

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

**Seventy-Eighth Session
May 15, 2015**

The Committee on Health and Human Services was called to order by Chair James Oscarson at 1:39 p.m. on Friday, May 15, 2015, in Room 3138 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. The meeting was videoconferenced to Room 4406 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:

None

STAFF MEMBERS PRESENT:

Kirsten Coulombe, Committee Policy Analyst
Risa Lang, Committee Counsel
Eric Robbins, Committee Counsel
Karen Buck, Committee Secretary
Cheryl Williams, Committee Assistant

OTHERS PRESENT:

Jill Marano, Deputy Administrator, Family Programs, Division of Child and Family Services, Department of Health and Human Services

Chair Oscarson:

We will now start our work session with Senate Bill 6 (1st Reprint).

Senate Bill 6 (1st Reprint): Revises provisions relating to the delivery of health care. (BDR 40-63)

Kirsten Coulombe, Committee Policy Analyst:

Senate Bill 6 (1st Reprint) is sponsored by the Legislative Committee on Health Care. It was heard in Committee on May 11, 2015. It defines the term "patient-centered medical home" to mean a primary care practice that offers family-centered, culturally-competent health care that is coordinated with outside practitioners and health facilities to provide comprehensive health services, and emphasizes enhanced access to practitioners and preventive care to patients by improving outcomes and experiences, and by lowering the cost of health services. [Continued to read from work session document ([Exhibit C](#)).]

The attached mock-up removes the provision relating to spending at least 60 percent of their time and replaces that with the provision that would be recognized by an accredited organization. It also removes the requirements related to adoption of regulation. It revises the definition of patient-centered medical home. In section 20.4, subsection 3(c) it establishes an advisory group to study the delivery of health care services through these patient-centered medical homes.

Assemblywoman Titus:

If we accept this amendment, would we have to do an amendment on the floor at some point? If we amend and do pass here, the mock-up is what?

Kirsten Coulombe:

This is a conceptual mock-up and what will happen is, like all other bills, the Legal Division will draft an official amendment that will be brought to the floor for a vote by all the members of the Assembly Chamber.

Assemblywoman Titus:

Would that be on the second reading?

Kirsten Coulombe:

Correct.

Chair Oscarson:

Is there a motion?

ASSEMBLYMAN JONES MOVED TO AMEND AND DO PASS
SENATE BILL 6 (1ST REPRINT).

ASSEMBLYMAN GARDNER SECONDED THE MOTION.

Assemblyman Thompson:

Since there has been an addition of an advisory board, is there going to be an increase in a fiscal note to support that group? I do not see anything on the Nevada Electronic Legislative Information System.

Kirsten Coulombe:

If you look at section 20.4, it is an advisory group to an existing advisory council, so it is my understanding that there is no additional fiscal impact.

Assemblyman Thompson:

The reason I ask is that many times there are provisions in there for travel and per diem, et cetera. You are adding an advisory group, so you are adding more people. Therefore, if there are some reimbursable expenses, that would need to be included in the fiscal note.

Kirsten Coulombe:

My understanding is that the advisory group is permissive, so the counsel can decide whether to implement it.

Assemblyman Jones:

I was pretty confused with what a patient-centered medical home is, but the proponents of the bill came by and explained it to me. I am now very enthusiastic to vote this bill out because I think it will help advance medical care and make a holistic approach as opposed to a crisis approach to medicine, and really like that.

Chair Oscarson:

Is there any more discussion? Seeing none, we will take a vote.

THE MOTION PASSED UNANIMOUSLY.

Mr. Jones, will you do the floor statement? Now, on to Senate Bill 88.

Senate Bill 88: Revises provisions governing the Statewide Central Registry for the Collection of Information Concerning the Abuse or Neglect of a Child. (BDR 38-337)

Kirsten Coulombe, Committee Policy Analyst:

Senate Bill 88 was heard in Committee on May 13, 2015. It is sponsored by the Division of Child and Family Services. The bill authorizes employees of the Division of Public and Behavioral Health, Department of Health and Human Services, to access information in the Statewide Central Registry for the Collection of Information Concerning the Abuse or Neglect of a Child. An employee may only access information in the Registry when conducting a background investigation of holders of licenses, employees, and certain residents of child care facilities. In addition, the measure authorizes the Administrator of the Division of Child and Family Services, DHHS, to grant access to the registry to employees or contractors of any other state or local government agency responsible for the welfare of children who demonstrate a bona fide need to access the Registry. There were no amendments. [Work session document ([Exhibit D](#)).]

