MINUTES OF THE
SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

Seventy-Seventh Session
April 2, 2013

The Senate Committee on Health and Human Services was called to order by Chair Justin C. Jones at 3:43 p.m. on Tuesday, April 2, 2013, in Room 2149 of the Legislative Building, Carson City, Nevada. The meeting was videoconferenced to Room 4412 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, Senatorial District No. 8
Senator Pat Spearman, Senatorial District No. 1
Senator Mark A. Manendo, Senatorial District No. 21
Assemblyman James Oscarson, Assembly District No. 36

STAFF MEMBERS PRESENT:

Marsheilah D. Lyons, Policy Analyst
Michael J. Stewart, Policy Analyst
Risa Lang, Counsel
Paul Townsend, Legislative Auditor
Richard A. Neil, Audit Supervisor, Audit Division
Jackie Cheney, Committee Secretary

OTHERS PRESENT:

Karen Taycher, Executive Director, Nevada PEP
Robin Renshaw
Kenneth Taycher, President, Southern Nevada Chapter, People First of Nevada
Brian Patchett, President/CEO, Easter Seals Nevada
Santa Perez, President, People First of Nevada, assisted by Kenneth Taycher
Jill Marano, Deputy Administrator, Division of Child and Family Services, Department of Health and Human Services
Lisa Ruiz-Lee, Director, Clark County Department of Family Services
Kevin Schiller, Director, Washoe County Department of Social Services
Brigid J. Duffy, Chief Deputy District Attorney, Juvenile Division, Office of the District Attorney, Clark County
Denise Tanata Ashby, J.D., Executive Director, Children's Advocacy Alliance
Valerie Wiener, Chair, Legislative Committee on Child Welfare and Juvenile Justice
Ken Lange, Executive Consultant, Nevada Youth Care Providers
Antonio Rodriguez, Research Director, Service Employees International Union Local 1107
Rah Abdullah, RN, Executive Vice President, Service Employees International Union Local 1107, Valley Hospital
Jeff Pierce, RN
Michael Collins, RN, University Medical Center of Southern Nevada
Al Martinez, President, Service Employees International Union Local 1107
Danny Thompson, Nevada State AFL-CIO
Craig Stevens, Nevada State Education Association
Stacey Shinn, Social Worker; Progressive Leadership Alliance of Nevada
Jerri Strasser, RN, Pediatric Critical Care, University Medical Center of Southern Nevada
David Linton, RN, Desert Springs Hospital
Tricia Martin, RN, Service Employees International Union
Bill Welch, President/CEO, Nevada Hospital Association
Margaret Covelli, RN, Chief Nursing Officer, Spring Valley Hospital
Christine Bosse, Vice President, Government Relations, Renown Regional Medical Center; Chairperson, Nevada Hospital Association Data Finance Committee
Gail Green, MSN, RN, Renown Regional Medical Center
James Cohen, MD
Vicki Huber, RN, MSN, MBA, Chief Nursing Officer, University Medical Center

Jeff Stout, RN, Chief Nurse Officer, Renown Regional Medical Center; President of the Nevada Organization of Nurse Leaders

Chair Jones:
We will begin with Senate Bill (S.B.) 388.

SENATE BILL 338: Changes the term "mental retardation" to "intellectual disability" in NRS. (BDR 39-52)

Senator Barbara K. Cegavske (Senatorial District No. 8):
I am here to present S.B. 338. I have provided my written testimony (Exhibit C).

Karen Taycher (Executive Director, Nevada PEP):
Senate Bill 338 is the next step to gain respect, inclusion and acceptance for Nevadans with disabilities. The term "mentally retarded" has been changed to "persons with intellectual disabilities" at the federal level and in many other states. In addition to making this change in the *Nevada Revised Statutes* (NRS), we request this change be made in the *Nevada Administrative Code* and all State policy, procedural instructions and forms.

Senator Cegavske:
An amendment to S.B. 338 (Exhibit D) prepared by Legislative Counsel Bureau (LCB), Legal Division, is presented to the Committee for consideration. This amendment makes corrections and language adjustments to accomplish the intent of S.B. 338.

Robin Renshaw:
I support S.B. 338. I have provided my written testimony (Exhibit E).

Kenneth Taycher (President, Southern Nevada Chapter, People First of Nevada):
I support S.B. 338. I will read my prepared testimony (Exhibit F).

Chair Jones:
In answer to your question about what is taking so long, we would be voting today if there had been no amendments.

Brian Patchett (President/CEO, Easter Seals Nevada):
In addition to my role at Easter Seals Nevada, I am the chair of the Nevada Commission on Services for Persons with Disabilities, Department of Health and

Human Services (DHHS), and am a member of the Nevada Governor's Council on Developmental Disabilities. All three entities support S.B. 338. This is a critical bill dealing with language. It is important to remember that this is about people first. We are talking about people with disabilities.

Santa Perez (President, People First of Nevada, assisted by Kenneth Taycher):
I am in support of S.B. 338. I will read from my prepared testimony (Exhibit G) with the help of Kenneth Taycher.

Chair Jones:
The hearing for S.B. 338 is closed. We will now have a presentation on the review of child fatalities.

Paul Townsend (Legislative Auditor):
I will be presenting the LCB report (Exhibit H) summarizing the review of child fatalities and near fatalities when a child welfare agency had prior contact with the child or family. This review originated with A.B. No. 261 of the 74th Session. The purpose of the review is to determine whether the child welfare agencies acted in a manner consistent with State and federal law and if any measures, procedures or protocol could have assisted in preventing the incident.

The number of incidents is shown on page 2 of Exhibit H. The review included 89 cases for the period January 1, 2011, through December 31, 2012. In 66 cases, death was caused by something other than abuse or neglect, such as automobile accidents, premature births or illnesses. Neglect or abuse was determined to be the cause in 12 fatalities and 11 near fatalities.

As discussed at the bottom of page 2 of Exhibit H, we expressed concerns regarding the handling of three cases. The first involved Clark County Department of Family Services (DFS) and the untimely initiation of an investigation into a report of alleged abuse. In this case, the report was assigned a priority 2 response, which requires an investigation to start within 24 hours. However, based on our review, it should have been assigned a priority 1 response. A priority 1 response, as specified by State law, requires staff to begin efforts to make in-person contact with the alleged victim immediately. The DFS management stated they identified their error the day after the report of possible abuse was received. The agency has instituted

a retraining of staff and other ongoing efforts to ensure this does not occur again.

The second case involved the Washoe County Department of Social Services (WCDSS). In this case, there had been 34 allegations of abuse or neglect over a 13-year period regarding a single family. Many of these allegations were unsubstantiated. Despite the large number of allegations from many different sources, a higher level of approval beyond the caseworker's supervisor was not obtained to substantiate such allegations. In instances of multiple allegations against the family, the risk of an inappropriate decision increases and an additional level of approval would help minimize this risk. The WCDSS has since modified its policy to require a higher level of approval when an alleged perpetrator has three or more investigations within a 4-year period whether or not the allegations are substantiated.

