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

Seventy-Sixth Session
March 30, 2011

The Committee on Health and Human Services was called to order by Chair April Mastroluca at 1:12 p.m. on Wednesday, March 30, 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 and to Room 124, Greenhaw Technical Arts Building, 1500 College Parkway, Elko, 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/. In addition, copies of the audio record may be purchased through the Legislative Counsel Bureau's Publications Office (email: publications@lcb.state.nv.us; telephone: 775-684-6835).

COMMITTEE MEMBERS PRESENT:

Assemblywoman 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:

Assemblywoman Melissa Woodbury, Clark County Assembly District No. 23
Assemblyman James Ohrenschall, Clark County Assembly District No.12

STAFF MEMBERS PRESENT:

Kirsten Coulombe, Committee Policy Analyst
Risa Lang, Committee Counsel
Mitzi Nelson, Committee Secretary
Olivia Lloyd, Committee Assistant

OTHERS PRESENT:

Jan M. Crandy, Commissioner, Nevada Commission on Autism Spectrum Disorders
Mary Liveratti, Deputy Director, Programs, Department of Health and Human Services
Sherrie Olson, Private Citizen, Reno, Nevada
Mark Olson, Private Citizen, Henderson, Nevada
Marlene Lockard, representing Nevada Women's Lobby
Todd Abbott, Private Citizen, Las Vegas, Nevada
Ethan Abbott, Private Citizen, Las Vegas, Nevada
Julie F. Beasley, Ph.D., Neuropsychologist, Las Vegas, Nevada
Rorie Fitzpatrick, Director, Office of Special Education, Elementary and Secondary Education and School Improvement Programs, Department of Education
Nicole Rourke, Executive Director, Government Affairs, Community and Government Relations, Clark County School District
Mark Davis, Private Citizen, Carson City, Nevada
Glenna Hammond, representing Autism Screams
Andrew M. Eisen, M.D., F.A.A.P. Medical Director, Center for Autism and Developmental Disabilities, Touro University Nevada
Michelle Carro, Ph.D., Chair, Legislative Committee, Nevada Psychological Association
Alden Grant, Private Citizen, Las Vegas, Nevada
Dawn Gibbons, representing Intermountain West Communications Company
Shannon Springer, Private Citizen, Sparks, Nevada
Sharon Quiroz, Private Citizen, Las Vegas, Nevada
Antonio Quiroz, Private Citizen, Las Vegas, Nevada
Stephanie Paradiso, Private Citizen, Las Vegas, Nevada

Tom Merwin, Private Citizen, Elko, Nevada
Ralph Sacrison, Private Citizen, Elko, Nevada
John Hays, Private Citizen, Carson City, Nevada
Alicia Hamilton, Private Citizen, Carson City, Nevada

Chair Mastroluca:
[Roll was called.] Today Ms. Crandy will finish her presentation from Monday. We want to make sure we have as much information as possible before we hear the bills. I will give her about 10 to 15 minutes to finish her presentation and then we will move on. I would like to remind the Committee and the audience that these are policy committee bills. We will not be debating fiscal impact. When necessary, we will acknowledge that there is a fiscal impact of these bills, but we will not have a conversation or debate about fiscal impact during the policy committee hearing. That will be reserved for when the bill is heard by the Assembly Committee on Ways and Means.

Ms. Crandy will now make her presentation.

Jan M. Crandy, Commissioner, Nevada Commission on Autism Spectrum Disorders:
First, I would like to clarify that in Monday's meeting I might have been a little hard on Nevada Early Intervention Services (NEIS). I would like to acknowledge that NEIS has made some great improvements and has worked to screen children. During that meeting, I presented a graph showing that NEIS had screened 859 children, and while 268 children had failed the screening, only 40 children had been diagnosed with autism (Exhibit C). I failed to indicate that the guidelines for screening, as set by the American Academy of Pediatrics, recommend that each child be screened twice by the age of two; once at 18 months and again at 24 months. Therefore, children under 18 months would not be screened. Nevada Early Intervention Services is doing better at screening and diagnosing. The chart showed that NEIS diagnosed 117 children with autism in 2010. This is up from 23 children diagnosed in 2007 and 2008 and is an improvement. I am grateful that they are working toward improvement.

On Monday, I referenced a little boy who would not eat. That little boy is here today. He is three years old now and will introduce himself later. Since he started treatment at the age of two, he has seen amazing progress. I would like to show a short video of his baseline behavior. [Video presentation showing a child refusing food.] The video documents that when the child was offered food, he became upset and hit his ears. As you can see, he demonstrated self-injurious behavior, which his father will testify to.

The next video shows his progress after he received treatment. [Video presentation of the same child being offered a potato chip, taking a bite, and reacting to the taste.] This little boy was nonverbal when he began treatment. Since starting treatment, he has developed a vocabulary of over 500 words. I will also show an intake video which documents the child's baseline inability to respond to questions. [Video presentation of the child being asked a series of basic questions and reacting only with short grunts.] At that time, the child was only drinking milk out of a bottle. A baseline video is taken on all children who come into the Autism Treatment Assistance Program (ATAP) program. We assess their progress a year later. I will not show you his follow-up video, since he will be testifying later.

The second set of videos demonstrate an unresponsive child, prior to treatment. [Video presentation of another child sitting on some stairs, unresponsive to his mother.] At the end of the video, when the mother mimics his sound, the child starts to engage a bit. However, most of the time you could not engage this child. Prior to treatment, the child did not talk. The next video is the change that occurred within four months of treatment. [Video presentation of same child interacting with his sister.] This little boy is still being served by the program. While he has a long way to go, he has also made some huge gains. Thank you for allowing extra time to show some of the children in the program. I think it is good to show examples of the actual outcomes that can be observed through treatment.

Chair Mastroluca:
We will open the hearing on Assembly Bill 315.

Assembly Bill 315: Establishes the Autism Treatment Assistance Program. (BDR 38-986)

Assemblywoman Melissa Woodbury, Clark County Assembly District No. 23:
Autism services in Nevada are divided among three different divisions within the Department of Health and Human Services (DHHS). Those divisions are the Aging and Disability Services Division (ADSD), the Health Division, and the Division of Mental Health and Developmental Services (MHDS). This bill would add the current Autism Treatment Assistance Program (ATAP) to statute within the Aging and Disability Services Division and establish it as the primary autism program within the DHHS to coordinate services across the autism spectrum for children through the age of 19 years. In addition, policies of this program must be developed in conjunction with the Nevada Commission on Autism Spectrum Disorders, which is the successor to the Nevada Autism Task Force. I would now like to ask Jan Crandy, from the Nevada Commission on Autism Spectrum Disorders, to walk through the bill.

