MINUTES OF THE MEETING
OF THE
ASSEMBLY COMMITTEE ON HEALTH AND HUMAN SERVICES

Seventy-Eighth Session
April 29, 2015

The Committee on Health and Human Services was called to order by Chair James Oscarson at 1:33 p.m. on Wednesday, April 29, 2015, in Room 3138 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. The meeting was videoconferenced to Room 4404B of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. Copies of the minutes, including the Agenda (Exhibit A), the Attendance Roster (Exhibit B), and other substantive exhibits, are available and on file in the Research Library of the Legislative Counsel Bureau and on the Nevada Legislature's website at www.leg.state.nv.us/App/NELIS/REL/78th2015. In addition, copies of the audio or video of the meeting may be purchased, for personal use only, through the Legislative Counsel Bureau's Publications Office (email: publications@lcb.state.nv.us; telephone: 775-684-6835).

COMMITTEE MEMBERS PRESENT:

Assemblyman James Oscarson, Chair
Assemblywoman Robin L. Titus, Vice Chair
Assemblyman Nelson Araujo
Assemblywoman Teresa Benitez-Thompson
Assemblywoman Jill Dickman
Assemblyman David M. Gardner
Assemblyman John Hambrick
Assemblywoman Amber Joiner
Assemblyman Brent A. Jones
Assemblyman John Moore
Assemblywoman Ellen B. Spiegel
Assemblyman Michael C. Sprinkle
Assemblyman Tyrone Thompson
Assemblyman Glenn E. Trowbridge

COMMITTEE MEMBERS ABSENT:

None

GUEST LEGISLATORS PRESENT:

Senator Scott T. Hammond, Senate District No. 18

STAFF MEMBERS PRESENT:

Kirsten Coulombe, Committee Policy Analyst
Risa Lang, Committee Counsel
Karyn Werner, Committee Secretary
Norma Mallett, Committee Assistant

OTHERS PRESENT:

Mike Willden, Chief of Staff, Office of the Governor
Tracey D. Green, M.D., Chief Medical Officer, Division of Public and Behavioral Health, Department of Health and Human Services
Liz MacMenamin, representing the Retail Association of Nevada
Chris Ferrari, representing Pfizer, Inc.
Joan Hall, President, Nevada Rural Hospital Partners
Linda Lang, Director, Nevada Statewide Coalition Partnership
Kathleen Sandoval, First Lady of the State of Nevada
Joseph Joshua Livernois, representing Northern Nevada Hopes
Karla Wagner, Assistant Professor, School of Community Health Sciences, University of Nevada, Reno
Dorothy Nash Holmes, Judge, Reno Municipal Court
Andres Sanchez, Private Citizen, Reno, Nevada
James G. Marx, M.D., Private Citizen, Las Vegas, Nevada
Ivan Goldsmith, M.D., Private Citizen, Las Vegas, Nevada
Sara Partida, representing the Nevada State Medical Association
Richard Perkins, representing the Nevada State Medical Association
Susan Pintar, M.D., Private Citizen, Carson City, Nevada
Denise Selleck, representing Nevada Osteopathic Medical Association
Michael McAuliffe, Private Citizen, Las Vegas, Nevada
Annette Teijeiro, M.D., Private Citizen, Las Vegas, Nevada
Amy Khan, M.D., Private Citizen, Reno, Nevada
Lisa Durette, M.D., Private Citizen, Las Vegas, Nevada
Brigid Duffy, Chief Deputy District Attorney, Juvenile Division, Clark County District Attorney
James Smith, Private Citizen, Las Vegas, Nevada
Daniel Rose, Private Citizen, Logandale, Nevada
Victor Joecks, Private Citizen, Las Vegas, Nevada
Melinda Munson, Private Citizen, Las Vegas, Nevada
Ollie Hernandez, Private Citizen, Las Vegas, Nevada

Jennifer Barrolitz, Permanency Supervisor, Clark County Department of Family Services
Craig Rosenstein, Rabbi, Temple Bet Emet, Las Vegas, Nevada
Jon Sasser, representing Washoe Legal Services; and Legal Aid Center of Southern Nevada
Stephen Dahl, Attorney, Children's Attorneys Project, Legal Aid Center of Southern Nevada
Lee Elkins, Deputy Public Defender, Washoe County Public Defender
Denise Tanata-Ashby, representing the Children's Advocacy Alliance
Deanna Molinar, Deputy Special Public Defender, Special Public Defender's Office, Clark County
Melissa Oliver, Attorney, Las Vegas, Nevada
Stacey Shinn, representing National Association of Social Workers, Nevada Chapter
Lisa Ruiz-Lee, Director, Clark County Department of Family Services
Kevin Schiller, Director, Washoe County Social Services
Amber Howell, Administrator, Division of Child and Family Services, Department of Health and Human Services

Chair Oscarson:
[Roll was taken. Committee rules and protocol were explained.] I will be taking things out of order on the agenda. The first bill we will hear today is Senate Bill 459 (1st Reprint). As the members may recall, S.B. 459 (R1) was previously heard during our joint hearing with the Senate Committee on Health and Human Services on April 1, 2015. Since we have already heard the majority of testimony on this bill, I would encourage you to make your comments, but please keep them brief since we have a full schedule today. I will now open the hearing on S.B. 459 (R1).

Senate Bill 459 (1st Reprint): Establishes an opioid overdose prevention policy for Nevada. (BDR 40-1199)

Mike Willden, Chief of Staff, Office of the Governor:
As the Chair indicated, you heard this bill in a joint meeting on April 1, 2015, and it was also heard in the Senate on April 10, 2015. I will give a brief background of the bill.

As we testified before, the National Governors Association (NGA) launched a Prescription Drug Abuse Reduction Policy Academy (PDARPA) back in 2012. Several states were part of that academy in 2012. It launched another effort in 2014 for states to become part of the Drug Abuse Prevention Academy. Nevada applied to be one of those states in 2014 and was accepted along with seven other states to be part of the PDARPA. There have been a number of

meetings over the past several months. It was kicked off in September 2014 at Lake Tahoe. A number of people from Nevada attended that kick-off meeting, along with representatives of several states. We have been working on this policy since then.

I would be remiss if I did not mention that the NGA Prescription Drug Abuse Reduction Policy Academy is not the only group that has been working on this particular issue. If you remember from the joint committee meeting, there were several bills heard. Senator Denis, Senator Hardy, Senator Kieckhefer, and Assemblyman Sprinkle have worked on this legislation. There have also been several committees or work groups, industry coalitions, the Office of the Attorney General, and others that I will not take time to mention that have been working to move this type of legislation forward.

At the end of the day, this legislation, S.B. 459 (R1), is sponsored on behalf of the Governor's Office. It is one of the Governor's top five pieces of legislation that have been introduced and are moving forward. This bill attempts to address four things that came out of the Academy, the four areas where the task force believed we could make improvements in prescription drug abuse. First—but not in any order—is the Good Samaritan law. Then is the naloxone, or Narcan, programs. We believe continuing education for prescribers and dispensers of controlled substances is an important part. Finally, we are looking at the Prescription Drug Monitoring Program, what we call the PDMP, and how it is used by prescribers and dispensers.

I will quickly run through what the bill intends to do regarding the four goals that I talked about. Sections 1 and 2 of the bill add a new chapter to *Nevada Revised Statutes* (NRS) Title 40, which is the Public Health and Safety section, and enacts the Good Samaritan Drug Overdose Act. Sections 3 through 6 of the bill are primarily the definition sections. Section 7 allows prescriptions to be issued to family, friends, and other people in a position to assist people who are in danger of, or are having, a drug overdose. It also talks about the liability issues: criminal, civil, and disciplinary issues. It also allows for what we call the possession of Narcan—I will use that term throughout my testimony—to help others. Section 7 allows pharmacists to furnish Narcan via standard procedures that will be adopted, and also requires one hour of training before a pharmacist can furnish Narcan. Section 8 deals with the storage of Narcan; that you can keep it and use it.

Section 10 deals with the Department of Health and Human Services (DHHS) and directs them to research trends, patterns, and risk factors, and to provide reporting on that research. Section 11 allows for education by the DHHS, subject to available funding. We have talked about that and this bill does not

have funding requirements or a fiscal note, but the Substance Abuse Prevention and Treatment Agency has funds available that they can direct this way.

Section 12 is one of the core functions of the bill, which is the Good Samaritan provision. If a person is seeking help in good faith when he is experiencing an overdose, the people who assist that person cannot be arrested, charged, prosecuted, and so forth. There are limitations in this section. Language has been added and modified on the Senate side to ensure when Child Protective Services is involved in these cases, they can still do what they need to do to protect children.

Section 13 deals with dispensers of Schedule II, III, and IV controlled substances needing to report disbursements to the PDMP by the end of the next business day. That was changed on the Senate side from 24 hours to the next business day. There are some exceptions in this section for health care facilities, child care facilities, and prisoners.

Sections 14 and 15 were changed quite a bit on the Senate side. Originally the bill said that the State Board of Pharmacy would oversee the training requirements for various boards and people who deal with prescribed drugs. That was changed by deleting sections 14 and 15, and new sections were added as sections 15.1, 15.3, 15.5, 15.6, 15.7, and 15.8 to put that responsibility on the boards of medical doctors, dentists, nursing, osteopaths, podiatry, and optometry. Each of those boards would be required to oversee the training of the individuals registered with them to dispense controlled substances, so those six boards would do their own oversight.

Section 16 requires that practitioners, before initiating a prescription for a controlled substance, must obtain a patient utilization report from the PDMP for new patients and existing patients if it is their first course of treatment. Section 17 adds naloxone as a preferred drug on the Medicaid preferred drug list. Section 18 is the effective date of the bill, which would be October 1, 2015. I will stop there, and that is a brief overview of where we have been and where we are going.

Chair Oscarson:
Are you aware there are some amendments to the bill? Do you want to run through those you are going to work with? Do you want to have the people who are proposing those amendments come up with them?

Mike Willden:
I am happy to do it either way. I am familiar with several amendments and I can run through them section by section.

Chair Oscarson:
That would be great. Then we will have those who have the amendments come up as well.

Mike Willden:
I will go down them in numerical order. I am familiar with a suggested amendment to section 7 of the bill (Exhibit C). I indicated that this section deals with criminal and civil liability. The Nevada State Medical Association has suggested an amendment that we are okay with. We would deem that to be a friendly amendment. There is a provision now that if you prescribe Narcan, you have immunity from criminal and civil liability. The amendment also says that if a prescriber chooses not to prescribe, he would have the similar exemption. We are good with that amendment.

Section 10 deals with DHHS and researching trends and patterns, looking at risk factors, and providing reports. Mr. Ferrari has suggested an amendment (Exhibit D) to add language that when DHHS does that research in trends, patterns, risk factors, and reporting it now says, "Provides information concerning interventions that may be effective in reducing fatal and nonfatal opioid-related drug overdoses and other drug overdoses, including the use of and access to abuse-deterrent opioid analgesic drugs." We are good with that amendment. It does not tell anyone he has to pay for or approve or do any of those drugs. When DHHS is studying it and the education factor in the reports, they would look at the use and access to those drugs.

My understanding is that the Medical Association has proposed amendments to sections 15.1, 15.3, 15.5, 15.6, 15.7, and 15.8 to expand regulatory authority for the six boards that are mentioned to identify areas where there is low potential abuse for patients. We are not in favor of those amendments.

I am aware of amendments for section 16 that would change the language in that section. The language now says that before you can initiate a prescription, you need to obtain a utilization report from the PDMP for new patients and for an existing patient if there is a new course of treatment. There are recommendations that will eliminate that language and go to the reasonable-belief language that you only do a drug lookup if there is reasonable belief that someone is abusing drugs.

The Nevada State Medical Association has recommended that section 17 include transitory language. Transitory language would be included in the bill to have the Board of Pharmacy look at improving their computerized system. From our perspective, we are good with that amendment.

We are okay with the amendments in sections 7, 10, and 17.5, and would prefer not to see amendments in the other sections.

Assemblywoman Titus:
What is the rationale for not being willing to accept the amendments in section 16, the reasonable belief for physicians?

Tracey D. Green, M.D., Chief Medical Officer, Division of Public and Behavioral Health, Department of Health and Human Services:
Primarily, we believe the presumption that one may know in advance whether a person will use a prescription for an inappropriate use is not always easily determined. If that is the only time a physician would look up a patient, there is opportunity to miss many abusers who have figured a way to work the system. We agree there are certain circumstances where—for example, it may be a short-term broken arm—the time requirement for looking up or having this report run in lieu of finding a potential abuser outweigh each other.

Assemblyman Thompson:
On page 11, section 14, subsection 4, it says the Board shall require each practitioner who is registered pursuant to subsection 1 to complete annual training of at least two hours. We had talked about this in the joint hearing, but I wanted to be sure the Board was good with this and that they would provide the oversight to ensure everyone is in compliance.

Tracey Green:
That has been amended so it is one credit hour per licensure time, usually one year. Yes, we understand the Boards are in support of that.

Assemblyman Gardner:
Per section 12, subsection 1, paragraphs (c) and (d), if a person is helping someone else or himself with a drug overdose, you cannot use any evidence collected then on a restraining order or as a condition of the person's parole or probation. I understand the parole and probation because some of them have as a condition that you cannot drink, but I wonder why the restraining order? Also, please explain more in-depth why the parole and probation piece.

Mike Willden:
I do not know that I can detail the language; we may have to get someone from law enforcement to come up here. We have spent a significant amount of time on this section with the Nevada District Attorneys Association and law enforcement, and this was the negotiated language that they provided and they preferred we use. I am not in the law enforcement world, so maybe someone from the Association can answer that when they get a chance.

Assemblywoman Titus:
One of my major concerns is that you keep talking about how much time you have spent with the different agencies, the interim committees that you had, and fellow Assemblymen and Senators who have been on this Committee, but the huge void that I see here is that the providers are impacted by this. It seems to me this bill really protects the narcotic-addicted folks. I agree we have a problem with opioid addiction and overdoses in our state, but the bill really does nothing to help the providers. The whole onus of this bill was about the providers. With your broad stroke of not being willing to accept any amendments that actually eases the pain on the physicians, I would be wholly against this bill unless you somehow agree to help us do our job.

Assemblywoman Benitez-Thompson:
Thank you for adding to section 12, subsection 4 on page 7, the language about this not impacting the provision of NRS Chapter 432B.

Chair Oscarson:
I will now take testimony in support of S.B. 459 (R1). Do we have support down in Las Vegas? [There was none.] In Carson City?

Liz MacMenamin, representing the Retail Association of Nevada:
I have come to the table in complete support of this bill, and I thank the Governor's Office, the First Lady, Mike Willden, and the whole crew for working on this language. It took quite a bit of work. I thank all of the legislators who have been involved from the get-go. Assemblyman Sprinkle spent the entire interim working with us. This has been ongoing. I have been working for many sessions with Senator Denis and Senator Hardy on some of these issues. Going forward, this is a good way to start addressing some of these needs. We also support the new amendments that have come forward. We like where it is going.

Chris Ferrari, representing Pfizer, Inc.:
We are working on one of the amendments regarding the Committee being able to further study the use of abuse-deterrent formulations. As Mr. Willden suggested, this is one of the friendly amendments thereto. I would also like to

echo the comments of Ms. MacMenamin, and she took on quite a yeoman's effort over the past interim to look at different ways to address this problem, along with the First Lady, the Governor, and members of his administration. There has been a significant amount of effort, and I want to thank everyone for their involvement in this process.

Joan Hall, President, Nevada Rural Hospital Partners:
Our membership at Nevada Rural Hospital Partners (NRHP) is supportive of the opioid overdose prevention policy. In fact, NRHP is now in collaboration with the Office of Rural Health—currently writing a federal grant—to provide prehospital education and distribution of naloxone kits to rural emergency medical services personnel and clinics. This is critical due to the vast distances and, therefore, the long travel times to reach emergency rooms (ER) in rural Nevada. Along with the NHA, NRHP worked with the State Board of Pharmacy and appreciate their assistance with section 16, subsection 3, which allows hospitals access to the database on behalf of physicians. However, I would be remiss if I did not say, while supportive of the intent of this bill, half of my membership that employ primary care providers share some of the concerns expressed by Dr. Titus, especially regarding the long-time existing patients and the mandate to access the database for those patients before we prescribe.

