

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

**Seventy-Sixth Session
April 20, 2011**

The Committee on Health and Human Services was called to order by Chair April Mastroluca at 1:42 p.m. on Wednesday, April 20, 2011, in Room 3138 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. The meeting was videoconferenced to Room 4406 of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. Copies of the minutes, including the Agenda ([Exhibit A](#)), the Attendance Roster ([Exhibit B](#)), and other substantive exhibits, are available and on file in the Research Library of the Legislative Counsel Bureau and on the Nevada Legislature's website at www.leg.state.nv.us/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:

None

STAFF MEMBERS PRESENT:

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

OTHERS PRESENT:

Tracey D. Green, M.D., State Health Officer, Health Division, Department of Health and Human Services
Amber Howell, Deputy Administrator, Bureau of Services for Child Care, Division of Child and Family Services, Department of Health and Human Services
Christopher Roller, Senior Advocacy Director, Western States Affiliate, American Heart Association
Deborah Williams, Manager, Office of Chronic Disease Prevention and Health Promotion, Southern Nevada Health District
Donnell Barton, Director, Office of Child Nutrition and School Health, Department of Education
Karen Taycher, Executive Director, Nevada Parents Encouraging Parents
Travis Mills, Member, Reno-Sparks Chapter, People First of Nevada
Santa Perez, State Officer, People First of Nevada
Stephanie Van Hooser, M.T. (A.D.C.P.), M.B.A., Administrative Director, Nevada State Public Health Laboratory
Cheryl Hug-English, M.D., M.P.H., Dean, University of Nevada School of Medicine

Chair Mastroluca:

[Roll was called.] Our challenge today is that we will be hearing three Senate bills, but those Senators who were scheduled to present them have been detained in the Committee of the Whole. However, we have people present who are willing to pinch hit for our missing Senators. We will begin with Senate Bill 27 (1st Reprint), and we will ask Dr. Green and Ms. Howell to come forward to present the bill. This is a bill that requires employees of certain child care facilities to complete training each year relating to the lifelong wellness, health, and safety of children.

Senate Bill 27 (1st Reprint): Requires employees of certain child care facilities to complete training each year relating to the lifelong wellness, health and safety of children. (BDR 38-24)

Tracey D. Green, M.D., State Health Officer, Health Division, Department of Health and Human Services:

I am here today to present S.B. 27 (R1), which requires licensed child care providers to devote 2 of their 15 annual hours of training to education on lifelong wellness, health, and safety of children. The training must include related education in childhood obesity, nutrition, and physical activity. [Dr. Green continued to read from prepared testimony ([Exhibit C](#)) regarding the incidence of childhood obesity and the training necessary to promote awareness.] This early childhood education for child care providers in obesity, nutrition, and physical fitness is critical to the development of our children and to the goals of reduction of obesity in children in Nevada. I would be happy to answer any questions.

Chair Mastroluca:

We will first hear from Ms. Howell, and then we will hear any questions the Committee may have.

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

We worked on our testimony together when it was heard in the Senate. I only wanted to add that we worked with Senator Wiener on the amendments to the bill and are supportive of both. In addition, the trainings will be offered for free. There is no additional cost to the providers. It is a win-win and much needed training on issues pertinent to this population of children. I would be happy to answer any questions regarding the requirements added by this legislation.

Chair Mastroluca:

Are there any questions?

Assemblyman Hambrick:

Is this requirement tied to licensure of the facility?

Amber Howell:

Biannual inspections are already conducted per child care facility. We inspect a random sample of files within the facility. We make sure that all staff members are up to date with required training. These newly mandated trainings would be added to the inspection form to make sure the facility is in compliance with the new requirements.

Assemblyman Hambrick:

What is the penalty for noncompliance?

Amber Howell:

There are a number of actions that may be taken depending on the severity of the infraction. If there is a safety violation, the facility's license may be suspended or revoked. If there is noncompliance with training requirements, the facility would be placed on a 30-day corrective action plan. They must become compliant within that time frame.

Assemblyman Hambrick:

I may have oversimplified the question. I am strictly interested in knowing if there is a penalty for noncompliance of training requirements. Safety is an entirely different issue. After inspection, if the facility has four or five employees and two of them have been there 18 months but have done no training, will the facility's licensure be affected? Will it affect employment? Should this legislation be passed, what is the consequence for noncompliance?