The final case discussed on the bottom of page 3 of Exhibit H, involved the Rural Region, Division of Child and Family Services (DCFS), DHHS. The public disclosure form prepared by the agency only mentioned one of five prior incidents where the agency had contact concerning a family. We found that four of the five prior incidents were recorded under different cases when the mother had a different last name. Although staff indicated they were aware the mother on both cases was the same person, the two cases were not connected in the information system used to prepare the public disclosure form. The DCFS has modified its procedures and indicated they will provide refresher training to ensure complete information is reported. The public disclosure forms were complete in subsequent reviews.

Chair Jones:
The audit findings indicate of the 89 cases reviewed, 66 cases, or 74 percent, did not show any indications that abuse or neglect was the primary factor in the fatality or near fatality. Does that mean the remaining 23 cases, or 27 percent, did show abuse and neglect as the primary factor causing the fatality or near fatality?

Mr. Townsend:
Yes, that is correct.

Chair Jones:
Only three cases are identified as problems in the LCB audit findings. What was the determination on the other 20 incidences?

Mr. Townsend:
We performed a detailed review of the case files. In the other 20 reviews, we did not see anything out of the ordinary. The cases were handled as they should have been.

Chair Jones:
When there was a prior history of abuse or neglect and there is a child fatality or near fatality, under what circumstances would you decide this could not have been avoided by the child and family services agency?

Richard A. Neil (Audit Supervisor, Audit Division):
A typical example is a reoccurrence of a problem on a closed case where the last contact was several years ago. When children are returned to their family, there is always a risk there will not be good outcomes. We determine whether the agency made reasonable judgments in closing the case and whether there was adequate supervision involved. In these cases, the only way there would never be any risks is if children were never returned to the family.

Chair Jones:
How many of the 23 cases were open cases where the fatality or near fatality occurred?

Mr. Neil:
I do not recall. I believe it is very few cases.

Chair Jones:
I will follow up with the child and family services agencies.

Jill Marano (Deputy Administrator, Division of Child and Family Services, Department of Health and Human Services):
I will be responding to the findings for the case referenced for the rural region. A written response to the audit findings is provided on pages 8 and 9 of Exhibit H. We have taken corrective action as described by Mr. Townsend. The DCFS employee completing the public disclosure form made this error. This person only searched for a case under the last name of the deceased child.

Lisa Ruiz-Lee (Director, Clark County Department of Family Services):
A written response to the audit findings is provided on page 5 of Exhibit H. The case that Mr. Townsend referenced in his report has been highly publicized in Clark County. As stated in our response letter, there was not anything found in this audit that we had not already identified ourselves. We noted almost immediately upon receipt of the second report, there had been an error made in the prioritization of the investigation. We conducted a comprehensive review of the calls that came in and the circumstances around the reports that were received. We examined the policies and instructions and found that had the policies been followed, the error would not have occurred.

We terminated the staff member who committed the error and took immediate action to improve the hotline training. We have been working with the National Resource Center for Child Protective Services since May 2012 to implement a more comprehensive case management model for our system from end to end. That process includes implementation changes that will be made to the hotline.

Additional training will be provided to the hotline and other child welfare staff on that particular model. I requested the convening of a child fatality review team including law enforcement, the school districts and child welfare service staff. The purpose of the meeting will be to have an open candid conversation about what transpired leading up to the child fatality. As a system, we can help prevent this in the future. Recommendations will be made for overall systemic reform including improvements for communications, interactions and the process for mandatory reporting of the general signs of child abuse and neglect. This meeting is expected to occur in April 2013.

Chair Jones:
Can you tell me what cases reviewed in the audit were open cases?

Ms. Ruiz-Lee:
The only open case was the one identified in the LCB audit as not being appropriately prioritized. It has been a long time since we had a child fatality on an open case. Typically, they are cases where there is a history of abuse or neglect reports, but they are not necessarily open cases.

Chair Jones:
What is DCFS's obligation once a report is filed?

Ms. Ruiz-Lee:
Once a case is open, NRS 432B requires our agency to initiate an investigative response within 3 days. Our agency has in place more stringent requirements. As calls come into the hotline, the cases are prioritized based upon the information provided. The hotline is critical in effective child abuse response. The persons answering the calls must understand the information received and accurately assign a priority code. Some of the cases that come to us are emergencies and the three-day response would not be appropriate. We believe our obligation is to respond.

Chair Jones:
When you received the audit, did you only review the single case that was highlighted by Mr. Townsend's office, or did you review all 14 cases in which there was a fatality or near fatality?

Ms. Ruiz-Lee:
We do a comprehensive review of all child fatalities within our agency. It is not a matter of waiting for LCB or any other entity to do an audit. We are always looking for ways to improve our response to child abuse and neglect. It makes no difference if it is an open or closed case. We want to continually improve our case management and service delivery to children and families. Our goal is to prevent reoccurrences of incidences. We try to learn from child fatalities. We look closely at what could have been done differently that would have changed the trajectory of the life of that particular child or family.

Kevin Schiller (Director, Washoe County Department of Social Services):
A written response to the audit findings is provided on page 6 of Exhibit H. The policy has been revised to state an administrative review will be done if there are three or more investigations within a 4-year period, whether the allegations was substantiated or not.

We have a transparent process in terms of death reviews. Death is the worst possible outcome. The death and near death reviews teach us how to change our policies to improve the outcomes for the next case. It is a continuous improvement process.

I was the supervisor 11 years ago on the case identified as a problem in the LCB audit findings. I knew the children involved. We do not take any of these deaths lightly. During the history of child welfare, everything was always

considered in terms of confidentiality. Today, as the director of the agency, the approach is to consider the circumstances as transparently as possible so we are not sitting behind confidentiality, but instead always looking for ways to improve. We learn something from every case reviewed. This audit process has positively affected child welfare across the board.

Chair Jones:
This is an important process. I hope the next audit will reflect no child fatalities or near fatalities.

We will open the work session on S.B. 98.

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)

Marsheilah D. Lyons (Policy Analyst):
The Committee has been provided with the work session document (Exhibit I). 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.

There are four proposed amendments. The first amendment submitted by the DCFS is described on pages 3 through 9 of Exhibit I. The second amendment submitted by The Children's Advocacy Alliance on behalf of the 432B Workgroup is presented on pages 10 through 16. The third amendment submitted by the Clark County Office of the District Attorney (DA) is described on pages 17 through 23. The fourth amendment submitted by Quintin Dollente, Deputy Special Public Defender, Clark County, is described on pages 24 through 28.

Chair Jones:
Is the first amendment subsumed in the third amendment?

Brigid J. Duffy (Chief Deputy District Attorney, Juvenile Division, Office of the District Attorney, Clark County):
Amendment 3 submitted by the Clark County DA rescinds some of the original proposed amendments. The language was simplified to salvage the revisions

related to Title IV-E of the Social Security Act and The Child Abuse Prevention Treatment Act (CAPTA) funding requirements.

Chair Jones:
I want to make certain the proposed revisions in Amendment 1 submitted by the DCFS, are included within Amendment 3 submitted by the Clark County DA.