Linda Lang, Director, Nevada Statewide Coalition Partnership:
I am here in full support of this bill with the amendments. I represent the community coalitions from across the 17 counties that are in the trenches working on this issue. We know this takes multiple strategies across multiple sectors, and it takes all of the people who have been engaged in this process to have an effect on this issue. We believe that the amendments to this bill and the compromises do that, and we are in support of it.

Kathleen Sandoval, First Lady of the State of Nevada:
I am in support of this bill, obviously; it has been mentioned before. I have a long history in the medical field: I worked in the medical field for ten years. I worked in ERs and intensive care units, as well as extended care facilities and traumatic brain injury units. In working with those patients, I saw a significant number of issues when it came to prescription drug abuse and what was appropriate to prescribe to patients.

I also work at the Children's Cabinet, which is a nonprofit organization where we see prescription drug abuse occurring all of the time. There is a significant increase in younger kids getting medications from going to the dentist or having a broken arm and not utilizing all of them. Then they go to a party that is called an M&M party, where a bunch of prescription drugs are thrown in a bowl and all of the kids try them with no idea what they are taking.

I am also in support of the bill for personal reasons. My cousin died from a heroin overdose that started with prescription drug abuse. He was the son of a physician, so people did not think he had a drug problem. It was other physicians who were actually prescribing these medications. To take on the premise that a physician can determine who is a prescription drug abuser is not appropriate, because they cannot. It can be anyone; it can be your cousin, your son, your wife, your daughter. I think it is important for not only preventing prescription drug abuse, but also because I know from working in the medical field that physicians should know what type of medications their patients are on.

Joseph Joshua Livernois, representing Northern Nevada Hopes:
I am employed as a street outreach worker. I am also speaking to you because naloxone saved my life. The bottle of naloxone that was used to reverse my opioid overdose was given to me by an outreach worker at a place called John XXIII Aids Ministry in Salinas, California, who did what I do now. He was trained to administer naloxone, and I was trained by him. That bottle was used to save three lives, not counting mine. The same bottle was eventually used to save my life. Because of that bottle of naloxone, I am able to be here to testify and to do the work I am doing now. This law would allow naloxone to be distributed in the way that I received it, and I urge you to support this bill.

Karla Wagner, Assistant Professor, School of Community Health Sciences, University of Nevada, Reno:
At the first joint hearing, I submitted testimony speaking to the research efficacy around overdose education and naloxone distribution. In that testimony I cited a report from the Centers for Disease Control and Prevention that documented over 10,000 administrations of naloxone by laypeople. Since the first program was started in 1996, over 50,000 laypeople have been trained in the appropriate use and administration of naloxone. I also provided data about three large studies that have documented decreases in overdose deaths in communities where naloxone access has been expanded through legislation such as S.B. 459 (R1). The conclusions from these studies are consistent. When we expand access to naloxone for people at risk of dying from an overdose, their friends and family members' overdose death rate goes down.

I have also provided data to you from several peer review studies that examine what happens to drug use rates among people trained in overdose prevention. The studies have shown that drug use rates do not escalate and, in fact, the opportunity to realistically assess overdose risk and connected services seems to provide a gateway through which more people access drug treatment. In my own research and that of others, we have seen the rates of drug use go down

and the proportion of people entering drug treatment go up. There is no scientific evidence to show that people escalate their drug use when they have naloxone readily available.

Scott Burris, who is one of the nation's leading legal scholars on this issue and is employed at Temple University in the School of Law, has concluded that there is little to no risk to medical providers who prescribe naloxone to their patients, friends, or family. Providing naloxone to people at risk and their friends and family members is increasingly becoming the standard of care. Senate Bill 459 (1st Reprint) represents a gold standard in terms of translating public health research into effective policy and public health practice. More than half of the states in the nation have adopted similar legislation.

As an employee of the University of Nevada, Reno (UNR), apparently I am prohibited from advocating on behalf of this bill, but as a public health scientist and scholar, I can assure you that the available scientific evidence supports the potential for this reform to save lives.

Dorothy Nash Holmes, Judge, Reno Municipal Court:
I am one of 46 judges who preside over drug courts in the state of Nevada. I testified previously and will not repeat my testimony. Nevada has 2,839,099 people, and yet we are among the top ten states in prescription drug abuse by young people. We have the fourth highest drug overdose mortality rate in the United States. Prescription drug deaths outnumber heroin, cocaine, auto accidents, and homicides in 30 states. Thirty-one states have now passed naloxone bills, and it has even gone up since we started printing this bill. Nevada had 7,572 reported drug-related deaths in the years from 2000 to 2012. Many of those could have been prevented had naloxone been in common use at that time. As of 2012, Nevada health care professionals prescribed more pain pills per 100,000 residents than most other states. We were second with hydrocodone and oxycodone, fourth with methadone, and seventh with codeine, yet Nevada only has an average of 750 inquiries a day on the PDMP to see if patients are pill shopping. There are more than 10,000 doctors and staff who are signed up to use it. Administrative staff can access the PDMP, so it does not have to add additional time to the doctor's patient time. Prescription drug monitoring programs have been proved to work across the country if they are used.

There is some terrible misinformation that has been put out about this bill since we testified in the Senate and it went through, so I want to address some of it. This bill is permissive, not mandatory, for doctors to participate in this program. People cannot get naloxone without a prescription, but a doctor does not have to participate in this effort if he does not want to. It permits; it does not

mandate or encourage, it just allows. I am concerned with the new section 7 that is being proposed. While we say there is civil, criminal, and professional immunity for anyone involved in this naloxone process, to add in language saying there is also immunity if you do not sounds to me like injecting medical malpractice policy into individual bills and I am not sure that is a good policy decision. I do not think you want to open the door to trial lawyers handling that if you get medical malpractice type language in individual treatment bills. The Governor's Office is in favor of that—or at least is okay with it—to appease the medical profession, but I do not think it is necessary because this is permissive as it is.

One horrible thing being said to physician assistants is that this law criminalizes providers and could subject them to prosecution for murder. Anyone who reads this bill should understand that section 12 talks about drug dealers who provide pills that cause death. They have an obligation to be Good Samaritans already or face a double punishment. We worked with the Nevada District Attorneys Association to change the language so that is not broad, full immunity to everything. It just says that people who are involved with the use of this rescue drug will not be prosecuted if they call for help or are at a party where it has been used. That does not mean immunity for manufacturing or for selling. Again, people are not facing criminal prosecution for possession and use, but the drug dealer who provides drugs that cause death is still subject to murder. That has nothing to do with doctors and is being completely misrepresented.

There is also no research, as Dr. Wagner said, that naloxone usage encourages addicts to start recreationally almost dying. I cannot believe that I joked last meeting and now it is being presented as, "I will overdose and you rescue me, then you can overdose and I will rescue you." That is beyond absurd and it is irresponsible to put that out to the medical profession.

There are over 8,000 doctors, dentists, advance practice nurses, physician assistants, and osteopaths in Nevada. Some of them have not been exposed to the research that we have all been doing for the last two or three years: the practice and practical information, the local statistics about Nevada, about the drug and alcohol abuse, and the alarming state we are in. The 220 psychiatrists in Nevada support this bill because every day they see the same things that I see every day in my drug court. We have middle-aged, upper-class people who got on heroin because they first started with prescription drugs postsurgery. When they could not get any more, they went to the streets for heroin. We are seeing more driving under the influence of alcohol and drug combinations. We are seeing more kids on heroin. All of these are not just drug addicts. Children take pills accidentally. Grandma has overdosed by taking a double dose. This is a lifesaving measure; this is a rescue drug. This is

not just to pit the doctors against everyone else. We need a combined effort with the doctors to have the kinds of evidence-based practices in Nevada that other states now have.

Andres Sanchez, Private Citizen, Reno, Nevada:
I am a public health student at the University of Nevada, Reno. As an intern volunteer at Northern Nevada Hopes, I interact with drug abusers on a daily basis. When I engage in conversations about drug abuse with most of these people, they do not believe that programs like ours exist. They cannot believe that people actually advocate for them. A lot of people come in shaking because they have either witnessed or experienced an overdose. Legislation like S.B. 459 (R1) is good and needs to be passed. Drug overdose programs are for the underserved population. I can relate to the statistics: according to the Nevada State Medical Association, Nevada ranks second in the nation in the amount of opioids consumed per 100,000 population.

I cannot testify to the negligence of adults related to prescription pain medications. It is easy to have access to opioids. Overdose prevention programs are cost effective and save lives and give resources and information to people. Naloxone saves lives.

Assemblywoman Titus:
I want to make it very clear while we are still on the proponents of this bill that I am actually a proponent of parts of this bill. I am in support of the Narcan prescription to recover from an overdose. I think that is the part of this bill that is an important component, and I am very supportive of that bill. I also want to acknowledge that the Governor's Office and Dr. Tracey Green did work with me and changed the mandatory training. They worked with me in taking out most of the requirements of two hours every year and made it one hour every registration cycle. Many of the comments that there is misprescribing of these medications were very appropriate, and I think education is the key. Before we are out of the support testimony on this bill, I want to make it clear that I feel the Narcan component of this bill is critical if we are ever going to make any changes in the addiction problems.

Chair Oscarson:
We will now call for opposition to the bill. Please keep your comments brief. If we have heard from you in the joint committee hearing, we would appreciate your brevity. We will go to Las Vegas first.

James G. Marx, M.D., Private Citizen, Las Vegas, Nevada:
I am a certified pain and addiction physician. I have been in practice in Las Vegas since 1992. I have been a member of the State Board of Pharmacy Prescription Controlled Substance Abuse Prevention Task Force since 1995 and one of the original members of the Task Force when it was formed.

I have many concerns about this bill. In my mind it is a legislative bait and switch. First of all, let me state I am fully in support of sections 1 through 12 of this bill. As a matter of fact, I met with Darrell Faircloth and Attorney General Cortez Masto prior to the change in administration and briefed them extensively on the advantages and means and demonstrated one of the units. My issue is that this bill does nothing whatsoever, other than sections 1 through 12, to prevent an overdose, even with Narcan. Narcan is only used after the overdose. Nothing in the remaining sections of this bill prevents overdoses. Requiring a dispenser to report does not stop an overdose. Checking a report does not prevent an overdose any more than if we had a list of everyone's cigarette usage and we checked that report to see which of our patients were smoking three packs a day. This will not tell us who is going to have a problem with smoking. It is the same thing. We need better education for consumers. There has been other testimony that expressed the need to train and educate the public. Children should know that—and the term is a "pharm" party not an M&M party—they should not be taking pills to parties and exchanging them. That is an educational issue. Checking a report will not stop kids from doing that. Checking a report will not stop patients from inadvertently overdosing. We need to train our prescribers. I personally think that more education is needed in the prescriber community so that misuse and diversion are addressed, but proper use of the medication is also addressed. Many of the patients who are diverted to illicit sources do so because they are not appropriately treated with the opioids in the first place as they should be, so they resort to nonstandard illicit sources.

Sections 1 through 12 should be maintained and the remaining sections should be struck from this bill completely. More investigation should be done in the interim to come up with a bill that actually does something to prevent overdoses, because this bill does nothing to prevent overdoses. It is merely an overdose treatment bill. [See further comments in (Exhibit E).]

Chair Oscarson:
Whatever the name of the parties that are going on, they are still going on. You may have a different name for them in the south. What they are referred to up here is what they are called.

Ivan Goldsmith, M.D., Private Citizen, Las Vegas, Nevada:
I am going to make my comments very brief. I am involved in this because I have been a physician for 20-some-years in Las Vegas. This type of bill has a very negative impact on people who have chronic pain.

I will relate a little story. I was at a meeting about four weeks ago with Dr. Elinore McCance-Katz who came from the Substance Abuse and Mental Health Services Administration in San Francisco. The information that was given to the physicians in the room astounded me and was simply amazing in the sense that she pronounced that patients should only need 50 to 99 milliequivalent of morphine a day. We all know there are patients who have chronic pain. People come to Las Vegas and stand in the casinos, then get surgery on their neck or back. They do not go home with Tylenol; they go home with pain medication. It is not the doctor's intent to make that patient an addict or create an addiction, but they are in pain. When people come to Las Vegas and need surgery or have chronic conditions and they hear that the climate here is like Nazi Germany in terms of regulations, the tightening of prescription pain medications, and the prosecution of doctors, it has a very chilling effect on these people who need those medications. In spite of what Dr. Katz said at that meeting, there are folks who have chronic pain. I am an internist and I see this every single day. I sit there arguing with them about cutting their medications down and they start crying and throwing a fit because they need it.

I can pull the Drug Enforcement Administration (DEA) report or pull a task force report, but the bottom line is that the public is being told that pain is mind over matter and they should not have pain, just smoke marijuana or do something else. It does not quite work like that and I am concerned that, in this particular bill processing, the Nevada State Medical Association was not on their game and were not intimately involved. There was turnover in the executive director position, and the Clark County Medical Society (CCMS) is not in favor of this bill, in particular Dr. Don Havins and Dr. Mitchell Forman, who are very upset about this bill. Emails have been sent to every Assembly person and to every Senator, and there is an agenda here.

Chair Oscarson:
Please confine your remarks to your remarks and not to other groups' remarks who may or may not be here to testify on their own behalf.

Ivan Goldsmith:
At the end of the day, there are patients who have acute pain and patients who have chronic pain. I think it is very unfair to take away opioids that we have been using for hundreds of years for patients who need these drugs.

The perception is that doctors who give these medications—and that is our job to treat people in chronic pain—are drug pushers and patients who take opioids are perceived as addicts. This is a complete 180 degree swing of the pendulum from how it was 15 to 20 years ago. I think it is wrong. We are not sure what the solution is for this epidemic or the sudden increase in overdose deaths, but I feel the physicians have been excluded from this process rather than included. We are not part of the problem. We are here taking care of patients every single day.

Chair Oscarson:
For the record, Nevada State Medical Association has been engaged in this conversation with me for multiple weeks. Regardless of what happened during the transition of leadership, they have been engaged, and I want to clarify that for the record.

Assemblywoman Benitez-Thompson:
I was wondering if you could help me pinpoint where your concerns are in the bill. I heard a broad objection to it, but I do not know if you could point to the policy piece in here that you object to. You mentioned something about this preventing the use of opioids altogether, but I do not know which section you are referring to.

Ivan Goldsmith:
My concern is where it is going. Right now, 50 percent of the doctors who have office-based dispensing pharmacies do report. That means there are about 50 percent of doctors that do not report. The problem is going to be when people know that all of this data may flow through the police department, the Drug Enforcement Administration (DEA), or the Pharmacy Task Force. No one really knows who will see this data. It is going to have a major chilling effect when people worry that they forgot to pull a report or upload a report within 20 minutes. Are the feds going to come in and arrest me? Some of that language has been removed, but it has the Big Brother effect every time you write a script for an opiate, a pain pill, or any scheduled drug and you feel someone is watching you. Patients are going to be vastly undertreated. We are going to be effectively shut down from treating patients appropriately the way we always have. All of this reporting will make patients wait longer and will be a hassle. We pull the DEA reports now and, as a private practitioner with a two- or three-man office, it creates a lot of extra work for my staff and more documentation. It makes me pause every time I start to write a script for any controlled substance; I should not have to feel like that. At the end of the day, the doctor and the patient have the relationship, not the government in the middle. Doctors should be the ones who decide what is best for their patients. This bill has a chilling effect on that.

Assemblyman Thompson:
Dr. Goldsmith, what would be the compromise to the concern you have? This is a good bill and good policy.

