

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

**Seventy-Ninth Session
March 27, 2017**

The Committee on Health and Human Services was called to order by Chairman Michael C. Sprinkle at 1:15 p.m. on Monday, March 27, 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
Assemblyman Steve Yeager

COMMITTEE MEMBERS ABSENT:

Assemblywoman Robin L. Titus (excused)

GUEST LEGISLATORS PRESENT:

Assemblyman Nelson Araujo, Assembly District No. 3

STAFF MEMBERS PRESENT:

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



OTHERS PRESENT:

Ryan Beaman, President, Clark County Firefighters Union Local 1908
Todd Ingalsbee, Legislative Representative, Professional Fire Fighters of Nevada
David Cherry, Communications and Intergovernmental Relations Manager, Public Affairs, City of Henderson
Greg Cassell, Chief, Clark County Fire Department
Christina Conti, Emergency Medical Services Program Manager, Epidemiology and Public Health Preparedness, Washoe County Health District
Scott F. Gilles, Legislative Relations Program Manager, Office of the City Manager, City of Reno
Chris Ferrari, representing Community Ambulance
George Ross, Coordinator, Healthcare Committee, Southern Nevada Forum; and representing Hospital Corporation of America, Inc.
Sheila Leslie, Behavioral Health Program Coordinator, Washoe County
Sarah M. Adler, representing National Alliance on Mental Illness Nevada
Paul J. Moradkhan, Vice President, Government Affairs, Las Vegas Metro Chamber of Commerce
Kelly Crompton, Government Affairs Officer, Office of Administrative Services, City of Las Vegas
Sondra Cosgrove, Chair, Legislative Advocacy Committee, League of Woman Voters of Nevada
Cody L. Phinney, Administrator, Division of Public and Behavioral Health, Department of Health and Human Services
Jeff Fontaine, Executive Director, Nevada Association of Counties
Kevin Schiller, Assistant County Manager, Washoe County
Alex Ortiz, Assistant Director, Department of Administrative Services, Clark County
Marlene Lockard, representing Human Services Network
Ed Guthrie, CEO Emeritus, Opportunity Village, Las Vegas, Nevada

Chairman Sprinkle:

[Roll was called. Committee rules and protocol were explained.] I want to let everyone know that as we are getting closer to our next deadline after today, some of these meetings are going to start filling up. I do not want anyone testifying to take it personally if I limit conversations or testimony. We will have many bills to get through in the next couple of weeks. With that, I will open it up for public comment. [There was none.] I will open the hearing on Assembly Bill 307.

Assembly Bill 307: Revises provisions governing emergency medical services at special events. (BDR 40-928)

Assemblyman James Oscarson, Assembly District No. 36:

I appreciate the opportunity to present Assembly Bill 307 this afternoon. There will be others following to help me present and answer questions. I want you to know that this is

a work in progress. We are working with other parties currently and are certainly amenable to continuing the discussion and working through the process with those individuals.

Special events are important to communities all across Nevada. Planning for potential risks and hazards associated with a special event is essential to an event's success and the safety of the public. In Nevada, a host of organizations of special events are required to provide certain emergency medical services (EMS) and a specified number of dedicated advanced life support ambulances at certain special events. Ideally, coordination would take place between all of the state, county, and local government entities involved in the event's planning and implementation to ensure that the appropriate number of ambulances and emergency medical services are available. Unfortunately, this does not always happen. This measure seeks to require county and city entities to work together to make sure adequate resources are available to meet the needs of the event prior to finalizing the special event.

Assembly Bill 307 in its original form only applies to Clark County. However, Chairman Sprinkle will present an amendment ([Exhibit C](#)) that expands the areas covered by the measure and offers further clarification on the requirements and process for coordination. As originally written, the measure essentially accomplishes three things: (1) It requires a host organization to obtain from the applicable local government before the special event an approval of the reserve transport services that are to be provided by the host organization at the special event; (2) it requires the applicable local government, before providing the approval to the host organization, to consider the impact on emergency medical services in the county in certain circumstances and issue an order that clarifies the requirement for reserve transport services; and (3) it requires the host organization to comply with orders issued by the applicable local governments.

Our sense of community and our state and local economies benefit from our unique special events. Using current resources in the most efficient and effective way, we expect the coordination will help to keep these events organized and encourage support from all local entities that play a role in keeping the public safe. To that end, I encourage your support of A.B. 307 and again, there are other individuals here to present their parts as well.

Ryan Beaman, President, Clark County Firefighters Union Local 1908:

As the sponsor of the bill said, it is important for us, as first responders, to have a coordinated effort. These special events are very important to our community. When we coordinate the efforts, we have seen great outcomes. We support A.B. 307. We have been working with the bill sponsor concerning some language to add in—such as the authority having jurisdiction, the agency—to make sure that we have a command presence in some of these special events if something does happen. As the world is changing, we want to make sure that we have the authority of a command presence in each of these different special events. We have been working with the bill sponsor to add some language to address those concerns.

Assemblyman Oscarson:

Mr. Chairman, I can run through the amendment if you would like. Will that be helpful or would you like to do that yourself?

Chairman Sprinkle:

Either you or Mr. Beaman can run through the amendment.

Assemblyman Oscarson:

I will take a shot at it. [Refers to ([Exhibit C](#)).] Section 4 talks about "Reserve Transport Services," which means "emergency medical transportation that is to be held in reserve to minimize the negative impact on emergency medical services . . ." like those that we discussed previously. Additional to that language will be, "The reserve transportation services will not be used to supplement staffing and emergency medical coverage in the community during the special event unless authorization is specifically given to do so by the applicable local government."

In section 6, "Agency" means division of government with a specific function offering a particular kind of assistance. In the Incident Command System, agencies are defined either as jurisdictional (having statutory responsibility for incident management) or as assisting or cooperating (providing resources or other assistance). Governmental organizations are most often in charge of an incident, though in certain circumstances private-sector organizations may be included. Additionally, nongovernmental organizations may be included to provide support.

Section 7 defines "alcohol." It means alcoholic beverages sold at a special event or there is a history of alcohol or drug use by attendees at prior events. This factor will apply to events that have alcoholic beverages for sale, allow alcohol consumption within the event, or have a history of consumption of alcohol or drug use including narcotics at or outside the event.

In section 8, "Authority Having Jurisdiction," which will be referred to as AHJ, means an organization, office, or individual responsible for enforcing the requirements of a code or standard, or for approving equipment, materials, installations, or procedures. Jurisdictional authority at an incident can be political or geographical, federal, state, tribal, and local boundary lines, or functional and can be law enforcement or public health. Unless specified otherwise, the AHJ shall be the local government or other entity responsible for issuing the Special Event Permit.

