

**MINUTES OF THE MEETING
OF THE
ASSEMBLY COMMITTEE ON HEALTH AND HUMAN SERVICES**

**Seventy-Third Session
March 16, 2005**

The Committee on Health and Human Services was called to order at 1:33 p.m., on Wednesday, March 16, 2005. Chairwoman Sheila Leslie presided in Room 3138 of the Legislative Building, Carson City, Nevada, and, via simultaneous videoconference, in Room 4406 of the Grant Sawyer State Office Building, Las Vegas, Nevada. [Exhibit A](#) is the Agenda. All exhibits are available and on file at the Research Library of the Legislative Counsel Bureau.

COMMITTEE MEMBERS PRESENT:

Ms. Sheila Leslie, Chairwoman
Ms. Kathy McClain, Vice Chairwoman
Mrs. Sharron Angle
Ms. Susan Gerhardt
Mr. Joe Hardy
Mr. William Horne
Mrs. Ellen Koivisto
Mr. Garn Mabey
Ms. Bonnie Parnell
Ms. Peggy Pierce
Ms. Valerie Weber

COMMITTEE MEMBERS ABSENT:

None

GUEST LEGISLATORS PRESENT:

Assemblyman Scott Sibley, Assembly District No. 22, Clark County
Assemblywoman Heidi Gansert, Assembly District No. 25,
Washoe County

STAFF MEMBERS PRESENT:

Barbara Dimmitt, Committee Analyst

Joe Bushek, Committee Attaché

OTHERS PRESENT:

Dr. Stuart Stoloff, Physician, Carson City, Nevada

Louise Martin, Program Director, American Lung Association of Nevada, Reno, Nevada

Dr. Craig Kadlub, Director, Government Affairs, Clark County School District, Las Vegas, Nevada

Sally Jost, Director, Health Services Department, Clark County School District, Las Vegas, Nevada

Dr. Dotty Merrill, Assistant Superintendent, Washoe County School District, Reno, Nevada

Rebecca Black, Private Citizen, Reno, Nevada

Alivia Ely, Private Citizen, Reno, Nevada

Emily Fields, Private Citizen, Carson City, Nevada

Lisa Ely, Private Citizen, Reno, Nevada

Lisa Black, Executive Director, Nevada Nurse's Association, Reno, Nevada

Devon Reese, Private Citizen, Reno, Nevada

Carol Sala, Administrator, Division for Aging Services, Department of Human Resources, State of Nevada

Connie McMullen, Vice Chairman, Accountability Committee for the Strategic Plan for Seniors, Washoe County, Nevada

Danny Coyle, Legislative Advocate, representing Nevada Alliance for Retired Americans

Janice McIntosh, President-Elect, Nevada Senior Centers' Association, Crescent Valley, Nevada

Jon Sasser, Advocacy Coordinator, Washoe Legal Services, Washoe County, Nevada

Rosetta Johnson, President and CEO, Human Potential Development, Reno, Nevada

Elena Brady, Private Citizen, Reno, Nevada

Chairwoman Leslie:

[Meeting called to order and roll taken.] We'll open the hearing on A.B. 182.

Assembly Bill 182: Requires boards of trustees of school districts to allow pupils to self-administer prescribed medications for asthma and anaphylaxis under certain circumstances. (BDR 34-1000)

Assemblyman Scott Sibley, Assembly District No. 22, Clark County:

[Handed out [Exhibit B](#).] My children and I have severe asthma and use a variety of different treatments on a regular basis. I want to help my children and the children of Nevada be safe and healthy. This bill will allow Nevada to access federal grants and programs that will benefit the children of Nevada. This will help school nurses, and help children with asthma play and enjoy school life. The American Lung Association and others here today will give brief testimony and be happy to answer any questions and provide insight into the need for this bill. I would also like to introduce Dr. Stoloff from Carson City. He's a national leader in the treatment of asthma for children. It's an opportunity to go home today knowing we've done something for a child in distress. Thank you for your caring and consideration.

Stuart Stoloff, Physician, Carson City, Nevada:

I've been in practice for over a quarter of a century. I have been a member of the expert medical panel for the Guidelines for the Diagnosis and Management of Asthma from 1995 through the present, and I'm one of the authors of the 1997 guidelines. I'm also one of the authors of *Pediatric Asthma: Promoting the Best Practice*. I just completed writing *Pregnancy and Asthma* for the National Heart Lung and Blood Association. We're in the process of rewriting the Guidelines for the Diagnosis and Management of Asthma for infants, children, and adults. You name it, we're doing it right now.

I'm also one of the people who wrote the federal legislation that was recently passed by our President concerning the ability of children in the United States to carry their inhalers with them. I'm a member of the board of directors of Mothers of Asthmatics, the Allergy and Asthma Network. I'm very much in support of this legislation for this state. This is a disease that kills over 4,000 people per year. It has a tendency to kill children. It is a disease that is totally controllable. It is, in fact, the only chronic disease where you can offer people a normal life. Now, that requires the ability to have management of their care. To manage their care, they need education by their clinicians on how to use their medicines appropriately. But, should they have an exacerbation, they need to use their rescue inhaler, such as this Assemblyman carries with him.

They need to be able to use it rapidly and appropriately. At the same time, to remove it from the hands of the appropriate person—being the child or the young adult in our school system—is unacceptable. We do not have a school

system where every school has a nurse 24/7. We do not have people who can take on the education, let alone the appropriate administration of the medications. And if we allow these individuals in our classrooms to have their medicines, it will not interrupt their day. This includes people who have had an anaphylactic reaction to peanuts or other food products. They've been instructed in self administration of the EpiPen from Dey Pharmaceuticals—we allow them the opportunity to live, because if you do not administer that medicine within a matter of minutes, that person will die. So, I think this is one of the simplest, easiest things to do, and I encourage you to support this bill and pass this legislation.

Assemblyman Mabey:

When are the children able to self-administer? Can a kindergarten student do this? I'm just curious from your experience what age they're able to do that.

Stuart Stoloff:

We teach in our practice four- and five-year-old children how to administer and actuate their inhalers. Also, there's a thing called the Montreal Protocol, and the Montreal Protocol takes action approximately right now. The type of administration of inhalers is changing. They will be dry powder. They will also be hydrofluoroalkanes (HFAs); they're easier to administer. When you're educating the children, you use spacers. Some of the spacers—to make the administration of the medicine easier—are much more compact, so they can be easily carried on the person without a problem. So we can do it at four or five years of age. And fortunately, if you have asthma that is controlled, it is really very infrequently that you need to use your rescue inhaler. As far as the EpiPens, they are important, and they need to be carried by the person or by someone directly with them at all times.

Assemblywoman Gerhardt:

I'm curious. If the inhaler or the EpiPen got into the hands of a child without asthma by mistake or for whatever reason, is there any risk?

Stuart Stoloff:

There's really no risk. First, you have to know how to use it properly, which is an educational process. In order to use a rescue inhaler, you have to have a slow, long, deep inspiration, mouth wide open. It's a slow inhalation. Most people don't know how to do it. In order to use the product, you have to shake it each time you use it. People don't remember to do that unless they've been educated to do so. All they'll do is spray it so they won't get the product.

