MINUTES OF THE
SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

Seventy-sixth Session
April 7, 2011

The Senate Committee on Health and Human Services was called to order by Chair Allison Copening at 3:42 p.m. on Thursday, April 7, 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

GUEST LEGISLATORS PRESENT:

Senator Shirley A. Breeden, Clark County Senatorial District No. 5

STAFF MEMBERS PRESENT:

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

OTHERS PRESENT:

Charles Duarte, Administrator, Division of Health Care Financing and Policy, Department of Health and Human Services
Ray Bacon, Nevada Manufacturers Association
Mary Wherry, R.N., M.S., Manager, Public Health and Clinical Services, Health Division, Department of Health and Human Services

Joseph L. Pollock, Program Manager, Public Health Engineer, Environmental Health Section, Health Division, Department of Health and Human Services
Jennifer Hadayia, Washoe County Health District
Marla McDade Williams, Deputy Administrator, Health Division, Department of Health and Human Services
James Wadhams, Jones Vargas; Nevada Hospital Association
Bobbette Bond, Health Services Coalition
Bill Noonan, Senior Vice President, Boyd Gaming; Executive Board Member, Health Services Coalition
Jeff Ellis, Vice President, CFO, MGM Resorts; Health Services Coalition
Jim Endres, Nevada Orthopaedic Society
Lesley Pittman, Nevada Chapter of the American College of Emergency Physicians
Deana Young, M.D., Nevada Chapter of the American College of Emergency Physicians
Amber Joiner, Nevada State Medical Association
Kathyrn A. McClain, Ex-Assemblywoman
Renny Ashleman, The Nevada Health Care Association
Hanna Brook, Director of Development, The Rape Crisis Center
Charles Perry, The Nevada Health Care Association
Daniel Mathis, CEO, The Nevada Health Care Association
LynnAnn Homnick, Administrator of Silver Sky Assisted Living; President, Southern Nevada C.A.R.E. Association
Sarah Feller, Human Resources Director, North Las Vegas Care Center
Darrin Cook, Regional Vice President, Fundamental Clinical and Operational Services LLC
Larry Fry, Secretary, Northern Nevada Chapter, Coalition of Assisted Residential Environments
Eugene Gasataya, Manager, Summerdale Homes at Riata LLC
Wendy Simons, Chief, Bureau of Health Care Quality and Compliance, Health Division, Department of Health and Human Resources
Carolyn Cline, Administrator, Just Like Home
Mary Ellen Padgett, Administrator, Riverview Manor

CHAIR COPENING:
We will open with a hearing on Senate Bill (S.B.) 477.

SENATE BILL 477: Authorizes the Administrator of the Division of Health Care Financing and Policy of the Department of Health and Human Services to administer oaths, take testimony and issue subpoenas for the purposes of recovering Medicaid benefits paid on behalf of certain recipients. (BDR 38-1195)

CHARLES DUARTE (Administrator, Division of Health Care Financing and Policy, Department of Health and Human Services):
I have submitted a written statement (Exhibit C). This bill will modify *Nevada Revised Statute* (NRS) 422.2366. It authorizes the Administrator of the Division of Health Care Financing and Policy (DHCFP) of the Department of Health and Human Services (DHHS) to administer oaths, take testimony and issue subpoenas requiring the attendance of witnesses at a designated time and place and production of documents for the purposes related to determining eligibility and for verification of payments.

In section 1, subsection 1, we want to add paragraph (c) that allows the verification of information for the recovery of Medicaid benefits paid on behalf of recipients for medical care.

The DHCFP runs an estate recovery program. Several major banks have information we need for estate recovery. Approximately one year ago, those banks determined we no longer had authority to subpoena bank records of recipients. In 1998, when we split from the Division of Welfare and Supportive Services, our authority for subpoenaing these records was lost. The banks did not discover that until many years later. Without these records, we will not be able to recover available estate assets that are due us. This could mean a General Fund loss of $190,000. We need this bill to continue our Medicaid estate recovery program.

CHAIR COPENING:
There are no others present who wish to speak on this bill. We will end the hearing on S.B. 477.

SENATOR LESLIE MOVED TO DO PASS S.B. 477.

SENATOR BROWER SECONDED THE MOTION.

THE MOTION PASSED. (SENATOR HARDY WAS ABSENT FOR THE VOTE.)

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CHAIR COPENING:
We will proceed with a work session on S.B. 210.

SENATE BILL 210: Revises provisions governing the regulation of food establishments that manufacture or process food intended for human consumption. (BDR 40-564)

MARSHEILAH LYONS (Policy Analyst):
Senate Bill 210 revises provisions governing the regulation of food establishments that manufacture or process food intended for human consumption. It requires a food establishment or food processing establishment that manufactures or processes food intended for human consumption to comply with nationally recognized guidelines for the manufacturing and processing of food that are adopted by the State Board of Health (SBH), Health Division (HD), DHHS, or a local board of health by regulation. It authorizes the health authority to require that food manufactured or processed in such an establishment be tested by an independent laboratory and that the cost of the testing be paid by the establishment. The bill specifies that the regulations of the SBH include the nationally recognized guidelines for manufacturing and processing food.

The work session document for S.B. 210 (Exhibit D) includes an amendment submitted by Senator Wiener.

Senator Wiener met with a working group of individuals representing manufacturers and government regulators. The amendment was presented to her by this group for the Committee's consideration. This amendment would replace the provisions of S.B. 210.

SENATOR WIENER:
Our staff attended several meetings that I convened with a working group of vested parties, representing retail, manufacturing and agriculture industries, the HD and Clark County School District. Mr. Pollock presented this as a working document, and we worked from it. At the second meeting, everybody came to an agreement. We agreed to reference federal law whenever possible because those standards are being developed now. The rules are being developed from new federal legislation. Mr. Pollock and others collaborated on putting this together. We discussed this at length. We do have some question as to whether or not this should move forward. It was a large working group. Two pieces were added based on the conversation at the second meeting. Everyone agreed to it. Subsection 4, paragraph b and subsection 7 of the proposed amendment, Exhibit D, were added at the request of food manufacturers. This amendment was a collaborative effort achieved in a collegial manner.

SENATOR BROWER:
From Senator Wiener's description, it sounds as if the manufacturers have had the concerns they raised in the hearing on this bill addressed.

SENATOR WIENER:
We did reach agreement on some language, knowing that federal law has already been passed for food safety. Sometimes rules take some time to develop. This amendment would protect Nevada. Federal law might be tougher.

SENATOR BROWER:
I would like confirmation from the manufacturers that there are no continuing concerns.