Ivan Goldsmith:
I have been in town a long time, and everyone knows I am a very straight-up individual. The compromise should be sections 1 through 12. I am in favor of Narcan, but this is a very expensive drug. I have been writing scripts for the Narcan auto-injector and have given it to patients, but it is $600 or $700 and many health plans do not cover it. The immediate thing to do is put on a price moratorium so patients are not gouged for trying to get appropriate treatment, if they want to go that route and have something at home to undo an overdose. I think it is great. The same type of bill was passed in California. When you start monitoring doctors and demand that they pull task force reports, it is too much. I am not here to slam the Board of Pharmacy, but a lot of this information is not up to date. I get these reports every day and they are not current. Money should be invested to get the infrastructure current so we do not have a Xerox fiasco like we have with ObamaCare. The software needs to be brought up to date, and it could be phased in over a longer period of time.

Assemblyman Thompson:
Basically, you only agree with sections 1 through 12. I did not hear the compromise. I always try to hear the compromise if you say you do not like something. What happened to meet in the middle? Am I hearing that you just cannot go to the middle, that you just like sections 1 through 12?

Ivan Goldsmith:
I would say to start with some continuing education.

Assemblyman Thompson:
We have that in here in section 14.

Ivan Goldsmith:
I like that.

Sara Partida, representing the Nevada State Medical Association:
We certainly recognize that there is a problem going on, and we recognize that opioid addiction needs diminishing. We are not here to outright oppose all of the bill, and we support many parts of it. The Nevada State Medical Association (NSMA) was part of several working groups during the interim. We felt that some of those groups made great strides in this area, not only on the education pieces, but they also had some good recommendations that,

unfortunately, have not been pursued this legislative session. We think the PDMP is one tool that practitioners have in their toolbox for helping to identify patients who are seeking controlled substances for purposes other than legitimate medical reasons. Like any other profession, we think not every tool needs to be used on every job. We think there needs to be some level of discretion put into what we think is currently a very rigid policy. To that end, the NSMA has proposed an amendment (Exhibit C) which would allow some flexibility whereby the professional licensing boards can determine on a specialty-by-specialty basis where there is a low risk of addiction. They would be able to create some flexibility and give certain exceptions to people who are practicing in those areas. You have our amendment on the Nevada Electronic Legislative Information System (NELIS). As it was explained earlier, we have one provision that amends section 7. We would certainly like you to vote in favor of that amendment. Currently the bill provides that if you prescribe or dispense an opioid antagonist, you are immune from criminal and civil liability. Our concern, and I think legitimately, is that if, in fact, you decline to do so for whatever reason—perhaps the patient is not the right fit or does not have the right family structure at home—we want to be immune from criminal or civil liability just like someone who has prescribed it if there is a negative outcome.

The transitory provisions we have provided would help bolster the system to help us address the problem of the addict and to help identify those patients. If you go back and look at how those reports are structured, we believe the reports are going to help get information to the patient and to prescribers who are already seeing that patient. Our second suggestion gives flexibility for the professional licensing boards. We hope this is a measured approach to Mr. Thompson's question and to give us that compromise so that, rather than a rigid bill that is going to take us two years to come back and fix, we can have some interim regulations. As you all know, any regulation proposed by a board would come back before the Legislative Commission, so the Legislature would have a second chance to look at any exceptions proposed.

Richard Perkins, representing the Nevada State Medical Association:
There are a lot of very good things in this bill, and I want to applaud the First Lady as well for her efforts to move Nevada forward in this. There was an enormous amount of work that was put into this as you have already heard. Many of you participated in that work. In a 25-year law enforcement career, I saw a lot of prescription drug overdoses and planned strategies within my department to try to combat that. This bill will move forward as a great tool to help us do that as well in this state.

The physicians have always been concerned about these issues and have always wanted to be part of the solution. I think the amendment that is before you today that allows the licensing boards to review this even further and to provide the flexibility where needed, is a modest and reasonable request. Having served in this body for a number of years, I have seen a lot of bills that lacked flexibility that caused unintended consequences that were not seen until the interim or until they were put in place. As you know, there are two years between each legislative session, and with the amendments that have been proposed by the NSMA those regulatory boards can then find those unintended consequences and deal with them in conjunction with this Legislature and the Legislative Commission.

Susan Pintar, M.D., Private Citizen, Carson City:
I am the Carson City Health Officer and the Health Officer for Douglas County, but I am speaking for myself today. I would like to add to the choir of support for sections 1 through 12. From a public health perspective, I think these are necessary and crucial, especially for those in rural Nevada who have limited access. I have used these medications on a number of occasions for my patients, anywhere from newborns to teenagers. They are safe, useful, and necessary.

I have some reluctance in supporting the additional sections of this bill. I believe, as written, there is potential to negatively impact providers in a number of ways. One that has been pointed out is the increased time away from patients. Yes, the provisions do allow administrative staff to be the ones who provide the time on the computer, but for those of you who have sat in front of your physician to have him or her stare at the computer 90 percent of the time, you realize that is not a positive. I am not saying that checking these records is inappropriate, but I strongly support the expansion of the regulatory authority of the licensing boards to allow specialties, or individuals within the specialties, a greater leeway in checking the reports.

I am also concerned that these regulations would increase the reluctance of prescribers to appropriately prescribe these medications. There are, at times, people who look at the regulation as a whole and say that they are not going to bother with that type of medication. We have encountered that, I hate to say, from a public health perspective with the immunizations. There are many regulations and requirements when it comes to immunizations, and there are a number of primary care providers across the state who no longer provide them. My concern is that this would be a similar impetus for people to no longer appropriately prescribe pain medications for those who need it.

Last but not least, the hope is that this bill would decrease the availability of narcotics for those with the potential to abuse them. We support that hope but, unfortunately, I do not believe the bill addresses the misuse of these medications. I think it would be wrong for us to think it does. I support the amendments to sections 15 and 16 as proposed by the NSMA.

Assemblywoman Benitez-Thompson:
Once again, I am just trying to get into the specifics of the bill. When you talk about concerns around onerous regulations, are you referring to section 16 of the bill? If I remember correctly, there were concerns at the initial hearing whether emergency room (ER) doctors were going to be in or out. There were different bills with different versions and in terms of public policy, when you are dealing with folks who are shopping for narcotics, the ER is the first place they go. As I read this, it looks like language for regulations specific to the hospital staff and for trying to create some flexibility for the utilization of the database for those within that setting. Other than that, and correct me if I am wrong, I do not see huge requirements for regulations in other pieces of the bill. Am I missing a section? If so, please refer me to it.

Susan Pintar:
You are correct that some patients will doctor shop in the ER. My experience and official opinion has been that that it is where they start. They typically go to primary care offices after that. I believe other primary care offices will support me. I practiced in a multispecialty group that was partly internal medicine and partly pediatrics, and there were a number of patients who would try to go from doctor to doctor to obtain them. This does impact all spheres of medicine, including ERs. The concern is putting the onus on all physicians equally without regard for risk—like a neonatologist, for example, who is a specialist for premature newborns. The chances of that neonatologist prescribing opioid medications is actually not as low as you would think because babies need these for procedures; however, these are not high-risk abuse patients.

Assemblywoman Benitez-Thompson:
I wonder if thoughts about this bill might have gotten ahead of the actual language. That is why I am focusing on understanding this version of the bill. It is hard. I always get confused when there have been lots of reprints and amendments. While the particular patient may not be a risk, like a newborn, if he has parents or relatives who are drug seekers, we do run into problems. In my job as a social worker with hospice, I see that the hardest thing for the nurses is when the patient's pills go missing and there are lots of family members in the house who could be seekers.

Susan Pintar:
I totally agree. Unfortunately, the provisions of the bill do not address that. They only address the actual patient.

Assemblywoman Benitez-Thompson:
You do not see a benefit at all to having physicians look at the database?

Susan Pintar:
I can look at the database and look at my 16-year-old patient who came in with a severely sprained ankle and prescribe five Percocet or something like that. What I cannot predict or know is what that patient's family situation is going to do with that. I have personally had the experience where patients' families have misused the medication. Unfortunately, this bill as it is written does not address that; I wish I had the solution. What I am asking is that consideration be given to the amendments that say the regulatory boards can give physicians some discretion on who they check.

Denise Selleck, representing Nevada Osteopathic Medical Association:
We think this is very important legislation, and we have been part of the discussion on this for the last two years. We have appreciated being at the table and being involved in this.

One of the initial concerns that we had was that it would start to have a cooling effect for primary care physicians who treat their long-term patients for short-term acute pain, and that it might become an issue. They are patients of record that they know well, but are not going to be treated because of the concerns that the physicians have about regulations that may be put in place for them. The association has felt that this is an important enough issue that over the last five or six years we have given a lot of continuing medical education on opiate prescribing, overprescribing, and recognizing drug-seeking patients, including the federal Risk Evaluation and Mitigation Strategies (REMS) program that has been offered.

We have many of the same concerns that Dr. Titus mentioned. We think the amendment that the NSMA has brought addresses many of our concerns, although not all of them. In section 7, many of our physicians were concerned that if they did not give this particular medication to a third party, in the event that something happened to the patient, they would be held responsible for not treating the patient whom they did not, in fact, see. This is why they were interested in this particular protection.

We felt it was important for the regulatory boards to offer them the opportunity to review specialties and determine that a physician who is in oncology,

palliative care, or hospice should not have to run each one of those patients for their history. The same thing holds for a pediatrician who is treating a seven-year-old for a sprained ankle. It is not necessary to run that seven-year-old. We cannot know what the home life is like, but we do know that there is not likely to be someone in there seeking drugs.

We applaud the Board of Pharmacy being able to increase their abilities and their procedures in any way possible. They are doing a very good job. We have worked very hard at helping them register physicians with the PDMP and to make sure the physicians make use of it. We think this is important legislation. Although we signed in as opposed, we would like to see this amendment, and we would be happy to work with anyone on this.

Michael McAuliffe, Private Citizen, Las Vegas, Nevada:
I was a founding member of the Wellness Education Cannabis Advocates of Nevada, as well as half a dozen other patient advocacy and rights organizations. I support sections 1 through 12 and section 14 of this bill. I think the Good Samaritan law is great. Anything that we can do to save people is a wonderful thing. The rest of it needs to stay on the road of unintended consequences. When the Founding Fathers compromised and allowed slavery into the *United States Constitution*, they never foresaw the Civil War. When Congress started the war on drugs with the Controlled Substances Act, they never foresaw that within 40 years 25 percent of the world's incarcerated population would be Americans. The unintended consequences of passing this act with the enforcement is more heroin abusers. According to Sanjay Gupta of CNN, heroin on the street is cheaper by an order of magnitude than opiates. People said that a lot of the heroin addicts that are seen were people who could no longer get their prescription medications. By making it tougher for people to go through legitimate medical channels, you are going to turn more people to the streets. It is great that we have Narcan to save them if they overdose, but let us avoid that problem to begin with. I would also point out that these are duplicate efforts. The DEA and the Department of Justice already investigate and prosecute doctors around the country. Given that the Senate has just handed you and the Assembly a part of the Governor's $1.1 billion tax increase, how does Nevada have even a dollar to spend on something that is already being done by the federal government? I question the need for layering a whole new level of bureaucracy here.

I would further say, regarding concerns about diversion and people getting around the system, that people are always going to get around the system. Americans are really good at finding a crack in the door and wedging their foot in and getting in, whether it is selling a new product or anything else. In this case, it would be getting illicit substances. This bill—and I agree with some of

the previous speakers—is not going to address that at all. Those people will still find a way to do it. If this bill is going to get ramrodded through, the reasonable-belief amendment is a step in the right direction. Do not make it so that every doctor has to do this every time and put that burden on them. If you are going to pass this bill as is, that at least lessens the onus and burden on them. I put it to all of you because this bill not only goes after opioids, but any controlled substances. If any of you or your family members were being treated for HIV or herpes, do you really want some third-party law enforcement fishing for it, or state regulators looking at your private medical records?

Chair Oscarson:
We are deviating. I appreciate your testimony, but we are at the 30 minutes that we allotted. Is there anyone else at the table who would like to give us a couple of minutes? I do not want to exclude anyone, but we need to continue.

Annette Teijeiro, M.D., Private Citizen, Las Vegas, Nevada:
I emailed a PDF to all of you and am honored to be here to speak to you. The purpose of my exhibit (Exhibit F) was to show you that we are talking about Schedule II, III, and IV drugs. You should have the lists of these types of medications. I just wanted to add it so people would understand that we are not just talking about pain medicine, not just addictive medication, but we are talking about things like cough syrup. We are talking about things like fentanyl patches and suppositories, so this is not just pain medicine. We are also talking about hormones like testosterone and estrogen. We are talking about Fiorinal for migraines. When you look at the naloxone part, it is like there is a disconnect. When you look at Schedule II, there are 449 medications out of the 485 that actually would be reversed because they have some component of opioids. When you look at Schedule III, it is only 42 of the 162 that I cited for you. When you look at Schedule IV, it gets even less and it is 29 out of 152. Part of what is wrong with this is that part of the bill has to do with overdose and naloxone treatment. I embrace that and love the fact that we can save people's lives, but I also see that we have thrown a lot of things into the tub and patients overall are going to have less time with their doctor for these very needed medications. You have a lot of functional people who do very well and who are working, and if you take away or restrict access by pushing them out of medical primary care—which I thought was what we wanted to do with the Affordable Care Act—and push them into specialty care having to see pain specialists or other specialists who can write these scripts with a little more ease, then we are defeating the purpose of giving the patient more access.

Another thing is that there are things missing in this bill that would strengthen the real-time database, which is really what we are all after. I believe the Committee members understand that it is the people who actually fill the prescriptions. The actual prescription paper or the fax paper really does not make that much difference if it never gets filled. We really want to track people who actually have the medications. We also want to educate the public and to have people be able to turn things in. Their medicine cabinet should not be full of controlled substances. If we had things like that in this bill rather than honing down on what we have, we would have a much better piece of legislation. I support the fact that we need to have better input with this.

Chair Oscarson:
We will now call for neutral testimony on this bill. If there is anyone neutral in Carson City come forward, and anyone in Las Vegas please be prepared.

Amy Khan, M.D., Private Citizen, Reno, Nevada:
I am speaking to you as a physician. I have training and background in addiction medicine, internal medicine, and in my clinical career, I practiced in an integrated health care system in California and had the opportunity to treat many addicted patients who also had chronic pain.

I am speaking in neutral on this bill. I absolutely support the provisions in sections 1 through 12, but I have heartache around the mandatory participation in the PDMP. I very passionately believe that we need to invest in treatment for individuals and assure that access and availability of treatment for addiction is part of the bread-and-butter services to the individuals in our state. At this point, my concern would be that there are many physicians who may not either understand or feel comfortable continuing to prescribe—may not be able to interpret all of the different medications that might be noted on the monitoring system—and potentially could drive their patients to seek illicit substances.

As a former Centers for Disease Control and Prevention physician, I am also very passionate about preventing disease when we can. I have a great concern about not only an uptick in the use of illicit opiates in our communities, but also the additional burden of disease that was brought on by things like hepatitis, Erdheim-Chester (EC) disease, and HIV.

Chair Oscarson:
We will go down to Las Vegas for neutral testimony. Is there anyone in a neutral position? [There was no one.] Are there any other comments from the Committee?

Assemblyman Hambrick:
I take exception to what one of the witnesses in Las Vegas said when he indicated that this Committee would ramrod any piece of legislation through. It is an affront to me. Looking at the makeup of this Committee, the witnesses should know better and that we do not ramrod anything through this Committee or any other committee.

Assemblywoman Titus:
Assemblyman Thompson asked earlier if a physician in Las Vegas was going to compromise. One of my concerns is that there has been an unwillingness to compromise on the part of the Governor's Office or his Chief of Staff when it comes to the physicians' issues here. I think they have been listening, but I have not seen a change. I want to go on record that I support a part of this bill, but cannot see this bill getting out of this Committee unless they are willing to compromise on section 16 and the impact on physicians.

