

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

**Seventy-Seventh Session
March 19, 2013**

The Senate Committee on Health and Human Services was called to order by Chair Justin C. Jones at 3:37 p.m. on Tuesday, March 19, 2013, in Room 2149 of the Legislative Building, Carson City, Nevada. The meeting was videoconferenced to Room 4412E of the Grant Sawyer State Office Building, 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 Justin C. Jones, Chair
Senator Debbie Smith, Vice Chair
Senator Tick Segerblom
Senator Joseph P. Hardy
Senator Ben Kieckhefer

GUEST LEGISLATORS PRESENT:

Senator Barbara K. Cegavske, Senate District No. 8
Senator Aaron D. Ford, Senate District No. 11
Assemblywoman Ellen B. Spiegel, Assembly District No. 20

STAFF MEMBERS PRESENT:

Marsheilah D. Lyons, Policy Analyst
Risa Lang, Counsel
Jackie Cheney, Committee Secretary

OTHERS PRESENT:

Christopher Roller, Senior Government Relations Director, American Heart Association
Anna Smith, RN, Neurovascular Coordinator, Valley Hospital
Marla McDade Williams, Deputy Administrator, Health Division, Department of Health and Human Services
Bill Welch, Nevada Hospital Association

Christy McGill, Executive Director, Healthy Communities Coalition of Lyon and Storey Counties
Sarah Adler, State Director, United States Department of Agriculture, Rural Development
Ann Louhela, Project Director, Western Nevada College, Specialty Crop Institute; Executive Director, NevadaGrown Farmers Market Association
Rebekah May, Sunny Day Organic Farms
Michelle Curran, Mitchies Munchies
Jack Jacobs, Jacobs Family Berry Farm
Kenneth Evans
Peter Krueger, Northern Nevada Development Authority
Doug Busselman, Executive Vice President, Nevada Farm Bureau Federation
Glenn Savage, Environmental Health Director, Environmental Health Division, Southern Nevada Health District
Joe Iser, District Health Officer, Washoe County Health District
Amelia Carbine
Tina Gerber-Winn, Deputy Administrator, Aging and Disability Services Division, Department of Health and Human Services
Gary Olsen, Nevada Association of the Deaf, with Shannon Archer, Interpreter from the Nevada Department of Health and Human Services approved list of interpreters
Cadence Matijevich, Assistant City Manager, Office of the City Manager, City of Reno
Megan N. Salcido, Government Affairs Coordinator, Office of the City Manager, City of Reno
Brigid J. Duffy, Chief Deputy District Attorney, Office of the District Attorney Juvenile Division, Clark County
John Jones Jr., Clark County Office of the District Attorney
Denise Tanata Ashby, Executive Director, The Children's Advocacy Alliance

Chair Jones:

We will begin with Senate Bill (S.B.) 167.

SENATE BILL 167: Enacts provisions for the designation of certain hospitals as heart attack receiving centers or heart attack referring centers.
(BDR 40-229)

Senator Barbara K. Cegavske (Senatorial District No. 8):

The provisions of S.B. 167 will ensure people receive prompt and effective care for heart attacks, particularly the most serious heart attacks. The American Heart Association defines an ST-Elevation Myocardial Infarction (STEMI) as a severe type of heart attack caused by a prolonged period of blocked blood supply which affects a large area of the heart and carries a substantial risk of death and disability. This kind of heart attack requires care from properly trained doctors and nurses as well as access to appropriate hospital equipment.

Senate Bill 167 would require the Health Division of the Department of Health and Human Services (DHHS) to prepare and maintain a list on an Internet Website of hospitals accredited to treat or refer patients with STEMI. This bill creates a formal process for the Health Division to recognize hospitals with the STEMI certification. This is similar to S.B. No. 225 of the 76th Session which addressed care for stroke victims.

Section 1, subsection 8, paragraph (a) defines heart attack receiving centers. Section 1, subsection 8, paragraph (b) defines heart attack referring centers. These hospitals are facilities that have met standards in the prompt diagnosis and transfer of STEMI patients. Once a hospital has been accredited in one of these two categories, it must submit proof to the Health Division to be included on the list. To remain on the list, the hospital must provide proof of its accreditation each year. As specified in Section 1, subsection 4, the hospital may be removed from the list if the accreditation is suspended or revoked.

Please note in Section 1, subsection 6, that this bill does not prohibit a hospital from providing care to a heart attack victim regardless of whether that hospital is accredited as a heart attack receiving or referring center. This bill does not restrict access to care in any way. It simply provides for a clear, accessible list of hospitals that have been certified to provide treatment or referral for a particularly severe type of heart attack.

Christopher Roller (Senior Government Relations Director, American Heart Association):

The American Heart Association is in support of S.B. 167. It is a good step forward for improving the knowledge and awareness of STEMI. When a STEMI occurs, timely expert treatment is required to save the patient's life. Senate Bill 167 would create a simple, formal recognition process through the Health Division that does not dictate specific transport or transfer protocols.

This bill does not give authority for any regulatory body to put those types of protocols in place. It does not prohibit any facility from treating a patient with STEMI. It simply puts a process in place to recognize hospitals that have achieved the STEMI certification and have the criteria in place required by the accrediting body.

Section 1, subsection 1 through subsection 4, specifies the process for being included on the list as an accredited receiving center or heart attack referring center. Section 1, subsection 5, states that hospitals not included on the list are prohibited from advertising or implying that they are a heart attack receiving center or referring center. Section 1, subsection 6, specifies that nothing in this bill prohibits the hospital from providing care to STEMI patients. Section 1, subsection 7, permits the State Board of Health, Health Division, to adopt regulations to carry out the designation of hospitals. Section 1, subsection 8, defines the heart attack receiving and referral centers for STEMI patients.

Some individuals have expressed concerns about the language in the bill. I am working with those persons and believe we will be able to resolve the issues quickly. As a result, there may be a brief amendment forthcoming.

I encourage the Committee's support in passing this bill.

Anna Smith, RN (Neurovascular Coordinator, Valley Hospital):

I agree with the comments made by Mr. Roller. Identifying STEMI patients early and treating them accordingly is imperative. Consumers experiencing STEMI symptoms hope for expert treatment and want the problems addressed quickly. It would be beneficial to the public to have access to a source that identifies which hospitals are certified for STEMI treatment.

Senator Segerblom:

Are there any hospitals in southern Nevada that would not qualify?

Ms. Smith:

Twelve of the fourteen facilities in southern Nevada are certified to treat STEMI patients.

