

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

**Seventy-sixth Session
March 17, 2011**

The Senate Committee on Health and Human Services was called to order by Chair Allison Copening at 3:35 p.m. on Thursday, March 17, 2011, in Room 2149 of the Legislative Building, Carson City, Nevada. The meeting was videoconferenced to the Grant Sawyer State Office Building, Room 4412, 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

STAFF MEMBERS PRESENT:

Marsheilah Lyons, Policy Analyst
Risa Lang, Counsel
Stephanie Robbins, Committee Assistant
Annette Ramirez, Committee Secretary

OTHERS PRESENT:

Wendy Simons, Chief, Bureau of Health Care Quality and Compliance,
Department of Health and Human Services
Marla McDade Williams, B.A., M.P.A., Deputy Administrator, Health Division,
Department of Health and Human Services
Maureen Gresh, L.P.N., R.F.A., Assistant Administrator, The Arbors Memory
Care
Harold G. Cook, Ph.D., Administrator, Division of Mental Health and
Developmental Services, Department of Health and Human Services

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Luana J. Ritch, Ph.D., Chief, Bureau of Health Statistics, Planning, Epidemiology, and Response, Health Division, Department of Health and Human Services

Rani Reed, Manager, Office of Vital Records, Health Division, Department of Health and Human Services

CHAIR COPENING:

We will open the hearing with Assembly Bill (A.B.) 50.

ASSEMBLY BILL 50: Revises provisions relating to the licensure of medical and related health facilities. (BDR 40-445)

WENDY SIMONS (Chief, Bureau of Health Care Quality and Compliance, Department of Health and Human Services):

The Bureau of Health Care Quality and Compliance (BHCQC), Department of Health and Human Services (DHHS), licenses and regulates medical and other related facilities to include over 30 provider types and over 1,100 facilities statewide under chapter 449 of the *Nevada Revised Statutes* (NRS) and the *Nevada Administrative Code* (NAC). These facilities include hospitals, nursing homes, hospice programs, home-health agencies, surgery centers, personal-care agencies, group homes, adult day-care centers, halfway houses, alcohol- and drug-abuse facilities and many more.

This bill will authorize the Health Division (HD), DHHS, to charge and collect the actual costs of investigating facilities operating without a license as required in NRS 449.249, 449.2493 and 449.2496. It will require homes for individual residential care (IRC) to meet licensing and operating requirements applicable to "facilities for the dependent." Also, it will require facilities for the care of adults during the day to pay licensure fees, removing them from exempt status.

I would like to draw your attention to the repealed sections in the back of A.B. 50. Although the bill appears to repeal the requirement for homes for IRC to be licensed, that is not what we are doing. When I discuss section 2, I will show how we will ensure these facilities are still licensed.

The first topic I will discuss is "charging and collecting fees from an unlicensed facility for actual costs of conducting investigations." Current law requires the HD to investigate unlicensed group homes under NRS 449.230, subsection 4, within 72 hours after the HD is notified that a residential facility for groups is

operating without a license. These are homes that provide nonmedical care and services in a residence. In addition, the BHCQC conducts unlicensed facility complaint investigations of other facility types, including halfway houses, transitional living facilities and the occasional unlicensed ambulatory surgical center, to ensure the health and safety of the public.

We also investigate whether facilities should be licensed as a medical facility. We do not have a statutory requirement to conduct these investigations within 72 hours. In 2009, we worked on a case in Clark County where it appeared some type of surgical activity was being done in a store that also sold vitamins. In this case, the store had gone through the appropriate process to be licensed as a business but not as a medical facility.

In 2010, we investigated 96 unlicensed facility complaints resulting in an increased workload for staff and an estimated cost to our BHCQC and the HD in excess of \$34,000. Of these 96, we found 23 to be unlicensed facilities. This averages a loss of \$1,478 to the BHCQC per unlicensed facility.

Currently, there are no provisions that allow the HD to recover these costs from unlicensed facilities. This legislation will allow the HD to charge and collect fees from an unlicensed facility. This is similar to what we are implementing now for complaint investigations when the complaint is confirmed by an investigation. We will charge the facility for actual costs to the BHCQC for conducting the inspection or investigation of the facility.

