

**MINUTES OF THE
SENATE COMMITTEE ON HUMAN RESOURCES AND EDUCATION**

**Seventy-fourth Session
March 27, 2007**

The Senate Committee on Human Resources and Education was called to order by Chair Maurice E. Washington at 6:37 p.m. on Tuesday, March 27, 2007, in Room 2135 of the Legislative Building, Carson City, Nevada. The meeting was videoconferenced to the Grant Sawyer State Office Building, Room 4412E, 555 East Washington Avenue, Las Vegas, Nevada. [Exhibit A](#) is the Agenda. [Exhibit B](#) is the Attendance Roster. All exhibits are available and on file in the Research Library of the Legislative Counsel Bureau.

COMMITTEE MEMBERS PRESENT:

Senator Maurice E. Washington, Chair
Senator Barbara K. Cegavske, Vice Chair
Senator Dennis Nolan
Senator Joseph J. Heck
Senator Valerie Wiener
Senator Steven A. Horsford
Senator Joyce Woodhouse

STAFF MEMBERS PRESENT:

Marsheilah D. Lyons, Committee Policy Analyst
Joe McCoy, Committee Policy Analyst
Sara Partida, Committee Counsel
Shauna Kirk, Committee Secretary

OTHERS PRESENT:

Randy Howell, EMS Chief, City of Henderson Fire Department
Bill Welch, Nevada Hospital Association
Brian K. Rogers, NREMT-P, Vice President of Operations, MedicWest Ambulance
Alexander Haartz, M.P.H., Administrator, Health Division, Department of Health and Human Services
Rory Chetelat, M.A., EMT-P, EMS Manager, Southern Nevada Health District
Todd Butterworth, M.B.A., Social Services Chief III, Office of Disability Services, Department of Health and Human Services

Senate Committee on Human Resources and Education
March 27, 2007
Page 2

Gary Stagliano, Deputy Administrator, Program and Field Operations, Division of
Welfare and Supportive Services, Department of Health and Human
Services

Lawrence P. Matheis, Executive Director, Nevada State Medical Association

George Ross, Hospital Corporation of America

Bobbette Bond, Culinary Health Fund

Pat Coward, Pharmacy Research Manufacturers of America

Rosetta Johnson, M.P.A., President, Human Potential Development

Jim Merlyn

Cherlene Crain

Michael J. Willden, Director, Department of Health and Human Services

Helen A. Foley, Marriage and Family Therapists

CHAIR WASHINGTON:

We will now open the hearing on Senate Bill (S.B.) 244.

SENATE BILL 244: Revises provisions governing waiting times for emergency
medical services at hospitals. (BDR 40-94)

SENATOR NOLAN:

Senate Bill 244 is the result of an emergency measure brought forward last Session regarding the turnaround time of the emergency medical services (EMS) personnel and the emergency room. The EMS providers from southern Nevada collectively approached the Legislature for an emergency measure to help with the transportation of patients to area hospitals. They wanted to develop a program that would allow hospitals a more rapid turnaround time in the transfer of patients so the emergency crews could get back out on the streets. What came out of that bill is the language you see in S.B. 244. A study was conducted through the medical services and hospitals to determine the root cause of longer turnaround times. In a good-faith effort, both the hospitals and the EMS met continually and collectively to develop a study that involved determining how long patients were being held in the admitting area before they were admitted.

There were a number of complicated issues that both the hospital and the EMS providers had to overcome. By the time all that was implemented and we started collecting the data, we began this Legislative Session. There has been a lot of good information obtained in the process, and the system is now in place.

The hospitals and the EMS will tell you the problem has vastly improved as a result. Senate Bill 244 formalizes the study into a statute and allows for a periodic public review of the statistics that are garnered. We feel there should be a nonmonetary sanction against any institution involved in this bill who knowingly and willfully falsifies or alters any of the data that is being entered. We do not believe, from an administrative level, any hospital or EMS agency would corrupt the data that is being entered. However, there is the possibility of individuals who may falsify the data, individually, out of self-interest or out of self-preservation. We wanted to put something in this that is a nonmonetary sanction. The type of nonmonetary sanction could deal with licensure. If it is the EMS personnel, they could be required to complete additional continuing education. If the issue is bad enough, there could be sanctions against their particular emergency medical technician or paramedic license. On the hospital side, it is more complicated. The Clark County Health District does not have statutory supervision over hospital entities. This might need a little discussion. With the proposed amendments that have come forward, we should be able to move this bill. The parties are in the same mind-set about what needs to be done.

