

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

**Seventy-Fifth Session  
March 9, 2009**

The Committee on Health and Human Services was called to order by Chair Debbie Smith at 1:36 p.m. on Monday, March 9, 2009, in Room 3138 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. The meeting was videoconferenced to Room 4406 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/75th2009/committees/](http://www.leg.state.nv.us/75th2009/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](mailto:publications@lcb.state.nv.us); telephone: 775-684-6835).

**COMMITTEE MEMBERS PRESENT:**

Assemblywoman Debbie Smith, Chairwoman  
Assemblywoman Peggy Pierce, Vice Chair  
Assemblyman Ty Cobb  
Assemblyman John Hambrick  
Assemblyman Joseph (Joe) P. Hardy  
Assemblywoman Sheila Leslie  
Assemblywoman Bonnie Parnell  
Assemblywoman Ellen B. Spiegel  
Assemblyman Lynn D. Stewart

**COMMITTEE MEMBERS ABSENT:**

Assemblyman Mo Denis (excused)  
Assemblywoman April Mastroluca (excused)

**GUEST LEGISLATORS PRESENT:**

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

**STAFF MEMBERS PRESENT:**

Amber Joiner, Committee Policy Analyst  
Chris Kanowitz, Committee Secretary  
Darlene Rubin, Committee Secretary  
Olivia Lloyd, Committee Assistant

**OTHERS PRESENT:**

Punam Mathur, President, Board of Trustees, Three Square, Las Vegas, Nevada  
Julie A. Murray, President and Chief Executive Officer, Three Square, Las Vegas, Nevada  
Paula Berkley, Reno, Nevada, representing Food Bank of Northern Nevada, McCarran, Nevada  
Cherie Jamason, President and Chief Executive Officer, Food Bank of Northern Nevada, McCarran, Nevada  
Lawrence P. Matheis, Executive Director, Nevada State Medical Association, Reno, Nevada  
Jovanna Lee, Member, Nevada Ambulatory Surgery Association, Las Vegas, Nevada  
Pamela Finlay, Administrator, Parkway Surgery Center, Las Vegas, Nevada  
Matthew L. Sharp, Board Member, Nevada Justice Association, Carson City, Nevada  
Stephen H. Osborne, President, Nevada Justice Association, Carson City, Nevada  
Marla McDade Williams, Bureau Chief, Bureau of Health Care Quality and Compliance, Health Division, Department of Health and Human Services  
John P. Middaugh, MD, Director, Community Health, Southern Nevada Health District, Las Vegas, Nevada  
Luana J. Ritch, PhD, Bureau Chief, Bureau of Health Statistics, Planning, and Emergency Response, Health Division, Department of Health and Human Services

**Chairwoman Smith:**

[Roll called. Quorum present.] We have a busy agenda today. We have two presentations, two bills to hear, and we have a work session.

We will begin with the first of our presentations that are related to food programs. I would like to welcome Julie Murray and Punam Mathur from Three Square in southern Nevada, and then we will have Cherie Jamason with the Food Bank of Northern Nevada.

**Punam Mathur, President, Board of Trustees, Three Square, Las Vegas, Nevada:**

My vocation by day is Senior Vice President of Corporate Diversity and Community Affairs with MGM Mirage, but my avocation has been as the President of the Board of an organization called Three Square, which was founded a little over 14 months ago to eradicate hunger in southern Nevada.

It was two years ago, during the 74th Session of the Legislature, that Ms. Murray and I were here to present to the Assembly Committee on Health and Human Services a request to seek funding for our vision. The vision was a paradigm of nonprofit collaboration to eradicate hunger in southern Nevada. At the time that we spoke before this Committee, we had a 10.5 percent poverty rate among citizens living in southern Nevada, roughly 200,000 people. We knew that one in four children walking to school everyday was living in poverty and was eligible for the free and reduced meal program during the school day. We knew that unemployment was about 5 percent, and we knew that we could hopefully marshal collaboration among all of the nonprofit providers in southern Nevada to take on what seemed to be a fairly serious and rapidly growing issue.

We asked you for \$5 million, and we were very grateful to receive the \$1 million that you granted us. The reason that we are here is first, to express our gratitude, and to remind the Committee that it is not necessarily the things we do, but the possibilities that are created for us. We used the faith and belief that you showed in us, through the generosity of your \$1 million grant, in the best way that we could and we also used it for leverage. A year later, we received from Clark County the gift of a \$5 million building so that we could go into business immediately, and we did.

On December 17, 2007, we opened a 50,000 square foot warehouse, which we knew could mobilize up to 25 million pounds annually for the citizens there. At the time we moved into that building, we thought that the unemployment rate was creeping higher than 5 percent. We thought that the incidence of poverty was also creeping higher than the 10.5 percent, and we knew that 42.5 percent of children going to a Clark County school were living in poverty and were eligible for free and reduced meals. When we moved into the building that Clark County had given us, the warehouse next door became available for sale. It was not in our strategic plan, we actually had no idea what to do with it, but we knew that the war against hunger would require a campus sufficient to mobilize an army. So, we bought the building.

It was the \$1 million capital investment made by the Legislature that gave us the power and the leverage to go into the community and raise the rest of the money to buy the building and to equip it. I am very pleased to tell you that, whatever it may take, on June 1 that new building will be opened. The campus will consist of a combined 125,000 square feet of space capable of mobilizing up to 75 million pounds of food. What we know is that this is enough to eradicate hunger in southern Nevada. What we need to do is rise to meet the challenge and "fit the pair of shoes" so to speak.

So here is the bad news today. Unemployment has gone up 50 percent since we started the Three Square program in southern Nevada. We know, based on the estimates that we have received from the Superintendent of Schools, that probably of the ten kids crossing that crosswalk this morning to school, at least five are living in poverty and are eligible for the free and reduced meal program. We also know that at least 5 to 10 percent of those kids who are living in poverty actually do not eat from the time that they leave their school on Friday until they return back to school on Monday. That is unconscionable.

The bad news out of the industry that I work in is that the worst is still ahead. That seems to be what every indicator points to. The best option that we have is our spirit and our ability to dream and identify possibilities. The \$1 million you committed to Three Square two years ago created possibilities. The war against hunger is on fire. We are passionate, we are driven, and we are moving with a sense of urgency. I am proud to report to you that thanks to your belief in us, we have paid for both buildings that are on the campus. We have paid for, in full, the cost of renovating the newly acquired building to have a production kitchen and do what we need to do in the war against hunger. As a Board of Trustees, we are now fully and obsessively focused on marshalling the ongoing operating expenses to buy the food that the citizens in southern Nevada will need today, tomorrow, and the next day. I come to say thank you on behalf of a very grateful Board of Trustees, and on behalf of hungry kids who are hopefully feeling full bellies and full of hope, and we thank you.

