

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

**Seventy-Eighth Session
April 3, 2015**

The Committee on Health and Human Services was called to order by Chair James Oscarson at 2:11 p.m. on Friday, April 3, 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
Assemblyman John Moore
Assemblywoman Ellen B. Spiegel
Assemblyman Michael C. Sprinkle
Assemblyman Glenn E. Trowbridge

COMMITTEE MEMBERS ABSENT:

Assemblyman Tyrone Thompson (excused)

GUEST LEGISLATORS PRESENT:

None



STAFF MEMBERS PRESENT:

Kirsten Coulombe, Committee Policy Analyst

Risa Lang, Committee Counsel

Nancy Weyhe, Committee Secretary

Jamie Tierney, Committee Assistant

OTHERS PRESENT:

Lindsey Dermid-Gray, Breastfeeding Coordinator, Division of Health Care
Financing and Policy, Department of Health and Human Services

Christine Lauer, Researcher, Nevada Advocates for Planned Parenthood
Affiliates

Melinda Hoskins, Private Citizen, Reno, Nevada

Bob Ostrovsky, representing Nevada Resort Association

Holly Lyman, Director, Barbara Greenspun WomensCare Centers of
Excellence; Dignity Health St. Rose Dominican Hospitals

Bonnie Sorenson, Director of Clinical and Nursing Services,
Southern Nevada Health District

Michelle Gorelow, Director of Program Services, Advocacy, and
Government Affairs, March of Dimes Nevada Chapter

Denise Tanata-Ashby, representing Children's Advocacy Alliance

Paul J. Moradkhan, Vice President, Government Affairs, Las Vegas Metro
Chamber of Commerce

Tray Abney, Director of Government Relations, The Chamber,
Reno-Sparks-Northern Nevada

Randi Thompson, Director, National Federation of Independent Businesses

Nicole Rourke, Executive Director, Government Affairs, Community and
Government Relations, Clark County School District

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

Amber Howell, Administrator, Division of Child and Family Services,
Department of Health and Human Services

Fergus Laughridge, Professional Services and Compliance Officer,
Humboldt General Hospital, Winnemucca, Nevada

Julie Butler, Division Administrator, General Services Division,
Department of Public Safety

Steve Tafoya, EMS Program Manager, Division of Public and
Behavioral Health, Department of Health and Human Services

Jared Oscarson, Deputy Chief, Clinical Operations, Humboldt General
Hospital, Winnemucca, Nevada

Rusty McAllister, representing Professional Fire Fighters of Nevada

Mary Ellen Britt, EMS and Trauma System Manager, Southern Nevada Health District

Chair Oscarson:

[Roll was taken. Committee procedures were explained.] We will now start our work session and begin with Assembly Bill 197.

Assembly Bill 197: Revises provisions governing out-of-school-time and seasonal or temporary recreation programs. (BDR 38-506)

Kirsten Coulombe, Committee Policy Analyst:

Assembly Bill 197 was sponsored by Assemblywoman Diaz. It was heard on March 23, 2015. It makes the same requirements imposed on an out-of-school recreation program applicable to all recreation programs. [Continued to read from work session document ([Exhibit C](#)).]

Chair Oscarson:

Is there a motion?

ASSEMBLYMAN TROWBRIDGE MOVED TO AMEND AND DO
PASS ASSEMBLY BILL 197.

ASSEMBLYWOMAN DICKMAN SECONDED THE MOTION.

Assemblyman Jones:

I have concerns about this bill. I am not sure what the definition of seasonal and temporary recreation programs would be. I believe the requirements will be too overreaching. It could catch a lot of very small programs that are available. I will be voting no on this.

Assemblywoman Titus:

I want to thank Assemblywoman Diaz for taking out some of the parts of this bill that I thought were terribly overreaching, and getting down to what I think the intent of this bill is. The intent is to ensure after-school programs, summer programs, et cetera, that parents send their children to are at least certified and must follow certain laws. At this point in time, this bill says that they have to follow the law. It is not adding new law; it is giving some teeth to the existing law.

Assemblyman Moore:

I would echo Mr. Jones' comments, and I will be voting no on this.

Chair Oscarson:

We will now vote.

THE MOTION PASSED. (ASSEMBLYMEN JONES AND MOORE VOTED NO. ASSEMBLYMAN THOMPSON WAS ABSENT FOR THE VOTE.)

We will assign the floor statement to Assemblywoman Benitez-Thompson.

The next bill is Assembly Bill 305.

Assembly Bill 305: Authorizes and provides for the regulation of community paramedicine services. (BDR 40-167)

Kirsten Coulombe, Committee Policy Analyst:

Assembly Bill 305 was heard this past Wednesday. It was sponsored by Assemblyman Oscarson. It requires the State Board of Health or a district board of health to adopt regulations to provide for the issuance of an endorsement on a permit that allows an emergency medical provider employed by the permit holder to provide community paramedicine services. [Continued to read from work session document ([Exhibit D](#)).]

There is a correction to the work session document. We would not be amending *Nevada Revised Statutes* (NRS) 450B.100, but rather, the new section would only pertain to NRS 450B.200 to allow the permitting of vehicles of an owner of an ambulance or fire-fighting agency for community paramedicine services.

As you may recall, at the hearing Southern Nevada Health District (SNHD) requested to be added to the reporting requirements and have the permit holders, under the purview of the SNHD, report similar data to what is reported to the State Board of Health. The SNHD would also report that information to the Health Care Committee so the information would be received statewide.

I would like to remind everyone that the amendments, as drafted by the Legal Division, may seem different from the language included in the work session document since that is conceptual language. Anything not necessary may not be included in the amendments.

Chair Oscarson:

Do I hear a motion?

ASSEMBLYMAN SPRINKLE MOVED TO AMEND AND DO PASS
ASSEMBLY BILL 305.

ASSEMBLYWOMAN SPIEGEL SECONDED THE MOTION.

Assemblyman Jones:

I am going to be voting yes, but I want to reserve my right to change my vote. I like the intention of the bill; there seems to be a lot of good things in it. I want to be sure it is not a violation of the tax pledge that I signed.

Assemblyman Gardner:

I want clarification of the part in section 4 that removes the two-thirds vote, as well as the fee altogether.

Chair Oscarson:

There was testimony that there will be some special grant funds utilized to implement anything that might need implementation. There will not be any fees.

Kirsten Coulombe:

I want to clarify that there are no additional fees for the endorsement to be added to the permit. The fees are related to the endorsement, not necessarily the adoption of the regulation. We have a grant for the regulation. We are removing the reference to the fees and that removes the reference to the requirement for the two-thirds. After speaking with the state agency representatives, there is no fee associated with the endorsement piece.

Assemblywoman Titus:

I want to recognize the hard work that has gone into this from our Chair and members of the emergency medical services. Again, for clarification, there are no monies involved here for fees or mandates. This is a volunteer program. Folks will not have to do this in their communities if they do not want to. If they do want to do it, this helps regulate it as far as establishing protocols and behaviors; this gives some oversight. This is a good bill.