RAY BACON (Nevada Manufacturers Association):
The working group is aware that I was out of the State for their last meeting. We are not completely satisfied. We will still have a conflict between State law and federal law. At the first meeting of the working group, we specifically referenced the Code of Federal Regulations. Unfortunately, the nature of food processing inspections is in the Food and Drug Administration (FDA) law. There is a multi-tiered situation as to what inspections apply to what level of food. Vegetables and fresh items have substantially different handling requirements than hard foods, meat products or seafood products. The protocol they put in place over many years should be the standard which we use and therefore we

would not have a need for most of the definitions. We would probably still need definition number 1, Exhibit D, which is the food processing establishment.

We also had extensive conversations in the first meeting about the trigger mechanism. Section 1, subsection 4 of the work session document, Exhibit D, says the health authority determines there are reasonable grounds to suspect that a food substance may have substantial health hazard. Our notes from that meeting indicate we had agreement that would be changed to reflect that a product recall would be the reason for going through with an investigation. That change did not happen. We understand the issue. This is not where it needs to be.

SENATOR BROWER:
Have the manufacturers proposed amendments that the working group led by the sponsor rejected? Are you saying this is not finished?

MR. BACON:
It is still a work in progress and not finished. We did not get a chance to review this with the national groups involved in creating the federal legislation for the last three years. One of the federal rules requires every food manufacturer to register every two years. The requirement is to get this in place within six months. In a case in Georgia, the plant was never registered with the FDA. The majority leader of the Georgia state senate did not know that the plant was in his district. Those kinds of issues will be cleaned up. Nobody knows if similar situations exist in Nevada.

SENATOR BROWER:
This puts the Committee in an awkward position because we are short on time. I will defer to the sponsor and the Chair to figure this out.

SENATOR WIENER:
I would like Mary Wherry to come to the table and help us refresh our memories. My recollection of the two lengthy meetings we had is that we made a strong commitment to refer to federal regulations and statutes. I also remember at our second meeting we had a representative from manufacturing there.

MARY WHERRY, R.N., M.S. (Manager, Public Health and Clinical Services, Health Division, Department of Health and Human Services):
In the second meeting, one of the recommendations for section 4a was an example of recall. The discussion was about when we would want to require testing. The issue related to an incident that happened this past biennium. The State did not have the legal authority to require testing of food products that had been released to the public. The intent of this bill is to allow us to test.

The Food and Safety Modernization Act has passed. We met with the FDA yesterday about their new manufacturing standards. They did not indicate that the regulations would be codified within the next six months. Our goal was to come to consensus on a national standard. This has been achieved in item 3 of this amendment: a food processing establishment shall comply with nationally recognized guidelines. It does give the State the authority between now and the promulgation of the food and safety regulations to require testing if there are reasonable grounds to suspect health hazards. We reached consensus on this. We asked the question at the last meeting about that recall issue and whether or not it would be a deal breaker. The answer was no.

JOSEPH L. POLLOCK (Program Manager, Public Health Engineer, Environmental Health Section, Health Division, Department of Health and Human Services):
Under Section 1, subsection 4, paragraph a, subparagraph ii (Exhibit D) we agreed that a recalled item would be either adulterated or contaminated.

SENATOR WIENER:
Subsection 4, paragraph b and subsection 7 were added at the request of the manufacturers.

SENATOR KIECKHEFER:
How often would you envision using the authority under this statute?

MR. POLLOCK:
Not often. We want the ability to conduct a comprehensive investigation. We agree with the manufacturers; if good processes are being followed, we will not have to intervene with these steps. It is a good tool in the event we need to use it. Basic Food Flavors is a prime example of a poor manufacturer with substantial problems we could not address with the tools we had.

SENATOR KIECKHEFER:
Do you have other manufacturers who generally do not comply with your regulations when you ask them to do so?

MR. POLLOCK:
No. We typically do get compliance upon our requests. Noncompliance is rare.

SENATOR KIECKHEFER:
Are there any other statutory tools you can use to force compliance?

MR. POLLOCK:
If we issue the permit, we can suspend it. In the case of Basic Food Flavors, the Southern Nevada Health District had issued the permit, and they did stop the processing. I do not know if putting a company out of business is the best approach to address the problem.

CHAIR COPENING:
There are clearly differences here. Additional time is not necessary.

SENATOR WIENER MOVED TO AMEND AND DO PASS AS AMENDED S.B. 210.

SENATOR KIHUEN SECONDED THE MOTION.

SENATOR BROWER:
If the manufacturers still have concerns, an amendment should have been presented. I do not want to vote for a bill that will unreasonably overregulate manufacturers in the State. I do not want to vote no on a good bill either, if there is a possibility a proposed amendment that addresses all concerns may enable the bill to move forward. I defer to the Chair on that.

CHAIR COPENING:
There being no further discussion, we will take the vote.

THE MOTION PASSED. (SENATORS BROWER AND KIECKHEFER VOTED NO. SENATOR HARDY WAS ABSENT FOR THE VOTE.)

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CHAIR COPENING:
We will move on to the work session on S.B. 335.

SENATE BILL 335: Revises provisions governing drug paraphernalia. (BDR 40-795)

MARSHEILAH LYONS (Policy Analyst):
I have given you a work session document (Exhibit E) for S.B. 335. It indicates that there are no amendments proposed for this bill. However, Senator Parks, considering some of the comments made by Senator Hardy at the last meeting, sent some information today that was just distributed to the Committee. This will be available to the public. That document (Exhibit F) outlines possible amendments to S.B. 335.

JENNIFER HADAYIA (Washoe County Health District):
We do not recommend any one option over another. The other handout (Exhibit G), "Summary of Model Law and Regulation Regarding Syringe Access" is also in response to questions posed by Senator Hardy at the last meeting. Our goal in this statute is getting people access to sterile syringes to prevent the spread of blood-borne disease. A review of legal literature on the subject does show that the approach in S.B. 335 is considered the model approach. There are three other examples of legislative language, Exhibit G. These examples are very similar, if not identical, to language in S.B. 335. I have also included an example of a state regulation, Exhibit G.

The Washoe County Health District supports S.B. 335 as written. We would be amenable to an amendment by any one of the options in Senator Parks' document, Exhibit F, "Possible Amendments" to S.B. 335.

The first option, regulatory in nature, is to amend NRS 441A, the communicable disease statute specific to sexually transmitted diseases. It would charge one of our boards and the State with developing regulations, perhaps modeled on other states, to outline how syringe distribution would take place by those entities that would choose to do so. There would be resources involved.

The second option is adoption by reference. There are federal guidelines pending on syringe distribution from the U.S. Department of Health and Human Services (USDHHS) to guide their grantees who are now operating syringe distribution activities. This option would defer to the federal guidelines.

