

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

**Seventy-Eighth Session
April 10, 2015**

The Committee on Health and Human Services was called to order by Chair James Oscarson at 2:48 p.m. on Friday, April 10, 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:

Assemblyman Elliot T. Anderson, Assembly District No. 15

Minutes ID: 885



STAFF MEMBERS PRESENT:

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

OTHERS PRESENT:

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

Chair Oscarson:

[Roll was taken. Committee rules and protocol were explained.] Before we start the work session, we have another bill I would like referred to another committee for consideration. Assembly Bill 310 expands Medicaid managed care programs and has a fiscal impact, so I would prefer to have the money committee address that.

Assembly Bill 310: Expands Medicaid managed care programs in this State. (BDR 38-769)

Chair Oscarson: I will accept a motion on A.B. 310 to rerefer without recommendation to the Assembly Committee on Ways and Means.

ASSEMBLYWOMAN TITUS MOVED TO REREFER WITHOUT RECOMMENDATION ASSEMBLY BILL 310 TO THE ASSEMBLY COMMITTEE ON WAYS AND MEANS.

ASSEMBLYMAN TROWBRIDGE SECONDED THE MOTION.

THE MOTION PASSED. (ASSEMBLYMEN GARDNER AND THOMPSON WERE ABSENT FOR THE VOTE.)

I also have one more bill we would like to do that with, Assembly Bill 463.

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

Chair Oscarson: I will entertain a motion to rerefer without recommendation to the Assembly Committee on Ways and Means because it has a fiscal impact (Exhibit C).

ASSEMBLYWOMAN DICKMAN MOVED TO REREFER WITHOUT RECOMMENDATION ASSEMBLY BILL 463 TO THE ASSEMBLY COMMITTEE ON WAYS AND MEANS.

ASSEMBLYMAN MOORE SECONDED THE MOTION.

THE MOTION PASSED. (ASSEMBLYMEN GARDNER AND THOMPSON WERE ABSENT FOR THE VOTE.)

We are pulling Assembly Bill 298 from the agenda today.

Assembly Bill 298: Revises provisions concerning building codes. (BDR 40-30)

We are also pulling Assembly Bill 184 from the agenda. Would you like to make a statement on your bill, Assemblyman Anderson?

Assembly Bill 184: Revises provisions governing the involuntary commitment of certain persons to a hospital of the Department of Veterans Affairs. (BDR 39-539)

Assemblyman Elliot T. Anderson, Assembly District No. 15:

In consultation with a few members that work on this issue quite a lot, we determined through some other changes that my goals on Assembly Bill 184 will be taken care of. So, I want to respectfully pull the measure and let everyone know that I think the goals of the legislation will be served.

Chair Oscarson:

Assemblyman Anderson, thank you for explaining it to us. Now we will begin our work session with Assembly Bill 5.

Assembly Bill 5: Revises provisions relating to services for persons with intellectual disabilities and persons with related conditions. (BDR 39-416)

Kirsten Coulombe, Committee Policy Analyst:

Assembly Bill 5 was heard on March 30. It is sponsored by the Interim Committee on Senior Citizens, Veterans and Adults with Special Needs. Assembly Bill 5 requires the Aging and Disability Services Division to give preference to potential providers of jobs and day training services who will employ persons with intellectual disabilities or related conditions at or above the state minimum wage. [Continued reading work session document ([Exhibit D](#)).]

Chair Oscarson:

Is there a motion?

ASSEMBLYWOMAN DICKMAN MOVED TO AMEND AND DO PASS
ASSEMBLY BILL 5.

ASSEMBLYWOMAN SPIEGEL SECONDED THE MOTION.

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

The floor statement is assigned to Assemblywoman Benitez-Thompson. We will now hear Assembly Bill 91.

Assembly Bill 91: Revises provisions governing the admission of persons with certain mental conditions to and the release of such persons from certain facilities. (BDR 39-665)

Kirsten Coulombe, Committee Policy Analyst:

Assembly Bill 91 was sponsored by Assemblywoman Benitez-Thompson and heard on April 8. It expands the list of persons authorized to file an application for the emergency admission of a person with an alleged mental illness to include a physician assistant. [Continued reading work session document ([Exhibit E](#)).] As the members may recall, Assemblywoman Benitez-Thompson would like to amend in language from Senate Bill 7, Amendment No. 25, as that bill, in essence, is the same bill as A.B. 91. Those provisions are listed on the first page ([Exhibit E](#)). The other amendment, suggested by the City of Las Vegas, is to add licensed paramedics as one of the licensed health care providers who may be authorized to conduct an examination to determine whether a person has a medical problem other than a psychiatric problem which would require immediate attention.

Chair Oscarson:

Is there a motion?