Chair Oscarson:

I will take a motion.

ASSEMBLYWOMAN DICKMAN MOVED TO DO PASS
SENATE BILL 88.

ASSEMBLYMAN GARDNER SECONDED THE MOTION.

Assemblyman Thompson:

You were discussing that we are now going to allow others to have access to the Registry. Will that be through a formal memorandum of understanding (MOU)? At first we were talking about the employees having access, but we just read that the director can allow third parties to have access. I just want to make sure this is secure.

Kirsten Coulombe:

I do not know if there is anyone here or in Las Vegas from the Division of Child and Family Services.

Chair Oscarson:

I think we have someone in Las Vegas. Yes, it would be Ms. Jill Marano.

Jill Marano, Deputy Administrator, Family Programs, Division of Child and Family Services, Department of Health and Human Services:

I will try to remember all of the questions.

Assemblyman Thompson:

Will formal MOUs be established with those who are outside of the agency? Will they have user agreements?

Jill Marano:

Yes, absolutely. This statute allows us to do that.

Chair Oscarson:

Is there any other discussion? [There was none.] We have a motion.

THE MOTION PASSED UNANIMOUSLY.

Assemblywoman Dickman will do the floor statement. Next, we will have Senate Bill 148.

Senate Bill 148: Revises requirements governing certain child welfare proceedings. (BDR 38-195)

Kirsten Coulombe, Committee Policy Analyst:

Senate Bill 148 was sponsored by the Legislative Committee on Child Welfare and Juvenile Justice. It was heard in Committee on May 13, 2015. It requires a summons to an adjudicatory hearing on a petition that a child who was removed from his or her home is in need of protection to be served personally, by registered or certified mail, or by posting a written notice on the door of the

residence of the person served, regardless of whether the person resides inside or outside of Nevada. [Continued to read from work session document ([Exhibit E](#)).]

Chair Oscarson:

Are there any questions from the Committee? [There were none.] I will accept a motion.

ASSEMBLYMAN GARDNER MOVED TO AMEND AND DO PASS
SENATE BILL 148.

ASSEMBLYMAN TROWBRIDGE SECONDED THE MOTION.

Assemblywoman Titus:

Was that a friendly amendment? Are we going to remove the posting on the door?

Kirsten Coulombe:

My understanding is that it is a friendly amendment. If you will recall, Mr. Jason Frierson, who was the interim chair, was here at the hearing with Ms. Brigid Duffy when they presented the amendment.

Assemblywoman Titus:

Then it would be an amend and do pass motion with notification posted on the door removed from the bill. It does not say that on what I am looking at.

Kirsten Coulombe:

Correct. It should be on the work session document. There is a summary, but there is no attachment for this amendment.

Chair Oscarson:

We have a motion. Is there any further discussion? [There was none.]

THE MOTION PASSED UNANIMOUSLY.

The floor statement will be done by Mr. Gardner. Ms. Coulombe, would you present Senate Bill 257 (1st Reprint)?

**Senate Bill 257 (1st Reprint): Revises provisions relating to child care facilities.
(BDR 38-97)**

Kirsten Coulombe, Committee Policy Analyst:

Senate Bill 257 (1st Reprint) is sponsored by Senator Woodhouse. It was heard in Committee on May 6, 2015. It requires each person who is employed in a child care facility, other than a facility that provides care for ill children, to complete 24 hours of training annually. [Continued to read from work session document ([Exhibit F](#)).]

The sponsor proposes an amendment to delete all provisions of the bill and add section 1.9 of the attached conceptual mock-up. Since this is a conceptual mock-up and conceptual language, the Legal Division may draft it differently. Essentially, the bill language would be that, "Before a child care facility admits a child, the child care facility shall, to the extent authorized by federal law, admit another child if the application submitted for the admission of that child includes official documentation from the Federal Government. . . ." This relates to the veterans' piece that Senator Spearman presented.

