

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

**Seventy-Sixth Session  
May 4, 2011**

The Committee on Health and Human Services was called to order by Chair April Mastroluca at 1:37 p.m. on Wednesday, May 4, 2011, in Room 3138 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. The meeting was videoconferenced to Room 4401 of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. Copies of the minutes, including the Agenda ([Exhibit A](#)), the Attendance Roster ([Exhibit B](#)), and other substantive exhibits, are available and on file in the Research Library of the Legislative Counsel Bureau and on the Nevada Legislature's website at [www.leg.state.nv.us/76th2011/committees/](http://www.leg.state.nv.us/76th2011/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 April Mastroluca, Chair  
Assemblywoman Peggy Pierce, Vice Chair  
Assemblyman Elliot T. Anderson  
Assemblywoman Teresa Benitez-Thompson  
Assemblyman Steven Brooks  
Assemblyman Richard Carrillo  
Assemblywoman Lucy Flores  
Assemblyman Jason Frierson  
Assemblyman Pete Goicoechea  
Assemblyman John Hambrick  
Assemblyman Scott Hammond  
Assemblyman Pete Livermore  
Assemblyman Mark Sherwood  
Assemblywoman Debbie Smith

**COMMITTEE MEMBERS ABSENT:**

None

**GUEST LEGISLATORS PRESENT:**

Senator Sheila Leslie, Washoe County Senatorial District No. 1

**STAFF MEMBERS PRESENT:**

Kirsten Coulombe, Committee Policy Analyst  
Risa Lang, Committee Counsel  
Linda Whimple, Committee Secretary  
Olivia Lloyd, Committee Assistant

**OTHERS PRESENT:**

Deborah Schumacher, Judge, Second Judicial District  
Kevin Schiller, Director, Department of Social Services, Washoe County  
Amber Howell, Deputy Administrator, Bureau of Services for Child Care,  
Division of Child and Family Services, Department of Health and  
Human Services  
Marla McDade Williams, Deputy Administrator, Health Division,  
Department of Health and Human Services  
Patricia Merrifield, Deputy Administrator, Children's Mental Health,  
Division of Child and Family Services, Department of Health and  
Human Services  
Barbara de Castro, Provider Member, Nevada Youth Care Providers  
Terri Barber, Intergovernmental Relations Director, City of Henderson  
Mary Ellen Donner, Director, Parks and Recreation, City of Henderson  
Melissa Faul, Chief, Bureau of Services for Child Care, Division of Child  
and Family Services, Department of Health and Human Services  
Dan Musgrove, representing the City of North Las Vegas  
David Bowers, representing the City of Las Vegas  
Cadence Matijevich, representing the City of Reno  
David Fraser, Executive Director, Nevada League of Cities and  
Municipalities  
Esther Valle Rojas, representing Las Vegas Valley Water District

**Chair Mastroluca:**

[Roll was called.] Committee, I want to tell you a couple of things. I know we have some members who need to leave to hear bills. We had the food processing bill, Senate Bill 210, on Monday, and I said that we would do work groups. We are going to do a work group with Mr. Hammond and Mrs. Benitez-Thompson along with Kirsten Coulombe, so if there is anyone else who is interested in participating, please see Kirsten, and she will get you on

the list. Between the three of them they will set a date and hopefully we will get a resolution quickly.

Also, Committee, for your knowledge, we will be having an evening meeting on Wednesday, May 11, at 6:00 p.m., which will be in addition to our regular meeting at 1:30 p.m., so please note it on your calendars.

Senator Leslie, good afternoon.

**Senate Bill 167 (1st Reprint):** Revises provisions governing the release of certain reports of the abuse or neglect of children. (BDR 38-246)

**Senator Sheila Leslie, Washoe County Senatorial District No. 1:**

Good afternoon, Madam Chair. This is my first time presenting to the Assembly Committee on Health and Human Services this session. It is good to be here, and thank you for hearing my bills.

Senate Bill 167 (1st Reprint) came out of our interim committee, which Mrs. Mastroluca, Mr. Hambrick, and I served on. You will remember this issue because we had several hearings on it. To my left is Judge Schumacher, and she was the primary proponent of this bill. She was unable to attend the work session of the Committee on Child Welfare and Juvenile Justice during the interim. The issue got a little muddled, so I agreed to bring it forward during the regular session, and that is what you have before you today. This bill addresses the release of data or information collected pursuant to *Nevada Revised Statutes* (NRS) 432B.290 for use in procedures to establish minor guardianships pursuant to NRS Chapter 159.

This bill specifies that data or information concerning reports of the abuse or neglect of a child, relating to a child over whom a guardianship is sought, may be released in certain circumstances. These are the circumstances: to the court that has jurisdiction over the proceeding, to the person who filed or intends to file the petition, to the proposed guardian or proposed successor guardian, to the parent or guardian of the child, and to the child if he or she is at least 14 years of age.

At this time I will turn it over to Judge Schumacher and she will explain in more comprehensive terms why this is needed.

**Deborah Schumacher, Judge, Second Judicial District:**

The 75th Session of the Nevada Legislature amended our guardianship chapter, NRS Chapter 159, to provide that when a guardianship is sought, either over a child or an adult, that there needs to be an accompanying certification. There

are several entities that can provide that certification. One of them would be the social service agency that investigates child abuse. This has now been in effect for two years, and I would like to editorially comment that in my opinion it is a terrific change, a very useful and beneficial change.

Honestly, I was a little surprised to hear it got muddled, because I thought of it as what I would call a "conforming amendment." Social services is obligated under the change made two years ago to provide certain information, either to the court or to someone who wishes to petition for guardianship. *Nevada Revised Statutes* Chapter 432B, which is the primary statute under which social services operates, was not amended to allow them to release that information. Now they have an obligation under one chapter and perhaps a problem with the release of information under another chapter. Chapter 432B of NRS currently contains a certain enumerated set of circumstances under which information can be released, and this legislation would propose to add to that the information presently required by NRS Chapter 159.

*Nevada Revised Statutes* Chapter 159 requires someone who now wants to file for a guardianship to already have in their possession and filed at the time of the guardianship an assessment by either social services or one of the other enumerated possible entities that can provide this information. Social services, in my opinion, is rightly concerned that they might be violating NRS Chapter 432 when they provide that information, so this is designed to harmonize NRS Chapter 432B with the change previously made to NRS Chapter 159.