Assemblywoman Benitez-Thompson:
There have been so many conversations about this bill. While I did not attend a number of the meetings over the interim, I know I was asked more than once, by more than one person, about participating in these meetings and conversations. People offered to send minutes about the conversations that were happening. I know the concerns that I had were listened to. I see a reference to NRS Chapter 432B, which was important. We see accommodations for ER physicians where a lot of this happens and that is important. I think it would be a mischaracterization to leave it on the legislative record that the entire Committee feels that way. Some members might feel that way, but I want to ensure the record shows that those are not the broad feelings of the entire Committee. Even my feelings do not necessarily represent everyone's feelings.

Mike Willden:
To end, I believe we have worked with many of the groups. We made a number of amendments on the Senate side to try to make section 16 more workable. Section 16, subsection 3, was specifically added on the Senate side as an attempt to work with the hospital and physician communities to make that a doable process. Again, we have accepted amendments in section 7 and the transitory language to improve the PDMP, so I believe we have tried to work it out. The bottom line is whether we want to go back to the original language where a physician or prescriber can have a reasonable belief that someone is an abuser, but we do not believe that is the proper language. We feel that we should advise that look-ups are done in certain conditions. Again, I do not want to sound opposed to discussions, but we have spent the last month trying to work out the compromise.

Assemblyman Moore:
I attended the joint hearing on this as well. The one thing I did not hear there or today through all of this testimony is how this bill prevents people from getting into the situation where we need to rescue them from making the bad choice of taking drugs in the first place. How does that work into this bill?

Mike Willden:
If you look at page 6, section 11—almost everyone has said that sections 1 through 12 looked good—it talks about the efforts of the Department of Health and Human Services. Ms. Linda Lang talked about the coalitions and their efforts, and that is an ongoing effort every day. We wish we were not here having to talk about prevention and Narcan. There are efforts going on every day through the coalitions in the prevention and treatment arena. Section 11 reemphasizes that education effort. To say there is nothing going on in education and that we are just waiting for people to overdose to give them Narcan is not the process. Efforts go on every day to prevent substance abuse.

Chair Oscarson:
Are there any other questions from the Committee? [There were none.] [Submitted but not discussed is (Exhibit G).] We will close the hearing on S.B. 459 (R1) and take a five-minute recess [at 2:59 p.m.].

We will reconvene the meeting [at 3:11 p.m.] and open the hearing on Senate Bill 303 (2nd Reprint).

Senate Bill 303 (2nd Reprint): Revises provisions relating to the protection of children. (BDR 38-1036)

Senator Scott T. Hammond, Senate District No. 18:
I have some remarks prepared so I can walk through the bill with everyone and tell you a story, but due to the time, I may lose the psychiatrist I have in Las Vegas, Dr. Lisa Durette. We might lose her so we should go directly to her in case the members have questions. One of the things we are talking about in the bill is the psychology of a child who has been in the care of one family for a number of years and what happens when you try to remove that child.

Chair Oscarson:
Let us have her review quickly what she wants to go over.

Lisa Durette, M.D., Private Citizen, Las Vegas, Nevada:
I am board-certified in adult, child, and adolescent psychiatry. I have served several roles, one of which is the training director of the child and adolescent psychiatric fellowship in Las Vegas. I am also the medical director of Healthy Minds.

[Assemblywoman Titus assumed the Chair.]

Senator Hammond can go through the details of the bill, but what I want to talk about pertains to child development and the impact of attachment on our youngest children. My comments pertain specifically to the children who are six years of age and under, not the older adolescent population. When we are talking about foster care, we want to make sure we are adhering to best practices, which is a child-centered, foster-care model with the ultimate goal of reducing harm to the child. It makes no sense to remove a child and then iatrogenically, or by our intervention, cause additional harm to the child. We know from years of research that secure attachment is a very strong predictor of future social adaptation. The failure to have secure attachments at an early age has very deleterious effects, which include things like behavior disruptive disorder, oppositional defiant disorder, conduct disorder, and those diagnoses and behaviors which lead to eventual problems with failure to adhere to the rules and regulations of society, success in school, and entry into the juvenile justice system. There are long-term societal costs to having that early failure of attachment.

We also know that infants and young children have a biologic predisposition to attach to a primary caregiver. That predisposition increases gradually over that first year. In other words, that predisposition toward attachment for a tiny infant is different from that of a one-year-old or two-year-old where it becomes very strong and significant for that young child to have a primary secure attachment figure.

We also know that infants and young children cannot sustain attachments over the course of space and time. This becomes critical around the time of removal, so a child is removed for purposes of protection because of abuse or neglect, and when that child is with the primary caregiver, he is forming an attachment to the primary caregiver. The child sees his foster parent as the primary attachment figure. That in and of itself is a healing, therapeutic relationship. When there is uncertainty of what is going to happen next, the idea of visitations are disruptions of those attachments. Without a firm end goal it is very disruptive to the overall development of the child. Because of this, we know that multiple placement changes for an infant are associated with an increased risk of inhibitory control problems, which are those behavior problems

that I mentioned that can arise as early as age five or six. These are the children that often end up receiving special education services in school because of disruptive behavior and other costly intervention. Placement instability is associated with both what we call internalizing and externalizing behavior disorder. The externalizing is the behavior that we see on the outside, the aggressive disruptive behaviors; and internalizing are things like depression, anxiety, and suicidality. This continues through latent childhood.

We want transitions from foster care to minimize harm. Suggestions are things such as the foster parent or the primary attachment figure being a part of the visits with, and reunification with, parents when the ultimate goal is reunification. The idea of having a primary attachment figure for two or three years and suddenly disrupting that attachment to serve the purposes of reattaching or reintroducing the biological parent for whom they do not have an attachment is quite damaging to the child's ability to have a safe and secure development through early childhood.

Assemblyman Jones:
The bottom line is if it is a child younger than five years old, you do not want to disrupt him even if it is a foster parent. Is that the bottom line?

Lisa Durette:
To the question of whether the bottom line is disrupting or not, that is not the bottom line. The bottom line is to have a safe and secure primary attachment, which is the ultimate goal for early childhood. If a disruption needs to be made, it needs to be done in the safety and best interest of the child. To abruptly make any change in placement, especially for a young child, has very poor consequences on his future development.

Assemblywoman Benitez-Thompson:
Along that same line, I am thinking about ways we could prevent disruptive moves for children, especially when they come into the foster care system where placements in foster homes do not always work out. They might move back and forth and sometimes be bounced around foster homes, although I hate the term bounced around. Would it be worthwhile to consider language that would require foster parents to honor their commitment to keep a child in the home for a certain length of time so moves do not happen? How can we create more permanent atmospheres in our foster care system?

Lisa Durette:
That is one of the ultimate questions for our foster care system: How do we create future adoptive care and/or foster parents who, under the child-centered, best-practice model, regard the children—at least psychologically—as their own.

They form the role of a parent just as you would for your biological child. We know those are the children who have the best outcomes. As far as how to foster that and create it, I do not know that answer, but we certainly need more of those homes.

Assemblywoman Benitez-Thompson:
Perhaps it would be fair to consider some type of amendment or policy by which we say there is a penalty to the foster care home for what might appear to be capricious moves of a child. We have such great foster parents out there and thank goodness we do. If a foster parent moves a child for reasons that are not necessarily for the child's safety, would it be fair to say that a foster parent could become unlicensed for asking a child to be removed from their home?

Lisa Durette:
I would certainly want to be cautious of putting forth any restrictions that would disincentivize a parent from entering the foster system. We want to leave open doors for all parents to be able to engage as foster parents. My fear would be that putting those restrictions in place might turn some otherwise fabulous foster parents away.

Assemblywoman Spiegel:
As I was listening to your testimony, it struck me that it might make sense for there to be a differentiation of policy based on the age of the child. Whereas a policy that works for children 6 years old and under may not be the best policy for children between the ages of 6 and 18. As I look at the bill and speak with people about the bill, one of the things that keeps coming up is that there is no one-size-fits-all solution. I wonder if a one-size-fits-all policy makes sense. Please comment on that.

Lisa Durette:
Thank you for bringing that point up. Absolutely. It is hard in the child world to bring up a one size fits all. Our legislation, rules, and regulations around the care for providing best environments for our children need to be developmentally informed. Even to say that it is just a cutoff based on chronological age is difficult because you could have a child who is chronologically age 10, but has a significant intellectual deficit or developmental disability that puts them psychologically at a much younger age. If I were to make a suggestion of changing to very developmentally informed language, would it be best practice?

Vice Chair Titus:
Are there any more questions? [There were none.] We will come back up to the sponsor of the bill.

Senator Hammond:
I am here to present Senate Bill 303 (2nd Reprint), which is something that came to my attention during the interim. We had interim committee tasks where we talked about some of these issues. This was one of those that struck my mind and struck me deeply. I have had several occasions over the last few years to know several families who were involved in issues dealing with the bill itself.

To begin my testimony, I want to tell you a story. On September 15, 2009, a five-week-old infant whom I will call Emma suffered a nonaccidental head trauma while in the care of her parents: a skull fracture and two brain bleeds from two different abusive events. When she was five months old, Emma was removed from her parents' home and placed with her current foster family. Now 5 years old, Emma still lives with the same foster family that she has lived with for the last 4 1/2 years. In 2009, the plan was reunification with her biological parents upon completion of certain requirements and a determination that it would be safe for her to return home. For three years and three months, the Department of Family Services provided assistance to the family to help ensure it would be safe for Emma to return home. The Child Welfare Court reviewed the case every six months to determine whether Emma would be safe and the reunification could occur. In January 2013, a petition to terminate parental rights was filed. During September 2013, a trial on petition was held and on February 14, 2014, the District Court issued its decision granting the termination of parental rights (TPR). On March 27, 2014, the biological parents filed an appeal with the Supreme Court of Nevada. During the appeal process, Emma remained with her foster parents. The Supreme Court granted two requests for extensions of time for the biological parents to file their appellate brief. On January 30, 2015, almost one year after the termination of parental rights, the petition was granted. The Supreme Court of Nevada overturned the District Court's decision. During the two years that the case worked its way through the legal system, Emma was cared for, loved, and cherished by the only family she had ever known. The bond was formed and this little girl became attached to her foster parents and they to her. At this point, Emma's case is still pending in spite of having been raised in a loving, caring home for the past 4 1/2 years. The court may decide to return Emma to her biological parents with whom she spent a mere five months and at whose hands she initially suffered.

[Assemblyman Oscarson reassumed the Chair.]

This bill is important because Emma and other vulnerable children need a voice; not the voice of the state, parents, or foster parents, but an independent voice that ensures a child's best interest is recognized. Emma has done nothing wrong. She was placed with a family in an environment where she has grown up surrounded by love, comfort, and stability. She should not suffer the emotional and psychological drama of being taken from the only family she has known because her biological parents and the courts allowed years to pass without definitive action. Senate Bill 303 (2nd Reprint) aims to address situations like these and the interest of children's health, safety, and well-being.

If you look at the bill itself, section 1 provides that a child "is" in need of protection rather than "may be" in need of protection if the child is in the care of a person under whose care another child has died or been abused unless the person has successfully completed a plan for services to address the abuse as recommended by an agency that provides child welfare services. This section also provides that a child may be in need of protection if a child is in the care of a person under whose care another child has been abused, regardless of whether the person has completed the recommended plan for services. In addition, section 1 also defines abuse and neglect, clarifying that abuse includes nonaccidental physical or mental injury, or sexual abuse or exploitation that is either caused or allowed by a person responsible for the child's welfare. The definition of neglect includes abandonment or failure to provide for the needs, care, and supervision of a child.

Section 3 amends existing language in *Nevada Revised Statutes* (NRS) Chapter 128, which provides that primary consideration in any proceeding to terminate parental rights must be whether the best interest of the child will be served by the termination. Senate Bill 303 (2nd Reprint) expands the evidence that may be used to terminate parental rights. If a child has been out of the care of his or her parent or guardian for at least 12 consecutive months, the court must consider specific factors in determining the risk of serious mental or emotional injury a child faces by staying with or returning to the home of his or her parents. These factors include the length of time the child has been out of the care of his or her parents; placement options for the child; the child's age; the developmental, cognitive, and psychological needs of the child; the attachment or bond the child has formed with the substitute caregiver; and whether removing the child from the care of the substitute caregiver is likely to result in psychological harm to the child. That is why I thought it was important to have the doctor speak.

This section is key and adding the language to section 3 ensures the bond, attachment, and time a child has spent with a foster family is taken into consideration when a court determines the best interest of the child. In Emma's case, one can easily argue that it is not in the child's best interest to be uprooted from the only family she has known to be returned to people with whom she only has a blood tie. Child development experts have found that, for a child to grow up as a healthy, functioning, and productive member of society, a sense of a permanent home and family is key. Children form bonds with the parents they know, the siblings they play with, the home environments in which they grow. Research shows that repeated transitions are often difficult on children and may affect brain development. This bill requires courts to not only consider factors such as age and length of time with a foster family, but also the negative repercussions of removing a child from the family they know and trust and the psychological harm that results from returning a child to parents after a long-term placement in foster care.

Section 4 of the bill allows a court in determining neglect or unfitness of a parent to consider whether a child suffered a physical injury, a near-fatality, or a fatality for which the parent has no reasonable explanation and for which there is evidence that the injury would not have occurred absent abuse or neglect.

Finally, sections 4.7 and 4.9 expand the powers and duties of the Interim Legislative Committee on Child Welfare and Juvenile Justice to include reviewing issues and proposing recommended legislation related to the provision of foster care, including reunification. That was an amendment that we added in the Senate thanks to my colleague Senator Joyce Woodhouse. I thought that was an important element to add to it because we are going to continually look at other needs that could arise that we should consider in future legislative sessions.

In closing, I have received numerous letters on this bill from families with stories similar to Emma's. There are stories about court determinations that came years after foster families brought children into their homes. There are several other stories that have included elements of this bill. This bill is about policy. It is about adding more consideration to the tools that justices would have in order to come to a determination of where a child should be placed. That is what we are asking for here. We are asking for each of you on the Committee and, of course, this body, to consider policy and look at what is in the best interest of the child.

Brigid Duffy, Chief Deputy District Attorney, Juvenile Division, Clark County District Attorney:

I am in support of S.B. 303 (R2). I have dedicated 15 years of my career to the foster children. I have served several different roles in those 15 years. I have served as a deputy attorney general representing the Division of Child and Family Services; as a deputy district attorney; and as a judicial officer, a court hearing master hearing cases of child abuse and neglect. During those 15 years, I have seen the good side and the bad side of foster care. I have shared triumphs as children have gone home; I have seen children go home and be murdered at the hands of their parents. I have seen the joys of adoption and failed adoptions. I have seen thousands and thousands of children in 15 years go in and out of foster care, sometimes repeatedly.

It is not unusual, when someone asks me how many children I have, to tell them I feel I have 3,000 or more children. I feel personally responsible for every child in Clark County's foster care life that they obtain a safe and stable permanent home. That is why I am smiling and happy today. This body is considering these children and through conversations with you, I know every single one of you cares about kids. This is your opportunity to make some decisions regarding them. Any day that our state is talking about those kids in foster care is a good day. We might not all agree on where we are going to come down on this, but it is a good day for those kids.

Currently, in NRS 128.005, we have legislative declarations for termination of parental rights. First of all, our state has declared that preserving and strengthening families is part of the public policy in this state. I absolutely agree with that. In 15 years of child welfare in Clark County, we have reunified more children with parents than we have ever terminated parental rights. In 2014, 64 percent of children in foster care were reunified versus 24 percent of our children who were adopted.