RANDY HOWELL (EMS Chief, City of Henderson Fire Department):

Two years ago, we came before the Legislature and testified on S.B. No. 458 of the 73rd session. That bill has provided significant relief for the EMS providers in Clark County. Our goal is to continue until we reach a 30-minute off-load time with 90 percent or more of our patients. There are minor issues we would like to have amended. Page 3, line 28 of S.B. 244, discusses a system of electronic tracking and a manual system. We would like to remove manual and have no possibility of a manual system. We have concluded that a manual system would require too much manpower.

Section 1, subsection 7, paragraph (c) states:

Information relating to the circumstances surrounding the arrival a of person provided by the personnel of the provider of emergency medical services that transports the person to the hospital and by the personnel of the hospital who are responsible for the care of the person after the person arrives at the hospital, including, without limitation, information concerning the volume of patients at the hospital at the time of arrival, the number of personnel at the

hospital available to treat the person and the medical condition of the person at the time of his arrival at the hospital.

That type of information is not relevant. Every hospital has a different number of beds and different numbers of personnel. That information is not useful to us, and we would like to delete paragraph (c) from subsection 7.

On page 4, paragraph (e), we would like to delete the need for a signature. We have an electronic system in place, and it does not allow for signatures.

Page 4, line 10, states that data is to be collected and reported to the Health Division on a monthly basis. We would like to change that to a quarterly basis. We would like to meet monthly to discuss all possible issues, identify the root cause and do a summary report on a quarterly basis. That will be in a public meeting.

We talked with the Southern Nevada Health District about replacing the facility advisory board with a committee consisting of both the hospital and the EMS providers in Clark County to meet quarterly. We feel that quarterly meetings with the higher administrators in the hospitals and monthly meetings with the people in the emergency department will be more productive.

On page 4, line 25, we would like to amend it to state the advisory committee, as defined in subsection 10, establishes procedures instead of the Health Division for imposing such nonmonetary sanctions upon a hospital or a provider of EMS. The advisory committee would provide recommendations to the Health Division.

BILL WELCH (Nevada Hospital Association):

The hospital community has worked collaboratively with the medical services, and it has been successful in reducing time. These groups have been challenged to establish additional policies and procedures for the advisory committee. We have evaluated the software programs to assist in establishing a report that contains the information needed for identifying any issues. We are establishing a best practice model on a monthly basis. The hospitals and the EMS providers will compare hospital turnaround times as well as which hospitals are not meeting that turnaround time, and why.

CHAIR WASHINGTON:

Senator Heck may have a concern with the advisory committee. Will you go over this subsection again for Senator Heck?

BRIAN K. ROGERS, NREMT-P (Vice President of Operations, MedicWest Ambulance):

This advisory committee will consist of the EMS representatives from every permitted EMS agency and all local hospitals in Nevada to meet monthly. The public meeting would take the place of the facility advisory board who reports to the district board of health, quarterly, who oversees the Southern Nevada Health District. Since it is vague as to what is a nonmonetary sanction, this committee will make suggestions and recommendations for sanctions and refer them to the authority that can sanction that particular entity.

SENATOR HECK:

I am concerned with the deletion of paragraph (c), of subsection 7. I know you have the electronic drop-down box, and you want whoever is taking acceptance of the patient to select one of the options. You took out paragraph (c) and did not put anything in its place. Without that paragraph, there are no requirements to collect any information but the time of arrival, the time of transfer and the names of the individuals. We need something that will require the individual to select that drop-down box.

I have concerns about the nonmonetary sanctions, and who will levy them. The Health Division in Clark County has no authority over EMS. They cannot sanction the EMS providers, and likewise, the health district has no authority over the hospitals. I am unaware of any statutory authority that allows an advisory committee to impose sanctions. Sanctions have to be assessed by somebody who has the regulatory authority over the entity.

SENATOR NOLAN:

It could state that the committee recommend to the Health Division regarding hospitals and to the health district in counties with population over 400,000 for the EMS providers as well as procedures for imposing such sanctions. Then the advisory committee can do what advisory committees do and recommend to those bodies that do have authority.