**Chair Mastroluca:**

It makes so much more sense now than it did over the summer. I think hearing it a couple of times has helped.

**Assemblywoman Benitez-Thompson:**

When these guardianships are being filed, are the child welfare services not putting those assessments forward with the child's information, or are they doing it but wary because the two chapters are not in line with each other?

**Judge Schumacher:**

At the moment, I prevailed upon the chief judge of my district to issue an administrative order that would essentially shield social services, but honestly that is not how it should happen. They have been providing the information and it has been very helpful.

**Chair Mastroluca:**

Is there anyone else that would like to testify in support of S.B. 167 (R1)?

**Kevin Schiller, Director, Department of Social Services, Washoe County:**

As a department, I want to put on record our support for S.B. 167 (R1). The reason I wanted to emphasize our support is if you go back to the prior change in statute for guardianships, it has been integral in making sure we provide reasonable efforts to those parents where guardianships are necessary. When an applicant applies for guardianship or files a petition and they come to our department, currently we are able to assess that family and provide information to the court, which often leads to us evaluating the parents' ability or need for services. So from the past session, that bill has really improved reasonable efforts to parents. This is just allowing us to legally make sure we are providing the information as is necessary. I want to make sure I commend and support this bill.

**Chair Mastroluca:**

Is there anyone else that would like to testify in support of S.B. 167 (R1)? [There were none.] Is there anyone in opposition to S.B. 167 (R1)? [There were none.] Is there anyone neutral? [There were none.] I will close the hearing on S.B. 167 (R1), and open the hearing on Senate Bill 246 (1st Reprint).

I do have to say that I am quite honored to have the former Chair of this Committee presenting in front of the Committee.

**Senate Bill 246 (1st Reprint): Makes various changes concerning required training for employees who administer medication to a child at certain entities that have custody of the child pursuant to the order of a court. (BDR 40-796)**

**Senator Sheila Leslie, Washoe County Senatorial District No. 1:**

This is a really interesting bill when you look into the background. For those of you who are new, there is something called a Civil Rights of Institutionalized Persons Act (CRIPA) investigation that happened six years ago or so. The Civil Rights Division of the Department of Justice came into our state and did an investigation at the Nevada Youth Training Center in Elko. I encourage you to dig out the CRIPA investigation report. It is really shocking, and things have improved since that time. They found a whole long list of problems in our youth facilities. In subsequent sessions we added quite a bit of money to provide mental health counselors and better training to address those issues.

What came out of the CRIPA investigation was a system to make sure that the Legislature was kept informed of problems. These problems had been brewing

out in Elko and to some extent at the Caliente Youth Center for quite some time. Over the last couple of sessions we have funded and put into place an auditor in our Audit Division whose only job is to go out and make sure that every institution where the court places a child is audited on a regular basis on a whole long list of things. They make unannounced visits. They also make announced visits. It is somewhat similar to the bill you are going to hear, the bill about health care transparency.

This is about transparency and quality of care for youth at our institutions with the idea that with these regular audits, the quality will improve. If you are a youth institution, you are going to come out in a report like this [she held up a booklet] about every six months. As I am working in this field, I am very interested in quality, so I read through every report, and you can see what problems there are and where we are making progress and where we are not. This is a regular program that we have funded that happens on a continuous basis. The last report came out in December 2010, so when you get one this summer, I really encourage you to pick it up and read it.

This bill is about a problem that has surfaced repeatedly in these reports, and it has to do with medication management. These reports cover not just our two state institutions; they also cover other public and private institutions where the court places children. So it covers all of our youth detention facilities, private hospitals, and child welfare facilities. One problem that has consistently come out in these reports is that medication is not managed properly in almost every institution. This bill would strengthen medication management training by having key medication management staff participate in training conducted by an agency that is independent of the facility. The training has to include the administration of medication, the documentation of administration of medical orders, and minimizing and handling medication errors.

Section 1 of the bill requires the Health Division to ensure that there are adequate training programs and maintain lists of training programs that are suitable for this purpose. Section 2 requires anyone working in those facilities who administers medication to take a training program. The remainder of the bill sets out the specifics of the facilities that must comply with this measure, and you can read for yourself what those programs are.

If you go back to section 1, I want to read you some examples from an audit on each of these areas so you can see more specifically what I am talking about. The first area that we are going to require training under this bill is to document the orders of the treating physician. You might think that that is something that would automatically happen. In the 2010 report, 28 percent of the facilities did

not completely document the physicians' orders. They were not in the files. That is one of the things our auditor looks for.

Under administration of medication to a child, 59 percent of the facilities reviewed had trouble administering medication. For example, at the Nevada Youth Training Center in 2008, 6 of 25 files reviewed at the facility did not contain clear documentation of whether medication was actually dispensed to the youth. So we do not even know if the kids got their medication.

The third area is storage, handling, and disposition of medication. Again, 31 percent of the facilities had problems in storage, handling, or disposal. One particular facility had copious amounts of prescription medication from graduated youth that had not been destroyed. They also had two large bottles of unlabeled prescription medication and those medications were Seroquel and Depakote, which are very serious strong mental health medications.

The fourth area is documenting the administration of medication and any errors in the administration of medication, and 50 percent of the facilities reviewed had documentation weaknesses.

The next area is minimizing errors in the administration of medication, and thirty-one percent of the facilities reviewed had errors in this area. The medications administered were not always consistent with the medications prescribed. They were not getting what they were prescribed.

The last area is to address errors in the administration of medication. One facility in the 2010 report did not have a protocol to follow when youth refused prescribed medication. What do you do then? If they do not take their medication and they refuse it, there are certain things that should happen, and they did not have a protocol for that.

I am also the Chair of the Legislative Commission's Audit Subcommittee that gets these reports, and I decided to bring this bill forward by myself because I think it is something that needs to be addressed. It is a very serious problem. That is all I have.

**Chair Mastroluca:**

I was wondering if this only applies to psychotropic medications, or would this apply to everything from psychotropic to Advil?

**Senator Leslie:**

I think it applies to any medication that is given to a child.

**Assemblyman Hambrick:**

Would the training also apply to the licensed individual? Many times there are injectables involved, and we need to have licensed professionals in this area.