The second declaration currently in statute is that the continuing needs of the child for proper physical, emotional, and mental growth and development are decisive considerations in proceedings for termination of parental rights. In approximately 97 percent of all cases that proceed to termination of parental rights, the child welfare agency in Clark County has provided reasonable efforts to reunify those families for at least a one-year period. Many times it is more than one year. Those reasonable efforts are mandatorily reviewed by courts over the course of that one year to determine if the services provided were appropriate and reasonable to address those issues that brought the children

into foster care and placed them into the child welfare agency's custody. When those reunification efforts have failed, by state and federal law the courts must identify a permanency plan for that child, and one of those plans may be adoption. That is an acceptable permanency plan.

The termination of parental rights statute requires a finding of clear and convincing evidence that the best interest of the child will be served by the termination of parental rights. It also requires we prove parental fault. Within the best-interest grounds, already embodied in statute are 12 specific considerations. There are currently seven categories of parental fault, and within those categories are eight considerations of unfitness. Section 3 of S.B. 303 (R2) adds into current statute five specific considerations that the court shall make when determining the risk of serious mental or emotional injury to the child if the child were returned to his parents when a child has been out of the care of his or her parents' home for at least 12 months. Those are the placement options for the child, and I deem that to be if we have an adoptive placement for this child; the age of the child; the developmental, cognitive, and psychological needs of the child, which, going to my colleague Dr. Durette's testimony, is the bright line—the cognitive needs—it cannot necessarily be an age-based need; whether the child has formed that positive bond or attachment with his substitute caregiver; and whether the removal of the child from the caregiver is likely to result in that psychological harm.

The statute currently has a definition of injury, and that definition of injury goes directly to the conduct of the parents. I know it is a concern for some that adding section 3 is not conduct-based, that it is more of a best-interest based. Currently in the state the definition of injury is the risk of injury to the child that occurs when a parent fails by act or omission to provide a child with adequate care under circumstances requiring intervention of the child welfare agency. Section 3 basically says to the court that, when considering acts or omissions of that parent to provide that child with adequate care under circumstances requiring the intervention, we now consider five things. When you look at the considerations of unfitness in NRS 128.106, several of them are obviously conduct-based, but we have consideration there which is mental deficiency or emotional illness. Those are not necessarily conduct-based. People may be born with them or develop them. Therefore, they are deemed to be unfit because they cannot provide for their child's ongoing needs.

Biological parents are protected by placing a very high civil burden of clear and convincing evidence on termination of parental rights. I am sure that in the forthcoming opposition the Committee will hear the words that a termination of parental rights is equivalent to a civil death penalty, because that is what our U.S. Supreme Court has said. I do not dispute that. It severs a parent

and child relationship, but I ask this Committee to also consider what the Supreme Court of Nevada has said in a specific case that we refer to as *N.D.O*. [*In re Parental Rights as to N.D.O.*, 121 Nev. 379, 115 P.3d 223 (2005)] While parental rights have been characterized as a civil death penalty, the state has a strong interest in a just and correct determination as it seeks to protect a party's children from abuse and neglect and ensure they have a stable family life. The court expects that both the parents' and the state's interest will invariably be strong in termination proceedings.

Nothing in S.B. 303 (R2) makes it easier to terminate a parent's rights. We are not asking to change the burden of proof. We are not making it a shortened time frame for determinations. It adds mandatory considerations. We want this state and this body to say that it is important for our courts to consider these things when considering the fact that these children have been in foster care for an extended period of time, which we have determined is 12 months. Twelve months is in line with many federal and state laws already. At least 12 other states have a ground for termination of parental rights that is based on the length of time alone that the child has been in foster care. At least two states, Massachusetts and New Mexico, have specific considerations with unfitness of a parent based on a psychological parent/child relationship that has developed between the substitute caregiver and the child. There are other states that only look at it if the child has been out of the home for 12 of 24 months, and then it is unfitness. In most of the states that I have cited, their statutes break it down to say, "If the court finds best interest, any one of the following" and one of the following may be that the child has been out of the home for 15 to 22 months. It does not say why the child has been out of the home; it is a ground on its own.

After I conclude, you will hear those stories of people who have dedicated themselves to making the lives of foster children better, that have worked tirelessly and without question to help reunify children with parents while they cared for their children.

Assemblyman Thompson:
Regarding section 3, you said 12 months, but I have to say for the record that I have heartburn about the 12 months. At what point, if we are looking at a TPR, do we look at the foster home versus the next level of kin? There are great foster parents out there but, in a perfect world, I would think it would be desirable to keep children within their cultural environment, et cetera. If there are big differences, that can be detrimental to the children as well.

Brigid Duffy:
Yes, we have created within law the preference to place children with relatives upon removal, not termination of parental rights, but initially upon removal. Our courts in Clark County, and I am sure in Washoe County, have advanced and have gotten much better at asking those questions upfront and early. Maybe we could do better. Of the 24 percent of our children who were adopted in 2014, 55 percent were adopted by relatives—more than half. We could do better, and there are a lot of ways we could do better. This bill gives us one more thing we can do. The court is supposed to be asking those questions along the way. There is also the presumption of keeping siblings together.

Assemblyman Trowbridge:
I received the document, entitled "Opposition Arguments to Senate Bill 303 (2nd Reprint)" and in that document was a statement that I talked to the lawyers about. The statement is, "The *U.S. Constitution* requires both a determination of parental fault and a finding that the termination of parental rights is in the best interest of the child before the state can terminate the fundamental rights to a parent's one child." Is anything we are doing here in S.B. 303 (R2) going to further complicate issues with appeals and going to the Supreme Court, or is what I read to you a real spin job?

Senator Hammond:
That is a great question and the reason, when I wanted to bring this bill, that I went to Ms. Duffy is because she knows her stuff. You just saw that she is very articulate and a research-based lawyer, and I am going to let her answer your question in a moment. She has done a lot of research on this to ensure we did not have that concern.

Brigid Duffy:
That has been brought up in conversing with some of the opposition. This is not going to diminish the fact that we still need to have two grounds. We have to show that it is in the best interest of the child by clear and convincing evidence. That is a very high civil burden of proof because we are terminating a fundamental right. We need to have parental fault; we have to show both of those things. This bill does not change that issue. When approached by Senator Hammond to take a look at some potential language, I did the research, and the language in section 3 was mirrored off of Massachusetts. New Mexico has similar language, as I mentioned earlier. Not only did I look at their language, but I also looked up all of their case law to ensure that language has been upheld in both states.

I believe that question could also be posed to your legal counsel because I know they addressed that as well on the Senate side.

Assemblyman Sprinkle:
Regarding the first 12 months when the child is first removed, would you agree that the whole point of those 12 months is to try to work some type of reunification plan so they can get the child back into the family structure? That is ultimately what studies have shown is the best alternative for the child. Is that what the agencies are working toward in those first 12 months?

Brigid Duffy:
Yes, with some exceptions if aggravated circumstances exist. We file those in 3 percent of the cases. In fact, I think this Committee heard some conversation on another bill about that before. In 3 percent of those cases, we may succeed on a motion to not provide reasonable efforts. For 97 percent of those other cases, the Division of Family Services throughout the state provides those reasonable efforts.

Assemblyman Sprinkle:
That is good and the answer I was looking for. My actual question about the bill is under section 1, subsection 2, paragraph (d). It is the new language that says, "Has been responsible for the abuse of another child regardless of whether that person has successfully completed a plan for services that was recommended by an agency." That goes counter to what we are trying to accomplish in those first 12 months, right? What we are trying to do is work with the parents and get them through a structured plan that the agencies agree is what they need to do and, ultimately, see if they can reunify the child. That is what you said was the goal of the first 12 months, yet this is counter to that.

Brigid Duffy:
Section 1 is not a termination of parental rights section. It is specific findings of when a child is in need of protection and when a child may be in need of protection. What this bill does is make it mandatory that when a child is in need of protection and—I am in section 1, subsection 1, paragraph (c), subparagraphs (1) and (2)—if a child has died as a result of abuse or neglect or has been subjected to abuse and neglect by that person, the parent must successfully complete a case plan for services that was recommended by an agency to address the abuse of the other child. Even if the parents have completed the required case plan, it is still necessary to make sure there is discretion for the court that the child may still be in need of protection. For example, a newborn baby comes into care. The child is in the hospital and nothing has happened to the newborn; however, there is a three-year-old sibling who has been in foster care for three years because he has been physically

abused by his parents and they have not reunified. The case plan may not be completed depending on what the district court says. At that point, the baby in the hospital would be mandatorily in need of protection because it is not safe for the three-year-old to go home as has been determined by court oversight, so the child in the hospital is more vulnerable. If the three-year-old went home and a new child was born, we have the person who was responsible for the abuse of the other child, but he completed a case plan so he is not mandatorily in need of protection, but if they then physically abuse a child they are babysitting in spite of having completed their case plan, the child may be in need of protection. It gives the court discretion even after they have completed the case plan because there might be a whole other reason why that child needs protection.

Assemblyman Sprinkle:
I think I followed you. It seems to me that the court would still be able to do that because they could still see other reasons that are already spelled out in statute to continue to remove that child. I will not argue that point. I think that potentially gives parents a false sense of hope. They are working on the plan but this exists that, even if they get through everything, they still might not be able to get their child back.

We are talking in section 3 about the strong positive attachment bond with the substitute caregivers, but I am confused. Foster care is not designed to be permanent, right? These are places where children are being placed so that they are in a safe environment while the parents are working through those first 12 months of the permanency plan. Once we get to a place where we are looking at the termination of parental rights, the goal is still for the child not to stay in foster care. Even if those parental rights are terminated, you are still looking for some type of permanent plan—such as adoption—which could be with a family member. I will use myself as a hypothetical example: if I am an uncle to a child who is removed in Las Vegas and I live in Sparks, during those 12 months it is not feasible for me to have that child on a daily basis because that goes against reunification. After 12 months and 1 day, and the child has developed bonds with the foster parents, am I suddenly allowed to be in the picture because I am a potential adoptive parent? I see this as counter to what we are trying to do. I have issues with the fact that a foster family, which is not supposed to be permanent, could potentially be given more credence as far as where that child is ultimately going to end up once that 12 months is over.

Brigid Duffy:
Ultimately, if you are in Sparks and you want placement of your nephew who is in Clark County, we have processes in place where we can help that child, if you are approved as a safe placement for that child, get to you with the oversight of the Washoe County agency. We can bridge that gap and, hopefully, that gap will be bridged prior to 12 months.

In the end, the best interest of the child is going to prevail on placement issues, as it should. I have argued case law with the Supreme Court of Nevada where we have had foster parents and relatives come out, and sometimes it is a year after the child is in care. The court says that you have to look at, not just the relationship, but also the best interest of the child and what would happen to the child. That is why we have a statute in place that says we need to exhaust the search for relatives within one year. The one-year mark is a very big deal. We do not want children going into homes and then having to be moved because we finally find that relative that we prefer to place with.

The other part of that is—going back to some of the other questions—most of our reunifications occur within the first 11 months. We aggressively, as it should be, try to get those children home. It is when we cannot do that, when we do not get there and the court changes the plan, we need to consider what has happened to that child while the parents, through their acts or omissions, have allowed this injury to occur.

Assemblyman Sprinkle:
I understand what you are saying, but I am stuck on the fact that foster care is not permanency. These kids are in a very vulnerable state when they are first removed, and it is natural that they are going to develop bonds, potentially very quickly, with the people who are now providing them a safe and loving environment. I do not know if it is okay that we are now going to say that credibility should be given to determining the permanency plan for the child if parental rights are being taken when foster care is not permanent. Adoption is permanent, but not all foster families are willing to adopt. That is the issue I have with this section.

Brigid Duffy:
I absolutely understand what you are saying. That is why I believe section 3 has five specific considerations for the court. It is not just one; it is to consider those placement options. We are considering the fact that there is an adoptive home. The foster home that is not adopting is not a placement option for long-term permanency. We consider the age of the child and the cognitive needs and then the factors of which you have some issues. They are all to be considered, not just one. Foster care is not permanent and not great. It is not

the answer. We need something for our children who are being abused and neglected. There comes a point where we have to make decisions on how long is long enough and focus on that child.

Senator Hammond:
I am glad she followed up with your question. You look at the language that says it shall be a consideration. In the story that I gave in my remarks when I talked about a foster child who had been in the care of a family for over 4 1/2 years, it was used as a consideration. That family is willing to adopt the child. Here is someone who has grown attached to that family. After a year and one day, I think the consideration would be similar to what you have already stated.

You are up in Sparks and you may want to make sure that child stayed close to the school he is used to and people he knows. You thought they could find a solution in that year but it was not working out. That is why you would want this to be placed in consideration. It says "shall consider these factors" and there are several new factors that we are asking for.

Assemblywoman Titus:
I have some concerns along the same line that Assemblyman Sprinkle has. Section 3, subsection 2, paragraph (d) says, "Whether the child has formed a strong positive attachment or bond with the substitute caregiver." In my mind, the purpose of finding a good match in foster care is that you hope these children will form a bond. You do not want them to go to foster care where they are not going to form a bond or feel safe or have an attachment because children need that. They want someone to love them. When they are in a loving, caring foster home, you want them to form that bond at school and with friends; so that is the goal of the placement. You need to match that child whether it be a relative or someone in the foster system. I am a little anxious about using that as a determination, even the consideration. If foster care is doing a good job, they are all going to form that bond. I have real concerns about taking someone's parental rights away based on the fact that this child, who is looking for love, has an attachment. I do understand where the bill is going and I am concerned about children and have a hard time with it.

Brigid Duffy:
I would like to focus on that and why the one-year mark is so important and why, when I tell you that we are getting children home quickly in 11 months, that is significant. We are aggressively getting kids home; reunifications are occurring in 11 months. It is after that 12 months where we hope, just as you

said, that these children are forming healthy attachments. We have to consider the fact that the length of time has occurred and what it would mean to that child, despite the fact that we have worked to get these children home to their parents.

Assemblywoman Dickman:
Help me understand this part of the bill. There was talk about foster care not being permanent, but until parental rights are terminated, a child cannot be adopted, correct?

Brigid Duffy:
Yes, that is correct. They can voluntarily relinquish their parental rights or we have to move to terminate their parental rights.

Assemblywoman Dickman:
If a child has been out of the parents' care for over a year, is it not in the best interest of the child to look for something more permanent?

Brigid Duffy:
Our statute currently mandates that if a child has been out of the home for 14 of 20 months, it is presumed to be in the best interest of that child to terminate parental rights. It is also presumed that the termination of parental rights should be filed. That is state law, and federal law is 15 of 22 months.

Assemblywoman Titus:
You may have already said this, but I am concerned that if the 12 months is due to court delays and those types of problems and not necessarily issues with the parents, is that taken into consideration? You mentioned how many cases you have and the backlog and how long it takes and you make every effort to push it through, but sometimes there is just a tremendous amount of court delays. I would hate to see that as a reason to terminate. The process did not happen on time and now suddenly the children have an attachment to the foster parents, but they are taken away from their parents through no fault of the parents. I understand that it was their fault initially or you would not have taken the children away; however, sometimes this happens before any adjudication or any court decisions that there really was fault, and now the children are out of the home.

Brigid Duffy:
Children are out of the home because of abuse or neglect. That is why they are in the custody of a child welfare agency. The time frames that are currently discussed in statute are driven by just that—time frames. There should be

a sense of urgency on our courts, our parents, our district attorneys, our public defenders, our children's attorneys, and our court appointed special advocates (CASA). Everyone should have the sense of urgency to get those children back home within 12 months. Our delays that are not in the control of the parents should absolutely not be considered. I believe when making the determination of parental fault, the court will consider that. Sometimes the courts give parents years to comply, and the parent is the one getting the benefit of years of reasonable efforts while their child is in a home through very important cognitive and developmental time periods. It works both ways. Parents can come in at one year and say that they have just started a drug treatment program because now you have served me with a termination of parental rights so now I know that you are serious. The court may say that they will give the parent three or six more months or longer. At the same time, the children are still in foster care. That is why the age of the child is important. It is a very different story for a 13-year-old than it is for a 2-year-old. That consideration, I believe, is very important in this.

