

**MINUTES OF THE
SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES**

**Seventy-sixth Session
May 5, 2011**

The Senate Committee on Health and Human Services was called to order by Chair Allison Copening at 3:35p.m. on Thursday, May 5, 2011, in Room 2149 of the Legislative Building, Carson City, Nevada. The meeting was videoconferenced to the Grant Sawyer State Office Building, Room 4412E, 555 East Washington Avenue, Las Vegas, Nevada. [Exhibit A](#) is the Agenda. [Exhibit B](#) is the Attendance Roster. All exhibits are available and on file in the Research Library of the Legislative Counsel Bureau.

COMMITTEE MEMBERS PRESENT:

Senator Allison Copening, Chair
Senator Valerie Wiener, Vice Chair
Senator Sheila Leslie
Senator Ruben J. Kihuen
Senator Joseph (Joe) P. Hardy
Senator Ben Kieckhefer

COMMITTEE MEMBERS ABSENT:

Senator Greg Brower (Excused)

GUEST LEGISLATORS PRESENT:

Assemblyman Jason Frierson, Assembly District No. 8
Assemblywoman April Mastroluca, Assembly District No. 29
Assemblyman John Oceguera, Assembly District No. 16

STAFF MEMBERS PRESENT:

Marsheilah Lyons, Policy Analyst
Risa Lang, Counsel
Shauna Kirk, Committee Secretary

OTHERS PRESENT:

Joan Hall, Nevada Rural Hospital Partners Foundation

Senate Committee on Health and Human Services
May 5, 2011
Page 2

Erin McMullen, Hospital Corporation of America, Inc.
Steve Winters
Leslie Johnstone, Health Services Coalition
Barry Gold, Director, Government Relations, AARP Nevada
Nancy Nikolski, RN, Culinary Health Fund
Kevin Schiller, Social Services Director, Department of Social Services, Washoe County
Diane J. Comeaux, Administrator, Division of Child and Family Services, Department of Health and Human Services
Alex Ortiz, Clark County
Barbara deCastro, Nevada Youth Care Providers
Jennifer L. Silverman, Attorney, Legal Aid Center of Southern Nevada; Children's Attorneys Project
Karen Zavora, Attorney, Washoe Legal Services
JoAnne Witter, Family Services Supervisor, Department of Family Services, Clark County
Miriya Lawrence
Felicia Toews
DaShun Jackson
Robert Branson
Angela Foremaster
William E. Fowler, Executive Director, Nevada CASA Association
Amber Howell, Deputy Administrator, Family Programs, Division of Child and Family Services, Department of Health and Human Services

CHAIR COPENING:

We will open the meeting with Assembly Bill (A.B.) 280.

ASSEMBLY BILL 280 (1st Reprint): Requires the adoption of patient safety checklists and patient safety policies at certain medical facilities. (BDR 40-517)

ASSEMBLYMAN JOHN OCEGUERA (Assembly District No. 16):

You have been given a copy of my presentation "AB 280 Patient Protection Checklists, Improving patient health outcomes" ([Exhibit C](#)).

Hand washing may not cover gloves, foam or new technologies, and that is why we were broad in that regard.

Senate Committee on Health and Human Services
May 5, 2011
Page 3

SENATOR KIECKHEFER:

Section 1, subsection 3, of the bill is about appropriately identifying a patient with two identifiers. Is that something used in an emergency situation?

ASSEMBLYMAN OCEGUERA:

This is to identify the correct patient before a surgical procedure.

JOAN HALL (Nevada Rural Hospital Partners Foundation):

It is also for unidentified patients. A patient's armband will say John Doe, white male, for identification until further identification can be made.

SENATOR KIECKHEFER:

Are the policies different for emergency care and inpatient care?

MS. HALL:

They are different. If a person has identification, we would use the same criteria.

The Nevada Rural Hospital Partners Foundation supports this bill as it was passed in the Assembly. We have various audit tools and checklists used in Nevada hospitals which monitor infection-control practices related to hand hygiene. The acknowledgement in A.B. 280, section 1, subsection 3, paragraph (b) of the Centers for Disease Control and Prevention's (CDC) nationally recognized standard precautionary protocols versus the specific term "hand washing" is very important. Hand washing is included in these protocols, but it is not exclusive. As a nurse for over 25 years, I can attest to the importance of hand washing. Evidence-based studies have shown the science of infection control is an evolving and improving process.

SENATOR LESLIE:

One of the amendments coming forward includes hand washing as one of the accepted protocols. How do you feel about that language?

MS. HALL:

Including hand washing is shortsighted and outdated. The CDC's standard precautions include hand washing.

SENATOR LESLIE:

When we had the hepatitis C crisis in Las Vegas, one of the responses from the industry was that patients need to speak up if they do not see a doctor wash his or her hands.

MS. HALL:

Studies done by the CDC have shown there is better compliance with hand gel, because it can be at the bedside.