"Average age" in section 9 means events attracting persons under the age of 25, or over the age of 50. History of event attendance may be used if available. "Concert" in section 10 means a musical performance by a person or group for an audience at a special event. "Emergency Operations" in section 11 means activities of the fire department relating to rescue, fire suppression, emergency medical care, and special operations, including response to the scene of the incident and all functions performed at the scene.

In section 12, "Environmental hazards" means the event or its environment has the potential to affect the environment or public health. Examples include, but are not limited to, poor air quality, water or fire hazards, and other man-made or natural threats.

"Extreme heat or cold" in section 13 means a temperature measurement of how extreme heat or cold weather feels and can be calculated by referencing the National Oceanic and Atmospheric Administration (NOAA). This factor will apply for an outdoor event that has the potential to adversely impact a person's health because of the weather. "Fire Apparatus" in section 14 means a vehicle designed to be used under emergency medical conditions to transport personnel and equipment, to support the suppression of fires, emergency medical services, and mitigation of other hazardous situations. "Fire Protection" in section 15 means methods of providing fire detection, control, and extinguishment. "Fire Suppression" in section 16 means the activities involved in controlling and extinguishing fires, first responder (EMS), functional provision of initial assessment (such as airway, breathing, and circulatory systems), basic first-aid intervention including, cardiopulmonary resuscitation (CPR), and automatic external defibrillator (AED) capability.

In section 17, "High-risk activities" means any activity, but not limited to sports or racing that has an increased potential for violence or injuries to participants, attendees, or spectators. In section 18, "Host organization" means the entity that obtained the permit for a special event or a sponsoring entity if no permit was obtained. In section 19, "Incident Commander" means an individual from the AHJ with the appropriate training responsible for all incident activities including the development of strategies, tactics, and resource management.

In section 20, "Incident Management System (IMS)" means an organized system implemented by the AHJ that defines the roles and responsibilities assumed by responders and the standard operating procedures used in the management and direction of emergency incidents, planned events, and other functions.

In section 21, "Jurisdictional Agency" means the agency having jurisdiction and responsibility for a specific geographical area, providing crowd control; ensuring that exits remain open and unblocked; supervising pyrotechnics, fog machines, and other special effects to ensure that these operations are done in a safe, code-complying manner; for events involving motorized vehicles, monitoring carbon monoxide levels or a mandated function.

In section 22, "Special event" means a temporary event, including, without limitation, a concert or sporting event at which 2,500 or more persons are projected to be in attendance at the same time. In section 23, "Task Force" means any combination of resources assembled to support a specific mission or operational need. All resource elements within a Task Force must have common communications and a designated leader. In section 24, we talk about wind chill. In section 25, "Density Impact of attendees" means at high density, attendees at a special event increase the potential for overcrowding, personal injury, and limitation on the flow rates of emergency ingress and egress for emergency medical personnel, through a crowd in a straight line, uninterrupted, or requiring the patient to be carried and or wheeled approximately 200 feet or more for triage, treatment, or transport.

We want to make sure that the small rural communities that have small organizations such as county fairs are included. This will apply in a county whose population is 100,000 or more if a special event is to be held and 2,500 or more persons but fewer than 15,000 are projected to

be in attendance at the event at the same time. In addition to normal permitting requirements, the host organization shall provide at least one incident commander from the AHJ at the site of the special event if the special event is a concert or three or more of the following factors apply to the event: (1) The special event involves a high-risk activity, including without limitation, sports or racing; (2) the special event poses environmental hazards to persons attending the special event or is held during a period of extreme heat or cold; (3) the average age of the persons attending the special event is less than 25 years of age or more than 50 years of age; (4) a large number of persons attending the special event have acute or chronic illnesses; (5) alcohol is sold at the special event; and (6) the density of the number of persons attending the special event increases the difficulty regarding access to the persons who are attending the event who require emergency medical care.

In a county whose population is 100,000 or more, if the host organization meets the requirements and 15,000 or more persons but less than 50,000 persons are projected to be in attendance at the special event at the same time, and in addition to normal permitting requirements, the host organization shall: (1) provide at least one incident commander from the AHJ at the site of the event; (2) provide at least one fire prevention inspector at the site of the special event; (3) provide a task force at the site of the special event if three of the six factors are present and it goes on to talk more about the population in those specific situations. I think we ran through it pretty thoroughly. Certainly, that is the intent of what we are doing.

Ryan Beaman:

As the sponsor said, we are just trying to put some clear definitions in statute so that we are all working from the same page. Some of these events range from small-scale to large-scale events. That way, when we do have a coordinated effort, we all know what the clear definitions of these events are. As we have worked out through the last few years, the coordination is vital for the success of these events. I think the sponsor went through all of the language changes, but I would be more than happy to answer any questions.

Assemblyman Thompson:

What happens to those communities that are less than 100,000 in population as far as safety when you are dealing with a special event?

Assemblyman Oscarson:

The majority of the small rural communities do not have large-scale events. For example, in my district, the Clark County Fair takes place in Logandale, Nevada, a small rural area. It is still in Clark County and meets the population requirements, but there is an incident command already set up there, and the fire department does a tremendous job setting up the volunteers and incident command service. Certainly those folks in these rural communities know best how to handle situations when it comes to the small-scale events. Their local entities and local government work through their emergency service people to make sure that those resources are in place and that their resources are not overtaxed either.

Several years ago in a previous session, I worked with a former assemblywoman to make sure that this legislation does not hurt them. You can imagine a little school carnival that happens with a couple hundred people attending. If they had to have all these additional resources and services, it would put those places out of business. Those communities know what services they can provide, they know their resources, they know their assets, they know what they need to do, and they know how to appropriately allocate those resources. We are talking about large-scale events.

Assemblyman Thompson:

We are looking at lives, so I know we are looking at the population and numbers. I know that with fire and law enforcement it works out so that they can cross over boundaries. Is there something worked out where the smaller communities need to alert the neighboring community of 100,000 or more, in the event that there is an emergency, because they may not have airlift? As we know, minutes and seconds make a difference in a person's life, especially when some of these communities may not have the medical resources such as hospitals.

Assemblyman Oscarson:

The memoranda of understanding (MOUs) and the interlocal agreements that exist between these entities ensure that they let folks know what is going on. For example, there was a Baker to Vegas relay race last weekend that went from Baker, California, through Shoshone up to Pahrump, and back into Las Vegas. That was a coordinated effort among multiple agencies and jurisdictions who knew what was going on, how it was going to take place, and how anyone could help if there was an incident of some great proportion. They would all come together and help each other, including air support standing by. They set up helicopters and temporary hospitals in Shoshone, California. The hospital in Pahrump was on standby and had additional staff. Those kinds of things happen, and the rural communities are used to that. Sometimes their resources are limited and they do need to make sure they have the buy-in and the support from their other entities. I believe they are prepared, and their incident management systems are in place already.