Amber Howell:

Currently, if training requirements are not met, the facility is placed on a 30-day corrective action plan. The facility would have 30 days to come up to speed with requirements. If they do not comply within that time frame, we can suspend or revoke their license.

Assemblyman Hammond:

There are a number of videos that employees of these facilities are required to watch, such as informational videos on bloodborne pathogens. Is that correct? I believe I have seen those. I think the school districts also require those. I am not familiar with the obesity training of which you speak. I would like to know a little bit more about the training. How many hours are required? What does the training entail? Is there any follow-up required? Does the child care center have to adhere to a certain nutrition regimen afterwards?

Tracey Green:

The trainings are approved and funded through the American Recovery and Reinvestment Act of 2009 (ARRA) and are presented online through the University of Nevada Cooperative Extension (UNCE). They are online webinars. There is no requirement to change the facility's nutrition programs included, since we do not mandate what foods will be served to children. However, we do make recommendations for food alternatives and exercise. There are also some approved trainings through the Head Start program. These will be available on the Department of Health and Human Services (DHHS) website. In addition, the Advisory Council on the State Program for Fitness and Wellness

approves other educational opportunities that can be provided to child care facility owners, managers, and caretakers.

Assemblyman Hammond:

To clarify, there is a list of different educational opportunities to choose from, such as webinars and videos. Would employees pick and choose a few to meet the requirements or do they have to go through all the trainings that you have selected?

Tracey Green:

Two hours of training is mandated. They would need to complete two hours on topics surrounding obesity, nutrition, and activity.

Assemblyman Livermore:

Can you tell me who performs the training? I am sure that both the urban counties, Clark and Washoe, probably have locations. What about the rural counties? How is the training provided?

Amber Howell:

The Division of Child and Family Services licenses all child care facilities in rural Nevada and all of Clark County. All of the trainings are available online. They can be created by organizations and filtered through The Nevada Registry, a local organization, or may be trainings provided by the University of Reno Cooperative Extension. There are also webinars provided through the DHHS website.

Assemblyman Livermore:

So the employees are not required to attend a facility for a two-day training to meet the requirement for 15 hours of training. It does not have to be 15 continuous hours. They can do a couple of hours each month until the requirement has been met?

Amber Howell:

That is correct. Employees have 12 months to obtain 15 total hours of training. They can spread it out and take one or two a month to get there.

Assemblyman Livermore:

Is there a cost to the employee or child care facility to receive the training?

Amber Howell:

The proposed training is at no cost to the facility or employee. It online training, provided for free.

Tracey Green:

This particular bill is for the addition of two credits in the specific areas outlined. The other training requirement for 15 hours is already established in statute. These two proposed credits would be provided for free online. Some of the other required trainings, for instance cardiopulmonary resuscitation (CPR) training, are separate and have an associated fee.

Chair Mastroluca:

Are there other questions from the Committee?

Assemblywoman Flores:

We passed another bill in the Assembly Committee on Education which requires an increased number of training hours for child care facility employees. Some of those hours had to be dedicated to early childhood development. I am concerned that because a separate bill has increased the number of hours required, we are now asking employees of child care facilities to dedicate another portion of hours to this type of training. I am concerned with the number of hours that are taken up with mandated training. I think training in these subjects is absolutely necessary and serves a good purpose, but I would like to hear how you think these two bills might work together. I wonder if we are creating an unreasonable burden upon child care workers.

Amber Howell:

I am aware of that other bill. The difference with this bill is that we are not mandating additional hours; we are instructing that 2 of the 15 total hours required be dedicated to this specific topic. It does not require additional hours.

Assemblywoman Flores:

I understand that. It is 2 hours of the total, which I believe will now be increased to more than 20 hours. I do not remember how many of those total hours had to be completely dedicated to the topic of early childhood development. For example, if eight of the hours have to be dedicated to early childhood development and we add two hours dedicated to health and wellness, then the remaining hours would be dedicated to what? I guess it would be training on other general topics. I am afraid that we are going to get to the point where they are spending 24 of their 26 hours on mandated subjects. This is only a comment; I do not think there is anything that can be changed within the bill to address this concern. However, I would like to state the concern that we may be on our way to making the process burdensome for the employees of child care facilities.

