

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

**Seventy-sixth Session  
April 12, 2011**

The Senate Committee on Health and Human Services was called to order by Vice Chair Valerie Wiener at 3:49 p.m. on Tuesday, April 12, 2011, in Room 2149 of the Legislative Building, Carson City, Nevada. The meeting was videoconferenced to the Grant Sawyer State Office Building, Room 5100, 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 Valerie Wiener, Vice Chair  
Senator Sheila Leslie  
Senator Ruben J. Kihuen  
Senator Joseph (Joe) P. Hardy  
Senator Ben Kieckhefer  
Senator Greg Brower

**COMMITTEE MEMBERS ABSENT:**

Senator Allison Copening, Chair (Excused)

**GUEST LEGISLATORS PRESENT:**

Senator Barbara K. Cegavske, Clark County Senatorial District No. 8

**STAFF MEMBERS PRESENT:**

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

**OTHERS PRESENT:**

Renny Ashleman, Nevada Health Care Association  
Christine Bosse, Board of Directors, Nevada Hospital Association

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Mark C. Wenzel, Attorney, Nevada Justice Association  
Charles Duarte, Administrator, Division of Health Care Financing and Policy,  
Department of Health and Human Services  
Mary Wherry, R.N., M.S., Manager, Public Health and Clinical Services, Health  
Division, Department of Health and Human Services  
Tracey Green, M.D., State Health Officer, Health Division, Department of Health  
and Human Services

VICE CHAIR WIENER:

We have several bills in work session today and I have had a request to take some of them out of order. We will start the meeting with Senate Bill (S.B.) 129.

The work session document for S.B. 129 ([Exhibit C](#)) is in your binder along with a proposed amendment ([Exhibit D](#)) that Mr. Ashleman and ex-Assemblywoman Kathy McClain worked on with the 2009-2010 interim Legislative Committee on Senior Citizens, Veterans and Adults with Special Needs.

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

RENNY ASHLEMAN (Nevada Health Care Association):

I have talked to people who participated on this in the last hearing, and they have no problem with the proposed amendment. I want to refer to S.B. 129, page 2, lines 3 and 4, where it says " ... facility for the dependent ... ." This language brings in organizations that do not specifically deal with older persons and is about training to prevent abuse in caring for older persons. The amendment proposes the following: Delete all occurrences of "facility for the dependent," and add the specific facility types, which are listed on page 1, ([Exhibit D](#)). This does not change the bill, but it does take out individuals who do not need this training. It raises a problem with applicants needing to take the training before they receive their licenses. We have asked language be added of "An applicant that has satisfactorily completed training to recognize and prevent abuse of older persons within the current year must include a statement to that effect before a license may be issued." Otherwise, they would need to take the training again, and that is not necessary. There was confusion when the bill was previously heard about the meaning of the phrase "care of older persons." That is obviously broader than training to recognize and prevent elder abuse. Ms. McClain wants this bill to concentrate on elder abuse; we are clarifying that

and replacing the terminology "concerning the care of older persons" with "to recognize and prevent abuse of older persons." There was a problem with including corporations because we are talking about training " ... corporation or company, the board of directors, officers or members thereof ... " in S.B. 129, page 2, lines 15 through 17. These are not whom you want trained; you want the individuals who will be giving and managing the care in nursing homes trained. The suggestion is to strike "corporation" and "the board of directors, officers or members thereof." The person in charge of the facility or home would be the one to receive the training instead of a corporate officer. There was a problem with the fiscal note and the cost of developing the training criteria, so the amendment proposes to delete any references to adopting regulations to establish the training requirements. The bill should stand on its own as a requirement that must be met before a license may be issued or renewed. Refer to page 2, [Exhibit D](#), for this information. There had been language in some of the earlier amendments about specifying hours of training. It is assumed that facilities would provide adequate training in each area, and if it is determined they have not acted in good faith, the law may need to be more specific.

VICE CHAIR WIENER:

I am looking at the fiscal note from the Department of Health and Human Services (DHHS). If we move this bill forward and there is still a fiscal note, it would probably be picked up on the Senate Floor. Is that correct Ms. Lang?

RISA LANG (Counsel):

I will take a look at it. I think they are taking it off by removing the regulatory process, so they would not have it anymore. It should be addressed when it gets to the Floor.

VICE CHAIR WIENER:

They can check it "on the Floor" if there is more work to be done.