ERIN MCMULLEN (Hospital Corporation of America, Inc.):

The Hospital Corporation of America, Inc. supports this bill. It is reasonable, well thought out and clarifies existing procedures.

STEVE WINTERS:

Clostridium difficile (C. diff) can only be removed from someone's hands by hand washing. My mother died of C. diff and septic shock that was passed to her by someone in the health-care facility. Hands touching hands are how superbugs are spread. If you look at the data, the doctors are the worst offenders. They are washing their hands less than half of the time when going between patients. That is a big problem. At least 40 percent of patients die within 30 days of becoming infected. When performance is measured, performance improves. I do not see the hospitals regulating their performance.

The Health Division, Department of Health and Human Services (DHHS), has stated our State has significant deficiencies in areas of infection control and prevention. There are reports that specifically identify sterilization and disinfection as the most significant cause of concern for potential health-care associated infections and outbreaks in ambulatory-surgery centers. Instead of taking care of the problem, the hospitals are hiding the facts and the numbers, and people are dying. The John S. Hopkins Hospital reduced their infection rate by approximately 70 percent to 90 percent simply because staff are washing their hands. What is not in the bill is hand washing before and after leaving a patient. Using gels and hand wipes are not effective. Other than that portion of the bill, I am in support of the bill. If the doctors would have been washing their hands with soap and water, my mother would be here today. Mandating that doctors use soap and water should be included in the bill, because it saves lives.

LESLIE JOHNSTONE (Health Services Coalition):

The Health Services Coalition (HSC) represents over 270,000 Nevadans who are covered by self-insured health plans. The HSC supports this bill and the amendment by Bobbette Bond on behalf of HSC ([Exhibit D](#)).

We have a fragmented system and no standardization in the hospital discharge process. Patients are discharged with minimal and confusing information or are inundated with information not relevant to their condition. In most cases, the patients are still ill and need to reestablish their care with their primary-care physician within 48 hours of discharge. We require a lot from physicians in the outpatient setting. We believe hospitals must be a part of the process to provide and empower patients with knowledge about their medical condition so they understand the importance of continuing care and can also make an informed decision. Hospitals need to put forth a consistent effort for successfully transitioning patients' care back into the community. Checklists for discharges have been widely accepted in many industries, including health care. This bill reinforces the importance of using checklists to achieve consistent medical care. Discharge processes would also benefit from a consistent checklist approach as done in other areas of medical care. The purpose of the proposed amendment is to see that patients have as much information as they need to take care of themselves when they get out of the hospital. The amendment recognizes not all pertinent information is available at the time of discharge in every case. It states hospitals would provide that information by mailing it to patients' home addresses or sending it electronically. Patients can come in and get their medical records after discharge, but relying on that step clearly does not work and is rarely done. We agree that statutes should not be needed, but this work should already be happening in hospitals, and patients have a right to know what is going on with their care. Adopting regulations is something that requires time and resources. We would prefer to get the specific legislative direction into statute so hospitals are clear about the policy and patients are clear about what to expect.

We propose to add language to the checklist regarding hospital-acquired infections, [Exhibit D](#). We support the legislative requirement that nationally recognized checklists shown to have improved patient safety and reduced hospital-acquired infections be adopted by all hospitals in Nevada.

Senate Committee on Health and Human Services
May 5, 2011
Page 6

SENATOR LESLIE:

I think this amendment is important. Was this proposed amendment presented to the Assembly?

MS. JOHNSTONE:

I believe Ms. Bond did that.

ASSEMBLYMAN OCEGUERA:

I would not classify this as an unfriendly amendment. We have had discussions. I am concerned with the practical aspects of the proposed amendment. It has good ideas and concepts. However, the discharge summary may not be available when the patient is discharged. Should we keep the patient in the hospital until the paperwork is available? It is possible to furnish that information via electronic mail.

Section 3 of the amendment has a similar issue. We have not come to an agreement on section 1, subsection 2, paragraph (c), item 5 on page 3 of the proposed amendment, [Exhibit D](#). The patients' prescribed medication is not always available. I am in agreement with the proposed amendment, but I am not sure if these amendments will work.

SENATOR LESLIE:

If someone is being discharged, why would the discharge summary not be available?

ASSEMBLYMAN OCEGUERA:

No, it is not always available.

MS. HALL:

Discharge summaries, by federal regulation, are not required for 30 days. Hospital bylaws typically say five days to seven days, because that is how they bill. That information is technical. It would be helpful to a primary care provider for follow-up care. Written discharge instructions are mandated, and we provide them and believe it meets the need.

SENATOR LESLIE:

What about a patient's written instructions for follow-up care?

Senate Committee on Health and Human Services
May 5, 2011
Page 7

MS. HALL:

The patient needs them, and they get them.

In a standard discharge instruction, a patient would receive information about diagnosis, medication, follow-up appointments needed, activities and diet.