Ms. Duffy:
They are included.

Senator Kieckhefer:
I do not want to adopt any language that lessens a judge's ability to protect children. If the language that protects Title IV-E and CAPTA funding is incorporated into the amendment proposed by the Clark County DA, I will make a motion.

> SENATOR KIECKHEFER MOVED TO AMEND AND DO PASS AS AMENDED S.B. 98 WITH AMENDMENT 3 PROPOSED BY THE CLARK COUNTY OFFICE OF THE DISTRICT ATTORNEY.
>
> SENATOR SMITH SECONDED THE MOTION.

Senator Hardy:
I need some clarification about what we are doing.

Chair Jones:
Amendment 1 is incorporated into Amendment 3. The motion is to amend and do pass including only Amendment 3 submitted by the Clark County DA.

Senator Segerblom:
Can the Clark County DA respond to Amendment 4, pages 24 through 28 of Exhibit I, proposed by the Deputy Special Public Defender, Clark County?

Ms. Duffy:
We disagree with the comments made by the Clark County Public Defender's Office that the waiver of reasonable efforts is substantially overused by the Clark County DA and the courts. In 2012, the Clark County DA filed 1,439 petitions of abuse and neglect. Only 50 motions—3 percent—included

a waiver of reasonable efforts. The waiver of reasonable efforts is not overused. Nevada law complies with federal regulations. States are given the latitude to define reasonable efforts to fit the needs of the children within each state.

Chair Jones:
Amendment 4 from the Clark County Public Defender does not include the sections to comply with the IV-E and CAPTA funding.

Ms. Duffy:
That is correct.

Senator Hardy:
The priority should be the safety of the child, not the return of the child to the parents.

Denise Tanata Ashby, J.D. (Executive Director, Children's Advocacy Alliance):
A written response to the Clark County DA proposal can be found on pages 10 through 16 of Exhibit I. It is labeled Amendment 2. The first portion of our response, pages 11 through 16, is centered around the definition of reasonable efforts. The waiver of reasonable efforts is usually one step removed from termination of parental rights. These should be the most severe cases where there are no services or support that would allow reunification.

The second part of our response, pages 14 through 16, provides comments from the Children's Advocacy Alliance 432B Revisions Workgroup regarding the proposed revisions by the Clark County DA. This Workgroup is a varied group made up of members from the Clark County DA's Office, the child welfare agencies, service providers, advocates and family representatives. Overall, there was no consensus among the Workgroup members to support or oppose the amendments proposed by the Clark County DA. Concerns were expressed that the amendments were broadening the ability of the agency to waive reasonable efforts too much. Generally, the 432B Workgroup supports including a provision that would allow waivers if there was prior sexual abuse by the parent. The largest concern was striking the language that would require the court to approve waivers of reasonable efforts. If the broad language remains, it should not be the sole decision of the agency but rather require a court review and approval.

THE MOTION CARRIED. (SENATOR SEGERBLOM VOTED NO.)

* * * * *

Chair Jones:
We will begin the work session for 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)

Ms. Lyons:
Senate Bill 167 is described in the work session document (Exhibit J). It enacts provisions for the designation of certain hospitals as heart attack receiving centers or heart attack referring centers. One amendment was submitted by Christopher Roller for the Committee's consideration.

SENATOR HARDY MOVED TO AMEND AND DO PASS AS AMENDED S.B. 167.

SENATOR SEGERBLOM SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY

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Chair Jones:
We will now open the hearing for S.B. 176.

SENATE BILL 176: Revises various provisions concerning investigations of reports of abuse or neglect of a child. (BDR 38-66)

Ms. Ruiz-Lee:
We as child welfare agencies investigate reports of child abuse and neglect. As we conclude those investigations, we determine whether the findings are substantiated or unsubstantiated. We substantiate abuse and neglect cases when there is creditable evidence supporting the allegation. We "unsubstantiate" those investigations when there is no credible evidence.

Investigations can take two paths in the child welfare system. One path is the agency-only path. These investigations never enter the court arena. The child welfare agency can safely manage maltreatment, and no additional court oversight is needed. The other path is investigations where court intervention is necessary. In these cases, the children are placed in protective custody, court hearings are held, parties are assigned attorneys and the judiciary helps to manage the outcomes.

When abuse and neglect is substantiated against individuals statutorily, their names are included in a statewide central registry identifying them as perpetrators of abuse and neglect. All states are required to maintain such a registry. The NRS defines the Nevada registry.

In 2011, the Office of the Attorney General was asked for an opinion on the statutory language in NRS 432B as it relates to the statewide practice for court substantiated investigative findings. Often, the agencies were involving the court in investigations, and those courts would find that a child was in need of protection. The agencies would then render decisions stating the case was court substantiated. Actually, the agency had substantiated it, but the court was involved. The agencies would then submit the information to the Central Registry in accordance with the statutory requirement.

Appeals for these cases were routed through the court system. This made sense considering the court was providing oversight of the cases. The opinion from the Office of the Attorney General indicated there would be separate appeal rights through the agencies. In some cases, two separate appellant processes were allowed, one through the agency and one through the court. The CAPTA federal law requires an appeal process for every individual involved with the child welfare system that has substantiated findings. Senate Bill 176 proposes to change the statutory language to agree with existing practice and allow a single appellant process.

Clark County submitted a proposed amendment (Exhibit K) for consideration. Section 4 states when agencies substantiate a child abuse investigation against an individual, a letter is sent explaining the findings. The individual then has the right to request an appeal of that substantiation. The amendment proposes adding language that states the administrative appeal is stayed pending an adjudicatory hearing in a dependency court.

All references to criminal proceedings are deleted. The standard of evidence in NRS 432B is lower than the standard of evidence in criminal cases. Dependency hearings are the most relevant court process for the child welfare agencies. Therefore, the adjudicatory hearing language remains, and the references to criminal proceedings are deleted. The stay on an administrative appeal is lifted if an adjudicatory hearing is dismissed or no final determination is made. People will still receive their appeal rights if the court kicks the case out of the system. The individuals can come through the agency and exercise their appeal rights. If they do not request an appeal, their name is submitted to the Central Registry as required by law. If an individual requests an appeal, a hearing officer determines whether the name is sent to the Central Registry. A new section is added defining substantiated and unsubstantiated. In short, S.B. 176 as amended would revise the NRS to reflect current practices and would clarify that there will not be two separate appeal processes.

Senator Hardy:
Does deleting the criminal proceeding language make it easier to substantiate abuse and protect the child?

Ms. Ruiz-Lee:
Yes. The burden of proof for us as a child welfare agency is much lower than what is required for a criminal trial.

Conclusive presumption language is added in section 4, subsection 6. If the court finds a child is in need of protection, the appeal processes reside within the court arena.

In section 7 of Exhibit K, language is added saying, "the agency shall, determine relevant information including, but not limited to …"

Valerie Wiener (Chair, Legislative Committee on Child Welfare and Juvenile Justice):
The revisions set forth in S.B. 176 were recommended by the Legislative Committee on Child Welfare and Juvenile Justice. In addition to what has been discussed, clarification is made in section 8 that an agency shall not report to the Central Registry information concerning a child affected by prenatal illegal substance abuse or as having withdrawal symptoms resulting from prenatal drug exposure unless the agency determines abuse or neglect occurred after the child is born.

