

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

**Seventy-Eighth Session
March 2, 2015**

The Committee on Health and Human Services was called to order by Chair James Oscarson at 1:33 p.m. on Monday, March 2, 2015, in Room 3138 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. The meeting was videoconferenced to Room 4401 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
Assemblywoman Ellen B. Spiegel
Assemblyman Michael C. Sprinkle
Assemblyman Tyrone Thompson
Assemblyman Glenn E. Trowbridge

COMMITTEE MEMBERS ABSENT:

Assemblyman John Moore (excused)

GUEST LEGISLATORS PRESENT:

None



STAFF MEMBERS PRESENT:

Kirsten Coulombe, Committee Policy Analyst
Risa Lang, Committee Counsel
Karen Buck, Committee Secretary
Jamie Tierney, Committee Assistant

OTHERS PRESENT:

Joseph P. Iser, M.D., Dr.P.H., M.Sc., Chief Health Officer, Southern Nevada Health District
Tracey D. Green, M.D., Chief Medical Officer, Division of Public and Behavioral Health, Department of Health and Human Services
Brent Buffone, Private Citizen, Las Vegas, Nevada
Michael Hackett, representing Nevada Tobacco Prevention Coalition
Linda Lang, Vice President, Nevada Tobacco Prevention Coalition
Ed Uehling, Private Citizen, Las Vegas, Nevada
Alanna L. Fitzgerald, M.S.W., L.S.W., Program Coordinator, Washoe County School District Family Resource Center
Brenda Hess, Director, Washoe County School District Family Resource Center

Chair Oscarson:

[Roll was taken. Committee rules and protocol were explained.] We have a committee bill draft request (BDR) introduction. Bill draft request S-577 was requested by this Committee. The measure requires the Commissioner of Insurance to study the adequacy of network plans of insurers.

BDR S-577—Requires the Commissioner of Insurance to study the adequacy of the network plans of health insurers. (Later introduced as [Assembly Bill 220](#).)

I will entertain a motion to introduce BDR S-577.

ASSEMBLYWOMAN TITUS MOVED TO INTRODUCE BDR S-577.

ASSEMBLYWOMAN SPIEGEL SECONDED THE MOTION.

THE MOTION PASSED. (ASSEMBLYMAN MOORE WAS ABSENT FOR THE VOTE.)

We will move to a presentation on electronic cigarettes (e-cigarettes) from Dr. Iser, Chief Health Officer from the Southern Nevada Health District,

to discuss the use of electronic cigarettes by persons under age 18 and the health impacts.

Joseph P. Iser, M.D., Dr.P.H., M.Sc., Chief Health Officer, Southern Nevada Health District:

I know you also invited Dr. Green, but she suggested that I give the presentation ([Exhibit C](#)). We have a great relationship with the Division of Public and Behavioral Health in Carson City. This is an example of that. When Dr. Green can take the lead as the Chief Medical Officer, I am happy for her to do that, but when she can defer to me, I believe that is good, too. You should have the presentation in front of you.

Beginning on the second page where it talks about the e-cigarette background, I think it is interesting to note that historically e-cigarettes were first developed in China in 2004. What it includes is a battery component, a vaporizer, a cartridge filled with liquid nicotine and other substances, and the inhaler. [Continued to read from presentation ([Exhibit C](#)).]

In addition to nicotine, e-cigarettes contain the metal nickel at four times the level of traditional cigarettes and other heavy metals, which are toxic to the human system. Heavy metals include aluminum, iron, nickel, arsenic, copper, and lead. Some of these are, like iron, essential to health, but many of the other ones, which include arsenic, are very clearly toxic to the human body. [Continued to read from presentation ([Exhibit C](#)).]

The next page is a picture of some of the marketing. If I may, it shows a trendy-looking man smoking an e-cigarette, and the quotation is "Why quit? Switch to Blu," which is a brand name for some e-cigarettes. The points that the advertisement makes are that you have the freedom to smoke anywhere; there is no tobacco, ash, or smell; and all flavors are made in the U.S.A. [Continued to read from presentation ([Exhibit C](#)).]

Chair Oscarson:

Do you have numbers for the students or the people in the state of Nevada that have actually tried those as well?

Joseph Iser:

No, we would generally find that in the Youth Risk Behavioral Surveillance System, and I do not believe we have any of that data here. It is something our school district down here could collect for us, and we would be happy to do that for you.

The journal *Nicotine and Tobacco Research* found that during 2011 through 2013, the number of middle and high school students who had never smoked a cigarette but had used e-cigarettes at least once increased three-fold. [Continued to read from presentation ([Exhibit C](#)).]

Slides 12 and 13 point out that these are gateway devices to encourage people to smoke at least vapors, and the evidence shows that those who smoke vapors who have never smoked regular cigarettes are more likely to take up smoking cigarettes. [Continued to read from presentation ([Exhibit C](#)).]