Tracey Green:

I hear your point. You commented to the extent that the rest of the credits are in whatever they are in. From a public health perspective, my concern is that, while there are a lot of good topics available from which to choose, with an obesity rate of 19 percent in the total population of 6- to 11-year-olds, I think some direction as to obesity, physical fitness, and wellness might actually improve our public health outcomes. I am in support of suggesting that these are appropriate topics, as opposed to more free choice.

Assemblywoman Flores:

You did say that this training is free of charge? I did state that I do believe it is a worthy topic. So at least, if this legislation is passed, completing the two hours of training dedicated to this topic would not carry any associated costs. Is that right?

Tracey Green:

Absolutely; this is free of charge.

Assemblyman Hammond:

I look at this legislation and I understand the intent but also echo Assemblywoman Flores's sentiment. I think nutrition is a worthy topic to have additional training on for these employees. However, from a free market aspect, what if we simply created certificates associated with the requirements? A certain amount of training in obesity issues would qualify this group to advertise to prospective parents that they are certified in obesity training, know the proper nutrition and exercise activities to engage the children in, such as games to play to support a healthy regimen. That way the onus is placed upon the parents. They can choose a day care center that is certified in CPR, obesity issues, or other subjects. That way the shopper knows what topics the day care center has received certification on. But it is not a mandate; we are not requiring them to do more and more. If the day care wants more business, then they are going to try to become better qualified in those areas. As a parent, I would shop around to see which day care center fits my needs. Can we do something like that, instead of mandating it?

Tracey Green:

I agree with you 100 percent. I think more would probably be better in the sense of a certificate, but this is a beginning. There are already 15 hours of training mandated. We are not adding any additional hours. We are just opening the door toward introduction to obesity, wellness, and exercise training. I agree that the next step, perhaps during another legislative session, might be to visit the idea of certificates and other things we could do. However, this is a

way to introduce the need to address these areas to the community of providers. In addition, it is only mandating a topic of education; it is not mandating additional hours.

Assemblyman Anderson:

I would like to commend Senator Wiener and DHHS on this bill. When we make rules, they are designed to solve a problem. Childhood obesity is an epidemic. It is driving up health care costs. Whatever we can do to empower people to be able to make the right choices and get the information out there is important. Especially since this training is free and will not put anyone out of business, I think it is a win-win.

Chair Mastroluca:

Are there additional questions from the Committee?

Assemblyman Frierson:

In reading the bill and hearing the introductory testimony, it seems to me that this legislation represents an effort to take care of the community and prevent expenses on the community later as a result of unhealthy practices. This would particularly help families who do not have the resources to shop around for child care. If they only have one child care center that they can use, they will be able to avail themselves of people who have been trained in childhood obesity and other measures. Is that what we are trying to do?

Tracey Green:

Absolutely.

Chair Mastroluca:

This Committee has talked a lot about the foster care system. I was wondering if consideration has been given to expand this training to foster care providers?

Amber Howell:

It has not, but that does not mean that it is not something we could offer them, given that it is free and web based. It is something we could definitely recommend.

Chair Mastroluca:

Are there any other questions from the Committee for Dr. Green or Ms. Howell? [There were none.] Thank you both very much. I will now call Mr. Roller to testify.

**Christopher Roller, Senior Advocacy Director, Western States Affiliate,
American Heart Association**

We appreciate the time the Committee has allowed for us to speak on this bill. The American Heart Association supports efforts to increase the knowledge and application of childhood obesity prevention practices within the child care setting. This is included in our national recommendations on fighting childhood obesity. I have provided the most condensed version of these national recommendations for the Committee ([Exhibit D](#)). If you skim through the booklet, there is a section included that is specifically related to child care settings. These are evidence-based practices that are supported nationwide and which we know can make a difference. Children spend about one-half of their waking hours in child care and educational settings. More and more young children are spending longer and longer periods of time in these settings. I am sure you have probably heard the saying that is used when everything else in someone's life falls apart, "Well, at least you still have your health." This generation is probably going to be the first that dies at an earlier age than their parents. In a lot of cases, they will not be able to say, "At least you still have your health." The childhood obesity epidemic is going to be a contributor to that situation. We have to address it and this is certainly one way to do so at an early age.

A comprehensive report on the future of cardiovascular disease (CVD) in the United States was recently released, which predicted 40 percent of U.S. citizens are expected to have some form of CVD by 2030. Obesity is a major risk factor for CVD. Currently, 17 percent of all health care costs are due to heart disease and stroke. This report projects that costs associated with these diseases will triple. If we can take steps to try to reduce childhood obesity numbers by providing education and training to child care providers, we may be able to prevent childhood obesity, reverse the trend, and reduce the projections for future incidence of heart disease. For those reasons, I urge you to support this bill.