**Senator Leslie:**

I am glad you brought that up. In the Senate I did agree to an amendment, and they are telling me now that the amendment did not cover what the intent was. Licensed medical professionals do have to have this training as part of their licensure. So I meant to exempt them, and there will be someone coming forward from the state to talk about that issue. Licensed people have their own training that they have to be in compliance with and that far exceeds what I am requiring. I think you may have to amend the bill a little bit more to make sure that we are not doing double training. I do not want people to have to have training that they already have.

**Assemblyman Hambrick:**

A youngster would be taken to the doctor and the doctor would come in, but once the notes are made, and there are certain medications—particularly certain levels of medication—that would have to be provided by a licensed professional. So we are making provisions then to make sure that that is followed also. The intent of the bill is to make sure that those who administer the medications are those authorized to administer those medications.

**Senator Leslie:**

Absolutely. That would be my intent.

**Assemblyman Livermore:**

If you had a juvenile facility, are those employees licensed, or should they be licensed, or are they required to be licensed?

**Senator Leslie:**

The facilities can tell you about their different types of licensing. This covers a wide gamut of facilities. It covers the county detention facility as well as a psychiatric hospital. So people would have different licenses, depending on what kind of job they do. A nurse would have to have a nursing license. A youth counselor would not necessarily be licensed. It depends. That is one of the problems, because facilities have different people who are actually administering the medications. Obviously if they are medical—such as Mr. Hambrick was talking about—you would need qualified medical personnel to give injections. A lot of the medications are in pill form, so it is a matter of someone dispensing the medication and making sure the right medication gets to the right child in the right way at the right time. That is what is not being done consistently well, in my opinion.

**Assemblyman Livermore:**

The reason I ask my question is because Carson City has a juvenile detention center of about 23 to 25 beds. Now that I have asked the question about the job description of the people who are hired as counselors, should this be part of their job description, mandatory training prior to hiring?

**Senator Leslie:**

I think most of those people are juvenile probation officers, I would imagine. Typically in a detention facility—just from my knowledge—a lot of times they do have a nurse who is responsible for medication. In rural areas in particular, they may not have the same level of staffing that our urban facilities have. I think the people who come after me can answer that perhaps better than I can.

**Chair Mastroluca:**

Is there anyone else that would like to testify in support of S.B. 246 (R1)?

**Kevin Schiller, Director, Department of Social Services, Washoe County:**

I am here in support of the bill. I would emphasize that we have about 740 children that we deal with in foster care. Specific to the department, the licensure for specialized foster homes or group homes occurs under *Nevada Revised Statutes* (NRS) Chapter 424. In carrying out that duty as a department, one of the obvious key areas we focus on is how we meet the needs of those kids in care. Medication management tends to be one of the most critical areas that we focus on, and that starts from addressing who the medical home is for the child, that is, who is the treating physician that has the history, and then coordinating that medication. In working with the Division of Child and Family Services, there are a lot of policies that have come forward to address those issues, but this bill is requiring training for those facilities. In my case that would be pursuant to NRS Chapter 424, so it actually gives us another statutory support to hold the licensed entities accountable for how those medications are administered.

In response to Mr. Livermore's question, when you get into the licensure of facilities, in Washoe County we have the Kids Kottage shelters and the juvenile detention facilities. The administration of medications is closely monitored, either through the county where it is appropriate statutorily, or through the division. That often requires oversight from a medical professional in terms of how those medications are administered on a regular basis. So as an example in Washoe County, when we administer medications through our emergency shelter, we have oversight through a nurse practitioner, and then we have an oversight physician that must review and ensure that we are in compliance with statewide policy.

**Assemblyman Goicoechea:**

As I look at this—and I am not really familiar—how many people would you have, say in a group foster home or a private facility? When you get two, does that mean you are a group home?

**Kevin Schiller:**

When you get into specialized foster care, it could be a traditional foster home setting where you are having a child that has specialized needs for medication management. To your question about group care, when you get into a population of over five children and you start pushing on that capacity, you start getting into a group home setting, and that is where you tend to have more staffing issues required. I would say that it also applies in a specialized foster care setting, but it should apply because specialized foster care typically is addressing children with severe behavioral needs who often need medication management.

**Assemblyman Goicoechea:**

I do not know if there was a definition of a group foster home. If you have two foster children in there, even though they were remanded to you by the court, do you have to comply with all of this?

**Kevin Schiller:**

It would be in the delineation of them being identified as a specialized foster home. You really have two categories. When you get into a specialized foster care setting, it would apply, but not necessarily all regular foster homes are specialized foster homes.

**Assemblyman Goicoechea:**

I am still struggling with this. If we have a private facility or a group foster home—not specialized—what is the threshold for being required to comply?

**Kevin Schiller:**

I would have the division come forward on this specific ratio, because I do not have it off the top of my head. It is clearly defined in statute based on the number of kids.

**Assemblyman Brooks:**

I am a little confused because when Tom Morton came here earlier in the year, he made a statement that he was moving away from group home facilities that would not allow us to deliver this type of medication. I am wondering if those group homes are actually going away? Are they called treatment facilities now? How does that work?

**Kevin Schiller:**

There are differences between where Clark County is moving from a social services entity and us, but I will tell you that statutorily defined, group homes are still being licensed within our community and, in terms of medication management, the children that they are taking on often have specialized needs. So that group care facility—and you kind of use the word “treatment” in there—the best way I can explain it is typically in our hierarchy of how we place children in foster care, you have a regular foster home, and as you move through the continuum into a group care setting, you are approaching kids who have treatment needs. So the medication management is still there pursuant to a group facility.

**Assemblyman Brooks:**

I am aware of at least two different group homes that actually went away in Clark County. I do not know if it was because the Medicaid reimbursement levels went down or what. I know that for high-level treatment care for children, they were on a different tier and they were treated differently. There are certain qualifications that you are supposed to maintain. But my concern is if we are eliminating group homes in urban areas, why are we not doing the same in the rural areas?

**Kevin Schiller:**

From the social services perspective, my understanding is that Clark County is trying to move away from placement of children into group care facilities. In Washoe County, we have significantly increased our placement of children with relatives and with alternative resources. We still have group care facilities for the children who need it. I would differentiate a group home from that of an institution from the perspective that it is somewhere between an institution and a family foster home.

Your question about the Medicaid issue is true. There have been several facilities in Washoe County that have also closed based on Medicaid issues. As a county we pay the room and board, we facilitate the licensure of that facility, and then any of the treatment services that come into that home are billed directly to Medicaid. So the issue that you just identified in terms of what is the cause and effect is where there were deficiencies in how Medicaid was being billed and how they were carrying out those duties.