Senator Hardy:

Are these hospitals certified for both referring and treatment of STEMI patients?

Ms. Smith:

Twelve of the fourteen facilities in southern Nevada are percutaneous coronary intervention (PCI) centers that offer gold standard treatment within 60 minutes. Several other hospitals are referral hospitals, also known as "sending facilities," where they do the initial thrombolytic treatment and then send the patient to a PCI-capable facility.

Senator Kieckhefer:

If 12 of the 14 hospitals in Las Vegas are already certified to do this and the two that are not are already working well within the system, why do we need this bill?

Ms. Smith:

Consumer confidence is important. We need to come together as a community to increase public awareness. This approach has been successful with stroke care, and it makes sense to do the same with cardiovascular care. There should be a statewide approach to patient care and a resource for consumers to go to regardless of where they live.

Chair Jones:

Can you give us a sense of how the passage of S.B. No. 225 of the 76th Session has improved care for stroke victims?

Mr. Roller:

The posting of the facilities that were designated as stroke centers by the Joint Commission, formerly the Joint Commission on Accreditation of Hospitals, was done immediately upon passage of the bill. I cannot point to any statistics or data that would show patients were able to find out about a particular facility based upon the posting. A heart and stroke committee was assembled. We worked with entities representing rural hospitals to ensure a statewide system was put into place. The bill did facilitate the initiation for coordinating care systems for stroke victims across the State. It is our hope we can do the same with the passage of S.B. 167.

Chair Jones:

Does S.B. 167 require emergency medical services or search and rescue units transporting patients to pass by a hospital without STEMI accreditation to go to a hospital identified under the bill?

Mr. Roller:

There is nothing in S.B. 167 that would dictate these protocols. That would have to be done through the regulatory process which would allow input from stakeholders. This bill is simply a public education awareness piece that will be a first step in a more coordinated system of care. It does not dictate any transport or transfer of patients.

Senator Hardy:

Why are we identifying referring hospitals? Any hospital can refer an individual to another hospital for treatment.

Ms. Smith:

That is true. Any hospital can transfer to another facility that offers the needed services. It is possible the needed services are not functioning in the facility making the referral. Sometimes it is not about equipment but about having the personnel with the specialized training. This is particularly true in the rural communities. They may have everything in place but do not have the immediate resources. Most of the rural communities near Las Vegas are already providing temporary treatments before sending patients to other facilities for more advanced treatment.

Senator Hardy:

Why then are we identifying referring facilities?

Ms. Smith:

We want consumers to be able to identify the resources. People who live in small, rural communities may be concerned about being able to get the specialized services they need. This bill will allow them to go to a centralized resource location to identify the closest facility for STEMI treatment. They could determine if their local facilities are connected to a larger network of professionals who would offer more advanced treatment.

Senator Hardy:

Would a person who has a heart attack in Mesquite go to the hospital in Mesquite rather than driving an hour to a Las Vegas STEMI certified hospital?

Ms. Smith:

Yes. If a patient in Mesquite has chest pain, he or she could call 911. The Mesquite Fire Department would transport them to the Mesa View Hospital

where they would receive emergency treatment. Mesa View Hospital may not be able to do a cardiac catheterization to unblock the clogged artery, but they could do thrombolytics using medication to unblock the artery, stabilize the patient and then arrange for transportation to the appropriate facility that would perform advanced treatments.

Senator Hardy:

I am still having difficulty understanding why we are identifying referring hospitals if every hospital can make a referral. I suppose it would be helpful to know which hospitals are certified to treat STEMI patients where one could receive thrombolytics faster. Can you tell me which hospitals are not certified to treat STEMI patients in Nevada?

Ms. Smith:

Every hospital can take care of these patients regardless of whether they are certified to treat STEMI patients. Any hospital can be a referring hospital. Hospitals choosing to be on the list as certified receiving centers would have to show their accreditation.

Senator Hardy:

What are the names of the accrediting bodies that do this?

Mr. Roller:

The Society of Cardiovascular Patient Care is the accrediting body mentioned in S.B. 167. We are working on some amendment language that will be presented soon that may help clarify some of the issues related to referring and receiving facilities.

Senator Hardy:

The wording needs to be corrected on Line 7, page 3, of S.B. 167. "STEMI" is not "an elevated myocardial infarction" but rather, "an elevated ST segment of an electrocardiogram."

Marla McDade Williams (Deputy Administrator, Health Division, Department of Health and Human Services):

The Health Division agrees with the provisions of S.B. 167. We do not anticipate doing any regulations. We will rely on the legislation itself to delineate our responsibilities.

Bill Welch (Nevada Hospital Association):

I want to go on record acknowledging the merits and intent of S.B. 167, but I have concerns with some of the language. Specifically, we are concerned the language does not clearly define which facilities can be receiving facilities and which ones qualify as sending facilities. It is unclear when a patient is referred to another facility and when a facility is allowed to maintain a patient. I am glad Ms. Williams does not intend to produce regulations. However, I am concerned regulations may be necessary to provide further guidance of the legislative intent. We propose to make the necessary clarifications now in the form of an amendment. I will be working with Mr. Roller to develop some clarifying amendments that will be agreeable to all.

With respect to the advertising, we do not want facilities promoting they are something they are not. We will make certain the amendment clarifies facilities must meet certain accreditations or certifications before they can be promoted as being a provider of STEMI services.

Chair Jones:

We will now move to S. B. 206.

SENATE BILL 206: Revises provisions relating to food establishments.
(BDR 40-935)

Senator Aaron D. Ford (Senatorial District No. 11):

Senate Bill 206 is a Nevada Cottage Food Law that will create jobs and encourage and foster entrepreneurship. This legislation will allow home cooks and small farmers to sell a range of products such as baked goods, jams and dried teas without being required to invest in an expensive commercial kitchen. Thirty-two states already have a similar law. The participants in the Nevada Small Farm Conference, the Nevada Food Security Strategic Plan, the 2012 Northern Nevada Food Summit, and the Nevada Agribusiness goals of the Nevada Stronger Economies Together Regional Plan have advocated for this law.

This bill defines a limited number of foods as eligible food items obtained from the *Association of Food and Drug Officials Regulatory Guidance for Best Practices, Cottage Foods, April 2012*. This is the guidance document recommended by the Health Division of the Department of Health and Human Services (DHHS) used to develop S.B. 206 legislation. The eligible foods do not

have a risk of contamination or botulism and use preparation methods such as baking to produce safe food that does not require temperature control. The labels for these foods will clearly state, "Made in a cottage food operation that is not subject to routine government food safety inspections." Senate Bill 206 only allows direct sales from the cottage food producers to the consumers. The purchaser will be able to question the food maker about ingredients and method of preparation.