**Julie A. Murray, President and Chief Executive Officer, Three Square, Las Vegas, Nevada:**

What we are going to show you right now is a video of a building that would not be possible without you. As the President of our Board of Trustees reported to you, you had the faith and the confidence in us two years ago, and what this facility is going to do is impact the lives of millions, so I am going to show you this video.

[Showed a video of a computer-generated tour of the building. Not submitted as an exhibit.]

The video is going to talk about our mission, which is to "Passionately pursue a hunger free community." In the building that you, the Legislature, helped make possible, \$600,000 worth of architectural work was donated 100% by an architectural firm. Again, we leveraged your \$1 million gift. The current building on the right is the building that Clark County donated, and the building on the left is the building that you made possible. What you are seeing in the entry way is what we call the "Faces of Hunger," and it shows pictures of children, seniors, and families. As you walk in, the first thing that you see is a 5,000 square foot production kitchen, which provides to those same children, who are getting backpacks of food for the weekends, nutritious and delicious meals. On the right is our Lincy Foundation Community Room, where various organizations such as the Rotary Club, the Kiwanis Club, the Boy Scouts and Girl Scouts, and many others will come in and use the facility for their meetings.

As you can see, there are many rows of pallets that will allow us to offer the 40, 50, or 60 million pounds of food that will be necessary as we grow over the next few years. This building that you are looking at is 70,000 square feet. As you walk past here, this is the volunteer room where all of the food that we get in from food drives and various areas will be sorted and inspected by 1,500 volunteers who we have at the food bank. As you walk down this aisle, you will see that this is called Hilton Park, and it is a facility where you can meet and gather and have a cup of coffee before you go into the kitchen to cook some food or to volunteer sorting the different items that are in the warehouse. On the right is our board room named after Brad Friedmutter, whose architectural firm donated \$600,000 worth of architectural services. He was inspired by the gift you gave us from the State of Nevada. What you see here is what others in the country are looking at and saying that the State of Nevada really cares and supports its food banks and that our people are being respected by having phenomenal facilities available to them.

Again, as our Board Chairperson mentioned, we took the \$1 million gift that you entrusted us with, and we used it to leverage other people to come to the table to help fund this building. There are six milestones that I would like to share with you that we have been able to achieve since we met with you two years ago.

Number one, we have 240 nonprofit agencies and faith-based groups to whom we provide food. We have 125 schools who are receiving food from us, which is called our Backpack Program for Kids. In this program, kids go home for the weekend with a five-pound bag of food that has 3,000 calories. The food comes in pop-tops so that when they go home, if they have no parent there and there is no food in their refrigerator, they have a bag of food that will get them through the weekends. We have 90 grocery stores that we are picking up fresh

food from every day of the week Monday through Friday, in ten 26-foot trucks. Picture the grocery stores in the valley having food that is 48 hours away from expiring, our trucks pick it up, we inspect it, and we get it into the hands of people in need.

We also participate in a hunger study, working in conjunction with our colleagues in the north. We have a strategic way of looking at hunger; we understand who is hungry and where they are, and what we can do. Together, we are working to overcome that.

Lastly, I would like to share with you that the way food banks around the country work, including Three Square and the Food Bank of Northern Nevada, is when you make a gift to a food bank, it is really as though you are impacting hundreds of nonprofit agencies and churches. We get the food and funds in our facility, and we distribute to hundreds of partners who are providing the direct service out in the public. As Ms. Mathur mentioned, our goal is to have you feel our gratitude, and to have you know that you made a significant difference in the lives of so many people.

I just want to conclude with a quick story, and then I will turn it over to my colleague from the north. Some colleagues of Ms. Mathur's came to volunteer and help put together backpacks of food. We called one of our 240 agency partners and asked if they would send someone to come and talk about the food they are getting from us. These two beautiful 17-year-old girls were sitting with Ms. Mathur and her colleagues, and they told them about the food they received from the Center for Independent Living, which is where they lived, and we were excited about their testimony. Before they left, Ms. Mathur asked them to share their story as to why they were living at the Center for Independent Living. The first young lady said that she comes from a family of five, and she is the oldest. Her mother was recently laid off and told her that because she was the oldest, she had to go. The other girl, who is also 17, said that her father was laid off and it became very violent at home, and so she fled. I then asked the young ladies what was the most difficult thing they were experiencing right now, and they said the anger management. As teenagers, they were not doing anything wrong. The recession hit, their parents were laid off, and they took it out on these girls.

I know that as members of the Legislature, you are looking at budgets and numbers, but there are so many people who are looking to you for help and so many lives that are in need of saving. From our position in southern Nevada, we want to thank you for what you have allowed the Three Square program to do. You are impacting lives, and we greatly appreciate all you have done.

[At the request of the Chair, ([Exhibit C](#)) and ([Exhibit D](#)), submitted by Three Square, were entered into the record.]

**Chairwoman Smith:**

Thank you very much for sharing your success and accomplishments. They are quite remarkable. Certainly, the timing is impeccable, with the state of our economy. We appreciate how quickly you have achieved what you have.

I have a question about the breakfast in school program. Are you working with that program?

**Julie A. Murray:**

You probably know that Clark County is the fifth largest school district in the country, and in the 2007-2008 school year, 42.5 percent of our children were on the free and reduced meals. That was before the recession hit. As Ms. Mathur mentioned, the school district feels that is going to be closer to five or six out of ten children who struggle with hunger. We are currently in 125 schools with our weekend food program, and soon to go up to 260. Our next endeavor is going to be the school breakfast program and then next, the summer food service program. The same children who are getting weekend food, who qualify for the summer food service program, are the same ones who need the breakfast program. My colleague from the Food Bank of Northern Nevada will be better able to share some numbers with you that are more statewide and will be telling you more about the advocacy of that program.

**Assemblywoman Pierce:**

It is nice to see you both. In my real life, I work for one of the 240 agencies that comes and gets food from Three Square, and I can attest that these folks do a tremendous job. It is so well run. The amount of hunger in Clark County is frightening and very sad, but the progress that we have made as a community is just tremendous. Thank you.

**Chairwoman Smith:**

Are there any other questions for Ms. Mathur or Ms. Murray? Seeing none, I would invite Ms. Berkley and Ms. Jamason to the table.

**Paula Berkley, Reno, Nevada, representing Food Bank of Northern Nevada, McCarran, Nevada:**

I would just like to say that it is so wonderful to have a partner who is really engaged in the south. We are able to work very well together, and multiply our resources, because we work together so effectively. That has been a real joy.