Assemblyman Moore:
I support you on this 100 percent; I just need a little clarification. We will say there has been some kind of abuse that has gone on by the biological parent. The child is removed and placed in foster care. Why would the courts or whoever be concerned with trying to reunify the child and rehabilitate the parent? It seems counterproductive, and they have forfeited their rights at that point in my mind.

Brigid Duffy:
We have a responsibility to make the effort to keep families together. I support that; I think we do. They are the parents for better or worse, and we are there to help them get their kids back. I believe we come to a point where we have provided everything we can. The parents have had those opportunities and now we need to focus mainly on the child. I respect where you are coming from, but I also believe it is important to work with those parents when the children are first removed.

[Assemblywoman Titus assumed the Chair.]

Assemblywoman Benitez-Thompson:
I am going back to what the psychiatrist was saying about permanency and its importance. I still come back to looking at the child welfare system and thinking about how we can fix the system. Families are not perfect, our legal system is imperfect, our child welfare system is not perfect; but how do we take steps forward in a meaningful way. If we say that we are going to set a standard by which we are considering the child's best needs, then we really

should make it apply across the board. Why not penalize the child welfare system for the number of foster care moves they have. For me, when a foster care placement fails, it means they are not getting enough support services from the agency to support the child in that home. We know that our children with special needs have the highest disruption rates. Why not require the counties to pay a higher rate for those children with those needs, and then wrap more services around them. I cannot imagine a foster parent who would say no to additional services and support. We know we are not working with a perfect system, so as opposed to holding biological parents accountable for these imperfect systems that they come into, they ought to be brought into it, and why not take a more critical look at the flow and process. I know you talked about the imperfections with the judicial system and that the courts are your department as a district attorney. If cases are going on for four years, there is a problem there. That problem is going to be with the system that is supposed to be taking care of this child. What is happening in the courts that a case is going on for four years?

Brigid Duffy:
There is a lot going on. In Clark County, we have high case numbers, three judges, and three hearing masters. We have hearing masters who cannot hear the same types of cases that the judges hear. We have attorneys with high caseloads who are stretched between six courtrooms. We have all of it. Everyone who works in that system is there because they care about families or about kids, or both. I believe the Department of Family Services will be speaking later, but as far as your concerns regarding foster parents and holding them accountable and supporting them, in Clark County we have started something called the Quality Parenting Initiative within the last few years. It is a way of bringing foster parents and the agency together to see how we can support foster parents to do such things as stop disruptions. I am not an expert at all and that would be an agency question. We are working on that; it is a positive thing.

Assemblywoman Benitez-Thompson:
Does the statute contemplate a child's attachment to foster parents when you are considering adoption? If I am right, we have a statute that contemplates the child's best interest in terms of placement already. Is that correct?

Brigid Duffy:
Yes. As I was answering Assemblyman Trowbridge's question, we have to prove two things: best interest, which is the primary consideration, and parental fault. Currently within our termination of parental rights statutes there are considerations of best interest, and the love, affection, and emotional ties between the child and the foster parents and between the child and the

biological parents are considered. The morals of the foster parents versus the morals of the parents are considered. All of those things are considerations toward best interest. This is a consideration toward parental fault and we would not be the only state that has that type of law. Other states have considered just the length of time the child has been in care as parental fault.

Assemblywoman Benitez-Thompson:
Some of the questions I have may be more appropriate for the agencies and I know they are going to testify. I want to ask about the number of children that we currently have waiting for adoption that are legal orphans. I might be able to guess what some of those numbers are by the different child welfare regions, but do you have an idea how many children right now need adoptive homes?

Brigid Duffy:
I will defer that question. I was trying to get that answered, but was not able. Perhaps someone else who will be testifying will have that answer.

Assemblywoman Benitez-Thompson:
I see several agency heads, so I will save the rest of my questions for them.

Vice Chair Titus:
Since there are no other questions right now, we will open testimony in favor of S.B. 303 (R2). Because of the limited time—and it is important to hear both sides—I will allow 15 minutes for testimony in favor and 15 minutes for testimony against, so I would appreciate if you would keep your comments brief. I understand that this is an important issue, so please identify yourself and go forward. We will start in northern Nevada with the people at the table.

James Smith, Private Citizen, Las Vegas, Nevada:
I have been a foster parent for nine years in September. In that time, we have reunified five children, and have done four special-needs adoptions through the Department of Family Services.

Regarding the story that you heard earlier, for the last five years Emma has called me daddy. It has been a rollercoaster ride of emotions, from the beginning to where we are right now. When we said yes to the phone call five years ago, I never imagined I would be sitting in front of you now. We were told about a young couple who needed some help, and so we helped. I stood in parking lots and prayed with them as they lost loved ones. After TPR trials and then getting them continued for two or three weeks—which is difficult when you have all that emotion building up—the judge looks at the

calendar and says we cannot reconvene for three weeks. You sit in a parking lot talking and you tell them it is going to be okay and that we will figure it out. We have supported them for 3 1/2 or 4 years. Unfortunately, things get messed up in the system, and we have seen their relationship deteriorate slightly. We are still there and hoping to support them, but I am here today as a dad.

I have five children at home, 436 miles away from where we sit right now. Emma is probably wrestling with one of her brothers or telling her sister what to do and how to clean their room. She is a spitfire little diva, and she is enjoying life. The thought of her being treated like a case file has probably been the biggest heartbreak for us. When we walk into the court it is, we motion this and we want to do that and when can we get the next hearing on the docket. It is not how is the child doing.

You have an awesome opportunity to be a voice for the kids in our state. I have gotten phone calls of support from foster parents across the country because of what is going on. They are watching. I have communicated with several of you and have had family members communicate with several of you, and I thank you for your response to them. I thank you for the time. I am so appreciative that we can have this moment. The little girl who is 5 1/2 years old has no idea—she thinks you are all judges and daddy went up to talk to the judge. She is so precious, and I do not want this to happen to someone else again. I do not want another little boy or girl who comes into our system who has been a victim of something atrocious—that we would not even think of in our worst nightmare, that we do not want to think of—to be victimized again when the system takes so long. I just want what is in the best interest of the child: not my desires, not the district attorney's desires, or the parents' desires. I want someone to step back and say that it is in the best interest of the child and this is what we need to do. That goes both ways: reunification or adoption. It will be new case plans for parents, and holding foster parents accountable.

I am asking you today to think about what five years is. Think about where you were five years ago. That is what Emma has been doing for the last five years. She is a sweet little girl, and I know there are other boys and girls just like her who are waiting on your wisdom and your decision.

Vice Chair Titus:
Thank you for your testimony and for caring for Emma.

Assemblywoman Benitez-Thompson:
With the child you have had for five years, do you feel you have gotten all of the support that is necessary as a foster parent from the foster care agency to support her in your home? I am not sure where you are from.

James Smith:
We live in Las Vegas.

Assemblywoman Benitez-Thompson:
Do you feel that you have gotten all the support that you need to create a good home environment for her?

James Smith:
I do. I feel there are good services there. Four special-needs adoptions have come through my door and they have bent over backwards to help us. Foster parents are not perfect, parents are not perfect, and the system is not perfect, so there are bumps, but when things come up, they really help us and bend over backwards for us.

Assemblywoman Benitez-Thompson:
I am glad to hear that because happy foster parents make for happy foster kids. Over the course of your time as a foster parent, especially with the special needs kids, you have felt that services have been in place to help them emotionally and therapeutically. You have felt you have been supported as a foster parent, but have you ever wondered why the case has gone on and been open for so long? I know you talked about the judicial problems, and the courts are definitely busy and backlogged, but do you have an idea why it has been open for so long? Do you have a general feeling?

James Smith:
There is a purpose for everything. I am not sure I see the purpose in this yet, but I can tell you that anything and everything crazy that can happen to this case has happened. We had a judge—the original judge—who is in trouble with the federal government. This has really been a rollercoaster and up and down and back and forth. It seems that anything that can happen to stall things has happened. We are still waiting on the Supreme Court of Nevada. Time to us as adults is different than time for kids. She is nearly six years old and that is a third of her childhood, of her being underage. To us a day is a day. To her those days leading up to Christmas or her birthday are an eternity. For her, it is like she has been there her entire life.

Daniel Rose, Private Citizen, Logandale, Nevada:
We have come far to be here to testify. I am missing coaching two of my sons' baseball games. They understand that dad is going to Carson City to help their brother.

I am going to stick to my written testimony because this is very difficult. What I say or do not say, and what you do or do not do, greatly affects my family and my future son—right now he is my foster son, but I call him my son—and other families across Nevada who have the same story as I. [Read from written testimony (Exhibit H).]

I have heard a lot of discussion today about family. My family is 11 kids; some have my blood and some do not, but they are all my children. I am their father and my wife is their mother; there is no difference. Blood does not make family; it is the love, caring, and nurturing that makes family. Please, I urge you to consider this bill and pass it into law as soon as possible for those families who are going through this.

Victor Joecks, Private Citizen, Las Vegas, Nevada:
My wife and I are licensed foster parents in Clark County and we support S.B. 303 (R2). As foster parents, we understand that the best interest of the child is paramount. When we first get a child, the first goal is reunification with the natural parents. When reunification does not occur and shows no sign of occurring, the goal of permanency begins to move from natural parents to adoption and adoptive resources.

I want to explain what it means to have a case plan. You have a child and you go to his visits, but the natural parents do not come for weeks or months. This bill does not address situations where the natural parents are working their case plan, doing their classes, and coming for visits. What this is addressing is natural parents who have not seen their child in years. I do not want anyone to think this is an often occurrence; this is a rare thing. We support allowing the best interest of the child to include the factors listed in S.B. 303 (R2). The language is not a mandate for a specific decision to be made, which is important. It simply forces the court to consider the additional needs of the child.

Vice Chair Titus:
We will go down to Las Vegas for testimony in support of the bill. We have decided to move and delay the hearings on Senate Bill 88 and Senate Bill 148 so we can have more time. As long as they do not shut you off in Las Vegas, we will go forward.

Melinda Munson, Private Citizen, Las Vegas, Nevada:
I am a foster mom. We have had our foster children for one year: a two-year-old girl and her sibling, a three-year-old boy. They were removed from their home due to severe neglect. The house was filthy and they were not being fed. They were kept in cribs all day long and there was little interaction. [Read from written testimony (Exhibit I).]

I am a dedicated foster parent with experience in neglect and various special-needs. I want to help the children of Clark County; however, I can no longer be part of the system that protects birth parents' rights above the well-being of vulnerable children. If laws and practices do not change this will be our last placement.

Please pass S.B. 303 (R2) so that our foster children have a chance to live successful lives. Help us end the cycle of multi-generational foster care abuse.

Ollie Hernandez, Private Citizen, Las Vegas, Nevada:
I am in support of S.B. 303 (R2). As an alumna of Clark County's foster care system, I have firsthand experience of what it is like to leave a loving foster home to be placed back with my biological family, and then to be put back in foster care because my family decided they did not want to take care of my sisters and me anymore. As a result of my experiences, this bill resonates with me. Even though a piece of legislation did not exist while I was in care, I hope my testimony, as well as that of others, will aid the bill in becoming law that will provide protection and ensure that foster kids in the system are able to achieve permanency with a loving foster family.

It is a rare occurrence for foster kids to be placed in a home where they are treated like one of the foster parents' own. Once this happens, the foster kids will form an emotional attachment to their foster parents. With all of the trauma and frustration that a foster child endures, receiving love and understanding from a foster parent can heal those wounds and is found to be a godsend in most cases. However, to remove a child from what may be the only safe and loving home he has ever experienced would be an injustice. I understand that everyone deserves a second chance, but placing a child back with his biological family might be detrimental even if reunification is ideal. Once children are placed with a loving foster family, they make strides to overcome any psychological or emotional trauma they have endured. Placing them back with their biological family could backpedal any healing that they have made.

In summation, all permanency and reunification are endgame. In some cases, the termination of parental rights might be in the child's best interest.

Jennifer Barrolitz, Permanency Supervisor, Clark County Department of Family Services:
I have been with the Clark County Department of Family Services (DFS) for a little over 12 years, and have been a supervisor for 9 of those years. In addition, I have been a foster parent and have adopted two special-needs children. While I would love to sit here and discuss my family with you, I will take the time to discuss another child instead. My children are safe; my children had their best interests served.

I would like to discuss a child who is actually the brother of Emma, whom we heard about earlier today. In October 2014, the Supreme Court of Nevada came down with a decision that I was to place—me being the Clark County Department of Family Services—Emma's brother back into the home of his biological parents. He had been out of the home for one day shy of his one year birthday. Please keep in mind that it was determined that Emma was not able to return home. Emma was in the process of going through the termination of parental rights hearing, and was deemed not safe to return home. However, I was instructed to send her one-year-old brother back home. To this day that decision remains unexplained. My job at the DFS is to keep children safe. I cannot tell you that he is safe. What I can tell you is that the moment he left my hands, he also left my eyes and the eyes of the court. I cannot tell you anything about his best interest, nor can I speak to his well-being, nor can I tell you about his home life today. I cannot tell you if the child is alive. One thing I can assure you is that there is a third sibling on the way. It is out of our control and we can do nothing to protect that child. Due to the severe abuse and neglect that she suffered, the decision was made that Emma would not be able to return home. I cannot speak to why the best interest of her brother was not deemed important by the Supreme Court. I ask you today to please understand and make the right decision. Best interest of children has got to be taken into consideration, because when it is not, nobody can let you know if these children are really okay.

Assemblyman Sprinkle:
You have identified yourself as an employee of Clark County Department of Family Services. Are you saying on the record that this is the position of your department?

Jennifer Barrolitz:
I am with the Clark County Department of Family Services and absolutely it is.

Craig Rosenstein, Rabbi, Temple Bet Emet, Las Vegas, Nevada:
I am a past president of the Clark County Foster Adoptive Parent Association and a current board member of Fostering Southern Nevada, a nonprofit,

nonmembership-based organization that provides resources, information, and recruitment help for the over 3,500-strong, foster child community in Clark County. The wonderful lady who is sitting next to me is my wife Audrey and she is currently president of Fostering Southern Nevada and the manager of Peggy's Attic, the donation cottage for the Clark County Department of Family Services located at Child Haven. [See (Exhibit J).]

As the manager, Audrey serves over 300 children and families in some form of protective custody in Clark County each month. In addition to our work in the foster care community, we ourselves are foster parents. We have fostered some 30 children over the past 12 years. I have adopted seven of them and currently are fostering two, a boy 19 months old and a 13-month-old little girl. We will adopt both of them. In addition, we have five biological children.

We took the little boy whom we are fostering home from the hospital and had him for about four months before he was returned to his mother. His mother had him for about six weeks before she called Child Protective Services saying that she could no longer take care of him, and he was returned to us. His mother has not seen him in over a year. The putative father in this case, who has consistently refused to take a paternity test and has never seen his child, came to court to contest the TPR when the child was 16 months old. We believe the court should have considered the best interest of the child in determining that the time had gone on too long for the court to reasonably expect any form of attachment between the child and the biological parents. This little boy now calls us mommy and daddy and has ten other siblings in the house to consider his family, yet the court took the matter off calendar and scheduled the trial for May.

I pose this question to the Committee: is it in the best interest of this little boy to be awarded back to a mother and father who show absolutely no interest in him? It is not an isolated story, neither to us nor to all the members of the foster care community. Audrey and I had one other foster child case take nearly 2 1/2 years to complete. It involved a biological mother who had eight prior terminations. The case included a termination of parental rights hearing, a trial to contest that termination, and an appeal to the Supreme Court of Nevada that took over a year alone to be resolved. If the Court had ordered a reunification at that point, how would that have been in our child's best interest? She had been with us since she was one month old.

Audrey and I, in our work in the foster community, hear stories like this every day. An average case that is supposed to be disposed of through reunification or termination in 18 months is taking over 2 1/2 years to complete. In five of the seven of our eventual adoptions, we took these children into our home

within one month of their being born. We are the ones who rocked them to sleep and got up in the middle of the night to feed them. We took them to the doctor when they were sick, taught them their first words, enrolled them in preschool, took them for interventions because they were all drug and alcohol exposed at birth, comforted them when crying and afraid, and laughed and played with them when they were having fun. I can safely say that nearly all other foster parents of those over-3,500 children in the county can tell you similar stories.