Chair Oscarson:

Do I hear a motion?

ASSEMBLYMAN THOMPSON MOVED TO AMEND AND DO PASS
SENATE BILL 257 (1ST REPRINT).

ASSEMBLYMAN MOORE SECONDED THE MOTION.

This bill has gone full circle. I appreciate the work everyone did on it to make sure we do a good thing for our military folks.

Assemblyman Gardner:

What is the purpose of this amendment? Is it to give the veterans a preference?

Chair Oscarson:

Indeed. It is my understanding that some of these folks who are deployed and need child care, and do not have it, will get on a long waiting list because these services are often backed up. This does not require the facility to hold a spot for them, but moves them to the top of the list if they need those services.

Assemblyman Moore:

I was going to clarify that. It also includes Gold Star Mothers who may have lost another child in combat. The remaining child would get preference.

Assemblywoman Joiner:

I will be voting yes today because I definitely see the merits in the portions that have been added to honor our military families. I want to express, for the record, how disappointed I am in the portions that are being deleted. I really thought this bill, in its original form, was making child care facilities safer for our children. I was not part of the negotiations, and I want that to be very clear. I think the original provisions should all still be there and just add the military families. I will be voting yes, but I am disappointed.

Assemblyman Sprinkle:

I want to agree with Assemblywoman Joiner. I am exactly where she is with this bill.

Chair Oscarson:

Since we have a motion, we will vote.

THE MOTION PASSED UNANIMOUSLY.

Assemblyman Moore will do the floor statement. We still have two bills on the work session. I am going to recess the Committee because there is some discussion that needs to take place. I do not know at what point in time we will come back in. It could be late tonight. Make yourselves available. This meeting is recessed [at 1:55 p.m.].

The meeting will reconvene [at 3:33 p.m.] and we will call the roll. [Roll called.] We will now continue our work session with Senate Bill 7 (1st Reprint).

Senate Bill 7 (1st Reprint): Revises provisions governing the admission of persons with certain mental conditions to and the release of such persons from certain facilities and programs. (BDR 39-64)

Kirsten Coulombe, Committee Policy Analyst:

Senate Bill 7 (1st Reprint) is sponsored by the Legislative Committee on Health Care. It was heard in Committee on May 13, 2015. It adds physician assistants to the list of persons who are authorized to file an application for the emergency admission of a person alleged to be a person with a mental illness. [Continued to read from work session document ([Exhibit G](#)).]

There is a mock-up to this bill and, essentially, the mock-up only allows for the expanded list of persons: a clinical social worker with certain psychiatric training, a physician assistant under the supervision of a psychiatrist, a psychologist, an advanced practice nurse with certain psychiatric training and experience, or an accredited agent of the department. Those people on the

expanded list would be allowed to complete a certificate if it was in the emergency room (ER) of a hospital. Those same individuals would also be allowed to complete a certificate to release an individual from the ER.

Chair Oscarson:

Are there questions?

Assemblyman Gardner:

It is my understanding that the list of people who can put someone into the voluntary hold was not expanded, but it only expanded those who could let them out. Is that correct?

Kirsten Coulombe:

Sections 1 and 1.5 were deleted and they go back to the existing statute. There are no changes to the list of people who are allowed to change the status of a voluntary admission. It also makes no changes to the list of people who are authorized to complete an application for an emergency admission. Section 1.7, subsection 1, was revised to remove the list of people who would be authorized to complete a certificate to accompany the application for an emergency admission.

Chair Oscarson:

Are there any other questions? Before we vote, this has been a tremendous work in progress by three individuals, specifically, Assemblywoman Titus, Assemblyman Moore, and Assemblywoman Benitez-Thompson. The reason we are not here at 11 o'clock tonight is that they worked together on this. They were very understanding and worked things out to where we can deal with the challenges that we admit are there. Assemblyman Moore will probably want to put a statement on the record, but I appreciate their work in making this bill move forward for the process that is arduous and intense at best.