[Read prepared testimony, included in ([Exhibit E](#)).]

We are hoping that by the end of the presentation, you will be willing to put a higher priority on the implementation of the federal nutrition programs, and I hope Cherie will convince you.

**Cherie Jamason, President and Chief Executive Officer, Food Bank of Northern Nevada, McCarran, Nevada:**

I too deeply appreciate having such passionate colleagues in the south. This is the first time in 25 years that we have had people in the south working with people in the north on issues of hunger, so we are pretty excited about it.

[Read prepared testimony, included in ([Exhibit E](#)).]

We appreciate, very much, the time you have taken to allow us to speak today. Thank you.

**Chairwoman Smith:**

Thank you. We appreciate you both being here to give us the good news and the bad news. As you have both indicated, the number of those in need is growing every day, but we certainly have two very healthy and thriving programs in this state to help answer the needs of the people. Are there any questions?

**Assemblyman Hardy:**

You have told us the three things that you would specifically like us to provide: provide the Department of Health and Human Services and the Department of Education the flexibility to evaluate and implement every possible option to streamline programs; support the technological funding requests from the Department of Health and Human Services; and support and encourage outreach efforts for these crucial federal programs. Do we have those kinds of bill draft requests (BDRs) before us, or is this just something that we should be aware of, in terms of the impacts on your work?

**Cherie Jamason:**

I believe what the Department of Health and Human Services is asking for is in the budget. I believe these are all options. There are no BDRs. It is a decision that this Committee and the Legislature can make to say to our state agencies that they have wonderful United States Department of Agriculture (USDA) nutrition programs. Do everything in your power to do the best job that you can to get people connected with the help they need. It is a policy thing from our perspective. The programs are there to be used, and the degree to which they



are used is very much predicated on our desire, as a public, and as elected officials, to see to it that they are used well and are accessible.

**Assemblyman Hardy:**

So what you are saying is that we need more flexibility in how we handle that. Is that a policy issue that is before us?

**Cherie Jamason:**

I believe so.

**Paula Berkley:**

The funding for technological investment for the Department of Health and Human Services is in the State Budget and is recommended by the Governor, and it would be great if it was approved. Since I started lobbying, this is the first request that I have seen that would have such a huge impact. For example, when someone comes in to apply for food stamps, they scan in all their documents so that they have all their information in the computer, which can be accessed by other programs, such as Medicaid. This would be a drastic change. The only way a state employee is evaluated for how well they are doing is whether they do not make an error on the application for food stamps. Their attitude is to disqualify somebody who is not exactly perfect so that they will not get a ding on their evaluation. It is not because they are being mean, but because they have a lot of pressure to get food stamp applications through. So their attitude is not focused on giving to people the help they need; their goal is to do it correctly.

**Cherie Jamason:**

The USDA has a number of options available to states to streamline how the states administer the program. They have been available for a decade. On the whole, Nevada has not chosen those options. We invited a lady from the Center on Budget and Policy in Washington, D.C., to talk to our state colleagues about a couple of ways to streamline the program. One of them will be implemented on April 1, 2009. It is an option that removes some of the process, such as the paperwork, from the application. People who are applying do not have to, for example, find a bank account they had 20 years ago in Ohio that had \$2 in it and is now closed. That is the kind of stuff that is keeping people from participating. So there are federal options we can use in the state that will streamline the process. It will eliminate a lot of the paperwork; it will make the program less error-prone; it will help the state staff process applications more quickly, ultimately saving money; and it will help more people get into the program. People get so discouraged. The people who have the least ability to deal with this kind of situation are the people from whom we are requiring the most, and that is just not right.

**Assemblyman Hardy:**

If you write the letter, I will sign it. I think we all support you. What has intrigued me is if we have problems with applications, and we have many people who want to volunteer, is it possible to have those volunteers help fill out applications? It seems to me that if we have a workforce that is willing to volunteer, we ought to take advantage of it.

**Cherie Jamason:**

I heartily concur. Thank you.

**Chairwoman Smith:**

We will move on to the next item on the agenda. I will open the hearing on Assembly Bill 125.

**Assembly Bill 125:** Requires surgical centers for ambulatory patients to obtain certain national certification. (BDR 40-68)

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

I appreciate your hearing this bill today. I know you were originally going to hear this bill a couple of weeks ago in Las Vegas, but I was unable to attend, so I appreciate your taking the time to hear this today. This is probably one of the more simple bills that addresses the Hepatitis C outbreak in Las Vegas. I am concerned about access to health care, and I am concerned about the cost of health care. This bill will require that surgical centers get accreditation from some nationally recognized organizations, just as we do with hospitals right now. Hospitals have used a very successful accreditation process over the years. In Nevada, we have had a problem with examining the surgical centers. We have been understaffed, and unable to maintain people who are trained in current practice levels. Using external organizations that only examine these types of businesses might be a way for us to ensure that state-of-the-art practices are being used. We want to keep these places open and make sure that they are safe, without reducing access to care in our state.

**Assemblyman Cobb:**

What is the accreditation process that you had in mind? Is there a standard in the medical community that would allow a national group to examine the facilities, train, or test?

**Assemblywoman Gansert:**

I believe the hospitals are examined every three to six years, but in this case the accreditation organization would come out every three years and check how the centers are processing patients and cleaning medical instruments and equipment. Basically, they would have the state-of-the-art practices down, and

I think that is what the state has been unable to do, because we always have a shortage of employees, turnover, and budget issues. The accreditation organizations inspect surgery centers and make sure that those centers are doing what they need to do to provide safe care.

**Assemblyman Cobb:**

So in essence, we have another set of eyes on these centers to help us maintain our practices?

**Assemblywoman Gansert:**

They are experts at inspecting. That is all they do. I am concerned about the state trying to provide that level of accountability.

**Assemblywoman Leslie:**

I just have a comment. You keep saying "overreaching," but the center where we had all the problems was accredited.

**Assemblywoman Gansert:**

I recognize that happens sometimes. I think that the state does have a role when there are problems, and we need to be checking into it. Usually, they come in every three years.

**Assemblywoman Leslie:**

My point is that having accreditation does not necessarily mean that the problem is averted, because that particular center did have this accreditation. I think it is a good idea, and I think we should require accreditation and certification, but I also think we need to do more because obviously that was not enough.

**Assemblywoman Gansert:**

Well, there are always "bad actors," and no matter what you do, there are always people who will act outside the realm of what they are supposed to be doing.