This slide and the next slide indicate that the advertisements for e-cigarettes are ubiquitous in many different magazines. I have seen them on television. They are not precluded from being on television and are quite enticing, as was the advertisement I showed you about eight slides ago. [Continued to read from presentation ([Exhibit C](#)).]

I believe Dr. Green would agree with these recommendations. E-cigarettes should be regulated in the same way that tobacco products are, and in particular, smoking tobacco products. [Continued to read from presentation ([Exhibit C](#)).]

That is the end of my formal remarks, but informally, I have been a health officer here in Nevada both in the north and in the south going on four years now. In that time, and in particular down south, I have seen that local and state health departments have not often been well-served by the Centers for Disease Control and Prevention (CDC) and in some cases by the Food and Drug Administration (FDA). As a point of information, I am a former employee of both of those agencies. I think we were not well-served by the information that was sent out early on Ebola, and I feel Dr. Green would agree that we, here in Nevada, are ahead of the curve and, in many cases, ahead of the CDC. Listening in on conference calls with the state of California, I can guarantee you that we were ahead of them as well and have shared our documents and information with them.

Last week, I was at a meeting of the National Association of County and City Health Officials. I am the elected representative from Region 9, which includes Hawaii, California, Arizona, Nevada, and the former trust territories of the Pacific, with which I worked for over five years some years ago. I had supper with an old colleague of mine from the Food and Drug Administration whose division is responsible for looking at the regulation for e-cigarettes. I told her about this presentation today and said that we need help from the FDA on this. I asked her, "Why are we are not getting better information?" She looked at me and said a little cynically, "You know why. Things take a long time with

the federal government." Then I talked about the example of Ebola and the CDC. We, at the local and state levels, can be far more flexible, and should be far more flexible, than depending on the federal government to do the work that we can do ourselves. I think that is very true for the Food and Drug Administration in its role in e-cigarettes as well. I believe Dr. Green would agree with me that we would be happy to work with this Committee and others on coming up with reasonable regulatory issues that you might want to put into a bill.

Tracey D. Green, M.D., Chief Medical Officer, Division of Public and Behavioral Health, Department of Health and Human Services:

Thank you to Dr. Iser. We do work very well together. His presentation was excellent. One of the things I want to add is that we are seeing a trend toward adolescents starting with vaporized e-cigarettes and then becoming chronic cigarette smokers. The second thing I want to add is that these e-cigarette devices can be used to vaporize other things like marijuana. It is important that we know the breadth and the extent of this. I would also like to add that 1-800-QUIT-NOW is the number for our Quitline. It is available, and there are resources for individuals 13 years old and older.

Assemblyman Sprinkle:

This has been coming up constantly in discussions that I have had, so I am very glad that this presentation is happening today. Is there any form of regulation right now with these products? Secondly, I hope you can dive a little more into the secondhand vapor aspect of this. I know there are some research studies that have been done. I am wondering how this affects people who are not necessarily using this product but are close enough to be inhaling the vapors that are exhaled.

Joseph Iser:

There are currently no regulations on the manufacture or the components of any of these devices or the refillable devices as well. There is no one who looks into what they are composed of unless they are doing a research study where, as I mentioned for a couple of the articles, researchers will go out and buy one and then analyze what they see. However, there is no federal, state, or local agency that does any of that. It is difficult to tell, also, about this secondhand vapor, which is a secondhand equivalent to smoke. Given that we know that secondhand smoke related to tobacco is toxic and some of the components that are in vapors, including formaldehyde and some of the heavy metals, are also in e-cigarettes and nicotine, there will be some exposure to people nearby. My guess is that everyone on the Committee and everyone who is listening to this has gone to a restaurant and seen someone vaping in the restaurant. They often try to hide it or conceal what they are doing. I go into grocery stores and

see it, at least on occasion. When we talk about secondhand vaping, it is not theoretical; it is true that it is happening. What the FDA needs to do is gather as much data as they can. If we wait as long as we did for cigarettes and secondhand smoking data, then I believe we will be far behind the curve. Not only do we want to protect the consumer, the person who is actually vaping these devices, but we would also like to protect the people around them and, in particular, children and those under the age of 18.

Assemblyman Jones:

I do not smoke and have been offended by secondhand vape, so I do understand it, but it is being promoted as the safe alternative. You mentioned that some things are showing up, like formaldehyde, but compared to cigarettes, do we have any statistics? Are these 50 percent less toxic than regular cigarettes, 20 percent, or 70 percent? Is there any comparison with regular cigarettes?

Joseph Iser:

No, we do not have any of that data available, so it is difficult to tell. As you might guess, as I talk to the media on this, they ask me, "Well, isn't it good that they may be less toxic than cigarettes?" I hesitate to answer that specific question. It is like asking which insecticide, which this is of course, is less toxic than the others. We do not want human exposure to any of them. Therefore, it is a difficult question to answer, and I do not have an answer for you as to the particulars related to that. We do know that there are safe and effective cessation devices containing nicotine that a doctor and the Quitline help people access that are known to really help people quit smoking cigarettes.