Chair Oscarson:

Is there any further discussion? I will take a vote now.

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

I will do the floor statement. We will now go to Assembly Bill 424.

Assembly Bill 424: Revises provisions governing the Committee for the Statewide Alert System. (BDR 38-545)

Kirsten Coulombe, Committee Policy Analyst:

Assembly Bill 424 was heard on March 3, 2015. It was submitted on behalf of the Sunset Subcommittee. It creates the Account for the Statewide Alert System for the Safe Return of Abducted Children in the State General Fund. [Continued to read from work session document ([Exhibit E](#)).]

Chair Oscarson:

Is there a motion?

ASSEMBLYWOMAN SPIEGEL MOVED TO DO PASS
ASSEMBLY BILL 424.

ASSEMBLYMAN SPRINKLE SECONDED THE MOTION.

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

Mrs. Spiegel will do the floor statement. Next is Assembly Bill 425.

Assembly Bill 425: Revises provisions governing emergency medical services. (BDR 40-702)

Kirsten Coulombe, Committee Policy Analyst:

The last bill for consideration was heard on March 25, 2015. It was sponsored on behalf of this Committee. Assembly Bill 425 requires the State Board of Health to appoint a member to the Committee on Emergency Medical Services who is a volunteer for an organization that provides emergency medical services instead of a firefighter. [Continued to read from work session document ([Exhibit F](#)).]

Chair Oscarson:

Is there a motion?

ASSEMBLYWOMAN TITUS MOVED TO DO PASS
ASSEMBLY BILL 425.

ASSEMBLYMAN GARDNER SECONDED THE MOTION.

Assemblywoman Joiner:

I want to clarify on the record that there were questions during the hearing about the change in the definition since it touched so many sections of the *Nevada Revised Statutes*. I feel comfortable voting yes, but with the assurance that there is no change in scope for anyone, there is no change of liability issues, and there is no real change to adding them to the definition of a provider other than what is intended. I have received some assurances that that is the case, but I wanted that on the record.

Assemblywoman Benitez-Thompson:

I do not know why we did not ask this during the hearing, and I know there are volunteer firefighters, but is there such a thing as a volunteer emergency medical technician (EMT)? In counties that have professional EMTs, is there a preference for professionals over volunteers? The statute seems to be strictly limited to the volunteer, which is all right. I cannot remember the Board composition, and it may already have a member who is a professional versus a volunteer. You would then have both a professional and a volunteer. I see nodding [from several individuals].

Back to Assemblywoman Joiner's comment: I know that the provider of health care also loops into some investigatory things that the Bureau of Health Care Quality and Compliance (HCQC) covers. I am comfortable with that since they would be subject to some of the inspections.

Kirsten Coulombe:

We clarified with those individuals who requested this bill that the individuals being added to the definition of provider of health care were going to be subject to all of the provisions that apply, and that is their intent.

Chair Oscarson:

Are there any other questions? Since there are none, we will vote.

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

Mr. Sprinkle will do the floor statement, and that ends the work session.

I just received notification that Assembly Bill 247 will be pulled from the agenda at the request of the sponsor. We will move to opening the hearing on Assembly Bill 306.

Assembly Bill 306: Requires an employer to make certain accommodations for a nursing mother. (BDR 40-249)

Assemblywoman Ellen B. Spiegel, Assembly District No. 20:

Over the past two years, I have had the pleasure of serving on our state's Advisory Board on Maternal and Child Health. In that capacity, I have learned about a number of health issues in the state that I would not have been exposed to in any other way. One of those issues relates to breastfeeding. Through the work on that committee and some of the conferences that I have attended, I have learned about numerous health benefits associated with it. I have also learned that not all lactating employees are given breaks and a clean place to express breastmilk so they can provide for their child. This does not seem right to me, so I put forth this bill to correct it.

Rather than speaking on the text of the bill itself, I would like to speak on the amendment ([Exhibit G](#)) that is on the Nevada Electronic Legislative Information System (NELIS). Essentially, what this does is require both private and public employers in the state to provide employees reasonable breaks and a clean place to express milk should they need to. There are a couple of amendments that address some of the issues that have been presented to me. Looking through it, in section 1, we took out the ability for someone to file an individual criminal complaint. We also changed, through the various sections, how an aggrieved employee would proceed. If someone is in the private sector, she would make a complaint to the Labor Commissioner. If she is a state employee—and we are now in section 2—she would file a complaint with the Personnel Commission. If she is in the Legislative Branch of state government, she would file a complaint with the Legislative Commission. If she is an employee of the Judicial Division, she would file a complaint with the Court Administrator. If she is an employee of a municipality, county school district or other type of district, city, or town, she would file a complaint with the local government employee-management relations board.

That is the extent of this bill. It covers employers who have between 25 and 50 employees, which is different from federal law. Some folks have expressed concerns about that as well, and I will talk with them and probably come forth with another amendment to go back to 50 employees like federal law. So that we get the intent clear on the record, federal law requires this for all employees who work for companies that have 50 or more employees, and I will amend it so that we get back to that. The big difference is that this will now cover public employees who also need to be covered. Their children also deserve to derive the health benefits from it.

Assemblywoman Dickman:

You referenced federal law, so if this is already covered, are state employees not covered under federal law?

Assemblywoman Spiegel:

Right now, public employees are not covered under federal law. Also, some of the federal law provisions are in the Affordable Care Act and, if that is repealed, I want to ensure employees in this state still have those benefits.

Assemblyman Gardner:

Have other states passed this kind of legislation, or will we be the first? How have other states dealt with this?

Assemblywoman Spiegel:

As of a few months ago, 24 states, the District of Columbia, and Puerto Rico have laws related to breastfeeding in the workplace; we will not be the first.

Assemblyman Sprinkle:

Section 2, subsection 2, refers to retaliation. That has a very negative connotation. I want to make sure that if an employee chooses to express, or do something of that nature in public, other employees are allowed to mention that without retaliation. I want to ensure that it is not the intent to prevent other employees from raising that issue with the employer; that is if they are doing it in public and not utilizing the area specified for that purpose.

Assemblywoman Spiegel:

That is not the intent. The intent is that the employees have a private place. I know that Nevada also has some public breastfeeding laws, but I cannot think of what they are offhand. There is someone here who can answer that.

Lindsey Dermid-Gray, Breastfeeding Coordinator, Division of Health Care Financing and Policy, Department of Health and Human Services:

There is a current law in Nevada that protects a woman's right to breastfeed in public anywhere that she is otherwise allowed to be.

Assemblyman Moore:

For clarification, does this extend to private businesses as well?

Assemblywoman Spiegel:

Yes. The private businesses are already covered under federal law. This just takes what is in federal law for private employees and puts it in state law. It extends those same protections to public employees.