You have already mentioned some of the opposition that will be coming forth in testimony later on this bill, but the one that really strikes me is the comment from many that this is a civil death penalty on behalf of biological parents. I will make two observations. First, if this is so important to the biological parents that they consider this a civil death penalty, please tell me why, when we had testimony before the Senate on this, not one biological parent showed up in Carson City or in Las Vegas to testify in opposition to the bill. As far as I know, there are no parents here today to testify in opposition as well. Also, it is curious that they link this with a civil death penalty such as death penalty cases and criminal cases. Public opposition across the country has opposed that death penalty more often than not because those cases take up to 20 years to be completed before execution takes place, or a stay, or whatever takes place. In fact, it is the biological parents who are creating this civil death penalty by not working their case plans, by not being involved, and that is why we believe these cases take way more time than they are supposed to.

Of the 30 children whom we have fostered, 80 percent of them have been returned back to their parents in, very often, two or three months. As was stated earlier, they were active and worked their case plans and made their visits. We become involved and we mentor them. I even did a baby naming for one family who was not Jewish, but were so intrigued when I explained what the child's name meant in Judaism and Hebrew that they absolutely insisted that he be conferred that name and we went ahead and did it.

Up until this bill was being brought before this Committee, the 20 percent who do not work their case plans—which causes cases to take longer than it should—the court has not had the discretion to simply say that enough is enough. The impact of this bill will be to remove that two-pronged test that has been brought up earlier and place the responsibility of keeping children safe where it belongs, with the children's parents. If the parents fail in that responsibility by any finding of the proposed statute's language, the court will be able to consider termination if it is in the best interest of the child.

The length of time the case is taking is a primary consideration in determining the ultimate placement. We urge you to support the swift passage of S.B. 303 (R2) and to urge your colleagues in the full Assembly to do the same.

Vice Chair Titus:
We will come back up to Carson City and take testimony against S.B. 303 (R2).

Jon Sasser, representing Washoe Legal Services; and Legal Aid Center of Southern Nevada:
To my left is Steve Dahl, who is an ex-judge and an attorney with the Children's Advocacy Project in Las Vegas for the Legal Aid Center of Southern Nevada. I will briefly outline our opposition to the bill, then I asked Judge Dahl to talk about the on-the-ground implications of this bill.

It is very difficult for all of us to listen to the passionate testimony of the wonderful foster parents that we have heard today. We represent the children in the system. We do not represent the state or the parents. The kids come to us and ask us to represent them; we are unique in that situation. Sometimes the children want to be with their parents and sometimes they do not. We see both sides of this coin. Unfortunately, the way I read the bill, the concerns of the folks you heard today would not have changed if this bill had been law five years ago. Their circumstances fall into several categories. They are arguing that these new factors in the bill should be considered by the court in looking at the best interest of the child. We have no objections to that whatsoever. In fact, we would be happy to do that. In considering the best interest of the child, and the bonding with the foster parents, all of those things are perfectly legitimate considerations. In fact, they already exist in the law as Ms. Duffy mentioned. In NRS 128.108, it goes to the court to look at the best interest of the child to see if there is a prospective adoptive parent, what bonding there may have been with that parent, and what bonding there has been with the natural parent. What can each home offer? That is already in law.

What we have a concern with, as Ms. Duffy acknowledged, is they are not satisfied with the current law and want to take these factors and put them in another place in the statutes: the place in the statute in which the court is deciding whether there has been parental fault. Mr. Trowbridge asked the question if it was true that you need to meet two tests in order to terminate parental rights. Ms. Duffy acknowledged that, yes, you have to show both parental fault and best interest of the child. What happens here is this would be one of the factors that a court would need to look at when considering whether the parents are at fault. What the age of the child is and whether they have

bonded with the foster parents has nothing to do with the parents or their conduct. That is our concern. You are taking a legitimate consideration for determining the best interest of the child, but are putting it into the parental fault section.

The second part of the bill that gives us heartburn is the part that deals with the two sections in section 1 of what is considered automatically under today's law. They have taken abuse of another child and moved it from the "may be considered" to "it does show the need for protection." It goes from a court "can do it" to the court "must do it." They do this when a second child is born, for example. If there has been an abuse of a different child five years ago, the court must automatically find that this child is in need of services even if something happened at a remote place and time. That goes completely contrary to the recommendations of the Clark County Blue Ribbon for Kids Commission, and Judge Dahl has attached some excerpts of that for your consideration (Exhibit K). What that Commission says is, and I will read the quote:

> Families are the cornerstone of our society, and children have a right to grow up with their families as long as they can be safe. Removal of a child from the home should occur only as a last resort. Removing a child from home, even when there is an imminent safety threat, is a life-altering experience of all those involved. Once removed, a child may be placed with an adult and other children whom they do not know, who may not look like them, speak their language, or follow their family's customs. They may be separated from school, community activities, and adults that they trust. Removing a child from home is a monumental decision and one that should not be made lightly or quickly—"Every child who should be in care must be in care, and not one child more."
>
> The Commission recommends that the reasonable efforts decision-making of both the child welfare agency and the court be fully examined. Clark County needs to ensure that removals occur only when children cannot remain safely in the home, that in-home services and the use of voluntary service plans with judicial oversight are used to avoid removals when safe, and that when removals are necessary, that relatives are identified and used as preferred placements.

This bill takes from the court's determination any consideration that is imminent harm to the child, but says that it is an automatic determination that the child needs services and will be removed if there has been past abuse of another child. That runs the risk of bonding with foster parents when the child might have been in their home. We appreciate all of the foster parents and their concerns. There are a lot of recommendations in here on how to deal with the system. However, not one of them states that the standards that the district attorney must prove should be lowered when they go to court to terminate parental rights or to find the child in need of services.

Assemblyman Moore:
To clarify your testimony just now, you stated that you have an issue with the fact that there—in your words—could have been prior abuse of another child in a remote place and time. Is it your testimony that you do not find that an automatic disqualifying factor for another child to be removed?

Jon Sasser:
Today, the court may find that child in need of services. It is my testimony that I do not believe it should be an automatic disqualification. The court's hands are tied and the child must be removed even if that child is not under imminent danger or threat of danger as the Clark County Commission recommended. Yes, that is my testimony.

Assemblyman Moore:
I will agree to disagree, but I find that a very vile answer.

Assemblyman Trowbridge:
You mentioned the term "voluntary parental services plan" or something to that effect. It sounded like they were looking for a company that would come in and help parents who were not up to the task of training themselves. Can someone tell me about that plan and what the qualifications are to receive that type of assistance, and who pays for it in the face of free foster parents?

Jon Sasser:
I think Judge Dahl might be better equipped to answer that in Clark County. Rather than moving the child and placing him with strangers or taking him to a safe shelter, the court might consider the alternative of having in-home services while the court supervises. There are people who provide that.

Assemblyman Trowbridge:
Who pays for it, what are the qualifications to have that type of assistance, and who provides that type of assistance?

Stephen Dahl, Attorney, Children's Attorneys Project, Legal Aid Center of Southern Nevada:
We have Boys Town for example, which is an organization that offers in-home services where they help parents learn how to be parents. They come into the home and give instructions to the parents on what they need to do to be better parents so they can have a better home. Boys Town will come in and spend several weeks with the family, or longer, and eventually will pass the family and say they have completed those services and now they are better parents than they were before. There are other agencies that come in and provide in-home services in Clark County.

Assemblyman Trowbridge:
Is there a fee for that?

Steve Dahl:
Usually not. I am an attorney with the Legal Aid Center of Southern Nevada. I work for the Children's Attorneys Project. As attorneys for the Children's Attorneys Project, we represent individual children in individual cases. One thing that we have learned is that each child is different and each parent is different and each foster parent is different and the facts are different. There is no one size fits all. You cannot legislate yourself around every problem. Each case has to be dealt with individually. I just closed a case that was more than two years old because that is what my client wanted. He wanted to go home, and it took us that long. He was just as happy as he could be when he went home to live with his mother for the next five years. We do what our clients ask us to do. Sometimes the courts say yes and sometimes they say no.

No one is saying the cases that take five years to resolve are a good thing. That is bad for everyone, especially the child, and it does not reflect well on the system. I do not want to argue facts because it does not matter what the facts are in a five-year-old case; it is just bad. The Supreme Court gives a much different version of the facts than Senator Hammond gave today as to what happened, and puts fault in a different way. Essentially, the arguments being made today are that, because a hearing master, the Department of Family Services, the Office of the District Attorney, and a district court judge made incorrect decisions and the process took a long time, the parents should lose their kids because of that passage of time. They had worked their case plan, there was a hearing where they discussed reunification, and then it went sideways. Per the Supreme Court, all of the delays after that were not the parents' fault. The passage-of-time argument being made today is that it is too bad it has been a long time and they do not get their kids back. That is just wrong—and not legally right for one thing.

You have heard stories on one side where it was said this bill does not make adoptions easier or quicker. It is a bit disingenuous to bring all of these people to testify, present a bill, and then say it does not make it quicker or easier for people to adopt. You have heard stories from people on one side that say we ought to do that, but there are a lot of stories on the other side. I did not bring my clients to testify, but I will tell you about one of them, Oliver. Oliver, who is about kindergarten age, and his sisters were removed from their mother. A while later they were adopted by a family and everyone thought that was great. They were a nice family, had other kids, and had lots of support. They did the adoption and then moved to Utah. A couple of years later Oliver developed some problems. The family decided they did not want him anymore. They put Oliver in a car and brought him down and dropped him off with the mother whose rights had been terminated and went back to Utah where the two sisters were. They did not tell anyone about that and we did not find out about Oliver being back until his father popped him around a little bit and he came back into the system.

What could be worse for a child than something like that? Adoption give-backs—that is what I call them—are a real problem that we face. I have three adoption give-backs right now: children who were adopted and the parents decided there was something wrong so they tried to give the kids back. We have cases where kids get into the adoption process and then the parents decide they do not want to do it, give a ten-day notice, and then the children are back in foster care. We have parents who have sibling groups and then decide they only want one of them; they adopt one but not the others. There are all kinds of problems on the other side. I urge you to be cautious in making it easier to terminate and quicker to adopt. That does not say anything bad about the people here today. This room is full of well-intentioned people who have a strong difference of opinion on how we ought to handle things. You cannot create legislation to address every issue. There are lots of issues and lots of delays.

Part of my exhibit from the Blue Ribbon for Kids Commission (Exhibit K) says that 35 percent of all first permanency hearings in Clark County were out of compliance. Only 13.58 percent of cases in Clark County as of June 2013 had the required case plan filed within the 60-day statutory time limit. That had nothing to do with the parents; it is just the system. I do not necessarily blame anyone for this. Every day I work with attorneys in the district attorney's office and caseworkers with DFS and I think we do good work together. That is what happens most of the time. The reason we do not come here and say, "Oh look at the horrible adoption give-backs; we have to do something about it" is because we have a pretty good system in the south and it works almost all of the time. Over the last few years, we have adopted out thousands of children.

We have an attorney in our office who does nothing but adoption work. Most of those adoptions are done in a timely fashion and go to good, loving families who will take care of those children for the rest of their lives.

We do not want to mess with a system that works most of the time. These statutory changes will do that; for example, section 1. There was a question about remoteness. We, unfortunately, get cases where we start with a teenage girl as our client who then has a child. She ends up as a parent in a dependency proceeding and the child ends up needing an attorney when something happens. Let us say that the mother gets a case plan, but instead of doing the case plan she decides to relinquish her rights to her child and puts the child up for adoption. She has not completed a case plan. If she has a child when she is 31 years old, that child, by definition in the statute, is in need of protection and DFS can take that child with nothing more. Had she worked her case plan and then had a child at 31, the child may be in need of protection and DFS would go in and investigate her. This could also apply to grandparents. Grandparents often take over the care of their grandchildren. If you want to take it way out there, the system is a lifelong parole system that you never get out of and if Grandma had an abuse case forty years ago, there is a problem.

Assemblyman Thompson:
From the scenario that you just gave, where in the bill would that relate? If you were to amend it so that situation in particular did not occur, how would that be worded?

Steve Dahl:
I do not know how you would fix it. In section 1, it says that a child is in need of protection "if." A child in need of protection can be removed from the home. The easiest example is a child who goes to school with bruises and the school personnel notices the bruises. They call Child Protective Services and a report is made that the child may be in need of protection. Child Protective Services goes to the school and looks at the child and sees the bruises. That child is in need of protection and they can pull the child. The child who is in need of protection is subject to removal from the home if that child is in the care of the person who is responsible for the welfare of the child and was responsible for another child who had been abused by that person. It is an abuse case from years ago, unless the person has successfully completed a plan for services that was recommended by an agency which provides child welfare services. She did not complete a plan, and there is no time limit on it. There is nothing that says what abuse is. There is nothing that requires court involvement. There are no

definitions or limits. There is nothing. You cannot just get permanency for a child, because you only get permanency when you get finality. That means the case is done. These changes are going to cause more litigation, more appeals, raise more questions, take longer to resolve cases, and children will stay in limbo longer.

The parents' attorneys, who are in Las Vegas ready to testify, will be raising these issues. We have had a lot of testimony today from foster parents who obviously do not like the law. I do not like the law in a lot of cases. There are cases where the law does not really favor my client, and I do not care much for it if it does not help my client. You ignore the law at your peril; the law is the law. Parents have constitutional rights. It does not matter if you do not like the way it works. They still have constitutional rights and if you ignore them, the case never closes and is never final. You have to pay attention to the law because the case finishes when you do, and you can then do adoptions or some other plan that helps the child.

Assemblywoman Dickman:
You just talked about the parents' rights, but I wonder about the children's rights. It seems to me that you have a lot of heartburn with section 3. To me, the operative word is consider. I do not understand what is wrong with adding these considerations. You said you do what your client wants you to do, but as a child's attorney, should you not be representing their best interest? They are children.

Steve Dahl:
No. We have CASAs for that. There are all kinds of people who think they know what is in the child's best interest: the judge, the CASA, the district attorney, and the caseworker. We are the ones who listen to the child and, believe it or not, most of the time the child is right. Even if everyone else is saying something else, much of the time the child is right. They are right about wanting to go home to their parents, or they are right about not wanting to go home to their parents. We have cases where they are working on reunification and that is the last thing in the world that our client wants. The problem with the considerations is where they are placed. They are placed in the fault section where it makes bonding with the foster parents the fault of the parent. It makes it their fault no matter what the reason was, and what the cause of the delay was. If the children bond with the foster parents, that is the parents' fault because of where it is placed in the statute.

Assemblywoman Dickman:
But it is only one factor. How many children actually have attorneys?

Steve Dahl:
I have about 120 children. There are about 20 attorneys in the office, so that would be about 2,000 children.

Assemblywoman Dickman:
How many foster children would you say there are?

Steve Dahl:
There are over 3,000 of them. We are not to the point where we represent every child in the system.

Assemblyman Trowbridge:
It has been mentioned several times by the proponents and the opposition, and the proponents tells us that there are two tests that they have to pass before they can relinquish parental rights. One of them is the determination of provable fault. The other is the best interest of the child. You have argued—at least I understood it that way—that by virtue of adopting three out of three, the fault portion goes away.

Steve Dahl:
No. I am sorry if I created that impression. What I am saying is that they put bonding with the foster parents in the fault section. That is where the problem is: blaming the natural parents. If you put a newborn baby with a family, bonding occurs within days.

Assemblyman Trowbridge:
Where in the bill does it say it is going to put it in the fault section?

[Assemblyman Oscarson reassumed the Chair.]

Steve Dahl:
The first part is fault and then under that is a whole list of considerations for best interest. There are two sections: fault section at the top, and a couple of sections down is best interest. This bonding thing went into the fault portion and not in the best interest portion. In the best interest portion, it talks about bonding with foster parents and parents. It discusses both and in the fault section is only bonding with the foster parents.

