

**MINUTES OF THE  
SENATE COMMITTEE ON HEALTH AND EDUCATION**

**Seventy-fifth Session  
March 23, 2009**

The Senate Committee on Health and Education was called to order by Chair Valerie Wiener at 3:27 p.m. on Monday, March 23, 2009, in Room 2149 of the Legislative Building, Carson City, Nevada. The meeting was videoconferenced to the Grant Sawyer State Office Building, Room 4412, 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 Valerie Wiener, Chair  
Senator Joyce Woodhouse, Vice Chair  
Senator Steven A. Horsford  
Senator Shirley A. Breeden  
Senator Maurice E. Washington  
Senator Barbara K. Cegavske  
Senator Dennis Nolan

**GUEST LEGISLATORS PRESENT:**

Assemblywoman Debbie Smith, Assembly District No. 30

**STAFF MEMBERS PRESENT:**

Marsheilah D. Lyons, Committee Policy Analyst  
Mindy Martini, Committee Policy Analyst  
Shauna Kirk, Committee Secretary

**OTHERS PRESENT:**

Patti Chipman, Nye County  
Robert Sack, Division Director, Environmental Health Services Division, Washoe County District Health Department  
Daren Winkelman, Health Division, Department of Health and Human Services  
Dr. Harold G. Cook, Division Administrator, Mental Health Developmental Services, Department of Health and Human Services

Senate Committee on Health and Education  
March 23, 2009  
Page 2

Michael Rodolico, ED.D, MPH, Executive Director, HAWC Community Health Center; Nevada Academy of Health

Jay Kvam, Biostatistician, Health Division, Department of Health and Human Services

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

Cynthia Kiser Murphey, Chair, Nevada Academy of Health

Bill M. Welch, President and Corporate Executive Officer, Nevada Hospital Association

George A. Ross, Director, Legislative & Government Affairs, Snell & Wilmer, LLP, Law Offices

Sabra Smith-Newby, Director, Department of Administrative Services, Clark County

Bobbette Bond, M.P.H., Health Services Coalition

Charles Duarte, Administrator, Division of Health Care Financing and Policy, Department of Health and Human Services

Kathleen A. Conaboy, Amerigroup Corp.

Jack H. Kim, Vice President, State Government Affairs, UnitedHealth Group

CHAIR WIENER:

We have a Bill Draft Request (BDR) 34-807 which revises provisions governing accountability in public schools.

**BILL DRAFT REQUEST 34-807**: Revises provisions governing accountability in public schools. (Later introduced as [Senate Bill 389](#).)

SENATOR CEGAVSKE MOVED TO INTRODUCE BDR 34-807.

SENATOR WOODHOUSE SECONDED THE MOTION.

THE MOTION CARRIED. (SENATORS NOLAN AND WASHINGTON WERE ABSENT FOR THE VOTE.)

\*\*\*\*\*

CHAIR WIENER:

We will open the meeting with Senate Bill (S.B.) 21.

Senate Committee on Health and Education  
March 23, 2009  
Page 3

**SENATE BILL 21**: Revises provisions governing the sale or offer for sale of certain food, drugs and other commodities after the date of expiration for those products has passed. (BDR 51-260)

MARSHEILAH D. LYONS (Committee Policy Analyst):

The first bill in the work session document is S.B. 21 ([Exhibit C](#), original is on file in the Research Library). There is an amendment proposed by the Attorney General's Office on page 3 of [Exhibit C](#). Senator Cegavske also proposed an amendment for this bill ([Exhibit D](#)).

CHAIR WIENER:

Senator Cegavske, will you explain what your amendment accomplishes? I also have an amendment.

SENATOR CEGAVSKE:

It deletes the provisions that created new infrastructure and placed inspecting, tagging, quarantining, disposing of expired drugs, infant formula or baby food under the authority of the State Commissioner on Food and Drugs. It also deletes the provisions that make manufacturing, delivering or selling adulterated, misbranded or expired food or drugs a deceptive-trade practice. That is the main issue. This amendment gives the authority to the local health authorities for examining infant formula, baby food and certain drugs to determine if they are expired. The local health authority is already responsible for examining and sampling food and food establishments to insure it is free from misbranding or alterations. With this amendment, the health authority may place a hold order on any infant formula, baby food or drug that it determines is expired, and the infant formula, baby food or drug may not be removed, destroyed or otherwise disposed of until a hearing. At the hearing, the health authority may vacate the hold order, order the infant formula, baby food or drug destroyed or direct the owner to bring the infant formula, baby food or drug into compliance. The attempt is to alleviate the "sludge hammer" of the amendment that came before us in the original bill.