Assemblyman Moore:

In section 3, subsection 1, it states that "Except as otherwise provided in subsection 3, each employer shall provide an employee who is the mother of a child under 1 year of age with a reasonable break time," so what is a reasonable break time? Also, each time the employee "needs to express milk," what is "needs to"? When does this happen? I see an open door and a potential situation where it might be every five minutes.

Assemblywoman Spiegel:

I know the Clark County School District has raised similar questions and I have already committed to working with them offline to address those questions. I am not qualified to answer them.

Assemblywoman Benitez-Thompson:

A quick comment because so many of my female colleagues are chuckling. There are going to be certain questions that male legislators will ask that strike some of us females with great amusement.

Assemblywoman Spiegel:

I have never been a mom or through this process, but I recognize the importance to the moms in our state and their children. That is why I brought this legislation forward. It also makes me unqualified to answer some of these questions.

Chair Oscarson:

One of our colleagues had small children and all I know is that, when she said she needed to do it, we made it so. Are there any other questions? We will now take testimony in favor of Assembly Bill 306.

Christine Lauer, Researcher, Nevada Advocates for Planned Parenthood Affiliates:

All of us in the room have a general understanding that breastfeeding is probably the best option a mother can choose when it comes to feeding her newborn child. Breastfeeding can be difficult and painful for many mothers, but we know that breastfeeding provides many benefits to newborn children and that the antibodies can be passed through the mother's milk to provide their undeveloped immune systems extra protection while they are still developing. I could go over the list of benefits, but my testimony is on NELIS if you want to look at it ([Exhibit H](#)).

I would rather talk about how expensive formula is, and that we need to eliminate any barriers to a woman breastfeeding and encourage it. Through my research, I found that formula can cost between \$1,138 to \$1,188 per year.

That places a high cost burden on new mothers, especially if they come from low-income families. Women are an integral part of the workforce. There has to be accommodations because women are going to go to work even if they have children.

When I looked at a Centers for Disease Control and Prevention (CDC) report card from 2014 for the rate of women who breastfeed exclusively for six months—which is the recommendation of the American Academy of Pediatrics—the federal rate is 18.8 percent and the rate for Nevada is slightly lower at 18.0 percent. Both of those rates are below one-fifth, so that means about one in five women will exclusively breastfeed their child for the recommended six months. That is unfortunate. On behalf of the Nevada Advocates for Planned Parenthood, we want to make sure there are going to be fewer barriers for women and more reasons to breastfeed. There needs to be nothing to impede them in the workforce.

As federal law stands, there are provisions for penalties for noncompliance. Adding a penalty would encourage an employer to follow the law. Assembly Bill 306 gives women a way to complain about noncompliance and ways to report retaliation.

Chair Oscarson:

I would like to remind the Committee that Ms. Lauer's research is on NELIS ([Exhibit H](#)), and she did a great job on it.

Melinda Hoskins, Private Citizen, Reno, Nevada:

I am Melinda Hoskins, a Certified Nurse-Midwife (CNM) and International Board Certified Lactation Consultant (IBCLC). It is my pleasure to be here as a private citizen and as the organizing chair of the nascent Nevada Lactation Consultant Association (NVLCA), which will eventually become a chapter of the United States Lactation Consultant Association.

I would like to provide some insight into some of the questions that Assemblyman Moore brought up. As an IBCLC, women turn to me for support when they face issues in their breastfeeding journey, like making the decision to go back to work and what they will do. Many of them are unaware of the federal law that gives them some accommodations. I find that employers also do not know how to implement it. [Read from written testimony ([Exhibit I](#)).]

Bob Ostrovsky, representing Nevada Resort Association:

I would like to thank the sponsor of this bill for working with me on some of the amendments. We think the amendments help align this more closely with the way we administer law in the Fair Labor Standards Act and the

National Labor Relations Act. The purpose of that is to administratively resolve issues rather than take those issues to court. The amendment, using the administrative process that the state provides at the Office of Labor Commissioner, is appropriate and the sponsor agreed with me.

I know that you do not usually hear these types of issues in this Committee; it is the Assembly Committee on Commerce and Labor that usually hears these issues. It follows federal law in general but not exactly. I have been this route before with the *Nevada Revised Statute* phraseology. The sponsor intends to change the 25 employees to 50 employees. The only thing different about this bill is that it adds retaliation, which is a new standard not in the federal law. We have no objections to that standard. We think women who want to express breastmilk should be able to do so with these accommodations at the worksite. We support this.

Chair Oscarson:

Is there any other testimony in support?

Holly Lyman, Director, Barbara Greenspun WomensCare Centers of Excellence; Dignity Health St. Rose Dominican Hospitals:

I am also a lactation counselor and I breastfed two children while working full time, so I appreciate this bill. On behalf of our two baby-friendly designated hospitals in St. Rose, we would like to formally support A.B. 306.

Most of the research has already been presented but there are two areas I would like to talk about. There are additional studies that show when employees continue breastfeeding after returning to work, there are benefits to the employer. One thing is employee retention. This creates happy employees who feel supported in their decision to breastfeed. There is higher job satisfaction. There is also enhanced recruitment for employers who offer these benefits to employees.

We have already talked about healthier moms and babies. This is very important to us in public health. We feel strongly that employers should give their staff the proper breaks and the atmosphere to do this. [Written testimony also provided ([Exhibit J](#)).]

Chair Oscarson:

I have been to your facility and had meetings there. You do an amazing job.

Bonnie Sorenson, Director of Clinical and Nursing Services, Southern Nevada Health District:

The Southern Nevada Health District has had a long history of supporting nursing mothers as both an employer and as a public health agency that provides maternal-child health programs that encourage and educate mothers about breastfeeding. [Continued to read from written testimony ([Exhibit K](#)).]

Michelle Gorelow, Director of Program Services, Advocacy, and Government Affairs, March of Dimes Nevada Chapter:

There are moms out there who have preterm infants who have to stay in the Neonatal Intensive Care Unit (NICU) even after a mom has gone back to work. Breastmilk for these babies can literally be a lifesaver. [Continued to read from written testimony ([Exhibit L](#)).]

I would like to strongly support the bill.

Denise Tanata-Ashby, representing Children's Advocacy Alliance:

I will not repeat the information and data that has already been presented, but we want to offer our full support for A.B. 306.

Chair Oscarson:

Is there any more testimony in favor of the bill? Seeing none, we will call for testimony in opposition? Seeing none in either Carson City or Las Vegas, we will move to neutral testimony.

Paul J. Moradkhan, Vice President, Government Affairs, Las Vegas Metro Chamber of Commerce:

The Chamber is neutral with the amendment that has been proposed. We are currently working with the bill's sponsor to address the employee size change from 25 to 50. She has been very gracious and we appreciate the dialogue. We understand the importance of supporting nursing mothers in the workforce. The Metro Chamber's members employ about 250,000 Nevadans, so we understand the policy component and the importance of this issue this session.