SENATOR HECK:

I would defer to the Committee Counsel, Ms. Partida, on whether it is permissible to have the committee making recommendations on potential sanctions of licenses that are under the jurisdiction of other entities.

SARA PARTIDA (Committee Counsel):

I do not see a problem with the advisory committee making recommendations to someone who does, in fact, have the authority to establish penalties.

SENATOR HECK:

Senator Nolan stated that the advisory committee would make recommendations on such nonmonetary sanctions against hospitals to the Health Division and on sanctions of the EMS providers in counties greater than 400,000 in population to the district board of health. Those are the two entities that have the respective authority.

MR. WELCH:

That is acceptable. That was our intent. It was not our intent to be setting the disciplinary action and policing those ourselves. It was to help identify an appropriate disciplinary action and recommend to the authority that has the responsibility for imposing penalties. I would add in subsection 7, paragraph (c) language requiring the software system to facilitate the summary reports that will be submitted to identify in the drop-down box reasons for transfer delays. The reports will be identifying the average time and for those who exceed, why they are exceeding it.

CHAIR WASHINGTON:

We will ask Senator Heck if he will work with the Legal Division to craft language that will provide the information needed for the proper authority.

SENATOR NOLAN:

If we retain the language on line 36 through line 40, on page 3, will that allow enough flexibility for them to give them what they need?

SENATOR HECK:

It can simply say, "if applicable, the reason for the delay greater than 30 minutes."

ALEXANDER HAARTZ, M.P.H. (Administrator, Health Division, Department of Health and Human Services):

The challenge in dealing with this issue is that Clark County is its own jurisdiction and has its own authority under the *Nevada Revised Statute* (NRS) 450B and regulates the EMS. The bill provides the ability for the Health Division to delegate to Southern Nevada Health District and let the Health District manage this issue under the local jurisdiction where it is most appropriate. It would make sense to restructure the language to take out the Health Division and place the local health authority that defines the regulatory authority for the EMS which places the authorities with Southern Nevada Health District. Leave in language such as on page 3, lines 11 and 12, that the State Board of Health determines in a county with a population of 100,000 but less than 400,000 so the same study can be replicated in other counties using the experience and the system already developed for southern Nevada. I would also echo the commentary that nonmonetary sanction is undefined anywhere. I would be open to recommendations from an advisory committee as to what that may be. It could clearly indicate in the bill that the health authority is the district board of health.

SENATOR HECK:

The district board of health in counties greater than 400,000 is the phrase that gives Southern Nevada Health District that EMS authority. We cannot take that out of subsection 9 because the Health Division has to remain the entity that imposes whatever the nonmonetary sanction is with the hospital. The Health District cannot assume that responsibility.

MR. HAARTZ:

I like the concept of a recommendation coming forward from the district board of health. If we change it to having the local health authority, it will create a problem in the NRS 450B.790, subsection 2, where the statute states the Health Division shall adopt the regulations, whereas, in this bill, it clearly gives that authority to the local level.

SENATOR CEGAVSKE:

I do not know any hospital that wants to have people there any longer than necessary. I do not agree with fining a hospital. For the record, no one has lobbied me on either side. This is the first time I have heard this. I am not comfortable with the manual system amendment. What if every ambulance service or hospital service does not have an electronic system, and what if

something goes wrong? The name and signature on page 4, line 4, is important. I would want to hear why the Health Division wanted monthly instead of quarterly reports, and how that helps.

MR. ROGERS:

All the agencies in southern Nevada, who meet monthly, have elected Captain Howell and me to represent them here today. In speaking with the hospital association, the only person that would be burdened by making an electronic system is the hospital. The hospital association has said that putting a computer in a hospital is not the burden. The burden is calculating the data manually. That is where the electronic portion was brought into it. The committee will be meeting on a monthly basis and reporting back to a public committee on a quarterly basis which should be adequate.

RORY CHETELAT, M.A., EMT-P (EMS Manager, Southern Nevada Health District):

There are 9 agencies, and we already have over 100,000 records with numerous fields and to receive and make sense of it manually would be an impossible task. Because the information is received electronically, it is very difficult to capture a signature. The individuals put in either their EMS number or an employee number from the hospital which provides a traceable method. Many of the signatures would be unreadable and an unnecessary component. Due to the volume that we are gathering, it needs to be electronic.

SENATOR CEGAVSKE:

What about the fines?