New language is added to section 9 specifying allegations in the petition admitted to by the parties must be included as part of the disposition for the case in the report made to the central registry.

Chair Jones:
Sections 8 and 9 were not proposed to be amended by the Clark County DA.

Kevin Schiller:
I support S.B. 176. The proposed revisions align practice with what makes sense.

Ken Lange (Executive Consultant, Nevada Youth Care Providers):
The Nevada Youth Care Providers support S.B. 176. The proposed revisions do a good job cleaning up what could be a potentially bad situation. The very nature of this process makes it adversarial. While we fully intend to protect the safety of the child, the integrity of the family is also at stake.

Ms. Marano:
The DCFS supports S.B. 176 along with the amendments proposed by the Clark County DA.

Chair Jones:
The hearing for S.B. 176 is closed. We will open the hearing for S.B. 362.

SENATE BILL 362: Makes various changes concerning health care facilities that employ nurses. (BDR 40-710)

Senator Pat Spearman (Senatorial District No. 1):
I am introducing S.B. 362 and am submitting to you my remarks (Exhibit L), which I will read.

Senator Kieckhefer:
Why does this measure only include Clark and Washoe Counties?

Senator Spearman:
The facilities in the other areas have a bed population of less than 70. Therefore, the staffing ratio would not be applicable.

Senator Kieckhefer:
If it does not create a problem, it makes sense to include the rural hospitals rather than exclude them.

If staffing ratios are needed to maintain adequate safety for patients and to ensure positive outcomes, why can the staffing ratios established in this bill be overridden by a collective bargaining group? Section 10, subsection 5, states the staffing ratios established in section 10 do not apply if the documented staffing plan is developed by a joint labor-management committee or pursuant to a collective bargaining agreement.

Senator Spearman:
The intent is to have a collective bargaining agreement or joint labor-management committee in place to ensure appropriate nurse to patient ratios exist. Absent that, there must be written policies in place.

Senator Segerblom:
Does California have a similar law regarding staffing ratios?

Senator Spearman:
Yes, they do.

Senator Jones:
What other states have similar language?

Senator Spearman:
California is the only state.

Senator Jones:
Can you address the repeal of NRS 449.242 and NRS 449.2421 with respect to the staffing committees?

Senator Spearman :
Although the staffing committees are in place, they do not have the authority to do what needs to be done. We are intending to wipe the slate clean and start fresh from the ground level.

Senator Jones:
Do you have some thoughts about how to put some teeth into the staffing ratios if this is passed?

Senator Spearman:
I prefer to have others testify, and then my comments will make more sense.

Antonio Rodriguez (Research Director, Service Employees International Union Local 1107):
I support S.B. 362. I have submitted my written testimony (Exhibit M) and will read it.

Rah Abdullah, RN (Executive Vice President, Service Employees International Union, Valley Hospital):
I support S.B. 362. I have been a registered nurse for 29 years. I have worked in Las Vegas for 12 years and am currently working in cardiology and direct patient care. I have submitted my written testimony (Exhibit N).

Chair Jones:
Please submit any studies you have in support of the position. I had previously asked both sides to provide me with supporting data so this Committee could properly evaluate the proposed legislation.

Jeff Pierce, RN:
I have submitted written information (Exhibit O) supporting the need for S.B. 362.

Michael Collins, RN (University Medical Center of Southern Nevada):
I have worked as a registered nurse in Nevada for 28 years. Currently, I am a medical surgery nurse. I support S.B. 362. I have submitted written testimony regarding readmission rates (Exhibit P).

Senator Hardy:
Do you have data from California substantiating outcomes?

Mr. Collins
I do not have that data. I can refer you to Mr. Rodriquez who could make that information available.

Al Martinez (President, Service Employees International Union Local 1107):
I am providing the Committee with a petition in support of S.B. 362 signed by members from the hospitals represented by the Service Employees International Union Local 1107. It has approximately 1,400 signatures. I have submitted my written comments (Exhibit Q).

Danny Thompson (Nevada State AFL-CIO):
I support S.B. 362. The issue before us today is not new. It has been before this Legislature a number of times. The most important issue is patient outcomes. Adequate staffing standards should be in place to protect the patients but also to protect the licensed professionals providing care. Licensed professionals can lose their jobs and their licenses if a patient is adversely affected from improper care.

Craig Stevens (Nevada State Education Association):
I support S.B. 362. Nationally, over 250 people die every day from preventable medical errors. We have the power to change that. The direct care nurses who are on the front lines are telling you that adequate staffing is an issue. The State acknowledges the expertise of nurses by issuing them a license. Nurses are held responsible if something occurs on the hospital floor.

The scientific evidence that adequate staffing saves lives has been proven before the Legislature; otherwise, this body would not have approved the staffing committees in 2009. We are calling for staffing standards to protect patients. Keeping patients safe should be of interest to everyone. We are all potential patients. Nevada is at the bottom of almost every list. Let us move our state forward and protect our patients by passing S.B. 362.

Stacey Shinn (Social Worker; Progressive Leadership Alliance of Nevada):
The Progressive Leadership Alliance of Nevada (PLAN) supports S.B. 362. It was included in the top ten bills supported by PLAN for 2013. Health care is the fastest growing field in the Nation. After California enacted their legislation for nursing to patient staffing ratios, the recruitment and retention of nurses improved. Since California's legislation has gone into effect, there has been a trend of nurses leaving northern Nevada to go to work in California. Not only does S.B. 362 propose increased care and safety of our patients, it will create jobs and keep hard-working nurses in Nevada. Please pass S.B. 362 and put patient safety above profit.

Jerri Strasser, RN (Pediatric Critical Care, University Medical Center of Southern Nevada):
I have been a nurse for 31 years at the University Medical Center (UMC) of Southern Nevada. I take care of critically ill children. I love my job. It is a great job when there is an adequate number of caregivers.

The Hospital Consumer Assessment of Health Care Providers & Systems (HCAHPS) scores are a serious issue in the hospitals and will be a big deal under the Affordable Care Act (ACA). Low HCAHPS scores will be used to withhold Medicaid and Medicare dollars. The first section of the HCAHPS Survey (Exhibit R) is related to nursing care. The first three questions ask directly about nursing care and communication. Nevada ranks below the national average on these questions. After living in Nevada for 44 years, I would like to see Nevada score good on quality care instead of being the first on every bad list. The lower the HCAHPS score, the higher the readmission rate. Low scores are frequently caused by poor nurse communication and discharge instructions and noncompliance.

Hospitals must follow many standards to ensure patient safety. When we are short staffed, important items such as double checking medications can be missed causing an unsafe situation for patients. If there is not enough staff, I as a charge nurse have to cover patients. It is impossible to provide good care to my patients and run a busy critical care unit while at the same time being a resource to a shift of newly trained critical care nurses. Nurse turnover becomes high when there is inadequate staffing.

