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

Seventy-Ninth Session
May 8, 2017

The Committee on Health and Human Services was called to order by Chairman Michael C. Sprinkle at 1:34 p.m. on Monday, May 8, 2017, in Room 3138 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. The meeting was videoconferenced to Room 4406 of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. Copies of the minutes, including the Agenda (Exhibit A), the Attendance Roster (Exhibit B), and other substantive exhibits, are available and on file in the Research Library of the Legislative Counsel Bureau and on the Nevada Legislature's website at www.leg.state.nv.us/App/NELIS/REL/79th2017.

COMMITTEE MEMBERS PRESENT:

Assemblyman Michael C. Sprinkle, Chairman
Assemblywoman Amber Joiner, Vice Chair
Assemblywoman Teresa Benitez-Thompson
Assemblyman Richard Carrillo
Assemblyman Chris Edwards
Assemblyman John Hambrick
Assemblyman William McCurdy II
Assemblywoman Brittney Miller
Assemblyman James Oscarson
Assemblyman Tyrone Thompson
Assemblywoman Robin L. Titus
Assemblyman Steve Yeager

COMMITTEE MEMBERS ABSENT:

None

GUEST LEGISLATORS PRESENT:

Senator Mark A. Manendo, Senate District No. 21
Senator Moises (Mo) Denis, Senate District No. 2
Senator Joseph (Joe) P. Hardy, Senate District 12

STAFF MEMBERS PRESENT:

Marsheilah Lyons, Committee Policy Analyst
Mike Morton, Committee Counsel
Kailey Taylor, Committee Secretary
Trinity Thom, Committee Assistant

OTHERS PRESENT:

Joseph P. Iser, Chief Health Officer, Southern Nevada Health District
Weldon Havins, President, Nevada State Medical Association
Benjamin Schmauss, Government Relations Director, Nevada, American Heart Association
Jared Busker, Policy Analyst, Children's Advocacy Alliance
Michael Hackett, representing Nevada Public Health Association; Nevada Primary Care Association; and Washoe County Health District
Kristi Robusto, Obesity Prevention and Control Coordinator, Division of Public and Behavioral Health, Department of Health and Human Services
Joan Hall, representing Nevada Rural Hospital Partners
Jeff Fontaine, Executive Director, Nevada Association of Counties

Chairman Sprinkle:
[Roll was called. Committee rules and protocol were explained.] We will do the work session first. There will be multiple members, including myself, who will be in and out of Committee today as we have bill presentations in other committees. Just know you will see a lot of chair shuffling throughout the day. As of now, I plan to hear the bills as they are on the agenda. After work session, we will start with Senate Bill 151 (1st Reprint).

Senate Bill 2 (1st Reprint): Revises provisions relating to the surrender of a newborn child to a provider of emergency services. (BDR 38-39)

Marsheilah Lyons, Committee Policy Analyst:
You should have copies of the work session document. It is also on the Nevada Electronic Legislative Information System (NELIS). Up first is Senate Bill 2 (1st Reprint), which provides anonymity to a parent who delivers a child to a provider of emergency services under the Safe Haven Law, unless there is reasonable cause to believe that the child has been abused or neglected. The bill also removes the right of such a parent to notice that the child has been placed in protective custody and to proceedings related to the termination of parental rights. The nondelivering parent retains the right to such notice if the parent's location is known and to notice by publication if unknown.

There are no amendments in the work session document for this measure (Exhibit C).

Mike Morton, Committee Counsel:
To address a couple of concerns that came up during the bill hearing, I want to confirm that there is nothing in the bill that prevents a parent who has utilized the Safe Haven statutes from seeking unification through the appropriate child welfare agency, up until the point when the adoption plan has been established.

Chairman Sprinkle:
Are there any questions or comments?

Assemblyman Thompson:
I just wanted to thank Mr. Morton for clarifying that. I know we were working with the Children's Advocacy Alliance around that. I appreciate that the whole Committee was able to hear that the person who surrenders the baby could try to reunify.

Chairman Sprinkle:
I will take a motion for do pass.

> ASSEMBLYMAN CARRILLO MOVED TO DO PASS SENATE BILL 2 (1ST REPRINT).
>
> ASSEMBLYWOMAN TITUS SECONDED THE MOTION.
>
> THE MOTION PASSED. (ASSEMBLYMEN EDWARDS AND YEAGER WERE ABSENT FOR THE VOTE.)

Assemblyman Carrillo will take the floor statement.

Marsheilah Lyons, Committee Policy Analyst:
Next is Senate Bill 27 (1st Reprint).

Senate Bill 27 (1st Reprint): Revises the definition of the term "mental illness" for purposes of provisions relating to criminal procedure, mental health and intellectual disabilities. (BDR 39-133)

Senate Bill 27 (1st Reprint) revises the definition of "mental illness" to mean a clinically significant disorder of thought, mood, perception, orientation, memory, or behavior that seriously limits the capacity of a person to function in the primary aspects of daily living, including, without limitation, personal relations, living arrangements, employment, and recreation. The term does not include other mental disorders that result in diminished capacity, including, without limitation, epilepsy, intellectual disability, dementia, delirium, brief periods of intoxication caused by alcohol or drugs, or dependence upon or addiction to alcohol or drugs.

There are no amendments in the work session document (Exhibit D) for this measure.

Chairman Sprinkle:
Are there any questions or comments? [There were none.] I will take a motion for do pass.

> ASSEMBLYWOMAN TITUS MOVED TO DO PASS SENATE BILL 27 (1ST REPRINT).
>
> ASSEMBLYMAN THOMPSON SECONDED THE MOTION.
>
> THE MOTION PASSED. (ASSEMBLYMEN EDWARDS AND YEAGER WERE ABSENT FOR THE VOTE.)

Assemblywoman Titus will take the floor statement.

Marsheilah Lyons, Committee Policy Analyst:
Senate Bill 122 (1st Reprint) establishes a program to provide grants for family planning services.

Senate Bill 122 (1st Reprint): Establishes a program to provide grants for family planning services. (BDR 40-630)

Senate Bill 122 (1st Reprint) establishes the Account for Family Planning in the State General Fund. The Account is administered by the Division of Public and Behavioral Health, Department of Health and Human Services. Money in the Account must be used to award grants to local governmental entities and nonprofit organizations to provide certain family planning services. Grants must be awarded based on a community's need and the local government or nonprofit organization's ability to deliver services effectively.