Jan M. Crandy, Commissioner, Nevada Commission on Autism Spectrum Disorders:
The Nevada Commission on Autism Spectrum Disorders supports one path for autism treatment. [Ms. Crandy provided prepared testimony (Exhibit D).] We have a vision of an umbrella. Our vision is not of a lifelong program; it is of a treatment assistance program to help each child reach his best outcome and promote parent involvement through education. If and when a child needs additional services, this bill states that ATAP will work in collaboration and coordination to transition the child to appropriate services or programs within our state. That means that if a child needs lifelong support, we would help him to transition to programs within MDHS. If the child is at NEIS and we have spoken with the Individuals with Disabilities Education Improvement Act of 2004 (IDEA) Part C Office, we would attend Individualized Family Service Plan (IFSP) meetings and coordinate services to promote better treatment. Currently under MHDS, there is the Self-Directed Autism Services Program which has been eliminated due to budget cuts from the Office of the Governor. In essence, there will be only one autism assistance treatment program in Nevada. I have provided an exhibit in the Nevada Electronic Legislative Information System (NELIS) [titled "Streamlining of Autism Services within the Department of Health and Human Services" (Exhibit E)], regarding the autism workgroup that was formed in February. [Ms. Crandy continued to read from the exhibit.]

Assembly Bill 315 establishes in statute a program that is already established. This is the third legislative session during which we have asked the Legislature for permanent funding of the program. I have also provided a copy of a brochure that outlines the ATAP program (Exhibit F). In addition, I have provided a support manual we have developed for parents (Exhibit G) that outlines the program, including parental expectations. For instance, parents are expected to participate in training. Section 6 of the manual, entitled "Your Child's Progress," explains the process taken to assess data targets and outcomes. We also use community-based assessments, such as those performed by the individual school districts, which establish levels for the child's individualized education plan (IEP). If a child has been involved in the Early Intervention Program, we use those assessments as well. We try very hard not to spend money in ATAP for services that are already being provided in the community setting.

Chair Mastroluca:
Are there any questions?

Mary Liveratti, Deputy Director, Programs, Director's Office, Department of Health and Human Services:
I am here both as the Deputy Director of DHHS and also as a commissioner of the Nevada Commission on Autism Spectrum Disorders. I would like to make a few statements from the perspective of my duties as a commissioner. This is a program that has been in effect for four years. There is no dedicated state-paid staff to help run the program. We contract out for case management and other services that are provided to the children. The DHHS included the program in its budget as an enhancement unit. Once budgets had to be readjusted, it was removed. However, Governor Sandoval has put the program back into the budget through ADSD. The bill attempts to give this program a permanent status, so that we can provide better planning and direction for the future.

The DHHS has attached a fiscal note to the bill. However, we are reviewing the fiscal note because we believe some of the money has already been included in *The Executive Budget*. If so, we will submit a revised fiscal note. I would be happy to answer any questions.

Chair Mastroluca:
Are there any questions for Ms. Liveratti? [There was no response.] Would those in support please come forward?

Sherrie Olson, Private Citizen, Reno:
I am the mother of two beautiful little boys. My oldest son, who is almost three years old, is here with me today. I am sure as you entered the room you observed him trying to run out of the room to play with the elevators. He was just approved for the ATAP program after being on the waiting list for over a year. My son is on the more severe end of the autism spectrum. Through that process, I tried everything possible to get services for my son. I worked with the University of California, Davis Medical Investigation of Neurodevelopmental Disorders Institute (MIND). I worked on a six-month research project. I tried to do everything possible to get help for him. I tried to provide as much therapy as possible, but my son also has medical issues. We had to choose between paying his hospital bills and paying his therapy bills. He is now finally stabilized, but is heavily medicated to help with his behaviors. He is in a lot of pain because of the medical syndrome he has been diagnosed with. His body has mutations throughout and his gastrointestinal tract does not work properly. Without medication, he becomes extremely aggressive and bites me 150 or more times a day. That is his way of communicating with me. He also rips my hair out and scratches me, my husband, and his little brother. When he is medicated, he is more pliable and easier to work with. You can reach him with therapies because he is not in so much pain.

As you can imagine, when your child is diagnosed with a disorder affecting his health, you try to provide the best life you can for him. My son does not talk. It was very hard watching the videos of the other children with autism. Watching them was like watching my own baby. He is at the same stage as those children. He does not talk. I want him to have a chance to tell me he wants something to drink. I want him to be able to communicate with me. Because he cannot communicate, he gets extremely frustrated. As a mother, I want to advocate for my son. We need him to get this funding. I just met with the school board earlier this morning and learned that he will not be able to attend Child Find because of his medical problems. It is extremely important that we get this funding, especially since the school district can only send a tutor out once a week. Without the funding, I do not know how our children will get the help they need to gain a better quality of life. Thank you.

Chair Mastroluca:
Thank you; we appreciate you sharing your story. May I ask you a question?

Sherrie Olson:
Yes.

Chair Mastroluca:
You son is on the program now?

Sherrie Olson:
We found out two weeks ago. This is the type of situation that either makes you laugh or cry. First, you find out that your child has an immune deficiency disorder, then you get the news that he might be on the autism spectrum, and next you find out that he is on the severe end of the spectrum. Additionally, you get the news that he has a syndrome that reduces his life expectancy and then you get even worse news—that he has an extremely rare syndrome and is the only child alive who has it. I am not only dealing with autism, I am also dealing with all his other medical problems. All I want is the best care for my son, as would you if you had a child like mine. You want to cry because the situation is so overwhelming. But when you can help them, get hugs from them, and they are able to act out their feelings instead of just screaming, it is the best feeling ever.

When my child is really struggling, he bangs his head until it becomes bruised. He chews his hands until they are raw and bloody. He can put his arm into an oven and not cry. I am that one that cries and freaks out. He is so fascinated with these kinds of things. I can tell him no many times, but he will not stop. He does not understand. Before the meeting, Dawn Gibbons was helping me because my son likes to ride up and down the elevator. I cannot take him to public places the majority of the time, because he runs away from me. When I put a safety backpack with a leash on him, people stare, but I do not care. Even then it does not work, because he ends up biting me and attempting to run away. Your child is born into this world, but he does not know what is going on. He was born this way. He was not given the common sense that we were; he cannot learn that an object is hot. Instead he will touch it over and over without even realizing that he is getting burned. How amazing would it be to teach your child the meaning of the word no? Parents take for granted that a child will talk, will tell you no. I have a one-year-old who tells me no all the time. It is fabulous every time he tells me no. I am reminded daily how special he is because he can talk. If you could put yourself in my situation, or that of the other parents, you would see that it is an extremely hard situation to deal with. It is exhausting. However, I am grateful each day for my son—for both of my children. There is nothing more rewarding than having them. I want to fight to get them the services they need.