**Assemblywoman Leslie:**

We do not need to debate; I just wanted to make a point.

**Assemblywoman Gansert:**

Thank you. I know you have debated this topic and talked about it at length during the interim and also in the other meetings that you have had.

**Lawrence P. Matheis, Executive Director, Nevada State Medical Association, Reno, Nevada:**

We support Assembly Bill 125. Assembly Bill 123, Senate Bill 70, and this bill are focused, although in slightly different ways, on the same group of facilities. Assembly Bill 125 would require national accreditation or certification of all the ambulatory surgery centers in the state. It can be viewed as being in lieu of full, annual state inspections. Senate Bill 70 does not require the national accreditation, but requires annual state inspections. Assembly Bill 123 allows for national accreditation and an annual review by the state, focused on infection issues. My advice would be that it would be wise for the Committee to view all of those ideas together and fashion a comprehensive approach. In this way, two years from now, when the Legislature convenes, the state will be able to report a success rate. I think it is doable.

**Jovanna Lee, Member, Nevada Ambulatory Surgery Association, Las Vegas, Nevada:**

We definitely support A.B. 125. As Mr. Matheis mentioned before, we are interested in working with the Committee to assist you in any way to implement this. Given that we are in the ambulatory surgery center environment, we are fairly knowledgeable of the accreditation process, so hopefully we can answer any questions that you may have.

**Assemblyman Hardy:**

With the accreditation organizations, are there provisions to intervene when they see a procedure that is not appropriate, to educate, and to make sure that the situation is resolved and that care and costs are accounted for in some way?

**Jovanna Lee:**

Our state requires licensure and Medicare certification for the surgical centers, and then we are free to seek accreditation. If an accrediting body is visiting, and they see a process or a procedure that is not up to the standard for their body, they do report it to Medicare, and they should report it to the state. That is how it is supposed to work. Obviously we have had breakdowns in the past with that process, but we have a set of standards with the accrediting body, we are held to that criteria, and we are expected to follow them at all times.

**Assemblyman Hardy:**

If you could answer the question directly; when you see an improper procedure, do you intervene immediately and correct the procedure?

**Jovanna Lee:**

I am not from an accrediting body; I am from the Ambulatory Surgery Association. My experience has been that if an accrediting body sees a practice that is not appropriate, they do intervene immediately.

**Pamela Finlay, Administrator, Parkway Surgery Center, Las Vegas, Nevada:**

I definitely support A.B. 125. We have been surveyed for the past eight years under two different accrediting agencies, and they are most helpful. They keep us constantly up-to-date with new and better practices. We are currently accredited by the accrediting agency called The Joint Commission, and we are in the process of doing a performance review during which we look at all of our standards on a continuing basis. We do this yearly.

**Matthew L. Sharp, Board Member, Nevada Justice Association, Carson City, Nevada:**

We are in favor of A.B. 125 and specifically the concept of requiring accreditation. I just have two points of caution. I think that accreditation is a good thing, depending on the accrediting agency, but it is not the solution to avoiding public health crises. It would not have made a difference in terms of the endoscopy center in southern Nevada where the Hepatitis C outbreak began. It was accredited. My point would be that we still have to look back to private industry to do what is right, and that is ultimately where you need to look for who has the responsibility. I would like to make one comment in response to Assemblyman Hardy's comments earlier in terms of how the accreditation agency reports deficiencies. I think that Mr. Osborne will talk about this more when he testifies in a moment, but there are issues as to whether or not that information truly does "see the light of day" because there are a number of problems, such as peer review privileges and the like. I think that one of the things the Committee could look at to help consumers is creating more transparency in the review process.

**Stephen H. Osborne, President, Nevada Justice Association, Carson City, Nevada:**

We do support this bill. We feel that it is a step in the right direction. We think that the safer we can make these centers, the better off the patients will be. We are concerned about the transparency of these accreditations, and we think it is necessary to have, as Assemblyman Hardy mentioned, direct reporting and incident reports, as opposed to hiding behind a peer review process.

**Assemblyman Hambrick:**

Would accrediting agencies have the authority to lift accreditation at the time of inspection and then report back to the state that an organization's accreditation has been lifted?

**Stephen H. Osborne:**

I think that is a good point. When the accrediting agency reports back, depending on what type of violation has occurred, their report could lead to a lifting of the ability to practice.

**Chairwoman Smith:**

I think Marla will be able to better answer some of these questions that members are having. Go ahead Marla.

**Marla McDade Williams, Bureau Chief, Bureau of Health Care Quality and Compliance, Health Division, Department of Health and Human Services:**

The Health Division believes that accreditation is one avenue for achieving quality health care, and accreditation supports the regulatory activities of the Health Division.

Accrediting bodies spend substantial resources on establishing standards intended to improve the quality of care at accredited facilities. These private entities ensure compliance with their standards by performing on-site inspections on a schedule that may range from every 18 months to every 3 years. It is important to note that the accrediting body itself does not have any ability to close a facility or take any type of enforcement action against a facility, based on state law. The standards of an accrediting body may be different from the state's regulations for ambulatory surgery centers, and the standards will vary depending on the accrediting agency. When the Division pursues an enforcement action, it is for a violation of state or federal laws or regulations, and not for a violation of an accrediting body's standards. As noted in the bill, the only time the Division would take an action against an ambulatory surgery center is when a center loses its accreditation status by means of voluntary withdrawal or forced withdrawal.

If the intent is to allow the public access to the findings of an accrediting body's review, it may be helpful for the Committee to know that without a statutory requirement, the accrediting bodies can choose whether or not they will submit their accreditation review results, complaints, and the results of complaints, for Nevada's facilities, to the Health Division. Accrediting bodies have made it clear to the Health Division that unless there is a law specifying that these results become public documents once they are received by the Health Division, this information cannot be made available on the Division's website.

We want to be clear that there is a separate cost for accreditation for the facility in addition to the Division's licensure fees. The Division has attached a small fiscal note to this bill that only covers the cost of developing regulations.

**Assemblyman Hardy:**

Are there regulations in other states that could be used as a template for creating our own regulations to minimize the fiscal note?

**Marla McDade Williams:**

There are, and we would use other states' models for the regulations. Again, they are minimal; they just have to get on the books.

**Assemblyman Hardy:**

That would require some public testimony and stakeholder meetings?

**Marla McDade Williams:**

Yes.

**Chairwoman Smith:**

Is there anyone else who would like to testify for, against, or in a neutral position on A.B. 125? I do not see anyone coming forward, so I will close the hearing on A.B. 125 and open the hearing on Assembly Bill 112. It was sponsored by the Interim Legislative Committee on Health Care, so Assemblywoman Leslie will present this bill.