Assemblyman Thompson:

If we are looking at regulations, can you share with us the top three areas that we need to consider, especially since you say that we are more on the cutting edge than other states?

Joseph Iser:

If you look at the second-to-the-last page of my handout ([Exhibit C](#)), it talks about recommendations: include e-cigarettes in all Clean Indoor Air laws that are currently on the books; implement marketing, age, and flavor restrictions—I scratch my head when I see a bubblegum flavor and wonder to whom that is being marketed—and tax e-cigarette products and components as tobacco products. There is a very well-known theory that has been shown to be true and that is that the more something costs, the fewer people take it up. Dr. Green and I have talked to you about how this seems to be some sort of a gateway device for children who end up smoking cigarettes. If that is true and we can prevent young people from taking up e-cigarettes, we may also be very

effective in helping them not become addicted to nicotine and not take up smoking cigarettes. The fourth recommendation is to require tobacco retail licensure to sell products and components. I think these are reasonable suggestions, and Dr. Green and I and others would be willing to work with you on wording on any or all of these issues.

Assemblyman Thompson:

On bullet point 2, what would be your recommended age? Would it mirror what it is right now for cigarette usage, or would you require that they are older or younger?

Joseph Iser:

I would say that the same regulations and rules that we use for other tobacco products should be the beginning point for these products as well.

Tracey Green:

There are a number of bill drafts surrounding both nicotine and e-cigarettes. I would be happy to provide the Committee with a list. We do have some dealing with the Clean Indoor Air Act, as well as some secondhand exposure to children.

Chair Oscarson:

Are those bills from Health and Human Services (HHS) or individual legislators?

Tracey Green:

The bills are actually not from HHS.

Assemblywoman Spiegel:

One thing that intrigues me, and Dr. Green was saying this as well, is that part of the challenge is that we did not anticipate this coming up. Therefore, it was not covered in any past legislation. As we look at some of the bills that Dr. Green just discussed, do you have any thoughts about our looking at not only the recommendations, but also something broader that includes any nicotine product? It would, therefore, encompass not just e-cigarettes but anything we might not be aware of today that starts surfacing within the next couple of years.

Joseph Iser:

It is very good to be proactive and to think about what may come next. Five years ago, I was not aware that there would be a product called vapors or e-cigarettes, and we do not know what there will be in two or three or four years. I think anything that contains nicotine products that are otherwise

not regulated by the FDA, would be good to look at. Thank you for the suggestion.

Tracey Green:

I agree with both of those comments.

Assemblyman Trowbridge:

I am really looking forward to hearing the people that are against this. I want to hear the advantages of e-cigarettes. It intrigues me that someone would do it. I feel for the Committee to look at it and come up with some ways to control this is very appropriate. I look forward to entertaining those and seeing what the proponents of e-cigarettes would have to say in response. I do not think we need to delay until we have some empirical data. I have never been run over by a truck, but I know it is not good for me.

Assemblywoman Benitez-Thompson:

We have heard news reports about children who end up ingesting some of the liquid that turns into vapors. That is a concern for me, especially when we talk about the different flavorings that could be considered an attractive nuisance for small children. It drives them towards it, but it is really bad for them. Most children would not eat a cigarette, or if they started to, it would taste so bad they probably would not consume it. Could you talk a little more about the impact on children when they ingest this liquid?

Joseph Iser:

Slides 9 and 10 show you some of the arguments that the e-cigarette marketers will give you. On slide 15, we talk about those attractive nuisance flavors. I mentioned cherry crush, chocolate treat, and bubble gum. These are things that, if I liked sweets, I would try myself. If you look at the data on slide 16 related to liquid nicotine poisonings, there is a picture of poison center calls involving e-cigarettes that points out that, in September 2010, there was approximately 1 call per month, but now, as of February 2014, the data shows 215 calls per month. Slide 17 talks about the calls to poison control centers involving children under the age of 5 and what happens with those. There are several bullets in there. The third bullet shows 10 of 21 calls were related to children 0 to 5 years of age. In 2014, there were 44 calls with more than 70 percent related to children ages 0 to 5, and half of Nevada callers went to a medical facility to seek treatment. We talked at the very beginning of the presentation about the fact that it raises your heart rate and that nicotine by itself is a poison and can be toxic in the right dosage to adult humans as well as to children. To children specifically, it can be very toxic because of the small size of their bodies. That is the data we have, and once we get data for the last

year I think those calls will continue to increase in number and severity. It is only a matter of time before we see an ingestion death.

Assemblywoman Benitez-Thompson:

I agree. It is only a matter of time because once the product is in the home, it is a ticking time bomb. It should not be allowed to be sold in those flavors at all.

Chair Oscarson:

Knowing that and knowing people who use these vapor devices, it seems to me they come in a squeeze bottle or a bottle that has a dropper on it. None of them that I have ever seen has a child-safety cap on it or those types of devices that would preclude a child from accessing it. They are usually sitting on the kitchen table or the bedside where they load them every morning. I am in agreement. There must be some way that we can look at safety issues precluding children from being able to access them. Is there data that show the outcomes of those children who went to emergency rooms or providers after they were referred to those entities? Does the American Association of Poison Control Centers follow up with those calls with data, or is there any information we might be able to get in that direction?