Section 2 of A.B. 50 addresses IRC homes caring for two or fewer residents. This measure proposes classifying these entities as a "facility for the dependent" along with other nonmedical facilities. This change means they will continue to be licensed, but they will be subject to administrative penalties including monetary fines for repeated noncompliance and for noncompliance resulting in harm to a resident's health or safety. We inspect them; however, we do not have the authority to apply administrative penalties. We identify violations, but there is no means to hold the IRC homes accountable for the violations other than issuing the inspection report or revoking or suspending their licenses. The intent for applying penalties is not to punish facilities. It is to promote quality health care in Nevada by assigning penalties that will encourage facilities to comply with requirements. There are currently 156 such facilities in the State. The main issue with some facilities is they operate over census. About 50 percent of these homes have repeat deficiencies: failure to assure

criminal history checks for employees, health and TB testing violations and others.

Section 3 of A.B. 50 is about facilities for the care of adults during the day. With the exception of adult day-care facilities, all facilities pay a fee to become licensed, and they pay an annual renewal fee. Adult day-care facilities are exempt from this assessment. Historically, these facilities accommodated the low-income and subsidized clients, and there were few such facilities in the State. In the recent past, the number of adult day-care facilities has increased. There are now 18 licensed facilities and 2 are pending licensure. Although they do not pay fees, they are still inspected. These inspections average 10 hours each, and all of the other licensed providers subsidize their cost. The workload for adult day-care facilities includes initial State licensure inspections, inspections every 18 months and complaint investigations. In calendar year 2010, this resulted in over 200 hours of work dedicated to these facilities. The BHCQC is fully fee funded, and each provider industry supports its own regulation through the assessment of fees to the industry. This measure proposes to equalize that balance.

SENATOR WIENER:

You have the authority to inspect but not the authority to recover costs. How do you have the authority to inspect and recover fees from some facilities and not others?

MS. SIMONS:

The only providers we license and regulate who do not pay licensure fees are adult day-care facilities. All other providers do pay licensure fees.

SENATOR LESLIE:

In section 2, it looks like we are adding to the definition of "facility for the dependent" by adding subsection 7. In your testimony, I thought I heard you say that is a home taking care of two or fewer individuals. Is that defined somewhere in statute?

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

Sometime in the past, the Legislature decided it needed to know how many facilities were providing care for two or fewer individuals. If you provided care for three or more, you were a group home and had to be licensed. It started as a

registration process for these facilities. In the 75th Session, additional changes were made to homes for IRC where you could only care for individuals who were not your relatives, and you could not have boarders in addition to the individuals for whom you were caring. This next change will move them into the next step of being a fully regulated facility. Right now, if we find violations, there is no means to impose a fine. All we can do is revoke their license. In many cases, this is not necessarily the answer.

SENATOR LESLIE:

How many have registered in this category?

MS. WILLIAMS:

Ms. Simons said we have 156 of these facilities.

MS. SIMONS:

We have 156 currently licensed. We have created advisory boards since I came to the BHCQC. We have seven advisory councils of different provider groups. We found this to be effective, for working on regulations, with the Assisted Living Advisory Council, as partners at the table.

SENATOR HARDY:

What section of the bill lists the kind of facility?

MS. WILLIAMS:

Chapter 449 of the NRS defines two primary entity types: medical facilities and facilities for the dependent. This bill affects facilities for the dependent. Facilities for the dependent are: group homes, assisted living facilities, homes for individual residential care, drug and alcohol abuse facilities and transitional living facilities for recently released offenders. This bill adds homes for IRC to the definition of facilities for the dependent. The definitions outlined in NRS 449 are not listed in the bill. We can provide that information if you want it listed.

SENATOR HARDY:

I would appreciate seeing the list. Where are nursing staffing ratios in this bill?

CHAIR COPENING:

Senator Hardy, we received a proposed amendment to A.B. 50 from Sylvia Healy on behalf of Citizens for Patient Dignity ([Exhibit C](#)) that deals with skilled-nursing facilities and nursing staffing levels. She has noted that if we can

find another place to amend a different bill, she would be happy to have this go in there. We will see if we want to put this amendment in this bill or another bill.