MR. HOWELL:

We need to have compliance when using the system. There should be something in place to deter someone from not complying. We need good data. There is nothing in there that fines someone for having a patient in there too long.

SENATOR NOLAN:

This bill is consensus language that the hospitals and the EMS crews feel they need to continue to improve the process.

CHAIR WASHINGTON:

It is the intent of the Chair to put this in the work session and move it by Friday. We will close the hearing on S.B. 244, and open the hearing on S.B. 220.

SENATE BILL 220: Revises provisions relating to programs and services for persons with disabilities. (BDR 38-594)

TODD BUTTERWORTH, M.B.A. (Social Services Chief III, Office of Disability Services, Department of Health and Human Services):

Senate Bill 220 is an agency bill. It has three major provisions, the first of which consolidate some of our reports. In the NRS, the Office of Disability Services is mandated to provide five different reports over the course of a biennium, and in addition to being a lot of work, these reports are narrowly focused. Therefore they are not effective in letting the reader see how the topic fits into the broader picture of disability services. We are proposing to combine these reports into one comprehensive, biannual report that looks at all the salient issues and how they relate to one another.

The second provision of this bill is related to sign language interpreters. Currently, the Rehabilitation Division, Department of Employment, Training, and Rehabilitation, is required to maintain a list of interpreters for anyone in the community who is interested. Since our office handles all the various deaf services in the State, we thought it made sense that our office does this task. We have met with the Rehabilitation Division and agree that this transfer would make sense.

The third provision changes the definition in the statute relating to severe functional disability in our personal assistant services program. This is a program that provides in-home care to patients who do not have other resources available. Currently, the program serves people with physical disabilities. This includes people with traumatic brain injury. When we do our caseload projections, the statutes asked us to focus on individuals who have a severe functional disability. Unfortunately, this definition generally excludes people with traumatic brain injury, and we would like to see that corrected.

CHAIR WASHINGTON:

I will take a motion on S.B. 220.

SENATOR HECK MOVED TO DO PASS S.B. 220.

SENATOR WIENER SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

* * * * *

CHAIR WASHINGTON:

We will now open the hearing on S.B. 311.

SENATE BILL 311: Requires the Department of Health and Human Services to establish a system that allows applications for Medicaid and the Children's Health Insurance Program to be submitted electronically. (BDR 38-606)

SENATOR STEVEN A. HORSFORD (Clark County Senatorial District No. 4):
Senate Bill 311 brings back a bill that was passed in 2001. This bill, A.B. No. 514 of the 71st Session, was unanimously passed by both Houses. It created an electronic application for Medicaid and the State Children's Health Insurance Program (SCHIP) applications. A report that was released March 14, 2007, by the Robert Wood Johnson Foundation showing only 47 percent of the parents and families earning less than \$40,000 a year are offered health insurance through their employer nationally. That is a 9-percent drop since 1997. Meanwhile, offers of health insurance to parents earning \$80,000 or more have held steady at about 78 percent. The analysis shows that, in Nevada, 3 out of every 5 uninsured children live with adults who earn modest incomes calculated at less than \$40,000 for a family of 4. Many of these uninsured children would likely be eligible for free or low-cost insurance coverage through the SCHIP called Nevada Check Up.

I would like to quickly go over a new enrollment report from the Nevada Check Up from November 2006 through September 2007. Among Native Americans, African Americans and Asian Americans there is a decrease in enrollment in SCHIP. There is a modest gain in enrollment among Hispanic, Caucasian and other populations. Senate Bill 311 seeks to streamline the process for application into these programs. Uninsured children are three times as likely to have an unmet health need during a year and more than four times as likely to delay health care due to their inability to pay. Nearly 25 percent of

uninsured children lacked a regular source of health care compared to 6 percent of Medicaid-enrolled children. Out-of-pocket medical expenses were also higher for families of uninsured children. Almost 30 percent of uninsured children had medical costs exceeding \$500 each year, while 13 percent of Medicaid-enrolled children spent this much. This is inefficient and unacceptable. We should be doing all we can to maximize these programs that are subsidized by the federal government.