[Assembly Bill 112](#): Establishes provisions relating to public health emergencies.  
(BDR 40-214)

**Assemblywoman Sheila Leslie, Washoe County Assembly District No. 27:**

The reason the Legislative Committee on Health Care recommended this bill was because during our hearings on the Hepatitis C crisis, it became very apparent that there were many different agencies involved, and yet, we could not close down the clinic. There were a lot of things happening, and there were questions over what agency was responsible for doing what. Just to give you an idea of some of the agencies that were involved, we had the Southern Nevada Health District that was doing the investigation. We had the State Epidemiologist in our Health Division involved in consultation assistance. We had the Bureau of Health Care Quality and Compliance, which is also part of our Health Division in the Department of Health and Human Services, that was involved. Also taking part were various law enforcement agencies, including the Las Vegas Metropolitan Police Department, the Office of the Attorney General, and even the Federal Bureau of Investigation (FBI).

We had patients who could not get their records, and there was just a lot of confusion during that time period. During the interim, while we held our various hearings on the Hepatitis C crisis, this idea came forth, promoted mostly by Mr. Matheis. All of this discussion is included in Legislative Counsel Bureau

Bulletin 09-15, which you received at our first meeting, and has all of the recommendations from the Interim Committee on Health Care. The testimony that we heard emphasized the need to strengthen the coordination between the various agencies and the need for a separate statute giving the Governor explicit authority to declare a public health emergency.

I know there are some objections to the bill because it may be that the state entities already have the authority to do what is indicated. After our discussion today, we may come to the same conclusion. I can tell you that when the crisis was actually occurring, and we were conducting hearings, it was evident that while some people may have had the authority, they were not using it, or people were confused about what authority they did have. We had varying legal opinions coming from different places, so I can tell you that in reality, it was not clear. There was definitely a strong feeling in the testimony we heard that somehow the statutes needed to be clearer about who had authority. Please keep that in mind as you are hearing people come forward and testify. I am not sure we need this bill, but I think we need something. It is now six months later, and maybe we will be getting a different perspective, so I look forward to hearing the testimony.

**Chairwoman Smith:**

I would imagine that the thousands of people who were affected by that incident would probably be more comfortable knowing that we are clarifying the roles and responsibilities of various agencies. I stated when we were in Las Vegas in February that I am hoping the reason we have not heard from a lot of people who were involved is because they are pleased that we are moving forward with several pieces of legislation. I think that they are entrusting us to take care of this issue.

**Lawrence P. Matheis, Executive Director, Nevada State Medical Association,  
Reno, Nevada:**

This bill does not fully capture what we had talked about in the interim, and that is probably where some of the issues are. I did send an email to the Committee with a proposed amendment ([Exhibit F](#)). I think that Assemblywoman Leslie was right on target with what the problem was. It is not clearly stated in the bill. The problem during the outbreak was there were multiple state agencies, with specific responsibilities and roles in the event of an outbreak or emergency situation in a health care setting, that could not coordinate their responses which would have allowed them to share information in a timely way, to intervene in a timely way, and to really create a sense of understanding for the public that somebody was in charge and that things were going forward properly. It was many weeks before there was a sense of convergence.



This is not a unique situation and not a hypothetical situation. We had the Hepatitis C outbreak, but last week the Centers for Disease Control and Prevention reported an outbreak in a dialysis center in New York. They are still in the process of working on an outbreak in a cardiology practice in North Carolina. Before the Las Vegas outbreak, the largest outbreak was in an oncology center in Nebraska. In each of those cases, the various agencies that have responsibility have had trouble coordinating their actions, and in many cases, have left the public and the patients with more concerns after their procedures than they had before them. I think that we can try to make sure that this is alleviated in the future.

These types of emergencies do not happen very often. We are not talking about disasters, like what we looked at in statute regarding the coordination and intervention systems after September 11, 2001. We should define it as something that occurs in the health care setting, either in a licensed or certified facility, or in a professional's practice, and what to do in terms of intervention.

With that idea in mind there are a couple of major things to consider. One which I would not recommend is creating a standing committee for this. Instead, you bring together an ad hoc committee of those agencies that have responsibility during an emergency. Depending on what the situation is, there could be several different agencies involved. I think the first issue is addressed in section 3 of the bill, which is where we should try to define what we are talking about. I suggest that you replace subsection 1 with something like, "If a health authority identifies, within its jurisdiction, an immediate threat to the health and safety of the public in a licensed or certified health care facility or within the practice of a licensed health professional as defined by *Nevada Revised Statutes*, the health authority shall immediately transmit to the Governor a report of the immediate threat." That is just an example of what you could put in this bill. I do not know if that is the best language, but it reflects what the Interim Committee on Health Care and I discussed last June.

If the situation is deemed an emergency, the Governor identifies which state agencies have authority in the area and directs those agencies to assign point persons who form an ad hoc committee to make sure that the emergency gets the appropriate response. The Deputy Attorneys General who are assigned to each of these agencies also have to be involved while the ad hoc committee is attempting to figure out what the extent of the problem is, what the nature of the problem is, and what steps need to be taken to ensure that the public is safe. On page 3 of the bill, where the Governor's declaration would identify the agencies that would have responsibility, it is quite possible that, as the investigation goes forth, new agencies could be determined to have a role, so you want some way to amend that part of the process.

I provided a copy of the amendment ([Exhibit F](#)) to the Committee, so I am just reviewing the key sections. Section 5 of the bill needs to be changed if you are going to follow the suggestions that I made or you want to pursue this in a reasonable route. The role of this ad hoc committee, and the role of the chair of the ad hoc committee, should be identified. I have suggested some language to lead into that: "Upon the declaration, the persons and entities identified in the public health emergency declaration must designate and assign a lead person to serve on a response committee. The committee must include...." And then you would go through that list. That is because I would presume, that although we should not have these ad hoc committees very often, it is likely to be different people involved each time one is necessary.

I recommend eliminating sections 6 and 7. In section 8, because I perceive this as an ad hoc group, they should meet immediately, or as soon as practical. I would suggest not letting the committee set up a subcommittee. You have the lead person from each agency; they should be making all the decisions together and making sure that their agency is able to fully complete its responsibilities. I would recommend eliminating the part of section 8 that creates the subcommittee.

In section 9, subsection 3, I would simply recommend that the language be something like, "investigate and ensure coordinated response by all responsible persons and entities to the public health emergency." That is really for the purpose of bringing together the ad hoc group to ensure that the agencies work together, to make sure that they have what they need to first stop and address the emergency, and then to make sure that the subsequent activities are appropriate. In section 9, the first subsection addresses situations where the group identifies areas that need longer-range planning by the State Board of Health or other groups that they recommend.