The third option refers to determinations of sites and would be more specific about how syringe access and distribution would take place. This is specific about what deregulation of syringes would allow, including provision of sterile syringes over-the-counter, through a pharmacy, by a program to be developed in accordance with federal guidelines, or by a health-care facility or other licensed health care provider who would like to provide them to their patients.

SENATOR KIECKHEFER:
When you spoke of the second option, did you say that the federal government standards are pending?

MS. HADAYIA:
They are pending because the lifting of the federal ban on the use of USDHHS funds is relatively recent. In 2009, the USDHHS issued a set of guidelines developed by the City of San Francisco for use by their grantees until federal guidelines are finalized. It is anticipated the federal guidelines will be similar to the San Francisco guidelines.

SENATOR KIECKHEFER:
I am fine with the way the bill is written. If we were to adopt one of these options, I prefer the second one. I would not want to have a problem with saying that health districts shall use regulations that do not exist.

CHAIR COPENING:
Senator Parks, have you had a chance to speak to Senator Hardy about these three options?

SENATOR PARKS:
No.

CHAIR COPENING:
Senator Hardy had issues with this language, and because he is absent today, I will make the recommendations that this work session be continued at a subsequent meeting of this Committee. Senator Parks, I ask that you confer with Senator Hardy and return at our next work session with an amendment he can recommend. Upon seeing consensus on this recommendation, this work session will be continued.

We will continue to a work session on S.B. 115. We have had several late amendments proposed, and most of us have not had time to review them thoroughly. We will ask those who have proposed amendments to speak on them after hearing from our policy analyst.

SENATE BILL 115: Establishes provisions governing payment for the provision of certain services and care to patients and reports relating to those services and care. (BDR 40-192)

MARSHEILAH LYONS:
Our next work session document (Exhibit H) is on S.B. 115. This bill establishes provisions governing payment for the provision of certain services and care to patients and reports relating to those services and that care. The bill was heard by this Committee on March 24, 2011. Several amendments have been proposed, three of which have been included in the work session document.

The first amendment is explained in a communication from Brett J. Barratt, Commissioner of Insurance (Commissioner), Division of Insurance (DOI), Department of Business and Industry (DBI) (Exhibit I), and the proposed amendment is furnished (Exhibit J).

Susan Fisher, on behalf of Nevada Anesthesia Patient Safety Political Action Committee has submitted an amendment (Exhibit K).

MR. DUARTE:
I have proposed a simple amendment (Exhibit L). The DOI does not assess network adequacy. The SBH performs this service for Health Maintenance Organizations (HMO). There is no State agency that currently assesses network adequacy for Preferred Provider Organizations (PPO). My amendment is tied to the fiscal note. If it is the will of the Legislature that the DOI conducts the network adequacy assessments for PPOs, the DOI will need resources with which to do that. At this time, we do not have the necessary expertise or medical professionals we would need to provide this service. My amendments replace the Commissioner with the SBH in those areas that currently require, as the bill is written, the Commissioner to determine network adequacy.

SENATOR KIECKHEFER:
Are the network adequacy reviews different for PPOs than for HMOs?

MARLA MCDADE WILLIAMS (Deputy Administrator, Health Division, Department of Health and Human Services):
At this time I have no information with which to answer that question. I will research that and respond to you.

MARSHEILAH LYONS:
Since Susan Fisher is not here, I will review her proposed amendment, Exhibit K. Section 15 of the bill relates to an out-of-network physician at an in-network hospital. There are three rates of payment that would be accepted in these instances. The amendment adds one additional rate of payment, 120 percent of the amount that would be paid by the Division of Industrial Relations, DBI.

CHAIR COPENING:
Is it correct that the intent of this proposal is to add one more way to calculate costs?

MS. LYONS:
Correct.

MR. DUARTE:
We are requesting that the DHCFP be exempt from the provisions of section 1 through section 22, inclusive, of S.B. 115. My proposed amendment to S.B. 115 of March 4, 2011, Exhibit L, states the reasons for this request. There are provisions in federal and State Medicaid law that require physicians to accept Medicaid payment as payment in full. We have rate-review processes and rate-appeals processes established under federal law. The rate-review process in S.B. 115 conflicts with federal rules.

JAMES WADHAMS (Jones Vargas; Nevada Hospital Association):
I have submitted a draft stakeholder working document (DSWD) (Exhibit M), which I call a status report amendment. The chair called together a group of people to talk about S.B. 115. The group consisted of an emergency room physician, three representatives from the Health Services Coalition (HSC), myself and two representatives of Sunrise Hospital and Medical Center (HCA). It was one of the more amazing experiences where we had people who were ready to sit down, put legislation aside, identify a problem and begin to discuss possible ways to address that problem.

I have prepared a status report to the Chair as to the progression of the conversation that occurred. I am reluctant even to call the DSWD an amendment because it is not in that form. We had a tentative notion that we would limit this bill as it relates to emergency services as described in the federal Emergency Medical Treatment and Active Labor Act (EMTALA). We were addressing the economic consequences of emergency health-care service from the time a patient arrives via emergency transport until that patient is stabilized sufficiently for transfer. The definition of emergency services and health care appears in section 5 of S.B. 115.

In the DSWD, Exhibit M, the definition and function of community-based plans were proposed to be added to the definitions in S.B. 115. We included major parts of the Las Vegas community, businesses, labor unions, hospitals and physicians in our discussions. The definition in section 11 in the DSWD, Exhibit M, came out of those discussions. We have since been advised by Legislative Counsel Bureau that the language may be a problem. I would hate to see us give up on that notion.

Senate Bill 115 states that the provider must accept as payment in full a specific amount or a formula off of some other number. A fixed rate, set between the parties, is a problem. The requirement that reimbursement be accepted as payment in full irrespective of the service, the value of the service, the intensity of the service or whatever other characteristic might pertain is problematic.

We moved to a concept of creating a reimbursement offer that might be deemed reasonable and could be challenged through an arbitration process if the provider believed the service warranted a higher rate due to the degree of specialization, the degree of service or the intensity of the service

Other amendments refer to the National Conference of Insurance Legislators' (NCOIL) model. They have dispute resolution pieces in them. We would reach agreement on a rate that would be sufficiently attractive to discourage litigation but sufficiently reasonable that it might encourage those providers to engage in contract discussions in the future. It was trying to strike a balance of fairness to protect and respect the economic interests of the community health partners by reaching a tipping point where the provider would think long and hard about challenging that number. That concept is expressed in sections 13 through 14 beginning on page 3 of the DSWD document, Exhibit M.