MAUREEN GRESH, L.P.N., R.F.A. (Assistant Administrator, The Arbors Memory Care):

I am voicing my support of A.B. 50. Section 1 will allow BHCQC to bill for time spent in investigating unlicensed facilities. Right now, they are not able to obtain funds doing these investigations. As a result, hours spent will be paid by facilities. Section 2, subsection 7, adding "A home for individual residential care," under the classification "facility for the dependent," is a needed move. Now, there are few regulations and little training. Actions are taken with little or no consequences. We want to be able to train individuals to give great care. When one facility type gives poor care, it affects all of us. Section 6, subsection 1, paragraph (c), establishes that a facility that exceeds its occupancy limits needs to bear the expenses of relocating residents or clients.

CHAIR COPENING:

We received a letter in support of A.B. 50 ([Exhibit D](#)), from Larry Fry, Secretary for the Northern Nevada Chapter of Coalition of Assisted Residential Environments.

We will close the hearing on A.B. 50 and open our work session. Consulting the work session document ([Exhibit E](#)), we will begin with Senate Bill (S.B.) 44.

SENATE BILL 44: Requires the Division of Mental Health and Developmental Services of the Department of Health and Human Services to adopt certain regulations. (BDR 39-448)

MARSHEILAH LYONS (Policy Analyst):

Here is a summary for S.B. 44 ([Exhibit E](#)). This bill was heard on February 8, 2011, and brought forward by the Division of Mental Health and Developmental Services (MHDS), DHHS. A couple of the provisions in the bill are explained in the summary, [Exhibit E](#).

A three-part amendment was proposed by Senator Wiener, [Exhibit E](#). She worked with the MHDS on this amendment.

SENATOR KIECKHEFER:

I have a question about proposed amendment 1, [Exhibit E](#). Did you contemplate what that would mean for someone who is being held on a Legal 2000, "The Nevada Process of Civil Commitment" (Legal 2000)? Could that person be admitted without being fully diagnosed if they were suicidal?

HAROLD G. COOK, PH.D. (Administrator, Division of Mental Health and Developmental Services, Department of Health and Human Services):

That is covered under the emergency provision of the proposed amendment Ms. Lyons read. Anyone being referred on a Legal 2000 is in an emergency situation and would be authorized for treatment. Subsequent treatment would be dependent on further diagnosis.

SENATOR KIECKHEFER:

Does the emergent condition continue after the original 72 hours have lapsed?

DR. COOK:

That is a complicated question.

SENATOR KIECKHEFER:

I want to make sure we are not releasing people who may be suicidal when they have not received a full diagnosis.

DR. COOK:

The provisions of NRS 433A governing the Legal 2000 require us to apply for a court commitment within 72 hours. The court commitment process requires us to establish that the individual is in continued need of treatment and would supersede any diagnostic problem we might have. If the person continues to be a danger to self or others beyond 72 hours, the person will not be released, and we will follow through with the court commitment process.

SENATOR LESLIE:

I am a little uncomfortable with proposed amendment 2, [Exhibit E](#), where it says "If the consumer has private insurance coverage for mental health services or access to care through another public/private program (such as the Veterans Administration, etc.) they must access the care through that mechanism." What if they have private insurance but they have a large deductible or high co-pay? What about someone who is a veteran who is not covered by a veteran's hospital?

DR. COOK:

We take those situations on a case-by-case basis. I brought up the first scenario when I previously testified on this bill. We do get people coming to us because they have private insurance and they have a significant co-pay. In this situation, we often work with the individual and the insurance provider to make arrangements they can manage. If individuals can prove they cannot meet the insurance company's requirements, we can provide services. We still bill the individual for the cost of services, and we bill the insurance company. We need to balance that process with the number of individuals who have absolutely no ability to pay.

SENATOR LESLIE:

Will this be addressed through regulation?

DR. COOK:

We certainly can do that.

