

**MINUTES OF THE
SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES**

**Seventy-Eighth Session
May 11, 2015**

The Senate Committee on Health and Human Services was called to order by Chair Joe P. Hardy at 3:30 p.m. on Monday, May 11, 2015, in Room 2149 of the Legislative Building, Carson City, Nevada. The meeting was videoconferenced to Room 4412 of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. [Exhibit A](#) is the Agenda. [Exhibit B](#) is the Attendance Roster. All exhibits are available and on file in the Research Library of the Legislative Counsel Bureau.

COMMITTEE MEMBERS PRESENT:

Senator Joe P. Hardy, Chair
Senator Mark A. Lipparelli
Senator Patricia Spearman

COMMITTEE MEMBERS ABSENT:

Senator Ben Kieckhefer (Excused)
Senator Joyce Woodhouse (Excused)

GUEST LEGISLATORS PRESENT:

Assemblywoman Ellen B. Spiegel, Assembly District No. 20

STAFF MEMBERS PRESENT:

Marsheilah Lyons, Policy Analyst
Eric Robbins, Counsel
Debra Carmichael, Committee Secretary

OTHERS PRESENT:

Bobbie Gang
Brian Patchett, Easter Seals Nevada
Lisa Foster, State of Nevada Association of Providers
Jane Gruner, Administrator, Aging and Disability Services Division, Department of Health and Human Services

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Kevin Schiller, Assistant County Manager, Washoe County
Sam Lieberman, Easter Seals Nevada
Marlene Lockard, Nevada Women's Lobby
Jeff Fontaine, Executive Director, Nevada Association of Counties

Chair Hardy:

I am rescheduling the following bills for the next Committee on Health and Human Services meeting on May 13, 2015: Assembly Bill (A.B.) 81, A.B. 158, A.B. 169, A.B. 243, A.B. 305, A.B. 308 and A.B. 425. I will open the hearing on A.B. 307.

ASSEMBLY BILL 81 (1st Reprint): Revises provisions governing programs of treatment for the abuse of alcohol or drugs. (BDR 40-488)

ASSEMBLY BILL 158 (1st Reprint): Revises and expands provisions relating to obtaining, providing and administering auto-injectable epinephrine in certain circumstances. (BDR 40-66)

ASSEMBLY BILL 169 (1st Reprint): Provides for the collection and application of graywater for a single-family residence. (BDR 40-804)

ASSEMBLY BILL 243: Revises provisions relating to testing for the human immunodeficiency virus. (BDR 40-117)

ASSEMBLY BILL 305 (1st Reprint): Authorizes and provides for the regulation of community paramedicine services. (BDR 40-167)

ASSEMBLY BILL 308 (1st Reprint): Revises provisions relating to emergency medical services. (BDR 40-798)

ASSEMBLY BILL 425: Revises provisions governing emergency medical services. (BDR 40-702)

ASSEMBLY BILL 307 (1st Reprint): Revises provisions relating to services for children with intellectual disabilities and children with related conditions. (BDR S-803)

Bobbie Gang:

I have provided written testimony ([Exhibit C](#)) from my daughter, Karen Schnog, who has a 15-year-old son, Jacob, who is autistic. She is in favor of A.B. 307 as it provides a pilot program for intensive care coordination services by the State for children with intellectual disabilities and who have also been diagnosed with behavioral problems.

Assemblywoman Ellen B. Spiegel (Assembly District No. 20):

Prior to the economic downturn, there were facilities and resources in the State that were allocated and able to help our youth who were dually diagnosed with intellectual disabilities and behavioral issues. After the economic downturn, Nevada no longer had the capabilities of attending properly to these children and they have been sent out of state to institutions like Texas NeuroRehab Center so they can receive treatment. Assembly Bill 307 provides for the establishment of a pilot program to provide certain intensive care coordination services to children with intellectual disabilities in the State. It allows the Aging and Disability Services Division to work with the counties and Medicaid to put together the required services to treat children in the State so they can be near their families and do it in a cost-effective way. The bill also includes a reporting mechanism to the Legislature so the progress of the pilot program can be determined and a possible permanent solution implemented.