Assemblyman Moore:

Thank you for working with me on this. No, the system is not perfect, but I look forward to working with the individuals concerned to make this process better and ultimately making it better for the folks of our great state.

Assemblywoman Titus:

I want to go on record with a point of clarification. I thank all parties involved, especially Assemblyman Moore, for understanding more of the process. One of the things that this law does not do is expand those who can do the certification because that is a broad list. Assemblyman Moore was concerned about that broad list of people who could initiate the process. The problem is that we have this list already in statute. What we are trying to do once that

is initiated and they are taken to the emergency room is to expand the folks who can discharge the patient from the ER. On the current Legal 2000, you have a broad range of qualified folks who can initiate it, but very limited on those who can discharge. With this expansion of the discharge, we are hoping to alleviate some of the problems with the process itself, at the same time capturing those folks who are in need, and to that end, not allowing our ERs to get backed up. Hopefully, this process works. I still need to see the final, printed document when we go to the floor. I will support this bill providing the Legal Division, when they finalize this, is consistent with the conversations we are having now.

Chair Oscarson:

We need a motion.

ASSEMBLYMAN GARDNER MOVED TO AMEND AND DO PASS
SENATE BILL 7 (1ST REPRINT).

ASSEMBLYMAN MOORE SECONDED THE MOTION.

Assemblyman Jones:

Because of my concerns about involuntary commitment—I think it is a very severe thing to take away someone's rights—I am going to vote yes, but I want to reserve my right to change my vote after I fully digest this later.

Assemblywoman Dickman:

Ditto.

Chair Oscarson:

There is a motion.

THE MOTION PASSED UNANIMOUSLY.

The floor statement will be assigned to Assemblyman Gardner. Senate Bill 15 (1st Reprint) will be done by which of you, Ms. Coulombe or Mr. Robbins?

Senate Bill 15 (1st Reprint): Requires a mental health professional to take certain actions if a patient communicates an explicit threat in certain circumstances. (BDR 54-3)

Kirsten Coulombe, Committee Policy Analyst:

Senate Bill 15 (1st Reprint) is sponsored by the Senate Committee on Health and Human Services. It was heard in Committee on May 13, 2015. It provides

that if a patient communicates a threat of imminent serious physical harm or death to a mental health professional, and the mental health professional believes that the patient has the intent and ability to carry out the threat, the mental health professional must apply for the emergency admission of the patient to a mental health facility, or make a reasonable effort to notify the person who was threatened and the closest law enforcement agency. [Continued to read from work session document ([Exhibit H](#)).]

I understand there may be a proposed amendment that Assemblywoman Titus may want to walk us through.

Assemblywoman Titus:

Do you want to just use the amendment that is part of the first reprint on Senate Bill 15 (1st Reprint)?

Kirsten Coulombe:

The amendment is conceptual only and has not been written yet. If you are looking at the bill, the changes are to section 1, subsection 4, and are the definitions of who mental health professionals are for this particular bill. What is being proposed is in section 1, subsection 4, paragraph (g). This is the definition of an alcohol and drug abuse counselor who is licensed or certified, or a clinical alcohol and drug abuse counselor who is licensed, pursuant to *Nevada Revised Statutes* (NRS) Chapter 641C. My understanding is to take that provision out of the definition. There is also a request for clarification of paragraph (h) of the same section and subsection. We need the federal government to clarify that it includes the Department of Veterans Affairs (VA) and/or tribal lands. I will defer to Legal about how that may look.

Chair Oscarson:

We are privileged to have in our presence the guru of medical language, who has drafted a lot of health care language for us and has been a huge asset for us. Welcome, Mr. Robbins, and we look forward to your interpretation.

Eric Robbins, Committee Counsel:

The reason paragraph (h) is in there is to include any of these professionals who work for the federal government, whether it is in a VA hospital or some type of tribal program, or even at an Air Force base or other military installation. According to federal law, a lot of these professionals do not have to be licensed in the state in which they are practicing; they just have to be licensed in any state. This would allow one of these professionals who is licensed in another state and working for the federal government to be included.