Lindsey Dermid-Gray:

Most of my testimony on the community's and employees' benefits of supporting lactation have been covered. In the interest of time, I will just state that, for your reference, my testimony has been provided on NELIS ([Exhibit M](#)). The State of Nevada is neutral on this bill.

Tray Abney, Director of Government Relations, The Chamber, Reno-Sparks-Northern Nevada:

We signed in as neutral, but after hearing the conversation, we support the amendments. Since the sponsor is talking about moving the employee count to 50, we can support this bill. I want to thank the sponsor for working with us this week. With everything that has been put on the record, we can support this bill.

Randi Thompson, Director, National Federation of Independent Businesses:

We, too, signed in neutral today but, with the amendments that were offered, we can see supporting this legislation. We were concerned about the grievance process, as well as the 25-employee regulations. If we can get to the federal law—we are neutral for now—we will be in support.

Nicole Rourke, Executive Director, Government Affairs, Community and Government Relations, Clark County School District:

We are looking forward to working on the language about the frequency and timing that is in the bill. Thanks to the amendment, we are also neutral on this bill.

Chair Oscarson:

Is there any other neutral testimony? [There was none.]

Assemblywoman Dickman:

I was looking at this large fiscal note for the Department of Corrections. Do you see any way to fix that?

Assemblywoman Spiegel:

I just saw the fiscal note this morning. I have not heard from anyone in the Department of Corrections, so I will reach out to them and see what we can do to work this out. I think the bill is very important, and it will help so many Nevadans and children. I am confident that we will be able to work out the issues that are there. Hopefully I will be able to come back before Tuesday with that and to have your support on this bill.

Assemblywoman Joiner:

As a full-time working mom, it was very difficult. I remember pumping in my car and in all kinds of crazy places. Your production goes down if you miss even a day or two; it is extremely important. When I saw the bill, I was surprised that we still had groups of employees that were not covered under the federal law, so I appreciate your bringing it. For clarification, we have heard from the Chamber that, if you match it to the federal law, they might be more than neutral. Does it affect private businesses or are they already complying with the federal law?

Assemblywoman Spiegel:

Most private employers who are required to provide these benefits are doing so. There are a few whom I spoke with who were surprised about this; they did not know about the federal law. They said they would look it up and start complying. Anecdotally, as I was talking to people in the community to get the pulse from employers, the biggest difference was that there is now a process in the state for mediation and dealing with complaints of noncompliance. The basic right is the same.

Assemblywoman Titus:

To confirm, you are going to align the penalty for noncompliance with the federal regulations by taking out the fees and other such things.

Assemblywoman Spiegel:

My understanding from speaking with our Legal Division is that, when we send things to the Labor Commissioner, there are remedies and set procedures in statute, but they are not necessarily the same thing. There is a process in place and it is not anything where the employee herself has the right to initiate a court matter or go to the police to file a citizen's complaint for misdemeanor charges.

Assemblywoman Titus:

Only the women in this audience who have experienced this might appreciate a little anecdotal story. I was an intern when I had my first child and I was a breastfeeding mom on my pediatrics rotation. You can only imagine what would happen every time a child would cry.

Chair Oscarson:

Are there any other comments? [There were none.] [Submitted but not discussed are ([Exhibit N](#)), ([Exhibit O](#)), and ([Exhibit P](#)).] Seeing no further testimony, I will close the hearing on A.B. 306. I will open the hearing on Assembly Bill 324.

[Assembly Bill 324](#): Revises provisions relating to child welfare. (BDR 38-773)

Assemblyman Michael C. Sprinkle, Assembly District No. 30:

I am here to present Assembly Bill 324. Of all my bills, this is the simplest because the origin of this bill was when one of my bill draft requests opened up at the first week of session. I reached out to the Department of Child and Family Services (DCFS) and asked them if they had any issues immediately related to foster care, or child-related issues, and they were able to come forward with some language for a bill.

In essence, what you are going to hear are federal mandates that were handed down to the state shortly before the session started. Initially, they were not going to be able to make changes that would work with the federal mandates and were going to need to ask for an exemption. With this bill, as you will see, we will be able to meet the federal requirements. I will let the Department present this bill to you.

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

This is a simple bill that brings Nevada statutes into compliance with recently enacted federal legislation. Public Law 113-183 was passed last summer. It is otherwise known as "Preventing Sex Trafficking and Strengthening Families Act." There are many pieces of that act that we can implement through regulation and policy, but there are a few issues that need either updates or new things in our laws.

There are three primary issues that this bill addresses. First, reporting runaway or missing youth to the proper authorities, and requiring child welfare agencies to assess whether the child was a victim of sex trafficking or sexual abuse while on runaway status once they are returned or found. Second, it also lowers the age when independent living services must begin for youth in foster care, and when we must begin running credit checks. Current law states that it is at age 16, but that will change to 14 years of age. Finally, it revises requirements that, at the court hearings for children with a permanency goal of Another Permanent Plan Living Arrangement or APPLA, we must ask about the child's preferred permanency goal or preferred permanency plan.

I will give you some detail and background on why this is important legislation. When children come into foster care, as many of you have heard me testify before, our first goal as child welfare agencies is to help families address their issues so children can be reunified. When that is not possible, we look to adoption as our second permanency preference. Our last preference is that children age out of foster care or find another permanent plan living arrangement when applicable. This bill focuses on helping to ensure those youth for whom we could not find permanency—since we have not achieved

our goal—have every opportunity to be safe and to learn important skills so they can live independently as they age out of foster care. It is not only important for the children who are aging out, but the entire community benefits as well. It goes without saying, but the more prepared the youth are when they age out of foster care, the more likely they are to complete their education, to obtain good jobs, and contribute positively to their communities.

I can go into more details on each of those major provisions of the bill if you want. I want to mention that there is a friendly amendment that we submitted ([Exhibit Q](#)) that may have made it to the Nevada Electronic Legislative Information System (NELIS). The bill, as currently written, suggests that the judge needs to ask about the child's preferred permanency placement at a court hearing. The actual federal language is that they should ask about their preferred permanency plan. This means we need to ask whether children prefer to be adopted, if they want to be reunified, or if they want to age out of foster care. That amendment is there to clarify that we are asking what their permanency goals are as opposed to where they want to live.

Chair Oscarson:

If I understand, this just brings a lot of things into compliance with federal mandates that have been dropped on us. This vehicle is a way to do that without having to wait another two years.

Jill Marano:

That is correct. Essentially, the major requirements are changes to the independent living age and the age at which we have to report children being missing or as a runaway.

Amber Howell, Administrator, Division of Child and Family Services, Department of Health and Human Services:

We are here as backup.

Chair Oscarson:

Is there anyone in support of [A.B. 324](#)?