SENATOR LESLIE MOVED TO AMEND AND DO PASS AS AMENDED  
S.B. 129.

SENATOR KIHUEN SECONDED THE MOTION.

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

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VICE CHAIR WIENER:  
We will move on to S.B. 420.

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

MARSHEILAH LYONS (Policy Analyst):  
I will read the explanation of the bill ([Exhibit E](#)).

VICE CHAIR WIENER:  
Mr. Ashleman, you have a proposed amendment ([Exhibit F](#)). This amendment is proposed jointly by ex-Assemblywoman Kathy McClain who chaired the committee that dealt with senior issues in the 2009-2010 Interim.

MR. ASHLEMAN:  
It is a joint proposed amendment and it takes care of comments made by others who had problems with the bill at the previous hearing. You can see changes made to the bill ([Exhibit F](#)).

VICE CHAIR WIENER:  
I have a question about the conspicuous place. Would that be a conspicuous place observable by the public?

MR. ASHLEMAN:  
It would probably be put up in the office or some place like that. We also have bulletin boards, and that would be put there as well.

SENATOR KIECKHEFER:  
I am trying to scratch out what is proposed to be deleted in the bill and basically all that is left is section 3 and section 9. Is that accurate?

MR. ASHLEMAN:  
That is accurate, except we will be keeping the language on page 2, lines 21 through 25 as we were required to put it in.

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SENATOR KIECKHEFER:  
That is in section 3, right?

MR. ASHLEMAN:  
Right.

Basically, this states that when you discharge residents, you have to give them a document saying how many days that bed will stay open to them, as long as they are eligible to be readmitted.

MR. ASHLEMAN:  
It does two things. It states what our "bed hold" policy is for patients who have been discharged, and it also requires that if they are a suitable patient, they will have first priority, even if the "hold" days have run out.

SENATOR KIECKHEFER:  
So they will get put on the top of the list even if their "hold" days run out. Is there nothing that mandates you will accept them back?

MR. ASHLEMAN:  
If we have a bed available, and they are suitable for us, then we would accept them back because they would be at the top of our list.

SENATOR KIECKHEFER:  
Regardless of the pay source?

MR. ASHLEMAN:  
That has not had any influence on it in the past that I know of. It has nothing to do with the pay source.

SENATOR LESLIE MOVED TO AMEND AND DO PASS AS AMENDED  
S.B. 420.

SENATOR KIECKHEFER SECONDED THE MOTION.

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

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VICE CHAIR WIENER:

There is additional information coming in on S.B. 203 so I am going to roll that to our next work session.

[SENATE BILL 203](#): Revises provisions relating to the classification and dispensing of certain precursors to methamphetamine. (BDR 40-648)

VICE CHAIR WIENER:

We will move on to S.B. 300.

[SENATE BILL 300](#): Revises provisions governing certain billing and related practices of certain larger hospitals. (BDR 40-797)

MS. LYONS:

The Committee will recall this bill was heard on March 29, 2011. I will go through the specifics of the bill ([Exhibit G](#)). Since the creation of the work session document, a proposed amendment has been submitted ([Exhibit H](#)) by the stakeholder group. I am assuming this is the hospitals and the Nevada Justice Association.

VICE CHAIR WIENER:

Ms. Lyons, I have an amendment ([Exhibit I](#)) and I have a Stakeholder Conceptual Language, [Exhibit H](#). Do these go together?

MS. LYONS:

I believe so.

VICE CHAIR WIENER:

These were provided to us today. Are there any comments from the sponsor of the measure?

SENATOR LESLIE:

Could we have them come up? They just came to this agreement less than an hour ago, so I have not reviewed it with them.

CHRISTINE BOSSE (Board of Directors, Nevada Hospital Association):

You have two documents in front of you, [Exhibit H](#) and [Exhibit I](#). I was not sure how you wanted them. What we ended up doing was focusing on the three primary issues that the requestor of the bill was interested in.

VICE CHAIR WIENER:

Can you read the three issues for the record and explain how your amendment accomplishes what you set out to do?