The benefits of online enrollment are several. It is cost-effective to enroll through online application by streamlining and simplifying the process while increasing customer convenience. We can help organizations such as community-based organizations, faith-based organizations and other groups to understand how they can help individuals who do not have Internet access. The applications will be more complete and with fewer errors than those completed on paper. There will be fewer delays getting children into health care. I would ask this Committee's support of S.B. 311. There is a fiscal note, but based on several other measures we have forwarded on to the Senate Committee on Finance, we hope that the benefits will outweigh the costs required by an electronic application.

SENATOR CEGAVSKE:

There is no presence of that person or child to know the child exists. How do we guarantee the child exists?

SENATOR HORSFORD:

I would have to defer to Mr. Duarte. The online application is a first in a series of steps.

GARY STAGLIANO, (Deputy Administrator, Program and Field Operations, Division of Welfare and Supportive Services, Department of Health and Human Services):

We have talked with Senator Horsford and are supportive of this legislation. We have talked about a means of having an open-domain application, and for first-time enrollees, we would deposit the information and not import it into our database until we had some type of confirmation of that person's identity as well as of their family members. Once we have established that and recognize this family, we would redetermine and revisit those applications and engage the family members. We would have the identity already established and would streamline future events for them also.

SENATOR CEGAVSKE:

Are there other states that are doing this?

MR. STAGLIANO:

We are aware of a few. We have not explored the methodology by which they are accomplishing it. We had some internal discussions to see what it would take to do this.

SENATOR CEGAVSKE:

Do you know which states?

MR. STAGLIANO:

I would have to get a list of them.

CHAIR WASHINGTON:

We have worked through this issue in the interim, and this is a cost-effective way to capture more of the children who qualify for the program.

SENATOR CEGAVSKE:

Do you know the costs?

MR. STAGLIANO:

We have only done an estimate and that is a \$2.2 million proposal. There is a favorable match of federal dollars as well.

SENATOR HORSFORD:

A \$500,000 investment will get us about \$1.5 million in federal money.

SENATOR CEGAVSKE:

If Nevada puts in \$500,000, and the federal government puts in \$1.5 million, would that be the \$2 million needed?

MR. STAGLIANO:

It has actually gone up since 2001.

SENATOR HORSFORD:

This was passed after the tragedy of September 11, 2001 (911), and there was a reversion in money and the federal government took back a certain amount of money across all departments, and this program was not able to move forward.

Senate Committee on Human Resources and Education
March 27, 2007
Page 13

Any additional cost is because we were not able to implement it in the 2001 Legislative Session.

SENATOR CEGAVSKE:
Is it in the NRS now?

SENATOR HORSFORD:
It was in the NRS; there was an appropriation.

SENATOR CEGAVSKE:
Did the bill not go out?

SENATOR HORSFORD:
It did, but the Governor took it back.

MR. STAGLIANO:
We contracted out for services. We broke it into three separate requests for proposal (RFP), and we had just gotten our first RFP out when we had a General Fund crisis and all funds not obligated were reclaimed.

LAWRENCE P. MATHEIS (Executive Director, Nevada State Medical Association):
The Nevada State Medical Association supports this bill. There is no doubt this will help in the process of getting children into the program.

GEORGE ROSS (Hospital Corporation of America):
Hospital Corporation of America supports this bill.

BOBBETTE BOND, (Culinary Health Fund):
Culinary Health Fund also supports this bill.

PAT COWARD (Pharmacy Research Manufacturers of America):
On behalf of Pharmacy Research Manufacturers of America, we support it also.

SENATOR HECK MOVED TO DO PASS S.B. 311.

SENATOR WOODHOUSE SECONDED THE MOTION.

Senate Committee on Human Resources and Education
March 27, 2007
Page 14

SENATOR CEGAVSKE:

This bill will be going into the Finance Committee, and that is where I will be making my final decision.

THE MOTION CARRIED. (SENATOR CEGAVSKE ABSTAINED FROM THE VOTE.)

* * * * *

CHAIR WASHINGTON:

I will now open the meeting on S.B. 326.

SENATE BILL 326: Creates the Committee on Concurrent Disorders. (BDR 40-1138)

ROSETTA JOHNSON, M.P.A. (President, Human Potential Development):

I am here in support of S.B. 326. I will read from my written testimony ([Exhibit C.](#))

There is a correction on page 2, line 23. It should read, "relating to mental health and the treatment of abuse of alcohol and drugs." It currently reads, "relating to mental health or the treatment of abuse of alcohol and drugs."