Chair Mastroluca:
Thank you, I appreciate you being here and I am very excited to see that your son has been included in the program. I will definitely be following up with Ms. Crandy to see how your son is doing.

Sherrie Olson:
I am grateful for all the wonderful people who have helped us get to this point. There are a lot of hoops to jump through, but it is a huge reward in the end. Thank you.

Chair Mastroluca:
Is there anyone else who would like to testify in support of A.B. 315, here or in Las Vegas?

Mark Olson, Private Citizen, Henderson:
I am a single father of a nonverbal, moderately to profoundly autistic teenager, who at best may live semi-independently as an adult. I am also the chairperson of two subcommittees of the Nevada Commission on Autism Spectrum Disorders: the Community Living Subcommittee and the Data and Statistics Subcommittee. If I can, I would like to provide a different perspective than some of the other parents who have younger children that would benefit most from the passage of the bills being heard today. [Mr. Olson continued to read from prepared testimony (Exhibit H).] My point is that the failure to continue and grow these services will result in an adult problem, the magnitude of which will exceed the current problem. My personal view is that the character of a society is measured in how we deal with those people who cannot help themselves and who have the greatest need. Thank you.

Chair Mastroluca:
Thank you very much. We appreciate your testimony. Is there anyone else who would like to speak in support of A.B. 315? We will have a public comment period at the end of the meeting, if you would like to speak about the programs in general. Right now, we will hear testimony specifically regarding A.B. 315.

Marlene Lockard, representing Nevada Women's Lobby:
Our organization wanted to be on record as strongly supporting A.B. 315.

Chair Mastroluca:
Are there any questions? [There were none.] Is there anyone in opposition to A.B. 315?

Todd Abbott, Private Citizen, Las Vegas:
I am not in opposition. With me today is my son, Ethan. Say "Hi," Ethan.

Ethan Abbott, Private Citizen, Las Vegas:
Hi.

Todd Abbott:
Ethan, can you spell your name for the record?

Ethan Abbott:
E-T-H-A-N.

Todd Abbott:
Thank you, buddy. Ethan received ATAP funding. Within a few months of his first birthday, he began rapidly regressing. He lost his ability for speech and began to refuse to eat solid foods. [Mr. Abbott continued to read from prepared testimony (Exhibit I).] Our goal is two years of therapy to avoid a lifetime of assistance. Our goal is the same as your goal. Please continue your support for programs that do work. This program does work. Thank you for your consideration. Ethan, do you want to say "Bye-bye?"

Ethan Abbott:
Bye-bye.

Chair Mastroluca:
Thank you, your testimony will be uploaded to NELIS, so that the Committee will have a copy. Ms. Crandy would like to point out that Ethan is the same little boy who was shown in the video at the beginning of the meeting and he has made some remarkable progress.

Is there anyone who would like to speak as being neutral to A.B. 315? Seeing none, I will close the hearing on A.B. 315. I will now open the hearing on Assembly Bill 316.

Assembly Bill 316: Establishes provisions relating to persons with autism. (BDR 38-260)

Assemblywoman Melissa Woodbury, Clark County Assembly District No. 23:
I am here to present A.B. 316. The provisions of this bill require the Aging and Disability Services Division (ADSD) to establish statewide standards to assess and evaluate persons with autism who receive services through public programs. Furthermore, it directs school districts and agencies to report the total number of children they serve who are on the autism spectrum. This bill also requires certain state agencies and school districts, including charter schools, to report specific information annually to ADSD regarding services provided to individuals with autism.

The bill draft came out much broader than originally intended, which has caused some concerns among stakeholders. There was also an unintended fiscal note. We have been working with stakeholders regarding these concerns and have already brought forth an amendment to clarify the bill's original intent (Exhibit J). We will continue to work with stakeholders to resolve any further issues, as well as remove any fiscal impact. Thank you for considering this legislation, which would create standardization of assessment for autism services. I will turn the remainder of my time over to Ms. Crandy.

Chair Mastroluca:
Ms. Crandy, are you prepared to go through the bill as it is currently written or as it is proposed to be amended?

Jan M. Crandy, Commissioner, Nevada Commission on Autism Spectrum Disorders:
I know there is opposition to this bill, so I thought I would speak to the intent of what we would like the bill to accomplish. In addition, Rorie Fitzpatrick, from the Department of Education, and Nicole Rourke, from the Clark County School District, are here to speak on the amendment. Would that be okay?

Chair Mastroluca:
That is fine.

Jan M. Crandy:
When we received A.B. 316 from the Legislative Counsel Bureau (LCB), we did not have time to send it back for the needed changes before it had to be

introduced. During the drafting process, the bill had become very broad. The intent of the bill was to improve data collection on individuals with autism. It also reviews how data is collected and how assessments are performed within the autism programs statewide, including the school districts. Currently children who have multiple labels, such as "autism" and "mentally challenged", might not be counted under autism eligibility. We do not have a true count of how many children have autism spectrum disorders. [Ms. Crandy continued to read from prepared testimony (Exhibit K).]

As previously mentioned, we also hope to have the Autism Diagnostic Observation Schedule (ADOS) established as the recognized assessment tool. It is currently the gold standard for autism diagnosis. This tool allows for accurate assessment and diagnosis of autism in toddlers to adults and takes only 30 to 45 minutes to administer. That is a short amount of time and will ensure that autism is neither over- nor underdiagnosed. The true goal is accurate identification of children suspected of having autism. Although federal law does not mandate early diagnosis and intervention, we are screening now. Yet parents still question their child's diagnosis. Parents should be able to trust their child's diagnosis so they can start treatment early to give their child a chance of a better outcome.

Chair Mastroluca:
You said that the ADOS is the gold standard for assessment. How many states actually use this specific tool?

Jan M. Crandy:
I do not know, but I can find out for you. I know that it is a very recognized method and has been around for a long time. Dr. Julie Beasley is here to talk more about diagnosis and assessment. I will let her cover that part of the discussion. I did provide an overview of ADOS as a handout (Exhibit L).

Chair Mastroluca:
Are there any questions?

Assemblyman Hambrick:
At the beginning of section 8 in A.B. 316, the language reads, "For a client who may have autism . . . ." The word "may" has always given me problems, because it is difficult to define. Since you seem to already be arguing the pros and cons of the bill in your testimony, and the stakeholders are going to have to

get together and come up with a solid amendment, I wonder if section 8, subsections 1 and 2 could be combined. From a pragmatic standpoint, either a person has or does not have autism. When a person walks in the door of a doctor's or therapist's office, the word "may" starts to disintegrate very quickly. I wonder if we could use more specific language. "May" is difficult to define. We are talking about very heartfelt, but pragmatic issues.