SENATOR LESLIE:

What about item 4 on page 3, [Exhibit D](#), that states, "Patient receipt of a summary of medications prescribed upon discharged [*sic*]?"

MS. HALL:

It is on there. The checklist which follows section 1, subsection 2, paragraph (c), item 5 on page 3 of the proposed amendment has been stricken. It was in the original bill passed in the Assembly and meets the intent.

CHAIR COPENING:

Are the specific instructions for follow-up care mentioned in section 1, subsection 2, paragraph (c) on line 29, page 2, [Exhibit D](#), currently being done?

MS. HALL:

That is in *Nevada Revised Statutes* (NRS) chapter 439 regarding sentinel events. It is already being done.

SENATOR WIENER:

There is some language about " ... at the time of discharge, or distributed to the patient at their known address as soon as available "

MS. HALL:

Patients have the right to request their information. Discharge planners try to send the discharge summary to the primary care provider if it is known.

SENATOR WIENER:

If a test result had not come in yet, are the patients notified they can request the information be sent to them?

MS. HALL:

I do not know.

Senate Committee on Health and Human Services
May 5, 2011
Page 8

SENATOR HARDY:

A discharge summary is a different document than the discharge instruction. The discharge instruction is immediate. A patient does not leave the hospital without it. The bill is clean, but the proposed amendment has some problems. The physician of record in the hospital as well as the attending physician outside of the hospital will receive the discharge summary.

BARRY GOLD (Director, Government Relations, AARP Nevada):

I have prepared testimony I will read ([Exhibit E](#)). On behalf of AARP's 305,000 members, AARP is in support of this bill and request hand washing for staff specifically be included as being one of the accepted infection prevention protocols.

SENATOR LESLIE:

Would facility staff include an accountant who does not have any contact with the patients?

MR. GOLD:

The hospitals prepare the accepted protocols. The accepted protocols will address who needs to practice hand hygiene.

MS. HALL:

Section 1, subsection 1, paragraphs (a) through (d) of A.B. 280 specify who would be involved.

SENATOR LESLIE:

In Mr. Gold's amendment ([Exhibit F](#)), it is in a different area. Do you think that language is needed where his language states on page 1, line 10 of his proposed amendment " ... all facility staff ... ?" Does it refer back to section 1, subsection 1?

MS. HALL:

That is what we believe. The patient safety committee of a facility establishes these checklists, and it involves all of those.

SENATOR LESLIE:

Do you think the wording is needed in his amendment?

Senate Committee on Health and Human Services
May 5, 2011
Page 9

MS. HALL:
No.

SENATOR HARDY:

Hand hygiene is so all-encompassing that we need a paradigm shift from hand washing to include more than hand washing. The concept of hand hygiene is important, and we need to reeducate ourselves to the reality that hand washing cannot do everything. For example, the protocol is for the physician to use a hand rub before touching the patient and sometimes before the physician changes the patient's position in the bed and goes to another part of the body. Patients may think they are protected by the physicians who go to the sink. Patients are not protected as well as they would be if physicians were using the new protocols.

NANCY NIKOLSKI, RN (Culinary Health Fund):

In Las Vegas, we see a lot of readmissions due to misuse of medication. Patients are discharged from the hospital without understanding their medications. Medication reconciliation is very important. The hospitals should try to inform us about different medications patients are using during their hospital stay. This will help prevent readmissions. The patients are still ill at the time of discharge, and they need to follow up with their primary physicians within 24 to 48 hours. Generally, patients do not bring any information to the follow-up appointment, and the doctor will have no information regarding the diagnosis or the medication given upon discharge. We need to empower our patients and give them the knowledge of their own medical condition.

MS. HALL:

Health insurance exchanges and electronic health records will assist in that process. The medication reconciliation is an issue for health-care providers as well. The discharge instruction should clearly state what the patient is taking. The cost for providing this service is something we have to consider.

MR. WINTER:

There is an article on a Website called Cleanroom Technology titled "To Sample or not to Sample." In this article, the food industry believes the health-care industry should take notes from the food industry.

CHAIR COPENING:

We will close the meeting on A.B. 280 and open the meeting on A.B. 350.

ASSEMBLY BILL 350 (2nd Reprint): Revises provisions governing children who are placed with someone other than a parent and who are under the jurisdiction of the juvenile court. (BDR 38-712)

ASSEMBLYWOMAN APRIL MASTROLUCA (Assembly District No. 29):

This bill does two things. The first part of the bill allows children who are 18 years of age and still in school to stay in the foster-care system until they have graduated from high school. We want to encourage our foster children to graduate and make sure they are on the right path to move forward. Section 16 on page 12 of A.B. 350 requires that a child 17 years of age who is not likely to be returned to the custody of his or her parents be provided an attorney to put together a plan about jurisdiction. The plan requires the child to save enough money to pay for monthly expenses for at least three months and to stay in high school or get the equivalent diploma. The plan must establish that if they have graduated from high school, they can enroll in a postsecondary vocational program, actively seek employment, secure housing and make sure they have income to meet expenses. These are the things we would ask of our own children if they were moving out. In foster care, children do not always have these opportunities. It is the responsibility of the child to complete the plan.