Lee Elkins, Deputy Public Defender, Washoe County Public Defender:
I was formerly a judge in Brooklyn, New York, for 17 years. I presided over dependency cases. Among the fruits of my former labor were terminations of parental rights. I have done that in hundreds of cases, including many trials. I presided over many adoptions. I had one case that went to appeal where

I fought very hard and successfully to keep a foster child in the foster home where he had lived since birth rather than having him sent to a family in Massachusetts that was related to him but he did not know. I am very familiar with these issues.

Having said that, I have a couple of things to say. I prepared written remarks (Exhibit L) and a proposed amendment to the bill (Exhibit M), which we think addresses the foster parents' concerns in the right places in the statute. Quickly, Assemblyman Trowbridge, I would like to address your question. What this statute does is to require the court to consider whether there is a risk of serious mental or emotional injury to the child if returned to the home of the child's parents, which is grounds for termination. The attachment that the child has made with the foster parent becomes mental harm. That is not what the statute is intended for. It is intended for parents who have not rehabilitated and where you think the child is going to be mistreated if he goes back; that is what it was for. Now, into that definition comes the attachment to the foster parents and the length of time in placement and things of that nature. That has nothing to do with the parents and is beyond their control; that is the problem. Yes, the principles are sound. They are all about the best interest of the child, particularly a very young child or newborn on up to three years old. They are important considerations and should be in the best interest section of NRS 128.108. I think all of those factors are valid. All of the child psychiatrists will tell you so. The child developmental experts will tell you so. I do not disagree; I just do not think it is grounds for termination of parental rights. If there is fault, there is fault. You look to see whether it would be bad for the child to be removed from the home where the child has been for so long.

Assemblyman Moore, I would like to address something that you said. The fact of the matter is that Nevada has some very powerful tools in this area that this Legislature has provided to the district attorneys and the agencies, but they do not employ them. They address your point. For example, the agencies do not have to work with parents where there are aggravated circumstances. Among the aggravated circumstances are prior removals. If you have a child and a finding of neglect or abuse and the child goes into care, then goes back to the parent, but is removed again, that is an aggravated circumstance. The agency can go to court and get a finding that they do not have to work with those parents any longer. It is the same thing if you have a prior termination of parental rights. If there is a prior termination, the agency can go to court and get a finding that they do not have to work with those parents if their child goes into foster care. Also, the point that you were making about repetitious or severe abuse is in there too. If you have parents who repeatedly abuse their

children or have severely abused a child to the point where it is not in the child's best interest to go back to those people, that is an aggravated circumstance. This is all federal law by the way. This was adopted by the state of Nevada; it is just not used. This legislation is not necessary to address your concerns.

I had a lot to say and have submitted written testimony (Exhibit L), but I would like to address one other issue, which is the poverty of parents. This statute says if a child has been in care for 12 months, the parent cannot get the child back. If the child has formed an attachment to a foster family, that is parental fault. I have so many clients who—particularly after the great recession when people lost their homes and employment—could not support the child. Right now, that means a child is in need of protection; it does not necessarily mean the parents are neglectful. If the parents have been offered assistance, the child may still be in need of protection because the parents do not have the means. It can take parents 12 months to get it together, to get a job and a place to live, for example. This proposed legislation would, first of all, raise that to neglect, which I think is unfortunate. Also, you have to look at the effects of what you are doing. I do not think we should create more hardships for people who already have hardships. I do not think we should make things harder for them. I have seen records from the Department of Social Services in Washoe County where caseworkers have said that a mother with three kids who has no job should not get her kids back. Even if she got public assistance, she could not get the children back. It is not all about child maltreatment; sometimes it is just circumstances.

Finally, I would like to quote from *Santosky v. Kramer*, 455 U.S. 745 (1982), by the United States Supreme Court where it says:

> The fundamental liberty interest of natural parents in the care custody, and management of their child is protected by the Fourteenth Amendment, and does not evaporate simply because they have not been model parents or have lost temporary custody of their child to the State. A parental rights termination proceeding interferes with that fundamental liberty interest. When the State moves to destroy weakened familial bonds, it must provide the parents with fundamentally fair procedures.

The Supreme Court said, in a case involving foster parents associations [*Spence-Chapin Adoption Service v. Polk*, 29 N.Y.2d 196 (1971)]:

> Looming as important, even though less important than the controlling factors, is that foster care custodians must deliver on demand not 16 out of 17 times, but every time, or the usefulness of foster care assignments is destroyed. To the ordinary fears in placing a child in foster care should not be added the concern that the better the foster care custodians the greater the risk that they will assert, out of love and affection grown too deep, an inchoate right to adopt. The temporary parent substitute must keep his proper distance at all costs to himself.

Chair Oscarson:
We have some testimony in Las Vegas so what I would like to do is, if you are in agreement with what has already been said—I am sorry the time was monopolized here, and I apologize, but sometimes that is how it goes—but you have additional comments to share, please do so briefly. If you just want to agree, that is fine as well and feel free to just say ditto.

Denise Tanata-Ashby, representing the Children's Advocacy Alliance:
In the interest of time, I concur with a lot of what has been said, but not everything 100 percent. I will submit my comments to the Committee electronically. I do want to say for the record that some of my concerns with this bill are that a lot of the issues that have been presented here are things that should be addressed under current law. I would urge this Committee and our Legislature to actually look at implementation and enforcement of current law to prevent the need for what this bill addresses.

Deanna Molinar, Deputy Special Public Defender, Special Public Defender's Office, Clark County:
I represent parents in this process. I agree with everything that has been said. I think they did a good job of getting everything across. I mirror that. I would like to say a couple of things that were lost in the mix. Abuse and neglect are being referred to as these horrible injuries, and the children who are abused have broken bones and things like that. The thing to remember is that is not the case in a lot of these cases. I myself have about 110 clients. I may have two or three clients whose children may have had bruises or broken bones. Most of the time it is more like neglect. The huge thing is mental health.

Through no fault of their own, some parents have mental health conditions such as schizophrenia, bipolar disorder, and things like that that affect their ability to care for their children. Through that alone, they have been found to abuse or neglect their children. If later on they get on medication and have another child, it does not matter because they have abused and neglected a child earlier.

The second thing I wanted to discuss is what was brought up many times, and that is that the kids need a voice. What you have heard today from the attorneys whose only job is to represent the kids is their voice. The people who represent the children in this system are opposing this bill.

Lastly, the other thing I heard was that this would not affect parents who are working their case plan and who are involved. That is not true. Many parents who have completed their case plan have gone to termination of parental rights. I did not handle the case that was discussed about Emma, but from my understanding, I hope you will review the pleadings in the case. I understand that the parents in Emma's case completed their case plan.

We talked about time delays that resulted in children being in the system and that the 12 months could be due to court delays. Yes, it can be. I was on a case where the parents were denying they caused an injury to the child and, from the time of removal until the parents had the right to go to trial, that alone took nine months. Two months after that, they went to termination of parental rights.

Melissa Oliver, Attorney, Las Vegas, Nevada:
I represent parents in these proceedings. As my colleague mirrored everything that was said up north, the only other thing I wanted the Committee to concentrate on is the attachment issue. The psychiatrist spoke about attachment issues, but she focused her attention on the attachment between the foster children and the foster parents. There was absolutely no mention or attention paid to the bond between the children and their natural parents upon removal and, subsequently, through the process. I am not sure if you are all aware, but due to limited resources, the best-case scenario when children are removed from the home is that they get two one-hour visits at Child Haven, if those visits are supervised. That impedes their bonding and increases the likelihood that the children are going to bond with the foster parents.

The second issue relates to Mr. Trowbridge's question whether anything in the bill will increase appeals. In my opinion, if a finding is made that parental fault is present because of the bonding of the child with the foster parents, that issue

is going to be appealed. I do not know if that is a fiscal consideration that needs attention. Those are the two biggest things in section 3 that need to be addressed that I observed today.

Stacey Shinn, representing National Association of Social Workers, Nevada Chapter:
I am the Chair of the policy committee, and I want to point out that I emailed to you this afternoon the story of one of my colleagues whom this policy would have impacted. Would you please check your email and read the story written by Jolene Dille (Exhibit N).

Assemblywoman Spiegel:
There have been questions subsequent to Mr. Trowbridge's question. Page 4, lines 21 and 22, talks about making the finding pursuant to subparagraph (5) of paragraph (b) of subsection 1. It then lists the criteria of whether that is fault and whether, or how, that should be considered as part of the conduct of the parent. My question is, would your concerns with this bill be alleviated greatly if, instead of it being pursuant to subparagraph (5) of paragraph (b), it was subparagraph (5) of paragraph (a) of subsection 1? It says "the best interest of the child would be served by the termination of parental rights." This would then be modifying language to clarify what those were.

Lee Elkins:
We have actually proposed putting it in NRS 128.108 because that is the section that specifically addresses best interest considerations. We agree with the principles; we just do not think it should be grounds for fault. That is what our recommendation would be. I think it should also be balanced with considerations about the child's attachment with the natural family and extended family.

Assemblywoman Joiner:
I am having trouble finding the proposed amendment, so I need clarification. What is it under?

Lee Elkins:
It was submitted by Sean Sullivan. I can give you a hard copy though.

Chair Oscarson:
That would be great. I do not know if it met the deadline. We will get a hard copy if it did not. Is there anyone neutral?

Assemblyman Araujo:
There was a question that Assemblywoman Benitez-Thompson asked that was not answered. I was hoping someone could give us the number of children we currently have within the Department that are under TPR status.

Lisa Ruiz-Lee, Director, Clark County Department of Family Services:
In Clark County, we have approximately 100 children who are legally free for whom we are actively recruiting for a permanent, forever home. These children are typically our highest needs children, meaning severely medically fragile or severe mental health issues. They run the gamut. On average, it takes us about six months to recruit for those children. We do move them through the system. They do not languish in the system forever. Of the free children that we have, a great majority—close to 85 to 90 percent—of them are adopted by the foster parent with whom they currently reside. Keep in mind that we broadly categorize foster parents even though they may be related, unrelated, or kin to the children. As Brigid Duffy testified to earlier, about 55 percent of the adoptions we do are adoptions by relatives.

Kevin Schiller, Director, Washoe County Social Services:
We have averaged about 80 kids free for adoption that we are actively recruiting for, and that has been a historical number going back at least ten years.

Amber Howell, Administrator, Division of Child and Family Services, Department of Health and Human Services:
In the rurals we have 40.

Senator Hammond:
I respect those who come in opposition. I listened to several of them, and one of the things that was neglected, for the record, was Mr. Sasser went to Ms. Duffy and had some heartburn with section 1. What you have before you is a collaboration between the two of them as they worked out their differences with section 1. That happened, yet he still came to the table in opposition to the bill. I know there will be people who do not like the bill because we are asking for more considerations to be deliberated and that puts them at odds with whom they represent.

I am grateful for some of the questions that came up. The question Assemblyman Trowbridge raised was timely because a lot of people were confused and may have been thinking the wrong way when it came to the burden of proof. You testified that it sounded like it was removing the burden of proof, but nowhere in S.B. 303 (R2) are the burdens of proof removed for TPR, nor is the standard for TPR lowered. The way I understand it, if I say,

"With all due respect," I can then say whatever I want to after that. I do not think my story was any different than what I understood it to be from the Supreme Court. In all due respect, we are going to see differences of opinion and sometimes you cannot work out those differences. What I am looking for here is to make sure the best interest of the child is under consideration. In some cases, you do not have children who can speak for themselves. You talk about a newborn or a two-year-old or maybe even a five-year-old and they do not know how to communicate that to a lawyer. Passing S.B. 303 (R2) is in the best interest of the child. It is about policy and further considerations, and that is all I am asking. That is all that I am laying at your feet now.

Chair Oscarson:
Ms. Duffy is sitting there nodding. We always hope we can get closer on these issues, but as we move forward, we as a committee will work through this and process it and discuss it in work session. Are there any other questions from the Committee? Seeing none, I will close the hearing on S.B. 303 (R2).

[Submitted but not discussed were (Exhibit O), (Exhibit P), and (Exhibit Q).]

We are going to reopen the hearing on Senate Bill 459 (R1), and Mr. Willden will speak.

Senate Bill 459 (1st Reprint): Establishes an opioid overdose prevention policy for Nevada. (BDR 40-1199)

Mike Willden, Chief of Staff, Office of the Governor:
During the five-minute break a couple of hours ago, we agreed on some language that can work in section 16. If you have the reprint version of the bill, it is at the bottom of page 20. The bill drafters will have to clean this up, but in that lead-in sentence, section 16, subsection 1, the language indicates that a practitioner shall, before initiating a prescription for a controlled substance, look up the individuals on the PDMP. We will request to have the language added there wherever it fits, "for all new patients" and for "established patients with a new course of treatment lasting more than seven days." That is the agreement.

Assemblywoman Titus:
Thank you, Mr. Willden, that is the agreement. Thank you for being willing to accept my suggestions.

Chair Oscarson:
Is there any flavor of the Committee to suspend the rules and move this to the floor?

Assemblyman Sprinkle:
With all due respect, I think the rules state without a full Committee we cannot suspend the rules.

Chair Oscarson:
It is of the members who are present.

Assemblyman Sprinkle:
That is not what I was told.

Chair Oscarson:
[There were several members who stated, "I am a no anyway" off microphone.] It does not matter then. We will check the rules to be sure how it reads.

Assemblyman Thompson:
I would like to get clarification on that because one of my bills did not make it out because we were told it had to be the full Committee.

Chair Oscarson:
We will have a meeting and do the best we can to get this through to the floor.

Assemblywoman Titus:
I would like it on record that I thank you, as well as Dr. Green and our First Lady, for this bill.

Chair Oscarson:
There being no other business, we will go to public comment. Seeing no public comment, this meeting is adjourned [at 5:38 p.m.].

RESPECTFULLY SUBMITTED:

_____
Karyn Werner
Committee Secretary

APPROVED BY:

_____
Assemblyman James Oscarson, Chair

DATE: _____

EXHIBITS

Committee Name: Assembly Committee on Health and Human Services

Date: April 29, 2015 **Time of Meeting: 1:33 p.m.**

Bill	Exhibit	Witness / Agency	Description
	A		Agenda
	B		Attendance Roster
S.B. 459	C	Nevada State Medical Association	Proposed Amendment
S.B. 459	D	Mike Willden, Office of the Governor	Proposed Amendment
S.B. 459	E	James Marx, M.D., Private Citizen, Las Vegas, Nevada	Written Testimony
S.B. 459	F	Annette Teijeiro, M.D., Private Citizen, Las Vegas, Nevada	Drug Schedules
S.B. 459	G	Jennifer Howell, Washoe County Health District	Letter of Support
S.B. 303 (R2)	H	Daniel Rose, Private Citizen, Logandale, Nevada	Written Testimony
S.B. 303 (R2)	I	Melinda Munson, Private Citizen, Las Vegas, Nevada	Written Testimony
S.B. 303 (R2)	J	Craig Rosenstein, Rabbi, Temple Bet Emet, Las Vegas, Nevada	Written Testimony
S.B. 303 (R2)	K	Jon Sasser, Washoe Legal Services; Legal Aid of So NV	Clark County Blue Ribbon for Kids Commission Report
S.B. 303 (R2)	L	Lee Elkins, Washoe County Public Defender	Written Testimony
S.B. 303 (R2)	M	Lee Elkins, Washoe County Public Defender	Proposed Amendment
S.B. 303 (R2)	N	Jolene Dille, Private Citizen, Zephyr Cove, Nevada	Written Testimony

S.B. 303 (R2)	O	Jennifer Lunt, Washoe County Alternate Public Defender	Written Testimony
S.B. 303 (R2)	P	Donna Smith	Written Testimony
S.B. 303 (R2)	Q	Stephen Fullam	Written Testimony