Assemblyman Thompson:

I just do not want the smaller communities to become lax if we were to pass this. I know you say they coordinate well now; I do not want them to think they do not have to.

Assemblyman Oscarson:

I think this sends a message that people are watching and that we do want to make sure they are coordinated in their efforts.

Ryan Beaman:

Down in Clark County, our fire department does coordinate with all of the volunteer departments. Our chief is in charge of all of the volunteer fire departments, so if there is any type of event out in those areas, he is in charge of that event. We do coordinate with Bullhead City when we have the River Regatta. We provide resources and assistance when that takes place. A lot of this currently does go through the Clark County Fire Chief.

Assemblywoman Benitez-Thompson:

I think this is the third or fourth session where we contemplated changes to this statute. For the record, could you talk more about the need for these changes and what has been happening over the past interim in which we found definitions in the statute to be inadequate?

Assemblyman Oscarson:

I am not certain anything has happened; I think we want to make sure we prevent that. I know Chief Cassell is in Las Vegas and is certainly available for questions as well. I think we need to make sure we do not have any events for which we are not prepared. It is not that we are not prepared now, but this will make us more prepared for any kind of incident that may happen. As more and more of these events start to take place, we need to be prepared for them.

Assemblywoman Benitez-Thompson:

I am looking for a better understanding of why we are changing, adding, or tweaking definitions for this piece of statute. For example, you change the definition of "alcohol." Is there something in particular you are trying to capture through the change of these definitions? I just wanted to see if you had thoughts like that for the record.

Ryan Beaman:

When you start adding the combination of all of these different definitions, those all take into account how many resources or what type of resources we will need at each event. When you have an outdoor event where there is alcohol available, we know there is a greater chance of emergencies taking place at those events. That is why we wanted to make sure that everyone had a clear definition of everything when we issue these types of permits. There are always other interpretations out there.

Assemblyman Oscarson:

I think the variables are clearly identified in the structure of the bill. The age, the usage of alcohol, and those types of things are clarified. It certainly helps the planners make sure they can plan appropriately for resources they are going to need to be able to utilize. This data is ongoing. There was an issue about the health of the population, and there are certain populations for which we will need additional resources for some events. I think this is a positive move to protect the safety of our residents.

Chairman Sprinkle:

A comment that was made to me recently is how relatively new these ultra-large events are in Nevada. This has only been going on for a few years now, and they continue to grow. It seems to me that having these definitions is going to help everyone involved fully understand what is going on at these events.

Assemblywoman Benitez-Thompson:

I just want to make sure we have everything we can get on the record from the get-go. Do we have feedback about the amendments from the local public health authorities and EMS from our counties on what the impact will be?

Assemblyman Oscarson:

I know there are some folks who have received the amendments and are looking at them. That is why I prefaced my comments initially on how we are going to continue to work with them about their concerns or suggestions to see if we can come out with an almost perfect bill.

Chairman Sprinkle:

I will open up testimony in support of A.B. 307.

Todd Ingalsbee, Legislative Representative, Professional Fire Fighters of Nevada:

As Mr. Beaman and Assemblyman Oscarson touched on, these events are very high risk. When you have a lot of people with alcohol combined with heat, many things could happen. This bill helps ensure that we have a method and command system in place to ensure the safety of those people at those events.

David Cherry, Communications and Intergovernmental Relations Manager, Public Affairs, City of Henderson:

The City of Henderson Fire Department supports this bill. One of the reasons is that they feel the addition of the requirement for reserve transport services would be very helpful in minimizing the impacts of large special events to the 911 system when these events are held.

There was one other thing I wanted to put on the record. I recently had a conversation with the sponsor of the bill who mentioned that there were going to be some extensive changes to the bill. I decided to hold off on approaching him with any amendment language. After hearing the number of changes being proposed, it is a little unclear without seeing them in writing if they may have already encapsulated the change we are asking for. If not, I would like to be part of a conversation about it. The City of Henderson does not issue an "order" in a case like this. We do address the requirement now through our existing process, but instead, we issue a "permit" or "license" or enter into a contract. We would like to see this added, if it is not already included in your amendment language, on page 2, lines 36 to 38 of the bill as introduced. It would include language that said "in addition to an order or included in the condition in a special use permit." Then, on page 2, lines 39 to 40, it would say "The host organization shall comply with the order issued or condition included in a special event permit pursuant to subsection 2." Thank you.

Chairman Sprinkle:

I am sure the sponsor would be more than happy to talk with you about that. Is there anyone in support in southern Nevada?

Greg Cassell, Chief, Clark County Fire Department:

I would like to speak in support of A.B. 307 with the amendments we discussed today. I cannot stress enough the importance of having an incident commander in position at a venue or at an event prior to something going wrong at that event. That incident commander will have the maps of the event, the ingress, the egress, where the medical stations are at, and what resources are there. If something goes sideways at that event, the incident commander can immediately order the correct resources, direct them to the right locations, and be able to mitigate that situation faster than if we tried to use on-duty resources. What I am getting at is that there is an incident commander on scene who is ready to work immediately when something happens. If we are waiting for a battalion chief to respond to an event from their station or another location, we have to wait for calls to take place, dispatching, routing, and driving through traffic. We could easily be 14 to 16 minutes behind, and a developing event could spin out of control. Having an incident commander there upfront helps to protect visitors, event participants, the residents of the community, and the interests of the resort communities, especially in Las Vegas. Clark County Fire Department does cover the rural communities, but we also cover the Las Vegas Strip and this is a significant area of concern for us. We need to have those people in place.

The events in the world over the last several years trigger this in my mind. I was once asked by a U.S. Senator what kept me awake at night. He anticipated me saying something like a hotel fire or something. I said it was what happened in Paris; it terrifies me because we are a resort community, and we have to be prepared on the front end with the right people in the right spot at the right time to mitigate these things as fast as we can.

Chairman Sprinkle:

Thank you very much for your comments. Is there anyone else in southern Nevada wishing to come forward in support? [There was no one.] Is there anyone in opposition? [There was no one.] Is there anyone neutral either in Las Vegas or here in Carson City'?

Christina Conti, Emergency Medical Services Program Manager, Epidemiology and Public Health Preparedness, Washoe County Health District:

I wanted to take the opportunity to say that the Washoe County Health District had been opposed to this bill to start with. The population requirement was a concern to us. The existing law for mass gatherings does not have a population threshold; it has an event threshold that you need to meet. Those emergency medical services being available at the event were based on that attendee population. We understand the bill, but that population threshold was very concerning to us. We have not had the opportunity to look at those amendments proposed today, which is why we are shifting from opposed to neutral. We look forward to participating in work sessions so that we can have our concerns ironed out.