I have probably testified at least four times in other areas where that treatment and foster home system you are referencing—for lack of a better term—is something we are focusing on trying to improve in coordination with the state because we believe it needs to be addressed. In fact, in part of our block grant

that we are trying to address, we are trying to take on a component of a pilot to see if we can improve that system and move away from that group care.

**Amber Howell, Deputy Administrator, Bureau of Services for Child Care, Division of Child and Family Services, Department of Health and Human Services:**

I want to clarify the numbers and the differences. For a point of reference, any group of 15 or fewer children would classify the facility as a foster home, and a group of 16 or more children would classify the facility as a child care institution. That is when a foster home becomes a child care institution. It is termed something different and there are separate regulations for that type of facility.

**Assemblyman Goicoechea:**

Then there is no way that this language would capture a foster home.

**Amber Howell:**

I believe the bill does cover foster homes.

**Assemblyman Goicoechea:**

You are saying any number of children under 15, so that would mean 1.

**Amber Howell:**

If the home is licensed as a foster home.

**Assemblyman Goicoechea:**

You would have to be licensed for the court to place them with you?

**Amber Howell:**

You would have to go through the inspection and licensing process to have a child placed in your home and to receive payment.

**Chair Mastroluca:**

In looking at the language, I believe it specifies a specialized foster home, which is generally for children with high needs. It seems to me that it possibly exempts a regular foster home and the low number of children, which I think is your concern.

**Senator Leslie:**

As I read it, it says, "group foster home." Sitting here and listening to the discussion, I think if you are giving medication to a child, you should be able to follow these provisions and that some training is going to be needed. Now I may take back my comment about the Tylenol, because reading the bill again

I am not sure that Tylenol would fall into this. A treating physician typically would not order Tylenol. If a medication is ordered by a physician, I think this training is absolutely needed. You can get it online. Maybe we could have Ms. Marla McDade Williams talk about what kind of training resources are available. She would be able to more accurately describe them.

My concern is that medications are not being treated as seriously as they should be. In a foster home you have one child. You would hope that you get the right medication to the right child. The audit does not cover foster homes. It covers facilities. I am not opposed to looking at that, because my information is not coming from individual foster homes; it is coming from facilities.

**Chair Mastroluca:**

Mr. Goicoechea, I was just passed a note that specifies in the statute, group foster homes care for 7 to 15 children and a specialized foster home has 1 to 6 kids who have special care needs for physical, mental, or emotional issues. So a family that took in two or three children would not necessarily qualify under this.

**Assemblyman Goicoechea:**

I appreciate where she is coming from. I am just looking at the language, and it says, "A private facility for children, a group foster home, and . . ." So I just want to make sure that we are not capturing the family that is taking in two or three kids and imposing an undue burden on them. They are providing a service to this state and to those children. I just want to make sure we are all on the same page.

**Chair Mastroluca:**

It is an excellent point and well taken. I think we can definitely clear that up.

**Marla McDade Williams, Deputy Administrator, Health Division, Department of Health and Human Services:**

We currently require many of our licensed facilities to go through medication administration training. There are private sector entities that provide the training. We approve their training programs based on what the criteria are for the regulated facilities. It does originate from a physician's order, and there are times in many of our facilities where the physician's order might be for Tylenol as needed for pain, but it comes off of the physician's order. The training provides techniques for people to know that "prn" means "on the physician's order." [Prn is an abbreviation for *pro re nata*, meaning "as needed."] It strengthens their skills in being able to understand what the physician's orders mean. It also helps them develop a documentation system so they know they did it. If it says "pain medication" on a physician's order and the person says

"I feel like I need more pain medication," can the caretaker look at their documentation and say "I just gave it to you a half hour ago. You are not getting it again"? That is what the training does. It strengthens those skill sets.

**Chair Mastroluca:**

So the training currently exists?

**Marla McDade Williams:**

It currently exists. The principles of the training are the same regardless of the population that is being trained. The bill says that we are responsible for having the training programs available. So we know that we have about seven or eight contractors that can provide the training. At the point where there are more people demanding training than there are trainers available, then it gives us the authority to move forward and do our own training. In the private sector, they actually charge for the training, and it depends on who is providing the training. We anticipate having to do a lot of outreach to get more training programs, but we also have the requirement to offer the training if there is none available.

**Assemblyman Anderson:**

I think this is a great idea and a great bill. I think it is important to get those folks some sort of training. Could you talk more about what that training would entail for our contextual knowledge on this bill?

**Marla McDade Williams:**

It builds exactly on what Senator Leslie opened with when she went through and identified the problems that no documentation was found to indicate when an individual last received the medication. It helps you identify what the physician's order means. It ensures that there is a record of when medication was given, the dosage of medication that was given, and if the patient refused the medication. There is a process that is supposed to kick in to let the physician know that the patient refused the medication. It strengthens those skill sets for people and ensures that there is a documentation trail so they know what is happening with each patient, especially with different caretakers, and at shift changes. One shift might be there for eight hours and the next person comes in. They need to know if someone just got a medication at 7:30 p.m. and it is 8:00 p.m. and the patient is thinking they are going to game the system and get more medication, they can go back to the documentation and say "You just got that and you are not ready for it again."

**Assemblyman Anderson:**

I think it sounds really, really important. So many bad things could happen either way with that when you are talking about controlled substance abuse. I think this is a really important bill.

**Chair Mastroluca:**

Is there anyone else that wanted to testify in support of S.B. 246(R1)?

**Patricia Merrifield, Deputy Administrator, Children's Mental Health, Division of Child and Family Services, Department of Health and Human Services:**

I signed in as neutral, but I would like to testify in support. I am here this afternoon to testify in support of Senate Bill 246 (R1). This bill has an impact on facilities operated by the Division of Child and Family Services (DCFS). The changes to the bill under Amendment No. 333 as discussed concerning certain licensed medical personnel being exempt from training applies to hospitals and facilities licensed under NRS Chapter 449 and will be feasible for those facilities in delivery of treatment to their clients. For DCFS, for your information, this applies to Desert Willow Treatment Center, our one and only state inpatient children's psychiatric hospital. That amendment, as worded at this point and as addressed by Senator Leslie, does not apply to treatment homes or correctional facilities, which are also covered under this bill draft.