Denise Tanata-Ashby, representing Children's Advocacy Alliance:

We are 100 percent in support of this bill. It will help us be in compliance with the new federal law.

Chair Oscarson:

Is there any other testimony in support? Seeing none, is there anyone in opposition, either here or in Las Vegas? Seeing no one, is there any neutral testimony? [There was none.] Mr. Sprinkle, please come wrap it up.

Assemblyman Sprinkle:

I appreciate the attention of this Committee and the thoughtful process that will go into swiftly moving this bill forward.

Chair Oscarson:

I will close the hearing on A.B. 324, and open the hearing on Assembly Bill 463. I am going to turn this over to the Vice Chair so I can introduce this committee bill, and then I will be back to reassume the chair. [Assemblywoman Titus assumed the Chair.]

Assembly Bill 463: Enacts the Recognition of Emergency Medical Services Personnel Licensure Interstate Compact. (BDR 40-1020)

Vice Chair Titus:

I will open the hearing on Assembly Bill 463 and you may begin when you are ready.

Assemblyman James Oscarson, Assembly District No. 36:

This is a Committee-sponsored bill at the request of the industry. Recognition of Emergency Medical Services Personnel Licensure Interstate CompAct (REPLICA) allows a person licensed to practice as an emergency medical technician, advanced emergency medical technician, or a paramedic to practice in another state that is a member of the CompAct under certain circumstances.

The CompAct is intended to facilitate the day-to-day movement of emergency medical services (EMS) personnel across state borders in the performance of their duties, and allow EMS authorities to immediately give legal recognition to EMS personnel licensed in member states. At this time, there are eight states that are members of the CompAct. Nevada is not. Assembly Bill 463 will change that.

Section 2 adopts the language necessary to enter the CompAct. This is a fairly extensive section, but as a general overview, joining the CompAct allows licensed EMS personnel to practice in a state other than the state in which they are licensed, if the state in which they are licensed requires licensees to pass the National Registry of Emergency Medical Technicians examination and have a criminal background check. The state must also have mechanisms in place for receiving and investigating complaints about licenses and notifying the administrative body of the CompAct of any disciplinary action against a licensee.

This section provides that a person who practices in a state other than the state in which he or she was licensed is subject to the jurisdiction and rules of the

remote state, and it outlines the specific privileges EMS personnel have in a remote state. The CompAct does not authorize a person to obtain regular employment with an EMS agency in a remote state without first obtaining a license in that state. In addition, section 2 provides that the state must consider certain certifications of veterans or active military members or their spouses as satisfying certain EMS licensure requirements and expedite their licensure processing.

Other sections of the bill make conforming changes clarifying that EMS personnel who have not been certified as such by a state health authority may, in fact, practice in Nevada under this CompAct, and EMS personnel not certified in Nevada have the same rights and responsibilities as EMS personnel certified here.

The reason Assembly Bill 463 is important is that this interstate compact could help solve the problem of providing appropriately credentialed individuals from other states the legal ability to practice, under specified conditions, in our state. It does so by responsibly introducing accountability and establishing a method of sharing information among states.

With that, Madam Vice Chair, I would now like to turn it over to those who requested the bill and who are more familiar with the CompAct and all of its intricacies.

Vice Chair Titus:

Those in support can move on up and identify yourselves.

Fergus Laughridge, Professional Services and Compliance Officer, Humboldt General Hospital, Winnemucca, Nevada:

I am a past president of the National Association of State EMS Officials (NASEMSO). They brought the language for this CompAct forward a number of years ago. I have also served as a subject matter expert with the National Wildland Fire Coordinating Group in the credentialing of firefighters who respond to wildland fires. [Assemblyman Oscarson reassumed the Chair.]

Before you today, we would like to talk briefly on the Recognition of EMS Personnel Licensure Interstate CompAct, commonly referred to as REPLICA ([Exhibit R](#)). Often when talking to state representatives, they wonder if they can really do this. Yes, they can. Most importantly, what keeps our EMS officials awake at night is that we have thousands of Department of Health and Human Services personnel and other federal EMS operatives traveling across this country who are delivering services within our state that are not necessarily regulated. Some planned special events and major incidents below the level of

a Governor-declared disaster require additional services and personnel. Agencies with a multistate footprint—such as Wendover Ambulance ([Exhibit S](#)), which is in one of our border communities—work across state lines and have some licensure issues there with mutual aid to and from an adjacent state. We have folks in southern Nevada who are transporting into and out of Arizona and Utah quite often, as well as California.

We have some folks who are considered "hopscotchers," which are folks who may have some licensure problems in one state and try to fly under the radar by moving to another state where they can seek licensure and continue to work.

Yes, we can do this. Compacts are constitutionally granted as a right of the states under Article I, Section 10, Clause 3 of the *U.S. Constitution*. It has been affirmed by the Supreme Court of the United States in the court case of *West Virginia ex rel. Dyer v. Sims* 341 U.S. 22 (1951) that states have the authority to enter into compacts and to delegate authority to an interstate agency. Compacts also create a multistate governmental authority to regulate and manage interstate policy concerns.

Have we done this before? Yes, we have. Look at your driver's license. Your driver's license that is good in Nevada is also good in any state you go to. You do not have to get a new one every time you cross another state line. We also have the Nurse Licensure Compact and the Emergency Management Assistance Compact for declared emergencies. A quote from R. Crady deGolian, Director of the National Center for Interstate Compacts says, "In addition to increasing access and promoting portability, licensing compacts ensure state regulatory agencies can maintain their licensing and disciplinary authority, while providing an effective means to protect patient safety." That is why we are here before you today.

The real benefit of entering into this compact with a number of states is that it will enable EMS personnel to function in other states on an unanticipated basis. This is where our wildland firefighting folks going to a state or coming into this state will be able to function. There are some states that will invoke—without the benefit of a compact—that when you enter into their state no matter your level of certification, whether paramedic, advanced emergency medical technician, or whatever, you will only function at the basic life support level. This is unfair to the team they are working with if they are unable to take care of them at the highest level possible for forest protection. It enables EMS personnel to function in multiple states on a regular basis. Again, I refer back to our Wendover Ambulance and the situations that they have there, and some of our other border communities that surround Lake Tahoe, and in southern Nevada with Mesquite and some of our folks in the extreme south of Nevada.

Compacts enable states to act as one related to personnel regulatory matters, and assures the protection of the public. [Continued to read from written testimony ([Exhibit R](#)).]

Julie Butler, Division Administrator, General Services Division, Department of Public Safety:

The Federal Bureau of Investigation (FBI) expressed some heartburn with the original draft. They wanted it stated explicitly in the bill that the contents of the FBI criminal history cannot be shared across state lines. Therefore, I offered this amendment ([Exhibit T](#)) to express the fact that if the members of the CompAct get an FBI rap sheet, they cannot share that with other members of the CompAct. If you want to share Nevada criminal history with other members of the CompAct, you certainly have the authority to do that, and that is the intent of the amendment.