Scott F. Gilles, Legislative Relations Program Manager, Office of the City Manager, City of Reno:

We are neutral at this point simply because we have just been amended into the bill. Our staff and counsel have not had the chance to fully digest the details in the bill. I will note for the record that the Reno Fire Department Chief has had an opportunity to review the

amendment and express support for the bill. I suspect we will be coming back with full support. At that time, I will reach out to the sponsors, the Chairman, and the Committee to let them know that we are in support of the bill with the amendment.

Chris Ferrari, representing Community Ambulance:

We are in full support of the amended bill, but neutral until we iron out one thing. My client was just able to speak with Mr. Beaman about it. That was just clarifying the language in section 4 pertaining to reserve transportation services. I would like to thank the sponsors for taking time to meet with us on Friday. We will work to find a speedy resolution to that question.

Chairman Sprinkle:

Is there anyone else neutral in southern Nevada or northern Nevada? [There was no one.] Assemblyman Oscarson, do you have closing comments?

Assemblyman Oscarson:

I think you can see by the support and the questions that everyone is interested in public safety and making sure that these events and communities are safe. We want people to come to our state and participate in those events. I appreciate the Chairman's work with me to get this bill out. We are certainly happy to work together with the entities that have concerns or tweaks. I look forward to that discussion and bringing this bill back for a work session. Thank you.

Chairman Sprinkle:

Thank you. I appreciate your bringing this bill forward today. I will close the hearing on A.B. 307. I will open the hearing on Assembly Bill 366.

Assembly Bill 366: Creates four behavioral health regions in this State and a regional behavioral health policy board for each region. (BDR 39-987)

Assemblyman Nelson Araujo, Assembly District No. 3:

Today I am here to present Assembly Bill 366, which would create four behavioral health regions and corresponding policy boards to advise the Division of Public and Behavioral Health and the Commission on Behavioral Health of the Department of Health and Human Services.

This bill has been four years in the making. In late 2013, the Southern Nevada Forum, a coalition of hundreds of stakeholders, joined forces to identify and address serious issues facing the southern Nevada community. One of those issues identified was mental and behavioral health.

I was proud to serve as a co-chair of the Healthcare Committee during last year's Southern Nevada Forum. At the top of our stakeholders' list of opportunities for improvement in Nevada was exploring the possibility of giving local leaders a more active voice in the decisions that are made as they pertain to mental and behavioral health.

While this started as a southern Nevada priority conversation, it quickly turned into a statewide effort. I have quickly learned that all regions of the state are facing unique challenges, and I strongly believe that each region is best qualified to address their respective issues.

Today, I am proud to present a bill that encompasses the concerns of so many diverse experts and leaders in the field and takes us a step forward in ensuring that local communities have a voice in the process. By creating four regional mental health boards, the Division of Public and Behavioral Health will be able to lean on local experts for suggestions on policy, funding, and implementation issues.

Joining me today are two great leaders, George Ross and Sheila Leslie, both of whom have been completely instrumental in our mental health discussions. I believe they will share some additional remarks after I walk you through the bill.

Under section 1, Chapter 433 of the *Nevada Revised Statutes* (NRS) will be amended by adding sections 2 to 7 of this act. Under section 2, the words and terms used from section 2 to section 7 of this act have the meanings ascribed to them in sections 3 and 4 of this act. Under section 3, "behavioral health region" is defined by the description given in section 5 of this act. Under section 4, "policy board" is defined by the description given in section 6.

Under section 5, four behavioral health regions are created. These four regions are Northern, consisting of Carson City, as well as Churchill, Douglas, Lyon, Mineral, and Storey Counties; Washoe, consisting of Washoe County; Rural, consisting of Elko, Eureka, Humboldt, Lander, Pershing, and White Pine Counties; and Southern, consisting of Clark, Esmeralda, Lincoln, and Nye Counties.

Under section 6, subsection 1, each region will have a regional behavioral health policy board. Subsection 2 of section 6 defines that each board will have 12 members, 11 of whom will be appointed by the Director of the Department of Health and Human Services, and 1 member representing the criminal justice system appointed by the Governor. The 11 members appointed by the Director will be a county health officer or someone who has similar duties; a psychiatrist or doctor of psychology with clinical experience and who is licensed in Nevada; a representative of private or public insurers who cover behavioral health services; a representative of behavioral health patients or their families; a representative of emergency services providers who have provided services to behavioral health patients; a representative of law enforcement; two experienced deliverers of social services in the field of behavioral health. Then, three members representing one or more of the following: a representative of hospitals, long-term residential care facilities, or facilities providing acute inpatient behavioral health services; community-based organizations providing behavioral health services; administrators/counselors at a facility treating substance abuse; or owners/administrators of residential treatment facilities, transitional housing, or housing for persons who are mentally ill or suffer from addiction or substance abuse.

Subsection 3 of section 6 says that preference must be given to people living in the region whose policy board they will potentially be appointed to. Subsection 4 explains the policy that board members will serve for two years without compensation and may be reappointed; members may be removed for dereliction of duty as determined by the Director; and reappointments must follow the rules of the original appointment. One thing that I noticed here that was not included in my breakdown was that in the bill we also specified that at least one of the at-large members who is selected has to have a level of expertise when it comes to children's care and children's mental health. Subsection 5 states that on or before July 1 of every odd year, the Speaker of the Assembly shall designate one board member as the chair for that biennium. Policy boards shall meet at least quarterly at the call of the chair. Subsection 6 states that "social services agency" means a public agency or organization that provides social services in Nevada.

Under section 7, we are providing all of the tasks for the policy boards. Subsection 1 states that the policy boards shall advise the Department, Division, and Commission on: behavioral health needs of adults and children in their region; progress, problems, or plans to improve behavioral health services in the region; gaps in behavioral health services in the region and means of addressing the gaps; and priorities for support and money to develop behavioral health services in the region. Subsection 2 states that they must promote improvements in delivery of behavioral health in the region. Subsection 3 states that the boards shall exchange information with the Department, Division, and Commission regarding behavioral health services in the region.

Under section 8, the reports that must be given by the Commission to the Governor and Legislature must include recommendations from the regional policy boards, including epidemiological profiles of substance use and abuse, problem gambling, and suicide, as well as relevant behavioral health prevalence data for each region, and the health priorities set for each region.

Under section 9, the provisions of subsection 1 of NRS 218D.380 do not apply to provisions of this act, which alter requirements to submit a report to the Legislature.