Joseph Iser:

I do not have that information. Poison control centers provide information and advice over the phone to emergency room doctors or other physicians and to individuals whose child may have gotten into what they consider to be a toxic substance, Tylenol, for example. The poison control centers do not follow up on that, and I do not have the data as to what has happened to those children and adults. That is something that we need to look at, and research needs to be done. Four years ago, there was one call per month, so very few people were using these devices. With 215 calls per month as of a year ago—and likely more than that once we collect the data for the last 12 months—we will get a better understanding of the outcomes of those emergency department visits.

Chair Oscarson:

Those 215 calls are just for the state of Nevada, not nationwide, correct?

Joseph Iser:

Those were nationwide. I do have data on the state. On page 17, in Nevada in 2013 we had 21 calls, 10 of which were related to children 0 to 5. In 2014, we had 44 calls.

Chair Oscarson:

It is certainly an important issue for us to look at and discuss as a Committee, and we appreciate your presentation today. It has opened my eyes to some areas that we need to look harder at and work with our colleagues in other committees. Some of these areas that you discussed, such as the Clean Indoor Air Act, would fall under the purview of other committees. Perhaps my colleagues and I can work together with those committees on the existing bill draft requests (BDR) to see if we can come up with something that would at least increase the safety aspect at this point in time to keep children from being able to access those kinds of devices.

Assemblyman Hambrick:

Looking at e-cigarettes, are we seeing any evidence of people making these things into weapons, not in the true sense of the word, but because they can add marijuana? Are you seeing other things added to these devices that the Committee could understand? We could talk about cocaine, methamphetamine, or other drugs that could be added to these things. That is why I am calling it the "weaponization" of these devices. When our kids ingest it, to me they are being assaulted by a weapon. It is a euphemistic use of the word, but I deal with kids in the juvenile justice area, and I am concerned. Can you give the Committee a sense of how these things are being acted upon on the street and in the neighborhoods? If you drive by when the kids leave a high school, you will see 5, 10, or 15 kids walking together. What are they doing with these things? How are they morphing these things into something else? Can you give us some depth? We see this on paper, but in my own life, paper has no perception. Paper is flat. I want to get some perception of what is happening for the Committee. It is amazing to me what they can do.

Dr. Green, I know you are involved in Clark County on the bath salts issue. I met with them a number of months ago and asked them to go to you. Can bath salts then be added to e-cigarettes? What other things could be used to multiply the danger of e-cigarettes?

Joseph Iser:

I am not aware of a significant amount of adulteration of these products, but it would be impossible, in my opinion, to be able to tell. You and I are of a very similar generation. My parents were a little amazed at what my generation could do with a variety of things. I am continually amazed by the "creativity" of younger generations to be able to do the kind of thing that you are talking about. If we have not seen a significant foray into that area yet, then we will. I have not seen it or heard of it, but that does not mean it is not happening and we just do not have the data. I know, Assemblyman Hambrick, that you were deferring out to Dr. Green, and she may have heard of it.

Tracey Green:

Your point is right on in the sense that we do know that hashish oil, marijuana oil, and the potential for all of the other drugs that you described could be used with this type of vapor device. In regard to its similarity to spice—synthetic marijuana—and the difficulties we have had with spice, that ever-changing environment does make it more and more difficult to assess. There is not a good blood level test for drugs that is reliable and immediate, which makes it even more difficult to know. In addition, like spice, it is an ever-changing environment. As long as there is a changing environment, kids are going to pick up on it. This is the area that we will always need to try and be one step ahead. With all of these liquid devices, when we are looking at other chemicals that can be vaporized, that is our biggest concern.

Chair Oscarson:

Assemblyman Hambrick, we might ask law enforcement to provide us with any information that may be available.

Assemblyman Hambrick:

That is a good idea, Chair Oscarson.

Chair Oscarson:

Dr. Iser, please put together a letter to me with what your thoughts are and what we can do. Collaborate with Dr. Green if you so choose. We will forward it to those who have the BDRs and try to at least make some impact this session for those concerns that you have. Any comments on the presentation that we just heard?

Brent Buffone, Private Citizen, Las Vegas, Nevada:

One of the comments that I had was in regard to hookah pens. I know the two doctors just spoke of electronic cigarettes, but I am not sure if hookah pens may carry different ingredients or a more specific concentrated volume of particular ingredients.