Senator Cancela proposed an amendment for this measure, which is included in the work session document (Exhibit E). The amendment clarifies that education or counseling may be provided by trained personnel who are not necessarily licensed counselors. It clarifies that family planning services funded using the grant must be "readily available to all persons desiring such services" rather than the term "provided." It strikes references to certain federal regulations related to family participation and waiving consent of parents or guardians.

Chairman Sprinkle:
Are there any questions or comments?

Assemblywoman Titus:
I appreciate the sponsor of this bill and other concerned citizens working with my significant concerns regarding parental notification and codification in Nevada statute and the willingness to strike section 5, subsection 4. I want to point out that rural health centers are dramatically affected by the loss of Title X funding. I think it is critical that we continue to find some funding. I will be supporting this today.

Assemblyman Oscarson:
I am going to do a little more research. I will support this out of Committee, but I will do additional research, so I appreciate the indulgence to change my vote on the floor.

Chairman Sprinkle:
I will take a motion for amend and do pass.

> ASSEMBLYMAN THOMPSON MOVED TO AMEND AND DO PASS SENATE BILL 122 (1ST REPRINT).
>
> ASSEMBLYMAN CARRILLO SECONDED THE MOTION.
>
> THE MOTION PASSED. (ASSEMBLYMEN EDWARDS AND YEAGER WERE ABSENT FOR THE VOTE.)

Assemblyman Thompson will take the floor statement. We will move on to Senate Bill 123.

Senate Bill 123: Revises provisions relating to the State Long-Term Care Ombudsman. (BDR 38-507)

Marsheilah Lyons, Committee Policy Analyst:
Senate Bill 123 revises provisions relating to the State Long-Term Care Ombudsman within the Aging and Disability Services Division (ADSD), Department of Health and Human Services. Specifically, the bill: authorizes the Ombudsman to independently analyze, monitor, and provide recommendations for changes to federal, State, and local governmental actions and policies related to facilities for long-term care; transfers authority from the administrator of ADSD to the Ombudsman to appoint advocates and create and administer a volunteer advocacy program; requires the Ombudsman and his or her advocates to comply with certain federal regulations related to obtaining consent before inspecting medical and personal financial records, and provides that such consent may be obtained orally, visually, in writing, or through auxiliary aids; exempts the Ombudsman and his or her advocates and volunteers from the requirement to report the abuse, neglect, isolation, or abandonment of an older person when federal regulations require such an exemption; and authorizes the Ombudsman to advocate regardless of a person's age.

Senator Ratti proposed an amendment during the hearing. It is attached to the work session document for the Committee's review (Exhibit F).

Chairman Sprinkle:
Are there any questions or comments? [There were none.] I will take a motion for amend and do pass.

> ASSEMBLYWOMAN TITUS MOVED TO AMEND AND DO PASS SENATE BILL 123.

ASSEMBLYMAN CARRILLO SECONDED THE MOTION.

THE MOTION PASSED. (ASSEMBLYMEN EDWARDS AND YEAGER WERE ABSENT FOR THE VOTE.)

Assemblywoman Titus will take the floor statement. We will move on to Senate Bill 324 (1st Reprint).

Senate Bill 324 (1st Reprint): Authorizes employees of certain facilities and organizations to check vital signs and provide related services. (BDR 40-372)

Marsheilah Lyons, Committee Policy Analyst:
Senate Bill 324 (1st Reprint) authorizes employees of certain facilities and organizations to check vital signs and provide related services. This bill requires the State Board of Health, Division of Public and Behavioral Health, Department of Health and Human Services, to adopt regulations authorizing an employee of a residential facility for groups, an agency to provide personal care services in the home, a facility for the care of adults during the day, or an intermediary service organization to check vital signs, administer insulin, and perform a blood glucose test.

There are no amendments in the work session document for this measure (Exhibit G).

Chairman Sprinkle:
Are there any questions or comments? [There were none.] I will take a motion to do pass.

ASSEMBLYWOMAN TITUS MOVED TO DO PASS SENATE BILL 324 (1ST REPRINT).

ASSEMBLYMAN McCURDY SECONDED THE MOTION.

THE MOTION PASSED. (ASSEMBLYMEN EDWARDS AND YEAGER WERE ABSENT FOR THE VOTE.)

Assemblywoman Titus will take the floor statement. We will move on to Senate Bill 326.

Senate Bill 326: Requires a child care facility to grant priority in admission to children of a parent serving or who has served in the Armed Forces of the United States. (BDR 38-558)

Marsheilah Lyons, Committee Policy Analyst:
Senate Bill 326 requires a child care facility to grant priority in admission to children of a parent serving or who has served in the Armed Forces of the United States. This bill requires a child care facility, to the extent authorized by federal law, to give priority

admission to a child whose: parent or guardian is serving on active duty in the Armed Forces; parent was killed or died as a direct result of injuries received while serving honorably on active duty; or parent is currently or was recently missing in action or a prisoner of war.

There are no amendments in the work session document for this measure (Exhibit H).

Chairman Sprinkle:
Is there any discussion on this bill?

Assemblyman Oscarson:
I think this is a common sense bill to support our military the way we should and need to. Situations take place when they are moved around as well as unfortunate circumstances. I will be supporting this bill 100 percent.

Chairman Sprinkle:
I will take a motion for do pass.

> ASSEMBLYMAN CARRILLO MOVED TO DO PASS SENATE BILL 326.
>
> ASSEMBLYMAN HAMBRICK SECONDED THE MOTION.
>
> THE MOTION PASSED. (ASSEMBLYMEN EDWARDS AND YEAGER WERE ABSENT FOR THE VOTE.)

Assemblyman Carrillo will take the floor statement. That will end the work session. We will move on to the hearing for Senate Bill 151 (1st Reprint).

Senate Bill 151 (1st Reprint): Authorizes the establishment of a public health laboratory in certain counties. (BDR 40-752)

Senator Mark A. Manendo, Senate District No. 21:
Thank you very much for hearing Senate Bill 151 (1st Reprint). This bill supports the infrastructure necessary to ensure a more effective and functioning public health system. The resurgence of tuberculosis and multidrug-resistant forms of whooping cough and sexually transmitted diseases (STDs) and the introduction of new and debilitating diseases such as Zika are all major threats to southern Nevada's 2.1 million residents and 43 million annual visitors. By advocating for and implementing improvements in public health testing and surveillance, the Southern Nevada Health District is poised to be a positive part of the changing face of public health and to meet the challenges head-on. With 73 percent of Nevada's population in the south, Southern Nevada Health District is a constant advocate for and protector of southern Nevada residents and its visitors.