Assemblywoman Titus:

So it does not expand the scope of these professionals? They cannot go out on the streets and hang up their shingle without a State of Nevada license. If they are acting on the premises of a federally recognized facility or under the auspices of the federal government, such as on a Native American reservation, a VA hospital, or a military base, they have already had standard practice. Our concern was that it seemed to expand the scope of the definition of a mental health professional into the alcohol and drug abuse counselors. We want to make sure those are removed from that definition because they have not been in prior statute.

Eric Robbins:

Yes. The conceptual amendment would eliminate the alcohol and drug abuse counselors from the definition of mental health professional for the purpose of this bill.

Kirsten Coulombe:

There is another amendment to clarify section 1, line 9 on page 2, as far as the mental health professional making a reasonable effort. The request is for clarification regarding what "reasonable effort" would be. There are three amendments: one is to take out the alcohol and drug abuse counselors from the definition of the mental health professional for this bill; the second is to clarify in paragraph (h) who the federal government would encompass, such as the VA or tribal lands if possible; and the third is to clarify what the reasonable effort would be for the mental health professional to take for those individuals who are making the threats.

Assemblywoman Spiegel:

When we are doing this third clarification, could that also include whether the expectation is that the mental health professional would do paragraphs (a), (b), and (c)? Or do they need to do paragraphs (a), (b), or (c) or some combination? I am not really clear on that.

Eric Robbins:

That would be for paragraphs (a), (b), and (c). It is that they would have to make a reasonable effort to notify each of those people, but they could also apply for the emergency admission of the person to a mental health facility where they could get an evaluation. They would not have to notify anyone else if they chose to do that.

Assemblywoman Joiner:

The more I look at this, the more complicated it seems to me. My question is on line 9 and is another question of "and," "or," and the meaning of it. I am

trying to think of a scenario under which a mental health professional who believes a patient has the intent and ability to create imminent serious harm to another person, why they would not admit them under NRS 433A.160. My concern is the word "or" on line 9. I think that should be an "and" and I was hoping someone could explain why it is not an "and." Why would we not have them admitted and have the person notified?

Chair Oscarson:

I can answer that. The reason is that a lot of times in the therapy scenario there may be something said where the clinician may counter that, or dispute that, and the patient may run out of the office, jump in the car, and drive off. There may not be an opportunity for them to admit at that point in time. They would have to make some type of judgment call. I have seen and heard of that happening on multiple occasions. That is why it is in there. That is just one scenario, and I am sure there are a dozen others that we could come up with.

Kirsten Coulombe:

I want to remind the members that this is conceptual and everyone will have an opportunity to review the actual amendment from Legal when it comes out and is reported to the floor and can be voted on.

Assemblywoman Titus:

Conceptually, I support this because it does not put more people on the Legal 2000, but it does hold us accountable. As I mentioned earlier, we are already obligated as health professionals in certain fields that, if we suspect—like teachers—that there is child abuse, we have to report it. What this involves is, if we suspect that someone will hurt someone else, we are obligated to report it. There would be times where someone may say that they are so angry they could kill someone, but is that a real threat? If we are worried about it, we will report it. It does not mean that the person doing the final evaluation—because there is still an evaluation process—has to report it. They can then be taken through the Legal 2000 process. These folks are not doing the Legal 2000; they are initiating a process. Conceptually, I can support this, but I will reserve my right once it is printed and is on the floor to change my support at that time. I think the idea is a good one, but all good ideas can sometimes go awry. I will support this and see what the final writing will be.

Eric Robbins:

I want to clarify before everyone votes what a reasonable effort would be so no one is surprised when it comes out. The reasonable man standard is a standard in tort law for negligence. It would basically be that they would

have to take action so they are not negligent, and they would make an effort that rises above negligence. They would be in compliance with the requirements in the statute if they acted.

Chair Oscarson:

Again, this is one of those issues where Assemblywoman Benitez-Thompson and Assemblywoman Titus got together and worked out some concerns. I appreciate that and will now accept a motion to amend and do pass.

ASSEMBLYMAN GARDNER MOVED TO AMEND AND DO PASS
SENATE BILL 15 (1ST REPRINT).

ASSEMBLYWOMAN SPIEGEL SECONDED THE MOTION.