As far as the EpiPen, that's administered as a shot, and most people are scared of putting needles in themselves.

Chairwoman Leslie:

You've been involved in writing the federal legislation. Upon reviewing the bill that we have here, does it conform with what needs to be done?

Stuart Stoloff:

Yes, ma'am.

Chairwoman Leslie:

You don't see any problems with that?

Stuart Stoloff:

No, ma'am.

Assemblyman Horne:

I'm concerned whether or not we'll have a backup. For example, will the school nurse keep an inhaler and records on the children there? I can just imagine—as an adult I lose stuff all the time. I'd hate to think the child has lost their inhaler, just forgot it, or left it in the classroom. If we have a nurse that has another one, is that feasible?

Stuart Stoloff:

I think it's very feasible. This is an educational program that we've been trying to initiate and institute throughout the state. In fact, federally we're trying to do it at the same time. We're trying to educate not just the nurse, but we're educating the physical education departments and teachers on appropriate administration of these rescue inhalers, injection of epinephrine, and on other agents for children, such as insulin, when a school nurse is absent or when there's no one else with professional background training in order to use it. This is mandatory. In fact, after having to review this for not just this committee but rewriting the guidelines, there are school districts that actually do the education and routine administration of medications, both for diabetes and asthma, at the school. So the child will come to an office, get their regular maintenance medicine in the morning, just to verify that they've received the medication. This is happening especially in inner cities, in Boston, Chicago, Baltimore, and Detroit.

Assemblyman Sibley:

This bill enables the children to have the right to carry this product. It doesn't take away anything from the school nurses or any other programs that are in place. It just adds and strengthens the rights of children to be able to carry something that's been prescribed to them by their doctor.

Assemblywoman Angle:

I'm really excited that you brought this bill. My son is asthmatic, was diagnosed when he was three, and I wanted to ask the doctor to just talk a little bit about the independence of these children. I know my doctor told me that my son could be an invalid or he could be in charge of his own outcomes as far as his health. And could you talk about how just allowing this child to be in charge of his own medication, what that will do for a child's self-esteem and his own self-determination?

Stuart Stoloff:

First, 22 percent of the athletes in the Olympics had asthma. Sixty-three of the gold medal winners had asthma. You can do anything with asthma. The only thing you really have trouble doing is getting into the Air Force Academy, because I've had to deal with that for individuals with asthma, when you want to fly.

What you need to do in chronic diseases is give the individual—irrespective of the age, but in this case children as young as four, five, or six—empowerment over their treatment. You put the education on the level that they understand, and you empower them with the rights and the opportunities to control their care. About two months ago, I got called to the floor in the pediatric section of our local hospital to look at a 12-year-old boy who had been admitted on five occasions in the past year. He had IVs running on both arms, some other catheters, and two forms of oxygen being administered. After I got him stabilized for another physician, I asked him what he really wanted to do. What was his goal? He's 12 and he said he wants to ski race at Kirkwood. I asked if he had ever seen anybody ski racing on the racing team carrying an IV pole and wearing oxygen. And he just laughed. Then I said, "You tell me how you're going to do it when you don't take your medicine. If you take your medicine, you can race." Well, he's back racing, he's having a good season, and I periodically see him for the other physician who asked me to consult. If you give people the opportunity and you put it in the proper format with the proper education, they will take appropriate matters into their hands and they will be enthused about learning. If you tell them, "You have to take it," all you have to do is think about your own kids and what happens when you tell them they have to do something. So, the educational opportunities are there. Then it requires physicians and other healthcare providers in this state—and I'm involved in that—with trying to educate on the appropriate use of the medicine.

The actual facts on an inhaler: when you have persistent asthma, you should not have to use your rescue inhaler. What I like to see is that, when I write a prescription for a rescue inhaler, I only write for one; I write no refills. I really want them to call up and say that the inhaler has expired. They didn't use it

because of the medicines. We have some superb medications right now that are administered only once or twice a day, and they take five seconds to administer. But the issue is, under the circumstances, everyone is at risk. Everyone is at risk with an adverse event with this disease, and everyone is actually at risk for death. So under the circumstances, this is an appropriate precaution and is part of the education.

Louise Martin, Program Director, American Lung Association of Nevada, Reno, Nevada:

[Handed out [Exhibit C](#).] I'm speaking for the American Lung Association of Nevada in support of A.B. 182. On behalf of the estimated 68,000 children in Nevada under 18 with asthma, and the children with life-threatening allergies and their families, we support the ability of children with asthma to carry and self-administer their asthma and anaphylaxis medications while in school. We believe that authorizing children with asthma and allergies to possess and self-administer their medications in school promotes disease self-management.

The United States Centers for Disease Control and Prevention (CDC) recommends that schools ensure that students have immediate access to physician-prescribed asthma medications, including the option of allowing students to self-carry and self-administer asthma medications with a prescription from the physician. It helps keep children out of the hospital and keeps parents at work. It affects 6.3 million children in the U.S. and is the leading cause of missed school days. Asthma causes more than 5,000 deaths a year in the U.S. Asthma affects an estimated 1 in 15 children in the school classroom. Additionally, it is estimated that 4 percent of the general population is at risk for anaphylaxis from food allergy and insect stings. Teens and young adults with food allergies and asthma appear to be at an increased risk for a severe or fatal reaction.

Although the American Lung Association provides programs to help children with asthma, the reality is that children with asthma are at constant risk of an attack. An asthma episode and anaphylaxis can happen anywhere. In the classroom, on the playground, in the lunchroom, or on a field trip, there are many triggers that can cause an asthma episode or anaphylaxis. It can be triggered by change in weather, exposure to animals, molds, chemicals, fumes, dust, and even exercise. Major ones are dairy, meat, peanuts, shellfish, and egg. It's a reaction to allergens that can kill within minutes, as you already heard. Difficulty in breathing can happen quickly for children with asthma or systemic allergies. These children need immediate access to lifesaving emergency medication. Physicians prescribe medications to patients and, with parents' support, teach the students how to use these medications in a life-threatening emergency. When physicians prescribe lifesaving medications to patients, they

instruct patients to carry them at all times. Knowing how to use these medications is a life skill taught to children with asthma and allergies. Children with these conditions carry and use their inhalers and auto-injectors at home, at a friend's house, afterschool sports programs, church events, scouts, and many other occasions.

[Louise Martin, continued.] Children with asthma and severe allergies are healthier and safer if they're allowed to carry their prescribed medications. Even a brief delay in retrieving emergency medications can be fatal. No child needs to experience the potentially fatal struggle for air while trying to get to the nurse's or administrator's office.

On October 30th, 2004, the President signed H.R. 2003, the asthma treatment act, into law. States with laws protecting students will receive asthma-related funding preference from the federal government.