David Linton, RN (Desert Springs Hospital):
I am a medical surgery nurse at Desert Springs Hospital. I work in the recovery unit caring for people who have undergone surgery. Senate Bill 362 proposes to have four patients per nurse. Currently, it is standard to have seven patients per nurse. Patients have a variety of acuity levels requiring different levels of care.

The 2002 *Journal of the American Medical Association* reviewed 163 hospitals. They found that considering four patients per nurse, for every one patient added, the odds of patients dying increased. With five patients, the chance of a patient dying increases 7 percent. At six patients, the chance of dying increases to 14.5 percent. At seven patients, which is our current standard, it increases to 22.5 percent. On occasion, we handle eight patients increasing the

chances of dying in a unit to 71.82 percent. This study also found that at seven patients there is a 23 percent increase of job burnout.

These numbers are important to keep in mind because at some point everybody will be in a hospital. I invite all of you to come to any hospital and see for yourselves what goes on.

Chair Jones:
It is important to me to understand at ground level what nurses do. Earlier this year I spent a day at UMC in surgery trailing some of you who are here today in the audience.

Tricia Martin, RN (Service Employees International Union Local 1107):
I have been a medical surgery nurse for 4 years. There is no accountability for staffing. That needs to change. I have been a charge nurse numerous times along with a full assignment of six or seven patients. My staff has seven or more patients each. This is not safe for the patients or the nurses. As nurses, we cannot say no. We become nurses because we care about people. I have heard coworkers say they have had to learn to give less care because of high workloads. The patients are important, but so are the employees. Retention is huge for quality of care. Money does not buy experience; only time provides experience. Experienced nurses provide better care.

Bill Welch (President/CEO Nevada Hospital Association):
The Nevada Hospital Association (NHA) opposes S.B. 362. The NHA represents the majority of acute care, psychiatric and rehabilitation hospitals in Nevada. I have submitted written testimony (Exhibit S). I have five health care professionals with me today who work in the clinical setting and who will share specific information on how patients will be negatively affected if this legislation is passed.

Margaret Covelli, RN (Chief Nursing Officer, Spring Valley Hospital):
I am in opposition to S.B. 362. I have submitted written comments (Exhibit T).

The current nursing shortage is the largest nursing shortage in the history of the United States. According to government studies, the average age of a nurse is 47. Fifty-five percent of the nurse population is expected to retire between now and 2020. In addition to that, the population age 65 or older will double between now and 2030. This will create a large demand for nurses as retirees

use more health care and we enact the ACA. Passing S.B. 362 will exacerbate the current shortage and make the looming shortage larger than anticipated.

Although California was able to fill their need for nurses by hiring temporary travel nurses, it is clear considering the looming shortage we will not be able to provide enough practicing nurses. Competition for nurses will hurt hospitals that cannot afford to pay the associated escalating wages. Consider the rural areas that have been left out of S.B. 362. Rural hospitals will not be able to compete for the nurses they need if they are forced to compete with the escalating wages provided in the urban areas. This will exacerbate the existing shortage of nurses in rural areas.

The California-mandated numerical ratios, which have been in effect for almost 10 years, have created higher wages and ultimately higher health care costs without proven differences in quality in service. Nevada hospitals will be forced to lay off caregivers and other employees to accommodate the higher costs of registered nurse wages. This will increase the Nevada unemployment rate. The result will be a reduction in hospital services, increased emergency room (ER) diversion, increased unit closures and increased hospital expenses as hospitals pay additional labor costs for overtime and temporary agency nurses. The increased use of these temporary nurses will not improve the quality of care as continuity of patient assignment and commitment to hospital goals are unlikely to be met.

The HCAHPS and Centers for Medicare and Medicaid Services (CMS) core measure studies are not any better in California than they are in Nevada, although California has had nurse-to-patient staffing requirements in place for 10 years. Also of importance in those studies is that the greatest impact to quality care lies in the experience and training of the nurse, not with staffing ratios.

The ER patients are the sickest among us. The ER must comply with the Federal Medical Treatment and Labor Act. This law requires medical screening exams. The law mandates patients who present to the ER to be stabilized whether or not the facility complies with nurse staffing ratios at the time of their presentation. Please recall for a moment the recent flu surge in Las Vegas. We had a tent outside in the UMC parking lot to deal with the overwhelming presentation of patients at that time. At one point during the week, eight hospitals in Las Vegas closed their doors to ambulances. Should we enact

mandatory numerical staffing ratios, you can expect the nursing shortage will prevent us from having an adequate number of nurses, resulting in regularly having to stop receiving ambulance patients.

Although we have studied similar bills to S.B. 362 in regular and interim legislative sessions, we have only once tried to alleviate the basis of our problem. The basis of our problem is the nursing shortage. Instead of the proposal set forth in S.B. 362, we ask for funding to help train our most precious resources in the State, which are nurses.

Chair Jones:
Could you please provide the Committee back-up information for your assertions regarding California's patient-to-staffing ratios, quality of care and costs so we may properly evaluate how to go forward with policy decisions?

Christine Bosse (Vice President, Government Relations, Renown Regional Medical Center; Chairperson, Nevada Hospital Association Data Finance Committee):
I am speaking in opposition to S.B. 362. My focus is on the financial viability of hospitals and how that affects access to health care. I am submitting my written comments (Exhibit U).

Please keep in mind when reference is made to Medicaid patients, Medicaid has reduced payments to hospitals to the 2001 rates. Also, the Medicaid population is continually growing. The Medicaid population has grown by 28 percent over the last 4 years. Currently the Medicaid population pays 57 percent of the actual care costs. In the end, 16 of the 33 general acute care hospitals are losing money from operations. Someone commented earlier today that it is not about costs but more about the patient. While most of us agree it is definitely about the patients, in order to take care of the patients, hospitals must remain viable.

The other item important to remember mentioned by Ms. Covelli, is that Nevada is last in the United States in terms of RN's per capita. Nevada is only second to California. Over my 8 years in this Legislative Building, I have seen that distinction switch back and forth only between California and Nevada. Neither California nor Nevada is doing a good job growing the number of nurses needed to meet our current staffing plans with our current patient population.

In conclusion, $263 million in new costs would be incurred by hospitals to implement S.B. 362. Hospitals would need to shift this cost to 25 percent of the patients. If the costs cannot be shifted or enough nurses cannot be hired, hospitals would have to care for approximately 52,000 fewer patients than they did last year to comply with the law.

Chair Jones:
I understand California is the only state to legislate the nursing staffing ratios. Can you provide any comparisons between Nevada and states other than California in terms of staffing ratios?

Ms. Bosse:
I have a copy of a study I can leave with you today that shows the nursing population per capita by state.

Chair Jones:
Do you have anything that shows ratios of patients to nurses?

Ms. Bosse:
No.

Senator Segerblom:
When you calculated how much money this would cost, did you consider supplanting any of the existing employees or did you determine the cost only for adding new nurses?

Ms. Bosse:
The calculation was based on costs for additional nurses hired to take care of the number of patients seen last year.