My second point is economic opportunity. The intent of the bill is to help incubate microbusinesses related to specialty food products. The low cost of entry this bill provides will allow entrepreneurs to create their product and test it in the direct sales marketplace. The sales history created will be useful in obtaining financing for growing businesses into commercial businesses with employees. Farmers can add value to crops for a year-round business. For example, they could sell fresh berries in the summer and sell jams or jellies made from those berries in the winter. The intent is not to allow home creation of foods that should have more oversight regarding the place and method of preparation due to the risk of food safety.

The team working on this bill and I have been working with representatives from the Health Division, the Southern Nevada Health District, the Washoe County District Health Department and the Carson City Department of Health and Human Services. All four of those authorities met via teleconference with advocates for S.B. 206 yesterday. They reached agreement on the bill with the proposed amendments presented to you today.

This bill will have a significant impact on Nevada. NevadaGrown, a marketing cooperative for farmers and food entrepreneurs, has 143 members. Ann Louhela, Executive Director of NevadaGrown Farmers Market Association, estimates there are between 300 and 400 specialty crop growers in Nevada. The recent Nevada Small Farms Conference attracted 265 registrants. It is estimated 150 of those are farmers. In addition, there is a specialty baked goods market, an area of economic activity open to all urban Nevadans. The boutique food entrepreneurs in my district are interested in the increased opportunity the passage of this bill will provide.

Assemblywoman Ellen B. Spiegel (Assembly District No. 20):

This important bill will help in many areas across the State. I will share one story that illustrates the impact this bill can have. Last Friday, I met with

a constituent who indicated he was trying to start a home-based food business. I shared with him a copy of S.B. 206. He read the bill and was excited about it. Later he sent an email to me with his critique of the bill. I will read one sentence he wrote. "Senate Bill 206 is an outstanding bill. Please know that many of us will finally be able to live a dream of selling food products we create at home in a safe structured environment." This bill is about preserving and expanding the American dream for our constituents who live in Nevada.

Christy McGill (Executive Director, Healthy Communities Coalition of Lyon and Storey Counties):

This bill will help address the food in the desert issues that exist. People will be able to make and sell their food in the hard-to-serve desert areas as mentioned in the Nevada Food Security Strategic Plan. It is also in Nevada's Strengthening Economies Plan which notes the ability to strengthen the local economy by local people producing food and selling it to local people. This keeps the money in the community.

Sarah Adler (State Director, United States Department of Agriculture Rural Development):

I became involved with this bill when I represented the United States Department of Agriculture (USDA) on the Nevada Food Security Strategic Plan. I am also involved in Stronger Economies Together which has been referenced by Senator Ford. I have been assisting in managing the technical amendments to S.B. 206. Originally, a mixture of items was presented in this bill and another food bill. The amendments presented today have separated the two bills. The amendments have resulted from significant dialogue that has occurred among the health districts.

There are three exhibits regarding the amendments. The first one ([Exhibit C](#)) shows the original bill, Senator Ford's amendments, and the results of the discussions with representatives from the health districts. Senator Ford's amendments are in green, the result of the dialogue with the representatives from the health districts is in purple. The second one ([Exhibit D](#)) is the bill with all the agreed upon amendments by Senator Ford, the advocates and the health districts. The third one ([Exhibit E](#)) lists the amendments in a table format including the specific rationale for each amendment. Which approach would you like me to use for my presentation?

Senator Jones:

I choose the table format based upon the positive feedback received on tables from Committee members in the past.

Ms. Adler:

The table, [Exhibit E](#), corresponds with the colored text in [Exhibit C](#). I will discuss the amendments by referencing the sections of the bill. That way, you will be able to follow my discussion by referencing any of the three documents, [Exhibit C](#), [Exhibit D](#) or [Exhibit E](#).

Section 1, subsection 1, paragraph (a) enables sales at a farm stand on the cottage food operator's property.

Section 1, subsection 1, paragraph (a) provides for direct sales between the producer and the purchaser. It extends direct sale locations beyond farmer's markets to church bazaars, craft sales, swap meets, garage sales and so forth.

Senator Jones:

We lawyers like to say, "included but not limited to the following" language. This language in this amendment may be too specific.

Ms. Adler:

"Such as" was used in place of "included but not limited to." However, we will defer to legislative counsel to assist us in perfecting the language.

Senator Hardy:

The language in Section 1, subsection 1, paragraph (a) says, "Such food item is sold on the private property of the natural person who manufactures or prepares the food item" Does that mean the person must own the property and cannot be a renter?

Ms. Adler:

That is a good point. It is the intention of many Cottage Food Laws around the Country to allow renters to use their home kitchens. We will confer on that concern.

Section 1, subsection 1, paragraph (a) clarifies that Internet and telephone sales between the food producers and purchasers are prohibited. The intent is to have face-to-face sales.

Senator Hardy:

Can the cottage food producers use Facebook or other social media to advertise their products?

Ms. Adler:

Yes. The social media can be used for advertising. Selling products on the Internet is prohibited.

Section 1, subsection 1, paragraph (c), requires a label on the product that complies with the federal labeling requirements. The amendment deletes the requirement for the health authority's approval. There was much discussion about whether the health district should review the labels. We have concurrence from the health districts that a label review is not necessary prior to the food being present in a direct sale location. If the kitchen inspection is not required, it does not make sense to require a label inspection.

As requested by the Southern Nevada Health District, the word "routine" in relation to government food safety inspections is deleted from the requirements for the product label.

Section 1, subsection 1, paragraph (f) is revised to include an important addition regarding the location of the kitchen. The cottage food operator may make food, not only in the home kitchen but also in a kitchen, such as but not limited to, the kitchen of a church, school or fraternal organization where such kitchens are allowed by the State or local health authority. In the Southern Nevada Health District, for example, there are special rules concerning school kitchens. In that district, the cottage food operator may not be able to use school kitchens but may be able to use church kitchens.

There has been tremendous dialogue and support from the health districts in creating informational materials to help cottage food producers understand what can be produced, where it can be produced and where it can be sold.

Senator Jones:

What does prominently labeled mean? Are there any more specifics about what "prominently" means?

Ms. Adler:

I will demonstrate with the Jacobs Family Berry Farm Raspberry Jam. As you can see, Mr. Jacobs has placed his prominent label on the lid of his jam, as shown on page 6 of prepared testimony to be presented by Ann Louhela ([Exhibit F](#)). This is a good example. The size of typeface could be included in the legislation.