I have included a list of organizations that support the asthmatic student's rights at school act with my testimony ([Exhibit C](#)). Additionally, for the record, I have included a letter from Dr. Sonja Budecha, a pediatric pulmonologist in Washoe County. Assembly Bill 182 will qualify Nevada for the preference from the federal legislation. It will create a uniform self-administration policy for all Nevada schools and enable students to focus on learning. Nevada will join more than 30 states currently protecting these vital student rights that could prevent emergency visits to the hospital or even death. We commend you for your leadership and support of Nevada's students living with asthma and anaphylaxis. On behalf of the students, thank you for your consideration.

Dr. Craig Kadlub, Director, Government Affairs, Clark County School District, Las Vegas, Nevada:

[Handed out [Exhibit D](#).] We do have our chief nurse on standby at the Grant Sawyer Building, so if anybody has any technical questions we could direct those to her. I would like to start by saying we are in support of A.B. 182, and many critical points have been made here today, so we certainly empathize with the need.

My purpose is to bring your attention to a couple of amendments that we would like to offer ([Exhibit D](#)). It's important to know they do not substantially change the nature of the bill. In the handout, you can see that one thing that we would like to do is substitute the principal and/or school nurse in place of the board of school trustees. Part of the reason that we want to do that is because we think it's more expedient to handle the approval process at the school level. Another part of that reason is if the proportion of asthmatics in the general population is comparable to our student population, then that means we may

have as many as 25,000 of these requests coming before our board each year. And we just don't feel that that's the most efficient use of time, nor is it the most efficient approval process.

[Craig Kadlub, continued.] In Section 1, subsection 3, it talks about not creating any liability on the part of the districts. Our general counsel would like to see that strengthened, and you can see the underlined language that we have asked to be included that would assure a greater level of immunity for schools that are following these protocols. Other than that, again, we're in support of A.B. 182.

Assemblywoman McClain:

So this would give a principal the opportunity to say no?

Craig Kadlub:

I don't believe so, as long as the protocols have been followed. I'd like to defer to Sally Jost in Las Vegas, because as you'll hear from her, we're already doing this in Clark County, so I think she can tell you what latitude a principal has or doesn't have.

Sally Jost, Director, Health Services Department, Clark County School District, Las Vegas, Nevada:

As Mr. Kadlub mentioned, this is our current policy, and it has not presented any issues. We actually have the parents present these requests, and the items that are listed that would be required under Section 1, subsection 2 are essentially the same things that are in our current policy. Regarding the question that came before about having any problems with abuse—with the items being stolen or misused—we really have not had any of those occurrences.

But to think that in a district this size, these requests would go to the board of trustees, we felt that would be a very lengthy process for parents. Our amendment is really only to say that we would like for those parental requests to go straight to the principal and school nurse. We realize that not every school has a school nurse, and that's certainly the same here, but every school has a principal, and it would not change the fact that as long as all of the requirements are met, that would be what the child is allowed to do. So, there wouldn't be any decision making as long as all these requirements had been met.

The other reason we wanted to include the school nurse is that there had been no mention of the school nurse in the legislation as it has been originally presented. We feel that the school nurse is an important part of this process. The way we currently manage the process, not only does the school nurse make note of the fact that the student will be carrying an inhaler or has the

EpiPen, but the nurse also prepares an emergency response plan that's available to other staff members so that other adults who are around the child are aware of the fact that there may be an emergency.

[Sally Jost, continued.] Additionally, for the students who have EpiPens, we feel it's important that we would also train some backup adults to be available in case the student would not be able to respond in the emergency. So, as a practice, we train two backup adults and then we do a verification of that training through the school nurse.

So we, like other school districts, don't always have a nurse available, but we have made it our policy that there would be people who are trained to provide those services. As to the question regarding what happens if the child would forget their medications, that is certainly always a concern of ours, because it can happen. We do encourage parents, whenever it's possible, to give us a backup set of the medications so we can keep it in the health office, and we then manage them the same way we manage our other medications, which is really in line with how this legislation is written. It's also good practice for us to be able to train other adults to be there for the emergency, so that there's a backup for the child.

Assemblywoman Weber:

If a child changes schools—because there seems to be zoning changes that happen; kids go to different schools—does that prescription go with the child or do they have to start over again with a new principal?

Sally Jost:

No, that medication release just goes with them so we can send it from one school to the next. The parent can also fill out another request at the school if they get there before the transfer of the information. Then we can just move it from the prior school, because we'll have the physician's prescription as well as the request from the physician. Our practice has been very similar to this. If we have a student where not only was the parent making the request for the student to carry the medication, but we also have the request from the physician and verification from the physician that they felt they were mature and able to do it, then we would allow the student to self-carry.

Assemblywoman Weber:

Are there any other medications where children or students self-administer—for example, insulin, Imitrex for migraines, or anything of that sort—on a related note?

Sally Jost:

There are a lot of medications that children self-administer. You will see that at the middle school and high school level, but even in the elementary schools, students are administering their own insulin. You even have students now on insulin pumps, so there are a variety of medications that bring students to the health office and they self-administer. The decisions are made—do they need to come to the health office, or can they actually just be taking care of those procedures in another environment? So, we try to work with the parents to make those decisions. But in the instance of the inhalers and the EpiPens, they're generally ones where people are going to need them when they're out and away from the building—perhaps out at PE [physical education] or in their classroom—as the other people have discussed.

Chairwoman Leslie:

In your experience, have you ever approved a child to self-administer and then discovered that he or she was not able to do it? Have you ever had to backtrack, and how do you handle that if you do?

Sally Jost:

We actually have never had to withdraw that. I think the procedure would be if we were seeing that the child was having difficulty with self-administration, to contact the parent and go back and look at what the student's education had been and try to work with the parent to re-educate. But certainly there are problems, occasionally, where the children forget just like the rest of us, and that's the biggest problem. It's not always easy for a family to be able to have the backup medication in the help office. However, our staff also knows that if there's an asthma attack, an emergency, and there isn't medication available, we can call 911, because they will respond. There isn't any charge for them to just respond, and they also have protocols for emergency measures. So that would be the backup if it's forgotten and there wasn't a backup in the health office.

Chairwoman Leslie:

How many times has that happened in your experience where you've had to utilize that backup?

Sally Jost:

We have to call 911 intermittently. I don't have any numbers, but it wouldn't be just for children who had forgotten their medication. I can remember a particular instance of a teenager who was in the help office. We were waiting for the 911 people to respond, trying to find out from him where his inhaler was, and he did have it with him but it was out in the car. Still, there was the whole variety of reasons why it might not only be lost or someplace different, or they might have

the emergency and forgot to take it out with them. But that does really emphasize the importance of having adults who are in the building who are also aware of the student having the condition, and having the medication with them and knowing what they need to do to respond as backup.

Dr. Dotty Merrill, Assistant Superintendent, Washoe County School District, Reno, Nevada:

Both of the school districts already have in place the kind of plan that's proposed here. We certainly support the amendments that Mr. Kadlub has presented on behalf of the Clark County School District ([Exhibit D](#)). In our district, we call this an "individualized health care plan," a variety of individuals that are involved in it. It's primarily under the coordination of the school nurse, as the professional in our district.