In our discussions with Senator Leslie, we understood all staff who are licensed pursuant to NRS Chapters 630, 632, and 633 were to be exempt. It sounds like in the discussion with Senator Leslie that that is the intent. These are medical professionals to include physicians, nurses, and osteopathic doctors, receive training in medication administration as part of their professional training, and medication administration is part of their scope of work under their licensure. They are accountable to their license requirements regardless of their work environment.

The concerns could be addressed by adding language to the existing bill. In the existing bill, at the end of subsection 2 of sections 8, 9, 10, 11, and 12, the language reads, ". . . shall not allow an employee to administer medication to a child in . . . ," and it names the type of facility, ". . . unless the employee has successfully completed such training." Possible language should be added to that such as ". . . or the employee has the license or certificate issued pursuant to NRS Chapters 630, 632, or 633." I would be happy to answer any questions the Committee may have. Thank you.

**Chair Mastroluca:**

I am a little confused. Are you offering an amendment or are you referring to the bill that was amended before it came over?

**Patricia Merrifield:**

I am offering a suggested amendment to Amendment No. 333.

**Chair Mastroluca:**

For future reference, when you want to offer an amendment, please speak when we get to the neutral portion of the bill. I ask that you share this with the bill sponsor. We will hear back from her as to how she feels about adding that language. Thank you very much for your testimony. I appreciate it.

Is there anyone who would like to speak on the neutral position on S.B. 246 (R1)?

**Barbara de Castro, Provider Member, Nevada Youth Care Providers:**

The Nevada Youth Care Providers support the concept of S.B. 246 (R1); however, we do have some concerns. One of the concerns is the availability of training, particularly in the rural areas. We have specialized treatment foster homes in rural areas, and if the foster parents are the ones who are being required to take the training, we would want to ensure that there are some accommodations made for the rural areas.

Another concern that the Nevada Youth Care Providers group has is in regard to the cost of training and what the cost would be, so that we could take that into account when we are recruiting foster parents in regard to whether agencies would pay for the cost of their training or if foster parents would have to pay for that training. The feasibility of the training in regard to whether the approach would be a "train the trainer" approach, or whether each foster parent or provider of services would need training if they are the ones dispensing the medication is an additional concern that we would seek clarification on.

The last one is a concern regarding some children who are not in specialized foster care who have been prescribed psychotropic medication and other medications, who then would not be covered by this bill. There are a number of children in Clark County who are higher-level-of-care children who are placed in regular foster care for whatever reason, but this bill would not cover those children. Thank you.

**Chair Mastroluca:**

Those are really good questions. I do not know if there is anyone here that can address some of those regarding the training.

**Senator Leslie:**

This is the first I have heard of these concerns. I want to make sure that you know that. It would have been nice to know about them before

I walked in. My understanding is that the training is available online. Perhaps Marla McDade Williams could give us an idea of the cost and availability.

**Marla McDade Williams:**

I am going to have to look into the online portion and the cost and get back to you. There are trainings online. I am just not aware of where they are right now because we have not had to use them in the past. I will look into that for you.

**Chair Mastroluca:**

Ms. de Castro, if you would please get in touch with the bill sponsor and address your concerns with her, then hopefully we can get those worked out rather quickly.

**Barbara de Castro:**

Thank you; I will do that.

**Assemblywoman Benitez-Thompson:**

Foster parents right now, whether they are specialized or not, are required to have a certain number of training hours. We have some very smart people who could figure out a way to incorporate this into the required training element.

As I look at the other sections that we are addressing, I do not know if licensed facilities have required training hours that they have to keep up on, but I would imagine that they do. Could you speak to that?

**Kevin Schiller:**

Currently there is an initial training that the county provides, and there are renewals that are required on an annual basis which also require training. To address the specific question of how foster parents in rural areas become trained, we typically videotape our training and we almost always partner with the rural counties. If that training was needed and we were working with the division and that became incorporated as part of the process, we would happily share whatever information we need to with those entities that are not in a metropolitan area.

**Chair Mastroluca:**

I think it is obvious that all parties involved want to make this work, and these are issues that can be worked out relatively easily.

Is there anyone else who would like to testify on S.B. 246 (R1), either in support, opposition, or neutral? [There was no response.] I will close the

hearing on S.B. 246 (R1). Thank you very much for your time, Senator. We appreciate it.

I will open the hearing on Senate Bill 53 (1st Reprint).

**Senate Bill 53 (1st Reprint):** Excludes certain programs that supervise children from certain licensing requirements. (BDR 38-242)

**Terri Barber, Intergovernmental Relations Director, City of Henderson:**

What you have before you this afternoon is a different approach than how we had originally started out. We originally sought to exempt our before-, after-, and out-of-school recreation programs from being regulated by the state. We met prior to the start of the legislative session with folks from the Department of Health and Human Services, and we decided that rather than do that, there really was a different approach that we could take and that would be to create a separate track for those programs that are government run before-, after-, and out-of-school programs. We held two meetings in the state and included all of those folks who provide government run or sponsored programs: one in the north and one in the south. Mary Ellen Donner was in charge of that and she went through the regulations with all of the folks—typically it is in the parks and recreation department at the municipal or county government.

They went through all of the regulations and determined those that they could actually comply with. The sticky wicket for us and what makes us different from the other types of programs that might be out there is that we are actually held in government facilities, typically in the schools where the children go to school. The end result of those two meetings is the bill that you have before you today. What S.B. 53 (R1) seeks to do now is to define and establish regulations that would allow for before-, after-, and out-of-school recreation programs to be issued a permit by the state.

We have one small technical amendment to this bill ([Exhibit C](#)). After drafting it, we determined that we probably were not very clear in what we were trying to accomplish. I would like to offer this amendment to the Committee. In section 5, subsection 3, we need to clarify that the permit will be issued to the local government and not to the specific site where the recreational activities will be happening, but the permit will be issued to the government.

In section 6, we need to clarify that cardiopulmonary resuscitation (CPR) certifications are actually good for longer than a year. There are different programs where you can get your CPR certification and it is good for two years. We changed the language to state that they must hold current certifications.

The last section, section 8, stipulates that the records that we shall maintain for the children will be related to the "protection, health, safety, and/or welfare" of each participant in the program.

I can go through this if you would like, Madam Chair, or I can answer questions. However you would like to proceed.

**Chair Mastroluca:**

If you would not mind walking through it.

**Terri Barber:**

In S.B. 53 (R1), beginning with section 2, we define a local government. In section 3 we define an out-of-school recreation program, and in section 4 we define what a seasonal or temporary recreation program is.