I realize the Attorney General's Office is trying to get to those who would do such a heinous act as to sell or distribute baby formula or drugs that have expired. I have not seen any case study in our State or any other state that would warrant such fines and a category D felony. This amendment came from several owners of convenience stores. I have talked to Senator Bernice Mathews who is in favor of the amendment as well as Assemblyman Carpenter.

Senate Committee on Health and Education  
March 23, 2009  
Page 4

Health districts already inspect for violations of dairy products, so they could look at the baby food and drugs as well. The Attorney General's bill embraces such a broad group of people that it is overwhelming. I have not heard if this is an issue.

CHAIR WIENER:

I had a conversation with Assemblyman Carpenter about the level of penalty. I would like to have additional conversation about this because of the jurisdictional involvement. This takes it in a different direction than was proposed. We will close the hearing on S.B. 21 and open the hearing on S.B. 24.

**SENATE BILL 24**: Requires the Director of the Department of Health and Human Services to include in the State Plan for Medicaid a program to provide preliminary determinations of eligibility for certain assistance. (BDR 38-450)

MRS. LYONS:

There is an amendment proposed by Senator Washington. The conceptual language for that amendment is on the bottom of page 6 of [Exhibit C](#).

SENATOR CEGAVSKE MOVED TO AMEND AND DO PASS AS AMENDED  
S.B. 24.

SENATOR WASHINGTON SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

\* \* \* \* \*

CHAIR WIENER:

We will now open the hearing on S.B. 60.

**SENATE BILL 60**: Revises provisions governing buildings, motor vehicles and other property that has been used in crimes involving methamphetamine or certain other substances. (BDR 40-542)

Senate Committee on Health and Education  
March 23, 2009  
Page 5

MRS. LYONS:

Senate Bill 60 has an amendment submitted by Nye County.

CHAIR WIENER:

I have a concern regarding the germaneness by amending in additional substances.

PATTI CHIPMAN (Nye County):

The Nevada Division of Environmental Protection (NDEP) and some inspectors wanted to expand the language to more than controlled substance, including methamphetamine. After learning that we could not broaden the language, we resubmitted an amendment, which took out the language of bomb making and other materials.

MRS. LYONS:

The statement of intent and an explanation is on page 8 of [Exhibit C](#).

SENATOR CEGAVSKE:

Is the fiscal note still \$9,800?

Ms. CHIPMAN:

Since the Department of Health and Human Services (DHHS) is working with NDEP, the fiscal note should be removed. It is my understanding that it will be coming out of the Small Business Liability Relief and Brownfields Revitalization Act funding.

CHAIR WIENER:

Does removing the germaneness language also remove the fiscal concerns the Committee has?

ROBERT SACK (Division Director, Environmental Health Services Division, Washoe County District Health Department):

Yes, that is my understanding.

DAREN WINKELMAN (Health Division, Department of Health and Human Services):

Originally, there was a fiscal note as the Health Division was going to work on the regulation development. Now that the NDEP will be doing the regulation development through a grant, there will be no fiscal note.

Senate Committee on Health and Education  
March 23, 2009  
Page 6

SENATOR WASHINGTON MOVED TO AMEND AND DO PASS AS AMENDED S.B. 60.

SENATOR CEGAVSKE SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

\* \* \* \* \*

CHAIR WIENER:  
We will now open the hearing on S.B. 70.

SENATE BILL 70: Requires certain offices of physicians and related facilities to obtain a permit under certain circumstances and requires annual inspections of surgical centers for ambulatory patients. (BDR 40-169)

MRS. LYONS:  
There is an amendment from Senator Horsford on page 23 of Exhibit C.

SENATOR HORSFORD:  
The amendment clarifies only physician facilities that administer oral medication to a patient to relieve the patient's anxiety based on sedation requirements. We did not want to include all physician facilities. This is consistent with the discussions and recommendations we heard in the interim Legislative Committee on Health Care.