The second subject of the bill begins on page 17. It deals with fictive kin. Fictive kin is someone with whom the child has a relationship who is not a relative. When a child is removed from a home, there is an order of preference about how it is determined where that child is placed. If the child needs hospitalization, the hospital would be the first priority. This bill adds fictive kin at the same level as relatives. This allows children to stay with someone with whom they are familiar and comfortable and with whom have a relationship.

SENATOR WIENER:

In section 18, subsection 2, paragraph (d), it says "The child reaches of [*sic*] the age of 21 years," Is there a possibility of a plan where that particular 18-year-old still needs some additional nurturing until reaching 20 years of age?

ASSEMBLYWOMAN MASTROLUCA:

We have not had that discussion. The challenges we have with many of these children are that they want to leave the system. We are allowed to pay and would receive reimbursement for them up to 21 years of age.

SENATOR KIECKHEFER:

In section 18, subsection 4, paragraph (a) the child can voluntarily request the court to retain jurisdiction over the child when aging out of the child welfare system. What is the logic for doing that? What types of jurisdiction does the court have over an adult who is there at their own will?

ASSEMBLYWOMAN MASTROLUCA:

If they choose to stay, they will still have access to health care. There are different programs that allow for some financial help.

SENATOR WIENER:

Does that address section 18, subsection 7?

ASSEMBLYWOMAN MASTROLUCA:

Correct.

KEVIN SCHILLER (Social Services Director, Department of Social Services, Washoe County):

The Department of Social Services (DSS), Washoe County, enters into agreements with youth who are aging out of care to provide independent-living services. This population is the most difficult population we serve. This bill increases the accountability of DSS in terms of services being provided, and creates some oversight to the youth who often have difficulty. It also outlines in statutes specific areas the DDS must address. If we have a youth who is struggling in an independent-living apartment, we can go back to the court.

SENATOR HARDY:

How long is this service available to the child, and what services are still available?

MR. SCHILLER:

Twenty-one years of age is the cutoff age. The youth must be enrolled in school and there are requirements in other areas for the youth to be on the independent-living agreement. Medicaid and other benefits would apply under the 18 years to 21 years of age window. The youth with whom we have success in this range usually age out at approximately 19 years of age. If we are doing our job correctly, we are showing them how to get sustainable finances, medical insurance and vocational training. The cutoff age legally is 21 years of age.

Senate Committee on Health and Human Services
May 5, 2011
Page 12

SENATOR HARDY:

There is a fiscal note of \$10 million with the State agencies.

ASSEMBLYWOMAN MASTROLUCA:

I believe it has been updated.

DIANE J. COMEAUX (Administrator, Division of Child and Family Services,
Department of Health and Human Services):

When this bill originally came out, we were looking at a potential population of 190 children statewide. For rural areas, we have a population of about 12 children who would have qualified. One opted to take it. There will be no fiscal impact with the amendments.

SENATOR HARDY:

I understand Mr. Schiller to be saying there are Medicaid funds involved. Do we not have to match them on a State basis?

MS. COMEAUX:

A number of years ago, we extended Medicaid to children until 21 years of age. It is already in the budget.

CHAIR COPENING:

During the aging-out period of 18 years to 21 years of age, the children are given a stipend. If they opt to stay within a foster-care system, do the foster parents also get their regular stipend?

MR. SCHILLER:

If the child opts to stay in the foster-care setting, they pay rent to that foster-care provider. We have the fiscal responsibility to manage the money. We only change the vehicle by which the foster-care payment occurs through the voluntary agreement.

CHAIR COPENING:

Section 19 sets a goal for the child to save enough money to pay for three months of expenses. Where do they get the money to do that?

MR. SCHILLER:

The rental cost-of-care payment is separate. We set up an independent-living plan and focus on what they can do vocationally, where they can gain income

and what benefits they are eligible to receive. This does not mean every child who ages out will have three months of savings. It will depend on how they cooperate in the agreement.

SENATOR KIECKHEFER:

What are the two sections of NRS mentioned in section 18, subsection 4, paragraph (c)?

MR. SCHILLER:

That refers to NRS chapter 432B which is child welfare. They are about the protection of the child under the Child Abuse and Neglect Petition to provide services to the child. It is alleviating us from the NRS 432B component based on the fact we do not have legal custody.

SENATOR KIECKHEFER:

Why is the court involved?

MR. SCHILLER:

The DSS will be under jurisdiction from an oversight perspective, and ultimately it is in the best interest of the child.

SENATOR KIECKHEFER:

Can the court order them to do anything?

MR. SCHILLER:

The children are in a voluntary commitment with the agency which is overseen by the court. Hopefully, the court will have some jurisdiction in working with the agency about what can and cannot be done. From the agency's perspective, it is an extra oversight.