I have a proposed amendment for A.B. 307 ([Exhibit D](#)). The purpose of the amendment is to clarify section 2, subsection 4.

Ms. Gang:

I have provided my written testimony in support of A.B. 307 ([Exhibit E](#)). I want to recognize the excellent work done by the autism community to promote and provide behavioral therapies for children with autism. It is absolutely necessary to continue to make these programs available to autistic children and their families. I urge you to pass A.B. 307 as it will serve many children who are at risk of being sent out of state for treatment.

Senator Lipparelli:

When the economy took a downturn, how many children with intellectual disabilities were sent out of state for treatment?

Assemblywoman Spiegel:

I do not know how many children with intellectual disabilities were sent out of state. In 2013, 30 children were sent out of state and in 2014, there were 13 children. Approximately one-third of that number was repeat children, which is consistent between the 2 years.

Senator Spearman:

It is hard for me to fathom how a parent could cope with a child who is ill and has to be sent away. Are the parents reimbursed when their child is sent out of state?

Ms. Gang:

Medicaid provides a visit for one parent once every 3 months. Medicaid provides an airline ticket and hotel room. My daughter wanted to visit her son in Texas more frequently than once every 3 months. Once in Texas, she had to rent a car. Because she was travelling from Las Vegas it was difficult to arrive, visit and go home in 1 day, so she stayed more than 1 night.

Assemblywoman Spiegel:

There are no provisions for siblings. If Jacob's sister wanted to visit, the family had to pay for the airline ticket. Part of the benefit of A.B. 307 is enabling more family ties in Nevada and cutting down on the travel expenses and hardships for the families.

Senator Spearman:

How can families be involved in the out-of-state treatment?

Ms. Gang:

The Texas NeuroRehab Center has weekly conference calls with the parents and the entire team that works with my grandson, Jacob. Those included in the call are the psychologist, psychiatrist, social worker, teacher and key staff members of the unit. Very often, the child is present and can participate in the call. The discussion includes what is working, what is not working and what the goals are. The parents are involved to that extent.

When my daughter and I went to the Texas NeuroRehab Center, we received training in the elements of communication with Jacob about his behavior. They spend time helping the parents. Many parents cannot go to the center. My

daughter had to take off from work during the week in order to go to Texas and meet with the staff. I do not know how other families cope.

Brian Patchett (Easter Seals Nevada):

I am the CEO of Easter Seals Nevada and chair of the Commission on Services for Persons with Disabilities. We support A.B. 307. Easter Seals has been involved in supporting intermittent living services. The stories heard today are not uncommon. Many children need support from their parents and continual services that are unavailable in our State. When the child comes home, the consistency of the services received from out of state starts to go away. Assembly Bill 307 will provide a pilot program which will look at the needs of children with intellectual disabilities and help determine what services need more consistency. It will give the parents an opportunity to be closely involved with their child's treatment. I urge the Committee to pass this bill.

Lisa Foster (State of Nevada Association of Providers):

The State of Nevada Association of Providers (SNAP) is a group of residential service providers through the Medicaid supportive living arrangement program. They have jobs in day-training service providers in the association. The SNAP serves primarily adults with intellectual disabilities. They do not have the capacity or service level capabilities to serve the young people described in A.B. 307. The SNAP sees the need and is asked to provide this service at times. The SNAP supports this bill and the effort.

Jane Gruner (Administrator, Aging and Disability Services Division, Department of Health and Human Services):

I have provided my written testimony ([Exhibit F](#)). The Division supports A.B. 307, as it will provide an opportunity to build expertise within the State and allow families to keep their children in their own communities. The bill will also help build the generalization skills for the children with their families and other community members such as schools and activities where the children can participate. The Division will keep a universal set of data points to compare to other programs and will work with county partners to obtain any research grants available.