SENATOR WASHINGTON:  
Does this exempt those who use oral sedation? The rest deals with the level of sedation based on the doctor's office.

SENATOR CEGAVSKE:  
I want to make sure we are not affecting those entities that have been following the law.

SENATOR HORSFORD:  
This amendment was brought from a representative of Saint Mary's Hospital on behalf of some of their physicians. They did not want it to be overly broad. It only affects those facilities that administer sedation at the levels defined, which

Senate Committee on Health and Education  
March 23, 2009  
Page 7

we should inspect annually to insure full compliance with the Centers for Disease Control and Prevention protocols.

SENATOR CEGAVSKE:  
Does your amendment remove the fiscal note?

SENATOR HORSFORD:  
No. The fiscal note remains because of the staff needed to conduct the annual inspections. However, they are fee-based inspections and passed on to the industry. The industry supports the inspection process as a cost for doing business.

SENATOR WOODHOUSE MOVED TO AMEND AND DO PASS AS AMENDED S.B. 70.

SENATOR HORSFORD SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

\* \* \* \* \*

CHAIR WIENER:  
We will now open the meeting on S.B. 78.

**SENATE BILL 78:** Authorizes the Division of Mental Health and Developmental Services of the Department of Health and Human Services to regulate the provision of certain services to persons with mental retardation and persons with related conditions. (BDR 39-338)

MRS. LYONS:  
There is an amendment proposed by the Division of Mental Health and Developmental Services.

DR. HAROLD G. COOK (Division Administrator, Division of Mental Health and Developmental Services, Department of Health and Human Services):  
The amendment removes section 24 from the bill and inserts a comma in section 3, line 10 between prevocational and employment. This clarifies language for a constituent who wants to make sure facility-based services are still considered acceptable for jobs and day training.

Senate Committee on Health and Education  
March 23, 2009  
Page 8

CHAIR WIENER:

Section 24, which states the regulations being declared void, raised red flags for me. Removing section 24 puts us back to the way we do business ordinarily. Did we have an amendment that was provided at the hearing that insured this serves nonprofits?

DR. COOK:  
Yes.

CHAIR WIENER:

What will the section 3 change produce?

DR. COOK:

A constituent wanted it to be clear that facility-based jobs and day-training services, such as High Sierra Industries, Washoe Association of Retarded Citizens and Opportunity Village Foundation would remain an identified and acceptable provider of jobs and day-training services. Inserting the comma makes this clear.

SENATOR HORSFORD:

Do these agencies support this amendment?

DR. COOK:

The comma is requested by those entities, and they support the amendment. I have not talked with them about the deletion of section 24, but it does not affect them in any way.

SENATOR WASHINGTON:

What was the necessity of this bill?

DR. COOK:

It is to align State law with the federal law. It also provides for an alignment of the provisions in the *Nevada Revised Statutes* (NRS), which governs supported living arrangements so the jobs and training language is aligned with the supported living arrangement language which was an amendment in a previous session.

SENATOR WASHINGTON:

Is it part of the Homestead Act?



Senate Committee on Health and Education  
March 23, 2009  
Page 9

DR. COOK:

No. This cleans up the NRS so we have consistency across various sections.

MRS. LYONS:

I want to clarify with Dr. Cook that his intent is to adopt the amendment as originally presented with these additional changes. I want to clarify that we are not voting just on this new language, but the amendment as originally presented with the additional changes.

DR. COOK:

That is correct.

SENATOR HORSFORD MOVED TO AMEND AND DO PASS AS AMENDED  
S.B. 78.

SENATOR WOODHOUSE SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

\* \* \* \* \*

CHAIR WIENER:

We will now open the hearing on S.B. 79.

SENATE BILL 79: Revises provisions governing various commissions, boards and committees relating to health. (BDR 38-327)

MRS. LYONS:

There are two amendments proposed for this measure. Mary Liveratti for the DHHS submitted the first. The second was submitted on behalf of the Committee on Emergency Medical Services. The DHHS submitted a summary of both that you can see on page 47 of [Exhibit C](#).