ASSEMBLYWOMAN SPIEGEL MOVED TO AMEND AND DO PASS
ASSEMBLY BILL 91.

ASSEMBLYMAN SPRINKLE SECONDED THE MOTION.

Chair Oscarson:

Is there any discussion?

Assemblyman Moore:

This bill expands the list of persons authorized to file the application. In other words, it expands the number of people and types of folks that can involuntarily commit someone?

Assemblywoman Benitez-Thompson:

No, this is on the other end, or what we are calling the decertification process to take them off the Legal 2000 and restore a person's rights.

Assemblywoman Titus:

I have concerns because the title of this bill says that it expands the list of people who can certify somebody with a Legal 2000 as opposed to, at the other end, discharging somebody with a Legal 2000. I think the purpose of this bill was to expedite the evaluation of someone sitting in an emergency room with staff saying, Yes, you are not a threat, and you can go home. Then you are not there for several days, et cetera. That is the example we are using. However, the way I am reading this, it actually expands who can certify that you should go for a Legal 2000.

Assemblywoman Benitez-Thompson:

We can have Dr. Green help clarify this, but one of the intents of the legislation was to mirror the list of those who could decertify with those who could certify. In statute, for example, social workers can initiate a Legal 2000, but they were not on the back end.

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

There are two components. On the front end, we are adding physician assistants, which does mirror the language in S.B. 7. Specific to Assemblyman Moore's question, physician assistants are added to the list of individuals who can state that an individual should be considered for a legal hold because there has been concern expressed to that physician assistant.

Assemblyman Jones:

I appreciate the explanation and had asked a specific question during the testimony, but I see right here in the amendment under section 1, it reads "add physician assistant, clinical social worker, advanced practice registered nurse, or accredited agent of the Department of Health and Human Services...to change a patient from a voluntary admission to an involuntary admission." That is way too overreaching to take people's rights. Involuntary admission into a psychiatric facility is a very aggressive action. I would agree with allowing persons to get out with these added authorized people, but not with increasing the number of people that can put persons in. Only psychiatrists or physicians

that are trained and have a lot of expertise should be able to involuntarily commit. I have to be a no vote because even though you are verbally saying it is otherwise, what I am reading in this bill says the opposite.

Chair Oscarson:

There are some significant challenges that we face in the rural areas where that is all we have—an extender of some kind where you have a physician assistant or nurse practitioner. We have those same challenges that the urban areas have, but in the rural areas, we do not have anybody that can do that. Certainly, there are no psychiatrists. The addition of a couple of those extenders is probably in concert with what the rural areas really need. I respect and understand your concern, and on the back end we are trying to make sure that those people are not kept any longer than they need to be. If they truly are not a danger to themselves or others, we want them discharged and referred to the appropriate care system. I wanted you to hear that additional component that the rural areas are challenged when there is no one to make that call.

Tracey Green:

This bill is not making the final determination. It is saying that there are persons that are inpatient, who are voluntarily there, and have shown or spoken to the fact that they are now being considered as suicidal or homicidal. Once that determination is made, they are held for their safety, at which time they must be examined by a list of professionals. Then they are either certified or decertified according to their condition. This bill is not saying that they are going to be required to stay. What it is saying is that they were voluntarily there, and now they have raised concern as to their risk of harming themselves or others. That is the front end piece of this legislation.

Assemblyman Jones:

I am all for expanding the list to decertify or get people out. However, what I am reading says taking people to involuntary admission. I do not know that I would even accept that in the event that another professional agreed with the decision. There has to be at least a doctor or psychiatrist that involuntarily commits somebody. I feel very strongly about that.

Assemblywoman Titus:

I will vote for this but reserve my right to change my vote.

Assemblywoman Dickman:

I, too, will vote to get it out of Committee, but I reserve my right to change my mind.

Assemblyman Moore:

I would like to echo Assemblyman Jones' statement. When it comes to freedom, I am not good with just randomly letting anyone other than a doctor or a psychiatrist involuntarily commit someone to a mental facility. I will be a strong no, both in Committee and on the floor, and will work to defeat this on the floor.

Assemblywoman Benitez-Thompson:

I would like Dr. Green to clarify the legal component of this because it is called a Legal 2000. Part of this is a very arduous process. A good example would be a person who I believe will be immediately committing suicide. I cannot walk out of the room. I have to call 911, and then people have to intervene because if I do not, I know that person can harm himself—talking mostly suicide—or others. We want to make sure that the statute is really specific to the behaviors and actions that we are talking about.