Chair Mastroluca:

Are there any questions? I do not see any. Ms. Williams, please go ahead.

**Deborah Williams, Manager, Office of Chronic Disease Prevention and Health
Promotion, Southern Nevada Health District:**

Thank you for letting me testify this afternoon. Dr. Green, Ms. Howell, and Mr. Roller said most of what I would like to say. I will just say, "Me, too." I do have two additional points that I would like to make. The first is that our behaviors are greatly influenced by what we see and what is accessible to us. While child care centers need to educate children about the importance of being active and eating healthy diets, it is also important for those children to have

the opportunity to engage in those behaviors while at the centers. The first step is educating the providers, so they know what they need to do to help children reach these goals.

I also wanted to share some preliminary data from a survey commissioned by the Southern Nevada Health District. We asked survey respondents if they supported child care providers being trained in obesity prevention and wellness. In Clark County, 87 percent of the respondents indicated that they would "strongly support" or "support" this training. We also administered the survey statewide, and 85 percent of statewide respondents indicated they would "strongly support" or "support" such an action. For those reasons, we also support this bill.

Chair Mastroluca:

Are there any questions? I do not see any. Is there anyone else who would like to testify in support of S.B. 27 (R1) in Las Vegas or Carson City? Is there anyone who would like to testify in opposition? Is there anyone who is neutral?

**Donnell Barton, Director, Office of Child Nutrition and School Health,
Department of Education:**

Our office oversees the Child and Adult Care Food Program (CACFP) funding by the United States Department of Agriculture (USDA). We believe this training could be beneficial for our sponsors because it would help them to develop better menus and physical activity for their programs. We also received a CACFP wellness grant that will be utilized to develop a wellness policy for child development centers and child care providers that participate in the CACFP program. Thank you.

Chair Mastroluca:

Thank you, Ms. Barton. Are there any questions? I do not see any. Is there anyone else, either in Las Vegas or Carson City, who would like to testify on S.B. 27 (R1)? [There were none.] I will close the hearing on S.B. 27 (R1). We will now hear Senate Bill 149, since there are a number of people waiting in Las Vegas to speak regarding this bill. Karen Taycher will present the bill.

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

Karen Taycher, Executive Director, Nevada Parents Encouraging Parents:

I have Senator Cegavske's remarks to introduce the bill. Would you like me to read them?

Chair Mastroluca:

If you could, please. As I mentioned earlier, the Senators are still involved in their meeting of the Committee of the Whole, and Senator Cegavske is unavailable to present the bill. Ms. Taycher has graciously agreed to step in. If you could read Sentaor Cegavske's remarks, that would get us started.

Karen Taycher:

Senate Bill 149 establishes the policy of the state to treat persons with intellectual disabilities with consideration and respect. The measure further establishes a preference for the phrase "persons with intellectual disabilities" and requires the Legislative Counsel Bureau (LCB) to replace references to "persons with mental retardation" with references to "persons with intellectual disabilities." This change is similar to the federal law commonly cited as Rosa's Law. Why is S.B. 149 important? The term "retarded" has been commonly used for decades to describe and degrade anyone or anything that is deemed to be out of the ordinary, inferior, or somehow slow. Like other negative terms such as "moron," "idiot," and "imbecile," the word "retarded" carries negative associations and prejudice for many individuals with intellectual disability. While changing a term does not combat all of the prejudice that persons with cognitive and intellectual disabilities face, it is a first step. If understanding and tolerance are taught together, these types of changes will move all towards greater acceptance and respect for all people. Thank you for your time and attention, and I encourage your support of this important and worthwhile legislation.

Chair Mastroluca:

Thank you very much. Ms. Taycher, do you have additional comments personally?

Karen Taycher:

I have provided written testimony ([Exhibit E](#)). I want to express sincere gratitude to Senator Cegavske, who has been a longtime champion of people with disabilities, for taking the lead on S.B. 149. I also want to recognize the significance that all of our Nevada Senators have graciously signed on as sponsors of the bill. Senate Bill 149 brings a federal law, commonly known as Rosa's Law to Nevada. [Ms. Taycher continued to read from her prepared testimony.] Rosa's brother, who became a champion at 14 years old, testified, "Words are important. What you call people is how you treat them. If we change the words, maybe it will be the start of a new attitude towards people with disabilities." I thank you for your consideration and support of this bill.