**Chair Mastroluca:**

I have a question. On section 3, subsection 1(b), it says, "During the summer or other seasonal breaks . . . ," but then subsection 2 specifies, ". . . does not include a seasonal or temporary recreation program." Is that counterintuitive?

**Terri Barber:**

I do not think so, but we worked with Ms. Lang, so I do not know.

**Chair Mastroluca:**

Is that duplicative, Ms. Lang?

**Risa Lang, Committee Counsel:**

I think in the definition we tried to make a distinction between them, but I can see where that might cause some confusion. We could change that if it does, to just be "temporary recreation programs."

**Mary Ellen Donner, Director, Parks and Recreation, City of Henderson:**

In section 3, subsection 1(c), "Between sessions for children . . ." could be days when children are out of school, inservice days, or if it is on a year-round calendar, they have different track breaks so it did not just occur during the summer, or it could be whenever children were out of school. Does that answer the question?

**Chair Mastroluca:**

I was not questioning the definition of seasonal. I was questioning that it was listed specifically "During the summer or other seasonal breaks in the school calendar," and then it says, "The term does not include a seasonal or temporary recreation program."

**Mary Ellen Donner:**

It could be a sports program, baseball league, Little League, or it could be any type of temporary recreation program like a class or an excursion.

**Chair Mastroluca:**

I think we just need to look at removing the word "seasonal" from subsection 2 because I think it is confusing. We will have Ms. Lang look at it.

In section 4, subsection 2, I would like to ask about the therapeutic program for children with disabilities. It has been my experience that those are not necessarily seasonal or temporary. Those are standard programs. For example, in the City of Henderson, in the "Henderson Happenings" therapeutic programs are listed as an ongoing activity. Why would therapeutic programs be exempt in this area?

**Mary Ellen Donner:**

Therapeutic recreation programs are not just out-of-school care programs in the City of Henderson. They could be excursions, classes that may last an hour, or single day or single special events. Our intent was not to include those programs because they are broader and have more depth than an out-of-school program.

**Chair Mastroluca:**

Please continue, Ms. Barber.

**Terri Barber:**

Section 5 stipulates that we must obtain a permit and the cost of doing so. I already addressed the amendment that would clarify that the permit would actually be obtained by the local government and not by the location. This criteria lays out what the cost of that permit would be.

In section 6, we are seeking to ensure that each location complies with laws and regulations concerning health and safety standards. Section 7 specifies that local governments that operate an out-of-school recreation program must complete background checks and child abuse screenings for all of the members of staff. We need to ensure that each member of the staff of the recreation program receives orientation and training, and meets minimum requirements for the position. This section also speaks to the ratios that we will maintain and that we will not exceed the maximum per-person occupancy of the facility as designated by the State Fire Marshal.

**Chair Mastroluca:**

Where did the ratio come from?

**Terri Barber:**

It is the current ratio. It did not change.

**Chair Mastroluca:**

The current ratio where?

**Terri Barber:**

It is in Chapter 432A of *Nevada Administrative Code* (NAC), "Services and facilities for the care of children." It is already in the regulations. We did not change that or make any additions to it. It is already in the regulations as was established previously.

**Chair Mastroluca:**

What is the section again?

**Terri Barber:**

It is NAC 432A.524.

**Chair Mastroluca:**

Thank you. Please proceed.

**Terri Barber:**

We will also speak about room occupancy, we will ensure that the out-of-school program includes without limitation, inclusion, components, structured activities, nonstructured activities, restroom breaks, and nutrition breaks.

In section 8, we will maintain records on the children. Section 9 is on requirements and schedules for reports to the Bureau. Section 10 authorizes the Bureau to adopt necessary regulations to carry out the provisions of this legislation.

**Chair Mastroluca:**

So in section 9, subsection 2, do those inspections currently exist? You are not adding an additional inspection?

**Melissa Faul, Chief, Bureau of Services for Child Care, Division of Child and Family Services:**

I was coming up here to clarify the regulation that I indicated. It is actually under NAC 432A.530, "Child care centers: Additional children outside normal school hours" rather than NAC 432A.524 that we just gave you before.

Would you repeat your question?

**Chair Mastroluca:**

Thank you for that information. In section 9, subsection 2, it talks about the on-site inspection. I want to confirm that this is not an additional inspection, that those are current inspections are just being referenced again in this statute?

Ms. Howell is rapidly nodding her head yes.

**Melissa Faul:**

Yes.

**Assemblyman Frierson:**

There is another piece of legislation that proposes to help facilitate community organizations having similar programs out of school—I forget exactly how it is phrased. I have spoken with the City of Henderson about this. It seems to accomplish for local government exactly what those organizations were initially trying to do. My concern is with programming going away and funding being cut, if there were nonprofit organizations that were established that could meet all of the same criteria, why would we limit only to local government and not allow those established programs and organizations to also be able to do this and avoid having to go through the entire licensing process if this is only for summer and seasonal breaks? Why not compete with full day care facilities?

**Amber Howell, Deputy Administrator, Bureau of Services for Child Care, Division of Child and Family Services, Department of Health and Human Services:**

When this came about, we have a number of different types of facilities. We have programs that are operated out of school lunch rooms where the children do not leave the facility. They go there before school, they go to class, they come out of class, and they do not leave the campus. They are, in essence, inside government facilities. The other bill that you are referring to—and the number is escaping me—but we have been working with them as well. Those are a little bit different types of programs, so the regulations need to match those types of programs as well. We are struggling with NAC Chapter 432A. Currently the regulations are not helpful or supportive of the type of facility in order to regulate these types of programs, so these two bills are trying to establish different regulations to be more conducive with the programs they are running, rather than doing one set of regulations as a one size fits all when it does not really fit. Does that answer your question?

**Assemblyman Frierson:**

It does only for local governments. If we are going to create a separate set of requirements or a separate process for an entity that does not fit the full-time day care model, if there is a nonprofit that can do the same thing, do

background checks, have folks trained on health and other things, why could we not allow the nonprofit organizations to also be able to provide those? I think there is going to be a shortage of options for kids and I do not know why we would limit it to just local governments to be able to provide these types of programs and not have to go through the licensing when there are organizations in the community that may want to do the same thing.

