

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

**Seventy-sixth Session
June 4, 2011**

The Senate Committee on Health and Human Services was called to order by Chair Allison Copening at 6:20 p.m. on Saturday, June 4, 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
Senator Greg Brower

GUEST LEGISLATORS PRESENT:

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

STAFF MEMBERS PRESENT:

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

OTHERS PRESENT:

Mary Liveratti, Deputy Director, Programs, Department of Health and Human Services
Jan Crandy, Chair, Nevada Commission on Autism Spectrum Disorders
Bryan Gresh, Nevada Psychological Association; Touro University

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Marla McDade Williams, B.A., M.P.A., Deputy Administrator, Health Division,
Department of Health and Human Services

CHAIR OPENING:

We will begin with Assembly Bill (A.B.) 316.

ASSEMBLY BILL 316 (2nd Reprint): Revises provisions relating to services for persons with autism spectrum disorders. (BDR 38-260)

ASSEMBLYWOMAN MELISSA WOODBURY (Assembly District No. 23):

Having spent most of my years in the Clark County School District teaching children with special needs, I have seen the impact autism has on the lives of these individuals and their families. I have also seen the vast difference early intervention can make. Autism is treatable, and I remain devoted to improving outcomes both in my personal teaching interactions as well as with legislation that will open the doors for all children with autism to receive early diagnosis and appropriate, evidence-based treatment.

When I began working on legislation with Ms. Crandy and the Autism Coalition of Nevada in 2008, 1 in 150 children were reportedly born with autism. The Centers for Disease Control and Prevention (CDC) reports that ratio has now increased to 1 in 110, and The American Academy of Pediatrics claims the ratio is closer to 1 in 91. Research has shown that 47 percent of the children with autism who receive intensive treatment using Applied Behavior Analysis (ABA) can reach normal functioning levels, attend regular education classes and live independent lives. Conversely, 90 percent of the children who do not receive treatment will need some level of lifelong support, use more special education dollars and require more lifelong adult services. The price tag to provide lifetime care for one untreated low-functioning person with autism can run as high as \$6 million. Most of that cost is in adult care.

The earlier autism is diagnosed, the earlier treatment can begin. The earlier a child starts treatment, the better the outcome, the fewer adult services that will be needed and the lower the cost to Nevada taxpayers. The goal of A.B. 316 is to provide consistency, improve outcomes for children with autism in Nevada and reduce the long-term cost to taxpayers. Autism services in Nevada are divided across Aging and Disability Services Division (ADSD), Division of Mental Health and Developmental Services and the Health Division (HD), all within the Department of Health and Human Services (DHHS). This bill would establish the current Autism Treatment Assistance Program (ATAP) within the ADSD, DHHS,

to Nevada statutes, and establish it as the primary autism treatment program within the DHHS to coordinate autism services for children through 19 years of age. This program was originally established in 2007 and was continued in 2009 using one-shot money each biennium. It funds only evidence-based treatments. This bill will consolidate services for children with an autism spectrum disorder (ASD) under one division and ensure that state funding for autism is being used effectively, funding only evidence-based treatments.

The ATAP program has provided and promoted more hours of ABA treatment for children with autism than the HD's Early Intervention Services program. This bill lays the foundation for the referral process between Early Intervention Services and ATAP so children can have access to evidence-based treatment specific to autism as early as possible. It requires collaboration between agencies and providers for appropriate transitions. The ATAP program requires ongoing data, as well as intake and exit assessments to demonstrate treatment effects and outcomes. Research demonstrates treatment requires at least 25 hours per week, although optimal benefits are achieved with 30 to 40 hours per week. The goal of ATAP is to educate and assist families to provide treatment, allowing them to get closer to the research-supported number of hours, thus improving outcomes.

In addition, policies of this program must be developed in conjunction with the existing Nevada Commission on Autism Spectrum Disorders, the successor of the Nevada Autism Task Force. The provisions of this bill also require the ADSD to establish statewide standards through regulations to assess and evaluate persons with autism who receive services through public programs. Furthermore, protocols utilizing best practices guidelines must be utilized when individuals are given assessments. It is the goal of this bill to promote consistency, among all state agencies and school districts, in the assessments given to individuals with ASD.

Assembly Bill 316 requires at least one of the instruments used be a tool requiring direct observation by the professional administering the assessment. It requires the evaluation to measure autism-related cognitive, language and adaptive behaviors. It requires children to be assessed for an ASD as soon as it suspected and encourages diagnosis by Early Intervention Services when an ASD is suspected. This bill also requires certain State agencies and school districts, including charter schools, to report annually to the ADSD specific information regarding services provided to individuals with autism. The purpose of the data collection is to give a true picture of autism in Nevada, to help

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understand the impact autism has on Nevada, to demonstrate program outcomes and to provide educators and early intervention staff with accurate information. This will provide better programs and start treatment at the earliest possible moment. These practices will lead to better outcomes, which in turn will save Nevada money in adult care.

CHAIR COPENING:

Will you discuss the fiscal note and inform us if this bill has already been through the finance committees?

ASSEMBLYWOMAN WOODBURY:

It has gone through the Assembly Committee on Ways and Means and has been worked out in the budget.

MARY LIVERATTI (Deputy Director, Programs, Department of Health and Human Services):

There is no fiscal note on this bill.