SENATOR LESLIE:

I am concerned, as resources are scarce. I do not want to define people out of the system. I have one more question about proposed amendment 3, [Exhibit E](#), where it says: "In cases where the Division is not able to provide the necessary service or care, the Division will refer individuals to the most appropriate organization or resource for care." That goes without saying, but what if there is no appropriate organization or resource? Two areas coming to mind are dementia and traumatic brain injury, where we do not have enough resources. Are you keeping track of that?

DR. COOK:

The issues related to Alzheimer's and dementia are difficult, and I do have data from Medicaid indicating there are a significant number of individuals who have those diagnoses in nursing homes in the State. The data is rough and was gathered in a hurry. We attempt to find an appropriate discharge placement. If they are in our hospitals, we will work until we can find them an appropriate facility. Sometimes those facilities will be out-of-state. If they come to us on an outpatient basis, and have psychiatric diagnosed symptoms, we will treat them and try to refer them to an appropriate rehabilitation facility.

SENATOR LESLIE:

I do think this is important.

SENATOR WIENER MOVED TO AMEND AND DO PASS AS AMENDED
S.B. 44.

SENATOR HARDY SECONDED THE MOTION.

THE MOTION PASSED UNANIMOUSLY.

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CHAIR COPENING:
We will move on to S.B. 52.

SENATE BILL 52: Revises provisions relating to vital statistics. (BDR 40-446)

MS. LYONS:

I will walk you through S.B. 52 and the proposed amendments ([Exhibit F](#)). This bill was heard on February 8, 2011, and is sponsored by DHHS on behalf of the HD. This bill relates to vital statistics. As I go through the proposed amendments, they will provide you with more of an overview of the bill, so I will not go through each section. The proposed amendments come from various organizations. Luana Ritch of the HD worked with each concerned organization: the HD, Nevada Advocates for Planned Parenthood Affiliates, the Clark County Coroner and the Nevada State Medical Association (OBGYN Physicians). They came forward with combined proposed amendments including provisions addressing all of those organizations' concerns.

Page 2 of the proposed amendments, [Exhibit F](#), is the explanation of proposed amendments for S.B. 52. The first proposed amendment is to section 3 which can be found on page 2, line 8 of the bill. The language for the proposed amendment is not listed, [Exhibit F](#), so we will need to refer to the bill. The first proposed amendment is to remove the term "without limitation." "Legal [Division] has indicated that instead of that, what they would use is 'evidence of life means' and simply make it consistent with the other definitions listed in that section and throughout the bill." The second proposed amendment is to section 11, which can be found on page 4, lines 12 through 16, of the bill. This amendment relates to foreign birth certificates of which there are three different types. This amendment only addresses two types of foreign birth certificates. The first type is for a person born in another country who has a birth certificate in a language other than English that requires an English translation of their

original birth certificate. The second type is for a foreign-born child whose adoption takes place in a foreign country by adoptive parents who are residents of Nevada. The third proposed amendment is on page 2, [Exhibit F](#), and is a new section. The Legal Division has said this amendment will not be allowed pursuant to Joint Standing Rule 14.7, so we will skip over that one. Page 3, item 4, [Exhibit F](#), relates to changes in language. It replaces the definition of "stillbirth" to "fetal death" on page 7, line 13 of the bill. Legal Division has evaluated this definition, and it will not include "such as beating of the heart, pulsation of the umbilical cord" The definition will not include the terminology that defines what is mentioned prior to the "such as" language.

SENATOR WIENER:

Will the language end after the word "life" and the rest be deleted?

MS LYONS:

Yes.

SENATOR HARDY:

Can we read what will be in the bill?

MS. LYONS:

Section 22 of S.B. 52, which is on page 7, beginning on line 12 will strike this definition and replace ""Stillbirth" means ... " with ""Fetal death" means"

SENATOR HARDY:

Can we just read what is going to be in the bill?

MS. LYONS:

"Fetal death" means death prior to the complete expulsion or extraction from a pregnant woman of a product of human conception, irrespective of the duration of pregnancy and which is not an induced termination of pregnancy. The death is indicated by the fact that after such expulsion or extraction, the fetus does not breathe or show any other evidence of life.