Senator Jones:

The size of typeface should be indicated in the description of prominent label.

Ms. Adler:

Although not a requirement, there have been conversations about including "Nevada Grown" on the product labels when the ingredients are grown on Nevada farms.

Deletions are made in section 1, subsection 1, paragraph (f), subparagraphs (1), (2), (3), (4) and section 1, subsection 1, paragraph (g) and paragraph (h), subparagraphs (1) and (2). It was decided there should be an "all in approach" and require kitchen inspections or an "all out approach" and not include those things that cannot be regulated such as whether there is a dog in the house. The health districts agreed this legislation should take an "all out" perspective.

Section 1, subsection 1, paragraph (i), subparagraphs (1), (2) and (3) deletes reference to certain methods of food processing. Considering the limited number of food items eligible in this bill, mentioning these kinds of food processing may lead people to believe they can do something with meat, when in fact, they can do nothing with meat under the provisions of S.B. 206. All the health districts agreed to the removal of this language. These methods of food processing are appropriately mentioned in another food bill, Assembly Bill (A.B.) 200.

ASSEMBLY BILL 200: Revises provisions relating to food establishments.
(BDR 40-129)

Senator Smith:

Are there any requirements for noting food contents in relation to allergies on the product labels?

Ms. Adler:

Section 1, subsection 1, paragraph (c) states the label must comply with the labeling requirements set forth in the cited sections of the United States Code and the Code of Federal Regulations. These are the federal food safety regulations. The Health Division will provide written guidelines for labeling which will include allergens that follow the federal requirements. It does not allow cottage food producers to make nutritional claims on the labeling of their products.

The intent of the language in section 1, subsection 2 is that no local ordinance will prevent the use of a home kitchen for preparing foods. It is possible for local government to regulate the time and place of sale.

Section 1, subsection 3 is a new section that requires food producers to register with the Health Division and/or the local health districts depending on where the foods will be sold to consumers. The purpose is to push out education and to create a mechanism to trace back any food producers where there may have been a concern about the food. For example, a cottage food producer in Lyon County could be taking their foods to farmer's markets in Washoe County, Carson City and Lyon County. They will have to register with each of those health districts. The health districts have committed to make this a low cost and user-friendly process.

Section 1, subsection 4, enables the health districts to establish a fee, if necessary, to offset the cost of establishing and maintaining the registry. Several of the health districts have existing registries that can be modified to incorporate this purpose.

Section 1, subsection 5, allows health authorities to investigate complaints of food borne illness or food adulteration. If the complaint is found to be valid, this section allows for recovery of the investigation costs from the operator of the cottage food operation.

Section 1, subsection 6, paragraph (a), amends the definition of kitchen to include the other allowable commercial kitchens.

A distinction between a small entrepreneur, cottage food operator, and an individual at the next level of business is created by inserting "and whose gross sales do not exceed \$35,000 per calendar year." The intent is to encourage

persons with income above \$35,000 per calendar year to move into a commercial kitchen and graduate from a microbusiness to a small business.

Section 1, subsection 6, paragraph (b), includes the limited list of food items that are allowed under this bill. These are considered non-potentially hazardous food items. Canned goods, salsa or tomato sauce are not included. This legislation is intended to start businesses small and safe.

Senator Kieckhefer:

Are business licenses required for cottage food operators? Are they required to collect and remit sales tax?

Ms. Adler:

Food that is presented as a pie, as opposed to a piece of pie, is not subject to sales tax.

The cottage food operators would need to adhere to the local business license requirements. This does not supersede any of those requirements.

Senator Kieckhefer:

Do other states require business licenses for these types of business operations?

Ms. Adler:

Our research shows many of them do not. In most states, this is a microbusiness development strategy. The low cost of entry is part of that strategy.

Senator Kieckhefer:

I am not advocating for it, but rather am simply trying to determine the process.

Senator Smith:

As a follow-up to Senator Kieckhefer's question, I would like our legal staff to look into the business license requirement for home-based businesses.

Senator Ford:

We have not had that conversation regarding this bill. However, Senator Kieckhefer has introduced S.B. 331 to remove the business licensing fees from

home based businesses. If the requirement exists now, it may not exist in the future should this bill pass.

SENATE BILL 331: Exempts certain home-based businesses from the requirement to obtain a state business license. (BDR 7-479)

Senator Smith:

We still need to check the law regarding this issue.

Ann Louhela (Project Director, Western Nevada College Specialty Crop Institute; Executive Director, NevadaGrown Farmers Association):

I will read my prepared testimony in [Exhibit F](#).

Senator Smith:

The Office of Economic Development has identified the agriculture industry as one of the sectors they want to promote. I want to ensure the cottage food businesses are being considered for startup funding. These are small businesses that require a small amount of startup funds.

Ms. Louhela:

Nevada Small Business Development Center and Bureau of Economic Research has a Website titled "Nevada Food Business Resource" located at <<http://www.nevadafoodbusiness.com>>. This Website offers valuable information for people who want to do value-added crops. Western Nevada College does workshops and training for farms. The Office of Economic Development authorities and business development counselors participate in providing information about business plans during these training sessions.

Senator Smith:

I am talking specifically about the Office of Economic Development and whether their budget will be available for these types of businesses. This needs to be considered when we are reviewing the budget for the Office of Economic Development.

Rebekah May (Sunny Day Organic Farms):

My main farm business is organic pork. I see much value in being able to sell additional products from my farm.

I will read my prepared testimony ([Exhibit G](#)).

This is an exciting opportunity. I am the mother of three children. I was a corporate banker at one point. I wanted a different way of life that would allow me to raise my children with my values. There are many parents, like me, who would like to operate a small business in their home while they care for their children. Senate Bill 206 will provide that opportunity.

Michelle Curran (Mitchies Munchies):

I will read from my prepared testimony ([Exhibit H](#)).

Jack Jacobs (Jacobs Family Berry Farm):

I would like to present my story. I am here in support of S.B. 206. I have provided written testimony ([Exhibit I](#)).

I own a five-acre farm in Gardnerville. I started growing berries a few years ago. Last year was my first production year. I used those berries to make the raspberry jam I have presented to you today, [Exhibit F](#), pages 5-7.

In addition to growing berries, I like to share with the public an experience for children and others to see where food is grown. Selling jam and other value-added products is an important marketing scheme to expand our business during the season when the berries are not producing.