It involves a variety of people in the Clark County School District, including others in the school setting who may be called upon if there's an emergency situation. We believe this is an important thing to address, and we encourage your support for the amendments from the Clark County School District.

Rebecca Black, Private Citizen, Reno, Nevada:

[Distributed [Exhibit E](#).] I'm 14 years old, and I'm an eighth grader at Billingshurst Middle School in Reno. I've done competitive Tae Kwon Do since I was seven years old, and I received my secondary black belt in 2003. When I was training for my secondary black belt test, I was diagnosed with moderate asthma that was triggered by exercise, cold air, stress, and smoke. I learned later that asthma affects 17 million Americans, and that more than 1 in 20 children have asthma. Also, Nevada has the highest rate of childhood asthma in the country, and children in Nevada have died of asthma while at school. An elementary school boy died on the playground a few years ago right here in Carson City. If he had been allowed to carry his asthma medication, he might not have died.

I want you to know what it feels like to breathe when you're having an asthma attack. If you take the straws you have and breathe through them normally—right now your lungs look like this. Now, pinch off the end of the straw so that only a little bit of air gets through the straw. This is what it feels like when you have an asthma attack. If you're really having an asthma attack, your lungs would now look like this. Now, let go of the end of the straw and that's what it feels like after you use your inhaler to treat the attack. Imagine if I told you that you couldn't let go of the straw for 5, 10, or 15 minutes, until a responsible person could be found to help you do what you already know how to do because they didn't trust you could do it safely yourself.

[Rebecca Black, continued.] After I was diagnosed with asthma, I started taking steroid medication every morning and night to decrease the inflammation in my lungs, and I use the inhaler when I have trouble breathing. I was able to continue to train and I was qualified because I was always able to carry my asthma inhaler with me. When I went to test for my second degree black belt, I was not able to keep my inhaler while I was testing and I had trouble breathing on and off all day. Since I knew my asthma symptoms got worse when I was stressed and exercising, I made sure my instructor had my inhaler with her since I couldn't have it with me. During the test, I started wheezing really badly and couldn't breathe. The first instructor who came over told me I was fine and to keep going. I couldn't find my instructor who had my inhaler. By the time she found me lying on the floor, my lips and face were purple. I was wheezing really loudly and feeling dizzy. This time span was probably less than five minutes. If it had been longer, if my instructor did not have my inhaler, and if they had to find my mom, I could have become very sick and possibly died. If I had my inhaler with me, I would not have had nearly as bad an attack because I know when I'm getting into trouble and when I need to use my inhaler. I would have used it long before things got that bad. If I had been at school, out on the field, and somebody had to find the nurse to get my inhaler, I would have almost certainly become a lot more sick than I did.

Sometimes people think that children don't know how to use medicine responsibly and that it can be dangerous to let us carry medicine at school. Children with asthma know the green light, yellow light, red light asthma signs. The reality is that children with asthma are really the experts about their own disease, and they know when they need to just take a break and breathe and when they need to use their medicine. Most of the time, there's not a nurse at my school. So, if my inhaler was locked in the office, there would not be a knowledgeable medical person to help me get it and use it. Children with asthma carry an inhaler with them at home and at other activities, and while they're there, they use the inhaler independently. If they can use it outside of school, shouldn't they be able to use it during school? And, almost always, they know more about how to use their inhaler than their teachers or school office staff do.

Please act to support the health of Nevada's children with asthma by letting them carry the medicine they need to treat their asthma symptoms. They know how to use them safely and responsibly. Keeping asthma medicines in the office where they're not accessible to the child can make the difference between life and death for a child like me. Please support A.B. 182.

Alivia Ely, Private Citizen, Reno, Nevada:

Before I begin, my mom wanted me to show you that I have six different medications that I take every day. I have Allegra [fexofenadine hydrochloride] and Singulair [montelukast sodium], and there are also other ones I don't take daily. I don't have to take my epinephrine daily or my Benadryl. When I was ten and a half, I had an asthma attack and went into cardio-respiratory failure at the rib cookoff. The epinephrine that the paramedics used saved my life. I had to be intubated so they could get oxygen into my lungs. The first one they couldn't get in so they had to put another line in me and they just kind of shot epinephrine down so that my lungs would open. It's important for me to be able to carry my inhalers and EpiPen at school. They had to do CPR a few times to get my heart started, and I'm afraid if I don't have my EpiPen, and I need help on the playground, and I can't breathe, and I can't reach my cell phone to call 911, I'm just afraid that if I ask someone for help, they might not make it in time. Everyone in my school's office know how to work my epinephrine shot—my EpiPen—but I might not make it. I could collapse in the hallway, on the way out to the playground, or in the middle of the hallway, or the quad, and I might not make it. I might not be able to have enough energy just to say, "Help me."

There are a lot of teachers at my school, but during recess they're either working really hard, eating lunch, or out on duty to watch other kids. There are over 900 kids at my school, because we have one of the fastest-growing schools in the district. I just need you to pass this law for me and other kids.

Emily Fields, Private Citizen, Carson City, Nevada:

I'm 13 years old. I'm in seventh grade at Carson Middle School, and I have asthma and food allergies. When I was two years old, I ate a macadamia nut, and in a few minutes I was in anaphylactic shock. I became unconscious and was not breathing. The hospital gave me epinephrine and it saved my life. The doctors told me I'm allergic to fish, shellfish, and many different kinds of nuts. Even a small amount of this food can start a reaction. My doctor told me that if I ate a piece of macadamia nut, I could start a reaction and die within minutes unless I gave myself an injection with my EpiPen. I'm supposed to keep it with me at all times, and use it even if I'm expected to be exposed. My mom invented a holder for my EpiPen so it's with me at all times. I also have one for my inhaler, but right now, because of this law, I'm not allowed to have it with me at school, which could easily cause me death if I get any type of nut or if I'm exposed to seafood. I also have asthma, and I carry my inhaler with me everywhere. I've known how to use my inhaler since I was four years old. I have done sports my whole life. Without my inhaler I wouldn't be able to do things I love. When I run or am around pollens, I get really short of breath fairly easy. When I feel I am short of breath, I have to immediately take my inhaler. If I wait too long I feel like my lungs will collapse within me. This feeling is so

scary, and I would never want to go through it again because of a law that won't let me carry my medication.

[Emily Fields, continued.] I've learned to take care of my disease. I feel strongly that children should be allowed to have their meds with them when they need to use them. We shouldn't have to worry about dying because we can't carry around something that could easily save our lives. Saving the minutes it takes to locate the school nurse might be saving the life of an allergic kid like me. Having an inhaler and EpiPen with me is critical. If I wasn't allowed to carry it around, I don't know what I would do. It's really scary for me to think about. I have never been away from them before, because I'm paranoid. I am allergic to so many different things, it could happen any time, anywhere. I'm scared to eat something if I have my EpiPen, and I couldn't even imagine what I would do if I didn't have it. Taking away my inhaler and EpiPen would easily be just like taking away my life.