Senator Segerblom:
Did you consider letting go any certified nursing assistants?

Ms. Bosse:
We did not consider letting go of any existing staff. We only calculated the costs for adding nurses to get to the ratios required in S.B. 362.

Senator Kieckhefer:
Is the cost you quote inclusive of UMC's fiscal note?

Ms. Bosse:
Yes, UMC was included in the survey.

Senator Kieckhefer:
Does the cost include other State hospitals such as the State psychiatric hospitals?

Ms. Bosse:
No, it did not include any of the State hospitals.

Senator Hardy:
Is there a reason why Nevada and California are the worst states in the Country for nurses per capita? Why are there not more nurses going to California if their nurse to patient staffing ratios are so great?

Ms. Bosse:
That is a good question. I believe the biggest reason we have a nursing shortage in Nevada has to do with our narrow nursing training programs and lack of funding to expand nursing training programs. It would be interesting to find out the number of nurses trained per capita in other states compared to Nevada. My sense is that is probably the bigger issue, but I will do research and confirm that information.

Senator Hardy:
I would guess California has more schools and training programs for nurses than Nevada. If that were true, why would California not have a larger percentage of nurses per capita than Nevada?

Ms. Bosse:
That is a good question. I do not know the answer. We need to know the education numbers per capita to answer that question.

Gail Green, MSN, RN (Renown Regional Medical Center):
I oppose S.B. 362. I have been a registered nurse for over 40 years.

I was the vice president for patient care services and chief nursing officer at a 385 bed acute care hospital in central California from 2004 to 2006. I left that job and left California because of unsafe patient care and my belief it was

unethical to be associated with the poor health care outcomes that were occurring within my community.

We have heard much today about the nursing workforce and how the nurse-patient ratios increase nursing satisfaction. Approximately 30 percent of the workforce in my hospital in California was Canadian nurses brought in at an incredible cost. One-third of the nursing staff came from the Philippine Islands. We had to do international recruitment to meet the mandated nurse-to-patient ratios. Only 33 percent of the nurses came from the surrounding community. Having nurse-to-patient ratios did not increase the number of nurses who wanted to practice nursing in California. I am submitting my specific comments about my experiences (Exhibit V).

Nurse-to-patient ratios such as those practiced in California do not serve the best interest of patients. The saddest thing about those ratios is nurses begin to count patients as widgets. A nurse must only serve so many widgets. The acuity of the patients is not considered. Patients are not numbers. Every patient is unique and different and has a different acuity. Please do not let this happen in Nevada hospitals. The California the nurse-to-patient ratio law is not the answer. If it were, every state in the Union would be implementing such a law. They have not. Only California has such a law. Implementing S.B. 362 would take away the professional judgment of my profession of which I have been a member for 40 years.

James Cohen, MD:
I oppose S.B. 362. I practiced medical oncology for 33 years in San Jose, California. I retired and moved to Reno 2 years ago.

I was in practice before, during and after the nurse-to-patient ratios in California. Having a large practice of cancer patients, I had many sick patients. My hospital census was usually eight to ten patients at any given time. When California passed the law, I thought it would be a good thing. How could a lower patient to nurse ratio be bad? I was wrong.

I experienced what Ms. Green described. I would have a patient in my office with a life-threatening condition, low white blood count, fever, intense vomiting, dehydration and uncontrolled pain. When I called the hospital for a bed, I was told there were vacant beds, but all the nurse-patient ratios were full. I then had to send the patient to the ER. Can you imagine a worse place to be if you are

sick—spending 24 to 48 hours in a noisy, brightly lit ER separated from the next patient only by a curtain? The impact on the ER was profound because patients coming to ER could not be seen timely because all the bays were full with patients who should have been in the hospital. It gave a new meaning to a hallway consult because doctors would have to see patients in the hallway.

In an effort to find more nurses, California hospitals hired anyone with a nursing diploma and a heartbeat. They recruited from all over the world—China, Taiwan, the Philippines. I had a personal experience where I had to be admitted to the hospital and had such poor care I checked myself out.

I was also on the hospital board. I can tell you firsthand the impact on the finances. Some of the nurses in the hospital were making more money than the physicians. It was not uncommon for a nurse to earn $120,000, $160,000 and $180,000 a year.

I am here as an individual and as a representative of future patients in Nevada. Please vote against S.B. 362.

Senator Hardy:
Are you saying there were hospital beds available but not enough nurses, which then created an access to care challenge?

Dr. Cohen:
Yes.

Vicki Huber, RN, MSN, MBA (Chief Nursing Officer, University Medical Center of Southern Nevada):
I oppose S.B. 362. I have submitted my written testimony (Exhibit W).

This bill could cripple the Nevada hospitals and specifically UMC, the state's only public safety net hospital. It is imperative Nevada leadership fully understand the unintended consequences of a "one-size fits all," unfunded, nurse staffing mandate and the potential risks of creating a health care disservice to our citizens by potentially reducing access to care.

Hospital staffing is very fluid and extremely dynamic; it changes on a dime. It is revised on an ongoing basis, shift by shift, hour by hour, depending upon the needs of the institution and the patients being served. At the core of our

staffing are our acuity systems. This acuity system is in accordance with Nevada law as described in my testimony, Exhibit W. At no time in my 14 years of experience at UMC has there ever been a citation for inadequate staffing or poor outcomes attributed to improper staffing.

Senate Bill 362 represents an effort to constrain, invalidate and marginalize the professional nurses' role in staffing decisions. It is in direct conflict with the nurses' obligation to care for patients and the accountability set forth in State regulation of our profession.

As nursing professionals, we take full responsibility for the quality of nursing care and the processes for the provision of adequate and optimal patient care quality. A rigid mandate of nurse-patient ratios does not support nursing efforts for providing safe care to patients. This matrix style formula is shortsighted and flawed.

With the provisions of A.B. No. 121 of the 75th Session passed in 2009, UMC's nursing staff participates with equal representation from collective bargaining members, direct care nurses and management. We work on these staffing committees and facilitate ownership of staffing and staff practice at the bedside. Annual reports are submitted to the State that demonstrate this committee's positive work and opportunities to improve the delivery and quality of patient care.

As an organization that values its professional nursing staff, our bedside nurses participate annually in the National Database of Nursing Quality Indicators. This survey measures nurses' satisfaction with their work environment and is benchmarked with like institutions nationally. Our nurses rate UMC's staffing and resource adequacy to be equivalent to the median national standard and report their job enjoyment scores as higher than the average with comparison of medical centers nationally.

Nurses need to continue to make critical patient care decisions for which they have been trained rather than someone else legislating this activity far from the patient's bedside. We respectfully request that the Senate Committee on Health and Human Services reject S.B. 362.

Senator Hardy:
Are you speaking officially for UMC?

Ms. Huber
Yes, I am.

Jeff Stout, RN (Chief Nurse Officer, Renown Regional Medical Center; President of the Nevada Organization of Nurse Leaders):
I am speaking in opposition to S.B. 362. I have provided a supplement, (Exhibit X). Nevada ranks fiftieth in the Nation in the number of nurses per capita. Nevada has 605 nurses per 100,000 people compared to 874 nurses per 100,000 people nationally. If we already rank fiftieth, and Nevada mandates nursing ratios requiring more than 3,000 nurses, where will these nurses come from?