Chair Mastroluca:

Are there any questions? I do not see any.

Travis Mills, Member, Reno-Sparks Chapter, People First of Nevada:

People First is a self-advocacy group for people with developmental differences in Nevada. [Mr. Mills provided written testimony ([Exhibit F](#)).] We have eight chapters throughout Nevada. We work very hard and support each other to advocate for ourselves and to become independent. We want to find jobs so that we can be good tax-paying citizens of Nevada. We hate being called "retarded." The "R" word hurts a lot of people with disabilities. We are as important as anyone else in Nevada and we deserve to be respected. Changing the language is an important step in gaining respect. People First of Nevada fully supports S.B. 149. Thank you.

Chair Mastroluca:

Thank you very much, Mr. Mills, and you are correct, respect is deserved. Are there any questions? I do not see any.

Santa Perez, State Officer, People First of Nevada:

People First of Nevada is an advocacy group for people with disabilities. I organized and created the group. We have already passed the People First respectful language law, Rosa's Law, which will help put the disability community first. It is the next step forward. We want people to see us as people, not as negative words. The word "retarded" was put on people and people did not have any say. This law is not like that. People deserve positive words to view themselves; not negative words. We are people and our disabilities are not all we are. I hope that you will join with your fellow colleagues in the Senate to pass Rosa's Law. Thank you for this wonderful step forward.

Chair Mastroluca:

I appreciate the reminder that there was not a decision made by the populous to add the word "retarded" to the law. I think it is very powerful for the public to have the decision to change the word. Thank you very much for your testimony; I appreciate it. Is there anyone else who would like to testify on S.B. 149, either in Carson City or Las Vegas? Seeing none, I will close the hearing on S.B. 149. We will now hear S.B. 131, which revises provisions relating to tests of infants. Dr. Green, can you come back and join us?

[Senate Bill 131](#): Revises provisions relating to tests of infants. (BDR 40-352)

Tracey D. Green, M.D., State Health Officer, Health Division, Department of Health and Human Services:

Senate Bill 131 is a permissive bill that will allow the Health Division the ability to assess Nevada's newborn screening lab capacity and other integral components to include medical interventions by medical specialists and ongoing care for those infants affected by metabolic, endocrine, and hematologic disorders. [Dr. Green continued to read from prepared testimony ([Exhibit G](#)).] Although the current contract with Oregon State Public Health Laboratory has allowed Nevada to maintain a credible newborn screening program, it has also sent millions of dollars out of state, cost Nevada precious workforce capacity, and precluded Nevada from building its own newborn screening program infrastructure. This concludes my testimony, and I am happy to answer any questions you might have.

Stephanie Van Hooser, M.T. (A.D.C.P.), M.B.A., Administrative Director, Nevada State Public Health Laboratory:

I am here to testify in favor and support of S.B. 131. Working in collaboration with other arms of the nation's public health system, the Nevada State Public Health Laboratory provides diagnostic testing, disease surveillance, environmental and radiological testing, emergency response support, applied research, laboratory training, and other essential services to protect Nevadans and surrounding rural areas. [Ms. Van Hooser continued to read from prepared testimony ([Exhibit H](#)).] Building upon the existing statewide infrastructure, the Nevada State Public Health Laboratory is eager to expand analytical services to include diagnosis of congenital diseases through newborn screening to enhance services for Nevadans.

Chair Mastroluca:

Thank you very much.

Cheryl Hug-English, M.D., M.P.H., Dean, University of Nevada School of Medicine:

I do not have further formal testimony to offer, but I would like to state that the school is fully supportive of this bill.

Chair Mastroluca:

Thank you very much. Is there a reason for the order of priority for contracting with laboratories?

Tracey Green:

It was intended to incorporate all of the possible labs in our state that might be available to provide these services, but to direct our attention first to the University as our priority.

Chair Mastroluca:

Has similar language been adopted by many other states?

Tracey Green:

For the record, I do not know, but I could find out.

Chair Mastroluca:

Are there questions from the Committee?

Assemblyman Sherwood:

Just as a follow-up, if there were another laboratory that performed the same services with the same quality and gave a much better rate, you would not utilize that lab? You would go to your preferred provider first? What would be the impetus for using the first provider; are they better? Is there something aside from the fact that they are your preferred provider?