Assemblywoman Benitez-Thompson:

Could you walk me through what that means functionally? Does that mean the individual would have to submit fingerprints and get cleared by the FBI for each state in the CompAct? If we wanted folks to meaningfully participate and comply with this, would we need to have them run background checks for each state agency on each of the CompAct members?

Julie Butler:

In terms of the FBI background check, typically what we see in our state regulatory agencies is that when they submit a set of fingerprints, they are submitted both to the Criminal History Repository in Nevada for their state criminal history and simultaneously are transmitted to the FBI. Once the state licensing entity gets back the state response and the FBI response, what we are seeing is that, if Nevada opts to join the CompAct, we could share an individual's state rap sheet with the CompAct. However, if the FBI rap sheet comes back and says the individual has a conviction in Arkansas, the Nevada licensing agency cannot place the Arkansas conviction into the state compact database. We cannot share that because that record did not originate here in Nevada.

Assemblywoman Benitez-Thompson:

I think what I am asking is on the federal piece. It sounds like it is a condition of the CompAct that you must have a clearance in all states that are participating at both the federal and state levels.

Fergus Laughridge:

The way this works is that the initial licensure of that individual is confirmed with the background check. You do the initial background in your home state. You now have a state licensure that has been vetted through the FBI, so you are clean in that regard. You do not need to have an FBI check in every state you go into. They refer back to the CompAct state having done their due diligence on our behalf.

Assemblywoman Joiner:

If I understand correctly, you would only have reciprocity with folks who are in other CompAct states. How many other CompAct states are there? Are they near us? How long have they been doing this? I am trying to get a real-world example of when folks would be activated. Is it an ongoing thing like they could go work in Sacramento on the weekend, or is it more like an incident-based activation? How is that working in other states?

Fergus Laughridge:

The activations would be, for the most part, incident-based, but in some regards they could be day-to-day operations because we do have border agencies functioning across state lines. Right now, luckily, things have been good with some of the EMS and trauma programs in our neighboring states, but it only takes that one change because, if you look at the letter of the law, they do not have laws that allow for providers of another state to come here and function. We have, however, allowed that over the years because it felt like the right thing to do, but if that Utah provider did something wrong, we would have a hard time going back to take action or ensuring that disciplinary action was taken or a proper investigation was done.

The number of states currently a part of this is 11 states. A number of them are eastern states because they are small and close. We have had contact with the state of Utah this week and they are looking at this. They have a sponsor and are actively moving forward with it. Colorado is another western state whose bill is close to being sent to their governor for enactment.

Assemblyman Gardner:

Page 15, line 31 of the bill says "The Commission may levy on and collect an annual assessment from each member state; or impose fees on other parties to cover the cost of the operations and activities of the Commission and its staff." Do they usually do that since it says they "may" and not they "will"? How would that affect our state or our budget? Who would pay for that if they did it?

Fergus Laughridge:

I will defer to our current program manager, Steve Tafoya.

**Steve Tafoya, EMS Program Manager, Division of Public and Behavioral Health,
Department of Health and Human Services:**

There are two parts to that. For the financial portion, this REPLICA concept was just started back in 2014. We are currently getting the ten host-member states to make this a compact. We are still in the process of that. There are three states that are closest to us: Colorado, Idaho, and Utah. That is the majority of the western states that are looking at it other than us. If they get the ten, it will be enacted and then we will start reaching out to the organization Mr. Laughridge talked about, which was the National Association of EMS Officials. They will be the ones who will be co managing the CompAct when this goes through. With that there will be a fee assessment, and our fiscal note in the Nevada Electronic Information System (NELIS) says it will be about \$3,000 a year. Their staff will manage the CompAct and there are pieces in it for that.

Assemblywoman Titus:

I see this as a solution to some problems that we have. I personally know many EMS personnel who have been up to McDermitt or Owyhee where the reservations are on both sides of the state border. There was one EMS service responding across the line. Are you looking, as you mentioned, specifically at those temporary situations where the EMS on the other side of Owyhee comes into Nevada and transports under their license? Or are you looking at a more permanent thing where someone can work a weekend in Bridgeport and then a weekend in Lyon County or at other facilities and have multiple licensures? I am not seeing where that might be. At one time I thought it was a good thing to have reciprocity. If you have a license in Utah and have to go over to Wendover and haul someone in, I would be good with that. Then I hear that you would need to have a license in Nevada, use a national certification, and then there would be an identification check if they are in Utah. Can you please clarify that for me?

**Jared Oscarson, Deputy Chief, Clinical Operations, Humboldt General Hospital,
Winnemucca, Nevada:**

This initially started with one of our service areas. We have 10,000 square miles that border two states and our own county. We looked at this to help our daily operations in the McDermitt area where we do respond on mutual aid to Oregon. Oregon currently does not have a mutual aid agreement or any way for us to do that legally. It currently comes under an "it is the right thing to do" good-faith effort to provide care and services to the persons of that community and those areas. Our intent with this was the daily operations of ambulance

services. Wendover is one of them; they are in the same situation as we. They have to be licensed both in Utah and Nevada. We have different standards of what can be on an ambulance and what cannot. The guidelines and protocols that we function under would be streamlined to provide care in a more consistent manner based on training and skill sets of these personnel.

Assemblywoman Titus:

You just mentioned that they are already dual-licensed. For example, Wendover personnel may have a license in Utah and Nevada, but the requirements for what is on the ambulance may be different. I understand national certification, but how will this make that go away? The fact that Utah's laws say you can do these things and those are your restrictions, but Nevada has their own restrictions, and I see none of that being touched on. We already have existing due process and Good Samaritan laws and, in an emergency, any ship in a storm. Those laws are already in place, and I am curious how that will be aligned.

Jared Oscarson:

What that would do is to fall back to the home state. A portion of this regulation would allow us to function under our current medical direction in our service area and would set the guidelines and standards for the practice of EMS for that service. Utah will be a CompAct state when they enact it, and they would accept and take that as their standard, as well as for us to practice in their state.

Assemblywoman Spiegel:

Are there uniform scopes of practice and training for the various professions in the different states in the CompAct? Does every state have a little bit different scope of practice and training?

Steve Tafoya:

For this portion the national registry conducts the national certification process. To go through that you have to go through a standard class that is approved for curriculum based on the Department of Transportation, so all of the states would have the same baseline education. You can have specialized endorsements within each state—so you might get some different parts—but the initial baseline training would be the same for that EMT level, advanced EMT, and paramedic position.

Assemblyman Sprinkle:

It just came up during testimony that we are doing things that we should not be doing. We are allowing people to come in and practice in this state when we do

not have laws that allow them to do so. If we do not join this compact, and having made that comment on the record, where does that put us now?