Under section 10, the Director will make the appointments required in section 6 of this act as soon as practicable. The initial terms shall be one year for five of the members and two years for six of the members. Under section 11, this act becomes effective on July 1, 2017.

This concludes my overview of the bill itself. We have had just a few days with the bill out, and stakeholders have been working hard to read it, get it to the partners, and discuss any potential amendments that could make the bill stronger. I have received six amendments to date, and today I would love to share four with you that I consider friendly amendments. They should be available on the Nevada Electronic Legislative Information System (NELIS). The other two I will hold off on because we want to make sure that all of the stakeholders are okay with what is being proposed.

The first amendment ([Exhibit D](#)) that was submitted was from Senator Hardy. It amends section 7 under the list of things that the policy boards will be tasked with. He recommends that we add another section that says the policy board will review behavioral health data collection and reporting to standardize behavioral health metrics and reporting processes across the behavioral health regions to the Department, Division, and Commission. He would also like to be added as a cosponsor of the bill.

The Division of Public and Behavioral Health had four recommendations; I am prepared to submit two of those today. The first one ([Exhibit E](#)) pertains to section 7. Essentially, it says that the policy boards created by this act will collaborate and share information with the other boards focused on behavioral health issues. The goal of these efforts will be to create unified recommendations relating to behavioral health. This would include reporting to the Commission on Behavioral Health, under the Department of Health and Human Services. This coordination would occur utilizing the regional behavioral health coordinators representing each area. The second recommendation is regarding section 8. This states that the policy boards created by this act will coordinate, through the regional behavioral health coordinators, with the currently existing commissions, committees, and advisory boards that deal with substance abuse, problem gambling, and suicide on reports to the Commission on Behavioral Health. These reports will be submitted annually from each group and then aggregated into one report that specifies the needs of each geographical area. Reports can be submitted more than once a year if a board desires to bring attention to an issue in a shorter time frame.

The last amendment ([Exhibit F](#)) was brought forth due to making sure that our rural communities have the correct experts at the table. Under section 6, we want to change it to say "One member who represents providers of emergency services or fire based emergency medical services agency and who has experience providing emergency services to behavioral health patients, which may include, without limitation, a paramedic or physician."

Those are the four amendments I have. Of the two amendments I am holding off on, one deals with the makeup of the board. I just need to go through these conversations more thoroughly so that we can make sure the right representative is making these decisions. That goes hand in hand with the recommendation to look at who is appointing the chairperson of the policy boards. The last amendment recommendation is regarding how the regional boards are made up and which counties represent which regions. The reason I am holding off on this amendment is that we just want to make sure all of our counties feel comfortable with the respective regions that they would be assigned to. As those conversations unfold, I will make sure I am communicating with you and sharing that information with the Committee. I would now like to turn it over to George Ross and Sheila Leslie.

George Ross, Coordinator, Healthcare Committee, Southern Nevada Forum; and representing Hospital Corporation of America, Inc.:

One person who could not be here today who was an intellectual leader of this effort was former Assemblyman Andy Eisen. We owe much of what we have here to his vision and drive. When we first put this together as a nonpartisan group, we ended up realizing that

when you look at the health care issues that face southern Nevada, a couple of the big ones that could be dealt with then were already being taken care of—in the Office of Graduate Medical Education and the medical school—by other folks who were pretty high up in the decision-making rungs. We figured that the place where we could make the biggest contribution was in mental health, where we have a tremendous amount of work to be done in this state. We put together a group that we thought would fit. It seemed as though every time we met, we accrued more and more people. I suppose there is someone who should have been involved who was not, but it is astounding, the breadth and depth of folks we did have involved. We met monthly and sometimes more frequently for about ten months. Sometimes we had 50 to 60 people there. They participated, worked on it, and contributed. We made a lot of recommendations that got adopted by the Governor's Behavioral Health and Wellness Council, and a lot were put into practice that June or July. However, we asked what was the most important long-term thing we could do to really get this state squared away in mental health. No matter how we looked at it, the recommendation we kept coming up with was regional control or regional recommendations of identifying the problems that particular areas have and then prioritizing the work of the mental health world and in particular, prioritizing the money.

One reason why Assemblyman Araujo has this bill the way it is, is because this state has some very different areas. The populations, the geography, and environment, in particular who lives where and the issues and reactions they bring to the problems they all have play a role. There are folks that come to southern Nevada with \$50 in their pocket, and they think they are going to either strike it rich or get a job because it is the only place left where you can get a job in America. Then they strike out, and next thing you know they are on the streets drinking, taking drugs, and forgetting to take their medications and emergency medical services (EMS) and the hospitals end up with them.

We began to identify all sorts of problems and began to realize that each region of Nevada has problems; some of them are similar and some are different. Rural areas have their own set of problems. The only way we can address this is to have a regional approach. We also did all of this in the context of Medicaid expansion. If there is one population in our state that phenomenally benefits from Medicaid expansion, it is the folks who have mental problems. So many of them are single adults without a lot of money—probably because they have mental problems. There are also folks who get pills and counseling and can live productive, relatively normal lives if their problems are properly addressed and cared for. If there is ever a group to help and spend money on, this is the group.

I just want to tell you a few things that came up. Forty-seven other states approach their mental health issues regionally, not as a state. We did not have that many people for a long time, which is why we do many things the way we do. Now, we have a lot of people, and one part of the state has grown incredibly differently than the rest of the state, so we have regional differences that need to be addressed.

There was an excellent study done for the Governor's Council by the Kenny Guinn Center for Policy Priorities and by the Legislative Counsel Bureau, which pointed to how the regions

should be designed because you could see the patterns of where people were treated. Every state does it differently. You look at it, and you can see that in some states, one of their counties does it well, and one of their counties does not and is not one we would want to copy. They are all different; not everyone does it one way. It may not be what everyone in this Legislature thinks is a perfect way to do it, but you cannot let the perfect be the enemy of the good. We spent a lot of time figuring out how we ought to do this, and we made many recommendations. Luckily, we have the Department of Health and Human Services, which also buys into this concept and is supportive.

