and the North American Association of Central Cancer Registries (NAACCR) and for analysis, certifications and inclusion in national cancer statistics. An additional annual report for cancer data collected for a 12-month timeframe is also reported to NPCR for analysis.

Timely and complete cancer data are used to evaluate the appropriateness of measures for the prevention and control of cancer and conducting comprehensive epidemiological surveys of cancer and cancer related deaths statewide and nationally.

The Registry is an important tool for monitoring the incidence of cancer within the state and sharing that information with health care professionals, researchers, and the general public.

The Performance Indicators in this budget are based on the NAACCR Gold Standard criteria

- E253 - This request adds a Business Process Analyst position and a Biostatistician position to meet increasing requirements of the program.

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Biostatistician II

This will be the lead position for data quality and analysis, data dissemination, and reporting. The National Center Cancer Registry (NCCR) has funded a temporary position for over three years to complete a bare minimum of mandatory functions. In addition, the data linkage requests and requirements have increased, and the data exports and analysis have become more complex and more frequent to be compliant with the national data reporting requirements. Federal revenue has been identified to fund a permanent position to perform the required activities. The NCCR needs these activities performed to maintain the data quality required in order to comply with National Program of Cancer Registries (NPCR) Standards, to receive Gold Certification from the North American Association of Central Cancer Registries (NAACCR), analyze the cancer data, and disseminate it to administrators, researchers and stakeholders for data-driven decision making. This position is needed for the analysis of cancer data to compile the grant required annual Cancer Report, previously done under subcontract.

Business Process Analyst II

The national requirements for Cancer Registry operations has changed and increased at a dramatic pace. Besides the data collection and reporting requirements that change each year, the technology needed to remain in compliance and to grow, as the incidences of cancer grow, needs to be maintained. This position and skill set is critical to the NCCR accomplishing its goals and achieving compliance with its grantor and national agencies. This will be the lead position for database management, quality assurance and control. Some of the activities required were previously done by a Health Resource Analyst position that was eliminated during the 2007-2009 Legislative Session due to a lack of funding. With the elimination of the position, quality control activities were suspended or carried out at a minimum requirement level. Database efficiencies have also suffered as there has been no staff resources or skill set to implement necessary leading edge technology new programs and/or upgrades. Four major CDC/National Program of Cancer Registries (NPCR) Standards that will be directly addressed and impacted with this position are: 95% of hospitals reporting to NCCR electronically; 85% of pathology laboratories reporting to the NCCR electronically; 75% of physician offices reporting to the NCCR electronically; and a quality assurance program. The NCCR is currently not meeting these Standards. The CDC has verbally approved this request.

- E710 - This request replaces computer hardware, associated software, and peripherals per the state's replacement schedule.

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BA 3208 – Early Intervention Services

The mission of Nevada's Early Intervention Services is to identify infants and toddlers who are at risk for, or who have, developmental delays; provide services and support to families to meet the individualized developmental needs of their child; and facilitate the child's learning and participation in family and community life through the partnership of families, caregivers and service providers. The Nevada Early Intervention Services has regional sites located in Carson City, Reno, Elko, Las Vegas and Ely. In addition, the program uses General Funds and Part C Individuals with Disabilities Education Act (IDEA) funds for contracted providers such as Easter Seals of Southern Nevada for early intervention services in the greater Clark County region. Statutory Authority: NRS 439.200 and NRS 442.

- M200 Demographic / Caseload Changes – This request funds projected increases in caseload. \$1,037,043 in FY 12 (a projected increase of 235 kids) and \$2,786,280 in FY 13 (a projected increase of an additional 224 kids).
- E326 Deliver Public Services Directly and Efficiently - \$1,375,813 in both FY 12 and FY 13. This decision unit restores services that will be eliminated when the American Recovery and Reinvestment Act (ARRA) funding through the Individual with Disabilities Education Act (IDEA) expires June 2011.
- E710 Replacement Equipment - \$75,829 in both FY 12 and FY 13. This decision unit requests replacement of 49 desktop computers and related software each fiscal year in compliance with DOIT's 20% replacement schedule.