SENATOR HARDY:

As a physician, receiving a breathing baby in a bedpan who was a product of an induced termination of pregnancy, there was a debate about what to do. I would not want to put anyone else in that position. I am not comfortable with

the verbiage. When I have a baby presented to me with a beating of the heart and pulsation of the umbilical cord and movements, it is a very tender moment to say that baby died and not do something to resuscitate that child. I have problems with this language. I do not know if those problems can be fixed.

SENATOR KIECKHEFER:

It seems the proposed amendment removes the definition of "stillbirth," yet we still have the word "stillbirth" throughout this bill. I thought the point of including the definition of "stillbirth" was to resolve that.

CHAIR COPENING:

Senator, I am told that it is in the next amendment.

MS. LYONS:

The fifth proposed amendment, [Exhibit F](#), changes the terms "Stillbirth," "Birth Resulting in Stillbirth" and "Birth" as it pertains to fetal death in section 50 to "Fetal Death." In addition, in section 19, line 44, the amendment proposes to replace "a deceased stillborn child, or dead body," with the term "Human Remains."

The sixth proposed amendment is a recommendation to replace the term "mother" with the term "pregnant woman" in sections 18 and 22. The seventh proposed amendment is a recommendation to remove section 50, subsection 1, of the bill replacing the language with "A report of fetal death must be prepared and filed for each fetal death of 350 grams or more, or if weight is unknown, of 20 completed weeks gestation or more, calculated from the date last normal menstrual period began to the date of delivery."

The eighth proposed amendment relates to concerns the Clark County Coroner's Office brought forward. In the language the term "disposition" is inserted to give additional time. The language for the ninth and tenth proposed amendments can be found on page 5, [Exhibit F](#), and the same language is added into those sections. There is a recommendation under the tenth proposed amendment to remove section 53, subsection 4. The HD indicated those provisions are already covered in another section. The eleventh proposed amendment recommends the removal of section 70, subsection 4. That is the section related to issuing death certificates without specifying the cause of death. The twelfth proposed amendment adds the term "willfully" to section 75. The thirteenth proposed amendment recommends the removal of

section 80, subsection 1. This is the section having certain penalties related to selling, furnishing or possessing someone's certificate of vital records. This language is not needed because it is covered in other chapters of NRS, determined after consultation with the agency's deputy attorney general.

SENATOR HARDY:

I have misgivings about including lines 38 through 44 on page 12 of the bill and also lines 1 through 12 on page 13. I will have objections with that.

CHAIR COPENING:

Are there any other sections or proposed amendments the Committee would like to discuss?

SENATOR HARDY:

In section 3, looking at "Evidence of life," if children are born with no breathing, no beating of the heart and no voluntary muscle movement, we will resuscitate those children successfully. I think the "evidence of life" is flawed.

SENATOR BROWER:

I would like to focus on section 28, subsection 2. The old language said the State Registrar would charge a fee of \$1 for each blank certificate of birth, death or stillbirth. The proposed amendment would provide for a fee, but for an undetermined amount. I want to understand this change. Has there always been a fee of \$1, and this amendment would make the fee an amount to be determined later?

Luana J. Ritch, Ph.D. (Chief, Bureau of Health Statistics, Planning, Epidemiology, and Response, Health Division, Department of Health and Human Services):

In the 26th Special Session we had a bill that moved the fees out of this chapter and into regulation. There is a section at the end of NAC 440 where all of the fees are listed. This change was overlooked, and this will move this fee into regulation with all of the other fees that were moved during the 26th Special Session.

SENATOR BROWER:

Thank you for the explanation. I am wondering if this requires a two-thirds majority vote. Can I get an explanation from legal counsel?

RISA LANG (Counsel):

I will take a look at this and see if it is possible we can take this out of this bill.

MS. RITCH:

I have comments, some in regard to the definition of "evidence of life." The language we are relying on is in the national Model State Vital Statistics Act and Regulations (Model Law), endorsed by various entities. There is a definition of "evidence of life" in S.B. 52; however, the physician makes a determination. If at the time of delivery the physician determines there is evidence of life in the child, then the physician can determine that is a live birth. The hospital would proceed in registering that event as a live birth with all of the parameters that go along with registering a live birth. If there was a subsequent death, then that would be registered as a "death" and not a "fetal death."

