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

Seventy-Fourth Session
April 2, 2007

The Committee on Health and Human Services was called to order by Chair Sheila Leslie at 1:32 p.m., on Monday, April 2, 2007, in Room 3138 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. The meeting was videoconferenced to Room 4401 of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. Copies of the minutes, including the Agenda (Exhibit A), the Attendance Roster (Exhibit B), and other substantive exhibits are available and on file in the Research Library of the Legislative Counsel Bureau and on the Nevada Legislature's website at www.leg.state.nv.us/74th/committees/. In addition, copies of the audio record may be purchased through the Legislative Counsel Bureau's Publications Office (email: publications@lcb.state.nv.us; telephone: 775-684-6835).

COMMITTEE MEMBERS PRESENT:

Assemblywoman Sheila Leslie, Chair
Assemblywoman Susan I. Gerhardt, Vice Chair
Assemblyman Bob B. Beers
Assemblyman Joseph P. (Joe) Hardy
Assemblywoman Ellen Koivisto
Assemblywoman Kathy McClain
Assemblywoman Bonnie Parnell
Assemblywoman Peggy Pierce
Assemblyman Lynn D. Stewart
Assemblywoman Valerie E. Weber
Assemblywoman RoseMary Womack

STAFF MEMBERS PRESENT:

Risa Lang, Chief Deputy Legislative Counsel
Sarah J. Lutter, Committee Policy Analyst
Bonnie Borda Hoffecker, Committee Manager
Patricia Evans, Committee Secretary
Olivia Lloyd, Committee Assistant

OTHERS PRESENT:

Dawn Gibbons, First Lady of Nevada
Ralph Toddre, Founder and Executive Director, the Autism Coalition of Nevada, Reno
Michael Willden, Director, Department of Health and Human Services, Carson City, Nevada
Johanna Fricke, M.D., Associate Professor of Pediatrics, University of Nevada School of Medicine, Las Vegas, Nevada
Patrick Ghezzi, Associate Professor of Psychology, University of Nevada, Reno, Nevada Autism Coalition, Reno, Nevada
Deborah Schumacher, Private Citizen, Reno, Nevada
Cliff Schumacher, Private Citizen, Reno, Nevada
Wendi Fauria, Co-Founder, Families for Effective Autism Treatment (FEAT), Gardnerville, Nevada
Linda Tache, Private Citizen, Las Vegas, Nevada
Soonhee "Sunny" Bailey, Private Citizen, Las Vegas, Nevada
Michele Tombari, Families for Effective Autism Treatment (FEAT), Gardnerville, Nevada
Jan Crandy, Vice Chair, Strategic Plan for People with Disabilities (SPAC), Las Vegas, Nevada
Erik Lovaas, M.A., Clinic Supervisor, The Lovaas Center for Behavior Intervention, Las Vegas, Nevada
Fernando Serrano, Administrator, Division of Child and Family Services, Department of Health and Human Services, Carson City, Nevada

Chair Sheila Leslie:
[Opened meeting. Roll called.] Please mark Mr. Stewart present when he arrives. Today we will hear Assembly Bill 525. We also have a work session of six bills. Assembly Bill 525 is a Committee bill. I requested this bill on behalf of Dawn Gibbons, First Lady of Nevada, in recognition of her hard work with community groups on this bill.

Assembly Bill 525: Revises provisions relating to autism. (BDR 40-1374)

Dawn Gibbons, First Lady of Nevada:
[Video presentation] Children's issues have always been a high priority. [Read from prepared script (Exhibit C).]

Chair Leslie:
Thank you for bringing the film.

Ralph Toddre, Founder and Executive Director, the Autism Coalition of Nevada (ACON), Reno:
The ACON consists of the majority of autism advocacy groups in Nevada. [Read from prepared testimony (Exhibit D).]

Chair Leslie:
Why do insurance companies exclude services to these children?

Ralph Toddre:
Insurance companies say this disorder is not biomedical. They do not take into account that autism is a neurobiological disorder, and there are many biomedical disorders that are associated with it.

Chair Leslie:
Is it safe to say that virtually all insurance companies exclude this disorder?

Ralph Toddre:
Yes, except for the State of Washington. Washington has partnered with Microsoft and Aetna insurance. Caesar's Palace hotel in Las Vegas has some coverage, also.

Chair Leslie:
So, parents are left on their own to cover the expenses.

Ralph Toddre:
Even considering the medical problems the children have, insurance companies try to deny those claims.