[Exhibit I](#) includes detail about the operating costs for a jam business under existing regulations. To summarize, it would cost at least \$2,500 in fees, not including a commercial kitchen. I would have to rent a commercial kitchen with costs similar to those described by the previous presenter, Michelle Curran. The blue bars on the graph on page 2 of [Exhibit I](#) illustrate the cash flow I could expect under current regulations. The red bars show the profits I could make by selling 200 jars of raspberry jam per year and 200 jars of blackberry jam per year. As you can see, the passage of S.B. 206 would help me secure a profit from the jam business.

I sell fresh berries directly to the public. Public safety is important to me. I practice safe growing, safe harvesting and safe transportation of my berries. I most certainly will extend that safe practice into my jam making.

Ms. May:

I understand the severity of the health concerns. I am an organic farmer because I want my food to be pure and good in every sense. I would never sell

a product that would compromise the health of my customers. I, and most farmers, am extremely diligent about practices that ensure public safety.

Kenneth Evans:

I support S.B. 206. The need for a cottage food law was brought to my attention last session when someone mentioned their desire to sell homemade baked goods. I appreciate Senator Ford's and Assemblywoman Spiegel's efforts in working with their constituents and various agencies to get this done. I also commend the small business entrepreneurs who have worked tirelessly to help bring forth the proposed legislation set forth in S.B. 206. The provisions in this bill would have a positive impact in promoting entrepreneurship.

Peter Krueger (Northern Nevada Development Authority):

We are strongly in favor of S.B. 206. The entrepreneurship this creates, especially for the rural communities, is the way to go.

Doug Busselman (Executive Vice President, Nevada Farm Bureau Federation):

The Nevada Farm Bureau Federation supports and encourages the passage of S.B. 206.

Glenn Savage (Environmental Health Director, Environmental Health Division, Southern Nevada Health District):

The Southern Nevada Health District is in support of S.B. 206 with the added amendments discussed by Ms. Adler.

Joe Iser (District Health Officer, Washoe County Health District):

I am here to testify in support of S.B. 206. I am from Missouri where all of us, including me, have some farm background. I understand what it is like to try to make ends meet on a small farm. As Ms. Adler stated earlier today, all the health district jurisdictions will work together to produce advisory materials for people who are interested in becoming cottage food producers.

Amelia Carbine:

I came from a state that had a cottage law where I created a small home business for cake decorating. This type of work enabled me to work and stay home with my family. My husband's job brought us to Nevada, and since moving, I am no longer able to make cakes and sell them from my home. My work has been recognized worldwide. I have won national awards for my cake

decorating. Without a cottage law, I am not able to do the work I like to do and at which I am good. I encourage you to pass S.B. 206.

Senator Jones:

There are two other written testimonies submitted: The first one is from John and Therese Sweet, owners of Sweet Farm in Fallon ([Exhibit J](#)). The second one ([Exhibit K](#)) was submitted by Ray and Virginia Johnson, owners of Custom Gardens Farm & CS. These testimonies will be included in the record.

The hearing on S.B. 206 is closed. We will begin the work session for S.B. 61.

SENATE BILL 61: Revises certain provisions relating to persons with communications disabilities. (BDR 38-310)

Marsheilah D. Lyons (Policy Analyst):

Senate Bill 61 revises certain provisions related to persons with communication disabilities ([Exhibit L](#), pages 1-5). There are two amendments for this measure. The first amendment proposed by Tina Gerber-Winn, Deputy Administrator, Programs, Aging and Disability Services Division, DHHS, revises the makeup of the Subcommittee. The second amendment revises *Nevada Revised Statutes* (NRS) 427A.750 which relates to the Subcommittee on Communication Services for Persons Who Are Deaf or Hard of Hearing and Persons with Speech Disabilities.

Senator Jones:

Ms. Gerber-Winn, is there anything remaining in dispute regarding the amendments and responses to questions for S.B. 61?

Tina Gerber-Winn (Deputy Administrator, Aging and Disability Services Division, Department of Health and Human Services):

As far as I know, nothing is left in dispute.

Gary Olsen (Nevada Association of the Deaf, with Shannon Archer, Interpreter from the Nevada Department of Health and Human Services approved list of interpreters):

I do not see any problems with this. All the issues were resolved during the work committee.

SENATOR SEGERBLOM MOVED TO AMEND AND DO PASS AS
AMENDED S.B. 61.

SENATOR HARDY SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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Senator Jones:

We will begin the work session for S.B. 4.

SENATE BILL 4: Revises provisions governing the testing of a person or decedent who may have exposed certain public employers, employees or volunteers to a contagious disease. (BDR 40-265)

Ms. Lyons:

This bill revises provisions governing testing a person or decedent who may have exposed certain public employers, employers or volunteers to a contagious disease (page 1 of [Exhibit M](#)). The work session document indicates there are no amendments; however, an amendment was received yesterday from the City of Reno ([Exhibit N](#)).

Cadence Matijevich (Assistant City Manager, Office of the City Manager, City of Reno)

I apologize for the lateness of the amendment. The amendment addresses procedural issues we were unable to resolve until late yesterday.

Megan N. Salcido (Government Affairs Coordinator, Office of the City Manager, City of Reno):

The changes are summarized on page 1 of [Exhibit N](#). One of the main changes set forth in this amendment is deleting all references to the oral petition process. Revisions are made to allow the judge or a justice of the peace to conduct a hearing or issue an order by electronic or telephonic means.

Senator Jones:

Ms. Lang, do you have any thoughts about whether these changes are possible?

Risa Lang, Counsel:

I reviewed the proposed amendment. I believe it could be accepted allowing legal counsel to make revisions as needed. I am uncertain if it will be possible to retain the proposed language on page 4 of [Exhibit N](#) until we have the opportunity to review it further.

Senator Hardy:

How soon will the people know about their exposure? Is it permissible for information to be transmitted by electronic or telephonic means without violating confidentiality laws?

Ms. Matijevich:

Each circumstance will be different. The proposed amendments would get information to exposed individuals faster. This would allow them to begin taking the post-exposure prophylaxis drugs earlier which would increase their chances of not being infected by the disease.

Senator Hardy:

How quickly will this be accomplished?

Ms. Matijevich:

Our intent is to have this process completed within a 2-hour timeframe. This may not be achievable in every situation. Our goal is to get the order, have the blood drawn and the results revealed within that 2-hour window.

Senator Hardy:

Do I understand correctly that from the time a person is exposed to blood products or fluid, the exposed people will be notified within 2 hours?

Ms. Matijevich:

That is our goal.