Michael Hackett, representing the Nevada Tobacco Prevention Coalition:

I am here today on behalf of the Nevada Tobacco Prevention Coalition (NTPC). Linda Lang, Vice President for NTPC, has joined me. I feel the presentation went a long way towards addressing some of the misinformation that is floating around this building. At NTPC, we concur with the findings of Dr. Iser's presentation, and we support the recommendations that he has offered in his presentation. As a tobacco control organization and coalition, we are certainly willing to work with this Committee, other committees, and this Legislature to effect and bring forward some of the recommendations that Dr. Iser has made in his presentation. I also agree with what he said about the FDA; they are

slow to act. In 2010, federal courts ruled that the FDA did have authority and jurisdiction over e-cigarettes and similar products, as tobacco products. I believe it was in 2011 that they actually began the process of rulemaking and developing regulations to go ahead and do this. It is very clear in the decision and the intent of the FDA that they do intend to regulate these as tobacco products and not as smoking cessation devices. To your comment, Assemblyman Trowbridge, and the comment that Dr. Iser made, I do not see why the lack of action or how long it is going to take the FDA to act should preclude this Legislature from taking action.

Linda Lang, Vice President, Nevada Tobacco Prevention Coalition:

I have two things to add. I concur exactly with everything that Mr. Hackett said, but there was a question earlier about data for the state of Nevada. The Youth Risk Behavior Survey has added e-cigarettes to their 2015 survey. That will be conducted in March, so we will have some data this summer that is specific to Nevada. The second thing is that I work with many coalitions that cover the 17 Nevada counties and, at the local level, school districts and other entities are wrestling with this issue because they do not know exactly how to handle it since it is not regulated. Therefore, they are having to pass policies and add them into their local directives. It is being handled right now jurisdiction by jurisdiction and school district by school district to deal with what to do, especially for students under 18 years of age. I strongly support some sort of regulation, especially for those that are under 18 years of age, dealing with all the issues that you brought up regarding youth.

Chair Oscarson:

If you have access to those policies and procedures that the school districts are putting in place and could forward them to this Committee, we would appreciate that. We would make sure that they are disseminated to the folks who are working on the current legislation. I am not quite sure how it is going to happen yet, but we need to somehow make a difference here.

Linda Lang:

I have access to the new policies for Churchill County. Elko County is working on theirs as we speak. NyE Communities Coalition can provide me with theirs. I will do that immediately after the meeting. I can get Clark County, also, and will put together any others we have thus far.

Chair Oscarson:

Is there any other public input? [There was none.] I will now open the hearing on Assembly Bill 156. Assemblyman Thompson is going to present that for us.

**Assembly Bill 156: Revises provisions governing family resource centers.
(BDR 38-209)**

Assemblyman Tyrone Thompson, Assembly District No. 17:

Assembly Bill 156 revises provisions governing family resource centers. I would like to give you some background about family resource centers. [Read from written testimony ([Exhibit D](#)).] Family resource centers were established in 1995 according to the *Nevada Revised Statutes* Chapter 430A. The state is divided into 18 service areas with a family resource center (FRC) providing information, referrals, and case management to residents in each service area defined by residential ZIP codes. Family resource centers collaborate with local and state agencies and organizations to help individuals and families access needed services and support. If you look on Nevada Electronic Legislative Information System (NELIS), there is a document ([Exhibit E](#)) that is uploaded and will let you know the names of the 18 family resource centers, as well as the residential ZIP codes which they serve. The FRCs are valuable for the benefit of working holistically with families directly in communities. [Continued to read from written testimony ([Exhibit D](#)).]

Of course, a family resource center would want to work with everyone that comes through the door, and they actually do. They offer referrals and services in that sense. But when you come down to case management, you should have parameters on who you can serve. [Continued to read from written testimony ([Exhibit D](#)).]

To share some of my professional background, I was previously the regional homeless coordinator in southern Nevada. We had many families. The term "living paycheck to paycheck" or "a paycheck away" is very real. [Continued to read from written testimony ([Exhibit D](#)).]

By doing this, it will allow those families that have succeeded and met the goals of their plan to exit and allow other families that are struggling to come in and be case-managed.

In closing, I want to personally thank all of the members that may be watching this at family resource centers. It has been over 20 years that we have had these awesome resources in our communities. Some people may have never accessed a family resource center, but I am pretty sure that those who have found it to be invaluable for their families. I want to thank those staff members for their dedication and hard work, especially working with limited resources and having to be as creative as possible.

Assemblyman Sprinkle:

In section 3, subsection 3, paragraph (b), do you feel there might be a need to better define exactly who these officials would be? Do we need to zero in so that we are getting the input you were referring to in your presentation, or do you think this is generic enough?

Assemblyman Thompson:

I wanted to make it generic because, as I said before, we are looking at the residential ZIP codes. This can either involve many local and elected officials, or it can deal with one or two, depending on the community. I hear what you are saying because this can actually mean those involved could be a school board member or a municipal official. When you really think about what I said regarding the holistic approach, you need all those different elected officials from different arenas to give some type of input, and to be engaged as much as possible. By doing that, we will be doing a great service for the community.

Assemblyman Sprinkle:

In section 5, subsection 3, paragraph (b), when we are talking about analyzing the data, who exactly is going to have access to all of this data? Is it just going to be the organization, or would it become public information that could then be disseminated to anybody that requested it?