We have some tremendously good professionals. The Assemblyman asked me to give you some examples of who was involved so you would realize it was not just Dr. Eisen and four to five lobbyists putting this together. All I did was coordinate it; we had great help. We also had Senator Woodhouse, Assemblyman Yeager in his former role as a public defender, Assemblyman Hambrick, former Senator Jones, former Assemblywoman Dondero Loop, Assemblywoman Spiegel, and a broad representation from the Legislature. We had the psychologists association, a psychiatrist association, and some groups that do that kind of work and treatment. We had facilities and all of the major hospitals, the counties, the cities, the EMS folks, the police, and the court system. I want to thank Judge William O. Voy, Judge Kristen Bell and Judge Bitá Yeager for being there all of the time and having a major voice in how we looked at this from their perspective. The University of Nevada, Las Vegas was there to make sure we trained the kind of people we would want to be there going down the road. The insurance providers and managed care organizations (MCOs); Amerigroup and UnitedHealthcare; Las Vegas Health, Education, Advocacy, and Leadership of Southern Nevada (HEALS), who are a coalition of health care providers, were there; and a representative of the Department of Health and Human Services was there most of the time as well as some participation of some members from the Governor's Council. The Las Vegas Metro Chamber of Commerce and both the county medical association and the Nevada State Medical Association were there every single meeting. It is hard to think of a group that touches this issue that was not involved in this unanimous proposal that Assemblyman Araujo has brought to you today. I commend him and thank him.

Sheila Leslie, Behavioral Health Program Coordinator, Washoe County:

I am here in support of this bill. I think that Assemblyman Araujo gave you a great background and Mr. Ross gave you every detail of how it came to be. I would just like to add something that they have not talked about that is equally important. This will give local people a voice and a forum. Mr. Ross talked about Medicaid expansion, which has been a wonderful thing for the mentally ill. What has not been so wonderful is trying to find a provider in the community. If we had a forum like this, members of the community could come and say that they are not able to find a psychiatrist. Then the regional boards could advise the state that this is a problem and generate some solutions on how to fix it. That is how I see this rolling out in the future and why I think it would be so valuable.

Washoe County gets its own region. That does not mean that we do not collaborate regionally. We have some great work going on in the rural counties that surround Washoe County. You will hear from some of them today. We think that they are better able

to speak to their needs than Washoe County would be, so Washoe County is its own region. Who knows where this will lead us in the future? As more dollars flow into the state to support mental health issues, perhaps the regional boards will get involved in prioritizing where those services need to be. I think this is a great step forward, and I commend Assemblyman Araujo for bringing it forward.

Assemblyman Thompson:

I want to thank my colleague, Assemblyman Araujo for bringing this bill forward. I am very proud to have signed on to this bill. I have a statement and then a question. It is our time—it is time for this to happen, it will be successful, and the reason why I say that is that our community already has a model that works. When we deal with homelessness, we have what we call the continuum of care. The continuum of care is pretty much broken down into regions. You have southern, northern, and the balance of the state, which deals with the rural communities. That is where it brings up better coordination of the limited resources we have, the communication is definitely increased. This would be a great opportunity because when we know homelessness is a big factor, mental health needs and issues are as well. I think this could be a great opportunity. I have a question on page 3, lines 4 and 5. Is this where an MCO would reside? I think that if there is an opportunity where we could have all of our MCOs at the table, we should, because they are a vital piece to this.

Assemblyman Araujo:

I think Mr. Ross mentioned this earlier. The MCOs have been at the table and have been very involved in this discussion. I am hopeful that you might hear from some of them today, but essentially, when we wrote that language in, they would qualify under that category. Essentially, depending on who is making that selection, there would be an opportunity for them to consider an MCO for that board.

Assemblyman Thompson:

I was just saying, in general, I want to see all of them at the table. I know they have been coming to the meetings, but they must be there. Whether they are sitting on the 12-member board or not, they must be at the table because they are vital to this.

Assemblyman Carrillo:

Thank you for bringing this forward. Can you explain the process as to the way the regions were set up?

Assemblyman Araujo:

I know that a lot of this has required a lot of brainstorming sessions. We are talking about whiteboards, markers, and all of the partners looking at the overview of the state and wondering what makes sense, what the state can handle, and what is the best way to move it forward. I cannot give you a concrete date when this was, but I can say that this has been an ongoing, constructive conversation that led us to this point. I will say that in 2014, the recommendation that was presented to the Governor's Behavioral Health and Wellness Council looked a little different from the version we are presenting to you today. Again, that goes back to our tough conversations as a big group. As you know, big group conversations

can be a little challenging, but we had to have those tough dialogues with one another and understand what we were prepared to take on as a state and what we could build on.

This is something that I believe we can continue to build on. It is just the beginning. We are creating these policy boards, but I am hopeful that these policy boards will become instrumental players in the way we shape our mental and behavioral health system. It has been a few years of work going into how we reached this point. I can tell you that from my conversations and my conference calls on a regular basis with stakeholders, there is a strong comfort level. We have reached a good starting point from which we can continue to grow and expand.

Assemblyman Carrillo:

I see how it is broken down in section 5. I guess I am a little concerned about the rural counties in particular that are tied to Clark County. Are they actually going to get the attention that they truly need? I know Washoe County is by itself, but Clark County may not be equitable with the other three counties attached to it. How do we ensure that they are going to be fair and equitable services?

Assemblyman Araujo:

I will agree with you that the makeup portion of this drafting process was probably the one that we spent the most time on. The reason why they are currently in the southern Nevada region is because of the proximity that they have to Clark County and the distance that separates them from other rural counties and the services that those respective counties often seek that bleed into Clark County. There are a lot of collaborations there that are currently taking place, so it seemed like the best fit for those three counties. I have asked to reach out to other counties and make sure they share their thoughts on where they are located. I certainly do not want to put someone in a position he does not want to be in. I want to make sure every county has an equal voice in the process. If that is something that we need to work on, we can certainly do that. During our conversations, that seemed to make the most sense while we were drafting this legislation.

Assemblyman Carrillo:

When it comes down to the makeup of the board in section 6, Mr. Ross alluded to how many different people came to the table on this, and that is great. The one thing that I do not see in here is actual family members of the patients. The closest I see is in section 6, subsection 2, paragraph (a), subparagraph (4), it says a member who represents behavioral health patients or the families of behavioral health patients. They would have the most knowledge in what these patients are dealing with, but I do not see them being represented. I would wonder if you would be open to changing this to a consumer of behavioral health services or family of a consumer so that someone who has actually navigated through the system can give you real world experiences, not just people who work in fire and health.

Assemblyman Araujo:

I appreciate that you brought that up. I can tell you that everyone in these conversations strongly agreed with you. In that subparagraph, it states one member who represents the

interests of behavioral health patients or the families of behavioral health patients. We wanted to make sure there was access for us to include a family member. I echo your sentiments; I do not disagree one bit. I believe it is prescribed in that subparagraph.

Assemblyman Carrillo:

Do you feel that reaches far enough, just someone who deals with these families, not someone who actually has a family member experiencing this?

Assemblyman Araujo:

It states, ". . . or the families of behavioral health patients," so it is intended for the families. Maybe we need to clean up that language, but our goal is to allow for access for the families. If we need to clean that up to ensure that it specifically states "and/or a family member of someone who has a behavioral health issue," I am happy to make that change.