The discussion for a discounted rate for hospitals was left with a range since those discussions had not concluded. A similar concept for physicians is in section 14, subsection 2. The number I plugged in was the range of 100 percent to125 percent of the amount negotiated by the community-based plan with in-network physicians. I was trying to find a composite contract rate plus a premium that would be the presumptively fair offer for those services. The language that follows relates to how those contracts would be analyzed

Section 15 of S.B. 115 referred to a particular circumstance where an out-of-network physician would provide services in an in-network hospital. In my rush to get back to the Chair with a status report, I overlooked that configuration. Section 14 deals with the out-of-network physician in an out-of-network hospital. The intent of those sections was to clarify the two different circumstances in which a physician might appear and render services at an out-of-network facility. That was the level which we had reached. Other technical points were being discussed between the conferees in the working group. It was a worthwhile exercise

SENATOR LESLIE:
Is this document the work product of the group? Does this document represent your conclusions about where the group left off? Is it the best that you felt your clients could give? What does this represent?

MR. WADHAMS:
This was what I understood we had been discussing. These were discussion points, not conclusions. These were concepts towards which we were moving. It is not complete in all respects. It represents vigorous and open discussion of concepts we explored.

CHAIR COPENING:
This is where the breakdown of the working group took place. Unfortunately, it is difficult to get everyone together. I had asked Mr. Wadhams to try to put the work of the working group into a conceptual amendment. It did not end up being what was representative of the entire working group. As a result, I wanted to invite them here to talk about what was or what was not included in the DSWD document, Exhibit M.

BOBBETTE BOND (Health Services Coalition):

> On the existing bill there are issues in the existing bill that we did want to address in amendment. We did not present a formal amendment because we were not exactly sure of status on the rest of this. I don't want to get into a long litany of lists. There's a couple of issues in Section 15 we very much intended to Senator Wiener's point last meeting that that would apply only to emergency room transports and that's not stated in there I think in Section 15. There's an issue about the doctors being concerned that the bill says that they will accept these rates but there's nothing ensuring that they'll be paid these rates, so we think that has to change. Some technical corrections like that. Certainly one of them was already raised by Mr. Duarte, and the other one was raised by the Commissioner of DOI that we don't believe this should be housed in DOI. It should be housed in HHS for the adequacy of network issues. And certainly we would have not expected Medicaid to be part of this bill. So those are the most things. There might be one more thing in a clean-up amendment. But for the stakeholder group, I really wanted to refer to these two.

BILL NOONAN (Senior Vice President, Boyd Gaming; Executive Board Member, Health Services Coalition):

Mr. Wadhams did characterize some of the discussion correctly. However, I would like to put a different light on it. I appreciate the Chair bringing us together as a stakeholders group to find some middle ground on issues that have been plaguing this bill since we started six years ago. We have worked diligently during that time to narrow this bill. Unfortunately, we have not made the progress in the stakeholders group that we would have liked. We spent a lot of time in the interim committee process where the original Senate Bill 115 was first hatched in its current form. We support this bill. It has the elements, with some technical modifications, that bring relief to our employees and to your constituents in the Las Vegas community. We could not find the middle ground we sought on some technical issues. There were large differences in percentages, rate caps and length of time if this were to be in effect. We cannot agree with the amendments Mr. Wadhams has talked about.

JEFF ELLIS (Vice President, CFO, MGM Resorts; Health Services Coalition):
Mr. Noonan is correct in much of what he said. The stakeholders spent a lot of time discussing physician rates. We did not discuss the facility side in depth. Helen Robins with HCA and I were designated to author an arrangement for facilities. Our position has always been, like the physicians, the rate that we had agreed upon was related to our contracted rates or some premium above that. That is where we wanted to start. We spent a lot of time on the basics of how we would process this, how we would pay for it and the timeliness issues. We never came to a serious conclusion on a facility rate. The proposed amendment from Mr. Wadhams took all of the facility side presentations and not necessarily what we were presenting from the HSC side or from the employer and union sides. That has put us at a disadvantage. Although it may be a negotiating document, it has been redrafted as a new amendment. You have Leslie Johnstone's letter (Exhibit N) to you for the record. It identifies the key issues with which we have concerns. We have never come to a meeting of the minds. The issue on which this bill has been driven is the bill charges and escalation of bill charges on an annual basis of 200 percent over the last seven years. We cannot continue to subject ourselves to having no control of the annual increases in charges. We have a basic difference of philosophy regarding the reimbursement to the facilities from the payer side.

SENATOR KIECKHEFER:
I want to disclose for the record that I am an employee of McDonald, Carano and Wilson, as is Mr. Endres, in a separate division of the firm.

JIM ENDRES (Nevada Orthopaedic Society):
You have a proposed amendment submitted by Kathleen Conaboy on behalf of the Nevada Orthopaedic Society (NOS) (Exhibit O). Recently, Dr. Silverberg appeared before this Committee and provided testimony. I will not repeat what he said but I will repeat his conclusion. He stated that the position of the NOS, which was not a member of the stakeholders group, would be to narrow the scope of S.B. 115. We did provide information to Mr. Wadhams which he used to prepare the report he presented today. The NOS believes that the scope of the bill should be narrowed to collection of data and understanding the problem with the out-of-network billing issue. We recommend that a five-year study be performed; that section 13, subsection 2, paragraph (c); section 14, subsection 2, paragraph (c) and section 15, subsection 2, paragraph (c) of S.B. 115 be put into place as quickly as possible; and that a study of the adequacy of the network be performed. Those are the three actions that will

best focus the Committee's attention, physicians' attention and the industry's attention on the real problem at hand so solutions can be found.

We have also given you a PowerPoint presentation, Assessing Network Adequacy in the Medicare Advantage Program (Exhibit P), which will be useful to the Committee and the working group in understanding that issue.

We are opposed to S.B. 115 as it is currently written.

CHAIR COPENING:
On page 3 of the NOS proposed amendment, Exhibit O, you propose a new subsection 4. Please explain it.

MR. ENDRES:
I did not develop this language. I will provide Committee members with an explanation of this language.

LESLEY PITTMAN (Nevada Chapter of the American College of Emergency Physicians):
During the recent hearing on S.B. 115, you heard from Dr. Bret Frey, the president-elect of our chapter. We talked about the minor changes we would like to see in this bill. He was a part of the working group. We did have concerns about Mr. Wadhams' progress report. We have submitted two proposed amendments (Exhibit Q).