Tracey Green:

There is a differentiation between the newborn screening tests. Within statute, they are separate tests that are performed at each birthing hospital. Nationally, it is customary for state labs to perform these newborn screenings. This is not a test that would be performed under private insurance. It is done through the statute itself; it is a part of *Nevada Revised Statutes*. All of the fees are sent to the Oregon lab.

Stephanie Van Hooser:

Generally, the newborn screening tests are more than just tests. It is part of the public health infrastructure within a state, and nationally. The Centers for Disease Control and Prevention (CDC) have guidelines in place to provide quality assurance and oversight for the testing performed at state labs. The Association of Public Health Labs, which is an oversight agency for all state public health labs, brings the program together so there is statewide consistency, effectiveness, and backup, should it be needed, for instance, when a catastrophic occurrence within a state might prohibit lab performance. The private sector does not currently offer the same types of tests that the state labs offer for newborn screening. These tests are generally performed by the state labs, and the labs are integrated into the public health framework so that rapid identification of children with these diseases can be made and be dealt with by follow-up teams and practitioners in maternal and child health clinics.

Assemblyman Sherwood:

So it gives you more flexibility and discretion?

Stephanie Van Hooser:

I do not know if it allows flexibility, but it allows for consistency in testing, participation in the national program, and rapid identification of children. If it was done by different labs spread throughout the state, physicians would get the result from the lab and have to notify the child, there would not be a follow-up team supporting the effort.

Chair Mastroluca:

It seems like consistency is the key, so that newborns are being tested with the same tests, at the same level.

Assemblyman Livermore:

Labs send specimens all over the world today. How do you know that the functionality of the Oregon lab has been verified? Have you been there?

Stephanie Van Hooser:

Yes, I was at the lab in Oregon just last week and again a few years prior.

Assemblyman Livermore:

So every bit of the function that you are requesting is being evaluated at the Oregon lab? It is not being sent to India or Indonesia?

Stephanie Van Hooser:

That is correct. It is being done in Oregon.

Chair Mastroluca:

These are standard tests that you are sending out, correct? You are not looking for some new and unusual disease; these are standard newborn screening tests.

Stephanie Van Hooser:

There is a consortium that oversees newborn screening and they do have a base standard menu, which people are required to offer. Beyond that, they allow other testing to be performed, which the states can adopt. Our test menu consists of more than 30 assays.

Assemblyman Hambrick:

A lot of this is new to my generation. When my kids were born, you slapped an infant on the fanny and if he screamed, he was fine. You listed a lot of people who see the results of these tests for the quick response and treatment of these children. How private is this information? I do not mind the information being shared with medical professionals, but if this information were shared beyond that scope, could it cause an insurance problem? Could a newborn be made uninsurable because of these screening tests?

Tracey Green:

All of the Health Insurance Portability and Accountability Act (HIPAA) of 1996 requirements are maintained. This is confidential information that is kept within the current Oregon State Public Laboratory and the medical specialists that would work with the child, if the child was identified. The information would not be released otherwise.

Chair Mastroluca:

Are there additional questions? I do not see any. Dr. Green, did you have anything else you would like to add?

Tracey Green:

We do have a white paper and a fairly extensive informational booklet ([Exhibit I](#)) that will give you additional information regarding newborn tests and how the process works.

Chair Mastroluca:

Is there anyone else who would like to testify on S.B. 131, either in support, opposition, or as neutral? [There were none.] With that, I will close the hearing on S.B. 131. Is there anyone here for public comment, either in Carson City or Las Vegas? [There was no response.] This meeting is adjourned [at 2:35 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: April 20, 2011

Time of Meeting: 1:42 p.m.

Bill	Exhibit	Witness / Agency	Description
	A		Agenda
	B		Attendance Roster
S.B. 27 (R1)	C	Tracey Green	Prepared Testimony
S.B. 27 (R1)	D	Christopher Roller	Understanding Childhood Obesity
S.B. 149	E	Karen Taycher	Prepared Testimony
S.B. 149	F	Travis Mills	Prepared Testimony
S.B. 131	G	Tracey Green	Prepared Testimony
S.B. 131	H	Stephanie Van Hooser	Prepared Testimony
S.B. 131	I	Tracey Green	Nevada Practitioner's Manual