**Terri Barber:**

One of the things we discovered in going through the regulations was that because the programs are held in government-owned buildings, we are already subjected to many inspections. In the case of schools, the kitchens are inspected by the health district and building inspections are done by the fire marshal for safety in occupancy. Because of that, we feel that it makes us a bit unique in that the other nonprofits may not have to go through that same kind of inspection process. Maybe they do; I am not aware of that. As a matter of course, we background check and fingerprint all of our employees, and those might be cost prohibitive for them to be able to comply with that. As I said, we went through the regulations and in some cases I think our standards were higher because we are already government and we are already regulated.

**Chair Mastroluca:**

Are there any further questions from the Committee? [There were none.]

**Dan Musgrove, representing the City of North Las Vegas:**

We are absolutely in support of the bill and the amendment that the City of Henderson has brought to clarify things. If I could give a quick background on my "me too." Some of the points that Mr. Frierson pointed out were exactly what we were afraid of early last summer. Actually Terri Barber and I found out about some issues that the state was doing in terms of regulating, and the fear was that we would not be able to do these programs any longer because of a different licensing standard that might be applied to us or to put us on the same level, or at least as the commercial businesses that are out there. Because of our uniqueness in being in government buildings, we wanted to make sure that again there was some kind of exception or, as it turned out, because of the tremendous amount of work that the City of Henderson did on this. I want to personally thank them for creating this special area of law to allow for these programs to exist. There was great fear amongst the community that these Safekey programs would go away. For many parents, this is the only option that they can afford. This is the only convenient option for them: to be able to take their child to school and make sure that the child is there during their work hours and not have to worry about the transportation between other facilities and other entities and knowing that their children are safe while they are able to work. It took a lot of effort by the

state. Amber and Melissa did a tremendous amount of work and we certainly appreciate all that has come forward. We want the body to know that we ask for your support in this measure.

**Assemblyman Anderson:**

Are you saying that nonprofits and everyone else do not have fire codes and are not inspected for that sort of thing, and health codes if they have a kitchen? That is what I have been hearing, is that government is special, and I agree. Probably government has things more structured and does things better, but are you saying that maybe no one else has these requirements?

**Dan Musgrove:**

No, absolutely not. What I am trying to say is that our concern was that because of the fact that many of these schools are older schools, that maybe they would have to be brought up to a different standard. Obviously, there have been a lot of inspections that have taken place to make sure that the schools are safe for our kids. With that same standard, we want to make sure that the Safekey program can coexist in that facility. Our fear was that a new standard might come along that says we cannot have the Safekey in that facility; while they can go to school there, they cannot have Safekey in that facility because of a different standard. The nonprofit does a great job; they are meeting all the standards, but it is a standard for them that is separate than the school. We want to make sure that the existing schools where there are Safekey programs could continue to have that program there and not have to change because they were a Safekey, and yet they are still going to school at that same facility. I hope I am clearing it up. Thank you.

**Chair Mastroluca:**

I want to make sure that I understand. The purpose of the bill is not to necessarily exempt local government from inspections, permits, or paying for those permits; it is just setting a different standard based on what they are already doing.

**Dan Musgrove:**

Correct.

**David Bowers, representing the City of Las Vegas:**

We are here to basically do a "me-too." Our neighborhood services department has been working with Mary Ellen Donner for quite some time and we are supportive of what they are doing, along with the amendment that they proposed today. Thank you very much.

**Cadence Matijevich, representing the City of Reno:**

We are here in support of this bill with the technical amendment on behalf of our Sierra Kids program, a quality recreational program for children who need a safe environment before and after school. We operate this program in approximately 20 schools on the schedule for the Washoe County School District. It is a very important resource and—as Mr. Musgrove said—an affordable resource for families in our community. With this bill we can ensure that these important programs will continue and we encourage your support for the bill.

**David Fraser, Executive Director, Nevada League of Cities and Municipalities:**

I want to thank the Committee for their time and thank the City of Henderson for bringing forth this bill, and indicate that the League of Cities supports the bill. I would like to express that we commend not only the City of Henderson, but so many of the other cities that are undertaking these programs in cooperation in many cases with the school systems, and of course serving a great number of children and families with this. We appreciate again the consideration given to the bill, because we think that it will enable them to continue to provide that great service in our community.

**Esther Valle Rojas, Management Services, Las Vegas Water District:**

I am here to express full support of S.B. 53 (R1) and the amendment. We would also like to thank the City of Henderson and everyone who put their efforts into bringing this bill about.

You are probably wondering why the water district is interested in this bill. It particularly impacts our out-of-school programs at the Springs Preserve; we usually provide summer programs and after school programs in the area for the community. Thank you.

**Chair Mastroluca:**

Is there anyone else that would like to testify in support of S.B. 53 (R1)? [There was no response.] Is there anyone in opposition to S.B. 53 (R1), either in Carson City or Las Vegas? [There was no response.] Is there anyone neutral on S.B. 53 (R1)?

**Assemblywoman Smith:**

I think we have some confusion between the two bills that are out there, and for the life of me I cannot figure out why we would not combine those efforts and make sure that there is a clear understanding in one place of these out-of-school programs. I am very confused about the differences between the two situations and that we have bills moving in opposite directions, or maybe in the same direction. I really do not have a good handle on it. I would like to

explore the idea that we make sure that we are on the exact same page with these programs. In this situation, they are quite similar, but I want to make sure that if we have requirements for some that make sense for the others, that we do that. I do not understand if they are competing measures or what the situation is.

**Chair Mastroluca:**

I will tell you that before the amendment that was added right before the bill passed out of the Senate, the two bills were almost the exact same language. Assemblywoman Diaz actually did make it a point to make sure that the language in her bill reflected the language in this bill. Now obviously it has changed since then, and I agree with you. I do not know if they are still complementary, or if they are competing. I would ask the sponsor of the bill to take a little bit of time, go back, look at the bill that came out of the Senate, and see if we can shore those up a little bit.

**Assemblywoman Smith:**

I would go one step further. I think the two groups need to talk to each other if they have not and figure out if it makes sense to have language in one place, and certainly talk with staff from the department to help figure it out. I think we need to have a meeting of the minds and figure out what the situation is.

**Chair Mastroluca:**

Are there any other comments from the Committee? [There were none.] With that, I will close the hearing on S.B. 53 (R1).

Committee, we are going to have a work session on a couple of bills. We will start with Senate Bill 44 (1st Reprint). The work session document is available on the Nevada Electronic Legislative Information System.