DEANA YOUNG, M.D. (Nevada Chapter of the American College of Emergency Physicians):
We are opposed to S.B. 115 as drafted. As emergency medicine physicians, we have an obligation mandated by federal statute to care for every patient who presents on our campus in any medical situation. Therefore, we have no options about checking anyone's insurance, or whether or not we are on their preferred provider list.

Our first proposal amends section 5 of S.B. 115 to expand the definition of emergency services to include the definition provided in the federal Patient Protection and Affordable Care Act. This would tie the definition of emergency services to the prudent layperson standard and make clear that emergency services tied to the stabilization of the patient shall not be included in the bill's

limitations on balance billing. That language is contained in the proposed amendment, Exhibit Q.

We propose to amend section 14, subsection 1, and section 15, subsection 1 of S.B. 115 to include the phrase "other than emergency services."

We propose to amend section 13, subsection 1, to include the phrase "other than emergency services" to broaden the exemption to all EMTALA-mandated care to include hospital EMTALA care.

MS. PITTMAN:
At the last hearing, the Chair and the Policy Analyst indicated the intention to exempt emergency room physicians from any limitation on balance billing. Our first amendment clarifies that intent.

AMBER JOINER (Nevada State Medical Association):
Larry Mathias, Executive Director of the Nevada State Medical Association, represented us in the stakeholders group. We are not one of the groups who walked away from the process. We would be very happy to continue to participate in the group. We have proposed amendments (Exhibit R) because this morning we saw that there was nothing from the working group in your work session documents. If S.B. 115 proceeds as drafted, we have many concerns about it. We have stated our concerns, Exhibit R, and offered three options for amending the bill. We can see them working together in full or in part.

Our main concern is that S.B. 115 is contracting by statute, establishing reimbursement rates and business caps by statute for facilities and providers of health care. These are private business contracts, and it is unprecedented and unwise to establish these by statute.

The second main issue we have is that we do not know the size of the problem this bill is meant to address. The assumption of the bill is that balance billing is a large problem, yet no one has been able to quantify the problem with statistics. This assumption does not warrant changing an entire billing system.

Our third concern is that the self-funded plans have been the proponents of this bill, yet the bill will not apply to them. The legal concern is that if the bill excludes the private insurance companies, then only the self-funded plans

would remain and they are only subject to federal law. Senate Bill 115, as originally written, would only apply to commercial insurance. If that is true, we have self-funded plans advocating for a law that will not apply to them but will dictate how business is done for their competitors. For the record, we do not fully understand the intent there.

We want there to be the opportunity for the Committee to consider alternatives to the text in the bill. In the stakeholder groups, there was some discussion about NCOIL (Exhibit S) and their model act relating to balance billing. This provides a possible solution, offering transparency and information to patients from the facility, the provider and the insurer. That model is contained in the NCOIL document, Exhibit S. The model requires disclosure of whether or not a facility is covered by a patient's insurer. It requires that a provider who sends a bill to a patient give details about why the patient is being billed. It requires insurers to be honest about who is included in the provider network and who is not. This model is a good solution and has been vetted at the national level.

The second proposal in the proposed amendment, Exhibit R, is the same as the amendment offered by the NOS. It proposes to conduct a study either through the Office for Consumer Health Assistance or some other entity that looks at the rate of balance billing and will define the extent of the problem. Even if we assume it is a big problem, we still do not know the cause. Perhaps the reason patients are receiving balance bills is their insurers do not have an adequate network. That would be something to consider, rather than the contents of S.B. 115. If we do not know the cause of a problem, we should not be addressing it with such a complete change as is proposed in this bill.

The third proposal is to provide information to patients so they know what to expect when they enter into a contract with an insurer. This proposal is about transparency, patients having accurate and up-to-date information about which providers are in their network and what the insurer actually covers. It would require a public searchable directory of providers linked to State-provided Websites and not subject to a password.

CHAIR COPENING:
I see no other individuals wishing to offer amendments to S.B. 115. This bill did receive an exemption from deadlines because it has a fiscal impact on the State. I recommend that this bill be rereferred to the Senate Committee on

Finance which will afford us time to continue to study these amendments and develop a plan.

SENATOR LESLIE MOVED TO REREFER S.B. 115 TO THE SENATE COMMITTEE ON FINANCE.

SENATOR WEINER SECONDED THE MOTION.

THE MOTION PASSED UNANIMOUSLY.

* * * * *

CHAIR COPENING:
The work session on S.B. 115 is closed. We will open the hearing on S.B. 129

SENATE BILL 129: Requires training of certain persons who operate or work in certain facilities. (BDR 40-155)

SENATOR SHIRLEY A. BREEDEN (Clark County Senatorial District No. 5):
My testimony is contained in my introductory statement (Exhibit T).

KATHYRN A. MCCLAIN (Ex-Assemblywoman):
I have submitted my testimony regarding S.B. 129 (Exhibit U). Since S.B. 129 was introduced, I have submitted a draft amendment (Exhibit V). This amendment would delete all occurrences of "facility for the dependent" and add three facility types as entities that are required to provide the applicable training. It is meant to exclude halfway houses.

The proposed amendment also specifies that the training is specific to elder abuse, not "care of older persons" in general. Since the draft amendment, Exhibit V, was written, we realized that the phrase "concerning the care of older persons, resident's rights, and to recognize and prevent abuse of older persons" is not the language we want because training in other types of care is already required. The amendment should read: Throughout the bill, replace the term "concerning the care of older persons" with "to recognize and prevent abuse of older persons."

The proposed amendment would delete the word "corporation," and the words "the board of directors, officers or members thereof" from section 1,

subsection 3, paragraph (a) because it may be difficult to enforce the training provisions for corporations and boards of directors. Thus, the training would only apply to those who actually have patient contact and the administrators who work there.

To eliminate the cost of developing training criteria, the amendment would delete any reference to adopting regulations to establish the training requirements. The specific sections of S.B. 129 that would be amended appear on page 2 of the draft amendment, Exhibit V. There are many training modules and different courses readily available in the marketplace. We have also omitted a requirement for a specific number of training hours. If, in the future, it is determined that facilities have not acted in good faith, the law may need to be more specific.

CHAIR COPENING:
We can work with staff and the sponsor of the bill to work up an amendment based on your suggested amendment, Exhibit V. We will bring that back to a work session for S.B. 129. I ask that you work with Senator Breeden to make sure the final amendment reflects your intent.

MS. MCCLAIN:
Since approximately 25 percent of reported cases of elder abuse come from facilities, we can solve a lot of the problems with adequate training of staff and administrators. The larger skilled-nursing facilities have good training already. Most of the abuse occurs in the smaller facilities.