Steve Tafoya:

We do have a provision under *Nevada Revised Statutes* (NRS) 450B.830, "Exemptions from chapter." There is a piece that allows people to come in on unexpected emergencies or a large-scale event. It should not be used in day-to-day operations, but there is a provision for people to come in and do what they talked about for emergencies.

Assemblyman Sprinkle:

That is good clarification, but it makes me wonder why we are hearing this bill right now. I want to say the military part is an excellent addition to this. If nothing else, that is something we need to continue to pursue. With the understanding that this is going to go to one of our money committees, I am not going to ask you any financial questions, but I definitely want to get into some of the liability aspects of this and what we as a state are going to be responsible for when we are participating in the CompAct.

First, section 4 of the CompAct, subsections C and D on page 8, lines 30 through 42 of the bill, seems contradictory to me. Can you please explain those two sections and show me that I am wrong and that they are not contradictory?

Fergus Laughridge:

Section C identifies the practice under the supervision of a medical director, identifying that the person providing the care in a remote state—outside of Nevada in a neighboring state—will function within the scope of practice authorized in the home state of Nevada, unless and until modified by an authority in the remote state as may be defined in the rules. This is where we were talking about the extra endorsements that may be in place for an individual in his home state that may not carry over to the remote state. Section C is what allows Nevada personnel to go there. Section D is any person who operates not in conjunction with section C, but only goes to that remote state and completely comes under their authority. Section D refers to those who come into our state from another state. Our office would tell them at what level they can perform their duties if they are not from a CompAct state.

Assemblyman Sprinkle:

Your first statement seemed to negate what we are trying to do here. If you look at section D, it says that "an individual practicing in a remote state will be subject to the remote state's authority and laws." However, you just said they could come into this state and then they would be subject to our laws.

Fergus Laughridge:

We are considered the remote state when someone comes into our state from out of state. If they come into our state, they come under the jurisdiction of our state health officer and the Office of Emergency Medical Services and Trauma System.

Assemblyman Sprinkle:

Under section 5, subsection 3, line 20 of the bill says "The individual enters a remote state to provide patient care or transport within that remote state." Does this allow agencies from outside the state of Nevada to come in and provide EMS care to actually initiate a call and respond to a call within the state of Nevada? Is how I am reading that correct?

Fergus Laughridge:

Yes, it does. We are blessed in this area. We do not have this currently, other than specialty teams that might fly in from an outside agency. Salt Lake City flies in to take care of a burn patient and then flies the patient back to Utah or in state, I believe. I will refer this to the regulatory authority.

Steve Tafoya:

This is one of those pieces that does allow us to come into the state and pick up a patient. A good example would be a patient coming down from Susanville in an ambulance. We have remote access on our side and we have talked about Owyhee on our side, but we have other places that are limited as well. If California were to join the CompAct and they had to send a unit to respond at a particular place, if they do not have mutual agreements currently, we would allow them to come in. You would not need the mutual aid piece, and they could come in just to assist. For this portion on the regulation side, there would be parts that you would have to lay out, and that is from dispatch only so agencies are not self-dispatching into the state without our Nevada agencies being aware that they are here.

Assemblyman Sprinkle:

Can you repeat that last part? Regulation within a local jurisdiction would supersede an interstate compact?

Steve Tafoya:

On that part, that is what I believe they are trying to say there. I can double-check on that piece to see what we are trying to do. I want to make sure that is what they are looking at. I will shoot an email back to the Chair. I believe the way this is written, this allows for that, but it is not intended for people to self-dispatch. I will follow up on that piece.

Assemblyman Sprinkle:

Under section 8—Adverse Actions—subsection A says, "A home state shall have exclusive power to impose adverse action against an individual's license issued by the home state." Does that not occur already? Would it not always be the home state, even when not under the CompAct? Would it be whatever state is licensing the person has jurisdiction over adverse actions?

Steve Tafoya:

I believe that is correct. I think this is just to spell it out. Not every state has the same laws that we have, and another state may not currently have that. We talked earlier about needing to have investigation pieces, but there are still some EMS states that do not have an investigation arm. This makes them put this piece in place.

Assemblyman Sprinkle:

Under section 10, it talks about where the principal office of the Commission would be located. Do we know how that will be decided?

Steve Tafoya:

At this point, they are looking at two locations with its sister association—the National Association of EMS Officials—with one option in Kentucky and the other in Virginia. Again, the National Association of EMS Officials would be the ones staffing the Commission, making up the Board, and making those assignments for those pieces.

Assemblyman Sprinkle:

On page 14, line 28, it says that "The rules shall have the force and effect of law and shall be binding in all member states." However, on page 12, line 3, it says, "Nothing in this CompAct shall be construed to be a waiver of sovereign immunity." It seems like those are contradictory. Am I misreading it?

Chair Oscarson:

I want to clarify something quickly. This is language that the CompAct already put out. This is not language that was put together here. This is the CompAct language as it currently exists.

Steve Tafoya:

That is correct. This was worked on by the National Association of State EMS Officials and the National Advisory Panel. We were not really consulted on this.

Chair Oscarson:

This is then written by the regulatory body of the CompAct, correct?

Fergus Laughridge:

That is correct. This language has been extensively exercised through the United States Attorney, who is knowledgeable in compacts and who worked with the multidisciplinary panel.

Chair Oscarson:

We would like them to finish their presentation. You can meet offline to ask some of these questions and then come back to the Committee with some of those answers.

Assemblyman Sprinkle:

I am happy to do that, but I thought it would be for the edification of the entire Committee. If that is what you prefer, I can do that. I am always hesitant when things are offline and not on the record.

Chair Oscarson:

Your expertise speaks for itself, so I believe the Committee is comfortable at this point. Mr. Tafoya, if you would please participate in that conversation, that would be great. We will move on.

Assemblywoman Benitez-Thompson:

As I look at this bill, I think the challenges that you are referencing for professionals who live in the border areas is a concern, but I do not think it is one that is unique to your profession. The way we approach professions and licensing of professionals, anyone who has to get a license through one of our boards that lives in a border area has to address this issue. Most of them at some point have some type of national test or certification that they have to pass. There are also specific Nevada statutes, regulations, and guidelines that they also have to meet. For me, the bigger issue would be, and the way I am viewing it, how we would carve this up for this particular group of folks, yet keep every other profession still subject to dual licensing, regulations, and processes.

Chair Oscarson:

Are there any other questions from the Committee? We will take testimony in support of A.B. 463. Seeing no one, is there any opposition? [There was no one.] Is there any testimony in neutral?

Steve Tafoya:

The Division is neutral on this based on the comments that I have already stated. I have already voiced our portion.

Rusty McAllister, representing Professional Fire Fighters of Nevada:

We are neutral on this, but with concerns that the standards by which someone came from another state in the CompAct met minimum equal standards to us in Nevada. I had several of my locals let me know that one of the paramedics who came to work for them, after he had been hired and employed a while, it was found that the paramedic training program that he had been certified under in another state was a 400-hour training program, certainly not up to the expectations and standards of Nevada. He carried a certification as a paramedic and was hired and subsequently washed out because his certification did not match his skill level. For those reasons, we have concerns to ensure that whatever the standards are in another state and other programs, whether they are a private program like he came from in another state, that their standards would be equal to or greater than ours.