Section 12 addresses the issue that occurred during the Hepatitis C outbreak. Virtually every agency and their lawyers found reasons that statute prohibited sharing information with another agency. The sense that everybody froze in place and took the default position "I cannot do it" was one of the major frustrations for the Interim Committee on Health Care. During the early hearings, many of the responses from various state agencies were about how they could not do anything. The issue is how to make sure that once a declaration of emergency is made, the agencies share the information that each one may need because they may all need the same basic documents and the same basic facts. I suggest, on line 37 of page 6 of the bill, following the word "Committee," adding "with the approval of the Governor and the Attorney General." Again, this is expected to be a short-term matter, to ensure that all of

the agencies that are going to be accountable later on are actually able to get the information they need, so they can do their work.

If the Committee wishes to continue to try to process the bill to deal with this definition of "coordination" and what happens when there is an outbreak, a disease issue, or a failure in a health care setting, I will certainly be happy to work with the Committee on trying to perfect the language.

**Assemblyman Hardy:**

I see being able to share the information is obviously important. Who is compelled to act on the information, and how long do they have before they have to act?

**Lawrence P. Matheis:**

This bill is one piece of what the Interim Committee on Health Care looked at. Other bills deal with how the individual agencies are supposed to respond. This addresses authority and coordination of agencies during a crisis. This bill assumes that somewhere else in statute there is a clear statement of what state agencies are responsible to do, and that they do it. This bill enables the agencies to act.

**Assemblyman Hardy:**

The way I read this bill is that it implies once information has been shared, that ability to share continues on after the acute phase of the public health emergency is over. There is not a timeline that stops agencies from sharing information.

**Lawrence P. Matheis:**

That is how I see it. It is up to that ad hoc committee to make sure that they have everything they need to be able to move to the next phase. That is what this statute does. What they do with the next phase is addressed in the other statutes.

**Assemblywoman Parnell:**

This bill reminds me of the 2001-2002 interim, following September 11, 2001. The Interim Committee on Health Care was given the State Emergency Health Powers Act to consider. We spent a lot of time on that, and it did pass as Senate Bill No. 82 of the 72nd Session in 2003. This parallels what we were trying to do when we had that discussion. I would just make sure that none of it conflicts. At the time, I was very opposed to the Emergency Health Powers Act because I thought it went too far. This bill seems more like where we should have gone when we were considering the Emergency Health Powers Act. I would like to pass this and substitute whatever language we

ended up with in 2003. Can you share your thoughts about the comparison between the two bills?

**Lawrence P. Matheis:**

I think that this is carving out a different pathway for a fairly narrow set of incidences, whereas the broader act was really aimed at disasters. This is based on very real experience, and is meant to make sure that we never have another outbreak like the Hepatitis C crisis, and that our responses are better in the event we do have another outbreak.

**Assemblywoman Parnell:**

I think the important thing also to know is that there was legislation passed years ago that covers that bigger issue, but I think we do need the specific language to cover a facility or doctor's office.

**Assemblywoman Leslie:**

This bill is to provide a framework, and so in our thinking, in another public emergency, there would be a place in statute that states "The Governor is supposed to do x, y, and z" because that did not happen during this crisis. As I recall, the only declared public health emergency that we have had was during the emergency room crisis a few years ago in Clark County, when the County Manager actually declared a public health emergency. Thinking of that example, how would this bill have worked for that situation?

**Lawrence P. Matheis:**

I think it would have been an interesting test of the limits of this approach. We would have seen the Southern Nevada Health District officer report the emergency to the Governor, and whether or not, in the Governor's opinion, it rose to the level of being declared an emergency. If so, different agencies would have had to sit together. The benefit of this kind of approach is just to have, in statute, the outline of responsibilities and time frames.

**Assemblyman Stewart:**

Do you have any idea of the fiscal note on this?

**Lawrence P. Matheis:**

That is why I am not recommending the permanent committee idea at all. It should be an ad hoc committee called by the Governor when there is an incident that he believes is a public health emergency. It is hard to determine what that would cost, because presumably almost everyone who is involved is a state employee, who is already in an agency with a requirement to act. So it really is about the cost of doing investigations, the cost of sealing and controlling medical records, and things like that. We could certainly look at the cumulative

cost of the response to the Hepatitis C outbreak, and that might give an idea, but it is not something that you should build into the budget, because presumably this rarely is going to be invoked and you will have to deal with the cost of the committee at that point.

**Chairwoman Smith:**

I will note that the fiscal note is around \$18,000. That is with the much bigger and more permanent structure, so it will probably be pretty minimal. Thank you, Mr. Matheis, for your suggestions and work on this issue. We will continue to work with you and Assemblywoman Leslie to come up with a good resolution. Is there anyone else to testify on this bill?

**John P. Middaugh, MD, Director, Community Health, Southern Nevada Health District, Las Vegas, Nevada:**

I am new to Nevada, and it is my first time speaking before this Committee, so I would like to introduce myself to you. I spent the last 3 years as the State Epidemiologist for the State of Florida, and 25 years before that as the State Epidemiologist for the State of Alaska. In fact, I interviewed for my position to join the Southern Nevada Health District on the very morning that the Hepatitis C outbreak hit the newspapers, and I have very much been impressed with the Legislature's response to what happened. We are very supportive of all these efforts to make sure that it never happens again.

I am here today to express our concerns with many of the provisions contained in Assembly Bill 112. I have heard that there are others, as Mr. Matheis articulated earlier. Certainly there is good intent behind the bill as it is currently written, but this legislation would provide for a new committee that could essentially usurp the existing authority of local and state health authorities, as well as their respective boards. Currently, the Health District is working with the Health Division on additional bill drafts based on the recommendations made in the wake of the response to the Hepatitis C crisis. We feel that these bills will adequately address our concerns and solidify the authority issue.

Assembly Bill 112 touches on some very important issues, especially the need to develop a more effective means for sharing information among agencies during a public health investigation. This issue has raised very important concerns related to patient privacy. We feel that this bill would provide an ideal vehicle to offer a comprehensive amendment that would allow us to better define the circumstances under which agencies could share information, while still affording appropriate safeguards for patients. The Health District would like the opportunity to craft an amendment in consultation with other agencies and affected parties. Thank you.