RENNY ASHLEMAN (Nevada Health Care Association):
My testimony will supplement the testimony of Ms. McClain. I have submitted a concept amendment (Exhibit W). We want to be clear that an applicant for a license who has the training does not have to take special training just before issuance of a license. Sometimes we have to replace an administrator in a hurry. One may have left or died and must be replaced quickly. There is language in the bill for relicensure. The language provides methods to demonstrate completed training. And in section 1, subsections 1 through 3, we want to emphasize that the person in charge of the facility or the administrator is the only reference needed.

CHAIR COPENING:
We have amendments that look the same, and we are told they have some differences. We do not know from where they came. I do not want to be wasteful. We do have many people on our attendance roster who would like to speak on the bill. Rather than discuss amendments now, I will proceed with the hearing of the pros and cons and then speak with the bill's sponsor and the Legislative Counsel Bureau to develop any amendments that may be necessary. We can bring those amendments back to the Committee for a short hearing and work session next week.

HANNA BROOK (Director of Development, The Rape Crisis Center):
I have provided the Committee with a report regarding elder abuse (Exhibit X) and a list of recommendations for drafting legislation relating to senior citizens and veterans (Exhibit Y). We support S.B. 129. Over the past three years, we have received reports from elder care facilities of cases of sexual abuse. We researched each reported case and found one common thread. Staff at these facilities did not have the training to recognize signs of sexual abuse, nor did they have a full understanding of mandated reporting. We are not pointing fingers or assigning blame. We want to raise awareness of the problem and the work we need to do to assure the elderly population receive proper care and to treat them with the dignity and honor they have earned by reaching this point in their lives.

CHARLES PERRY (The Nevada Health Care Association):
We appreciate the work that has gone into this bill by all of those involved. Mr. Mathis will further clarify our position on this bill.

DANIEL MATHIS (CEO, The Nevada Health Care Association):
I want to bring to the attention of the Committee the Quality First Educational Series the Nevada Health Care Association started in January. We have a working relationship between the providers and the regulators in the State. Every other month, we provide education based on the top ten documented deficiencies in skilled nursing facilities. We have covered such topics as updated care planning, infection control, medical and social work services and top care planning challenges. In May, the ombudsman will make a presentation on dignity and respect. Dignity is one of the most commonly written tags in the skilled nursing facility. We take this issue seriously.

LYNNANN HOMNICK (Administrator of Silver Sky Assisted Living; President, Southern Nevada C.A.R.E. Association):
With the presentation of amendments today, some of the testimony I have prepared is no longer viable. I have found an effective way to integrate the elder abuse training and the elder rights training into a program currently brought forward through the Board of Examiners for Long-Term Care Administrators, Department of Health and Human Services and through the Nevada Geriatric Education Center, University of Nevada School of Medicine, the Administrator in Training Program (AIT). Since the original intent of S.B. 129 was to have administrators trained prior to taking over a facility, I propose that the AIT program include 2 to 4 hours of elder abuse and elder rights training as part of their 40-hour mentoring program. The program already has an exceptional success rate. The Bureau of Health Care Quality and Compliance (BHCQC), HD, DH, HS, has given us statistics showing that the last two years have seen an increase in compliance to the regulations by the administrators who have completed the training. The success of that mentor program can be duplicated in the elder-abuse and elder-rights training in S.B. 129. The mentors are administrators in good standing who also receive training.

CHAIR COPENING:
If you are going to submit an amendment, please meet with Ms. McClain or Charles Perry to make sure that the sponsor gets that amendment. We have very little time left to work on this bill.

SARAH FELLER (Human Resources Director, North Las Vegas Care Center):
We currently do extensive training of our employees, including 18 hours prior to patient contact. Within those 18 hours, there are several hours of abuse and neglect training. We continue with in-service training throughout the year. We bring in outside trainers to assist with our training. We support this bill and the conceptual amendment previously presented.

SENATOR WIENER:
Did you say you give 18 hours of training before employees have contact with residents?

MS. FELLER:
Yes. Those hours include our general orientation and training on care of persons with Alzheimer's disease.

SENATOR WIENER:
I also heard you say that you do bring some people in from the outside. What other resources do you use? We heard earlier from Ms. McClain there are training modules available on the Internet. Do you use any technological resources in your training program?

MS. FELLER:
We do use the Internet. The program is called Silver Chair.

DARRIN COOK (Regional Vice President, Fundamental Clinical and Operational Services LLC):
We support this bill as it is written.

MR. ASHLEMAN:
I am submitting a revised copy of Ms. McClain's written testimony (Exhibit Z). Across the top I have written "McClain live testimony." It is the proposed amendment to which Ms. McClain referred, with the corrections she verbally added in her testimony.

CHAIR COPENING:
As we receive this, are we to discard others that may have come from Ms. McClain?

MR. ASHLEMAN:
That would be less confusing.

CHAIR COPENING:
We will do that. We will make sure we do not inadvertently omit something we should not.

MR. ASHLEMAN:
This was the latest amendment she prepared, and the prior amendment had the reference to eight hours, which she has abandoned.

LARRY FRY (Secretary, Northern Nevada Chapter, Coalition of Assisted Residential Environments):
Prior to this hearing, I submitted written remarks (Exhibit AA). After reading the amendments we just received today, I can now lend my hearty support to this measure. The original bill was confusing and redundant. I like the focus on the

elder-rights training. I would like to work with Senator Breeden to make sure we get the language correct.

EUGENE GASATAYA (Manager, Summerdale Homes at Riata LLC):
After hearing the amendments today, I support this bill. I attended training in February funded by the Aging and Disability Services Division, DHHS. They covered elder-abuse, and elder-rights protection. We hope that program will continue to be available to us for continuing education credits. For the record: "It's either would it be a small place or a big place, the abuse is all throughout. You can't just narrow it down to small ones but except seeing it in my last dozen twelve years I been involved that there are complaints from all sides."

SENATOR WIENER:
Are your continuing education units on an annual basis or a two-year cycle?

MR. GASATAYA:
Annual.

SENATOR WIENER:
How many hours are required annually?

MR. GASATAYA:
Eight hours, the mandatory hours required by the BHCQC. Administrators have a higher requirement.

SENATOR WIENER:
Are the eight hours in any prescribed subject, or do you have a whole menu from which to choose?

MR. GASATAYA:
We have a whole menu. Hopefully, this is something that will be narrowed down to requiring some mandatory training.

MR. FRY:
In my written testimony, I recommended at least one of those hours for frontline caregivers be devoted to elder-rights training. That is entirely appropriate. Most of the facilities that are on top of their game already do that. We do annual continuing education workshops for administrators. At our last workshop, the

Aging and Disability Services Division, DHHS, did make a presentation. We work with them regularly.