**Senate Bill 44 (1st Reprint): Requires the Division of Mental Health and Developmental Services of the Department of Health and Human Services to adopt certain regulations. (BDR 39-448)**

**Kirsten Coulombe, Committee Policy Analyst:**

This bill was heard last Monday and it was submitted on behalf of the Division of Mental Health and Developmental Services ([Exhibit D](#)). It basically requires the Division to adopt three primary regulations:

1. Define the term consumer.
2. Specify when a consumer is eligible to receive services based on certain requirements.

3. Establish a referral process for when the Division cannot meet a consumer's needs.

The certain requirements for a person to be eligible are that they must have a documented diagnosis of a mental disorder and not be eligible to receive services through another public or private entity. The bill also replaces the term "client" with the term "consumer," and this was done to reflect current nomenclature. Basically Dr. Cook had said the *Nevada Revised Statutes* definition to receive services is currently very broad, and 44 other states have similar definitions to define who is eligible for services and that helps control the caseload. There were no amendments discussed at the hearing or proposed at this time.

**Chair Mastroluca:**

Is there any discussion from the Committee on this bill? [There was none.] I will accept a motion.

ASSEMBLYMAN HAMBRICK MADE A MOTION TO DO PASS  
SENATE BILL 44 (1ST REPRINT).

ASSEMBLYMAN FRIERSON SECONDED THE MOTION.

THE MOTION PASSED UNANIMOUSLY.

**Chair Mastroluca:**

Mr. Hambrick, would you handle the floor statement, please? Thank you.

Let us move on to Senate Bill 114 (1st Reprint).

[Senate Bill 114 \(1st Reprint\)](#): Revises provisions relating to controlled substances. (BDR 40-190)

**Kirsten Coulombe, Committee Policy Analyst:**

Senate Bill 114 (R1) was also heard last week. [Reviewed the work session document ([Exhibit E](#)).] Senator Denis presented this bill and it authorizes the State Board of Pharmacy and the Investigation Division of the Department of Public Safety to enter into a written agreement to exchange information regarding prescription drugs. It also provides immunity from civil and criminal liability for persons who provide that information to the Division or the Board. Lastly, the bill requires the Investigation Division to have an annual report that they provide to the Legislative Committee on Health Care. Senator Denis explained that the reason this bill was brought forth was because individuals that have addictions to prescription drugs will oftentimes doctor or pharmacy

shop. Sharing the database information will allow doctors to see what prescriptions have already been given, what is left on the prescription for how many more they can have, and it will also allow other states to have that information in case individuals come to Nevada. There were no proposed amendments during this hearing or at this time.

**Chair Mastroluca:**

Is there any discussion on this bill from the Committee? [There was none.] I will accept a motion.

ASSEMBLYMAN ANDERSON MOVED TO DO PASS  
SENATE BILL 114 (1ST REPRINT).

ASSEMBLYMAN GOICOECHEA SECONDED THE MOTION.

THE MOTION PASSED UNANIMOUSLY.

**Chair Mastroluca:**

Ms. Flores, would you handle the floor statement, please? Thank you.

Let us move on to Senate Bill 225.

**Senate Bill 225:** Establishes provisions relating to the designation of certain hospitals as primary stroke centers. (BDR 40-938)

**Kirsten Coulombe, Committee Policy Analyst:**

This bill was presented by Senator Cegavske. [Reviewed work session document ([Exhibit F](#)).] It basically allows the Health Division to recognize hospitals that are certified as primary stroke centers and to list those particular hospitals on their website. It does prohibit a hospital from advertising that they are a primary stroke center if they are not certified; however, the bill does not prohibit any hospital from providing care to the victim of a stroke, even if they do not have that designation. We heard testimony regarding previous sessions' efforts to establish a stroke system of care, and this bill will help to increase awareness among the public, and also allow emergency management to have more options for responding to stroke victims. There are no proposed amendments.

**Chair Mastroluca:**

Is there any discussion on this bill from the Committee? [There was none.] I will accept a motion.

ASSEMBLYMAN BROOKS MOVED TO DO PASS  
SENATE BILL 225.

ASSEMBLYMAN FRIERSON SECONDED THE MOTION.

THE MOTION PASSED UNANIMOUSLY.

**Chair Mastroluca:**

Mr. Sherwood, would you handle the floor statement, please? Thank you.

We are going to do one more, Committee. I apologize. It is not on the list, but we heard this bill and I do not think there were any issues at all. It is Senate Bill 149. I inadvertently did not add it to the work session.

Senate Bill 149: Establishes policies concerning certain persons with disabilities. (BDR 39-603)

**Kirsten Coulombe, Committee Policy Analyst:**

This bill was heard on April 20, 2011 and is also by Senator Cegavske ([Exhibit G](#)). It establishes a state policy to recognize individuals before recognizing their disabilities, a preference for the phrase "persons with intellectual disabilities," and it would have the Legislative Counsel Bureau replace this term in *Nevada Revised Statutes* as well as *Nevada Administrative Code*. We also heard testimony regarding Rosa's Law. There are no proposed amendments.

**Chair Mastroluca:**

Is there any discussion from the Committee? [There was none.] I will accept a motion.

ASSEMBLYMAN HAMMOND MOVED TO DO PASS  
SENATE BILL 149.

ASSEMBLYMAN BROOKS SECONDED THE MOTION.

THE MOTION PASSED UNANIMOUSLY.

**Chair Mastroluca:**

Mr. Brooks, would you handle the floor statement, please? Thank you.

Is there anything else to come before the Committee? [There was no response.]

Is there any public comment? [There was no response.]

The meeting is adjourned [at 2:57 p.m.].

RESPECTFULLY SUBMITTED:

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Linda Whimple  
Committee Secretary

APPROVED BY:

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Assemblywoman April Mastroluca, Chair

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

**EXHIBITS**

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

**Date:** May 4, 2011

**Time of Meeting:** 1:37 p.m.

<b>Bill</b>	<b>Exhibit</b>	<b>Witness / Agency</b>	<b>Description</b>
	A		Agenda
	B		Attendance Roster
S.B. 53 (R1)	C	Terri Barber	Proposed Amendment
S.B. 44 (R1)	D	Kirsten Coulombe	Work Session Document
S.B. 114 (R1)	E	Kirsten Coulombe	Work Session Document
S.B. 225	F	Kirsten Coulombe	Work Session Document
S.B. 149	G	Kirsten Coulombe	Work Session Document