This bill authorizes the Southern Nevada Health District to have an independent public health lab whose primary focus would be for the betterment of all Nevadans. This bill does not minimize the importance or authority of the Nevada State Public Health Lab. It enhances the

Health District's ability to meet the growing needs of southern Nevada. Both labs will continue to work together collaboratively for the betterment of all Nevada residents.

A strong public health lab working hand in glove with a strong public health district makes for a safer southern Nevada and a safer Nevada. Dr. Iser is at the table in southern Nevada. He is the man who can answer every one of your questions. I would be remiss if I did not say that working with Trudy Larson, Director for the School of Community Health Sciences at the University of Nevada, Reno, and working with Senator Ratti, we came to a consensus on this bill. The one change we made from the first bill to the first reprint is we changed "shall" to "may." That one word sometimes makes a difference, but after working together, everyone sees the bigger picture. With your indulgence, we can take Dr. Iser's testimony and then see if there are any questions.

Chairman Sprinkle:
I will be leaving to present a bill. Go ahead, Dr. Iser. [Assemblywoman Joiner assumed the Chair.]

Joseph P. Iser, Chief Health Officer, Southern Nevada Health District:
Thank you for listening to us. I am here to express our strong support. As Senator Manendo pointed out, we are the last major metropolitan area in the south to get a public health laboratory. That includes other areas throughout the United States. This brought needed infrastructure and additional public health support to our community. It is the Southern Nevada Health District's mission to safeguard the public health and safety of everyone, whether they reside here or are visiting, from the food they eat, the restaurants they dine in, the hotel rooms they sleep in, the pools where they swim, and much of the infrastructure that supports these industries. We also find and treat the vast majority of tuberculosis and sexually transmitted diseases that occur in Nevada.

The needs of southern Nevada are significantly different from the needs of the population and industry served by the Nevada State Public Health Laboratory. These major differences are not just evident when contrasting the population and industry, but they are made clear when examining local public health statistics. In recent years, Clark County has experienced a sharp increase in syphilis cases, with a total of 823 primary, secondary, and early latent cases, in addition to 9 congenital cases, reported in 2016.

As an aside, a congenital case of syphilis means that we are not doing as well as we should in finding women who have syphilis and treating them before or early in the stages of their pregnancy. Clark County also accounted for 91 percent, or 305 of the primary and secondary syphilis cases as compared with 8 percent for Washoe County and 1 percent, or 3 cases, for all other counties in the state. We also accounted for 413, or 94 percent, of early latent syphilis cases. I mentioned congenital cases of syphilis. That means that women were not seen and treated for their underlying disease, and their babies are then born with syphilis as well. This can have a devastating outcome. In addition, in 2016 there were 3,640 cases of

gonorrhea and 11,364 cases of chlamydia, which accounted for 82 percent and 78 percent respectively of the cases in the entire state, reminding you that we are 73 percent of the population.

The Southern Nevada Public Health Laboratory provides testing for these and other infections and works closely with our clinical services and with our epidemiology and disease surveillance program so that we can provide timely treatment, follow-up, and contact tracing as appropriate. We could not adequately protect our public without our laboratory.

As another brief aside, I was at a National Association of County and City Health Officials meeting just two weeks ago. While these statistics are very high for us, it is what is being seen around the nation. That is due to a lack of funding overall from the Centers for Disease Control and Prevention (CDC) to the state to us to be able to address these problems.

The Southern Nevada Health District also has an active vector surveillance program that searches not only for the Culex mosquito, which is the normal mosquito we see throughout the state that transmits West Nile virus and St. Louis encephalitis, but we also diligently search for the Aedes mosquito that transmits Zika and other very serious diseases. As you may know, Clark County and very nearby areas of Nye County and Lincoln County are the only areas in the state where it is likely that Aedes mosquitos can survive, replicate, and transmit diseases like Zika. Because of its cooler climate, northern Nevada is not considered at risk. This is a continuing crisis for us, and as you know, the mosquito season is just starting, not only here, but also throughout the rest of the United States.

As our experience with West Nile virus and St. Louis encephalitis has taught us, we must continue to be fully prepared for emerging arboviruses in our community. Arboviruses are the kinds of viruses that we are seeing now. They are arthropod-borne viruses. Today, the Southern Nevada Health District has reported 22 cases of Zika infection in Clark County residents with a recent case of human-to-human transmission. That accounts for 79 percent of all of the Zika cases so far identified in the state, compared with five cases in Washoe County and one case in Elko. We have to work to upgrade our services here at the laboratory to continue to be fully prepared for emerging arboviruses in our community. If the Aedes mosquito is established here in Clark County, there are other very serious diseases that can be transmitted and we need to keep a lookout for that.

Our first job is to keep the mosquito out of southern Nevada. Our second job, should we be unfortunate enough to have it become established here, is to keep the Zika virus and these other viruses out as well. Dengue virus is another very serious virus. I know that Dr. Titus will understand the seriousness of some of these diseases. As bad as West Nile virus and St. Louis encephalitis are, the diseases that the Aedes mosquito carries are far worse.

The laboratory is critical in our response to emerging disease outbreaks and foodborne outbreaks. For example, we investigated four large foodborne outbreaks in 2016 in our local emergency response infrastructure. Because of our high-risk status, we are designated as the

only Cities Readiness Initiative city in the state by the U.S. Public Health Service. We are also designated as a BioWatch jurisdiction for southern Nevada by the Department of Homeland Security; again, the only jurisdiction in the state so designated.

As our community grows, we must look at expanding the role of our laboratory so it can better serve our community, not only better, but quicker and more reliably. Because we are not recognized as a State Public Health Laboratory, we are not able to adequately fund the testing that is more critical to our community through the grants that come in from the CDC to the state. In terms of risk, we are more like Phoenix than the rest of the state. Again, we are a BioWatch jurisdiction and Cities Readiness Initiative city. For these programs, we have to have an almost immediate response when threats are tentatively identified by others.

It is also important to note that passing this bill will not have a financial or operational impact on the Nevada State Public Health Laboratory or on the General Fund. Right now, we are funding our laboratory out of our own funds and some pass-through funds. We do not intend to ask the state for additional funds that would put the Nevada State Public Health Laboratory at risk. Our primary responsibility is not just to protect Clark County, but we also work hard to protect Lincoln County and Nye County, and we act as a backup to the Nevada State Public Health Laboratory as well.

One of the things you will always hear from me is that the tools I have to protect my community and the state are the ones that you give me. I am asking on our behalf that you support this much-needed bill. The Southern Nevada Public Health Laboratory is vital to the Southern Nevada Health District's efforts to keep the community safe and to respond to an emergency or other public health event should one occur. We enhance the public health surveillance capabilities of our health district, our ability to identify potential public health hazards, our ability to work immediately with our preparedness partners here in the south, and at the state and national levels to better plan and implement our response.