Chair Leslie:
Are there any questions for Mr. Toddre?

Michael Willden, Director, Department of Health and Human Services, Carson City, Nevada:
We are pleased to be here as a partner in this effort. Our role is outlined in Sections 3, 4, 7 and 8 of the bill. In the 2001 Session, the Legislature funded a state plan for people with disabilities. That group, through the Autism Subcommittee, looked at children's issues and came up with what we call the State Plan Accountability. During the past five years, we have tried to focus our attention on early childhood programs. There is a pilot project for children with autism, which was started in Developmental Health Services. There has been some work done in conjunction with the office of Disability Services in Medicaid, also. This bill would mandate institution of some screening efforts and an education and awareness campaign. There is also a mandate in the bill

to work more actively with the licensing boards. Screening, education, and awareness are important. Equally as important is the funding mechanism to increase the services available, which are outlined in Sections 7 and 8. Although $2 million or $3 million is a lot of money, when you are talking upwards of $50,000 per treatment, per year, $2 million does not go a long way. Our projections would indicate that at $18,000 to $24,000 across the broad spectrum of children, we would be able to engage about 100 children the first year and about 160 children the second year. This money goes to Disability Services. The Office of Disability Services covers the life spectrum of disabilities. Early Intervention covers up to age three. Mental Health and Developmental Services has to have the mental retardation component attached with autism.

Chair Leslie:
Your staff presented this document (Exhibit E). Do you want to go through this document, or highlight what you feel is important?

Michael Willden:
That document is available on the website.

Chair Leslie:
The name of the book is The Autism Fact Book.

Johanna Fricke, M.D., Associate Professor of Pediatrics, University of Nevada School of Medicine, Las Vegas:
A way to prevent secondary disabilities is by screening and diagnosing children with Autistic Spectrum Disorders (ASD). What is Autism? It is observable behavior characteristics which impact the child's functioning. One area is that of social communication. The reciprocal part of play, or communication, is one giant piece. My mission is for primary care professionals to use the simple tools which have been developed for screening and to have a place to send the children for assessment. We are lucky we have this private, nonprofit partnership which allows us to see children at no cost to the family. We are allowed to see the children for two hours, per professional, or longer if necessary. We are looking at the difficulty with reciprocal social interaction, which includes communication—not speech, but language. How do you communicate your ideas? People with ASDs have narrow, restricted patterns of interest, to the exclusion of other things. The other symptom is persistent, repetitive action. You can use a semi-structured interview to elicit the behaviors. Theory of Mind means you have an idea, and someone else has a different point of view on a given situation. We realize you have had a multitude of people with special interests before you all morning. Why should you be more impressed with what we have to say? That means we have a lack

of Theory of Mind. All those behaviors on the video were because those kids did not understand they needed to be following someone else's agenda. They needed to be able to take turns on the playground.

Chair Leslie:
If it is critical you may ask a question, but I would like for everyone to have an opportunity to speak.

Assemblywoman Weber:
Are neurodevelopmental disorders considered medical conditions?

Johanna Fricke:
Yes, that is what Mr. Toddre was saying. These are brain-based neurological conditions. Because the word "developmental" is in there, meaning they look different at different stages of life, insurance companies will say it is the bailiwick of the school district. The main mode of treatment is educational and behavioral. That is what throws the insurance companies. The insurance companies believe we have medications for the core symptoms of autism. We do not, yet.

Assemblywoman Weber:
There is a current report stating this has been narrowed down to approximately 100 genes along a DNA strand. That looks like the associative part that contributes to those behaviors.

Johanna Fricke:
That is optimistic. All autism is not created equal. There will be a variety of genes for each one of those three areas I mentioned. It will help when we can do a micro array technique, looking at smaller pieces of chromosomes.

Patrick Ghezzi, Associate Professor of Psychology, University of Nevada, Nevada Autism Coalition, Reno:
I am here to urge extreme caution in what the State accepts as effective and ethical treatment for young children with autism. [Read from prepared testimony (Exhibit F).]