Chairwoman Leslie:

As we move this bill forward, I know every Committee member will be thinking of you, and the information that you brought forward today makes it very real to us.

Assemblyman Horne:

Rebecca, when were you first diagnosed with your asthma? Karate and martial arts can be very fatiguing. How often have you had your symptoms to where you've had to stop and take your medication?

Rebecca Black:

When we get ready to test, our instructor puts us through, basically, a boot camp. We end up running three miles every Saturday morning. It's just too much for me, and I start having symptoms right after the first mile. It's scary.

Assemblyman Horne:

I was impressed by your testimony. Also, just a comment: I don't think anybody on this Committee would think about not voting for this bill. The last thing a child should be thinking about is whether or not they're going to be in a position where they could die while they're playing.

Lisa Ely, Private Citizen, Reno, Nevada:

I'm the mother of Alivia. I'd like to tell you why I support A.B. 182. About two years ago, I remember hearing a story about a little girl, about 12 years old, and she had a fatal asthma attack on the playground. I remember thinking to myself, my gosh—what those parents must be going through, and how could they ever

survive that. We would never have to deal with anything like that in our lives; how fortunate we are.

[Lisa Ely, continued.] Our daughter has had asthma since she was about a year to a year and a half old. In August of 2003, while we were at the rib cookoff, Alivia complained of a stomach ache. We thought it was something she had eaten, so I took her to the ladies' room at the Silver Club. Within minutes, she was on the floor, not breathing. I called my husband, and I told him that she was crashing, that I didn't know what was happening, and that I needed him there and to go get help. He rushed into the restroom, we pulled her out of the stall that she was in, and she was already turning ashen. By the time he left, I was coaching her to breathe. Her inhaler wasn't working. I coached her and coached her, and I watched her take her last two breaths. I knew that it was out of my control. This was totally something that I couldn't fix.

It took a couple minutes for paramedics to get there. Sparks Fire responded, REMSA [Regional Emergency Medical Services Authority] responded. We had quite a few people stacked in the women's restroom—men in a women's restroom is kind of controversial. It took them about five minutes to resuscitate her—they had to do CPR [cardiopulmonary resuscitation]—and they were ready to paddle her. It was an experience I couldn't even fathom before having to go through it. They couldn't get the line into her throat, it was so locked up. They had to shoot the epinephrine down the tube to get her throat to open. She coded for about five minutes.

After all this was over, we spent approximately a month in the hospital—between here and Denver—trying to get her lungs healthy again. She missed approximately six to seven weeks of school last year from this whole incident. I just want to say that on behalf of our children who have these diseases—these lung conditions—this is so vital to my child. She has to carry EpiPens with her, and she has to carry her inhalers with her. She's been diagnosed with acute fatal asthma, which is as extreme as it can get. With her condition, she not only has to be EpiPinned once, she has to be pinned twice, because she has adrenal insufficiency. Her little body decides that when it's shutting down, it's shutting down. And I just want to say that when your child looks up at you from the hospital bed, and out of the blue just says, "Mom, it doesn't hurt to die," that's pretty much an impact. I never want to hear those words from her again.

Lisa Black, Executive Director, Nevada Nurses Association, Reno, Nevada:

I am going to make my comments very brief, and defer to the testimony of the real experts on this issue. That is the testimony of the children that you've already heard from. In short, they are fully capable of managing their asthma. Children at a very young age learn this as a life skill. On behalf of the Nevada

Nurses Association, I urge this Committee to please support A.B. 182, and to please advocate for the health and the safety of our children who attend Nevada schools.

Assemblywoman McClain:

I'd like to put this statement on the record from the Task Force for Fund for a Healthy Nevada—I chair that task force, and Dr. Hardy is on the committee as well. We heard testimony at one of our meetings from the chronic disease prevention program—the Health Division—that told us Nevada was missing out on grant funds simply because we had not recognized asthma and the impact of asthma on public health in our state.

We had instructed staff to draft a letter in support of A.B. 182 to this Committee, encouraging the committee to draft a resolution recognizing asthma as a public health issue in Nevada. In addition, the task force has a statement of support, which is to ratify the State of Nevada's commitment to asthma prevention and the protection of children with asthma by proclamation, statute, or regulation, including language which specifically allows children to take certain asthma medication and inhalers to school and assurance that policies of insurance issued in Nevada, including Medicaid, cover major treatment modalities related to asthma care. That may include counseling and/or certain drug treatments.

The Task Force for Fund for a Healthy Nevada lends its full support for this legislation.

Devon Reese, Private Citizen, Reno, Nevada:

I suggest that the Committee also consider including the fact that the federal government, under Section 504 of the Rehabilitation Act [of 1973], requires that states, and especially school districts, seek to accommodate disabilities where they arise. In fact, asthma in various stages, and especially life-threatening food allergies, are included among those things which can qualify as a disability. In passing this legislation you not only strengthen our ability to obtain grant funds, but you also have the opportunity to strengthen the resolve of Nevadans in support of principals and children who need to have reasonable accommodations. They can point to this particular legislation.

The only other thing I would comment on is the Clark County School District suggesting that, perhaps, the area of liability might be strengthened. I have not seen the amendment ([Exhibit D](#)) so I can't speak to it specifically, but I will say that 32 states have already considered similar legislation. Based on my research—which I hope is complete—no state has faced a lawsuit rising out of that legislation. So my research should give you some strength in knowing that

even as it is drafted now, without any amendments—and perhaps the amendments are appropriate—it would provide some comfort in providing school districts with some limitations on liability and not acceptance of a further duty.

Chairwoman Leslie:

[[Exhibit F](#), [Exhibit G](#), [Exhibit H](#), and [Exhibit I](#) were submitted in support of [A.B. 182](#).] We'll close the hearing on [A.B. 182](#).

ASSEMBLYWOMAN PARNELL MOVED TO AMEND AND DO PASS
[ASSEMBLY BILL 182](#).

ASSEMBLYWOMAN ANGLE SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

Chairwoman Leslie:

We will open the hearing on [A.B. 176](#).

[Assembly Bill 176](#): Requires portion of money in Fund for a Healthy Nevada to be used to provide dental benefits to certain senior citizens. (BDR 40-347)

Assemblywoman Kathy McClain, Assembly District No. 15, Clark County:

Last session I had a bill to provide some dental services for our senior citizens and could not get an appropriation. However, I did get a letter from the Ways and Means committee in support of a pilot program, so we went to the independent living grant money and we were able to use \$100,000 for this pilot program. The program itself took quite a while to get off the ground, but once it was up and running, it turned out to be really successful. It definitely showed the need out there in our senior community. In approximately three months of work, they had seen about 50 clients. They had provided many thousands of dollars of market value services for under \$50,000 at that time. I think Carol Sala is here today, and she can give you updates on the actual numbers.