SENATOR WIENER:
Are you recommending that one hour of elder rights training be an annual statutory requirement, not a regulatory one?

MR. FRY:
The regulatory requirement is sufficient, but I would not be opposed to a statutory requirement. In the interest of time and all the testimony that has been provided, I do now support this bill. My questions have been addressed.

WENDY SIMONS (Chief, Bureau of Health Care Quality and Compliance, Health Division, Department of Health and Human Services):
We provided a fiscal note of $137,000 on this bill as it was introduced. With the amendments and changes discussed, the fiscal note is removed.

CHAIR COPENING:
We have received a proposed amendment to S.B. 129 from Bruce Arkell on behalf of the personal care industry which is also endorsed by the Nevada Senior Advocates (Exhibit BB).

We have received a proposed amendment to S.B. 129 from Michael DiAsio, owner of Visiting Angels Home Care in Southern Nevada, a personal care agency (Exhibit CC).

We have received written testimony in favor of S.B. 129 from AARP (Exhibit DD).

We have received written testimony in opposition to S.B. 129 as written from Jacqui La Voie, owner and administrator of La Casa de La Voie, LLC (Exhibit EE).

We have received written testimony in favor of S.B. 129 from Tracie Wolf, owner and administrator of A Helping Hand, a nonmedical in-home care provider in Las Vegas (Exhibit FF).

We have received written testimony in favor of S.B. 129, with amendments, from RoseMary Womack, a licensed administrator (Exhibit GG).

We will close the hearing on S.B. 129. We will open the hearing on S.B. 420.

SENATE BILL 420: Makes various changes relating to the operation of certain facilities for long-term care. (BDR 40-158)

SENATOR SHIRLEY A. BREEDEN (Clark County Senatorial District No. 5):
I have submitted my written testimony (Exhibit HH).

MS. MCCLAIN:
There are some items Mr. Ashleman and I can fix in this bill. The "by regulation" in section 2 will have to be removed because there is a fiscal impact. However, I did not see a fiscal note online. Section 2 of the bill would have a standard assessment for the different levels of facilities so that proper placements can be made. Standardization of assessment tools would make it easier for the ombudsman and surveyors to check the appropriate patient placements. Section 3 refers to the patient dumping issue. Section 4, subsection 2, addresses minimum staffing levels. I would prefer to see this subsection and the reference to staffing in subsection 3 removed. In section 7, subsection 2, paragraph (a), we have the same problem that we had in S.B. 129 with "... officer, director, member ... ." We are trying to define who is in charge. I do not know why the reference to any person or entity who "leases or subleases property..." is included. In section 9, the intent is that when family members come in to a facility they want to see the facility license posted. They should also be able to see some kind of organizational structure showing a chain of command, or, at minimum, the ownership of the facility. The rest of the bill refers back to sections 2, 3 and 4.

MR. ASHLEMAN:
I have submitted a list of our recommended changes to S.B. 420, Exhibit II. Regarding section 2, there is already a 38-page assessment being done on the admission to intermediate care and skilled facilities. It is federally required. We have no objection either to keeping or deleting the language. Regarding section 3, we do have bed-hold policies. We would add "if the facility is a suitable facility for properly caring for the patient upon return." A patient may have been discharged or transferred because the patient was not medically or socially suitable, or the patient's level of care may have changed.

Section 4 refers to staffing levels. The current system specifies the amount of money from the funds we receive that must be spent on direct patient care as

opposed to administrative and other kinds of costs. That is a better system than specifying the number of nurses or aides; some facilities might need more specialists of one kind or another and fewer of a different kind. Several regulations would have to be written to achieve the same goal. The present system penalizes us with less money if we do not do it. We would agree with Ms. McClain that the references to minimum staffing be removed from section 4.

In section 7, subsection 2, we should replace that language with language that requires the prominent display of contact information for the administrator and owner. The license could be obsolete. The requirement for lessor and sublessor information is not necessary. The other individuals listed are not those who can make decisions. The language can easily be incorporated into section 7, subsection 1.

CHAIR COPENING:
Are you working with Ms. McClain and Senator Breeden on this bill?

MR. ASHLEMAN:
I have communicated with Ms. McClain on this bill via phone and e-mail. I do not believe I am presenting anything with which Ms. McClain would have a problem. She mentioned my name because I refined and added detail to the language about which she talked.

MS. HOMNICK:
I have concerns about section 2 of this bill because it addresses facility types that have different admission and placement requirements. There are two facility types which are fully medical in nature. They assess patients by medical needs. Residential facilities for groups are on the other side of the coin, and they represent the social model. Assessments of a resident versus patient are done initially by their primary physicians who then advise the residential facility what services or activities of daily living (ADL) the resident requires. These consist of bathing, grooming, hygiene, toileting, dressing, mobility and transfers. Residential facilities also provide the instrumental ADLs which include meal preparation for three meals per day, housekeeping, laundry and transportation for medical appointments.

I question how one assessment can address the diversity of the needs and the level of care. The only feature the three types of facilities cited in this bill share

is medication management. In a residential facility, a resident can self-medicate if the physician so states. The intention of section 2 is to provide clarity and uniformity which would make it easier for the consumer to understand. However, to accomplish this, I recommend that some key people from various facilities meet with the Committee as a study group to explore the respective requirements of each facility type and the various resident and patient needs.

Our unified goal is to do what is in the best interest of each and every person whom we serve and to make each person's stay enhance and enrich the quality of life. This can be accomplished by putting our thoughts and ideas together. I can speak about residential facilities for groups housing over ten residents. However, I have not heard of any commonality or any bed-hold policy with residential facilities for groups. Most of our residents rent apartment-type units. Like any other form of apartment, the resident who has gone to the hospital, or even on a vacation, is welcome to return as long as the resident does not require a higher level of care such as the care available in a skilled nursing facility. As for section 4, each facility has differing requirements of resident patient needs and to put all of the facilities together to get a universal staffing ratio will probably not compute. The difference in medical acuity will dictate how a skilled facility will staff. The assistance required with ADLs will be the measure for residential facilities for groups. I agree that the staffing ratio needs to be deleted.

We are all here for the same reason. Our residents deserve the best. We want to ensure the safety and security of our frail elderly, and I totally join you in promoting the quality of care and extension of their lives.

MR. PERRY:
At this point, I am speaking solely for myself from my 45 years of experience in owning and operating skilled-nursing facilities. Many of the problems we are attempting to solve with this and other pieces of legislation arise from a misunderstanding of the nature of a skilled-nursing facility or a residential facility. Sensationalized media reports, particularly in the print media, contribute to the misunderstanding.