**Marla McDade Williams, Bureau Chief, Bureau of Health Care Quality and Compliance, Health Division, Department of Health and Human Services:**

The Health Division acknowledges that during the Hepatitis C crisis, coordination of activities could have resulted in better outcomes at the time. However, this bill appears to create a separate system that may not coordinate well with the existing system. Further, it appears that some provisions in this bill may be covered in Assembly Bill 206, which is the Health Division's bill. For example, the ability to secure medical records, and giving power to a local health authority to close a facility when no other entity has jurisdiction to do so, are included in A.B. 206.

**Luana J. Ritch, PhD, Chief, Bureau of Health Statistics, Planning, and Emergency Response, Health Division, Department of Health and Human Services:**

Our Bureau includes the state's preparedness programs that are funded through the Centers for Disease Control and Prevention (CDC) Public Health Preparedness Grant Program, and the Hospital Preparedness Program. Those are both under the federal Department of Health and Human Services.

Some confusion exists as to how we respond to public health emergencies. We have a number of specific response plans, including one that is for mass illness that was implemented in response to the Hepatitis C event. We have a role to coordinate response and provide resources, when requested by a local public health entity, in response to an emergency. That was indeed what occurred with the Hepatitis C response. The Health Division advocated on the part of the Southern Nevada Health District for over \$500,000 in federal preparedness funds that went to various activities for the Hepatitis C response. We work under what is called ESF8, which stands for Emergency Support Function 8, of the state's Comprehensive Emergency Management Plan. When the Division of Emergency Management is activated, we staff the response designated for public health emergencies.

I have not had the opportunity to see the amendments, but we will look at those from the perspective of making sure that they can run in compliance with the National Incident Management System, which is the federal law we operate under that was passed in 2001. That System structures how we respond to emergencies, so we would want to make sure that the proposed amendments are in compliance with the System. The Incident Command System is part of that, and the Southern Nevada Health District utilized their Incident Command System in their response, as did we in later stages of our response. That would be where we would go with any proposed amendments, just to make sure that we stay parallel to or in concurrence with those federal standards for how we respond to public health emergencies.

**Chairwoman Smith:**

Well, it sounds like we have some work to do on this bill to make sure we bring everything together. Is there any other testimony on A.B. 112? [There was no response.] I will close the hearing on A.B. 112 and at this point, is there any public comment before we begin our work session? [There was no response.]

I am going to ask Amber Joiner, our Policy Analyst, to go through the work session document for us.

**Assembly Bill 10:** Prohibits retaliation or discrimination against registered nurses, licensed practical nurses and nursing assistants who report certain information relating to the safety of patients. (BDR 40-219)

**Amber Joiner, Committee Policy Analyst:**

The first measure that we are going to consider is Assembly Bill 10. This bill was sponsored by the Interim Committee on Health Care. There are two amendments that were proposed (Exhibit G). The Nevada Hospital Association proposed that the words "retaliate or discriminate" be substituted throughout the bill in place of a reference to the paragraph where the definition of "retaliate or discriminate" is provided in statute. The purpose of this change is to make it easier to read and to clarify that the prohibited actions are retaliation or discrimination.

The second proposed amendment was also provided by the Nevada Hospital Association. They proposed inserting the word "willful" before the word "conduct" on page 3 of the bill to make it clear that the conduct in question is intentional.

**Chairwoman Smith:**

We heard this bill at our hearing in Las Vegas. We did not have any testimony in opposition to the bill, but were offered amendments, which have just been proposed. Is there any discussion?

**Assemblywoman Leslie:**

I think both amendments actually strengthen the bill, and I personally like them both.

**Assemblyman Hardy:**

Do we have the definition of "retaliate and discriminate"?

**Chairwoman Smith:**

I do not know that we do. Let us go to page 4, under subsection 4 of section 1 of the original bill. [The Chair read aloud section 1, subsection 4, of the bill, from line 1 to line 20.]

**Assemblyman Hardy:**

It seems to me, the best way to avoid being negatively impacted at work is to "blow a whistle" so that none of these things happen to you. Is there a repercussion for a false whistle-blower? I see this bill as necessary; I am just trying to figure out how to protect the system from problem employees who may manipulate the system to make sure that they are not disciplined.

**Chairwoman Smith:**

We are asking that question of our Committee Legal Counsel. While we are waiting for her response, I would note that this question did not come up during the original hearing. We will wait for her response and come back to this bill. Let us go to Assembly Bill 216.

**Assembly Bill 216:** Revises provisions relating to the Nevada Academy of Health. (BDR 40-1119)

**Amber Joiner, Committee Policy Analyst:**

Assembly Bill 216 was sponsored by the Assembly Committee on Health and Human Services, and was heard on March 2, 2009. The bill does three main things. It removes the sunset date for the Nevada Academy of Health, which was established during the 2007 Legislative Session and is set to expire on June 30, 2009. Second, it revises the membership of the Academy by reducing the number of members appointed by the Governor from six to four, adds a representative from the quality improvement organization of the Centers for Medicare and Medicaid Services of the United States Department of Health and Human Services, and reduces the number of members from 14 to 13. Third, the bill revises the duties of the Academy by adding that it is responsible for studying various topics relating to accountability, access, and quality of health care in Nevada. It also removes the requirement that the Academy provide recommendations to the Governor and the Legislature concerning the establishment of a statewide biomedical and health research program.

No amendments were proposed in writing during the hearing (see [Exhibit H](#)).

**Chairwoman Smith:**

There was no testimony in opposition to this bill. Is there any discussion? Hearing none, I will take a motion.



ASSEMBLYWOMAN LESLIE MOVED TO DO PASS  
ASSEMBLY BILL 216.

ASSEMBLYWOMAN PARNELL SECONDED THE MOTION.

THE MOTION PASSED. (ASSEMBLYMEN DENIS AND  
MASTROLUCA WERE ABSENT FOR THE VOTE.)

**Chairwoman Smith:**

Let us consider Assembly Bill 196.

**Assembly Bill 196:** Revises provisions relating to the licensure of facilities for refractive surgery. (BDR 40-813)

**Amber Joiner, Committee Policy Analyst:**

Assembly Bill 196 was sponsored by Assemblywoman Leslie and was heard on February 21, 2009. It revises provisions relating to the licensure of facilities for refractive surgery. [Read from ([Exhibit I](#)).]

No amendments were proposed in writing during the initial hearing; however two amendments were proposed after the hearing ([Exhibit I](#)).

**Chairwoman Smith:**

Both of these issues presented in the amendments were worked out between the two organizations that represent the ophthalmologists and the optometrists. The first amendment clarifies the existing legislation regarding that relationship and the second amendment just protects that patient's right, in this situation, to have treatment by an ophthalmologist, if that is the follow-up situation for that patient.