There is no scientific evidence that mandated staffing ratios improve patient outcomes. California remains the only state with mandated staffing ratios. If this were the answer, other states would have surely adopted this during the last 9 years. The only state in the Nation, California, which chose to implement ratios has suffered by closure of hospitals and nursing units, increased ambulance diversion, prolonged ER wait times and the postponement of surgeries. There are no demonstrated improvements in patient experience or quality outcomes.

As professional health care providers, we exist for the sole purpose of serving the citizens and the visitors of Nevada. Our patients and families come first. Passage of S.B. 362 will jeopardize this mission.

Mr. Welch:
Nevada hospitals are concerned about the quality and safety of care for patients. The NHA has taken a lead role in facilitating a CMS initiative known as the Hand Hospital Engagement Network that is specifically focused on improving the number of readmissions. The NHA is continually working with all hospitals, urban and rural, on strategies for how to improve the quality and safety of patient care.

Assemblyman James Oscarson (Assembly District No. 36):
I am neutral on S.B. 362. Patient safety is the primary goal. I have offered my help to Senator Spearman to bring all the interested parties together to collaborate on a resolution that is fair and equitable to everyone. I look forward to participating in the process.

Chair Jones:
California's law was passed a number of years ago. Why has no other state adopted a similar law?

Mr. Rodriquez:
Other states have considered similar laws regarding numerical staffing ratios for nursing.

Chair Jones:
There is a nursing shortage. If S.B. 362 is passed, how will Nevada be able to fill the number of vacant nurse positions?

Mr. Rodriquez:
This is a valid concern. The number of nursing school graduates in Nevada is increasing every year. However, I understand 36 percent of new graduates are not able to find a job. Hospitals may be reluctant to hire new graduates because they have to train them. We must be proactive to encourage hospitals to hire more graduates.

Mr. Collins:
In 2003, the Nevada Legislature imposed an unfunded mandate that the nursing schools increase their graduate rate by 50 percent. When those nurses graduated, they were not hired by the hospitals. The hospitals did not want to incur the expense of training new nurses.

Working as a nurse is extremely stressful. Consequently, many nurses have left the nursing profession. In California, when the staffing ratios were enacted many nurses returned to the profession because they felt safer and less stressed.

Throughout the United States, people have not wanted to go into the nursing profession because it is a difficult job. Consequently, it has been the practice to import nurses from the South Pacific. These nurses are some of the best-trained nurses in the world. The fact that they may struggle with English because it is not their native language does not mean they are not excellent nurses.

Senator Spearman:
I want to refer to a study from the March 5, 2013, Annals of Internal Medicine titled, "Nurse—Patient Ratios as a Patient Safety Strategy" (Exhibit Y). I will read some of the introductory statements:

> A small percentage of patients die during hospitalization or shortly thereafter, and it is widely believed that more or better nursing care could prevent some of these deaths. The author systematically reviewed the evidence about nurse staffing ratios, and in-hospital death through September 2012. From 550 titles, 87 articles were reviewed and 15 new studies that augmented the 2 existing reviews were selected. The strongest evidence supporting a causal relationship between higher nurse staffing levels and decreased inpatient mortality comes from a longitudinal study in a single hospital that carefully accounted for nurse staffing and patient comorbid conditions.

Comments have been made about the increased costs for hiring additional nurses required to meet the staffing ratios set forth in S.B. 362. If there is a nursing shortage now, overtime costs would be replaced with the cost of hiring additional nurses. What about the lawsuit costs for medical errors? What is the cost of one human life, especially if it is your loved one? Regarding the question of where we will find the number of nurses needed, the nurses from the Philippines are highly trained and are a viable solution. Let us not forget there is a correlation between nurse to patient ratios, job satisfaction and burnout. Everyone agrees patient safety and quality of care must come first. I am willing to work through the issues with parties from both sides to enable the passage of S.B. 362.

Senator Smith:
This is my sixth legislative session. The greater portion of the time I have served here, we have talked about this issue. To date, we have not been able to solve the problem. I am unbelievably frustrated.

I have toured hospitals. I have been to nurse rallies and sat through daylong meetings listening to nurses cry and talk about going home at night and feeling they have let their patients down. I have been to auditoriums where nurses told their story from behind a curtain because they did not want to be in public. I have worked with hospitals my entire tenure here. I know the struggles they

have had during this recession as they serve fewer and fewer people who have medical insurance. Fewer businesses are supplying health insurance for their employees. We have cut Medicaid reimbursement twice in our State budget, which has been incredibly difficult for the hospitals. There have been many legislative hearings much larger than this with hours of emotional testimony. In the 2009 Session, I was the Assembly Committee on Health and Human Services chairperson. During that session, we came together and agreed upon the staffing committees. I was hopeful this would have resulted in positive outcomes.

Honestly, I do not know what we are going to do. Everyone agrees this is about patient safety and employee conditions. It is also about hospitals trying to provide care under many conditions. We need to figure out what to do about this and quit fighting each other. Much of this is about a nursing shortage. This is a shortage we cannot solve. The education budget has been cut by a billion dollars in the past 5 years. We wonder why we cannot educate enough nurses to staff our hospitals. If S.B. 362 passes, it will cost $100 million to hire so many nurses. We do not have the nurses or $100 million. The nurses struggle every day, and the hospitals care about their patients. The time has come for us to figure this out. We must talk about the dreaded tax word because until we do, we cannot solve many of our problems. This particular problem will perpetuate with the implementation of the ACA. The ACA provisions will expand Medicaid to more people. This in turn will increase the number of patients and the population the hospital serves at a reduced Medicaid rate. We must work together to come up with a solution.

Chair Jones:
The employers should in no way reward or penalize those who have come out to testify on this bill. This is legislative process and everyone is encouraged to participate.

Following are additional exhibits provided in support of testimonies given:

- Health Services Research, "Quality and Cost Analysis of Nurse Staffing, Discharge Preparation and Postdischarge Utilization" (Exhibit Z).

- 2008 American Medical Association, "Survival From In-Hospital Cardiac Arrest During Nights and Weekends" (Exhibit AA).

- Health Affairs, "Nursing: A Key to Patient Satisfaction" (Exhibit BB).
- Performance Insights, "The Relationship Between HCAHPS Performance and Readmission Penalties" (Exhibit CC).
- American Journal of Infection Control, "Nurse staffing, burnout, and health care—associated infection" (Exhibit DD).
- *Las Vegas Review Journal*, "Nursing ratios: Rigid staffing rules boost costs, limit care" (Exhibit EE).
- 2013 Medicare Readmissions Penalties By Hospital (Exhibit FF).
- University Medical Center, "HCAHP Score Talking Points" (Exhibit GG).
- Letter from Nathan Adelson Hospice (Exhibit HH).
- Letter from Carson Tahoe Hospital (Exhibit II).
- Letter from Renown Nursing Leadership (Exhibit JJ) .
- SEIU Local 1107 signed petition (Exhibit KK).
- List of supporters for S.B. 362 provided by Robyn Zadow (Exhibit LL).
- Letter from Spring Valley Hospital (Exhibit MM).
- Written Testimony from Jim Serratt, CEO, Willow Springs Center (Exhibit NN).
- A Filipina's Testimony (Exhibit OO).
- Senator Spearman Proposed Conceptual Amendment (Exhibit PP).
- Warren Hardy, City of Mesquite, Proposed Conceptual Amendment (Exhibit QQ).