Assemblyman Hambrick:
You gave us some rather startling statistics on STDs. Are you able to break that down into age groups?

Joseph Iser:
Most of them certainly are in the age group that has sex. As you and I well know, people in their 70s, 80s, and 90s are now having sex much later in life. I do not have that data with me, but I can get it for you.

Assemblyman Hambrick:
I will shorten the age range. I was more interested in minors; let us say from 12- or 13-years old to 21- and 22-years old.

Joseph Iser:
I do not have that data with me, but I will get it to you.

Assemblywoman Titus:
Thank you for the bill. I think it is important to keep in mind that with cities like Las Vegas with international travel, we can immediately be exposed to diseases beyond our comprehension. I think we keep aware that times have changed, and someone who is sick in the Middle East or Asian countries or Europe can be in Las Vegas in a matter of hours.

You made a comment that, by creating your public health district lab, you could apply for federal funds and grants. If you apply as your district for these federal funds, would you be competing with the state lab for those same grants?

Joseph Iser:
We have had people who have flown directly here from Southeast Asia with multidrug-resistant tuberculosis, knowing that the treatment is better here in the United States and that we have to take care of them. Indeed, your comment is correct. Our goal, by getting this designation, is to go to foundations to get this kind of support. If we were to go to any federal agencies for support, it would be above and beyond what the state gets. We have not done that and we do not expect to do that, but there may be an opportunity with the Department of Homeland Security to get some equipment that the rest of the state would not necessarily be eligible to get because we are a BioWatch city. That may be an example that we might talk to them about.

Assemblywoman Titus:
Another thing that we need clarified is that there have been 20 cases of the Zika virus in Nevada. I think it needs to be clarified that none of those cases were exposed to that virus here in Nevada, but that they came here with that virus. They did not catch that virus while in southern Nevada.

Joseph Iser:
That is correct except for one case. The mosquito that transmits the Zika virus does not live here. Virtually all of the cases in the state that have been identified, no matter where they are in the state, the patients have gone to another country where the Zika virus and the Aedes mosquito live. An example is Puerto Rico. Other examples, though I do not believe we have seen any, would be southern Florida and now southern Texas. Those people bring the disease with them when they come. That becomes part of our worry. If the Aedes mosquito is established here and a patient with Zika comes here, that would be an easy way for the Aedes mosquito to transmit it here locally. I told you there was one exception and that is with a sexually transmitted disease case of Zika that we have identified here in southern Nevada. One partner picked up the disease in another country, came here, and transmitted it to that person's sexual partner.

Assemblywoman Titus:
Thank you. I did not want any adverse publicity from a comment that just needed some clarification. You mentioned that you are expanding some of the testing ability in the interest

of rapid intervention and rapid diagnosis. Are you going to be testing for things like norovirus and Zika virus? Now, many of these tests are not even done in the state. Are you looking at expanding those capabilities for more rapid diagnosis?

Joseph Iser:
Yes, but let me give you an example. When we look at Ebola, at first it was only the CDC that could test for it. Then, that testing went further out into state public health laboratories, and then into some local health laboratories. Another good example is H1N1 from the late 2000s when the exact same thing happened. The only place that could initially test for it was the CDC. Once they had defined what that test and reagents were, they transferred that technology to state and local health labs. We want to be able to be prepared to accept that, once the CDC starts farming those tests out.

Assemblyman Oscarson:
Can you give us some ideas of how this might impact some of the rural areas in the south that may be able to utilize services you are going to try to make more available?

Joseph Iser:
I know you represent part of my county as well as much of Nye County. Because the mosquito season has started a bit early this year, we are already testing in Nye County. I do not believe we have started doing that in Lincoln County. Nye County is really the only other county that is potentially at a significant risk from Zika virus and the Aedes mosquito because the geography, the temperatures, and the climate are very much the same right next door in Pahrump.

We are already gathering mosquitos, identifying them here, and then sending them to the lab in northern Nevada for viral testing. That is what we would plan to do. If we could get a little more funding for vector control, we could expand, perhaps, all the way up to White Pine County, depending on whether they want us to. That is not due to Aedes or due to Zika, but due to St. Louis encephalitis and West Nile virus, which are national diseases. Until recently, I did not know that Ely is closer to me than it is to Carson City or Reno. I am heading up there to work on rural health issues. You and I have worked on rural health issues quite a bit. I will be going next week to talk to their board of health. We are here to offer help to whoever needs it throughout the state, but including counties that are closest to us.

Assemblyman Oscarson:
You have been a tremendous support to the rural areas, have helped the state get through some of these processes, and have always supported legislation that has supported the rural areas. Moapa Valley is going to be interesting this mosquito season, especially because of all of the water they have had there. I appreciate what you are doing.

Vice Chair Joiner:
Are there any other questions from the Committee? [There were none.] We will now take testimony in support of this measure.

Weldon Havins, President, Nevada State Medical Association:
We are strongly in support of this legislation. We see great advantages to having a more capable laboratory in the south so that it can react to situations more rapidly rather than sending samples out of the city. We find great value in supporting this bill.

Vice Chair Joiner:
Is there anyone else in favor of S.B. 151 (R1)? [There was no one.] Is there anyone in opposition? [There was no one.] Is there anyone neutral? [There was no one.] Senator Manendo, you may make closing remarks.

Senator Manendo:
Thank you.

Vice Chair Joiner:
I will now close the hearing on S.B. 151 (R1). I will open the hearing on Senate Bill 165 (1st Reprint).

Senate Bill 165 (1st Reprint): Makes various changes concerning the prevention and treatment of obesity. (BDR 40-791)

Senator Moises (Mo) Denis, Senate District No. 2:
Senate Bill 165 (1st Reprint) has the powerful potential to change the way we think about obesity. It will help us find solutions to a disease that is plaguing society. While attending a national conference on health care in Hispanic communities, I heard an expert speak on the topic of obesity. The information he shared on how this disease disproportionately affects minority communities is troubling. Obesity is one of the greatest health challenges that continue in the twenty-first century. It is all too common and a constant health issue, rising to the level of a national epidemic, with our state being no exception. In Nevada, one in four adults and one in five children are obese. Obesity has critical consequences for the state's health and economy. The chance of heart disease, stroke, diabetes, and some cancers, all of which are among the leading causes of death in the United States, is increased as a result of obesity. The American Medical Association recognized obesity as a disease in 2013 and obesity prevention assessment and counseling are recommended by the American Academy of Pediatrics from as far back as 2007.