Tracey Green:

I will give some examples. Currently, if you are a law enforcement person and you come upon an individual who says, I am about to shoot someone or kill myself, that law enforcement person can initiate the Legal 2000 process. That is already a person who, by statute, can initiate the legal hold, which is the hold for an involuntary commitment. It is putting somebody in a safe environment and allowing them to then be evaluated by a health professional. What this bill does is it expands the pool of people who can say, I am really worried about you. You are at risk. Law enforcement, doctors, nurses, and nurse practitioners can already do it. A whole list of individuals can already initiate this process. What this bill does not allow is untrained professionals to say, You must stay because I have examined you. The list of individuals that can make that determination are specified with a very high level of education: for example, a physician assistant under the licensure of a psychiatrist, a nurse practitioner with the certification as a psychiatric nurse practitioner, or a nurse practitioner with significant experience in mental health.

There are really two parts. There is the front part where the language is a legal hold that allows us to further evaluate you because we have determined that you are at risk of either hurting yourself or someone else. The final determination that says you are a person of mental illness, meaning you are at risk to yourself or others, must be those higher-level qualified individuals, which include the physician, the psychiatrist, the doctor of osteopathic medicine, and the nurse practitioner with training. Where there is a little more difficulty is the fact that the determination to ultimately hold you, because you are at risk, is the whole process, including the front part and the back part, which is the final certification. We are not allowing these unlicensed professionals to make that

final determination, but only to get the person to a safe place under Legal 2000. That is the involuntary admission process, but the final determination is made by the licensed clinician and signed off by the physician in the emergency room.

Chair Oscarson:

We will take a vote now.

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

Assemblywoman Benitez-Thompson, please take the floor assignment. Now we will hear Assembly Bill 242.

Assembly Bill 242: Prescribes requirements concerning the care of patients in facilities for skilled nursing. (BDR 40-417)

Kirsten Coulombe, Committee Policy Analyst:

Assembly Bill 242 was heard on April 8 and was sponsored by the Interim Committee on Senior Citizens, Veterans and Adults with Special Needs. It requires a facility for skilled nursing to provide to each patient a certain amount of care provided by a registered nurse or certified nursing assistant. [Continued reading work session document ([Exhibit F](#)).] The sponsors submitted an amendment that essentially changes all of those provisions of the bill into a study, so the amendment would direct the Legislative Commission to appoint a subcommittee to conduct an interim study of the quality and funding of post-acute care in Nevada and alternatives to institutionalization, such as home and community-based services. [Continued reading work session document ([Exhibit F](#)).]

Chair Oscarson:

Is there a motion?

ASSEMBLYMAN TROWBRIDGE MOVED TO AMEND AND DO PASS ASSEMBLY BILL 242.

ASSEMBLYMAN GARDNER SECONDED THE MOTION.

Chair Oscarson:

Is there any discussion?

Assemblyman Jones:

Were all the parts regarding the skilled nursing staff taken out? We did not discuss that, yet we just read it as part of the bill. Were those taken out and then an amendment replaced the bill? Can I have clarification?

Kirsten Coulombe:

Yes, I went over the provisions of the bill, so you would know what the amendment would be pertaining to. All of the provisions are amended out, and it is just the amendment to study those provisions of the bill.

Assemblywoman Titus:

I am going to vote for this bill, providing that indeed all of that was amended out, and when we see the actual text of the new bill, that it is strictly a study and is not in any way mandating time restraints or time requirements. I will vote yes for now with the caveat that I can vote no if I do not like how it comes out from Committee Counsel at the end.

Chair Oscarson:

I can assure you that was my request as well.

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

Chair Oscarson:

Assemblywoman Benitez-Thompson will get the floor assignment. We will now hear Assembly Bill 268.

Assembly Bill 268: Revises provisions relating to foster care. (BDR 38-193)

Kirsten Coulombe, Committee Policy Analyst:

Assembly Bill 268 is sponsored by the Interim Committee on Child Welfare and Juvenile Justice. It was heard on March 20. It authorizes a licensing authority or person designated by the licensing authority to obtain certain information on background and personal history of a person who is 18 years of age or older who routinely supervises a child in a foster home. [Continued reading work session document ([Exhibit G](#)).]

Chair Oscarson:

Is there a motion?

ASSEMBLYMAN GARDNER MOVED TO AMEND AND DO PASS
ASSEMBLY BILL 268.

ASSEMBLYWOMAN SPIEGEL SECONDED THE MOTION.

Is there any discussion?

Assemblyman Moore:

I will be voting no on this. I believe it is a total overreach of government, plus it violates the tax pledge.

Assemblywoman Dickman:

I will vote to get it out of Committee, but reserve my right.

Assemblywoman Titus:

Ditto on what Assemblywoman Dickman said.

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

I will give the floor statement to Assemblyman Trowbridge. We will now hear
Assembly Bill 307.