SENATOR CEGAVSKE MOVED TO AMEND AND DO PASS AS AMENDED  
S.B. 79.

SENATOR HORSFORD SECONDED THE MOTION.

Senate Committee on Health and Education  
March 23, 2009  
Page 10

THE MOTION CARRIED UNANIMOUSLY.

\* \* \* \* \*

CHAIR WIENER:

We will now open the hearing on S.B. 131.

**SENATE BILL 131**: Revises provisions governing mental health consortiums that provide mental health services to children with emotional disturbance. (BDR 39-660)

MRS. LYONS:

Senator Cegavske, on behalf of the Clark County Children's Mental Health Consortium, submitted an amendment.

SENATOR CEGAVSKE MOVED TO AMEND AND DO PASS AS AMENDED S.B. 131.

SENATOR WOODHOUSE SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

\* \* \* \* \*

CHAIR WIENER:

We will now open the hearing on S.B. 163.

**SENATE BILL 163**: Revises provisions governing safe and respectful learning environments in public schools to prohibit cyber-bullying. (BDR 34-28)

MRS. LYONS:

There are no amendments to consider for this measure.

SENATOR HORSFORD MOVED TO DO PASS S.B. 163.

SENATOR WOODHOUSE SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

\* \* \* \* \*

CHAIR WIENER:

We will begin the presentation from the Nevada Academy of Health.

MICHAEL RODOLICO, ED.D, MPH (Executive Director, HAWC Community Health Center, Nevada Academy of Health):

You each have a copy of the Nevada Academy of Health presentation ([Exhibit E](#), original is on file in the Research Library). I am here representing Cynthia Kiser Murphey who is the Chair of the Nevada Academy of Health. In January 2009, the Academy released a Nevada Health Scorecard. It is a summary of independent studies reviewing where Nevada stands compared to other states on a broad range of health indicators. The Academy compiled this information with the hopes that policy makers would use it as a resource in prioritizing and framing the debate for health-care issues in our State.

JAY KVAM (Biostatistician, Health Division, Department of Health and Human Services):

The Scorecard was created to aid the public by having a document that summarizes, at every general level, what is happening in regard to health issues in our State. They wanted to take a cross-sectional look at various general indicators for the State that would not be an exhaustive list. We wanted something concise and easily digestible to aid in setting priorities when establishing and constructing policy. We looked at various national health-ranking sources, and we selected those indicators that were relevant for Nevada. We wanted our indicators to be general so as not to be stratified, broken down or specific and not in the context of broader challenges facing the State. We wanted to have a consistent methodology that would allow interstate comparisons. We also wanted to include a simple representation of what is going on through time. We will see how we have improved for any given health issue in Nevada. To do this, the Scorecard consists of four primary elements. The first is an indicator, also known as a score, which shows either in dollars or percentage any given issue and how the State is doing. There is an established rank. However, it is not always consistent. Sometimes a ranking of one indicated that the state was doing well; other times, being low on the list is a good position. An explanation of this can be found on page 18 of [Exhibit E](#). We made the methodology in the Scorecard consistent by making a rank of one to

mean the state is doing well. We wanted a range from the worst to the best state in the nation, and how we are positioned relative to that. We compared prior years against where we stand today to show if we have improved as an individual state.

SENATOR HORSFORD:

Is there a plan to continue to measure these indicators annually? If someone looks at these indicators five years from now, will they be able to go to those sources? We want to be able to cite the source.

MR. KVAM:

The sources were selected due to their credibility, longevity and respect in the health community. The *Congressional Quarterly Press*, Kaiser Family Foundation and the United Health Foundation document this annually, and it is available on the Internet. The Commonwealth Fund is well established; however, they have not done a Scorecard on a regular basis. With respect to tracking these different health indicators, this document is available online; many of the links to the specific indicators are cited there with hyperlinks for more detailed information on how the indicator was derived. In addition, other health indicators were not included in this document but may be of interest for some.

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

This is a good indicator of the type of work the Academy can do. The coming year will be important for work that the Academy can do. If you look at the statute of the Academy, they deal with access to health care and quality of health-care issues. There is a lot of work to be done around that. There is additional funding for health-information technology and medical records in the stimulus bill. The Academy will be involved in that process.