SENATOR KIECKHEFER:

I would like to go back to the questions concerning page 12, lines 38 through 44 and page 13, lines 1 through 12, regarding issues of paternity as related to domestic partnerships. Are there definitions of maternity and paternity that are gender specific?

MS. RITCH:

The language in this section of the bill comes from the Model Law and recognition across the country, where definitions of father and mother as it pertains to parentage do not fit all of the legal definitions of a couple. The language requested here is to make what goes on a birth certificate in NRS 440 consistent with what we are finding in practice to reflect that complexity. Right now, we have the requirements for court orders adding complexity or we get birth certificates from hospitals where complex relationships are reflected. This language will help us ensure the process is clear and consistent.

SENATOR KIECKHEFER:

If you are a woman in a domestic partnership with another woman and one partner is pregnant, then this language would allow her partner to be listed as a parent upon the birth of the child. Is that correct?

RANI REED (Manager, Office of Vital Statistics, Health Division, Department of Health and Human Services):

Domestic partnership is something all vital record offices are struggling with right now. The form we have is the "Voluntary Acknowledgement of Paternity"

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(VAP). Some states use a "declaration of parentage." As the definitions widen for these different scenarios, we need to make things work in individual situations. We do with what some of the other states are doing.

SENATOR KIECKHEFER:

At the time of birth, is it the VAP that is completed?

MS. REED:

Yes.

SENATOR KIECKHEFER:

And this allows for the domestic partner to fill it out?

MS. REED:

Yes, in certain cases, unless there is a court order.

SENATOR KIECKHEFER:

Where a woman is married traditionally and there is a pregnancy through a sperm donor or a donated egg and is not a biological child of the woman's husband, does the husband also need to sign the VAP?

MS. REED:

Yes, in certain cases. In other cases, it may be a court order or an agreement by all of the parties involved.

SENATOR KIECKHEFER:

Is there ever a case where there is a domestic partnership of two males having a child and there is a birth certificate with those two men listed as the parents of the child?

MS. REED:

Yes, that is treated as an adoption.

SENATOR KIECKHEFER:

But that is different from what we are talking about here, correct?

MS. REED:

It is different for female couples versus male couples. With female couples you may have a biological mother and the domestic partner can be listed as the

other parent on the birth certificate. In the case of a male couple, there may be a surrogacy agreement and a court order will order putting both partners on as parents, not surrogates.

SENATOR KIECKHEFER:

But, that is outside of the court order, and this is what is going to happen by default, correct?

MS. REED:

Yes.

SENATOR LESLIE:

Is Model Law language what has been used and tested in other states?

MS. RITCH:

Some of this language is Model Law, and the latest draft will be a 2011 revision from the Model Law. Other parts of this is language referring to how we implement Nevada's domestic-partnership statute.

SENATOR LESLIE:

So, you are combining both. And the reason it is in this bill is that now we have a domestic partnership statute. Before this statute, court orders told you who the parents were. This bill will give guidance in issuing consistent and correct documents. Is that correct?

MS. RITCH:

Yes.

MS. LANG:

I want to clarify the question Senator Brower asked earlier. I think the two-thirds majority vote requirement would stay in here because even though it is an existing fee, there is a possibility of increasing that fee. We include the two-thirds vote requirement because it has the potential to increase revenue.

SENATOR BROWER:

I have a question about what we have been discussing. Every child born has a father, even if that child is born to a woman who has a female domestic partner. Is the father not reflected on the birth certificate?

MS. RITCH:

That is what we are trying to address with our amendment about donated eggs. Artificial insemination from donated sperm is dealt with in chapter 126 of NRS established in 1979. The man who donates the sperm is not considered, by law, to be the father of the child and shall not be listed on the birth certificate.

SENATOR BROWER:

That scientific development has caused this development of the law.

MS. RITCH:

Yes. At the time the issues of artificial insemination and donated semen were added to chapter 126 of NRS, there was not the technology to deal with donated eggs. That technology has now advanced.

SENATOR BROWER:

The section in S.B. 52 dealing with this issue is a result of changes made to NRS122A in the 75th Session, which created the new definition of domestic partner. Is it that development that makes this part of the Model Law relevant to our statutory scheme?