**Assembly Bill 307: Revises provisions relating to services for children with
intellectual disabilities and children with related conditions. (BDR 39-803)**

Kirsten Coulombe, Committee Policy Analyst:

Assembly Bill 307 is sponsored by Assemblywoman Spiegel. It was heard on March 30. It requires the services that the board of county commissioners must provide to children with intellectual disabilities include preventive services to allow children to remain in their homes, respite care for primary caregivers of such children, and food and lodging expenses for children who reside in a residential facility for groups. [Continued reading work session document ([Exhibit H](#)).]

Chair Oscarson:

Is there a motion?

ASSEMBLYWOMAN DICKMAN MOVED TO AMEND AND DO PASS
ASSEMBLY BILL 307.

ASSEMBLYMAN JONES SECONDED THE MOTION.

Is there any discussion? [There was none.]

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

Assemblywoman Spiegel, you have the floor assignment. We will now hear
Assembly Bill 308.

Assembly Bill 308: Revises provisions relating to emergency medical services.
(BDR 40-798)

Kirsten Coulombe, Committee Policy Analyst:

Assembly Bill 308 is sponsored by Assemblywoman Woodbury and
Senator Hardy. It was heard on April 6. It exempts a city, town, or township
whose population is less than 25,000 from the provisions of providing particular
types of emergency medical services by the host organization of such events.
[Continued reading work session document ([Exhibit I](#)).]

Chair Oscarson:

Is there a motion?

ASSEMBLYMAN GARDNER MOVED TO AMEND AND DO PASS
ASSEMBLY BILL 308.

ASSEMBLYWOMAN DICKMAN SECONDED THE MOTION.

Chair Oscarson:

Is there any discussion?

Assemblyman Gardner:

Are these friendly amendments?

Chair Oscarson:

Yes, these were all put together in a working group. As you may recall, we
gave the sponsors of the amendments a short time to put things together, and

they were able to come up with language that everyone who came to the table agreed on. Lisa Foster, who was involved in the working group, is nodding her head yes. That was good work, Ms. Foster, as I know it was not easy.

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

Assemblyman Gardner, I will give you the floor statement. We will now hear Assembly Bill 324.

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

Kirsten Coulombe, Committee Policy Analyst:

Assembly Bill 324 is sponsored by Assemblyman Sprinkle and was heard on April 3. It lowers the age of a child for whom a child welfare agency is required to obtain a credit report from 16 years of age to 14 years of age, to conform with federal requirements. [Continued reading work session document ([Exhibit J](#)).]

Chair Oscarson:

Is there a motion?

ASSEMBLYWOMAN DICKMAN MOVED TO AMEND AND DO PASS
ASSEMBLY BILL 324.

ASSEMBLYWOMAN TITUS SECONDED THE MOTION.

Chair Oscarson:

Is there any discussion? [There was none.]

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

I am giving the floor assignment to Assemblyman Sprinkle.

Assemblywoman Titus:

I would like to make a statement about Assembly Bill 242. I know we have closed that bill, but I want to make sure the reason that I said I would withhold my vote is because I am a medical director of a long-term care unit, and I could not vote on that bill if all the other language was left in on regulation of a long-term care unit. However, I can vote on it if that is all stricken and placed only as a study by the Legislative Commission. I wanted to make that very clear.

Chair Oscarson:

I look forward to you seeing that language. Assemblywoman Benitez-Thompson worked diligently on that, and she will provide it to you as soon as it is available. Is there any public comment either here or in Las Vegas? [There was none.] Meeting is adjourned at [3:21 p.m.].

RESPECTFULLY SUBMITTED:

Karen Buck
Committee Secretary

APPROVED BY:

Assemblyman James Oscarson, Chair

DATE: _____

EXHIBITS

Committee Name: Assembly Committee on Health and Human Services

Date: April 10, 2015

Time of Meeting: 2:48 p.m.

Bill	Exhibit	Witness / Agency	Description
	A		Agenda
	B		Attendance Roster
A.B. 463	C	Kirsten Coulombe, Committee Policy Analyst	Work Session Document
A.B. 5	D	Kirsten Coulombe, Committee Policy Analyst	Work Session Document
A.B. 91	E	Kirsten Coulombe, Committee Policy Analyst	Work Session Document
A.B. 242	F	Kirsten Coulombe, Committee Policy Analyst	Work Session Document
A.B. 268	G	Kirsten Coulombe, Committee Policy Analyst	Work Session Document
A.B. 307	H	Kirsten Coulombe, Committee Policy Analyst	Work Session Document
A.B. 308	I	Kirsten Coulombe, Committee Policy Analyst	Work Session Document
A.B. 324	J	Kirsten Coulombe, Committee Policy Analyst	Work Session Document