Jan M. Crandy:
I believe the language will be changed to "initial evaluation." I do think that many times when the children walk in the door, the parents may not know their child has autism. Until the assessment is done, the evaluator does not definitively know that the child has autism. A lot of times when the word "shall" is used in bills, we are asked to change it to "may," to allow some leeway. But, I do understand what you are saying.

Chair Mastroluca:
Are there other questions from the Committee?

Julie F. Beasley, Ph.D., Neuropsychologist, Las Vegas, Nevada:
I have been in business for approximately 15 years in Las Vegas and my specialty is in developmental disabilities, including autism. I am here to support the need for early identification of autism in young children, especially in the range of birth to three years of age. I believe that we have gone backwards. When I first came to Las Vegas and started practicing psychology, we worked very hard to identify these children. At that time, we were catching them at around two or three years old. We have worked very hard to lower the age of diagnosis. We are currently working toward diagnosing them as early as 14 months of age, but certainly by 18 to 36 months of age. As I have seen the state struggle with the downturn in the economy, I believe we have gone backwards in southern Nevada in identifying autism in children ages birth to three. While I understand the challenges, we need to provide a consistent assessment practice across our state for these age ranges, as well as for the older children within the school districts. We need to utilize standardized assessment tools, one of which is the ADOS.

Identification is the crucial first step in early intervention. The earlier treatment begins, the better the outcome for the child. I just completed an evaluation on a 20-month-old child here in Las Vegas who is being seen through NEIS under the eligibility of "developmental delay." He receives speech therapy once every six weeks and is seen by a developmental specialist one hour per week. But the child clearly has autism. The battery of tests that I performed included the ADOS; the Bayley Scales of Infant and Toddler Development, a cognitive measure; and the Vineland Adaptive Behavior Scales, which measure adaptive functioning. His parents were told to wait and see, to watch his development. Luckily, they continued to seek more diagnostic information privately. Now, because of the early identification and diagnosis, we will be able to start intense early intervention treatment for this child. This is crucial.

I know there is work to do with the stakeholders, the language of the bill, and how we standardize our assessment across the birth-to-three segment of children and school districts. However, we are currently going backwards. I firmly support the need for early identification and treatment of these children. Thank you.

Chair Mastroluca:
Thank you very much. Are there other questions?

Assemblyman Hambrick:
What is the length of an average evaluation?

Julie F. Beasley:
I had the privilege of starting my work 15 years ago at Special Children's Clinic, before it was merged into NEIS. At that time, we were able to perform an assessment, using two or three measurement tools, within about two hours. The ADOS takes about 45 minutes to an hour. It does require a team; you are supposed to have a couple of people to assist you. It truly is a gold standard. You asked how many states use ADOS. I cannot quote how many states, but I know it is a widely-used measure of autism.

Assemblywoman Benitez-Thompson:
Within the amendment in section 8, the child's current status versus baseline will be reassessed every three years. Is the treatment plan for the child based upon that assessment? Will it run for three years until the next assessment?

Julie F. Beasley:
To see change, the intensity of treatment for early intervention should be greater than 25 hours of active, intensive intervention per week. That is why you might hear that between 30 and 40 hours of treatment per week is optimum. We start with a baseline that measures cognitive development, adaptive functioning, and symptoms of autism. The most important outcome measures have to do with the beginning level of functioning and the response to treatment. Once the intervention is begun, we can tell if the therapy is working from tracking the progress made. Children who do best are those who have cognitive development issues and who respond to treatment quickly. We have added language to the bill that requires reassessment every three years because the federal government's Elementary and Secondary Education Act (ESEA), also

known as the No Child Left Behind Act, has eliminated the requirement for reassessment every three years through the school district. This act only requires two assessments to establish eligibility when the child comes into the school district after age three. Once those two assessments have been performed, there is no federal mandate to repeat them. Reassessments are no longer being automatically performed every three years, as they were in the past. We would like to continue tracking the developmental progress of our children.

Chair Mastroluca:
Are there any other questions? I do not see any. Thank you very much for your testimony; we appreciate your time.

Rorie Fitzpatrick, Director, Special Education, Elementary and Secondary Education and School Improvement Programs, Department of Education:
It is my privilege to wear a number of hats. One of my favorite roles is serving as the Director of Special Education for Nevada. [Ms. Fitzpatrick continued to read from prepared testimony (Exhibit M).] The Department of Education looks forward to collaborating with various partners to support the requirements of A.B. 316, should it be passed. Would you like me to provide additional information relative to the requirements for three-year evaluation timelines and annual plans?

Assemblywoman Benitez-Thompson:
That would help. I am trying to understand how often assessments are performed versus how often treatment plans are revised, and how both line up with a child's individualized education plan (IEP). There are a lot of moving pieces.

Rorie Fitzpatrick:
Special education is not an uncomplicated subject.

Chair Mastroluca:
Before you go on, I would like to remind you that we still have an additional bill to hear and I have quite a few people signed in for public comment.

Rorie Fitzpatrick:
I will be brief. Federal law requires that a student who may have a disability, or has previously been established to have a disability, must be reevaluated to determine whether or not they still have a disability. At that juncture, a test like the ADOS may or may not be used again. It is the request of those wishing to move this legislation forward that the ADOS be used at initial intake. I am unsure about whether or not that measure should be used beyond the initial

intake. The data gathered at the reevaluation must be used to inform the development of an annual IEP, which is followed for a period of one year. The law requires that the child is evaluated no less than every three years to determine if they still have a disability. In addition, at least one time per year, data is reviewed and an IEP plan is developed and followed. The law also requires periodic reporting on the goals that have been articulated by each IEP.

Chair Mastroluca:
Thank you very much. That was very concise.

Assemblywoman Smith:
Is this data tracked in the System of Accountability Information in Nevada (SAIN) or in a separate data system?

Rorie Fitzpatrick:
The data is tracked in a parallel system to SAIN. Each system works in concert with the other. The challenge is that the school districts' requirement to report data to the federal government began as long as 25 years ago. At that time, many school districts built data systems specific to their special education programs. This sometimes caused incompatibility issues. Now, the Nevada Department of Education works with each school district to pull the data forward from their unique special education system. The data is then fed into the SAIN system. They are related, but we do not draw the data out of SAIN. Rather, we put the data into SAIN, so that it exists in a master warehouse.

Assemblywoman Smith:
Perhaps I should clarify for my colleagues who are not familiar with it that SAIN is the student information system used by our school districts and the Department of Education to store student data.

Chair Mastroluca:
Are there other questions? [There were none.]