Chair Oscarson:

Did someone want to address that or do you want to address that at another time? It is my understanding that they would still have to meet the minimum standards that Nevada has.

Steve Tafoya:

It does have a national standard education requirement. Now, and until other states have this piece, there was no real standard education program. Over time, that is being fixed. They have the Department of Transportation that sets up the national curriculum that has to meet certain guidelines. You can still be a practicing paramedic who achieved your certification back in 1980 or before when standards were different. Through continuing education pieces that they go through for recertification—which is a national registry piece that has that portion as we go further into this—we should have a more standardized paramedic across the board, not just for this Compact, but for the whole country.

Chair Oscarson:

In the nationally recognized paramedic or EMT, does that have a standard education?

Steve Tafoya:

It does now. If they have a current National Registry card, they went through an accredited program. Currently, they are going through a process where all paramedic programs have to be accredited, and that will standardize those pieces.

Chair Oscarson:

The intent would be to have those meet the minimum requirements of the state of Nevada.

Steve Tafoya:

Yes, ideally.

Mary Ellen Britt, EMS and Trauma System Manager, Southern Nevada Health District:

The Southern Nevada Health District is assuming a neutral position on A.B. 463. The positive aspects of this bill include facilitating the exchange of information between member states regarding licensure, adverse actions, and significant investigatory incidents. The ability of the health authority is to hold EMS personnel accountable while practicing in the state of Nevada and the creation of a nationalized database. However, as has been previously discussed, there are some provisions of the bill that are not yet well defined that have raised some concerns for us: the ability to provide appropriate surveillance of other state EMS personnel practicing in Nevada; the intraoperative ability of communications between public safety and certain points in state and out of state EMS agencies and hospitals in response and transport; and if the CompAct potentially interferes with ordinances of local government jurisdictions which require a franchise agreement or a business license in order to operate within their jurisdiction.

There are some potential fiscal impacts, particularly related to conducting investigations of member state practitioners who come to Nevada, staff time on task in conducting those investigations, as well as potential travel time and expenses to go to the remote state to investigate an incident that might have occurred in Nevada. There is a provision in the law that requires us to be held responsible for the expenses related to travel if the individual must come to Nevada to a hearing.

The Southern Nevada Health District is interested in exploring these and other details of how the CompAct can be implemented, and we are very happy to work with the Committee and other interested parties to that end.

Chair Oscarson:

I am glad you are willing to work with this group. As you know, this has a fiscal note, so it will be sent to a fiscal committee and we will see what happens from there. Those are some of the financial concerns that you have expressed. Have you submitted a fiscal note for the bill, Ms. Britt?

Mary Ellen Britt:

No, sir. We have not.

Chair Oscarson:

Are there any other comments from the presenters? [There were none.]
Do you want to wrap this up for us?

Jared Oscarson:

I would like to follow up on Mr. McAllister's comment. As the Deputy Chief of Clinical Operations for an ambulance service, maintaining the standards of clinical care and ensuring that new employees meet the standards of the agency and the regulations set forth by the *Nevada Revised Statutes* and the *Nevada Administrative Code* is critical. It is incumbent for those agencies to make sure the people meet those standards, but we are going to have washout.

It happens every day. Some people cannot meet those standards and they do not belong in this job. We set up training programs and operational components to make sure people can meet those standards; we protect patients with those standards. I am disheartened that we are concerned about washing people out, but if they do not belong and they do not meet the standards, they should be washed out. We should not be upset about that. If they did not get the proper education and do not have the clinical competencies to practice medicine, I do not want them working on my family, friends, or other people in our community.

Chair Oscarson:

I think that is the goal we all have in mind. Unfortunately, there are instances that happen that preclude that and we work every day to make sure it does not happen.

Is there any other testimony in neutral? Seeing no further testimony, I will close the hearing on A.B. 463 and encourage all those who have presented to get together with those who have expressed their thoughts and concerns.

Assemblywoman Titus:

I wonder if the sponsor of the bill would like a closing comment.

Chair Oscarson:

No. They have done a great job doing that, and I do not need to do it. Actually, I am not the sponsor, the Committee is the sponsor.

I will open up for public comment. Seeing no public comment, I will close the hearing. Have a safe Easter weekend. Meeting is adjourned [at 4:06 pm.].

RESPECTFULLY SUBMITTED:

RESPECTFULLY SUBMITTED:

Nancy Weyhe
Recording Secretary

Karyn Werner
Transcribing Secretary

APPROVED BY:

Assemblyman James Oscarson, Chair

DATE: _____

EXHIBITS

Committee Name: Committee on Health and Human Services

Date: April 3, 2015

Time of Meeting: 2:11 p.m.

Bill	Exhibit	Witness / Agency	Description
	A		Agenda
	B		Attendance Roster
A.B. 197	C	Kirsten Coulombe	Work Session Document
A.B. 305	D	Kirsten Coulombe	Work Session Document
A.B. 424	E	Kirsten Coulombe	Work Session Document
A.B. 425	F	Kirsten Coulombe	Work Session Document
A.B. 306	G	Assemblywoman Spiegel	Proposed Amendment
A.B. 306	H	Christine Lauer, Nevada Advocates for Planned Parenthood Affiliates	Written Testimony
A.B. 306	I	Melinda Hoskins, Private Citizen, Reno, Nevada	Written Testimony
A.B. 306	J	Holly Lyman, Barbara Greenspun WomensCare Centers of Excellence; Dignity Health St. Rose Dominican Hospitals	Written Testimony
A.B. 306	K	Bonnie Sorenson, Southern Nevada Health District	Written Testimony
A.B. 306	L	Michelle Gorelow, March of Dimes Nevada Chapter	Written Testimony
A.B. 306	M	Lindsey Dermid-Gray, Women, Infants and Children Program, Division of Public and Behavioral Health, Department of Health and Human Services	Written Testimony
A.B. 306	N	Sara Wainwright, Nevada Education Fund for Planned Parenthood	Letter of Support
A.B. 306	O	Stacy Woodbury, Nevada State Medical Association	Letter of Support

A.B. 306	P	Jim Gubbels, Regional Emergency Medical Services Association (REMSA)	Letter of Support
A.B. 324	Q	Jill Marano, Division of Child and Family Services, Department of Health and Human Services	Proposed Amendment
A.B. 463	R	Fergus Laughridge, Humboldt General Hospital, Winnemucca, Nevada	REPLICA Presentation
A.B. 463	S	Casey Snyder, Wendover Ambulance Service	Letter of Support
A.B. 463	T	Julie Butler, General Services Division, Department of Public Safety	Proposed Amendment