The intent of [A.B. 176](#) is to turn this into a permanently funded program. The need has been demonstrated to be out there. It's a health issue for our senior citizens. It's an issue of nutrition. It's an independent living issue, and it's very much needed. I remember one of the ladies who had some dental work done because she didn't have any teeth at all. She was so happy and so thrilled because now her grandbaby didn't cry when she looked at her grandma.

[Assemblywoman McClain, continued.] In looking for funding for this program, we thought about a lot of different sources. I think tobacco money is probably the best, because part of the money is earmarked for services for seniors. So, we would like to be able to take a portion of the independent living grant funding. It is an independent living issue, and it's less than 10 percent of the total funding allocated for independent living grants. I think it's an appropriate funding category, and I would very much like your support.

Assemblyman Horne:

I'm just curious. About how much do you think—you were suggesting the tobacco money?

Assemblywoman McClain:

Five hundred thousand per year, and we're estimating that that would probably cover complete dental services for 200 to 280 seniors statewide. There are several different organizations now that are looking into senior dental programs. So it would be grant funded. They would have to apply for this grant money. There's Miles For Smiles, Nevada Health Centers, a consortium starting for oral health issues in the state of Nevada, and the Dental Association. There are a lot of these organizations out there all wanting to do something, and they're starting to come together. By providing them with some funding, I think it would actually snowball into a huge program where we get lots of pro bono and help from labs.

Assemblywoman Angle:

I need to know about these tobacco settlement monies, because we've been hearing they're going away. I'm just wondering how we can count on this money to keep funding this year after year if they're actually decreasing. Have you thought about that and where this money might come from if that should happen?

Assemblywoman McClain:

Absolutely. Tobacco money will be around for several years yet—I think into 2020. It's dwindling every year. One of the things about the grant funding of tobacco money is that, up front, we tell the grantees that they need to be looking at sustainability on their own, knowing that this is not a long-term fix for any programs. And the other part is becoming sustainable on your own means you can free up some of this grant money for other new programs. They can get a pilot going, get their legs under their program and then go to other different funding sources. One of the funding sources out there right now is Harrah's, the casino company. They are looking at buying a Miles for Smiles van for senior services. So, there's private industry out there. There are partnerships we can do with the dental school and with some of these other consortiums.

We don't want the pilot to die. We want to keep it going for the next several years so we can work on those issues and get more grant funding.

Assemblywoman Weber:

I wanted to also remind myself, or help me remember, that on the Fund For A Healthy Nevada, do we have a request also for optical? Was that out of the same fund?

Assemblywoman McClain:

No. I have three bills. The one bill only gives authority to include dental and vision under the Senior Rx program. There's no funding in it. The other one was a \$200,000 General Fund appropriation for vision pilot program only. Finally, this will be ongoing funding until we can find other funding sources or to continue the dental program that has already started.

On page 5 of the bill, lines 1 through 4, about having the approval of the task force, this should be deleted. Most independent living grants are not approved by the task force specifically; it's just through the Division for Aging Services, so we can take that part out.

Chairwoman Leslie:

You're suggesting we delete lines 1 through 4 on page 5?

Assemblywoman McClain:

Yes.

Carol Sala, Administrator, Division for Aging Services, Department of Human Resources, State of Nevada:

I'm here to provide information regarding the independent living grants as they currently exist under the Division for Aging Services. The Division certainly recognizes the need for dental care for seniors, and we all know that poor oral health compromises so many aspects of a person's overall health. The Division currently supports 64 grantees under independent living grants (ILGs). In fiscal year 2004, 20,653 seniors received services through the independent living grants. These grants, as they're set up currently, are on a two-year funding cycle. The Division is just beginning the second year of the funding. So if the dental program funding were to begin, for instance, in July 2005, the Division would need to start notifying our current grantees right away to begin decreasing services as the funding for their second year would be decreasing. The base budget amount for our independent living grants in the Division's budget for 2006 and 2007 are decreased by \$923,000 for fiscal year 2006 and \$969,000 in fiscal year 2007, and they're decreased by the most recent projections of tobacco settlement funds by the Treasurer's Office. That's what

is written into our current budget. The decreasing revenues mean that less funding will be available to grantees for fiscal year 2006 and fiscal year 2007. Earmarking the \$500,000 for the dental program would require current grantees to decrease their funding by 9 percent. Further, currently, the Division funds two dental pilot projects with ILG funds at a total amount of \$175,000. One is the Miles for Smiles, as mentioned by Assemblywoman McClain, and the other one is a fairly new pilot project in Northern Nevada through the foster grandparent program, utilizing a local dentist who is providing about \$11,000 of his own money toward that project.

Chairwoman Leslie:

Let me see if I can repeat what you said—tell me if I'm understanding it correctly. The first decrease you talked about is happening anyway, because the tobacco funds are decreasing?

Carol Sala:

Correct; \$923,000 and \$969,000 for fiscal years 2006 and 2007.

Chairwoman Leslie:

Are you going to notify the grantees or apply it across the board?

Carol Sala:

Those will be affecting the next round of grant awards or requests for proposal. So, yes, whenever we put a request for proposal out, we give them a ballpark figure of what's available that year.

Chairwoman Leslie:

I thought you said we're in the second year.

Carol Sala:

We're in the second year of current funding.

Chairwoman Leslie:

Those people are not going to see the decrease, just the new grants.

Carol Sala:

Correct. We always let our grantees know that the funds are contingent on availability, and as Assemblywoman McClain mentioned, we do emphasize sustainability and to look at sustainability.

Chairwoman Leslie:

That decrease happens with the new grantees, not the old grantees.

Carol Sala:

Correct.

Chairwoman Leslie:

Then if this bill were to pass, you said it would affect the current grantees, decreasing it by 9 percent across the board?

Carol Sala:

Correct.

Chairwoman Leslie:

That would be your approach?

Carol Sala:

Right.

Chairwoman Leslie:

Including the two dental projects that we have going?

Carol Sala:

We would have to look at that, but we try to make decisions based on performance. We do have our grants and projects analysts out there looking at performance, and when we do make a funding decision with grantees that come back in a new funding cycle, we make the decisions on funding based on performance.

Chairwoman Leslie:

I'm just trying to understand what the options are, if this bill passed. You could also choose, perhaps, not to decrease existing grantees but to make less money available for the second round?

Carol Sala:

With the two-year cycle, the same grantees come in for their second year of funding. So, it's not new grantees coming in the second year of the two-year cycle. We grant the money out annually, but it's a two-year cycle, so they can usually come in and ask for the same amount. At times we do have to cut them with the decreasing amounts, so there would not be new grantees coming in the second year.

Chairwoman Leslie:

Come back to the beginning of the argument. I misunderstood with the decrease in the tobacco money, it's the same people. You're just not going to apply it next year, but the following year?

Carol Sala:

The next round of funding would be a decreased amount, because of the decreasing projections. And then on top of that, it would be another decreased amount. I apologize.

Chairwoman Leslie:

And on top of that, some people may not be renewed if their performance is not adequate?

Carol Sala:

Correct.