SENATOR HORSFORD:

Are there strategies we can incorporate from the DHHS level or with the private sector to help in areas where we rank poorly?

MR. WILLDEN:

I would point to the two systems analyses we have done. We started to do some work around the "children immunized" using some of the work the Health Division has done regarding the next step. Hepatitis C was the birth of some legislation that has come forward from the Health Division. The intent is to look

at this data longitudinally, find out the next step, and through the Academy, bring in the public and private partnerships that are available.

SENATOR NOLAN:

Did the Academy approve the methodology on this study, or is it something you established a format for and brought the results to them?

MR. WILLDEN:

If you sit on the money committees, you will see that the Department has done some work on this over the last few years, but we have added several versions of this in the Academy. There were hundreds of indicators that were brought forward, and we sorted through those indicators and tried to find what made the most sense and what should be tracked over time.

SENATOR NOLAN:

Would there be any benefit to having key chairs with the interim Legislative Health Care Committee help formulate some of the possibilities? Was there anything else you could see that we should be doing to further the cause of improving health care in Nevada?

MR. WILLDEN:

When this bill passed last Session, there was discussion of putting Legislators on the committee, but it was felt there might be a conflict in that area. In NRS Chapter 439B, one of the tasks of the Academy is to take direction from the interim Legislative Committee on Health Care. They can task the Academy to do work, and we report back.

CYNTHIA KISER MURPHEY (Chair, Nevada Academy of Health):

We did look at the *Nevada Health Care Strategic Plan* and the *Medical Emergency Research & Training* (MERT) documents. We were trying to come up with an initiative in the State that did not duplicate other work in progress being made. We decided to rely on published reports to identify areas that were not being addressed by other groups in the State. What was important to us was to create a document with a Scorecard which encompassed many of the other topics found in the Strategic Plan, the MERT document and other reports we went through.

MR. RODOLICO:

The MGM Mirage represents approximately 54,000 employees, and the Health Access Washoe County (HAWC) has treated over 80,000 citizens in northern Nevada. We are very concerned. The Committee has prioritized manpower and child immunization as its top two issues. We ask for your support to continue the Academy.

SENATOR WASHINGTON:

We will open the hearing on S.B. 307.

[SENATE BILL 307](#): Requires the Office of the Director of the Department of Health and Human Services to study issues relating to Medicaid. (BDR S-241)

SENATOR VALERIE WIENER (Clark County Senatorial District No. 3):

I will read from my written testimony ([Exhibit F](#)). I also have a letter from Jon L. Sasser with Legal Services that I would like to be a part of the record ([Exhibit G](#).)

BILL M. WELCH (President and Corporate Executive Officer, Nevada Hospital Association):

The Nevada Hospital Association is in support of S.B. 307.

GEORGE A. ROSS (Director, Legislative & Government Affairs, Snell & Wilmer, LLP, Law Offices):

We also strongly support this bill. This is a long-term solution to a situation that needs a great deal of work.

SABRA SMITH-NEWBY (Director, Department of Administrative Services, Clark County):

The University Medical Center is in favor of this measure.

BOBBETTE BOND, M.P.H. (Health Services Coalition):

The Health Services Coalition is in support of this bill.

CHARLES DUARTE (Administrator, Division of Health Care Financing and Policy, Department of Health and Human Services):

While we are neutral on this bill, we are supportive of the concept and are interested in working closely with all of the stakeholders in developing a scope

of work. When going forward with the scope and the costs involved, we have to recognize that these are donations from health-care providers and federal matching funds may not be available. There are specific rules associated with grants and donations from health-care providers in terms of what we can match. We have to be cognizant that there may not be federal matching funds if these are derived from donations from providers.

SENATOR NOLAN:

Is it possible for you to provide us some guidance? I know you said there is a possibility you cannot. Maybe we just need a legal opinion either from the Attorney General or from our staff.

MR. DUARTE:

There are federal regulations on provider donations, and we can provide those.

KATHLEEN A. CONABOY (Amerigroup Corp.):

The Amerigroup is in support of this bill.

JACK H. KIM (Vice President, State Government Affairs, UnitedHealth Group):

The UnitedHealth Group is also in support of this measure.

CHAIR WIENER:

We will now open the hearing on S.B. 123.