SENATOR KIECKHEFER MOVED TO AMEND AND DO PASS AS
AMENDED S.B. 4.

SENATOR HARDY SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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Chair Jones:

We will begin the work session for S.B. 51.

SENATE BILL 51: Makes various changes relating to the regulation of certain nonmedical and medical services provided to persons with disabilities. (BDR 40-309)

Ms. Lyons:

The provisions of S.B. 51 are discussed on pages 1 to 8 of [Exhibit O](#). Several amendments have been proposed. The first amendment specifies that an agency is required to have either a certification or a license to carry out the provisions of the bill, not both. The second amendment allows the Legislative Counsel Bureau to recodify the regulations at *Nevada Administrative Code* (NAC) 427A.800 through NAC 427A.871. The third revision adds a section 23, subsection 1, paragraph (c) to read "Sexual assault, statutory sexual seduction, incest, lewdness, indecent exposure or any other sexually related crime that is punished as a felony." The intent is to make background checks for personal care assistants and intermediary services organizations consistent.

Chair Jones:

Tina Gerber-Winn, Deputy Administrator of Programs for the Aging and Disability Services Division provided responses to questions on pages 6 through 8 of [Exhibit O](#).

SENATOR HARDY MOVED TO AMEND AND DO PASS AS AMENDED
S.B. 51.

SENATOR SEGERBLOM SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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Chair Jones:

Next is S.B. 92.

SENATE BILL 92: Makes certain changes related to the health of infants.
(BDR 40-529)

Ms. Lyons:

The provisions of S.B. 92 are discussed on pages 1 and 2 of [Exhibit P](#). Two amendments have been proposed. The first amendment from the American Heart Association limits the scope of the measure to certain hospitals and revises the reporting requirements. The second amendment submitted by the Nevada Hospital Association includes a list of concerns with a recommendation. The recommendation is to make use of the best practice screening for congenital heart disease voluntary. This strategy has been implemented by a number of other states.

Chair Jones:

Mr. Welch, can you explain the difference in the language proposed by Mr. Roller from the American Heart Association and the language you have proposed? My understanding is the language proposed by Mr. Roller is identical to the language found in NRS 442.550.

Mr. Welch:

I did not base my proposal on language from the NRS. We were trying to drill down to those hospitals that have an organized obstetrical service. All hospitals are prepared to deliver babies and are prepared to care for newborn babies. We are trying to clarify and ensure that the requirement only applies to hospitals with an organized obstetrical service under their licensing. Unfortunately, there is not a specific licensing category. There are specific references on their licenses identifying the type of services provided. I believe obstetrical services are one of those identified. When the Health Division does their survey, they can make sure the hospitals comply with the standards for obstetrical services.

Senator Hardy:

I have reviewed California and Arizona laws that have implemented the pulse oximetry screening. California is doing the testing on a voluntary basis, and Arizona is doing the same thing on a trial basis.

The American Heart Association has defined in their amendment that the hospitals required to do the screening for the critical congenital heart disease includes "any licensed hospital in this state that provides services for maternity care of newborn children or a licensed obstetric center in this state." My observation is "any licensed hospital in this state that provides services for maternity care of newborn children" is all hospitals. The part about being a licensed obstetric center is more definitive and could be helpful because some hospitals are not delivering babies.

Mr. Roller:

The language proposed in our amendment defining what type of center would be performing the screening is taken directly from NRS 442.550, which is the governing statute for newborn hearing screenings.

Senator Smith:

I do not want to make the congenital heart disease screening voluntary. I would like some input about whether the language in the Nevada Hospital Association's proposed amendment improves the description language regarding an organized obstetric service as demonstrated.

Mr. Roller:

I would defer to legal counsel for their opinion. Concerns have been voiced that the proposed definition by the Nevada Hospital Association would include enough hospitals. It would limit the number of hospitals required to administer pulse oximetry screening.

Senator Smith:

I prefer using the term of the licensed center.

Ms. McDade Williams:

You have referred to NRS 442.540 which requires newborn hearing screenings by a licensed hospital that provides services for maternity care and the care of newborn children. Hospitals that provide fewer than 500 childbirths annually are exempted. The Health Division likes the consistency. It is easier to administer if the language is the same.

Senator Smith:

Are you saying you prefer the language proposed in the amendment from the American Heart Association?

Ms. McDade Williams:

That is correct.

Chair Jones:

Is the intent to exclude hospitals with fewer than 500 births annually?

Mr. Roller:

No. Our proposed amendment did not include the exclusion of hospitals with fewer than 500 births annually.

Senator Kieckhefer:

Will there then be different requirements for screening based upon the number of births performed at the hospital?

Mr. Roller:

Are you asking if our amendment proposes language different from the newborn hearing screening?

Senator Kieckhefer:

I understood Ms. McDade Williams to say consistency was valuable. Did the American Heart Association lift only part of the language from the newborn hearing screening statutes not including the number of births portion?

Mr. Roller:

Currently a battery of other tests and newborn screenings are done which are not statutory. By not listing "excluding the hospitals that are delivering fewer than 500," we will still be consistent with the screening requirements in place across the board for the newborn screening panel. It is true a number of facilities may not have been doing the hearing test because of the specific language in NRS 442.540 exempting hospitals delivering less than 500 childbirths annually.

Senator Kieckhefer:

Is the hearing screening the only one in the newborn screening panel that has that 500-childbirth threshold?

Mr. Welch:

It may be possible for Mr. Roller and me to come to an agreement about the language to require participation by hospitals that have recognized obstetrical service and are delivering babies on a day-to-day basis.

All hospitals throughout the State must be prepared to deliver babies. I want to be clear in the language that we are talking about hospitals that have an identified obstetrical service within their organization. These are hospitals such as Valley Hospital Medical Center, University Medical Center of Southern Nevada, Sunrise Hospital and Medical Center, and RENOWN Regional Medical Center. I believe Mr. Roller and I are talking about the same intent. We just need to agree upon the wording. Obviously, we would like to have the congenital heart disease screening be voluntary, but that is no longer the debate.

Regarding Senator Kieckhefer's question, NRS 442.540 is the only reference in the NRS that includes a specification such as "fewer than 500 births annually" related to newborn screenings.

Senator Smith:

Mr. Roller, can you confirm the intent described by Mr. Welch?

Mr. Roller:

Our original intent was to ensure every child born in a Nevada hospital is screened for congenital heart disease using pulse oximetry screening. We need to determine if the language proposed by the Nevada Hospital Association exempts only facilities that are delivering babies in emergencies or if the proposed language will exempt other facilities who are delivering babies. We need an opinion from legal counsel about what specific facilities would be exempted if the Nevada Hospital Association's language were adopted.