Ms. BOSSE:

The objective of item 1, [Exhibit H](#), was to ensure those individuals, for whom care was going to be paid for by a lien, had access to the 30 percent self-pay discount. The objective of item 2, [Exhibit H](#), is to ensure those individuals whose care was going to be paid by a lien got adequate notice in a timely manner. The objective of item 3, [Exhibit H](#), is to ensure that an individual who has health-benefit plan coverage and the hospital is contracted to provide care to those covered by that health-benefit plan, the hospital is required to pursue payment from the health-benefit plan in lieu of pursuing a lien.

VICE CHAIR WIENER:

Is that what the proposed amendment you have presented is to accomplish?

Ms. BOSSE:

Yes.

SENATOR LESLIE:

I think this is good. This makes progress in the areas in which I was really interested.

Ms. BOSSE:

The additional thing I wanted to make sure was noted is the language in [Exhibit H](#), item 3, sub-item a.

SENATOR LESLIE:

Mr. Wenzel, maybe you could comment on that last item.

MARK C. WENZEL (Attorney, Nevada Justice Association):

My understanding is there are two categories. If it is a provider who has a contract with the hospital, that provider will not pursue a lien for the remainder. If it is an out-of-service provider and the amount the hospital recovers is minimal, that provider will have the right to seek a lien over that amount. Another topic is, if there is Medicare or Medicaid potentially available, the hospital would afford those individuals a 30 percent reduction in the amount of services to be billed to Medicare or Medicaid involving an accident.

MS. BOSSE:

I mostly agree with what Mr. Wenzel indicated. I would pull them apart into two separate pieces. Hospitals would be allowed to choose between pursuing a lien or billing Medicare or Medicaid. If they pursue the lien, the person is treated as self pay and would have access to a 30 percent discount. Otherwise, that person would pursue the government program and would accept that payment as payment in full.

CHARLES DUARTE (Administrator, Division of Health Care Financing and Policy, Department of Health and Human Services):

Let me speak specifically to Medicaid. There are specific provisions in federal and state rules associated with the ability of a provider to bill a Medicaid client and not accept Medicaid payment as a payment in full. It is making sure the patient agrees, in writing, and is going to be responsible for the bill before services are rendered, then it is possible to pursue that. In the case of subrogation where there is motor vehicle accident insurance, or some other funding source, we do go after subrogated payment and we make sure that is available to the Medicaid program. There are specific procedures for a Medicaid contracted provider to follow in order to not accept a Medicaid payment as payment in full. They need to get patient agreement that the patient will be responsible for the bill if there is a balance remaining. Is this your understanding, Ms. Bosse?

MS. BOSSE:

It is my understanding; however, if there are funds in excess related to a lien and there are proceeds up to the amount of the bill, a rate higher can be collected, but the patient cannot be billed for the difference.

MR. DUARTE:

I concur with Ms. Bosse's assessment. I want to comment on the fact there was some discussion about being able to balance bill a patient who had Medicaid and Medicare. I want to make sure it is clear there are restrictions related to that issue. There are also restrictions on being able to balance bill a Medicare client. We need to be cognizant of some of those rules and provisions in federal law associated with Medicare.

VICE CHAIR WIENER:

We would make assurances that we comply with federal law as we address the amendment. Is that right, Counsel?



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MS. LANG:  
Absolutely.

SENATOR LESLIE:  
I am satisfied with this. It takes us forward and we can see how it works in the next two years.

SENATOR LESLIE MOVED TO AMEND AND DO PASS AS AMENDED  
S.B. 300.

SENATOR KIHUEN SECONDED THE MOTION.

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

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VICE CHAIR WIENER:  
We will move on to S.B. 382.

[SENATE BILL 382](#): Establishes provisions relating to early intervention services for infants and toddlers with disabilities. (BDR 40-630)

MS. LYONS:  
The summary for S.B. 382 is in your work session document ([Exhibit J](#)). It was heard on April 4, 2011, and there is a proposed amendment ([Exhibit K](#)) provided by Senator Cegavske, not included in the work session document. As I understand it, this proposed amendment will replace the provisions of the bill.

VICE CHAIR WIENER:  
For clarification, does this proposed amendment replace the bill?

MS. LYONS:  
I believe so.

VICE CHAIR WIENER:  
This is new information. I need to process this. I am going to move this bill to the next work session so we can have an opportunity to understand the implications. We will bring Ms. Wherry forward to address the amendment

as she would see it from the agency's side. Also, Ms. Lyons has something else to point out.