**SENATE BILL 123**: Removes the prospective expiration of the Nevada Academy of Health. (BDR S-202)

SENATOR MAURICE E. WASHINGTON (Washoe County Senatorial District No. 2):

This bill removes the expiration date for the Nevada Academy of Health. I would like to have it in the record that I appreciate the testimonies prior to this bill being heard earlier today. There was a lot of work done in the prior interim to develop a Nevada Strategic Health Care Plan. It was a five-year perspective with a ten-year plan. There were a number of issues considered. One of the last provisions in that study was how to take the information in silos with the university system, as well as with the DHHS, and put them together to continue to work on the plan and move forward. A combination of this strategy within the plan was S.B. No. 171 of the 74th Session. It takes the information in different silos, combines the information and makes recommendations for future

legislation. Nevada can be a proactive State dealing with issues rather than a reactive one.

A lot of the stakeholders came together through several meetings over the summer. Peter Burns consulted with us, and a good plan came together. Some of the provisions from that plan are coming to fruition through other pieces of legislation. Removing the Academy's expiration date will aid and assist the State in its future development on health care.

MS. CONABOY:

I am in support of S.B. 123. We believe the Academy provides a competent and elegant adjunct to the legislative process.

MR. WILLDEN:

The Department is in support of lifting the cap on the Academy and supports this bill.

CHAIR WIENER:

We will now open the hearing on A.B. 216.

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

ASSEMBLYWOMAN DEBBIE SMITH (Assembly District No. 30):

The Scorecard is important information for Nevada. We would also like to remove the expiration date for the Academy. It also revises the Academy's membership. It adds a representative from the quality improvement organization of the Centers for Medicare and Medicaid Services (CMS). We overlooked adding the Nevada organization and would be open to amending it. It reduces the total number of members from 14 to 13 and reduces the numbers appointed by the Governor from 6 to 4. The Governor's Office reported that they are not in opposition to this idea. Committees generally have an odd number of members for voting purposes, and this addresses that issue. It also revises the Academy's duties by adding that it is responsible for studying various topics relating to accountability, access and quality of health in Nevada.

CHAIR WIENER:

Is the two-year term new?



ASSEMBLYWOMAN SMITH:

Yes. The Academy would be ongoing, and we wanted to have some kind of terms. Members can be reappointed to their positions.

SENATOR WASHINGTON:

I agree with Assemblywoman Smith on the Office of CMS, and I would suggest that we amend it to reflect the Office of Nevada.

ASSEMBLYWOMAN SMITH:

We knew that we could do that here.

Ms. BOND:

The Health Services Coalition also supports A.B. 216. We appreciate the addition of text to improve access to and quality of health care in this State.

MR. WILLDEN:

I am here to also support A.B. 216. There is no fiscal note on this bill. The Department supports the Academy with the meetings and minutes by absorbing costs through our clerical pool. All of the members serve without pay. We are also supportive of an amendment to clarify page 2, lines 12 through 15. It would be clearer if it stated the Nevada representative of the quality improvement organization that CMS recognizes. I echo Ms. Bond regarding language pertaining to access and quality. I would also note that there is the additional language in the health-information technology and electronic medical records section on page 3. That is going to be a big issue and changes the language from transferring technology to development and implementation.

DR. RODOLICO:

I am also in support of this bill.

Ms. CONABOY:

I am also in support of this bill.

SENATOR WASHINGTON:

There was a gamut of issues that came to the table to put this plan together. The Academy will take a serious look to ensure that Nevada is not behind but moving forward on a number of issues that we have dealt with in the past.

Senate Committee on Health and Education  
March 23, 2009  
Page 18

MR. WILLDEN:

In one of the first meetings of the Nevada Academy of Health, I gave a presentation on the MERT document and the strategic plan that the Legislature worked on. The Department committed to keeping those in accountability. We have the Academy's help with that. The Department has committed to putting the strategic plan on our Website and keeping it updated.

CHAIR WIENER:

We will now close the hearing on A.B. 216 and adjourn the Senate Committee on Health and Education at 5:53 p.m.

RESPECTFULLY SUBMITTED:

---

Shauna Kirk,  
Committee Secretary

APPROVED BY:

---

Senator Valerie Wiener, Chair

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