MS. PARTIDA:

By changing "or" to "and," you would be requiring that one member represent a program relating to mental health and a program for the treatment of alcohol or drugs. The way it currently reads is that one member could represent a program of mental health, or they could represent a program for the treatment of the abuse of alcohol and drugs.

CHAIR WASHINGTON:

Is that what you want?

MS. JOHNSON:

I want a person that has both skills. It is important that these issues be treated together.

JIM MERLYN:

I am a co-current. I agree with the wording change. There are individuals who have the expertise in both fields. We have several programs in place, but they are not being pulled together. This Committee has the power to reach here and reach there to bring these entities together with little or no costs. If you treat one issue independent of another, neither will get much better. Without the Douglas County Mental Health Dual Diagnosis Group, a peer-to-peer group, I would not be sitting here today. I would not be able to be in a room with this many people. It is because I was able to find a place where I could talk about both of the interrelated problems and not as independent entities. This bill brings together entities that should be interrelated to benefit people like myself throughout this State.

CHERLENE CRAIN:

I have not had a drink in 25 years. However, I have only been sober for about six years. I have mental disorders as far as depression, and I did not just dry out, but became sober and able to work on my emotional issues when I joined the Douglas County Mental Health Dual Diagnosis Group and combined the issues.

SENATOR WIENER:

I have always heard the words were co-occurring, but I am hearing a lot of concurrent as co-occurring. What is the appropriate "word of art" used for this diagnosis.

MICHAEL J. WILLDEN (Director, Department of Health and Human Services):

They all mean the same. We are still using the term co-occurring or co-systems. We usually use co-occurring.

MS. JOHNSON:

Co-occurring is what is used by the federal government.

MR. MERLYN:

For me, these issues are co-occurring. The words mean the same, but co-occurring is more understood and used.

HELEN A. FOLEY, (Marriage and Family Therapists):

In looking at the 12 members to be appointed, it became clear that the only mental health professionals at the master's degree level who are not included in

this are the marriage and family therapists. Approximately 50 percent of their patients have co-occurring disorders. There are 675 marriage and family therapists in Nevada as well as other professionals who provide good services for co-occurring disorders. If there is a committee, we want to be a part of it.

MR. MATHEIS:

We do support this bill, and we all use co-occurring. One member of the committee should be a licensed physician and a practicing "addictionologist."

SENATOR WIENER:

How many "addictionologists" are there now?

MR. MATHEIS:

I will have to find that out for you.

SENATOR WIENER:

If the pool of "addictionologists" is limited, we could say with a preference of a licensed and practicing "addictionologist."

MR. MATHEIS:

My understanding is that there is a pretty good pool of them, but I will get a list to the Committee tomorrow.

SENATOR CEGAVSKE:

If we add what Ms. Foley wants and what you want, there would be two more members to this committee. Can we have these two new members fit into one of these categories on the list?

MR. MATHEIS:

In creating a new entity, you want to make sure that everybody that has something to contribute in maximizing the endeavor is there. We just want to make sure we have both issues covered.

MS. FOLEY:

This is Senator Townsend's bill, and he thinks having us as a part of the committee is fine.

Senate Committee on Human Resources and Education
March 27, 2007
Page 17

SENATOR CEGAVSKE:

Did he say anything about the "addictionologist"? This would make 14 members on the committee.

MR. MATHEIS:

The recommendation is that when it is initially created, you want to have everyone who is dealing in the area participate then let the committee sort itself out.

CHAIR WASHINGTON:

Do I have a motion to amend and do pass S.B. 326.

SENATOR WIENER MOVED TO AMEND AND DO PASS S.B. 326 WITH THE AMENDMENTS TO CHANGE THE WORD CONCURRENT TO CO-OCCURRING, ADDING THE ADDITIONAL COMMITTEE MEMBERS AND CHANGING OR TO AND.

SENATOR HORSFORD SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

* * * * *

Senate Committee on Human Resources and Education
March 27, 2007
Page 18

CHAIR WASHINGTON:

Madam Secretary, please have these e-mails for S.B. 326 be a part of the record ([Exhibit D](#)). The Senate Committee on Human Resources and Education is adjourned at 8:03 p.m.

RESPECTFULLY SUBMITTED:

Shauna Kirk,
Committee Secretary

APPROVED BY:

Senator Maurice E. Washington, Chair

DATE: _____