Ms. LYONS:

There is additional information "Summary of Current Parent Choice Model" ([Exhibit L](#)), submitted by Richard Whitley, Administrator, Health Division (HD), DHHS, to explain how the funding process works now, relating to early childhood programs and data "Current Status of Children" ([Exhibit M](#)), he provided on statistics.

MARY WHERRY, R.N., M.S. (Manager, Public Health and Clinical Services, Health Division, Department of Health and Human Services):

This is really a budget issue from our perspective. We are supportive of the private sector concept, and we are funding that now. I am not sure what is needed from a policy perspective. It is something that would have to be done in closing with regard to where dollars are from a budget perspective. We would have to go to the Interim Finance Committee if we had to move money out of "category 01" into a category to pass it to the private sector. Our challenge is not with our State staff providing services to children, it is the contract staff that we use for speech and language pathology. If we have enough money in category 12, then we could allocate some of those dollars to follow that child. We would not be using our State resources in category 01 for the rest of those services. The children on a waiting list are usually waiting for only one service. Once we have developed an Individualized Family Service Plan (IFSP) for children in State service, we provide all the services on the IFSP, except if there is no speech therapy service available for that child. That is the service for which they would be on the waiting list. We would have to partner with the private sector to figure how to balance the resources in category 01 with resources we have in category 12.

VICE CHAIR WIENER:

Explain those categories.

Ms. WHERRY:

Category 01 is personnel, category 12 is contract dollars we use for the Avysion contractors and category 14 is the money we would use for the private sector. We would need to figure out how the dollars would flow if we got into a wait list. This would depend on how far along we were in the fiscal year, how

fully expended we were in our different categories and how we would be able to move money more nimbly to serve the child on the wait list.

VICE CHAIR WIENER:

I know the sponsor of the proposed amendment is here, so if you would please come forward.

SENATOR BARBARA K. CEGAVSKE (Clark County Senatorial District No. 8):

The bottom line is we are trying to service children. Children are not getting serviced, children are getting turned away. We have a private sector that can serve these children; that is the issue. What we are debating is how to put this into language. The proposed amendment is to help give parents that choice. I bring this before you so we can come up with a reasonable agreement with the HD. Just last week, a child was turned away when services could have been provided at one of the private entities. We cannot do that. If we know services are required, we need to make sure the children receive them. I am very concerned.

VICE CHAIR WIENER

I want to absorb this and am studying the wait list issue. I want to be able to bring this into the scope of consideration. I am going to move this to the Thursday work session.

SENATOR CEGAVSKE:

We have Brian Patchett in Las Vegas and Ed Guthrie is here, if you would like to have them speak on this.

VICE CHAIR WIENER:

We need to take a little bit more time to study. We will move on to S.B. 415.

**SENATE BILL 415**: Revises provisions governing the recovery of certain benefits paid under the State Plan for Medicaid. (BDR 38-1133)

Ms. LYONS:

The summary for S.B. 415 is in your work session document ([Exhibit N](#)). You will see some testimony and some amendments ([Exhibit O](#)) proposed by Ed Guthrie. The work session document indicates that we did not have a fiscal note, but we did receive one today from the Division of Health Care Financing

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and Policy, DHHS ([Exhibit P](#)). Mr. Guthrie has two proposed amendments, [Exhibit O](#), page 2.

VICE CHAIR WIENER:

Mr. Duarte, would you please come forward? You have submitted a fiscal note based on the measure that is before us, and Mr. Guthrie's proposed amendment addresses what he thought were concerns about fiscal impact. Would you like to share what you think?

MR. DUARTE:

First, let me address the amendments. The bill needs to be revised because it violates federal regulations associated with the ability of these charitable pooled trusts to retain all assets and protect them from any assets to be recovered by the Medicaid program for medical costs incurred. Whatever the Committee does, it needs to address the fact that the bill does not comport with federal regulations. Let me read you some information from Centers for Medicare and Medicaid Services:

A state can set a limit on the amount which may be retained by the trust, but the remainder funds must be paid to Medicaid for the care provided to the individual. There is no federal statutory authority that would permit payment to be made to a charity, in lieu of reimbursing Medicaid, for the amount paid for the Medicaid services to the individual.

In other words, States can set limits as Mr. Guthrie has proposed, like 50 percent. They would be able to keep 50 percent of the assets remaining after a beneficiary's death, but 50 percent of that would be available to the Medicaid Estate Recovery Program (MERP) up to that amount. Caps can be set, but you cannot protect all assets in the trust from Medicaid recovery.