What does the bill do? Senate Bill 165 (1st Reprint) would define obesity as a chronic disease for the first time in *Nevada Revised Statutes* (NRS). Upon passage of the bill, Nevada will be to my knowledge, among the first states to establish such a definition. While the definition may be new to NRS, it is not a new concept. Among the federal agencies that refer to obesity as a chronic disease are the United States Food and Drug Administration, the Centers for Disease Control and Prevention, the National Institutes of Health, the Social Security Administration, and the Internal Revenue Service. In addition, the World Health Organization and the American Medical Association are among the many health organizations that recognize obesity as a chronic disease. The benefits of officially designating obesity as a chronic disease are many. This bill has the potential to change the

way we think about obesity and to change the culture that surrounds it. Defining obesity as a chronic disease may encourage doctors and patients to discuss obesity as a medical issue rather than a personal choice.

Senate Bill 165 (1st Reprint) may also reduce the stigma and discrimination associated with obesity, which may provide an opportunity for more effective treatment. Senate Bill 165 (1st Reprint) will also require for each school district in a county whose population is 100,000 or more, currently Clark County and Washoe County, to conduct examinations of the height and weight of certain pupils. The bill will require the Division of Public and Behavioral Health, Department of Health and Human Services to prepare an annual report for the Legislature on obesity statistics in Nevada, as well as the state's effort to reduce obesity. It will also require the Division to provide a copy of the report to every superintendent of each school district who collected the data. Having this reliable data on the prevalence of the disease will help the state in its fight against obesity. There are various things we can do, but having the data allows us to apply for grants that allow us to study this disease.

In conclusion, S.B. 165 (R1) makes a small change that could have a disproportionately large impact on the state.

Vice Chair Joiner:
Thank you. Are there questions from the Committee?

Assemblywoman Miller:
We heard a similar bill to this in the Assembly Committee on Education about collecting the data for federal dollars and support. Do you have any idea how much money we would be able to tap into, what is available, and how much we are losing by not recording this information?

Senator Denis:
I do not have that, but I am sure that folks who will come up can try to answer that question. I know that we did collect it. This bill was here last session and did not pass, but we have been able to collect data and apply for grants. That information should be out there.

Assemblywoman Titus:
I appreciate your bringing this bill forward and your concerns about obesity because I have that discussion with patients every day in the office. It is my understanding that these grants are available if you get the statistics. Some school districts are already doing them voluntarily. Is there anything that prevents a school district from doing this now voluntarily so that they can apply for grants?

Senator Denis:
I think you would have to ask the school districts. I think that one of the issues this time was that we have collected this data in the past and there was not this report. That is what we have added this time so that the school district would have access to this information. I am

not sure if they can apply for grants on their own, but I know that many of the health organizations can apply for the grants. We would have to ask the school districts. I know that we worked on this to try to make it better than what the original bill was.

[Assemblywoman Benitez-Thompson assumed the Chair.]

Acting Chair Benitez-Thompson:
We are having a bit of a role change. Are there any additional questions?

Assemblyman Edwards:
I am not quite sure why we are categorizing this as a disease. Is this not more of a behavior? What is the basis for making it a disease?

Senator Denis:
Many of the organizations that will speak to this will talk about this. It is getting worse. From what I saw at the national conference I attended, many issues are associated with obesity. For example, when someone loses quite a bit of weight, and they track this over time, many of them gain the weight back and they not only gain the weight back that they lost, but they gain more weight than they originally lost. Part of that has to do with the fact that our bodies get used to being obese and when you try to eliminate that, it goes into overtime to try to do that. For many years, I treated it as if it was only a behavioral issue, but the research today says that there are a lot of other issues that go along with it. That is why I mentioned in my comments that the U.S. Food and Drug Administration, the CDC, the American Medical Association, and the World Health Organization have all defined it as a disease.

Assemblyman Edwards:
But, it is not treatable. If you are a diabetic, you can get insulin. If you have a heart attack, you take aspirin and other things. There is nothing they have discovered to counteract obesity.

Senator Denis:
I am not a doctor. I believe Assemblywoman Titus can answer that better than I could. However, I do believe that part of this is that they are trying to find out what they can do. By defining it as a disease, it puts a priority on it. If it is just a behavior, there is no priority. If it is defined as a disease, they can try to find out what we can do. My understanding is that there are some things they can prescribe that help with that. That is why I am trying to put a highlight on this because the big health organizations are already doing it. Here in Nevada, we would be able to make this a priority.

Acting Chair Benitez-Thompson:
We will move into testimony in support. We will start in the south.

Benjamin Schmauss, Government Relations Director, Nevada, American Heart Association:
We are here in support of S. B. 165 (R1), specifically speaking to the body mass index (BMI) data providing essential public health surveillance data that we need in order to understand and address population health in our state. I look forward to hearing Dr. Iser's comments on the medical side of things. I will say that obesity was formerly viewed as a behavioral and environmental problem. It is now seen as a complex disorder and a major health risk factor linked to increased cardiovascular disease, stroke, cancer, hypertension, and diabetes. The biggest concern we have here is the epidemic is spreading to our children at such an alarming rate. We could go through all of the statistics there. As a former physical education teacher in Clark County and as one who had the opportunity to lead the Healthy Schools Program statewide, I worked in the most rural counties in our state. I have worked in Washoe County and in Clark County. When we do height and weight sampling versus the self-reported data, we see a huge difference. Obesity rates on self-report were about 13 percent whereas the height and weight data we collect shows about 22 percent obesity rates. That is a big difference. This data allows us to have the tools we need to address the problems that exist with our children. Our children become our adults, and they become our workforce. I want to speak to that because I heard Assemblywoman Miller ask that question. Over the last 13 years that I have been working in public health and public education in Nevada, I have specifically seen BMI data used to obtain grants, gifts, and donations used to address things. One of the examples that Dr. Iser can speak to is Clark County School District's CrossFit program that has impacted thousands of kids and teachers.

The Partnerships to Increase Community Health (PICH) grant is a federal grant from the CDC. Before I get into that, let me bring up the fact that we are ranked 51st in the nation in funding public health, and we are 50th in receiving revenue from Health Resources and Services Administration grants. We are not getting the federal grants, and we are not investing at a state level in a lot of these types of programs. When we empower ourselves to get this BMI data, it allows us to apply for grants and to get nonprofit organization and federal funding. If we do not have BMI data to show them that we have these problems, it really limits our ability.