SENATOR KIECKHEFER:

Why is it not a separate unit within the DSS related to protective custody with a section dedicated to providing these services upon aging out if the child so wishes?

MR. SCHILLER:

The provision of children 18 years to 21 years of age already exists. In Washoe County, the agreement with the child is optional, and the court does not

oversee these placements. In Clark County, the court does oversee the placements.

ASSEMBLYWOMAN MASTROLUCA:

The population being dealt with compared to the child welfare system overall is very small.

MR. SCHILLER:

Washoe County has approximately 30 children in this population who have aged out of NRS 432B cases.

SENATOR WIENER:

What is the success rate?

MR. SCHILLER

It is not good. Approximately 30 percent to 40 percent of the children successfully get a diploma and move into independent living. The intent is to provide additional oversight to this population. We start working with the children at approximately 15 years of age.

SENATOR HARDY:

Where is Clark County in all of this?

ALEX ORTIZ (Clark County):

Clark County supports this amended version of the bill.

SENATOR KIECKHEFER:

I would like to make sure we are consistent regarding fictive kin. How will the appropriate place for a child be identified?

MR. SCHILLER:

The fictive kin component is still placed in the order of preference. When a child is removed, there is an immediate requirement to reach out to relatives or anyone who has an association with the child. Relatives have preference in foster placement and adoption. It is common to have teachers and other professionals come forward with input. The different relationships are evaluated and worked through before any final decisions are made.

Senate Committee on Health and Human Services
May 5, 2011
Page 15

ASSEMBLYWOMAN MASTROLUCA:

The definition of fictive kin is in section 22, subsection 10 of the bill.

BARBARA DECASTRO (Nevada Youth Care Providers):

The Nevada Youth Care Providers fully support this bill.

JENNIFER L. SILVERMAN (Attorney, Legal Aid Center of Southern Nevada;
Children's Attorneys Project):

I am here in support of A.B. 350. The Children's Attorneys Project represents abused and neglected children in the foster-care system in southern Nevada. There are 10 full-time staff attorneys and approximately 250 pro bono attorneys. This bill is crucial to many of the children who are aging out of the foster-care system. *Nevada Revised Statute* chapter 432 states the definition of a child as someone under 18 years of age or who is still in high school. In Clark County, it was the unspoken policy that children not be terminated from court jurisdiction until they graduated from high school. Last year, concerns were raised that the statute was unclear; every child 18 years of age had concerns about their cases being closed. Everyone agreed to allow the Legislature to clarify the issue. This bill amends the law to define a child as someone less than 18 years of age, or who is under the jurisdiction of the court. As we stated, the child welfare agency will no longer retain legal custody. However, the court will still have the power to terminate the court jurisdiction if, for instance, a child is not making good-faith efforts to maintain a plan.

KAREN ZAVORA (Attorney, Washoe Legal Services):

I am a child advocacy attorney for Washoe Legal Services. We represent almost half of the children in foster care in Washoe County. Over half of the youth who age out of foster care experience one or more episodes of homelessness. Nearly 30 percent will be incarcerated at some point. They are less likely to be employed than their non-foster-care peers. Less than 2 percent will complete college compared to 23 percent of their non-foster-care peers. This bill will help the youth who are asking for help. Without the help of social services, these children are often left with the choice of returning to their abusers.

I would like to comment about why it is a good idea for the courts to be involved. Having a judge involved keeps everyone working hard for the best interest of the child. On behalf of Washoe Legal Services and our child advocacy program, we strongly support this bill.

SENATOR HARDY MOVED TO DO PASS A.B. 350.

SENATOR WIENER SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

CHAIR COPENING:

We will now open the hearing on A.B. 154.

[ASSEMBLY BILL 154 \(2nd Reprint\)](#): Enacts provisions which guarantee certain rights to children placed in foster homes in this State. (BDR 38-802)

ASSEMBLYMAN JASON FRIERSON (Assembly District No. 8):

Assembly Bill 154 creates a bill of rights for foster children. This concept was a recommendation of the Legislative Committee on Children, Youth and Families in 2005. The goal of the bill is to codify existing practices with respect to foster children. When this bill, A.B. No. 36 of the 73rd Session, was originally presented, there were concerns by various entities involved with the foster-care system, and the part of the bill related to the provision of public service for children was not included in the bill that passed. Those various entities have come together, and A.B. 154 reflects the work of those entities. The intention is not to create additional obligations for the parties involved. It is to codify, in one place, the rights of foster-care children and to let them know their rights and empower them. There is a proposed amendment from Clark County ([Exhibit G](#)). It deals with an identification kit. We consider it to be a friendly amendment.

Section 3 of A.B. 154 deals with treating children placed in a foster home fairly.

Section 4 is about the placement of children in a foster home, and the rights they have with respect to their placement.

Section 5 discusses vocational training and education for children in foster homes and the children's rights in that area.