VICE CHAIR WIENER:

So the 100 percent idea is not going to happen.

MR. DUARTE:

It is a violation of federal law.

VICE CHAIR WIENER:

Is there a reason you selected 50 percent?

MR. DUARTE:

I provided that information to the Committee and to Mr. Guthrie. It is not something we are proposing. We are still opposed to the provisions of this bill. We like the current law because if we do not forgo any revenue associated with the State recovery this next biennium, the use of these types of trusts is growing and will cause us to forgo part of our ability to recover assets for Medicaid payment. We are not in support with the provisions even if we set a cap.

VICE CHAIR WIENER:

Your fiscal note indicates \$87,752 in fiscal year (FY) 2011-2012 and \$82,282 in FY 2012-2013. Is your projection of the future biennia of \$178,540 based on the proposal in the measure?

MR. DUARTE:

I should clarify that we are more comfortable with that number in future biennia. There are not a lot of pooled trusts established in Nevada right now; however, if charities are able to protect a certain level of assets and retain those, we believe it will become a more popular vehicle. I spoke with representatives from Indiana's and New Mexico's MERPs, and they were unable to provide information to assist us with the fiscal note. We looked at existing income trusts and estimated the average amount we would recover from each of those trusts, using that as a projection.

VICE CHAIR WIENER:

Are these people who have received Medicaid benefits and had assets at the time of death, and you are recovering those assets to offset costs of providing medical benefits?

MR. DUARTE:

You are correct. Federal law requires us to maintain a MERP. The goal is to allow individuals to get on Medicaid who may have assets, but at the same time enable us, upon their death when there is no beneficiary, to use some of the remainder assets to offset costs of providing medical benefits to the recipient.

VICE CHAIR WIENER:

Is there a limit on how large those assets can be?

MR. DUARTE:

Yes. You can have a single dwelling, \$2,000 in the bank and an automobile for personal use. There are other types of assets that are considered. There are things like life insurance policies, burial policies, etc.

VICE CHAIR WIENER:

We will move on to S.B. 419. The summary of this bill is in your work session document ([Exhibit Q](#)). I know the State Health Officer, Dr. Green, is here and I would like her to come forward to add some clarity. We were provided with a proposed amendment listing those that might be engaged in giving injections ([Exhibit R](#)). Dr. Green can clarify who would be included and where we would go from here.

**SENATE BILL 419**: Establishes provisions relating to safe injection practices.  
(BDR 40-518)

TRACEY GREEN, M.D. (State Health Officer, Health Division, Department of Health and Human Services):

I have had the opportunity to talk to a number of boards and representatives from each of these categories. I will go down the list of licensees, [Exhibit R](#), and say "yes" or "no" as to the ones to be stricken and not providing injections.

- 1.a. Homes for individual residential care – yes
- 1.b. Ambulance attendants, emergency medical technicians and firefighters - yes
- 1.c. Physicians, perfusionists, and physician assistants - yes
- 1.d. Nurses, practical nurses, nursing assistants and registered nurses - yes
- 1.e. Osteopathic physicians and assistants - yes
- 1.f. Chiropractors - no
- 1.g. Practitioners of oriental medicine - yes
- 1.h. Podiatrists - yes
- 1.i. Pharmacists (with the addition of pharmacy students) - yes
- 1.j. Athletic trainers - no
- 1.k. Medical laboratories (with the addition of medical technicians and medical laboratory scientists) - yes

VICE CHAIR WIENER:

You added pharmacy students. Some of the others may have students as well. Can you go through the list again and tell us where there may be students who would qualify?

DR. GREEN:

Absolutely.

- 1.a. no.
- 1.b. no.
- 1.c. yes. Physician's assistants and medical students.
- 1.d. yes. Nursing students.
- 1.e. yes. Osteopathic students.
- 1.f. Is being removed.
- 1.g. yes.
- 1.h. yes. Podiatry students.
- 1.i. yes. Pharmacy students.
- 1.j. no.
- 1.k. no.

VICE CHAIR WIENER:

Thank you for the clarity. Dr. Green, anything else?

DR. GREEN:

In section 2, [Exhibit R](#), if the language reflected only those authorized to provide injections under the *Nevada Revised Statutes* (NRS) 453.375 and/or 454.213, that would clarify that section. That section refers to all dangerous drugs and does apply to some of the dangerous drugs that are not injectable. If the language specifies only those who may inject, that would clarify section 2.