Assemblyman Thompson:

I asked this question when we had the hearing, but in section 1, subsection 1, paragraph (a), I really have some concerns with the mental health professional notifying the person who is the subject of a threat. I am not trying to put more on law enforcement agencies, but there are many times when a person may call a law enforcement agency to report that someone is chasing them, but they cannot do anything until something happens. The law enforcement agency would be more appropriate to notify the person who may be the subject of the threat than a mental health professional. Also, that subject may feel that it is more serious—not discounting the work of the mental health professional—if they got a call from a law enforcement agency that they are the subject of the threat. With all of that said, I am going to vote it out, but I do have reservations, and I reserve my right to change my vote on the floor.

Assemblywoman Benitez-Thompson:

That point is valid and something that Assemblywoman Titus and I had a conversation about. We wished that there was a way we could make this more compelling. My experience has been that there are times when you wish law enforcement would understand the danger that you are seeing, but they do not see it through the same lens you do. It would be nice if we could encourage them a little, but I do not know if this bill is a vehicle for that. That might be a broader conversation in scope with law enforcement around folks with mental illness.

Chair Oscarson:

I would concur with that. That is certainly a discussion we can have with them during the interim to ensure it meets the intent. I do not think this prohibits a clinician from calling law enforcement and letting them know. There is

a reasonable expectation of people, if someone posed a significant, valid threat, that you would want to notify law enforcement to let them know. Then you have met that expectation.

Assemblyman Thompson:

I hear what you are saying, but it seems like this has to be all in concert together. If it is disjointed communication, it will not work. The notifications have to all mesh together or we are going to end up with something really bad happening to a subject. Is there any liability on the mental health professional in this reporting if something does happen to the subject?

Eric Robbins:

I can help with that. Section 1, subsection 2, says "A mental health professional who exercises reasonable care in determining that he or she:" and then we go down to paragraph (b) which says "Does not have a duty to take an action described in subsection 1 is not subject to civil or criminal liability or disciplinary action by a professional licensing board for any damages caused by the actions of a patient." If the patient hurts someone, the mental health professionals are not liable unless they fail to take reasonable care, which is the negligent standard from tort law. If they are negligent, they could be subject to liability, but if they are not negligent, they would not be subject to liability.

Assemblyman Jones:

These are very serious issues that we are dealing with in this bill. I am fully in support of the concept, but until we get it clarified, I want to reserve my right to change my vote on the floor. I will be voting yes today.

Assemblywoman Dickman:

I am as well.

Chair Oscarson:

We will now vote on the motion.

THE MOTION PASSED UNANIMOUSLY.

This concludes our business. There could be things that come up periodically and we will keep you informed as they do. I want to thank each of you for what I think has been a robust discussion on many issues. The varied knowledge of the members of this Committee has helped us develop some good policies. Thank you for your support and help.

We will open the meeting for public comment.

Assemblywoman Dickman:

It has been awesome to have a doctor on this Committee. She has been very helpful. Our Chairman has had a lot of experience in the health care industry as well. It has also been very helpful.

Chair Oscarson:

Is there any other public comment? Seeing none, this meeting is adjourned [at 3:58 p.m.].

RESPECTFULLY SUBMITTED:

Karen Buck
Recording Secretary

Karyn Werner
Transcribing Secretary

APPROVED BY:

Assemblyman James Oscarson, Chair

DATE: _____

EXHIBITS

Committee Name: Assembly Committee on Health and Human Services

Date: May 15, 2015

Time of Meeting: 1:39 p.m.

Bill	Exhibit	Witness / Agency	Description
	A		Agenda
	B		Attendance Roster
S.B. 6	C	Kirsten Coulombe, Committee Policy Analyst	Work Session Document
S.B. 88	D	Kirsten Coulombe, Committee Policy Analyst	Work Session Document
S.B. 148	E	Kirsten Coulombe, Committee Policy Analyst	Work Session Document
S.B. 257 (R1)	F	Kirsten Coulombe, Committee Policy Analyst	Work Session Document
S.B. 7 (R1)	G	Kirsten Coulombe, Committee Policy Analyst	Work Session Document
S.B. 15 (R1)	H	Kirsten Coulombe, Committee Policy Analyst	Work Session Document