Deborah Schumacher, Private Citizen, Reno, Nevada:
In a few minutes I will have the pleasure of introducing my son. He is a very articulate young man. To fully appreciate that accomplishment, I would like to take a moment to describe his early development. When Cliff was born, he cried inconsolably. He was not sleeping, nor eating, only screaming. He was not able to tolerate ordinary stimuli. As a toddler, he had tantrums daily, and developed self-abusive behaviors. He learned a handful of words, but he was

missing a whole category of speech. We sought treatment from his pediatrician, and other medical and mental health personnel. He was not diagnosed by anyone. I did not know what autism was. Cliff was diagnosed at three and one-half years old. That delay is significant. The scientific literature tells us the window of the most fruitful intervention had begun to close. There was no applied behavior analysis program in northern Nevada. Cliff and I relocated to Los Angeles to begin his treatment at the University of California at Los Angeles (UCLA). We began treatment under Doctor Lovaas, who is one of the most significant names in the field. The treatment involved 38 to 42 hours of therapy every week. When we went to Los Angeles, they administered an Intelligence Quotient Test which indicated he was in the mildly mentally retarded range. Currently, he is in the gifted and talented program for the Washoe County School District. There is nothing in literature that suggests this would have occurred spontaneously.

Cliff Schumacher, Private Citizen, Reno, Nevada:
I was born with autism. I would not be speaking to you if it were not for some graduate students and Doctor Lovaas. I give my life and my heart to them because they changed who I am. I can remember the time I was approximately two years old. I remember smacking my head through the glass pane, smacking my head on the ground, and being under lights which felt as though my eyes were burning. I am not cured. I am still dealing with sensory issues. I can hear people in other rooms in this building. I can feel the itch in my clothes. Even with that, I am so glad I can do this. I can have a normal life. I am sorrowful for the people who are intelligent, have legitimate opinions, but are locked up inside themselves because their bodies are in the way. I have a diverse life, these people do not. These people are shut up forever, because of their biology.

Chair Leslie:
We thank you. You have made a great contribution here today.

Assemblyman Beers:
Cliff, nervous you may be, but your testimony is compelling and powerful.

Chair Leslie:
We see adults who are much more nervous than you, and not half as articulate.

Cliff Schumacher:
All of this is learned. Every behavior, every word is unnatural. It took a lot of work, preparation, and a lot of money. I beg you to pass this legislation.

Chair Leslie:
Are there any questions or comments? If you could hit only the high-lights of your testimony?

Wendi Fauria, Co-founder, Families for Effective Autism Treatment (FEAT), Gardnerville, Nevada:
My husband and I are co-founders of Families for Effective Autism Treatment (FEAT). [Read from prepared text (Exhibit G).]

Chair Leslie:
Please come forward.

Linda Tache, Private Citizen, Las Vegas, Nevada:
My son Grant is five years old. He has high-functioning autism with Attention Deficit Hyperactivity Disorder (ADHD) as a secondary condition, as well as sensory dysfunction issues. At six months old, Grant was not interactive like other children his age. On many occasions he acted as though he could not hear me. Testing showed there was nothing wrong with his hearing. At about age two, he entered an in-home day care. The caregiver had concerns because he would not join in group activities. The caregiver needed help. She asked for suggestions from a provider service. A social worker visited Grant, and after a couple of months he referred us to Early Intervention Services. Early Intervention Services put together a plan and referred us to Child Find. When Grant was three, we found the Low Incidence Autism program through the Clark County School District. I was told about the Lili Claire Family Resource Center. The Lili Claire Family Resource Center was planning to offer genetic and behavioral diagnostic clinics, free of charge. These clinics allowed me to meet other parents in the same situation. My son received a diagnosis of high-functioning autism, and ADHD, at the age of five. It took three years in the system before Grant was diagnosed. Now we are entering another phase of Grant's diagnosis by seeing a geneticist.

Chair Leslie:
I know there are several other parents who wish to testify. It is my intent, if we have time, to vote on this bill. We need time to consider the amendments.

Soonhee "Sunny" Bailey, Private Citizen, Las Vegas, Nevada:
Our daughter McKenna was diagnosed with autism at age two. She had no speech, she was violent, and grew more violent as time went by. We were on a waiting list in another state, waiting to get into an Applied Behavior Analysis (ABA) program. When she was five, doctors advised us to put her in a facility. In desperation we moved to Nevada and managed to get McKenna into an ABA program. The school program could not deal with her one-on-one. Also, she

was not potty-trained. We managed to get a home program. We know we are a large burden on the school district, as well as a large burden on our family. We do not understand why the school district is our only option in trying to get a home program. We qualified for a program called Katie Beckett through Medicaid. We qualified for $7,700 per month to help with McKenna's medical issues. Unfortunately, only about $20 to $300 could be used, monthly, as co-payment on different issues that were covered under Medicaid. The ABA is not covered. The rest of the $7,000 just sat there. At this point, McKenna has 163 words, 48 sight words, 89 object labels, 13 numbers, 18 locations in the community, 17 animal sounds, and 11 colors. She can identify her alphabet, her numbers, and she has some sign language. We must live with the guilt of not finding a program any sooner.