Mr. Welch:

In Las Vegas, hospitals such as San Martin Campus, Siena Campus, Sunrise Hospital and Medical Center, University Medical Center of Southern Nevada, Mountain View Hospital, Summerlin Hospital Medical Center, Centennial Hills Hospital Medical Center, and Southern Hills Hospital and Medical Center have organized obstetrical services. Desert Springs Hospital Medical Center, North Vista Hospital and Saint Rose Dominican Hospitals-Rose de Lima Campus are examples of hospitals that do not have an organized obstetrical service.

All hospitals are prepared to deliver babies on an emergency basis. Only certain hospitals are recognized and organized to have a department within the hospital where they are organized and prepared to deliver a baby.

Chair Jones:

One of you calls it an organized obstetric service and the other calls it a licensed obstetric center. What is the difference?

Mr. Welch:

There is not a specific category for obstetric center licensing for a full service acute care hospital. The license identifies the various services offered by that facility which may include obstetric services. An obstetric license exists only in the case of a freestanding obstetrical hospital.

Senator Smith:

I am prepared to make a motion if we can agree on the intent of what we are trying to accomplish and the parties could work with legal counsel to refine the language. I need some assurances we are on the same page.

Mr. Roller:

We are not asking that every newborn be screened but rather every child who is born in a hospital. The point on which we need to reach agreement is the definition of a hospital for the purposes of whether they are delivering babies or not. We are not talking about babies born in ambulances or at home.

Chair Jones:

If we are talking about every baby born in a hospital and no hospital would be excluded, why not simply say every hospital?

Mr. Roller:

The language originally used in the bill did say that. We attempted to clarify the definition of the facilities by adopting the NRS language for newborn hearing screenings.

Chair Jones:

Is it your intent that the congenital heart disease screening be done in every hospital?

Mr. Roller:

That would be ideal. The American Heart Association believes every baby should have an equal opportunity for a healthy start. We do not want a baby born in a hospital not to be screened for a potentially life threatening congenital heart defect. I do not understand why we would omit any newborn we have the ability to reach.

Chair Jones:

I understand this is an inexpensive test. It may not be an inexpensive test if the hospital only delivers one baby a year.

Mr. Roller:

Our original intent was that every baby born in a hospital would be screened for congenital heart disease. The only area of contention is the language defining which facilities will be required to perform the screening. The reason we do not support the Nevada Hospital Association's amendment is we do not have enough information to know what facilities will be exempted. It is unclear how many facilities will be excluded.

Mr. Welch:

The Nevada Hospital Association wants to require only the hospitals with designated obstetrical services to participate in the congenital heart screening. We have been using the terminology "licensed" and "organized". Now that I reflect on the matter, "designated obstetrical services" may be better language. Physicians will coordinate care and direct their pregnant patients to hospitals that offer designated obstetrical services. Only in rare, emergency situations will women end up in a hospital without designated obstetrical services.

Chair Jones:

Ms. McDade Williams, what is your interpretation regarding which hospitals are included in NRS 442.540?

Ms. McDade Williams:

I believe the language applies to every hospital in the State.

Senator Smith:

I appreciate Mr. Roller's efforts to include every child, but I also appreciate the fact that not all hospitals are set up to deliver babies on a regular basis. It

seems reasonable that hospitals that deliver babies on an emergency basis would then transfer the baby to a hospital with designated obstetrical services that would do all the newborn screenings required to be done.

I am willing to make a motion that we construct some language that includes hospitals with designated obstetrical services.

Chair Jones:

In the proposal by Mr. Roller, there is a deletion of the reference to physician, midwife, and nurse. Mr. Welch's amendment did not include that. Senator Smith, is it your intent this deletion be made?

Senator Smith:

Yes. That language does not work for what we are trying to achieve.

SENATOR SMITH MOVED TO AMEND AND DO PASS AS AMENDED
S.B. 92.

SENATOR KIECKHEFER SECONDED THE MOTION.

Senator Hardy:

We are legislating how doctors should care for patients. The examination is not limited to a pulse oximetry screening or anything else. When an examination of a newborn takes place, the doctor needs to determine the medical tests. If this is passed, next, we will be passing State laws for mandatory blood pressure tests, urinalysis or other screening tests. I will not be voting in favor of S.B. 92.

THE MOTION CARRIED. (SENATOR HARDY VOTED NO.)

* * * * *

Chair Jones:

We will now move to the work session for S. B. 97.

SENATE BILL 97: Revises provisions relating to hearings concerning children who are removed from their homes. (BDR 38-69)

Ms. Lyons:

The provisions of S.B. 97 are discussed on page 1 of [Exhibit Q](#). An amendment was presented by the Children's Advocacy Alliance on behalf of the 432B Revisions Workgroup to delete section 2 from the bill in its entirety.

SENATOR SEGERBLOM MOVED TO AMEND AND DO PASS AS AMENDED S.B. 97.

SENATOR KIECKHEFER SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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Senator Jones:

We will now move to the work session for S.B. 98 ([Exhibit R](#)).

SENATE BILL 98: Revises provisions governing certain reasonable efforts made by an agency which provides child welfare services to preserve and reunify the family of a child. (BDR 38-68)

Brigid J. Duffy (Chief Deputy District Attorney, Office of the District Attorney Juvenile Division, Clark County):

We have delineated our proposed amendments ([Exhibit S](#)). As described on page 1 of [Exhibit S](#), it is proposed 432B.330, subsection 1 be amended to add a new paragraph (f) to expand the definition of a child in need of protection to include a "Drug Endangered Child." It is proposed the definition of a drug endangered child be added to NRS 432B as follows: "Drug Endangered Child' defined: A child who is harmed or threatened with harm as a result of illegal drug use, possession, manufacturing, cultivation or distribution."

The purpose of this amendment is to bring Nevada Law into alignment with the goals of the U. S. Department of Justice Federal Interagency Task Force on Drug Endangered Children. Children exposed to drug environments are at high risk for abuse or neglect. Currently a child is in need of protection if he or she is abandoned, or subjected to abuse or neglect. Abuse or neglect is defined as without proper care, control, supervision, educational neglect, medical neglect, inadequate shelter, or lack of sustenance. Those things must have resulted from the fault or habits of a parent. Abuse is physical or sexual abuse. A child is in

need of protection if a sibling of a child has died as the result of abuse or neglect by a parent or a child is placed for adoption in violation of the law, or under the Safe Haven Infant Protection Act. These amendments would add to NRS 432B.330 that a child is in need of protection, specifically if they are a drug endangered child.