Kevin Schiller (Assistant County Manager, Washoe County):

Washoe County supports this bill. Washoe County works with many of these children, sometimes within the child welfare system or juvenile system because of the behavioral issues which push the children deeper into the system. Part of

the reason is a gap in what the "front door" looks like. Washoe County is looking forward to working on the pilot program and bringing results back to support system change. The issue of continuity of care at a community level versus an out-of-state level is important, as the child may get good treatment when sent out of state. When the child comes home to implement treatment locally, it becomes difficult. The end result is the child is bounced from provider to provider. The hope is to expand the providers.

Due to the recession and the placement of children out of state, the providers are struggling. Through the county/State partnership and amending the State Plan, maximizing the funds to get better outcomes is the goal.

Chair Hardy:

Is there a pilot program because the treatment has changed? Or is there a pilot program because what worked was done before?

Mr. Schiller:

It is a little of both. Things have been lost in service provision but the system is continuing to evolve. For example, if there is a behaviorally challenged youth who is acting out, has autism and has child welfare issues, this combination is a recipe for disaster in terms of system involvement. The question is, how does the State increase the quantity of providers? The county is assessed a fee that is paid to the Sierra Regional Center. There are children who are eligible and those who are not. When that happens, the block grant funding and child welfare dollars are applied anyway. The question becomes how do the dollars get reinvested? The county combines efforts to meet the needs. We hope to be back in 2 years to show the Legislature that the providers have increased and the out-of-state ratio has dropped as it applies to the criteria.

Senator Spearman:

Are there providers available to fill the pilot program? Is Texas being observed for best practices? What metrics are used to determine what child is or is not eligible?

Mr. Schiller:

The providers are limited. One of the biggest challenges will be creating the rate structure and determining how to recruit providers to participate. We will start small. There is not a great mass of children, it is a select few; but the select

few can be the most expensive. From a case management perspective, that one child can become a full-time job. How we intersect earlier is a key piece.

The eligibility requirements are complicated. The intelligence quotient (IQ) is accessed but can be impacted by the behavioral challenges tied to the IQ.

There are requirements to see the children out-of-state, but how we mirror that with the therapeutic service is the key piece. Best practices will need to be examined for Nevada. Part of this is playing catch-up and the other part is developing a program, which is exciting.

Sam Lieberman (Easter Seals Nevada):

During the early 1970s, I had three summers of extensive physical therapy at the University of Minnesota Hospital, I was an inpatient during the weekdays and an outpatient on the weekends. I was 20 minutes from my home and it worked very well. It is vitally important that children and families are not separated as parents and siblings also need support services which compounds an already difficult issue for families. It is vital this bill is supported to keep the families together in the State.

Marlene Lockard (Nevada Women's Lobby):

The Nevada Women's Lobby supports A.B. 307. The bill can have long-term ramifications: helping the child and the State General Fund.

Jeff Fontaine (Executive Director, Nevada Association of Counties):

The Nevada Association of Counties supports A.B. 307. It only makes sense to collaborate and maximize existing resources to provide services to children with intellectual disabilities. It also makes sense to enable the State's two largest counties to do this on a pilot study basis to see if it does work while having reporting from the rural counties to see if this can be enacted in those counties in future years.

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Chair Hardy:

Seeing no further business before the Committee, I will adjourn the meeting at 4:10 p.m.

RESPECTFULLY SUBMITTED:

Debra Carmichael,
Committee Secretary

APPROVED BY:

Senator Joe P. Hardy, Chair

DATE: _____

EXHIBIT SUMMARY				
Bill	Exhibit / # of pages		Witness / Entity	Description
	A	1		Agenda
	B	4		Attendance Roster
A.B. 307	C	4	Bobbie Gang	Written testimony from Karen Schnog
A.B. 307	D	1	Assemblywoman Ellen B. Spiegel	Proposed amendment
A.B. 307	E	2	Bobbie Gang	Written testimony
A.B. 307	F	2	Jane Gruner/Aging and Disability Services Division	Written testimony