The hearing for S.B. 362 is closed. The hearing for S.B. 449 is now open.

SENATE BILL 449: Revises certain provisions relating to the unlawful disposal of solid waste, sewage or other similar materials. (BDR 40-121)

Michael J. Stewart (Policy Analyst):
I served as the primary staff person for the Legislative Commission's Committee to Study the Deposits and Refunds on Recycled Products. Senator Mark Manendo served as vice chair of the committee.

In short, S.B. 449 increases penalties related to the unlawful disposal of solid waste, sewage or other similar materials. In 2011, the Nevada Legislature enacted A.B. No. 427 of the 76th Session which created the Legislative Commission's Committee to Study the Deposits and Refunds on Recycled Products. That bill started out as a measure to establish a beverage container redemption refund program for Nevada. The bill contained the authority to consider other methods for encouraging recycling in Nevada and to discuss recycling matters in general. As part of their deliberations, the Study Committee regularly discussed waste management practices throughout Nevada. Some discussions were held regarding illegal dumping and whether the penalties associated with the unlawful dumping were adequate to deter this type of activity. Research on the penalties revealed that Nevada law sets forth a graduated approach to these penalties based on whether the offense is the first, second or third offense. Testimony noted that individuals who violate Nevada dumping laws repeatedly revert to a first offense after a period of 2 years.

Senate Bill 449 increases from 2 to 4 years the period during which a third or subsequent offense subjects the offender to penalties. The bill does not increase the penalties but simply provides that a person found guilty of illegal dumping more than three times does not revert to first offense status after 3 years, but instead after 4 years.

Senator Mark A. Manendo (Senatorial District No. 21):
This bill was intended to address habitual dumpers. This is a big issue in Clark County, and I am certain it is in other areas as well.

Senator Hardy:
This bill needs to have a quantity identified so it does not penalize someone who has challenges about where they live such as a homeless individual.

Senator Kieckhefer:
I am having a hard time understanding how the timeline applies for the offenses.

Mr. Stewart:
I could put together a timeline for the Committee to help understand how the penalties would be applied.

Senator Hardy:
Does dog feces qualify as sewage?

Mr. Stewart:
I cannot find a specific NRS that clarifies this issue. I will work with Senator Hardy to address the two issues he has brought up.

Chair Jones:
There being no further business before this Committee, this hearing is adjourned at 7:08 p.m.

RESPECTFULLY SUBMITTED:

_____
Jackie Cheney,
Committee Secretary

APPROVED BY:

_____
Senator Justin C. Jones, Chair

DATE: _____

EXHIBITS				
Bill	**Exhibit**		**Witness / Agency**	**Description**
	A	2		Agenda
	B	27		Attendance Roster
S.B. 338	C	2	Senator Barbara K. Cegavske	Prepared Testimony
S.B. 338	D	17	Senator Barbara K. Cegavske	Proposed Amendment 7846
S.B. 338	E	1	Robin Renshaw	Prepared Testimony
S.B. 338	F	2	Kenneth Taycher	Prepared Testimony
S.B. 338	G	1	Santa Perez	Prepared Testimony
	H	9	Paul Townsend	Legislative Auditor Review of Child Fatalities
S.B. 98	I	28	Marsheilah D. Lyons	Work Session Document
S.B. 167	J	3	Marsheilah D. Lyons	Work Session Document
S.B. 176	K	6	Lisa Ruiz-Lee	Clark County Proposed Amendment
S.B. 362	L	4	Senator Pat Spearman	Prepared Testimony
S.B. 362	M	2	Antonio Rodriguez	Prepared Testimony
S.B. 362	N	2	Rah Abdullah	Staffing and Healthcare Quality Talking Points
S.B. 362	O	2	Jeff Pierce	Local 1107: RNs Shortages
S.B. 362	P	2	Michael Collins	Readmission “Rates Talking Points

S.B. 362	Q	2	Al Martinez	Inadequacies of the Existing Bill on staffing Committees
S.B. 362	R	17	Jerri Strasser	HCAHPS Survey
S.B. 362	S	3	Bill Welch	Prepared Testimony
S.B. 362	T	4	Margaret Covelli	Prepared Testimony
S.B. 362	U	2	Chris Bosse	Prepared Testimony
S.B. 362	V	2	Gail Green and Dr. Cohen	Prepared Testimony
S.B. 362	W	4	Vicki Huber	Prepared Testimony
S.B. 362	X	4	Jeff Stout	Prepared Testimony
S.B. 362	Y	7	Senator Pat Spearman	Nurse-Patient Ratios as a Patient Safety Strategy
S.B. 362	Z	22	Chair Justin C. Jones	Quality and Cost Analysis of Nurse Staffing, Discharge Preparation, and Postdischarge Utilization
S.B. 362	AA	8	Chair Justin C. Jones	Survival From In-hospital Cardiac Arrest During Nights and Weekends
S.B. 362	BB	17	Chair Justin C. Jones	Health Affairs at the Intersection of Health, Health Care and Policy
S.B. 362	CC	3	Chair Justin C. Jones	The Relationship Between HCAHPS Performance and Readmission Penalties

S.B. 362	DD	5	Chair Justin C. Jones	Nurse staffing, burnout, and health care—associated infection
S.B. 362	EE	5	Chair Justin C. Jones	Nursing ratios: Rigid staffing rules boost costs, limit care
S.B. 363	FF	48	Chair Justin C. Jones	2013 Medicare Readmissions Penalties By Hospital
S.B. 363	GG	2	Chair Justin C. Jones	HCAHP Score Talking Points
S.B. 362	HH	2	Chair Justin C. Jones	Letter from Nathan Adelson Hospice
S.B. 362	II	2	Chair Justin C. Jones	Letter from Carson Tahoe Hospital
S.B. 362	JJ	2	Chair Justin C. Jones	Letter from Renown Nursing Leadership
S.B. 363	KK	150	Chair Justin C. Jones	SEIU Signed Petition
S.B. 362	LL	67	Chair Justin C. Jones	Nurses Petition
S.B. 363	MM	2	Chair Justin C. Jones	Letter from Spring Valley Hospital
S.B. 362	NN	2	Chair Justin C. Jones	Jim Serratt Prepared Testimony
S.B. 362	OO	5	Chair Justin C. Jones	A Filipina's Testimony
S.B. 362	PP	1	Chair Justin C. Jones	Senator Spearman Proposed Conceptual Amendment
S.B. 362	QQ	1	Chair Justin C. Jones	Warren Hardy Proposed Conceptual Amendment