Assemblyman Thompson:

I am pretty sure the family resource centers do this right now. Because you are looking at a lot of privacy laws, it would have to stay contained within the family resource centers. However, there should be some demographic and very general types of information that can be used without giving out specific names and identifiers of family members or people that are receiving services.

Assemblyman Gardner:

In section 1, it is talking about an "at-risk community" and says "based on an analysis of demographics and data...." What is that data? Do you have anything specifically involved, or is it a catchall for anything else they thought was pertinent?

Assemblyman Thompson:

It stands alone right now. "At-risk community" looks extremely subjective, and it also gives the ability for one person, meaning the director over all of the family resource centers, to determine what is an "at-risk community." I wanted to add that we should analyze all the demographics of the community because I have specifically put in what is considered low income. Those would be some of the factors, including information we get from the U.S. Census Bureau and specific area information. It would be up to the family resource center to look

at those key demographics. I was not being specific but wanted to put at least a little more language than what it already has.

Assemblyman Jones:

There is no fiscal note on this, but at the back of the bill, it talks about funding and getting/receiving money. Therefore, how are they funded? What do they actually do? What is "put a plan together"? What does that mean to help the families who are near homelessness? The bill also makes reference to expenditures from previous fiscal years, but without a fiscal note, how does this really work?

Assemblyman Thompson:

Previously, when the family resource centers were established, there were lots of resources to fund them. Right now, it is my understanding that it is only funded through the Tobacco Master Settlement Agreement. It is highly supplemented by the various organizations that have agreed that they want to become a family resource center. It is a very limited percentage of money that is going to the organization to meet the whole framework of a family resource center. When we are talking about the money, we are talking about those tobacco fund monies that come from the federal government to the state of Nevada. Then the state of Nevada awards those dollars to the 18 service area family resource centers. As far as the plan is concerned, the statute states that every year the family resource center councils have to put together a plan. What are some of the things that we are going to do for our service area? What are the top three areas we are seeing that our families are coming into? I thank you for asking that question because that is why it is so important we have the data, so that we are not just guessing what the needs are for the community. We will have the data for what is needed.

Assemblywoman Benitez-Thompson:

If I am correct, the family resource centers were established during the 1995 Session. They have been working since then, and have done amazing work in our communities. Could you talk a little more about your intent for this bill? Do you think that, right now, there are some family resource centers operating in areas where they should not be? Do you want to nudge them into other areas? Could you talk more about why you brought this bill and why now?

Assemblyman Thompson:

The reason is that I wanted to look at the sustainability. It has been 20 years, as I mentioned to Assemblyman Jones. It is just a tobacco grant that is holding it tight. That is why I wanted to engage local and state elected officials who should be very resourceful. That is the main purpose. It has always served

people well. In a perfect world, I would love to see more, because it goes back to accessibility. When you look at ZIP codes, that does not determine how many miles away the nearest family resource center may be from a family. We want to hold tight to the 18 FRCs that we have and, hopefully, there will be opportunities in the future for more with the creative outreach plans that some family resource centers have. They are working closely in schools and with the faith-based communities. Even though we have the 18 that are listed, it would be fair to say we still have some subsets of family resource centers that have limited times when they might be open, but at least that outreach is in certain areas and neighborhoods.

Assemblywoman Benitez-Thompson:

At the end of section 5 and in section 6 of the bill, we are asking for reports on the families and family members. Do you actually want all family members who are involved with family resource centers to provide information about the services they used, or could you flesh out your legislative intent a little more in the role that you actually want members of families who are receiving services to play in this?

Assemblyman Thompson:

It would depend on how each family resource center does their intake process. We use the term "household." It depends if they determine the household means every single living person in that home, or are they just looking at those that are requesting the assistance.

Assemblywoman Benitez-Thompson:

For clarification, you are not necessarily asking Mom and her three children who come to a family resource center for all of them to report for an aggregate of four reports about the services they are using. You are asking for a household to be defined, so when family resource centers define a client, you will know whether they are talking about an individual or a family, and how they are classifying the household. That is your intent, correct?

Assemblyman Thompson:

Yes, that is correct. We are looking at the holistic approach. Most of the time, if the little ones are not doing well, Mom and Dad are not doing well—or whoever the adult is—and vice versa. We want to make sure that they continue to be supported, and I am sure they do it now. This is about policy. By reading the policy, I am attempting to strengthen it more and see it ultimately sustain itself.

Assemblyman Araujo:

I want to echo the importance that I see in the data components of this bill. I feel the stronger the requirements for data, the better it is for us to become competitive for grants, both here locally and nationally as well. As we are seeing, a lot of funders are actually asking for report-outs and report-ins. It is crucial for us to get the ball rolling on that. I also echo the value of the family resource centers. They do a lot with a little and value the importance of working with various partners to make sure that they leverage all of their services. Therefore, they are certainly working day in and day out. Anything we can do to support them in their efforts is going to go a long way.