BA 3224 – Community Health Services

The Community Health Nursing (CHN) Program provides public health services in fourteen of Nevada's rural counties. Eleven of these counties have community health nursing clinics; Elko, Eureka, and Storey Counties have Federally Qualified Health Centers (FQHC) but no CHN clinics. The CHN program provides public health preparedness (PHP) coverage and epidemiology assistance in twelve counties; Lyon and Douglas Counties began receiving their PHP and epidemiology coverage by Carson City Health and Human Services in the fall of 2009. Essential public health nursing services include adult and child immunizations, Early Periodic Screening Diagnosis and Treatment (EPSDT) examinations, including lead testing; additionally family planning, cancer screening, and identification/treatment of communicable diseases such as Tuberculosis (TB), Sexually Transmitted Infections (STI) and Human Immunodeficiency Virus (HIV). Two Community Health Nurses (CHNs) function as the school health nurse in those rural districts without school nurses (Lincoln and Esmeralda Counties).

- E250 replaces revenue GL 3556 (PHHS) with revenue GL 4669 (Transfer from BA 3220 PHHS). The grant funds will be maintained in budget account 3220 and transferred to other budget accounts as required to meet the grant objectives.
- E251 replaces revenue GL 3510 (MCH) with revenue GL 4620 (Transfer from BA 3222 MCH). The grant funds will be maintained in budget account 3222 and transferred to other budget accounts as required to meet the grant objectives.
- E524 changes the revenue GL for the transfer of the two positions in E924 from GL 4669 to GL 4670 (ASPR Funds). Revenue GL 4669 was already being utilized for another purpose in budget account 3224.
- E924 transfers PCN 180 (Health Resource Analyst 2) and PCN 200 (Health Resource Analyst I) from budget account 3194 to budget account 3224 to manage the Public Health Preparedness activities. This will align the position and funding within the same budget account.

BA 3204 – Office of Minority Health (Consumer Health Assistance)

The Office for Consumer Health Assistance, which includes the Bureau of Hospital Patients and the Office of Minority Health, provides a single point of contact for consumers; including members of minority groups and injured workers regarding healthcare issues. The objective is to assist them in understanding their rights and responsibilities under Nevada law and health care plans, including industrial insurance policies and to disseminate information through outreach activities including counseling, education and advocacy to increase awareness of and access to health care services. Statutory Authority: Nevada Revised Statutes 223.550 and 232.467.

The Office of Minority Health has been transitioned to the Governor's Office of Consumer Health Assistance as of December 2010 to facilitate additional resources, renew community interest, and improve outreach. GovCHA intends to facilitate increased activity and expansion of OMH's mission throughout the state by combining resources and collaborations developed by the two entities. Nevada has recently been awarded federal grant funds to support the OMH for the next three years. While the funding is modest, \$130,000 per year, the grant does support a Program Manager who will be located in Northern Nevada. This will enhance the exposure of both programs statewide.

- E230 – Eliminates the Division-specific indirect cost allocation and repurposes the funds to providing direct services.
- E325 – Eliminates the funding for a vacant part-time position. This position was eliminated in order to allocate more of the federal funding to direct services to Nevadans.
- E800 – Establishes the cost allocation to the Department of Health and Human Services, Director's Office.
- E900 – Transfers the 2-1-1 program funds from the DHHS, Director's Office budget account 3150 to 3204.
- E901 – Transfers the Office of Consumer Health Assistance, B/A 1003 to the DHHS, B/A 3204.
- E902 – Transfers the salary freeze from the Office of Consumer Health Assistance to B/A 3204.
- E903 – Transfers the suspension of longevity from the Office of Consumer Health Assistance to B/A 3204.

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- E904 – Transfers computer software replacements from the Office of Consumer Health Assistance to B/A 3204.
- E905 – Transfers the reinstated Ombudsman worker’s compensation position eliminated during the 2009 session from the Office of Consumer Health Assistance, B/A 1003, to B/A 3204.
- E906 – Transfers the new contract for medical advisory support from the Office of Consumer Health Assistance, B/A 1003, to B/A 3204.
- E908 – Transfers the reduction in printing, training, and the computer technical services contract from the Office of Consumer Health Assistance, B/A 1003, to 3204.
- E909 – Transfers the continuation of grant funding for one Administrative Assistant, one full-time Ombudsman, and one part-time Ombudsman position from the Office of Consumer Health Assistance, B/A 1003, to 3204.