Nicole Rourke, Executive Director, Government Affairs, Community and Government Relations, Clark County School District:
First, I would like to thank Assemblywoman Woodbury and Ms. Crandy for working with us to address the logistics of the bill. We support services for students with autism and applaud the efforts of the autism community to bring awareness to the issues surrounding the impact of autism on children and families. [Ms. Rourke continued to read from prepared testimony (Exhibit N).] We look forward to working with everyone on this bill and I would also like to convey the same sentiments from the Washoe Country School District.

They would like to be included in any working group established to develop the additional language.

Chair Mastroluca:
To clarify, the fiscal note from the Clark Country School District (CCSD) on this bill is zero? Is that correct?

Nicole Rourke:
Yes, that is correct.

Chair Mastroluca:
So, the changes CCSD would have to make to their system would be made internally without additional cost to the district?

Nicole Rourke:
We think there will be a minimal cost. We are still trying to work with our system provider to ascertain what it would take to add a few new fields in order to report multiple diagnoses and include autism in the reporting mechanism. We do not believe it will require anything extraordinary.

Chair Mastroluca:
Okay, thank you. Are there any other questions for Ms. Rourke? I do not see any.

Mary Liveratti, Deputy Director, Programs, Department of Health and Human Services:
I would like to go on the record as saying that we, as commissioners of the Nevada Commission on Autism Spectrum Disorders, have been frustrated with trying to get good data. We know resources are very limited, but if we do not have good data, we cannot ensure that we are utilizing those resources in the most effective way. That is one of the reasons we would like to see some improvements in data collection. The DHHS does have some fiscal notes on this bill. We are hoping that some amendments to the language will reduce or eliminate some unintended fiscal consequences that were a result of the original bill draft. We would like to assist the working group on this issue.

Chair Mastroluca:
Are there any questions? I do not see any. Is there anyone else who would like to testify in support of A.B. 316, either in Las Vegas or Carson City?

Mark Davis, Private Citizen, Carson City:
I am the father of a 13-year-old child who was diagnosed with autism at 7 years of age. If the school district had used ADOS, or any other standardized

assessment, my son could have received diagnosis and services that might have helped him progress a lot farther than he has to date. Fortunately, my wife and I both work. We have been able to find people who could properly diagnose our son. However, we have had to go very remotely at times and spend a lot of money to find someone who could give us a diagnosis and other information we needed. Nonetheless, I believe our son would have done much better had he been diagnosed and confirmed through the school system. Then perhaps the school system would not have ignored the first diagnosis of autism, when our son was in first grade. We would not have had to seek out two or three other professionals to confirm the diagnosis in order to prove our point. The school system finally recognized his diagnosis when he was in sixth grade. Our son lost six years of his life in the process.

The local diagnosis was attention deficit hyperactivity disorder (ADHD). They gave him medications that completely threw him over the fence, to the point where he almost lost the few verbal skills he had. The only services he has received to date have been interactive metronome and speech therapy. The school system has finally provided an autistic coordinator this year. He also has an assigned aide, but that aide has been designated for the purpose of pulling him out of class when he is having behavioral issues. Our son has been given a prescription to be put in a smaller classroom, but that has not been provided. If each school district had to provide the same type of assessment and diagnosis of children with these issues, maybe many of the problems my poor child has experienced would no longer exist.

Chair Mastroluca:
Thank you for sharing your story. I hope we can recognize that waiting too long to take action can have devastating effects for a child.

Glenna Hammond, representing Autism Speaks:
I am the parent of a seven-year-old mid-scale autistic child. If this bill is passed, it will help children like my son who could have been diagnosed at 15 months. I kept hearing from NEIS and from his own doctor that he had to wait until he was 24 months of age for assessment. However, because he was involved with NEIS and received ADOS at a young age, he was able to receive some services while we waited for the official written diagnosis that would make him eligible for the proper help that he needs. If this bill is passed, future kids could receive earlier diagnosis, hopefully, between 12 and 18 months of age. Anything earlier than 24 months is good, because the more help these kids get, the better off they are.

Chair Mastroluca:
Thank you very much, we appreciate it. Is there anyone else who would like to speak in support of A.B. 316?

Marlene Lockard, representing Nevada Women's Lobby:
We also strongly support A.B. 316.

Chair Mastroluca:
Is there anyone wishing to testify in opposition to A.B. 316 in Carson City, Las Vegas, or Elko?

Andrew M. Eisen, M.D., F.A.A.P., Medical Director, Center for Autism and Developmental Disabilities, Touro University Nevada:
I am a board certified pediatrician and I serve as medical director of the Touro University Nevada Center for Autism and Developmental Disabilities. We support efforts to increase the availability of and access to care for children with autism spectrum disorders. Clearly that is the intent of this bill. [Dr. Eisen continued to read from prepared testimony (Exhibit O), regarding working with the bill's sponsor to address his concerns that qualified professionals and an array of tools should be used to assess autism.] I am happy to answer any questions at this time.

Chair Mastroluca:
I would encourage you to work with the bill's sponsor to see if you can find a way to work out your differences and help move this legislation forward. Are there any other questions? I do not see any from the Committee. Is there someone with you who also wanted to testify?

Michelle Carro, Ph.D., Chair, Legislative Committee, Nevada Psychological Association:
In addition to chairing the legislative committee for the Nevada Psychological Association, I am also an Assistant Professor in residence and an Associate Director of Clinical Training at the University of Nevada, Las Vegas. As such, I teach child assessment methods to clinical psychology students in the doctoral program. I think it is important for the Legislature and other interested parties to know that the Nevada Psychological Association and Touro University Nevada have similar intentions with respect to A.B. 315 and A.B. 316. We want to see early identification provided through proper, high-quality diagnosis and assessment. We are willing to work with the bill's sponsor to make sure that this is a well-written bill.

Our concern with the current bill draft is that psychologists have not been given sufficient input with regard to the way in which diagnosis and assessment should proceed. A case in point is highlighted by section 1, subsection 1 of A.B. 316, which sounds very much like the statute that defines the practice of psychology. The verbiage needs to clearly delineate the appropriate licensed professionals who will be allowed to provide assessment and diagnosis. I would also like to echo the comments made by Dr. Eisen regarding ADOS. The ADOS is a very good measure for autism spectrum diagnosis. It is a gold standard for assessment that is used nationally. However, whenever a complicated assessment process is routinely performed, it is vital to understand that changes occur within assessment practices on a regular basis. It is dangerous to state exactly which measure or measures must be used, because doing so undermines the ability of a professional, who has extensive expertise and training in assessment and diagnosis, to do the best job. We want to make sure this issue is corrected, so that there is enough flexibility built in for the professionals who possess the expertise to do the assessments to perform them well. I have attached several questions prepared by our subcommittee to my prepared testimony with respect to A.B. 315 and A.B. 316 (Exhibit P). We want to be clear that we are not entirely opposed to the bills; we just want to ensure that they are well drafted with the proper expertise to support their effectiveness. We look forward to working together.