Chair Oscarson:

In full disclosure, I have to disclose that I am Chairman of the Board on No To Abuse, which houses a family resource center in Nye County. I see the good things that happen from family resource centers. I see the good things that transpire and how they happen, and that data collection is important for us, especially when you are applying for additional grants and additional information. The state is very good. It is important that this information gets to the right hands so we can make good decisions. I thank all the family resource centers in the state for what they do because it is a tough job with some of the things they see there and some of the things that happen there. Frequently, they are the only resource in the rural communities. We are grateful for what they do across the state and how they have been able to participate.

Is there testimony in support of A.B. 156? [There was none.] Is there any support in Las Vegas? [There was none.] Is there testimony in opposition from Las Vegas or from Carson City?

Ed Uehling, Private Citizen, Las Vegas, Nevada:

This is another example of the government becoming the nanny to all of us. This is worse because it requires the family resource centers to obtain input from certain elected officials when creating an action plan. Let us look at the cause of homelessness. It is the government that is creating homelessness. When one travels around the world, one does not see the problems of homelessness that we have here, even in countries that are far poorer than ours. In spite of all of these government programs, all this money is spent by the government with all this nanny type of attitude saying, "You poor people, you cannot take care of yourselves. We are the government and we are going to have to do everything for you." This is a classic example. Homelessness is actually increasing. Why is this happening? Our state's economy is about \$140 billion. Governments at all levels soak up about \$60 billion. What do they do with it? They pay salaries that are required for the bureaucrats to handle all these programs. It is fine. The bureaucrats do not have any problem

running around with their \$100,000 salaries or \$200,000 salaries. How many people could that \$60 billion or that \$200,000 salary put to work? That is what is causing the homeless problem. There is a huge soaking up of what is produced in this state by the government that is paying these outlandish salaries. Some public officials receive as much as \$5 million over their lifetime. They receive at least twice as much as the average Nevadan. They are the ones creating the homeless problem. To add to that, part of their work is to create other laws and regulations that cause homelessness. What else causes homelessness? Minimum wage laws are one thing, regulations on how many people can be in a building is another, along with regulations on how housing has to be constructed. The government has no problem taking money from us and then paying \$300 per square foot to build a homeless shelter, even though there is housing available for \$100 per square foot that is just sitting vacant. No one puts those things together. Unfortunately, some government officials, the nanny officials of our state, are looking for more ways to do these very negative things to our society and put more people into a homeless state. It is a never ending circle. Let us end it. This is the real cause of homelessness. The government is causing homelessness.

Chair Oscarson:

Is there anyone to testify neutral of A.B. 156?

Alanna L. Fitzgerald, M.S.W., L.S.W., Program Coordinator, Washoe County School District Family Resource Center:

I have worked with the family resource center for 15 years. I wanted to thank Assemblyman Thompson very much for his work on raising awareness about the family resource center and for the kind comments from many of the Committee members about the family resource center. Regarding the bill, there is one small point of concern I have that I would like to bring forward. On section 6, subsection 1, paragraph (b), Assemblywoman Benitez-Thompson worked at clarifying this a bit. I just want to look at it one more time. It says, "For each family that receives services from the family resource center, the performance by the family members of the responsibilities prescribed in the plan..." but that is related to, of course, subsection 1 "on or before August 1 of each year, each family resource center shall submit a report" I thought I heard that we might be looking at having the families report out, or is it the family resource center reporting out? Is it individually about the families, or is it an aggregate as we are looking at this reporting out piece?

Assemblyman Thompson:

In response to section 6, subsection 1, paragraph (b), it was asking for the family resource center to give a progress report on households and families.

Chair Oscarson:

I believe a majority of that information is already being collected data-wise, and you, running a family resource center, could tell me better. We have an entire staff that does it from my area, but I think a lot of that is already being done, especially for grant purposes.

Alanna Fitzgerald:

This is actually why I am asking. A lot of it is done in aggregate. For instance, in Washoe County we will serve about 2,500 to 3,000 families in a year. If we were to report out on the number of who are case managed, it could be between 300 and 500 families that are truly engaged in case management. To report out on each one would be a heavy burden and would take us away from the time we could then spend helping the families move forward in their lives. I am looking for clarification here.

Chair Oscarson:

Assemblyman Thompson is not looking to make it more burdensome. He just wants accuracy and information.

Assemblyman Thompson:

I was already going to write an amendment to the bill changing the poverty level from 133 percent to 185 percent. If I could work with Washoe County, I see that it also needs to state "that receives case management services." I heard you say there are 300 to 500, but I still think there is value in determining a way of reporting out the progress of 300 to 500 families. That is huge, and you are Washoe County. I can only imagine how many there are in Clark County. We definitely want to also know about the ones that are in our rural communities. If you can allow me, this would be a great opportunity to work on that piece.

Chair Oscarson:

That would be great. Just be mindful that a lot of these family resource centers have very limited staffing and folks that can do that, so the less onerous you can make it for the people who put this information together the more helpful it would be. I know they would be happy to provide that information because it goes toward grants, not only from the state, but also from other organizations. I think you would be pleasantly surprised to see what they have already gathered. I encourage you to work with Washoe County and others that may have some input at that point in time.