From 2009 to 2014, I ran the Healthy Schools Program for the Alliance for a Healthier Generation. It was a $1.3 million grant; $892,000 was for the Healthy Schools Program, 120 schools throughout our state benefited directly from that program. I personally ran that program and met with principals and teachers to implement physical activity, nutrition programs designed to optimize the brain for learning, and help kids come to the school environment and make healthy choices and engage their frontal lobe so that they can optimize their learning in that environment.

I have a ten-year-old, an eight-year-old, and a five-year-old. When we are going into our schools and we are not providing movement opportunities for them, it really limits them. That is an example of a program where the American Heart Association wrote for and received that funding locally. That CrossFit program is a multimillion-dollar-funded program from a federal PICH grant.

Currently in Las Vegas, we are working with four elementary schools that we have implemented teaching gardens in. We used BMI data to get funding for Robert L. Taylor Elementary School, Ruben P. Diaz Elementary School, Whitney Elementary School, and Crestwood Elementary School. Those of you who live in Las Vegas know that those elementary schools are in areas of greatest need. This is about giving us tools so that we can get funding because we recognize that Nevada's funding in these areas can be limited. As a nonprofit organization, we are doing everything we can to address population health, starting with our young people. Those are some quality examples of millions of dollars we have been able to create jobs with to address student health education and wellness throughout our state.

[Assemblyman Sprinkle reassumed the Chair.]

Joseph P. Iser, Chief Health Officer, Southern Nevada Health District:
There were several questions that Mr. Schmauss has addressed. We are a large health jurisdiction, so we have been able to apply directly to the CDC for several series of grants related to combating chronic diseases.

The Partnerships to Increase Community Health grant is just the most recent one. Over the last three years, we have given approximately $1 million dollars to the Clark County School District to help them with CrossFit and other programs they do. We usually get up to $2 million per year—although the grant is ending this year—that goes to our community partners, the cities, the county, the Regional Transportation Commission, and a variety of other places. This is so that we can hit a variety of different educational opportunities to try to get people to understand that obesity is a disease and that it can be treated.

To that regard, a disease is generally seen as something that is not seen as normal that can be diagnosed and can be treated. That is what obesity is. Several treatments for obesity, including some that are minimally invasive surgeries as well as maximally invasive surgical procedures and medications, can be used. You will hear from all of the speakers today that by decreasing BMI, you decrease the risks for complications of obesity and those include diabetes, heart disease, stroke, cardiovascular disease, and a variety of others. Not to mention the fact that maybe you have friends who are significantly overweight and need to have knees and hips replaced much earlier and have more complications because of their obesity.

We do share these grants with the public. Assemblyman Oscarson will recall that all three of the local health authorities came forward in the last interim to talk about BMI, to talk about obesity, and to talk about this program. I know he introduced a bill that subsequently has been taken back on our behalf because this is such a vital issue to us. The costs of obesity are staggering and the complications to obesity outweigh the complications of the opioid epidemic and others. This is something that we as a state need to work on to help fight.

Senator Denis:
I believe there is someone here from the Division of Public and Behavioral Health to answer questions if you have them.

Chairman Sprinkle:
I believe we are okay for now. We can continue with testimony in support.

Weldon Havins, President, Nevada State Medical State Association:
The Nevada State Medical Association is strongly in support of this bill. Currently across the United States, 20 percent of our children graduating from high school have fatty liver disease from obesity. The cirrhosis that results from that has replaced alcoholic cirrhosis as the most common reason to require liver transplant.

This is an epidemic. You can follow it along as Dr. Iser recently did a lecture at Touro University Nevada where you could see the rates of obesity increasing every year since 2007. This is getting worse, not better. It is very helpful to lose 10 percent of your body weight so that you can markedly decrease the diseases that were mentioned, such as hypertension and diabetes.

My wife has attended a couple of obesity courses with me, and she is a nurse practitioner at Touro University Nevada. About 20 percent of her practice is bariatrics. She routinely takes people off insulin where the only way to do that is by reducing the body weight. We have a great challenge ahead of us here in Nevada and the United States. This bill is a step toward trying to get a handle on this terrible disease.

Chairman Sprinkle:
Is there anyone else in southern Nevada in support? [There was no one.] We will bring it back to the north.

Jared Busker, Policy Analyst, Children's Advocacy Alliance:
Obesity is an issue that directly affects our children. The latest kindergarten health study conducted by the Nevada Institute for Children's Research and Policy within the University of Nevada, Las Vegas, School of Community Health Sciences found that 31.5 percent of our children entering kindergarten are already overweight or obese. This is an issue. If we do the BMI study and we are able to bring in more programs to help the issue, we can track the effect on our children. Additionally, the Children's Advocacy Alliance currently facilitates the Nevada Early Childhood Obesity Steering Committee that is in the process of developing a state plan to address early childhood obesity prevention. One of their top priorities when developing that plan was to reinstate the BMI data collection.

Michael Hackett, representing Nevada Public Health Association, Nevada Primary Care Association; and Washoe County Health District:
Much of what I was planning to say has already been said, so I will try to be very brief. Obviously, I think the Committee understands that obesity is an ongoing public health epidemic. I was going to say that it is a significant contributor to chronic disease. In doing

so, it is on the verge of becoming its own chronic disease. I think the Committee is very well aware of what the cost is of treating obesity. That goes double for the cost of treating chronic disease. Reinstituting height and weight measurements is important because it is an important indicator for the risk for developing obesity and diseases as a person gets into adulthood. Lastly, I just wanted to say that we had the opportunity to work on this issue during the past interim session along with the Southern Nevada Health District and Carson City Health and Human Services to try to get our arms around the issue of obesity with an emphasis on BMI and reinstating this in the public schools. I think the comments you have already heard in terms of how this will increase opportunities for funding for programs that address childhood obesity have been well stated. All three organizations are in support. Thank you for the opportunity to testify.

Chairman Sprinkle:
Is there anyone else in support of S. B. 165 (R1)? [There was no one.] Is there anyone in opposition? [There was no one.] Is there anyone neutral to this bill?

Kristi Robusto, Obesity Prevention and Control Coordinator, Division of Public and Behavioral Health, Department of Health and Human Services:
The Division echoes the statistics that Senator Denis and others have presented today, so I will not reiterate all of them for you. However, I think it is important to highlight a 2007 study in the *Journal of Pediatrics*, which found that nationally, approximately 70 percent of obese children will likely have at least one additional cardiovascular disease risk factor such as high blood pressure, high cholesterol, and glucose impairment in childhood. Additionally, 39 percent will likely have two or more risk factors in childhood. Also, currently, all of our state's data is self-reported data. We do not have any objective measures. The kindergarten study is based on parent-report and any additional middle school or high school data we have is based on child self-report. Since 2003, at least 21 states have implemented laws requiring some type of student height and weight regulations and reporting.