Chair Mastroluca:
Thank you. For the record, I would like to clarify that neither you nor Dr. Eisen are against the concept of what is being attempted to be accomplished by these bills; you just do not agree with the language currently used and specifically the assessments that are being called for. Is that correct?

Michelle Carro:
That is correct. I think we can stand behind our motivations and the intent of the bill. However, we would like to be active participants in deciding how the nuts and bolts of the bill will be carried out.

Chair Mastroluca:
Thank you very much.

Andrew M. Eisen:
To underscore that, we are certainly in favor of improving services. The issue has to do with how children are identified to be eligible for those services. For one, we would like the appropriate personnel to be used to make the eligibility determinations. It is also important to ensure that the language of the statute or regulation does not overly restrict the mechanisms that may be used to make those determinations.

Chair Mastroluca:
Thank you very much for the clarification. Are there any questions from the Committee? I do not see any. Thank you very much for your testimony. Is there anyone that would like to come to the table as neutral on A.B. 316? I will close the hearing on A.B. 316. We will now move on to the hearing on Assembly Bill 345.

Assembly Bill 345: Revises provisions relating to services for persons with autism. (BDR 38-26)

Assemblyman James Ohrenschall, Clark County Assembly District No.12:
I appreciate your Committee hearing this bill on the important issue of autism. I became involved with the autism community back in 2007 when Assembly Bill No. 629 of the 74th Session created the Nevada Autism Task Force, which was empowered to make recommendations to the Office of the Governor and to future Legislatures, regarding the growing incidence of autism in our state and ways to improve the delivery and coordination of autism services. After the 74th Legislative Session (2007), I was appointed by the former Speaker, Barbara Buckley, as one of the legislative members of the task force. This task force made 146 recommendations, with ten of them for immediate action. One of these recommendations became Assembly Bill No. 162 of the 75th Session, a bill I sponsored in 2009, which mandates that private insurers cover treatment of children on the autism spectrum. Another recommendation of the task force was to make ATAP permanent. During the 74th Legislative Session (2007), ATAP was funded using one-shot money. It was funded the same way during the 75th Legislative Session (2009). While the program has now made it into *The Executive Budget*, it has been reduced to cover only 27 children. There is a waiting list of over 200 children. The program is demonstrating cost-saving outcomes and improving lives with long-term positive effects upon Nevada's budget. There is an old saying, an ounce of prevention is worth a pound of cure. The investment we make now will help these children grow up and live out their lives to their full potential while saving the state money over the long term.

The passage of A.B. 345 will finally establish the Autism Treatment Assistance Program in Nevada's statutes. I would now like to introduce Alden Grant, an eloquent young man who I had the fortunate opportunity to meet and work with last session, when he ventured to Carson City in support of Assembly Bill No. 162 of the 75th Session.

Alden Grant, Private Citizen, Las Vegas:
My name is Alden Grant and my mom asked me to come here today to show you that kids who are treated for autism can make it in the real world. [Mr. Grant continued to read from prepared testimony (Exhibit Q), regarding his successful treatment for autism.]

Chair Mastroluca:
Thank you very much, Mr. Grant, for sharing your story. You are a very impressive young man. Are there any questions for Mr. Grant?

Assemblywoman Benitez-Thompson:
This is more than just a comment. I want to thank you so much for your testimony, because I am touched and very impressed by the effectiveness of autism programs when they are applied, funded, and supported in the right way. I believe that you are worthy and deserving of this kind of investment. Thank you so much for demonstrating how effective our dollars can be when they are used wisely.

Alden Grant:
Thank you. It means a lot to hear you say that.

Assemblyman Ohrenschall:
I would like to make one additional comment. I have known Alden Grant for four years now. Alden, you have grown into a bright and capable young man. I am very proud of everything you have accomplished.

Alden Grant:
Thank you.

Assemblyman Ohrenschall:
I am happy to take any questions now. I also have some supporters present who would like to testify on the bill. I do have to join another Assembly committee for a bill presentation.

Chair Mastroluca:
Does this bill go far enough? Does it accomplish your goal, the way it is currently written?

Assemblyman Ohrenschall:
When I was first elected to the Nevada Assembly, I wanted to see things change very quickly. I was told that when you come to the Legislature you are not going to effect revolution, but you will effect evolution. You take small

steps. Will this affect everything I would like to see changed? It probably will not, but I think this takes a giant step toward that goal.

Chair Mastroluca:
Are there any questions for Assemblyman Ohrenschall before he rushes off to introduce another bill? I do not see any.

Jan M. Crandy, Commissioner, Nevada Commission on Autism Spectrum Disorders:
When I presented on Monday, I provided the Committee with an overview of the Autism Treatment Assistance Program (ATAP). [Ms. Crandy continued to read from prepared testimony (Exhibit R), regarding ATAP.] It is the Commission's vision that ATAP helps each child reach his potential.

A recent study which I submitted (Exhibit S), entitled "Changes in Test Score Over a One-Year Period Without Treatment," demonstrates that each day a child with autism remains on a waiting list, his opportunity for a normal life is reduced. [Ms. Crandy resumed reading from prepared testimony.] Every child with autism should have the opportunity to become a best-outcome kid. I knew Alden when he was little. At that time, if I had been asked to judge if Alden could have made it, I would not have predicted that he could be reached. I was wrong. Every kid who receives treatment has a chance to be like Alden.

Other exhibits I have included today show selected data targets for specific children treated in 2009 (Exhibit T) and 2010 (Exhibit U). We do keep that data over time. Another handout, "Autism by the Numbers" (Exhibit V), demonstrates that using effective methods to treat autism is an effective choice for Nevada. [Ms. Crandy continued to read from the handout.]

I realize that Nevada budgets money in two-year cycles rather than the total amount it would take to care for a child throughout his lifespan, so I broke ATAP funding down into monthly and biennial amounts. Although the amount is enough to help with targeted behavior issues, parents need to contribute additional funding for a comprehensive autism treatment program.

The final handout I wanted to share is a study which shows a review of 38 children who recovered from autism (Exhibit W). It also includes a retrospective look at other studies that have shown favorable outcomes when proper autism treatments are used. We have to reach these children earlier. The longer these children wait, the more likely it is that Nevada will have to provide some level of support for the rest of their lives.

Chair Mastroluca:
Thank you for being the champion that you are. Is there anyone who would like to speak in support of A.B. 345?

Marlene Lockard, representing Nevada Women's Lobby:
The Nevada Women's Lobby would like to be on record as in support of A.B. 345.