Section 7 is the more important provision. It proposes that the provider of foster care may impose reasonable restrictions on the time, place and manner in which

a child may exercise his or her rights. It gives notice to everyone of the child's rights and helps explain to the foster child his or her rights.

Section 8 empowers children with the ability to raise concerns with various people involved in the foster-care system.

Section 9 makes sure teachers and education professionals do not identify those foster-care children to others as foster-care children in the system.

SENATOR HARDY:

What about coaches? Coaches are not employed by the school district. Those are volunteer positions.

ASSEMBLYMAN FRIERSON:

There will be individuals involved in the lives of these children that we cannot regulate in statute. We can only go so far, and there will be volunteers at every level. We can only hope the spirit of this bill is followed.

SENATOR HARDY:

Section 9 needs to be cleaned up. If paramedics come to the school to help a foster child and they are told the child is in foster care, the person telling the paramedic is in violation of the law.

ASSEMBLYMAN FRIERSON:

There is only so much we can do.

SENATOR HARDY:

I am concerned with section 8, lines 3 through 5 and the language "... without limitation."

ASSEMBLYMAN FRIERSON:

The issues on how they raise grievances with individuals reflect the current practice.

SENATOR HARDY:

What is different from what we do now?

ASSEMBLYMAN FRIERSON:

Nothing is different. The convenience of this bill is that it is all in one place. Some of these rights exist in NRS and some exist in the *Nevada Administrative Code*. These foster children have no way to know where to get this information.

SENATOR HARDY:

Do you have a list of those rights and where they were before? There is a difference between those two things and practice.

ASSEMBLYMAN FRIERSON:

I can provide that.

CHAIR COPENING:

I like the idea it is all in one place. Many times the foster parents and the foster children do not know their rights. If I understand the intent correctly, it is to empower them and let them know they have rights.

MS. SILVERMAN:

Many of the children I represent have been physically and sexually abused, neglected, exposed to drugs and alcohol and in some instances abandoned by their parents. They are scared, helpless and uncertain when entering the foster-care system. They do not know they are entitled to be treated with dignity and respect. Upon entering into a foster-care home, children would be given a copy of their rights and would know they are entitled to placement with family, if possible, and reasonable visitation with their family. They would also know they have the right to food, shelter and treatment free of abuse, neglect and discrimination. I urge this Committee to enact this bill for all the foster children in Nevada and give them notice of their rights.

SENATOR WIENER:

Is there a mandate for foster parents to read it to the children who cannot read? How can you confirm a child has been exposed to these rights?

MS. SILVERMAN:

When I come into a home and the child is verbal and can understand, I explain the concepts to the child to the best of my ability. In addition to a child's attorney, there are court-appointed special advocates and a legal guardian who can explain these rights to them.

JOANNE WITTER (Family Services Supervisor, Department of Family Services, Clark County):

I am the supervisor of the Independent Living Skills Program (ILSP) which serves approximately 425 youths. Approximately 125 youths will age out of the system at 18 years of age or older. The ILSP was created to assist these youths in the transition into adulthood by linking them to resources and services to help them learn daily living skills, money management, educational resources and finding a lifelong adult connection. The ILSP consists of staff who will work with the youth to identify youth-driven goals and to work with the youth's team to help achieve these goals by the time they exit care. One of the main goals of the ILSP is to empower youths to advocate for themselves. This bill enables youths to have control in their lives when an adult has taken it away from them. It will empower the youths of Nevada to take charge of their future and give them a voice to remind others of how important they are. It was important the bill be written in a language for youth and by youth to make sense for those who are reading it or when someone is trying to explain it to them. During a meeting of the Nevada Life Youth Advisory Board (YAB), young adults received input from all jurisdictions and made the recommended changes. Through the coordination of many organizations, recommendations and suggestions that were received, the content of A.B. 154 was created.

SENATOR HARDY:

I have heard the youth wrote this, and I have heard it was brought in from different places.

ASSEMBLYMAN FRIERSON:

The children wrote the bill. The rights they wrote were rights they brought together from various locations. These are expressions of those rights as they exist in other areas or in practice.

MIRIYA LAWRENCE:

I was a foster youth for five years. When my siblings and I came into care, I was 12 years of age. I had been out of school for approximately four months. I was taken because of sexual abuse and neglect from my mother. We came into care and stayed at Child Haven, Las Vegas, for approximately three months before being placed with a wonderful foster family. There was a point when we were almost adopted by a family in Virginia. However, I was comfortable with my foster family and wanted to stay with them. I did not know my rights as a foster youth. I felt obligated and went to Virginia against my better judgment.