Assemblyman Carrillo:

I understand that. I apologize; it says "or" so it could be the first part, but it could be the second part. Again, you should use cleanup language.

Chairman Sprinkle:

If I might interrupt, it sounds like you are both saying the same thing. Maybe you could talk offline and figure out exactly how to word this.

Assemblyman Yeager:

It has been a long road getting here. I just wanted to make a comment: first, to thank Mr. Ross. I know back when this work started in 2013, I do not think anyone knew where we would end up; it was simply just the Healthcare Committee. I was always amazed at how fast we grew. It was enlightening to me to have all of those stakeholders in one room and to get to where we are. Thank you for your work on this. Likewise, Assemblyman Araujo, I know this is not the first session that you have brought this bill, so I am happy to see it back, and I would echo the comments of our colleague that our time is now. I want to thank everyone at the table and everyone here who has worked on this over the last four years.

Assemblyman Hambrick:

I saw a portion on two sections of the bill I had questions on. In section 6, subsection 2, it lists where the policy board members will be coming. On page 3, lines 32 and 33 of the bill, it says, "One member who represents the criminal justice system, appointed by the Governor." Therefore, we will be having multiple members of the law enforcement community. Would you want that member of law enforcement to have some background in juvenile justice or mental health areas? Or, would you want a cop off the street? Forgive the euphemism. We could have a whole universe of members of law enforcement who may have no background or connection to mental health. We did have some members from Washoe County here that represent law enforcement, and they have done an excellent job. We could name half a dozen of those people. That is what I am trying to get to. Would you want someone like that or someone from Esmeralda, Pahrump, or Mesquite? How do you want the makeup of this to occur?

Assemblyman Araujo:

It is no secret here that we want folks who encounter patients day-in and day-out who have mental health concerns. I think law enforcement is here. One thing I heard from law enforcement in general is that across all spectrums of the work that they do, almost every single person deals with mental health and behavioral health concerns. I hear you; we certainly want the folks who are very knowledgeable and who have constructive recommendations on how to improve the system and how to ensure that we are assisting our folks who deal with mental and behavioral health concerns. So yes, we would want someone who deals with this and who has encountered this. I hope that answers your question, and I would be happy to add a line in there that says, ". . . who interacts or works with mental and behavioral health concerns."

Assemblyman Hambrick:

We could have some other language, because the EMS people see this on a day-to-day basis on their runs. Perhaps you could add EMS as well. Again, they are the ones who see these people; their judgment factor might be different from that of someone from law enforcement.

Assemblyman Araujo:

I was running through it very quickly, but part of the amendments that I am submitting clearly defines that another option for membership is a fire-based emergency medical services agency, on page 3, lines 8 through 11. I agree with you. Oftentimes, they are the ones in the trenches handling that work. I am more than happy to clarify this more offline.

Assemblyman Hambrick:

I appreciate that.

Assemblywoman Benitez-Thompson:

On July 1, the bill goes into effect; and on July 1, the Speaker of the Assembly needs to designate a chair. It seems to me that you actually want the composition in place before you designate the chair. I would consider a distinction of when you would like to get that board together and then allow submission of the names and suggestions of the names, coming from the board itself, to designate who the chair of the committee would be.

Assemblyman Araujo:

That is a great recommendation. We will certainly make those modifications.

Chairman Sprinkle:

Thank you for your presentation. I believe we have a list of people who would like to testify in support. You may now come forward to do so.

Sarah M. Adler, representing National Alliance on Mental Illness Nevada:

We applaud the Assemblyman's focus on behavioral health and the benefit of regionalizing policy related to prevention, treatment, and ongoing service to the mentally ill, those with co-occurring disorders, and substance abusers. We are very familiar here with the work that is being done in the quad counties [Carson City, Douglas County, Lyon County, and

Storey County] and it is excellent. I apologize—I had not had the opportunity to address this with the bill sponsor, but we would respectfully propose an important amendment to the bill. Given that positive, life-saving and money-saving change only happens best with policy integration among law enforcement, judicial, prevention, treatment and recovery entities, we encourage the regional policy boards to also report to the Administrative Office of the Courts. That body shapes and funds the activities of Nevada's all-important specialty courts. Finally, it is essential that the regional boards be guaranteed access to professional and administrative support staff in accomplishing local and regional policy and service integration and to meet the reporting expectations of this legislation ([Exhibit G](#)).

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

I just want to thank the bill sponsor. The Assemblyman has done tremendous work in helping to shepherd this bill through the Southern Nevada Forum process and working with partners throughout the state. The Las Vegas Metro Chamber of Commerce supports this bill. We believe it is important for us to move forward and look at behavioral health at a statewide and regional level. The Chamber, several of our partners, and the City of Las Vegas are happy to support this bill. Thank you.

Kelly Crompton, Government Affairs Officer, Office of Administrative Services, City of Las Vegas:

We, too, would like to thank the bill sponsor for bringing this bill forward. It has been a long process over the last couple of years to get to this point. We believe this is an important bill because we see regionalization working in other areas such as water, transportation, and housing. This is just another step in that direction. We also see the need for this bill because of some of the services that the city provides such as ambulance services; being responsible for community parks; but especially in the Corridor of Hope, we see many of these issues come to light. We appreciate the bill sponsor and we look forward to further discussion.

Chairman Sprinkle:

Is there anyone in support in southern Nevada?

Sondra Cosgrove, Chair, Legislative Advocacy Committee, League of Woman Voters of Nevada:

We are in support of A.B. 366. The League of Women Voters of Nevada supports mental health care that is sufficiently funded and that addresses the needs of patients and families in every community. This is one of our top priorities. Our current mental health care system does not meet those criteria yet. Instead, it tends to be egregiously wasteful of taxpayer dollars and can at times be tragically unfair to patients and families. We are very happy to support Assemblyman Araujo and A.B. 366.

Chairman Sprinkle:

Thank you. We will come back to northern Nevada.

**Cody L. Phinney, Administrator, Division of Public and Behavioral Health,
Department of Health and Human Services:**

I am happy to be here today to support A.B. 366. The Department has been involved in the work that has been done thus far, and we have found it to be very helpful to us in ensuring that the resources we do have available to us are maximized to the needs of the communities involved. The regional groups that have worked with us thus far have been very effective. We feel that formalizing this process in this way will be very beneficial both to the communities and to the state as a whole. This also assists us in implementing the recommendations of the Governor's Commission on Behavioral Health. We have offered the friendly amendments ([Exhibit E](#)), as Mr. Araujo previously mentioned.