With regard to S.B. 98, we are proposing an amendment that would remove the language that would give the court the discretion as to whether or not the agency is to make reasonable efforts. Currently, NRS 432B.393 states an agency that provides child welfare services is not required to make reasonable efforts if a court finds certain conditions. Section 1, subsection 3 of S.B. 98 proposes that a court must determine whether an agency is required to make reasonable efforts. It takes the discretion away from the agency and gives it to the court. Currently, the court has discretion under some of the subsections under NRS 432B.393, but not all of them. Our proposed amendment would keep the discretion with the agency. This is important because the agency has been working with the family and is more familiar with the family circumstances than the court. Additionally, under the federal review of child and family services, federal dollars can be lost if there is reoccurrence of abuse or neglect or the time to permanency is lengthened. If a child has been removed for a second time, the amount of federal dollars received could be affected. If we take too long to get a child into a permanent home, the federal funding to the State could also be affected. By leaving the discretion with the agency, the agency can take faster actions to permanency for children and take actions to prevent reoccurrence of abuse and neglect.

The next amendment in S.B. 98 we are proposing is to remove the wording under section 1, subsection 3, paragraph (a), subparagraph (1), which is the murder, attempted murder, voluntary manslaughter conspiracy or solicitation for murder of another child, parent or primary caretaker. This is important because it creates an absurd result if there is a murder of a child who may be a neighbor. In S.B. 98, Clark County wants to amend section 1, subsection 3, paragraph (a) to say a parent or other person responsible for a child's welfare to be consistent with the entire state statute. The person responsible for a child's welfare could be a guardian, a stepparent or any person regularly found in the home.

In S.B. 98, section 1, subsection 3 paragraph (a) subparagraph (5), we propose to add an amendment to address incarcerated parents. The proposed language has been copied from the North Dakota statutes. North Dakota is one

of several states that has language regarding incarcerated parents. Various states have different levels of incarceration being considered an aggravated circumstance. Some have language that says a parent is incarcerated and the child is deprived of a stable and permanent parent-child relationship. Some use language that says a parent is incarcerated for a substantial time during a child's minority; or a parent is incarcerated for at least one year and will be unable to care for the child and there is no appropriate relative. The statutory findings of North Dakota would meet the needs of this State to prevent children from being in foster care waiting for their parents to serve their sentence.

A new section 1, subsection 3 paragraph (a), subparagraph (6) is proposed to be added in S.B. 98 to bring Nevada law into alignment with Title IV-E of the Social Security Administration Act. This new section covers situations where a parent is detained or incarcerated pending criminal proceedings or has a conviction under appeal. The court that hears the welfare dependency case would determine the reasonable efforts would not result in timely reunification for the family.

We disagree with the proposal to remove section 1, subsection 3, paragraph (d), and propose to leave the language as it is.

Two new subsections are proposed to be added in S.B. 98. They are section 1, subsection 3, paragraphs (g) and (h). These amendments will bring the Nevada statutes into compliance with the Child Abuse Prevention Treatment Act.

John Jones Jr. (Clark County Office of the District Attorney):

There are two other proposed amendments to S.B. 98. In section 1, subsection 4, we propose that the word "culturally" be removed. Some minor cleanup language is suggested in our amendments for S.B. 98, section 1, subsection 7.

Chair Jones:

This Committee is seeing these amendments for the first time. When were these submitted?

Ms. Lyons:

We received these proposals last Friday. Due to an oversight, they were not given to the Committee members.

Chair Jones:

Ms. Lang, our legal counsel, is concerned that the amendments suggested to NRS 432B.330 may be deemed non-germane because they amend sections that are not included in the original bill.

Senator Segerblom:

Senate Bill 98 was brought forward by the Committee on Child Welfare and Juvenile Justice. Has that committee and the 432B Revisions Workgroup reviewed these amendments?

Mr. Jones:

There was a meeting that occurred after the last legislative hearing on this bill. I am unsure of the outcome.

Ms. Duffy:

I attended a meeting in early March with Denise Tanata Ashby, the chairperson of the 432B Revisions Workgroup. I made it clear that these would continue to be Clark County's proposed amendments. I do not know if they were delivered to anyone else.

Denise Tanata Ashby (Executive Director, Children's Advocacy Alliance):

I have not seen the official amendments presented here today. I did speak with Ms. Duffy who indicated the amendments were the same as previously discussed in the early March meeting. I have not reviewed the ones before you.

Chair Jones:

Since the 432B Revisions Workgroup has not had the opportunity to review the actual amendments, we will postpone voting on S.B. 98 until next week. We will put this bill on a future agenda.

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There being no further business before this Committee, this hearing is adjourned
at 6:04 p.m.

RESPECTFULLY SUBMITTED:

Jackie Cheney,
Committee Secretary

APPROVED BY:

Senator Justin C. Jones, Chair

DATE: _____

<u>EXHIBITS</u>				
Bill	Exhibit		Witness / Agency	Description
	A	1		Agenda
	B	13		Attendance Roster
S.B. 206	C	4	Sarah Adler	Amendments With All Suggestions color coded.
S.B. 206	D	4	Sarah Adler	S.B. 206 as if amended with Senator Ford's amendments.
S.B. 206	E	4	Sarah Adler	S.B. 206 Table of amendments with explanations.
S.B. 206	F	7	Ann Louhela	Testimony and pictures of Hearts of Gold and Jacobs Family Berry jams.
S.B. 206	G	2	Rebekah May	Testimony
S.B. 206	H	1	Michelle Curran	Testimony
S.B. 206	I	2	Jack Jacobs	Testimony
S.B. 206	J	1	Chair Jones	Testimony by John & Therese Sweet
S.B. 206	K	1	Chair Jones	Testimony by Ray & Virginia Johnson
S.B. 61	L	5	Marsheilah D. Lyons	Work Session Document
S.B. 4	M	1	Marsheilah D. Lyons	Work Session Document
S.B. 4	N	8	Cadence Matijevich	S.B. 4 City of Reno Amendments
S.B. 51	O	8	Marsheilah D. Lyons	Work Session Document
S.B. 92	P	2	Marsheilah D. Lyons	Work Session Document

S.B. 97	Q	1	Marsheilah D. Lyons	Work Session Document
S.B. 98	R	1	Marsheilah D. Lyons	Work Session Document
S.B. 98	S	6	Brigid J. Duffy	S.B. 98 Clark Co. Amendments