**Assemblyman Hardy:**

In the mock-up of the second amendment, under number 3 where it states, "... the patient will be referred back to the collaborating ophthalmologist ...," if the collaborating ophthalmologist is not around, and there is a medical emergency with the eye, then we have to be able to get that patient to the ophthalmologist who is covering. Sometimes, the ophthalmologist, who comes from someplace else, may not actually have a person identified, and I would like to see some way that the ophthalmologist who is collaborating has a certain amount of responsibility to have somebody, if not himself, available for a medical emergency.

**Chairwoman Smith:**

The original bill does require an ophthalmologist to either be available or have that follow-up treatment available.

**Assemblyman Hardy:**

Number 3 of the amendment says "to the collaborating ophthalmologist." Is that a separate section, or does it need to be stated in that section that he will have someone who is there to collaborate?

**Chairwoman Smith:**

I think we are on the same page, Dr. Hardy, as far as the intent of this legislation. When Legal drafts the amendment, they can take that intent into consideration.

**Assemblyman Hardy:**

Thank you. I just need to have that in there.

**Chairwoman Smith:**

We will make sure both of the parties involved acknowledge that. Other discussion? Then I will take a motion.

ASSEMBLYMAN HARDY MOVED TO AMEND AND DO  
PASS ASSEMBLY BILL 196.

ASSEMBLYWOMAN SPIEGEL SECONDED THE MOTION.

THE MOTION PASSED. (ASSEMBLYMEN DENIS AND  
MASTROLUCA WERE ABSENT FOR THE VOTE.)

**Chairwoman Smith:**

We will now go to Assembly Bill 122.

**Assembly Bill 122:** Makes various changes relating to the Office for Consumer Health Assistance. (BDR 18-35)

**Amber Joiner, Committee Policy Analyst:**

Assembly Bill 122 is sponsored by the Assembly Committee on Health and Human Services and was heard on February 9, 2009. It makes three main changes to the Governor's Office for Consumer Health Assistance. It expands the current authority of the Director to adopt regulations relating to the Governor's Office for Consumer Health Assistance; authorizes the Director to appoint a designee to hear, mediate, arbitrate, or resolve by alternative means

of dispute resolution disputes between patients and hospitals; and adds to the definition of "consumer."

No amendments were proposed in writing during the initial hearing; however several groups got together and proposed an amendment ([Exhibit J](#)). It has been agreed to by representatives of the Nevada Hospital Association and the Deputy Attorney General assigned to the Governor's Office for Consumer Health Assistance. [Reviewed the amendment ([Exhibit J](#)).]

**Chairwoman Smith:**

This amendment seems to take into consideration all of the comments that were made during the hearing. Is there any discussion? Then I will take a motion.

ASSEMBLYWOMAN LESLIE MOVED TO AMEND AND DO  
PASS ASSEMBLY BILL 122.

ASSEMBLYWOMAN PARNELL SECONDED THE MOTION.

THE MOTION PASSED. (ASSEMBLYMEN DENIS AND  
MASTROLUCA WERE ABSENT FOR THE VOTE.)

**Chairwoman Smith:**

Let us go back to Assembly Bill 10. Legal Counsel sent an answer to our question, that there is nothing specific in this bill addressing wrongful whistle blowing. The charge would be in good faith by the employee, and that is the way it is perceived.

**Assemblywoman Leslie:**

As I recall, when we passed the original whistle-blower law a few years ago, that question came up, and there are already provisions for how whistle-blowers go forward to make their complaints. It is already in the law. Perhaps it is not referenced explicitly in this bill, but there is already a whistle-blower law, and this bill is just strengthening it.

**Assemblyman Stewart:**

I have concerns about "frequent and undesirable transfer" language. That is just very broad in my opinion.

**Chairwoman Smith:**

Will you clarify your concern?

**Assemblyman Stewart:**

On page 4, lines 9 and 11.

**Chairwoman Smith:**

Those are already defined in our law. I understand that you are commenting on what is already there, although we did not have that discussion in the original hearing. It makes it a bit awkward to have that discussion now.

**Assemblywoman Spiegel:**

One thing that I do know, from nurses who I have spoken with about this bill, is that there are instances when work hours and days get changed on very short notice, where somebody could be working a day shift one day and then told at the end of their shift that they will be on a night shift the next day. These are situations where they do not have the ability to manage their lives or even have an adequate rest from work. That is where some of that concern comes from. It can be perceived as being retaliatory.

**Assemblyman Hardy:**

Is my concern real? I have a level of discomfort about this bill.

**Chairwoman Smith:**

I think what I am bothered about is that we had a full hearing with a lot of discussion, and we had quite a lot of testimony about this issue. We had comments and amendments offered, but had no testimony against this legislation. That is why we brought it to work session today, and incorporated the amendments that were presented. I would like to take a motion.

**Assemblywoman Leslie:**

I would like to move that we amend and do pass this bill, with the amendments being the two amendments that are outlined in our work session document.

ASSEMBLYWOMAN LESLIE MOVED TO AMEND AND DO  
PASS ASSEMBLY BILL 10.

ASSEMBLYWOMAN PIERCE SECONDED THE MOTION.

THE MOTION FAILED. (ASSEMBLYMEN COBB, HAMBRICK, HARDY, AND STEWART VOTED NO. ASSEMBLYMEN DENIS AND MASTROLUCA WERE ABSENT FOR THE VOTE.)

**Chairwoman Smith:**

Is there any public comment at this time? [There was no response.] Seeing none, this meeting is adjourned [at 3:44 p.m.].

RESPECTFULLY SUBMITTED:

---

Chris Kanowitz  
Committee Secretary

APPROVED BY:

---

Assemblywoman Debbie Smith, Chair

DATE: \_\_\_\_\_

**EXHIBITS**

**Committee Name:** Committee on Health and Human Services

**Date:** March 9, 2009

**Time of Meeting:** 1:36 p.m.

<b>Bill</b>	<b>Exhibit</b>	<b>Witness / Agency</b>	<b>Description</b>
	<b>A</b>		Agenda
	<b>B</b>		Attendance Roster
	<b>C</b>	Three Square	Annual Report to the Community
	<b>D</b>	Three Square	Letter
	<b>E</b>	Food Bank of Northern Nevada	Informational Packet
A.B. 112	<b>F</b>	Lawrence Matheis	Proposed Amendment
A.B. 10	<b>G</b>	Amber Joiner	Work Session Document
A.B. 216	<b>H</b>	Amber Joiner	Work Session Document
A.B. 196	<b>I</b>	Amber Joiner	Work Session Document
A.B. 122	<b>J</b>	Amber Joiner	Work Session Document