We further discussed conceptual amendments with the sponsor to provide consistency and clarity. We believe it would be helpful to have all of the appointments come from one office, and we recommend that that be the Director of the Department of Health and Human Services. Further, the design of this process is similar to the design that is used in the children's behavioral health system in the state. We believe that has been helpful and that this can coordinate with those children's consortium groups. These boards can coordinate with those and the Commission in a way that will maximize the effectiveness of the system overall. We recommend that the regional boards be required to coordinate with those advisory boards. Currently, the Division's Office of Public Health Informatics and Epidemiology provides the epidemiological reports that are mentioned in section 8, and we understand that we would continue to do that and work closely with the regional boards in making sure that they had the information they need to make the recommendations and ensure data-based decision making in those regards. Again, we look forward to working further with the sponsor and appreciate the opportunity.

Jeff Fontaine, Executive Director, Nevada Association of Counties:

I would like to thank Assemblyman Araujo for sponsoring A.B. 366 and the many individuals who worked on this. Last Friday, the Nevada Association of Counties voted unanimously to support this measure, and I think that unanimous vote is a reflection of the fact that they believe that behavioral health issues are important statewide. We are pleased to see that A.B. 366 recognizes the vast size of our state, the diversity in our state, and appropriately seeks to identify and address behavioral health issues on a regional basis. We know that these issues cannot be solved in any one particular area of our state and especially in our rural counties. With regard to a couple of the amendments that Assemblyman Araujo spoke to, we are very thankful to him for clarifying that the fire-based emergency medical technicians are an important component of these boards, particularly in the rural counties where they do interact on a daily basis with individuals. With regard to the alignment of the counties, we would like to have some follow-up conversation with two or three of our counties to make sure that they truly are comfortable with the region in which they have been aligned. I certainly appreciate how these various regions were developed. It really is based upon the availability and access to services, but again I want to make sure that a couple of those rural counties are fine with where they are. Again, we are pleased to support A.B. 366 and we certainly think this is a positive step forward.

Kevin Schiller, Assistant County Manager, Washoe County:

You have heard a lot of testimony today in support of this bill. I, too, am in support of this bill. From a county level, I wanted to highlight a couple of areas that I think are particularly important. At the county level, we are currently expending about \$82 million across our human services. In my role as the assistant county manager, I spend about 50 percent of my time related to operational issues tied to mental health and/or indigent services. This bill, at a regional level, allows the local flexibility. To Assemblyman Hambrick's comments, in a regional world, I think what it is also going to do is bring communication that will cross over between those regional entities. In northern Washoe County, if we end up with provider shortages and we are dealing with those issues, it is common sense that we would be using telemedicine and crossing that over to the rural communities that we border in terms of how we do provider networks and those types of things. We want to put on the record that we do support this and we see it as a continued vehicle for us to improve our bandwidth as we continue to meet this need.

Alex Ortiz, Assistant Director, Department of Administrative Services, Clark County:

We, too, support this measure. We are appreciative of the opportunity to continue with the discussions we have with our multiple departments and the community at large. There are very important issues at hand. Thank you.

Ryan Beaman, President, Clark County Firefighters Union Local 1908:

We just wanted to thank the Assemblyman for bringing this bill forward. As someone that participated in the working groups over the last few years, and as a firefighter, I do see the need for coordination between mental health issues and the homeless population. My station runs a lot of calls with behavioral health issues. This bill is the work of the committee over the years, and we are thankful for this legislation.

Marlene Lockard, representing Human Services Network:

We are very much in support of this.

Todd Ingalsbee, Legislative Representative, Professional Fire Fighters of Nevada:

I want to thank Assemblyman Araujo for bringing this bill forward. We deal with these behavioral emergencies and issues on a daily basis. They are very taxing on our communities. I feel that we have made some strides over the last couple of legislative sessions, but there is still a lot of work that needs to be done, and I feel that this bill would really help those issues.

Chairman Sprinkle:

Is there anyone else in support of this bill here or in southern Nevada? [There was no one.] We will move to opposition. [There was no one.] Is anyone neutral to this bill?

Ed Guthrie, CEO Emeritus, Opportunity Village, Las Vegas, Nevada:

I just wanted to point out that in section 8, it says they will establish policies to ensure adequate development and administration of services. In that section, it includes people with intellectual disabilities and related conditions. In subsection 2 it says they set policies for the

care and treatment of persons with intellectual disabilities and persons with related conditions, but there is no mention of how they are going to get input from people who have those conditions or family members of people who have those conditions, or people who provide services to individuals who have those conditions.

Chairman Sprinkle:

Our committee policy analyst tells me that there is already existing language addressing your concerns in statute. It looks like it is in *Nevada Revised Statutes* (NRS) 433.314. Thank you for your comments. Is there anyone else neutral? [There was no one.] Assemblyman Araujo, would you like to come back for closing remarks?

Assemblyman Araujo:

Thank you for listening to our presentation and the testimony today. As you can see, I cannot reiterate how proud I am of all of the stakeholders who came together to help draft this policy that will hopefully take us one step forward to help our folks with mental and behavioral health concerns. I will continue to work with all stakeholders, and I will report to you, so that we can present something to you of great quality and that will be good policy at the end of the day. Thank you again.

[([Exhibit H](#)) was submitted but not discussed and is included as an exhibit for the meeting.]

Chairman Sprinkle:

Thank you for bringing this bill forward. I will close the hearing on A.B. 366. Is there anyone wishing to come forward under public comment here or in southern Nevada? [There was no one.] This Committee will not be meeting this coming Friday. We are adjourned [at 2:51 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 a proposed amendment to Assembly Bill 307, presented by Assemblyman James Oscarson, Assembly District No. 36.

[Exhibit D](#) is a proposed amendment to Assembly Bill 366, submitted by Senator Joseph (Joe) P. Hardy, Senate District No. 12, presented by Assemblyman Nelson Araujo, Assembly District No. 3.

[Exhibit E](#) is a proposed amendment to Assembly Bill 366, submitted by Assemblyman Nelson Araujo, Assembly District No. 3, based upon recommendations from the Division of Public and Behavioral Health, Department of Health and Human Services.

[Exhibit F](#) is a proposed amendment to Assembly Bill 366, submitted by Assemblyman Nelson Araujo, Assembly District No. 3, based upon recommendations from the Division of Public and Behavioral Health, Department of Health and Human Services.

[Exhibit G](#) is a proposed conceptual amendment to Assembly Bill 366, presented by Sarah M. Adler, representing National Alliance on Mental Illness Nevada, dated March 27, 2017.

[Exhibit H](#) is a letter dated March 27, 2017, to Chairman Sprinkle and members of the Assembly Committee on Health and Human Services, authored and submitted by Elizabeth Gonzalez, Chief Judge, Eighth Judicial District Court, in support of Assembly Bill 366.