There is much discussion about transparency. I know of nothing more transparent than a skilled-nursing facility, a residential facility for groups and an intermediate-care facility. They are open 24 hours a day, 7 days a week and 365 days a year. They are accessible to the public and to the families and

authorized representatives of the people housed therein. Many factors contribute to the delivery of care to individuals in these facilities. There are many overlapping, confusing and sometimes contradictory regulations governing these facilities. We are regulated by the federal, state, county and city governments. We have offered many times to host a visit to our facilities so that you can see for yourself what we do and how we do it.

MR. COOK:
We endorse S.B. 420 with the amendments that have been offered today.

MR. FRY:
I have submitted an outline of our position on this bill, Exhibit JJ. Our initial reaction to this bill was negative due to the staffing ratios included in the bill. Our facilities perform a wide range of care levels. We are pleased to see a proposal by Mr. Ashleman address that issue. We do support all of his proposals. We still have an issue regarding resident assessment.

CAROLYN CLINE (Administrator, Just Like Home):
In comparing this bill to NRS 449, we are already meeting the qualifications and regulations regarding patient assessment in a social model. In our assessments, we address the physical and mental condition of the patient or resident prior to admission. This includes a physical examination and a two-step tuberculosis test performed by the patient's physician. The assessment for our social model states the primary diagnosis, allergies and list of medications. The need for assistance with daily activities is identified. It is also noted whether the individual is appropriate for a category 1 or category 2 facility.

In a facility that is run well, the transparency is present. The relationship is developed with the family or their legal representative. An admissions policy would address all the issues that could arise where a patient or resident would no longer qualify for being in the facility. If a hospitalization should occur, based on the physician's or social worker's recommendation that the patient is no longer able to return to our facility, the patient would be referred to a more appropriate facility. We would never take a patient to an emergency room and leave or dump that person there. We do know that such a practice does happen. We are glad that this issue is being taken seriously and is addressed in this bill.

I also agree that the staffing language needs to be removed from the bill for the reasons previously mentioned.

MARY ELLEN PADGETT (Administrator, Riverview Manor):
We strive to help our seniors. When we admit a resident, we have the opportunity to rent a bed to that person for a 30-day trial period. At the end of that time, we reassess the appropriateness of our facility for that person. There is the opportunity to seek a higher level of care if needed.

MR. FRY:
In my written testimony, Exhibit JJ, I outlined various things our industry, through the Assisted Living Advisory Council, is doing to effect the goal of better care for our seniors. We are trying to be proactive. I suggest that in Section 2, the residential facilities for groups be taken out of the assessment requirement because it is already covered by *Nevada Administrative Code* 449.2749.

MR. GASATAYA:
I agree with Mr. Fry.

MR. DUARTE:
I have submitted my written testimony (Exhibit KK). There are two issues of concern to us. These are explained in my written testimony. I am happy to work with Ms. McClain on these issues.

SENATOR HARDY:
What about the leases section?

MR. DUARTE:
The facilities have already spoken about their concerns with that section.

MS. SIMONS:
Section 2 would require us to retain a consultant to craft the criteria mandated by the bill. This would have a fiscal impact of $66,000 on the State. There is a potential conflict between the BHCQC and the DHCFP. We are amenable to meeting with Ms. McClain to work through these issues. I have not had an opportunity to study the amendments that have been brought forward today. We are pleased to work with all parties to achieve some comfort with the bill.

CHAIR COPENING:
We do not have a fiscal note attached to this bill. We want to make sure that if there is a fiscal impact to your agency, we get that fiscal note attached.

Seeing no others who wish to speak on S.B. 420, the hearing is closed.

Seeing no one wishing to make public comment, this meeting is adjourned at 6:27 p.m.

RESPECTFULLY SUBMITTED:

Leslie Sexton,
Committee Secretary

APPROVED BY:

Senator Allison Copening, Chair

DATE:

EXHIBITS			
Bill	**Exhibit**	**Witness / Agency**	**Description**
	A		Agenda
	B		Attendance Roster
S.B. 477	C	Charles Duarte	Testimony
S.B. 210	D	Marsheilah Lyons	Work Session Document
S.B. 335	E	Marsheilah Lyons	Work Session Document
S.B. 335	F	Marsheilah Lyons	Work Session Document
S.B. 335	G	Jennifer Hadayia	Summary of Model Law and Regulation Regarding Syringe Access
S.B. 115	H	Marsheilah Lyons	Work Session Document
S.B. 115	I	Brett J. Barratt	Letter
S.B. 115	J	Brett J. Barratt	Proposed Amendment
S.B. 115	K	Brett J. Barratt, Susan Fisher	Proposed Amendment
S.B. 115	L	Charles Duarte	Proposed Amendment
S.B. 115	M	James Wadhams	Draft Stakeholder Working Document
S.B. 115	N	Jeff Ellis, Leslie Johnston	Letter Status of S.B. 115 and Senator Copening Stakeholder Negotiations
S.B. 115	O	Jim Endres, Kathleen Conaboy	Proposed Amendment
S.B. 115	P	Jim Endres	PowerPoint Presentation
S.B. 115	Q	Lesley Pittman, Deana Young	Proposed Amendment

S.B. 115	R	Amber Joiner	Proposed Amendment Larry Mathias
S.B. 115	S	Amber Joiner	NCOIL Model
S.B. 129	T	Senator Shirley A. Breeden	Written Testimony
S.B. 129	U	Ex-Assemblywoman Kathryn A. McClain	Written Testimony
S.B. 129	V	Ex-Assemblywoman Kathryn A. McClain	Suggested Amendment
S.B. 129	W	Renny Ashleman	Concept Amendment
S.B. 129	X	Hanna Brook	Elder Abuse Identifying and Responding
S.B. 129	Y	Hanna Brook	Recommendations for Drafting Legislation
S.B. 129	Z	Renny Ashleman	McClain Live Testimony
S.B. 129	AA	Larry Fry	Written Testimony
S.B. 129	BB	Bruce Arkell	Proposed Amendments
S.B. 129	CC	Michael DiAsio	Proposed Amendments
S.B. 129	DD	Barry Gold	Written Testimony
S.B. 129	EE	Jacqui La Voie	Written Testimony
S.B. 129	FF	Tracie Wolf	Written Testimony
S.B. 129	GG	RoseMary Womack	Written Testimony
S.B. 420	HH	Senator Shirley A. Breeden	Written Testimony
S.B. 420	II	Renny Ashleman	Concept Amendment
S.B. 420	JJ	Larry Fry	Written Testimony

S.B. 420	KK	Charles Duarte	Written Testimony