Michele Tombari, Families for Effective Autism Treatment (FEAT), Gardnerville, Nevada

My son was diagnosed when he was nineteen months old. Because of early diagnosis, we began an (ABA) program. After 8,512 hours of ABA therapy, and $170,000, Alden finally graduated. He did not receive a degree for all this work and money, but he did escape the role of autism. Currently, his IQ is 113 and he is getting As and Bs in a regular education curriculum. He is in Team One in robotics here in Nevada and went on to Nationals. Without ABA, Alden would have required a lifetime of special education services and some form of institutional living. He would have been a burden to the State. A recent Pennsylvania study shows a lifetime of autism services, for one untreated person, can cost $6 million.

Jan Crandy, Vice Chair, Strategic Plan for People with Disabilities (SPAC), Las Vegas, Nevada:

The SPAC supports the merging of Assembly Bill 525 and Senate Bill 368. [Read from prepared testimony (Exhibit H).]

Chair Leslie:

The suggestion is to delete the sections that have to do with harvesting brain tissue for autism research. That issue is covered under the donor program.

Jan Crandy:

[Submitted and discussed proposed amendments (Exhibit I).]

Michael Willden:

The rationale for this part of the amendment is a program start-up. The money appropriated in each year, if not spent, reverts to the General Fund. It does not carry forward. We would like to have a little less money the first year and more money the second year.

Jan Crandy:
[Continued reading from prepared testimony (Exhibit I).]

Michael Willden:
The section is on continuing education credits. It is adding language which should be coordinated with the licensing boards.

Jan Crandy:
[Continued reading from prepared testimony (Exhibit I).] At this time we would ask that you blend or merge S.B. 368 with A.B. 525 by adding the language presented.

Chair Leslie:
You are asking us to add the second page that says Section 9 into this bill?

Jan Crandy:
This would replace the current Section 9. [Continued reading from prepared testimony (Exhibit I).]

Chair Leslie:
The proposal is to allocate $4.5 million for the expenses of the Nevada Autism Task Force?

Jan Crandy:
That is why we are changing it. The $4.5 million is to start some pilot programs in Nevada.

Ralph Toddre:
The $10,000 would be the entire administrative cost for the task force.

Chair Leslie:
Mr. Willden, the $4.5 million—is that money intended for the Medicaid decision unit?

Michael Willden:
The unfunded deck units were about $5.3 million. Of that, $4.5 million was from the General Fund and $800,000 was related to new Medicaid funds we would get if we could get the waiver in place. The intent of the two pieces of legislation is to fully fund autism services through both waiver services. That includes people who do not qualify for waiver service. If you add the two, I think it is the $10 million.

Dawn Gibbons:
This is the money you had allocated last session.

Chair Leslie:
The difficulty is we have not had testimony from the task force on this additional amount of money. We will not be able to vote on this today. This has to be clarified, sorted out, and brought back to the Committee. Are there any questions from Committee members?

Assemblywoman Parnell:
Regarding education credits, I would assume that would relate to teachers who would be prepared to work with students. I wanted to make sure there was allowance in that language for educators, as well.

Michael Willden:
The intent in the bill is to increase the awareness of autism. We want to make sure all professionals, in any walk of life, who need continuing credits to maintain their licensing are aware of this.

Assemblywoman Parnell:
What concerns me is the lack of awareness of so many of our pediatricians. What is currently being done to eliminate that lack of awareness?

Johanna Fricke:
We have a program, through Lili Claire, in which residents are trained. I teach community workshops under the auspices of many different organizations. What we are asking for, in a piece of this bill, is to mandate that everyone understand how to screen for autism. We are talking about a screening tool that takes about three minutes. Thus far, I do not have a united effort from any specific bureaucracy or organization to enhance my efforts for training.

Assemblyman Hardy:
In this bill, we are talking about using the ABA program, is that correct?

Johanna Fricke:
Evidence-based screening is all we will be funding with this bill.

Chair Leslie:
I will ask our Research Analyst, Sarah Lutter, to work with you to get an amendment to bring back to the Committee to consider. We have to do it a certain way for it to be legal. I do not think this has been presented in a way in which we can take action today. The Committee requires time to review this information before we vote. Do the folks in Las Vegas want to add something?