MS. RITCH:

Yes. We did not have a domestic partnership statute that established rights to those domestic partners until it was adopted in chapter 122A of NRS.

SENATOR WIENER:

What about circumstances where there had been a heterosexual relationship and the woman is pregnant through that relationship but now is in a domestic partnership?

MS. REED:

According to the Office of the Attorney General, that agreement is up to the parties involved to complete release forms.

SENATOR WIENER:

Would that be a court-order situation?

MS. REED:

Yes.

SENATOR WIENER MOVED TO AMEND AND DO PASS AS AMENDED
S.B. 52.

SENATOR LESLIE SECONDED THE MOTION.

THE MOTION CARRIED (SENATOR HARDY VOTED NO.)

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CHAIR COPENING:

We will move on to S.B. 112.

SENATE BILL 112: Revises provisions relating to the release of certain records in the custody of an agency which provides child welfare services. (BDR 38-199)

MS. LYONS:

Senate Bill 112 relates to certain records in the custody of an agency which provides child welfare services. It was heard on February 15, 2011. It is sponsored by DHHS on behalf of the Legislative Committee on Child Welfare and Juvenile Justice. There is a proposed amendment which would actually replace the bill. Refer to the amendment proposed by Sean T. McCoy, Law Clerk to the Honorable Frances Doherty, Department 12 Family Division, Second Judicial District Court of Nevada ([Exhibit G](#)).

MS. LANG:

My understanding is the court wants to be able to look at records within its jurisdiction in making these determinations, but not for the purpose of using them to prove any other act the child may or may not have committed.

SENATOR KIECKHEFER:

Where NRS 62H.030 is referenced, [Exhibit G](#), what does that section mean?

MS. LANG:

The NRS 62H.030 deals with maintenance and inspection of juvenile records. Essentially it is saying they are not going to disclose records where they would not otherwise have done so.

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SENATOR LESLIE:

My understanding is this is a proposed amendment agreed to by the district attorney's office, child welfare and others. This is good because the juvenile court wants to be able to see the records in order to help the judge determine appropriate treatment and placement.

SENATOR LESLIE MOVED TO AMEND AND DO PASS AS AMENDED
S.B. 112.

SENATOR WIENER SECONDED THE MOTION.

THE MOTION PASSED UNANIMOUSLY.

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CHAIR COPENING:

We will move on to S.B. 114.

SENATE BILL 114: Revises provisions relating to controlled substances.
(BDR 40-190)

MS. LYONS:

Refer to the material related to S.B. 114 of your work session document ([Exhibit H](#)). Senate Bill 114 revises provisions relating to controlled substances. It is sponsored by DHHS on behalf of the Legislative Committee on Health Care. It came from the work of the State Board of Pharmacy. As you recall there were some concerns about the "in good faith" language used in section 2 of the bill. Graham Galloway of the Nevada Justice Association is proposing an amendment, page 2, [Exhibit H](#).

SENATOR WIENER MOVED TO AMEND AND DO PASS AS AMENDED
S.B. 114.

SENATOR KIHUEN SECONDED THE MOTION.

THE MOTION PASSED UNANIMOUSLY.

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CHAIR COPENING:

We will close work session and open the hearing for public comment. With no further business to come before the Senate Committee on Health and Human Services, the meeting is adjourned at 5:01 p.m.

RESPECTFULLY SUBMITTED:

Annette Ramirez,
Committee Secretary

APPROVED BY:

Senator Allison Copening, Chair

DATE: _____

<u>EXHIBITS</u>			
Bill	Exhibit	Witness / Agency	Description
	A		Agenda
	B		Attendance Roster
A.B. 50	C	Ms. Sylvia Healy	Proposed Amendment to A.B. 50
A.B. 50	D	Larry Fry	Letter in support of A.B. 50
S.B. 44	E	Senate Committee on Health and Human Services	Work Session Document
S.B. 52	F	Senate Committee on Health and Human Services	Work Session Document
S.B. 112	G	Senate Committee on Health and Human Services	Work Session Document
S.B. 114	H	Senate Committee on Health and Human Services	Work Session Document