Three months later, the placement did not work out, and we were forced to come back to Nevada. It was a painful time for all of us. We were fortunate enough to be able to come back to the same foster family. When we returned, we were referred to an attorney from the Children's Attorneys Project, Legal Aid Center of Southern Nevada. We learned where we stood as youth. I was able to decide where my future was going. Now that I am aware of my rights, I can see where things have fallen short. Because there is no codified or compiled list, people are unaware of what they are to be doing. Because the foster youths do not know their rights, they are not able to call out for help. I have a younger brother and sister. When my brother ages out of foster care, he will have been in foster care for eight years. When my sister ages out, she will have been in foster care for ten years. I want to make sure their time in care has met their needs and that they know to what they are entitled. I want to make sure children in foster care, and future children in foster care, know they have a voice.

FELICIA TOEWS:

I have been in the foster-care system since I was 12 years of age. I am now 20 years of age. I was not neglected. We had food, water and heat. However, my file stated I was taken for lack of heating. My mom tried to get us back repeatedly. My sister and I were separated. I did not know I had any rights and was only told what to do. My sister ran away several times, and eventually, she turned 18 years of age and aged out of foster care. I was lucky enough to be put in a home for five years with great foster parents. When I aged out, I was offered a chance to stay with my foster parents and finish high school.

CHAIR COPENING:

When you were separated from your mother, did they make attempts to let you see her?

MS. TOEWS:

I went almost an entire year without any contact. My mother sent letters I never received. Eventually, I was able to get visitation rights.

DASHUN JACKSON:

I have written testimony I will read ([Exhibit H](#)).

Senate Committee on Health and Human Services
May 5, 2011
Page 21

ROBERT BRANSON:

I was a foster child and am a former YAB treasurer. I am the current treasurer for YAB in Washoe County.

MR. SCHILLER:

Washoe County Social Services supports this bill. We recognize how important the youth are in developing our policy and procedures to improve our practice in their best interest. I cannot emphasize enough how significant and important it is to improve what we do.

MS. ZAVORA:

I am here on behalf of Jon Sasser. As a child advocacy attorney, I want to compliment the youth who have stepped up to advocate for themselves today.

MR. BRANSON:

I was put in foster care when I was 15 years of age. My mom and I never got along, and my dad had medical issues and could not take care of me. I was selling drugs and had my first gun at 14 years of age. I want to help foster children in any way possible, and I am in support of this bill.

ANGELA FOREMASTER:

My parents have been foster parents for the past nine years. I am not a foster youth and have never been in the foster-care program. We have had foster youth in our home. We had a foster youth in our home waiting to transition with her sister. At that time, there were problems with school and other choices she wanted to make. Our family had nowhere to turn to tell her where to go. Her caseworker was unsure about her rights as well. This bill lets everyone know those rights and where they can turn.

WILLIAM E. FOWLER (Executive Director, Nevada CASA Association):

I have written testimony I will read ([Exhibit I](#)).

CHAIR COPENING:

We will close the hearing on A.B. 154 and open the meeting on A.B. 110.

[ASSEMBLY BILL 110 \(1st Reprint\)](#): Establishes the Kinship Guardianship Assistance Program. (BDR 38-196)

AMBER HOWELL (Deputy Administrator, Family Programs, Division of Child and Family Services, Department of Health and Human Services):

This bill seeks to establish the Kinship Guardianship Assistance Program (KGAP) in Nevada. Title II of Public Law No: 110-351, the Fostering Connections to Success and Increasing Adoptions Act of 2008 (FCSIAA), became public law on October 7, 2008. The new federal law represents the most significant federal reforms to foster care in more than a decade. The FCSIAA allows reimbursement under Title IV—part E—of the Social Security Act, Public Law 106-169 (Title IV-E), when states opt to use Title IV-E funds for kinship-guardianship payments for children who are cared for by a relative guardian and are committed to caring for these children permanently by assuming legal guardianship. When a child must be separated from his or her parent's care, it is imperative the family connection is preserved for that child. Keeping children with family members sustains their connection to their family roots. They are usually in close proximity to other relatives, including siblings, which allows them to receive family support that is unavailable or infrequent in nonrelative placements. Additionally, relative-foster placements may be beneficial as they minimize trauma by providing the child with a sense of family support. In Nevada, when a child must be removed from his or her home, the first placement option considered is relative care. Placing youth and children with relatives can be a powerful means of achieving permanency if they cannot return home to their parents. There are many reasons a relative or another caring adult would want to assume legal guardianship instead of adoption. Subsidized guardianship is often appropriate when a family member would like to take legal custody of a child but does not feel comfortable terminating the parental rights of a child's parent. Every means available should be used to connect youth with caring adults and should be supported by law, policy and practice, given the alarming increase in young people who age out of care each year without a permanent connection. The implementation of the KGAP can provide permanency for children and youth. Research across the Country shows that guardianship boosts overall permanency rates for children. Providing other options such as guardianship for children can reduce the length of time they remain in foster care. In moving to a guardianship placement, the relative can still be compensated for caring for the child. This may be a favored alternative for children who have no plan of reunification or adoption and have a strong bond with a relative. It would allow those children to achieve permanent placements and prevent them from lingering in foster care. We ask for this Committee's support of this bill.