Dawn Gibbons, representing Intermountain West Communications Company:
I appreciate the time you have given us and your knowledge of this issue. I would like to acknowledge Assemblywoman Benitez-Thompson for providing her office. Today, I had the experience of a lifetime when I took care of an autistic child for about an hour. It was very tough. Now, I can better understand how difficult it is for families affected by autism. I am here representing the local NBC affiliates: Channel 4 in Reno, Channel 10 in Elko, and Channel 3 in Las Vegas. The NBC family is very passionate about this issue. The president of Intermountain West Communications Company, the parent company of the Nevada NBC affiliates, Ralph Toddre, has two autistic children. He is a very hard worker and a very smart man. Many times he comes to work without any sleep. Former NBC Universal Chairman and CEO, Bob Wright, and his wife, Suzanne, started Autism Speaks in 2005. NBC promoted autism awareness when they did commercials produced by Autism Speaks, which included the autism statistic "1 in 150." We now know that figure is closer to 1 in 110.

We have always had our cameras pointed towards the Legislature, because you can provide the hope that we are asking for. We hope to touch something in your hearts so that you will know and understand that, if they receive early treatment, these children can live normal lives. We have had some assurance from the Office of the Governor that the program will be funded. It is up to you to fund it at the level that you feel is appropriate. Thank you for your time and kindness to our cause.

Chair Mastroluca:
Thank you very much.

Shannon Springer, Private Citizen, Sparks:
My daughter, Joy Springer, turned 11 years old this year. She has aged out of self-directed autism funding. My family is in limbo waiting for services. I do not have services now and it sounds like the services we will receive may only include about eight hours of treatment per week. My daughter is waiting for services right now; she is going to regress. She has been waiting for six months to get ATAP, and there are 350 other children on that same waiting list

who also need services. The younger children on the list are going to get picked because the younger kids need the early intervention. I understand that. I think it is really important that they get the help they need. But what about the children that are aging out of the program? Where are they going to go for treatment? I am terrified that there is no funding for my daughter. I will not be able to fill the gaps. She will probably need some type of support for the rest of her life. That is really hard for me to grasp. This is an 11-year-old child that will receive fewer services the older she gets. The services go down to almost nothing. She cannot receive a free public education. That puts a lot of stress on me to teach her at home. I have sought out training from world-renowned doctors across the state. I have educated myself to teach her. That goes above and beyond what a parent is normally expected to do. I have been put in a position where I cannot even be a mom to my second child. All of my focus and energy goes to my 11-year-old. That is not fair. I feel like a prisoner in my own home. Because she cannot communicate very well, I am afraid someone will hurt her. If older children cannot get on ATAP, what will their future look like? There is going to be a wave of teenagers and adults that are going to hit the system. The bill that deals with data collection would be able to show how many people in the state have autism. I think it is a lot more than 6,000 people. I do not want to see my daughter put in a group home. Imagine that this is your own child, brother, or cousin. Would a group home or institution be okay for their future? Thank you.

Chair Mastroluca:
Thank you, we appreciate your testimony. Is there anyone else in Carson City, Las Vegas, or Elko who would like to speak on A.B. 345?

Sharon Quiroz, Private Citizen, Las Vegas:
I am the mother of a three-year-old little boy with autism. We just received ATAP funding in December 2010. In this short time we have seen amazing progress in our son, which I know for a fact I would have not seen without the funding. Before receiving intervention, our little boy was in a shell. He made minimal to no eye contact. All he would do is sit in a corner and line up his toys. If you took one from its place, he would pinch you, smack you, and cry until you gave it back so that he could put it back in exactly the same place. He would sit on the kitchen tile and bounce a baseball bat repeatedly, just to hear the noise. In the three months he has been receiving treatment, he has begun to make eye contact, show interest in us, give us hugs and kisses, play, and respond to his name. He has even begun imitating actions. I beg you to please not take away what he has gained. If we lose our funding, our worst fears will come true. We will lose our little boy all over again. Please give our son a fair chance for the future that he, and all other children with autism, deserve. Thank you. This is my son, Andrew Quiroz.

Chair Mastroluca:
It is amazing to see the difference. I remember when you brought him to one of our first meetings after you had gotten on the program. I am very impressed and happy for you. I hope that he will be able to continue receiving services. Mr. Grant is an excellent example of this. It would be wonderful to see your son grow up to be like Alden Grant. Thank you.

Antonio Quiroz, Private Citizen, Las Vegas:
I would like to add that our son would not have the glasses he is wearing without applied behavior analysis (ABA). It is not just aimed at speech and other therapies; it also takes care of the little things. He would not have these glasses on right now if it were not for ABA. [Mr. Quiroz also submitted written testimony (Exhibit X).]

Chair Mastroluca:
Thank you very much. Is there anyone else who would like to speak on A.B. 345? We will have just a few minutes for public comment, as well.

Stephanie Paradiso, Private Citizen, Las Vegas:
I am the parent of a child with autism. Thank you for giving me the time to voice my concerns regarding the recent budget cuts that will affect programs for children with autism, including my own child. I am sure we can all agree that, while budget cuts are an inevitable means of reducing debt, appropriate judgment by our lawmakers is imperative. In his State of the Union address, President Barak Obama outlined that budget cuts were necessary. However, he specified that these cuts should not be made on the backs of our most vulnerable citizens. The State of Nevada continues to make dramatic cuts in the areas that do affect our most vulnerable citizens. These cuts include services for children and adults with autism, education, and mental health care. The Centers for Disease Control and Prevention (CDC) reports that 1 in 91 children are affected by autism, which is approximately one million people in the United States alone. These numbers are disturbing and should frighten every citizen in our country. Considering these statistics, the chances of autism showing up in your backyard or affecting someone you know are very high. It could be your son, daughter, grandchild, neighbor, best friend, or the young lady that makes your coffee every morning on your way to work.

Nevada, and our nation as a whole, have responded disproportionately to the rising rates of children being diagnosed with autism. This is not an issue to be ignored or placed on the back burner until it affects you personally. All of our children are the future. Funding for programs like ATAP and the Regional Center Self-Directed Autism program is critical to give parents the means to provide their autistic children with the necessary evidence-based treatments. I believe I speak for everyone in this room when I say one of the worst possible scenarios a parent can face is receiving news that his child is not normal. The diagnosis of autism begins with an onset of urgency. It is a race against time. It requires a swift and specific chain of events. However, these therapies inevitably place such a grave financial burden on the parents, that these children are placed in jeopardy of not having the ability to live the lives they deserve. Every individual deserves appropriate treatment for health issues, whether it is autism or cancer. Insurance companies, along with our government, have made it practically impossible to get treatment. Children with autism are bright and individually intelligent. They can make significant progress when given access to evidence-based treatments. My 8-year-old son is living proof that you can never assume anything about a child with autism, regarding their capabilities. My son's language acquisition has exceeded expectations and his gross and fine motor skills have dramatically improved. His reading, writing, and general cognitive abilities have far exceeded those outlined in his initial prognosis six years ago. Having received treatment from the Regional Center Self-Directed Autism program, I know that my son would not have made this significant progress had it not been for support and funding of this program and the critically important element of early intervention from Nevada Early Intervention Services (NEIS).