SENATOR LESLIE:

Is this consistent with the work we did in the budget subcommittee?

MS. LIVERATTI:

That is correct.

CHAIR COPENING:

Were there any major aspects that were taken out of the original bill?

ASSEMBLYWOMAN WOODBURY:

The section requiring the ADSD to complete assessments was taken out. The funds were not there, and we are not including them in the bill at this time.

JAN CRANDY (Chair, Nevada Commission on Autism Spectrum Disorders):

I have written testimony I will read ([Exhibit C](#)), along with several exhibits: "Is Nevada providing early Identification?" ([Exhibit D](#)), "A.T.A.P. Autism Treatment Assistance Program" ([Exhibit E](#)), "Nevada Autism Treatment Assistance Program Support Manual" ([Exhibit F](#)), "A.D.S.D. Autism Treatment Assistance Program (ATAP) Data Targets" ([Exhibit G](#)) and "NAC 388.387 Eligibility of pupil with autism (NRS 385.080, 388.470, 388.520)" ([Exhibit H](#)).

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BRYAN GRESH (Nevada Psychological Association; Touro University):
Both the Nevada Psychological Association and Touro University were able to work on amendment language that was acceptable in strengthening what was already a good bill. I want to thank this Committee for the opportunity to work on this bill.

SENATOR WIENER:
What kind of outreach does Touro University have for children with autism and their families?

MR. GRESH:
It is growing and continues to grow. The capacity is approximately 50 families. There is the capacity at Touro University to grow.

SENATOR WIENER MOVED TO DO PASS A.B. 316.

SENATOR HARDY SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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CHAIR COPENING:
We will now open the hearing on A.B. 345.

[ASSEMBLY BILL 345 \(1st Reprint\)](#): Revises provisions relating to services for persons with autism spectrum disorders. (BDR 38-26)

ASSEMBLYMAN JAMES OHRENSCHALL (Assembly District No. 12):
When this bill was first introduced, it sought to unify all services provided to children with ASD under ATAP, and sought appropriation of approximately \$1.5 million over the biennium to restore funding that had been removed from the *Executive Budget*. We worked hard, the funding was restored in the overall budget and the appropriations were taken out of my bill.

CHAIR COPENING:
What is the main difference in your bill compared to Assemblywoman Woodbury's bill, A.B. 316?

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ASSEMBLYMAN OHRENSCHALL:

They are mirror images now. They both unify all programs under ATAP.

MS. CRANDY:

I have written testimony I will read ([Exhibit I](#)). I have also provided copies of exhibits: "Changes In Test Scores Over A One-Year Period Without Treatment" ([Exhibit J](#)); "Practice parameter: Screening and diagnosis of autism" ([Exhibit K](#)); and "Autism Treatment Assistance Program (ATAP) Outcomes" ([Exhibit L](#)).

MS. LIVERATTI:

Passing this legislation is a very important step. The original bill required just under \$1.5 million.

SENATOR LESLIE MOVED TO DO PASS A.B. 345.

SENATOR KIECKHEFER SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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CHAIR COPENING:

We will now open the meeting on A.B. 123.

[ASSEMBLY BILL 123 \(2nd Reprint\)](#): Makes various changes relating to certain facilities that provide health and related care. (BDR 40-159)

MARSHEILAH LYONS (Policy Analyst):

This bill was brought forward on behalf of the Legislative Committee on Senior Citizens, Veterans and Adults with Special Needs. The bill allows residents to request an itemized statement of the charges incurred for care provided and to receive a notice of deficiency.

MARLA MCDADE WILLIAMS, B.A., M.P.A. (Deputy Administrator, Health Division, Department of Health and Human Services):

There is no fiscal impact on this bill.

SENATOR HARDY:

Will that remove the two-thirds majority vote requirement?

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RISA LANG (Counsel):

It does not indicate a two-thirds vote on the second reprint. It was removed.

SENATOR LESLIE MOVED TO DO PASS A.B. 123.

SENATOR KIECKHEFER SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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CHAIR COPENING:

With no further business to come before this Committee, I will adjourn the meeting at 6:55 p.m.

RESPECTFULLY SUBMITTED:

Shauna Kirk,
Committee Secretary

APPROVED BY:

Senator Allison Copening, Chair

DATE: _____

<u>EXHIBITS</u>			
Bill	Exhibit	Witness / Agency	Description
	A	Agenda	Agenda
	B.	Attendance Roster	Attendance Roster
A.B. 316	C	Jan Crandy	Written Testimony
A.B. 316	D	Jan Crandy	Is Nevada providing early Identification
A.B. 316	E	Jan Crandy	A.T.A.P. Autism Treatment Assistance Program
A.B. 316	F	Jan Crandy	Nevada Autism Treatment Assistance Program Support Manual
A.B. 316	G	Jan Crandy	A.D.S.D. Autism Treatment Assistance Program (ATAP) Data Targets
A.B. 316	H	Jan Crandy	<i>Nevada Administrative Code 387</i>
A.B. 345	I	Jan Crandy	Written Testimony
A.B. 345	J	Jan Crandy	Changes In Test Scores Over A One-Year Period Without Treatment
A.B. 345	K	Jan Crandy	Practice parameter; Screening and diagnosis of autism
A.B. 345	L	Jan Crandy	Autism Treatment Assistance Program (ATAP) Outcomes