Senate Committee on Health and Human Services
May 5, 2011
Page 23

CHAIR COPENING:

Will you go through the bill for us?

MS. HOWELL:

Section 2 of A.B. 110, establishes that the DHHS will administer the program. Section 5 relates to assistance if a relative is located within the State or outside of the State. Section 6 is about requirements for the children. Some of those requirements are that they have to be removed from their homes based on a court order; they have to have lived in the relative's home for a minimum of six months; they cannot have a permanent placement option for adoption or reunification; and, if 14 years of age or older, the child has to be consulted about the guardianship arrangement. It also lists the requirements of eligibility for the relative such as demonstrating a strong commitment to caring for the child, entering into a written agreement, being appointed the legal guardian and being eligible for Title IV-E payments. Section 7 relates to the agreement between the agency and the relative, as well as any stipulations to that agreement. Section 8 discusses the background checks needed. Section 9 relates to steps an agency has to take to determine if an adoption or returning the child to his or her home is not appropriate. This speaks to the case plan on which the child and the agency are working.

CHAIR COPENING:

How is this different from what we have in law?

MS. HOWELL:

When a child is placed in our custody, we try to locate a relative first. If that relative is identified and seems to be the most appropriate placement option, we place the child with that relative. A relative who receives financial assistance must become licensed. Although a child may stay with a relative, the relative may not have an interest in adopting the child. Therefore, the child remains in foster care because the relative needs the financial assistance, and the child never receives permanency. This allows the guardianship to be a permanency option.

CHAIR COPENING:

Does that become an adoption of the child by the relative?

Ms. HOWELL:

They are not adopting the child. They are the legal guardian of the child and that is what obtains the permanency.

SENATOR KIECKHEFER:

Will you explain section 6, subsection 2 for me?

Ms. HOWELL:

If there is a sibling group with only one sibling qualifying for Title IV-E payments, it allows all of the siblings to qualify and remain in placement together.

SENATOR KIECKHEFER:

Would that increase your cost?

Ms. HOWELL:

If one of the siblings does not qualify, it is funded 100 percent by the General Fund. It puts that sibling in a category that can be federally funded.

SENATOR KIECKHEFER:

The Title IV-E is not like Medicaid where we can get a match for funds. Is that correct? I am trying to figure out why the fiscal note shows no income or expenditure.

Ms. COMEAUX:

Title IV-E is exactly like Medicaid. It is an entitlement program. Once children are determined to be entitled, we are entitled to reimbursement for their expenses, and it is not capped. There is no fiscal note because these children are already in placement. They need to be in a licensed foster home. We are already making payments to the foster home for a minimum of six months before they even qualify for it. We are already making payments to these homes.

SENATOR KIECKHEFER:

How would they not be Title IV-E eligible if they are already in foster care?

Ms. COMEAUX:

Approximately 54 percent of our overall population are Title IV-E eligible, and we make foster-care payments for all of the children who are in a licensed

foster-care home. We are already making payments for a number of children out of 100 percent State dollars.

SENATOR HARDY:

I am having a hard time understanding who is eligible in section 6, subsection 2.

RISA LANG (Counsel):

If the sibling is not eligible, that sibling can still be placed with the child who is eligible.

MR. SCHILLER:

If we cannot reunify and move towards permanency for children, we move towards a subsidized adoption program. In that program, we have payments that are Title IV-E eligible based on the eligibility of the child which carries through until the child is 18 years of age. The KGAP almost mirrors that program. Instead of calling it post-adoption services, it is really post-guardianship services. We are already providing care for these children, and it is going to be a transition of those foster-care costs. Last year, approximately 46 percent of our adoptions were relatives. Of that percentage, several moved into a process where the financial assistance was critical for the permanency.

SENATOR HARDY:

Is the Medicaid option extended as well as the payments?

MR. SCHILLER:

Yes.

Senate Committee on Health and Human Services
May 5, 2011
Page 26

CHAIR COPENING:

We will close the hearing on A.B. 110 and adjourn the Senate Committee on Health and Human Services meeting at 6:29 p.m.

RESPECTFULLY SUBMITTED:

Shauna Kirk,
Committee Secretary

APPROVED BY:

Senator Allison Copenig, Chair

DATE: _____

<u>EXHIBITS</u>			
Bill	Exhibit	Witness / Agency	Description
	A	Agenda	Agenda
	B	Attendance Roster	Attendance Roster
A.B. 280	C	Assemblyman John Ocegüera	Checklist, Improving patient health outcomes
A.B. 280	D	Leslie Johnstone	Bobbette Bond's Proposed Amendment
A.B. 280	E	Barry Gold	Written Testimony
A.B. 280	F	Senator Sheila Leslie	Barry Gold's Proposed Amendment
A.B. 154	G	Assemblyman Jason Frierson	Clark County Proposed Amendment
A.B. 154	H	DaShun Jackson	Written Testimony
A.B. 154	I	William E. Fowler	Written Testimony