When you save these programs, you are saving our children's lives. The work continues in my son's treatment, but having a solid foundation upon which to build has made all the difference in the world. This will certainly save money in the long run. It will allow my son, and children just like him, to eventually contribute to society as adults. Our children have the potential to make some amazing discoveries along the way that will change all of our lives in the future. In just a few days, we will enter into the month of April, Autism Awareness Month. I urge you to save these programs on behalf of the families in this room and those who were unable to be here today. Thank you.

Chair Mastroluca:
Thank you. Before we go on, I am going to close the hearing on A.B. 345 and move into public comment. I have one gentleman in Carson City who wishes to speak. I know I have a few people in Elko who are also waiting. Our Committee time is almost over and I will be losing members who must attend other Committee meetings. I will take testimony from two people in each location. Please do not repeat statements made by someone who has previously testified. Please keep your remarks concise. You are always welcome to submit testimony in writing [(Exhibit Y), (Exhibit Z), (Exhibit AA), (Exhibit BB), and (Exhibit CC) were submitted as testimony.]

Tom Merwin, Private Citizen, Elko:
I am here on behalf of my autistic, nonverbal, 11-year-old son, Jay Merwin. I will make this quick. He does receive ATAP funding, but due to his age, he does not receive that much assistance. We supplement the ATAP funding so that he can receive about 20 hours per week of treatment. We know he needs 30 hours per week. All of the children on the waiting list are going to be even worse off. I think you have the numbers and statistics. We need to find the funding for these kids, so that this does not become a gigantic problem in the future.

Chair Mastroluca:
Thank you very much.

Ralph Sacrison, Private Citizen, Elko:
I am a single parent of two children. My daughter is a young adult with autism who was not diagnosed until ten years of age. An earlier assessment and local evidence-based therapy may have significantly changed her treatment options and her present status. I strongly concur with Assemblyman Ohrenschall's reminder that an ounce of prevention is worth a pound of cure. I strongly endorse all three of these bills, as they are written.

Chair Mastroluca:
Thank you so much to those in Elko for waiting and attending. We will now hear from Carson City.

John Hays, Private Citizen, Carson City:
I do not know why my three-year-old son, Eli, has autism. I do not know why he cannot speak to his mother and me. I do not know how to tell him that there is no more help and he must wait. [Mr. Hays continued to read from prepared testimony (Exhibit DD).] Maybe we cannot cure autism here today, but I believe that these programs truly give us a legitimate shot at undoing what has been done. Let the record state that autism spoke on March 30, 2011, and Nevada heard its cries. Thank you.

Chair Mastroluca:
Thank you.

Alicia Hamilton, Private Citizen, Carson City:
I have a 10-year-old autistic son. He lost all his functions at approximately two years old. Because he was our only child, we just thought he was kind of quirky. He was not diagnosed with autism until he was seven years old. By that time, he had been left alone in classrooms, locked in closets with the lights turned out, and tied to the school nurse's bed. Luckily, we were able to

get a diagnosis and begin ABA therapy. My son is now back in public school, on the honor roll, and is functioning very well. There are still some things we are working on with him. Unfortunately, I am no longer able to provide the extremely expensive, intensive therapies he needs. As mentioned previously, at 10 years old our children run out of places to seek help. I am begging you—this bill is really important. I know my son is going to do amazing things. He just needs a chance to prove it. Thank you.

Chair Mastroluca:
Thank you. I would like to apologize to those remaining in Las Vegas who wished to speak. It is 3:11 p.m. and the members of this Committee will be leaving to attend other scheduled meetings. I do not want your comments to go unheard. I would encourage you to participate in public comment on another meeting date. Please also submit your comments in writing. I would also ask Ms. Crandy to work with all the parties involved to finalize the language of these bills. We have a very short amount of time. I can see from the faces of our Committee members that every person has been moved by today's testimony. This has been very difficult to hear; I cannot imagine how difficult it is to live. Thank you so much for sharing. With that, this meeting is adjourned [at 3:12 p.m.].

RESPECTFULLY SUBMITTED:

____
Mitzi Nelson
Committee Secretary

APPROVED BY:

____
Assemblywoman April Mastroluca, Chair

DATE: ______________________________

EXHIBITS

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

Date: **March 30, 2011** **Time of Meeting:** **1:12 p.m.**

Bill	Exhibit	Witness / Agency	Description
	A		Agenda
	B		Attendance Roster
	C	Jan M. Crandy	NEIS SFY10 Overview of Autism Services
A.B. 315	D	Jan M. Crandy	Testimony
A.B. 315	E	Jan M. Crandy	Streamlining of Autism Services
A.B. 315	F	Jan M. Crandy	ATAP Brochure
A.B. 315	G	Jan M. Crandy	Parent Support Manual
A.B. 315	H	Mark Olson	Testimony
A.B. 315	I	Todd Abbott	Testimony
A.B. 316	J	Assemblywoman Woodbury	Proposed amendment
A.B. 316	K	Jan M. Crandy	Testimony
A.B. 316	L	Jan M. Crandy	The ADOS
A.B. 316	M	Rorie Fitzpatrick	Testimony
A.B. 316	N	Nicole Rourke	Testimony
A.B. 316	O	Andrew M. Eisen	Testimony
A.B. 316	P	Michelle Carro	Testimony
A.B. 345	Q	Alden Grant	Testimony
A.B. 345	R	Jan M. Crandy	Testimony

A.B. 345	S	Jan M. Crandy	Changes in Test Scores Without Treatment
A.B. 345	T	Jan M. Crandy	Indicators to Assess Progress
A.B. 345	U	Jan M. Crandy	ATAP Outcomes
A.B. 345	V	Jan M. Crandy	Funding Treatment is Cost Effective
A.B. 345	W	Jan M. Crandy	Research Article
A.B. 345	X	Antonio Quiroz	Written Testimony
A.B. 345	Y	Michele Tombari	Written Testimony
A.B. 345	Z	Maureen Quijada	Written Testimony
A.B. 345	AA	Heather Monger	Written Testimony
A.B. 345	BB	Marija Savitt	Written Testimony
A.B. 316	CC	Jane Gruner	Written Testimony
A.B. 345	DD	John Hays	Written Testimony