Erik Lovaas, Clinic Supervisor, The Lovaas Center for Behavior Intervention, Las Vegas, Nevada:
I am the son of Dr. Evar Lovaas, at UCLA. My father was one of the pioneers in ABA. [Read from prepared testimony (Exhibit J).]

Cliff Schumacher:
Erik Lovaas mentioned the video. It shows me beating myself across the face. A similar video shows me attacking one of the therapists.

Assemblywoman Womack:
I have an 11-year-old grandson, Elliot, who has autism. Two years ago, his medication caused kidney failure. His mother donated a kidney, so he is fine. You give us hope.

Chair Leslie:
These bills are all child welfare bills.

Sarah J. Lutter, Senior Research Analyst, Research Division, Legislative Counsel Bureau:
[Read from prepared text (Exhibit K).]

Assembly Bill 507: **Makes various changes to provisions concerning facilities that have custody of children pursuant to the order of a court. (BDR 38-1269)**

Chair Leslie:
Are there any questions or comments? We will take each amendment suggestion one by one. How about the first amendment which was proposed by Division of Child and Family Services (DCFS)? Does it make sense? How about the second proposal, also by DCFS?

Assemblyman Lynn Stewart
If the state in which Nevada children already reside requires an inspection, will that state's inspection suffice?

Chair Leslie:
The intent is any out-of-state facility has to have a Nevada inspection, because each state has its own standard. Out-of-state facilities should meet Nevada standards.

Assemblyman Stewart:
If the standards of the other state meet or exceed Nevada's standards, would it not save money to go with their inspection?

Fernando Serrano, Administrator, Division of Child and Family Services, Department of Health and Human Services, Carson City, Nevada:
As representatives of the court, we are assuring the court, and these parents, this child is placed in an adequate facility.

Chair Leslie:
When you place a child in an out-of-state facility, does a member of your staff, or a member of the court, physically go with the child? Could this inspection be done at the same time?

Fernando Serrano:
That is correct. We go with the child, and inspect the facility as required.

Chair Leslie:
About how many out-of-state facilities do we utilize?

Fernando Serrano:
We use approximately ten regularly, and a number of them intermittently. The facilities we use regularly are known very well.

Assemblywoman Pierce:
If a new facility is not adequate, you bring the child back to Nevada, correct?

Fernando Serrano:
If we do not feel comfortable the facility will meet the needs of the child, we look for an alternative placement.

Assemblyman Hardy:
Is there funding allocated for staff to accompany the child to the out-of-state facility?

Fernando Serrano:
The recommended budget has the resources to do that. If the out-of-state facility cannot provide the core level of services, we bring the child back. If there are peripheral issues, we have sister agencies monitor them for us.

Chair Leslie:
On the third point, after reviewing the minutes of the Subcommittee, I suggest we delete those medical facilities which have their own reviews and inspections, and which are licensed separately. There are concerns about detention centers, youth training centers, and some out-of-state facilities.

ASSEMBLYMAN BEERS MOVED TO AMEND AND DO PASS ASSEMBLY BILL 507.

ASSEMBLYWOMAN PARNELL SECONDED THE MOTION.

MOTION PASSED UNANIMOUSLY. (ASSEMBLYWOMAN WOMACK WAS ABSENT FOR THE VOTE.)

Chair Leslie:
We will move to Assembly Bill 188. Ms. Lutter, would you like to comment?

Assembly Bill 188: Makes various changes to provisions governing the licensing of certain child care facilities. (BDR 38-599)

Sarah J. Lutter, Senior Research Analyst, Research Division, Legislative Counsel Bureau (LCB):
[Read from prepared text (Exhibit L).]

Chair Leslie:
I do not intend to take a vote on this bill. We will not be processing A.B. 188. Let us move to Assembly Bill 147.

Assembly Bill 147: Makes various changes concerning the placement of a child into protective custody. (BDR 38-869)

Sarah J. Lutter, Senior Research Analyst, Research Division, LCB:
[Read from prepared text (Exhibit M).]

Chair Leslie:
It is easier to discuss these bills one by one. I would bring to the attention of the Committee that Clark County Commissioners adopted a resolution to stop placing children under six in Child Haven by the end of 2008. I do not believe we need either one of these amendments. There are no congregate care facilities in rural Nevada.

Assemblywoman Koivisto:
One of the problems in southern Nevada is the lack of foster care facilities. What will happen to these children if we do not have Child Haven?