Additionally, according to the CDC, Nevada would be implementing a surveillance program, which "identifies the percent of students in school or school districts who are underweight, healthy weight, overweight, or obese. These data are typically anonymous and can be used to identify trends over time and to monitor outcomes of policies aimed to improve student health." This is not to inform parents of their child's weight status. From the Division's perspective, the Division will use the height and weight data provided from the schools to identify and justify the concentration of health improvement initiatives in geographic regions where programming and outreach is most needed.

We would identify gaps in school health, physical activity and nutrition programming, and outreach. We would identify if current obesity prevention efforts are having an impact, and we would conduct longitudinal population trend analysis. Additionally, the annual report will be disseminated to each school district superintendent. Efforts will be made to provide

district-specific recommendations to improve school health, physical activity, and nutrition. The Early Childhood Obesity Prevention Steering Committee previously mentioned will include report dissemination in their communications plan going forward.

Chairman Sprinkle:
Thank you. Is there anyone else neutral to this bill? [There was no one.] Senator, you may come back for any closing comments.

Senator Denis:
As you have heard, we have an issue that we need to deal with. Not only is obesity an issue for all Nevadans, but specifically, you know that I work on education issues, trying to make education better for our children. It is very hard for them to do well in education if they are not healthy. The alarming rates of obesity and the types of diseases that are coming about because of it make it so that we need to do something now. That is why I brought the bill.

I appreciate the opportunity to present it to you. I will just mention that the data collected is anonymous data. I have had several constituents who have emailed me and asked why we want to tell their kids they are fat. That is not what this is about. In fact, they are not even told the information. The information is gathered so that we can use the data to see the trends. The purpose is not to do things behind parents' backs. They are doing scoliosis, vision, and hearing tests, so those issues have been done. I appreciate the opportunity to come before you. I urge your support. I think this is an important issue. The numbers are even higher in the minority communities. That is a disheartening problem. We need to do something. Hopefully this is that one step that gets us going.

Chairman Sprinkle:
Thank you for bringing this bill. We will close the hearing on S. B. 165 (R1). I will open the hearing on Senate Bill 291 (1st Reprint).

Senate Bill 291 (1st Reprint): Revises provisions relating to health care records. (BDR 54-350)

Senator Joseph (Joe) P. Hardy, Senate District 12:
The genesis of Senate Bill 291 (1st Reprint) came out of the consternation that happened when someone who owned a building leased it to physicians. One night the physicians went to work, and there was nowhere to go because the door was locked. The patients and doctors could not get their records and any other consultants could not get the records. There was also the case of the doctor who was arrested and no one could get his patients' records.

What this does is it allows for a mechanism for the medical records of patients to be accessed by not just the patient, but by the physicians who need those records. In essence, that is the sum and substance of the bill. The new definition instead of just a "provider of health care records," we defined "custodian of health care records" so that the person who is a landlord cannot lock the doors and prevent access to the records.

Chairman Sprinkle:
Thank you, Senator. I think you already answered my question, but, to make sure that we are clear, when you say "custodian" it will be either the patient or the person who has generated or has direct control of those patient care records.

Senator Hardy:
"Custodian" in this case is defined in section 1. It is "any person having primary custody of health care records pursuant to this chapter or a facility that maintains the health care records of the patients." The "provider" used to be the provider that had the records. Now it is "custodian" which may be a landlord or a building that has the records. That was the problem we had in southern Nevada. There was a landlord who lived in California who did not feel like he was responsible for getting those records available to the physicians. The "custodian" is a broader term that allows people to be responsible for what they are controlling.

Chairman Sprinkle:
I am glad I asked that question.

Assemblyman Carrillo:
Thank you for bringing this forward. Was there a particular incident that happened that spurred this bill?

Senator Hardy:
There was someone who owned a building. Doctors leased their office and the owner of the building, for financial reasons or whatever, shut the door. The doctors who had leases were not able to get into the door of the building or into their offices, computers, or files. Thus, they had nowhere to practice, they had no records of patients they had already seen, and they had no financial records of the patients unless they could access those offsite. It was a debacle of huge proportion. This would attempt to hold responsible the people who have keys who can change the locks and keep doctors and patients from accessing their records.

Assemblyman Carrillo:
If the owner of the building locks the building down, the business ceases at that point. I am trying to understand if they will get the word that this bill would be in effect and there could be punitive damages that would create hardship on those businesses. We would be facilitating to make sure that the doctors have an affidavit to get back what is theirs. Is that correct?

Senator Hardy:
That is correct to the tune of $10,000 for each violation. There are a lot of patient charts. There will be motivation for someone to keep the door open or open it again so that they can make the records available.

Assemblywoman Benitez-Thompson:
As I read this bill, the fine of not more than $10,000 would be applied to anyone who is not supplying the medical records in the time frames that are discussed. Are we trying to get it more specific? For example, if we are talking landlord-tenant laws, why would we not place this there versus here? It seems broad.

Senator Hardy:
I do not think you are missing anything. It got bigger and bigger. The doctor who is now arrested cannot get access to his records. The other part of this bill is to make sure the Board of Medical Examiners, for instance, which has some compliance ability not to share confidential information, can take possession of the records. That gets rid of the challenge of making sure that those records are not in the hands of someone who has no right to have confidential information. So, it did get bigger in order to address all of the little nuances that we were having when someone locks the door. I do have Dr. Havins in Las Vegas who may talk through some of the intricacies of who has the right to records and who does not.

Weldon Havins, President, Nevada State Medical Association:
I am speaking in support of this bill, and I will clarify a little. From my recollection, there was a group called K2 Internal Medicine several years ago. There were six excellent internal medicine doctors. They worked for a company, and the company had its server in Los Angeles. The doctors showed up to work one day and their offices were shuttered. Their patients wanted records. There was no way for the internists to get hold of that information.

The Board came down against the internists because they were the health-care providers and they were responsible for providing their records. The physicians explained that they did not have access to the records because they were in Los Angeles on a server. There was a bill last session that addressed that. It made it punitive and provided ten days if the records were in state and an additional ten days if the records were out of state to supply those records.