VICE CHAIR WIENER:

So these two NRS references are too broad, and you would like to narrow the reference in this section down to those specified in section 1.

DR. GREEN:

Correct.

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SENATOR KIECKHEFER:

Do you have an opinion on Senator Hardy's proposed amendment ([Exhibit S](#))? That would require that the attestation, pursuant to section 2, only be required one time and not on an annual basis.

DR. GREEN:

It is up to the Committee. I have concerns as a health officer that once in a lifetime may not be enough, because many of us practice for 20 or 30 years.

VICE CHAIR WIENER:

There might be something in between. There is annually, and there is one time only. What would you suggest would be equitable between the two options?

DR. GREEN:

I would recommend at the time of relicensure. It would be two years and/or when their relicensure is due.

SENATOR WIENER:

I heard both two years or at the time of relicensure. Help me understand that.

DR. GREEN:

I am not familiar with some of the other entity's relicensure intervals."

VICE CHAIR WIENER:

So at time of relicensure?

DR. GREEN:

Yes.

SENATOR LESLIE:

I was uncomfortable with once in a lifetime too, especially based on the experience we had in Las Vegas. I like the idea of doing it at the time of relicensing.

SENATOR HARDY:

I think that works.

VICE CHAIR WIENER:

How do we handle the clarification from Dr. Green?



MS. LANG:

What is in the proposed amendment, [Exhibit R](#), already has the attestation being provided on the issue end, so at the time of renewal of the license is already covered. She identified the specific entities that this would apply to, and I can work with her on that.

VICE CHAIR WIENER:

Under section 2, in references to the two chapters of NRS, that is broader than we want to address because we want to reference those who specifically have injection practices.

MS. LANG:

Right now it just says to ensure anyone who is authorized to give injections pursuant to those chapters would have that attestation. Did I misunderstand that?

DR. GREEN:

Yes, just to eliminate those listed who do not give injections, but use dangerous drugs that might be topical and/or other means. In addition, it was brought to my attention that nursing assistants should be excluded.

VICE CHAIR WIENER:

Dr. Green, would you work with our counsel to ensure we are specifically addressing this the way we should?

DR. GREEN:

Absolutely.

SENATOR LESLIE MOVED TO AMEND AND DO PASS AS AMENDED  
S.B. 419.

SENATOR BROWER SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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VICE CHAIR WIENER:

There being no other business to come before the Senate Committee on Health and Human Services, the meeting is adjourned at 4:47 p.m.

RESPECTFULLY SUBMITTED:

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Annette Ramirez,  
Committee Secretary

APPROVED BY:

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Senator Valerie Wiener, Vice Chair

DATE: \_\_\_\_\_

<b><u>EXHIBITS</u></b>			
<b>Bill</b>	<b>Exhibit</b>	<b>Witness / Agency</b>	<b>Description</b>
	A		Agenda
	B		Attendance Roster
S.B. 129	C	Committee on Health and Human Services	Work Session Document
S.B. 129	D	Renny Ashleman	Work Session Document "Suggested Amendment"
S.B. 420	E	Marsheilah Lyons	Work Session Document
S.B. 420	F	Renny Ashleman	Proposed Amendment
S.B. 300	G	Marsheilah Lyons	Work Session Document
S.B. 300	H	Christine Bosse	Stakeholder Conceptual Language
S.B. 300	I	Senator Sheila Leslie	Redraft
S.B. 382	J	Marsheilah Lyons	Work Session Document
S.B. 382	K	Senator Barbara K. Cegavske	Proposed Amendment
S.B. 382	L	Health Division, Department of Health and Human Services	Summary of Current Parent Choice Model
S.B. 382	M	Health Division, Health and Human Services	Current Status of Children
S.B. 415	N	Marsheilah Lyons	Work Session Document
S.B. 415	O	Opportunity Village	Testimony and proposed amendments
S.B. 415	P	Division of Health Care Financing and Policy	Unsolicited Fiscal Note
S.B. 419	Q	Senate Committee on Health and Human Services	Work Session Document
S.B. 419	R	Tracey Green, M.D.	Proposed Amendment
S.B. 419	S	Senator Joseph (Joe) P. Hardy	Conceptual Amendment