Chair Leslie:
Kids will not be left out on the street. If there are no foster families available, the child will be placed in a shelter. This bill requires an exception report be

made. If there are insufficient family foster placement homes, what would happen to the child?

Michael Willden, Director, Department of Health and Human Services, Carson City, Nevada:
There will be a placement, whether it is Child Haven or Kid's Kottage. Douglas County has a shelter in progress. Everybody is notified there is a placement, and we need to move them as soon as possible.

Chair Leslie:
Section 1, subsection 3, details what is included in the exception report.

Assemblywoman McClain:
I am worried about the children going to an inappropriate foster home.

Assemblyman Hardy:
I am looking at the construct of the bill itself. In Section 1, subsections 1 and 2, subsection 3 should be subservient to subsection 2 in order for us to make that report.

Chair Leslie:
We defer to legal counsel.

Risa Lang, Chief Deputy Legislative Counsel, Legal Division, LCB:
Subsection 3 refers to the report made to the Legislature each year. It refers to any child under the age of 6 who is placed in a group shelter during the previous 12 months. If there is no such child, that is all they would be reporting.

Assemblyman Hardy:
It would be good to house siblings together.

Chair Leslie:
Are you suggesting that you would like to adopt the second amendment in the work session document?

Assemblyman Hardy:
Yes.

Assemblyman Stewart:
We want to make sure children have a safe place to go.

Chair Leslie:
Do we have any other comments? Assemblyman Hardy would like to adopt both amendments. How do other Committee members feel?

Assemblywoman Parnell:
We need to make some reference to siblings whether it through Section 1(a) or through Section 1(b).

Chair Leslie:
Is someone prepared to make a motion?

Assemblywoman McClain:
Suggested to amend Section 1 of A.B. 147.

Assemblyman Beers:
Agreed with the amendment.

Chair Leslie:
Ms. Lutter, please take us through the next one.

Sarah J. Lutter:
Section 2 relates to shift care. [Read from prepared text (Exhibit M).]

Chair Leslie:
Are there any comments from Committee members?

Assemblywoman McClain:
Is number two all one amendment?

Chair Leslie:
Yes, it is one amendment.

Assemblywoman McClain:
Suggested to amend Section 2 of A.B. 147.

Assemblywoman Pierce:
Agreed with the amendment.

Sarah Lutter:
The final section relates to the phase-in period. [Read from prepared text (Exhibit M).]

Chair Leslie:
It makes sense to go with Clark County's timeline.

Assemblywoman Parnell:
Suggested to amend Section 3 of A.B. 147.

Assemblywoman Gerhardt:
Agreed with the amendment.

Chair Leslie:
We need a motion to accept the three amendments.

> ASSEMBLYWOMAN GERHARDT MOVED TO AMEND AND DO PASS ASSEMBLY BILL 147 WITH THE THREE AMENDMENTS.
>
> ASSEMBLYWOMAN McCLAIN SECONDED THE MOTION.
>
> THE MOTION PASSED UNANIMOUSLY. (ASSEMBLYWOMAN WOMACK WAS ABSENT FOR THE VOTE.)

Chair Leslie:
We will begin with work session and address these final three bills on Wednesday.

[Meeting adjourned at 3:39 p.m.]

RESPECTFULLY SUBMITTED:

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Patricia Evans
Committee Secretary

APPROVED BY:

____
Assemblywoman Sheila Leslie, Chair

DATE:____________________________________

EXHIBITS

Committee Name: Committee on Health and Human Services

Date: April 2, 2007 **Time of Meeting: 1:32 p.m.**

Bill	Exhibit	Witness / Agency	Description
	A	**************************	AGENDA
	B	**************************	ATTENDANCE ROSTER
AB 525	C	Dawn Gibbons, First Lady of Nevada	Testimony on Autism
AB 525	D	Ralph Toddre	Testimony on Autism
AB 525	E	Michael Willden, DHHS	The Autism Fact Book
AB 525	F	Patrick Ghezzi	Testimony on Autism
AB 525	G	Wendi Fauria	Testimony on Autism
AB 525	H	Jan Crandy	Testimony on Autism
AB 525	I	Jan Crandy	Autism Amendment
AB 525	J	Erik Lovaas	The Lovaas Center
AB 507	K	Health and Human Services Resource Committee	Amendments
AB 188	L	Health and Human Services Resource Committee	Amendments
AB 147	M	Health and Human Services Resource Committee	Amendments