Connie McMullen, Vice Chairman, Accountability Committee for the Strategic Plan for Seniors, Washoe County, Nevada:

I'm here in support of A.B. 176, supporting the funding of the affordable program for senior dentistry, which I personally have tried to bring to this area since 1996. As previously stated, dentistry has been a priority of the Accountability Committee for the Strategic Plan. As you are aware, the pilot program in Clark County has been successful in treating some 64 seniors who received a total of 778 treatments. This, to me, is evidence that prior treatment or even preventive care was needed for a lot of these people, that they just waited too long. Good oral hygiene promotes good health and nutrition, as well as quality of life outcomes. It can be life saving. Without good dental hygiene people become frail. They fail in maintaining their strength and self-directing their own care.

Having said that, there's some concern about the independent living grant money. We heard it earlier in testimony from the Division for Aging Services budget that, when the CHPS [Center for Health Policy Studies] and homemaker money came up, those programs really should have been included in the General Fund. Maybe if they were included in the General Fund we would have extra money to look at some of these other programs. There are over 70 programs that are funded by independent living grant money statewide. That's a lot of programs. Perhaps those programs should be reviewed for essential services, if they are indeed. I believe that dentistry is an essential service. Like I said, it is life saving, and I support it, so I hope you will consider it very seriously.

Danny Coyle, Legislative Advocate, representing Nevada Alliance for Retired Americans:

Our organization supports A.B. 176. I was prepared to speak to the needs of the program, but the young lady to my right explained that probably better than I could. Especially with two physicians sitting on your Committee, there's no need for me to go into why oral hygiene, dental care, and post-extraction

complications are really necessary. The big problem seems to be the funding—where the money is coming from—and not for the need of the program. I wish I knew whether there was a pot of gold under the rainbow I could point you to so this funding could be continued on in perpetuity, but unfortunately, I don't. They probably have a better handle on it than I do. So again, I just come to offer my support of A.B. 176.

Chairwoman Leslie:

I would just note for the committee that this bill does have a concurrent referral to Health and Human Services and then goes to Ways and Means. Perhaps with the money, as Connie suggested, there might be a better way of funding this. I think the only concern would be taking from one needy group and giving it to another. I think that's the crux of the matter, which is a problem.

Janice McIntosh, President-Elect, Nevada Senior Centers' Association, Crescent Valley, Nevada:

I'm reporting on behalf of some individuals that could not be here today. This letter that I would like to read to you comes from the Lyon County Human Services ([Exhibit J](#)). They agree with the remarks made earlier. I don't think there's any doubt in anybody's mind that the dental services are not needed but there are many other services that are essential to seniors also. So I'm going to read this letter on behalf of Lyon County Human Services.

[Read from [Exhibit J](#).]

We would like to comment on A.B. 176, which proposes to take \$500,000 from the independent living grants (ILGs) in order to provide dental services to low-income seniors.

Currently, Lyon County Human Services receives money from ILG funds to provide case management, advocacy, and transportation to older adults throughout Lyon County. This is an extremely large area, including the communities of Dayton, Fernley, Mark Twain, Moundhouse, Silver Springs, Stagecoach, and Yerington. As you're aware, Lyon County is one of the fastest growing counties in the state and, subsequently, the nation. The communities of Dayton and Fernley are rapidly expanding, and retired seniors are a significant portion of the population moving in.

Due to the rural location, few services are available in these communities to meet their needs. The majority of older adults are forced to seek out services in the urban communities of Reno, Sparks, and Carson City. Not only is it extremely challenging to learn of these services, but even more difficult to travel to these

services. In the past three months, ILG transportation provided over 500 rides to Lyon County seniors for medical appointments. With the lack of public transportation, ILG funds are providing the primary transportation services for seniors in Lyon County. Even more concerning is the number of frail, isolated seniors that would be affected by the reduction of these funds.

[Janice McIntosh, continued.] Nearly 100 frail, home-based seniors receive case management services from ILG funds in order to access needed services and programs, such as personal care, life line and Medicaid. Without a case manager to seek out and coordinate these services, many of these individuals would never be linked to this assistance. Instead of reacting to a crisis, ILG funds enable us to provide preventive services to older adults to enable them to live a healthier, higher quality of life in their homes. We urge you to consider the number of older adults that would be affected by this funding cut. Although it's recognized and respected that dental services are needed, we also want you to recognize the negative impact that you will place on many low income seniors with the reduction of current ILG funds.

Not only are we concerned about the reduction in our own services, but also the services that are provided by fellow ILG grantees, which we see the benefits of daily.

We ask that you consider removing the entire amount of \$5,000 from ILG funds alone and consider spreading the amount across other recipients of the Fund for a Healthy Nevada. We thank you for your time and request you give further attention to this matter.

As a senior center of Carson City, I have to cheer this effort on. We may be the capital but we have our own challenges also, dental being one of them. We do have to send a lot of people to Washoe County for help, but we have a significant number of other services that need help. And I do know this would have a tremendous impact in this state. These programs have done so much for people, and I hope that you take this into consideration when you make your vote.

Chairwoman Leslie:

It sounds like you're for the policy, but you'd like us to find a different way to fund it or spread it out further so the impact isn't as great on one group. Is that fair to say?

Janice McIntosh:

Absolutely.

Jon Sasser, Advocacy Coordinator, Washoe Legal Services, Reno, Nevada:

I want to echo the points made. I signed in as neutral on the bill. Dental services are hugely important, and moving forward to fund dental services for seniors, I couldn't think of a more important thing to move forward. The source of the funding gives trouble. I spoke with Marietta Bobba, the director of the Washoe County Senior Services program. She wanted the Committee to know that in Washoe County they receive, at the current time, \$348,200 from the independent living grant. Those grants provide case management, representative payee, advocacy legal nursing, and mental health services to seniors. She's concerned with the declining tobacco funds over the next two years, that those grants will be cut already, and another cut on top of that as a result of, in essence, having the Legislature make the decision, that it is more important to spend this half million dollars in this way than following the old process of having the Division based on its experience with the program, deciding what the priorities are. So she has some concern about that, and I'm expressing those for her today.

I would comment on changing the formula. As the Chair probably knows, the law basically sets a very strict formula:

- Ten percent for people with disabilities
- Ten percent for children
- Twenty percent for tobacco prevention
- Thirty percent for independent living grants
- Thirty percent for Senior Rx.

So, if you deviate from that formula, you'll have to amend the current law to go there. And, I think, as we know that might be problematic. Thank you.

Chairwoman Leslie:

[[Exhibit K](#) was submitted in opposition to A.B. 176.] We'll close the hearing on A.B. 176, and we'll now open the hearing on A.B. 177.

Assembly Bill 177: Creates Steering Committee for Systems Integration Pilot Project for Seriously Mentally Ill Persons. (BDR S-492)

Assemblywoman Heidi Gansert, Assembly District No. 25, Washoe County:

Assembly Bill 177 creates a steering committee to develop and implement an action plan for integrating and coordinating resources and services for mentally

ill persons. What it does is expand on the work that took place. There was a commission that was created in 2003, called the Nevada Mental Health Plan Implementation Commission. And the purpose of this commission is to expand on their work, given that commission expired on January 1, 2005. With me is Rosetta Johnson, the person who created the concept for this steering committee. I'll turn it over to her so she can tell you about it.