The sanctions were severe. It was a minimum of $10,000 per incident and even provided for some jail time. That bill addressed that, but then there were some unintended consequences of that. The unintended consequences affect the patients primarily, but physicians also. If a physician is in a group practice and is seeing patients in the course of working for that group and then the physician leaves, under current law that physician is still responsible for the medical records created. If a patient contacts the physician who has moved from Las Vegas to Winnemucca and wants their medical records, that physician has a responsibility under current law to obtain those records for the patient, but the records are on the server of the group practice in Las Vegas. The physician has ten working days to get those records. That physician then has to contact the group; the group has ten days to supply the records. There is a very narrow window. The physician may need to come down from Winnemucca to get the records to copy them. He is only entitled to those records that he created. The patient, at best, will only receive a portion of the records they want. The physician who created those records is only entitled to a portion of the records that are on the server and in that patient's name. This bill corrects that problem and it recognizes that these days, rather

than physicians and individual practices keeping records on paper, more and more the vast majority are computer-generated records that are on a server and the custodian of records holds those records.

Instead of going after the health-care provider, this goes after the person who actually has the records—the custodian of records. It provides for penalties up to $10,000 if they do not comply with the terms of the provisions in this bill, but also more important, it benefits our patients who want their medical records. They will know where to go. They go to the custodian of the records, and those records are then produced in total. I think this is a compelling, important bill that will reflect the realities of medical practice here in Nevada.

Assemblywoman Titus:
Thank you for this bill, and thank you, Dr. Havins, for being there for clarification. As you mentioned, many of these custodial records are not in the state of Nevada, but I am wondering what authority we have as a state if the businesses are not in our state and if this bill is actually going to solve this and help us get our records quicker.

Senator Hardy:
I have a lawyer in Las Vegas who will answer that question.

Weldon Havins:
I am also an attorney. I am a professor of health law at Touro University Nevada. There is a provision in law that if the records were kept out of state, the health-care provider had an additional ten days to produce the records. This is no change from what things have been. Rather than patients having to contact several health-care providers to try to get their records, they have one source to go to—the custodian of records, the person who has the server and controls those records. To me, this is compelling, and important for patients as well as physicians.

Assemblywoman Titus:
Under current *Nevada Revised Statutes* (NRS), there are a litany of people who are under the definition of provider. They all have different boards. This specifically addresses the Board of Medical Examiners. I am wondering if the other boards are under the same obligation. Does it affect all boards and all providers of health care equally, as opposed to just physicians?

Weldon Havins:
Indeed, all of the entities mentioned there are licensed. They are all subject to licensure discipline if they do not comply. This is a fundamental change in NRS 629.061 and NRS 629.051 that applies to everything under Title 54, Professions, Occupations and Businesses. Yes, all of these other entities are going to be subject to licensure discipline if they do not comply with the law.

Assemblyman Carrillo:
In section 3, would veterinarians fall under a "provider of health care"? If you had a veterinarian office that closed, many people may want access to their pet records.

Senator Hardy:
The beauty of this process is that some people think of things that I never thought of. That is not in there that I can see. There will be a friendly amendment from the Nevada Association of Counties (Exhibit I).

Chairman Sprinkle:
We will take testimony in support of S. B. 291 (R1). We will start in the south.

Joseph P. Iser, Chief Health Officer, Southern Nevada Health District:
Most of you from the north know that I was the head of the health district both up there and down here. I have been around for a while. When I was active duty, I practiced medicine in different states. For me to have to go back and try to find those records would be almost impossible. Fortunately, when I was active duty, the Department of Defense carried the medical records that I wrote in. That would be the system of care—the holder of the record. Since I have retired from the service, I have been the health director in four counties in two states. I do not have access to those records except for those down here in the Southern Nevada Health District. To get those from Washoe County Health District and the two counties in California would be almost impossible. I think it is important to understand that even in my day, physicians did not own their records unless they were in private practice. If they moved into a different building, they took their records with them. That does not happen much anymore, although we do still see some here in Nevada. Beyond that, I just wanted to put in my strong support for Senator Hardy's bill.

Joan Hall, representing Nevada Rural Hospital Partners:
We are very much in favor of this bill and the proposed amendment that you are going to hear. We saw some of the ramifications of this when the Tonopah hospital closed. When it is an electronic medical record, it is very difficult. The state took over the records but the records were on a server in Texas, and getting to that causes much angst for a patient. We are very much in support of this process and appreciate your consideration.

Jeff Fontaine, Executive Director, Nevada Association of Counties:
We do support S.B. 291 (R1) and thank Senator Hardy. We also discussed an amendment that we learned about late last week. In Humboldt County, their sheriff's office acts as the county coroner and they are not able to get records from the general hospital there. They requested that we seek an amendment, which we did. I recognize this amendment came past the deadline, but we would respectfully ask you to consider this amendment as it is very helpful in clarifying the ability for the hospital to release its medical records to the county sheriff. It adds a provision (h) under section 5, which mirrors language in the *Code of Federal Regulations*. It states that in addition, the health-care records would be available for physical inspection by any coroner or medical examiner for the purpose of identifying a deceased person and determining the cause of death and other duties as authorized by law.

Chairman Sprinkle:
Is there anyone else in support? [There was no one.] Is there anyone in opposition? [There was no one.] Is there anyone neutral here or in the south? [There was no one.] Senator Hardy, you may come up for closing comments.

Senator Hardy:
Thank you.

Chairman Sprinkle:
We will close the hearing on S.B. 291 (R1). Is there anyone wishing to come forward under public comment? [There was no one.] Thank you for all of your hard work today. This meeting is adjourned [at 2:57 p.m.].

RESPECTFULLY SUBMITTED:

_____
Kailey Taylor
Committee Secretary

APPROVED BY:

_____
Assemblyman Michael C. Sprinkle, Chairman

DATE: _____

EXHIBITS

Exhibit A is the Agenda.

Exhibit B is the Attendance Roster.

Exhibit C is the Work Session Document for Senate Bill 2 (1st Reprint), presented by Marsheilah Lyons, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

Exhibit D is the Work Session Document for Senate Bill 27 (1st Reprint), presented by Marsheilah Lyons, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

Exhibit E is the Work Session Document for Senate Bill 122 (1st Reprint), presented by Marsheilah Lyons, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

Exhibit F is the Work Session Document for Senate Bill 123, presented by Marsheilah Lyons, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

Exhibit G is the Work Session Document for Senate Bill 324 (1st Reprint), presented by Marsheilah Lyons, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

Exhibit H is the Work Session Document for Senate Bill 326, presented by Marsheilah Lyons, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

Exhibit I is a proposed amendment to Senate Bill 291 (1st Reprint) presented by Jeff Fontaine, Executive Director, Nevada Association of Counties.