Brenda Hess, Director, Washoe County School District Family Resource Center:

I want to thank Assemblyman Thompson for bringing the awareness of what the family resource centers do. I am new on the block in the Washoe County

School District. I have only been there nine years. I can tell you stories of who walks through our doors and what we do with them on a case management level, and also on a one-time level. I want to echo what Ms. Fitzgerald said about the aggregate. We already report that. I also do not want the information to be skewed by having to report on families who become transient, or whom we were not able to follow. It may look like we are not doing the work. We know our families are transient and when they pop back up a year later, we are happy to serve them again. One more clarification: the data we have shows that there are 21 family resource centers, not 18. We do have somebody in the room that can answer all facts and figures for the state of Nevada.

Chair Oscarson:

Family resource centers are somewhere between 18 and 21, Assemblyman Thompson, and we are grateful for every single one of them. Maybe, in your discussions with Washoe County, you can also get together with the person from the state who has that information and could make that available to you.

Assemblyman Jones:

I am still confused. What do family resource centers do? Can you walk me through a typical day? You talk about grants and serving and so much service and so much help, but I have not been able to ascertain what they do specifically.

Brenda Hess:

We have been around for about 20 years. We were written into *Nevada Revised Statutes*. We are mandated to serve whoever walks through our door. Many of our grants are specific as to who we can help, and it can be anything from basic needs, which is where we focus, to case management goal setting. We do a lot of utility assistance in the wintertime in the north. In the south, we do a lot of utility assistance with air conditioning in the summer. However, it can also be child abuse, or it could be lice shampoo. It could be a food pantry. It could be shoes for a child that has worn through the shoes.

Assemblyman Jones:

Specifically then, you will pay someone's electric bills or you will get them shoes or you will give them food if they are out of food. Is that what you are saying the services are?

Brenda Hess:

We may not pay their power bill. Primarily, we are resource and referral. Certainly, we refer to all the state programs, for instance, the Energy Assistance

Program. We work with all the agencies, and our families will work with us. Sometimes they have used up all of their coins, and we will refer them to churches or other organizations. We do become the experts in the community of knowing where those resources are. Resources change in dwindling resource times. They change often. We get to be the resource centers that know what is happening.

Chair Oscarson:

Is there anyone else in Las Vegas or in Carson City who is neutral?

Brent Buffone, Private Citizen, Las Vegas, Nevada:

I am part of the student body that came here today. I graduated recently from the University of Nevada, Las Vegas. One thing that stood out to me in terms of creating action plans is that Assembly members or elected officials may not be complete experts in what the family resource centers do. The people who are there may be trained better, but their being involved is very important.

Chair Oscarson:

Assemblyman Thompson will give his closing testimony.

Assemblyman Thompson:

I do want to say for the record that this is not another government program. These grants are awarded to nonprofit organizations. It is actually a beautiful thing because it is an excellent public/private partnership that has been developed for well over 20 years. As my colleague Assemblyman Araujo said, they are doing a lot with a little. A lot of these organizations received just enough dollars to provide a case manager and maybe a few of their supportive services. However, everything else is based on building relationships in the community with various programs to pay for a power bill, to pay for a work card, to help them get over to social services to get food stamps, and so on and so forth. I feel like it has been a great experience for us to actually hear about what a family resource center is.

Chair Oscarson:

We will now close the hearing on A.B. 156 and take public comment if there is any in Las Vegas or here in Carson City.

Ed Uehling, Private Citizen, Las Vegas, Nevada:

Let me get it clear. The two ladies that came and spoke in charge of the resource center in Washoe County are not paid by the government? They are paid by some private agency? Is that how it works? There is no government involvement here?

Chair Oscarson:

Mr. Uehling, in the essence of time and to get your questions answered, I am going to have Assemblyman Thompson, the sponsor of the bill, contact you directly and answer your questions. We have your contact information. Will that be okay?

Ed Uehling:

Okay, but I have this suspicion that they are public employees, the government is involved, and this law even makes it worse because it involves elected officials having input into the decisions of these centers. That is even more dangerous. Then these centers gather information on individual people. It looks like a spy agency to me.

Chair Oscarson:

If there is no other public comment, this meeting is adjourned [at 3:01 p.m.].

RESPECTFULLY SUBMITTED:

Karen Buck
Committee Secretary

APPROVED BY:

Assemblyman James Oscarson, Chair

DATE: _____

EXHIBITS

Committee Name: Committee on Health and Human Services

Date: March 2, 2015

Time of Meeting: 1:33 p.m.

Bill	Exhibit	Witness / Agency	Description
	A		Agenda
	B		Attendance Roster
	C	Joseph P. Iser, Southern Nevada Health Division	Electronic Cigarettes Presentation
A.B. 156	D	Assemblyman Thompson	Written Testimony
A.B. 156	E	Assemblyman Thompson	State of Nevada Family Resource Center Programs