Rosetta Johnson, President and CEO, Human Potential Development, Reno, Nevada:

[Distributed [Exhibit L](#).] I'm here to testify in support of A.B. 177, and I thank you for this privilege. I have been an advocate for half of my life—it seems like all my life—I went seeking for the best possible treatment for my son's mental illness as well as benefiting many like him and their families.

Assembly Bill 177 is the expansion of the three pilot groups that were formed in 2003 to address fragmentation, duplication, and gaps in systems that the mentally ill traverse to get treatment. There's been a significant amount of effort made, but without the legislative endorsement, our sphere of influence has been severely limited. I want to give special attention, thanks, and gratitude to people on the line in the Department of Mental Health, Department of Corrections and Prisons, and HIV/AIDS public health section for their service. These people went ahead in addition to their regular work and spent time on their own—without any compensation—to move forward the concept of integration. I especially am impressed with Department of Corrections and Parole and Probation. In my own experience, my son never had to be in prison, but I never realized how connected the parole and probation and Department of Corrections were, and how important these two entities were in the health and well-being of a person who is mentally ill and then finally released. What I found out was these people never talked to one another until we had a meeting in May 2003, when we got together. At that time, I learned they never spoke together. And I wondered how that could be. How could anyone who is a paroler interact with someone with mental illness when they have no idea what that is? Since then there's been a lot of cross training, voluntarily, between the groups, and the latest I've heard is that within the agency itself—Department of Corrections with Parole and Probation—vertically in that environment, there was another mental health unit that was independent from another one. About two months or so ago, they finally got hooked together, and they're now working together. So, systems integration means exactly that. We would involve all the different agencies that our people have to go through in order to get treatment. We would look at each system vertically, and then horizontally to the other agencies.

[Rosetta Johnson, continued.] I urge you to pass this bill that the federal government confirms is necessary. Also, passage of this bill would position Nevada for obtaining \$3 million each year for five years that the federal government is offering. Thank you.

Chairwoman Leslie:

On page 6 where you outlined the steering committee, it seems like a lot of people. When we put the top people down there, we have some language, "or their designee," in case they can't attend—the sheriffs and the chief of police. Then we talk about family members of a person who has a serious mental illness and has served a sentence of imprisonment. That seems to me, unless I've overlooked it, to be the only place where we've overlooked family. I wondered if you or Mrs. Gansert would comment about the makeup of the steering committee.

Rosetta Johnson:

You remember David Wordheimer. He worked with me on the first conference on systems integration. I asked him about that, because I felt encumbered, but I wanted to bring everybody in there. And he said that in his own experience, a large steering committee doesn't necessarily limit the performance of that committee. In his experience, what happens is that usually there are not that many that come together, but towards the end when you have to pass something and really make something happen, it's important that they're there.

Assemblywoman Gansert:

Concerning a designee, it's actually in here. It's just not written as you might expect. It's in, I think, number 3, that each member of the steering committee described. I missed it the first time. I read this too, because it usually says "or an agent" after each individual. And we have discussed the size of the committee, and Rosetta, I think, believed she needed all those different individuals from different sectors to brainstorm together. I think we discussed that work sessions would probably happen within these groups. Work groups would get together and perform a lot of the work, then they would just have occasional meetings of the entire committee.

Assemblyman Mabey:

I'm not familiar with this Nevada Mental Health implementation. Can you tell me more about that? Are we going to receive more testimony about that today?

Rosetta Johnson:

Without the integration, without everybody coming together, you're going to have a hit or miss kind of thing, depending on the six or seven different recommendations that the commission made. Now, the federal government has

come out with a definite statement. They want transformation of the mental health system, and if you get a copy off the Internet, it is amazing how similar they are. The grant for this large opportunity is very much the same as the systems integration. I don't know if I answered your question.

Chairwoman Leslie:

That's a very good point, Dr. Mabey. We'll arrange for that, perhaps as soon as Monday. We'll have someone come in and give that report.

Elena Brady, Private Citizen, Reno, Nevada:

I'm the mother of a son with mental illness. He's 20 years old. He's doing well, and has benefited from and been a part of the programs of integration. I'm really thankful that this is even being discussed today, and that we are talking about helping our mentally ill patients in Nevada.

I met Assemblywoman Sheila Leslie on our first summit two years ago, and that was exciting for me at that time, that we were paying attention to our mentally ill here in Nevada. I think one of us, maybe someday, will be affected by the experience that I went through with my son Mark. It is a much needed system that we have in this state, and I'm glad that they've been doing it informally now, where they're coordinating their efforts as far as helping the mentally ill, but we need to go farther than what we have right now. We need to make it more formal or organized. I think it gets streamlined and it can save a lot of money. When we have this program implemented in our state, we will have a much healthier state. People will be healthier. We probably wouldn't have a lot of people in the streets, running around and asking for food or money to buy food. I urge you to support this bill.

Chairwoman Leslie:

We'll go ahead and close the hearing on A.B. 177. Thank you for your patience, and that will conclude our hearing today. We're adjourned [at 3:15 p.m.]

RESPECTFULLY SUBMITTED:

Paul Partida
Transcribing Attaché

APPROVED BY:

Assemblywoman Sheila Leslie, Chairwoman

DATE: _____

EXHIBITS

Committee Name: Committee on Health and Human Services

Date: March 16, 2005

Time of Meeting: 1:33 p.m.

Bill	Exhibit	Witness / Agency	Description
	A	*****	Agenda
<u>A.B. 182</u>	B	Assemblyman Sibley	Written testimony on A.B. 182
<u>A.B. 182</u>	C	Louise Martin / American Lung Association of Nevada	Written testimony on A.B. 182
<u>A.B. 182</u>	D	Craig Kadlub / Clark County School District	Proposed amendment for A.B. 182
<u>A.B. 182</u>	E	Rebecca Black / Private Citizen	Written testimony on A.B. 182
<u>A.B. 182</u>	F	Caroline Moassessi and Luann Moore / AAPE	Letter in support of A.B. 182
<u>A.B. 182</u>	G	Caroline Moassessi / AAPE	Letter in support of A.B. 182
<u>A.B. 182</u>	H	Luann Moore / AAPE	Letter in support of A.B. 182
<u>A.B. 182</u>	I	John Steinmetz / Respiratory Care Practitioner	Letter in support of A.B. 182
<u>A.B. 176</u>	J	Janice McIntosh / Nevada Senior Center Association	Letter regarding <u>A.B. 176</u> from Edrie LaVoie, Director, Lyon County Human Services
<u>A.B. 176</u>	K	Jackie Wallis / Mineral County Care and Share Senior Center	Letter in opposition of A.B. 176
<u>A.B. 177</u>	L	Rosetta Johnson / Human Potential Development	Written testimony for A.B. 177