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

## Seventy-Ninth Session
## April 26, 2017

The Committee on Health and Human Services was called to order by Chairman Michael C. Sprinkle at 1:26 p.m. on Wednesday, April 26, 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
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:**

Assemblywoman Teresa Benitez-Thompson (excused)

**GUEST LEGISLATORS PRESENT:**

Senator Mark A. Manendo, Senate District No. 21

**STAFF MEMBERS PRESENT:**

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

**OTHERS PRESENT:**

Stephanie Woodard, Certified Community Behavioral Health Clinics Project Director, Division of Public and Behavioral Health, Department of Health and Human Services
Brigid J. Duffy, Chief Deputy District Attorney, Juvenile Division, Office of the District Attorney, Clark County
Jared Busker, Policy Analyst, Children's Advocacy Alliance

**Chairman Sprinkle:**
[Roll was called. Committee rules and protocol were explained.] We will do the work session first. Just so everyone knows, I will take Senate Bill 27 (1st Reprint) first and then we will hear Senate Bill 2 (1st Reprint).

**Senate Bill 201 (1st Reprint): Enacts provisions relating to conversion therapies. (BDR 54-301)**

**Marsheilah Lyons, Committee Policy Analyst:**
You have a work session document that includes Senate Bill 201(1st Reprint), which prohibits homeopathic physicians, advanced practitioners of homeopathy, homeopathic assistants, and certain mental health professionals from providing sexual orientation or gender identity conversion therapy to a person who is under 18 years of age. No amendments are included in the work session document (Exhibit C).

**Chairman Sprinkle:**
Thank you for that. Is there anyone with questions or comments?

**Assemblyman Yeager:**
I look forward to supporting this bill. I just wanted to put on the record that I have received many emails regarding this bill. I just do not understand some of the opposition. There seems to be the idea that this bill would prevent parents or other professionals from speaking to children. I just do not see that in the text of the bill. In on page 2, line 11, it indicates that conversion therapy means any practice or treatment, and I do not see that as covering discussions, talk, or normal parenting. I just wanted to put that on the record, as I have gotten a lot of emails that I think misinterpret the text of the bill.

**Assemblywoman Titus:**
Reluctantly, I am not going to support this bill. I have tremendous respect for the sponsors, and I understand the intent of the bill. Although I feel strongly that conversion therapy is a horrible, inappropriate method that we used and it is not acceptable to anyone, my concern with the bill is twofold. First, there are parental right issues and, second, I have concerns regarding potential limiting of counseling because it defines what counseling is acceptable. Under section 1, subsection 3(a), it says, ". . . does not include counseling that . . . ." It gives

two very specific things that it allows. I am concerned about other forms of counseling. That is why I have pushback from the bill, although I have tremendous respect for the sponsor and I absolutely respect the intent. I am reluctantly going to be a no on this.

**Assemblyman Hambrick:**
I would like to ditto the comments of Assemblywoman Titus; I will be voting no.

**Assemblyman Oscarson:**
I will be following the comments of Assemblywoman Titus as well. I appreciate the intent and the sponsor, but I will be voting no.

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

> ASSEMBLYMAN THOMPSON MADE A MOTION TO DO PASS SENATE BILL 201 (1ST REPRINT).
>
> ASSEMBLYWOMAN JOINER SECONDED THE MOTION.

Are there any questions or comments on the motion?

**Assemblyman Edwards:**
I am going to vote yes to get this out of Committee, but I want to reserve my right to change it on the floor, if necessary. I might want to have an amendment added to it.

[(Exhibit D) was submitted regarding Senate Bill 201 (1st Reprint) but not discussed.]

**Chairman Sprinkle:**
We will move on to the vote.

> THE MOTION PASSED. (ASSEMBLYMEN HAMBRICK, OSCARSON, AND TITUS VOTED NO. ASSEMBLYWOMAN BENITEZ-THOMPSON WAS ABSENT FOR THE VOTE.)

Assemblyman Thompson will take the floor statement. We will close the work session and open the hearing on 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)**

**Stephanie Woodard, Certified Community Behavioral Health Clinics Project Director, Division of Public and Behavioral Health, Department of Health and Human Services:**
I am here to present Senate Bill 27 (1st Reprint). Senate Bill 27 (1st Reprint) is considered a housekeeping bill. This bill language was last updated in 2003, approximately 14 years ago. This bill would change language from outdated reference texts such as the *Diagnostic and Statistical Manual of Mental Disorders* (DSM), to specific language that more clearly defines the term "mental illness" and identifies specific diagnoses that are excluded from the definition. By removing reference texts and adding specific diagnoses that are excluded from the definition, we will prevent the need for continuous updating of the *Nevada Revised Statutes* (NRS) definition as reference documents do change over time. The proposed language is consistent with the way other states have defined mental illness. The language clarifies those diagnoses which are excluded, and, most importantly, does not seek to broaden or restrict the existing definition. As I mentioned before, the language proposed is consistent with current NRS exclusions of individuals with diagnoses such as dementia and intellectual disabilities as found in the definition of persons with mental illness in NRS 433A.115.

**Assemblyman Thompson:**
I have a question in section 1 where it talks about what the term does not include. You talked about dementia, alcohol, and drugs, but that leads to a mental illness, so why would we put that language in here?

**Stephanie Woodard:**
This definition, while excluding those diagnoses, does not preclude the fact that those diagnoses can certainly co-occur with other mental illnesses. We would not be excluding individuals with dementia if they also had a depressive disorder. They can meet the criteria for a definition of mental illness while also having some of these other exclusionary diagnoses.

**Assemblyman Thompson:**
Let us go to the beginning and look at the wording. What you said makes me interpret it the same, where it says, "The term does not include other mental disorders that result in . . . ." A comorbidity or co-occurring disorder is what this language sounds like to me. Am I interpreting that wrong?

**Mike Morton, Committee Counsel:**
The language starting with "the term does not include," the diminished capacity, intellectual disability, dementia, and delirium, are not the mental disorders that are discussed. The mental disorders result in those diseases or illnesses. It would not exclude that list; it is mental disorders that result from those disorders.

**Stephanie Woodard:**
For example, individuals with developmental disabilities such as intellectual disabilities often will have co-occurring mental illnesses. This does not preclude them from being able to be diagnosed with those mental illnesses in addition to their intellectual disability.

**Assemblyman Thompson:**
Is it fair to say that genetics is the trigger using the example you used, a person that is born with, or has that intellectual disability versus someone whose social means develops the mental illness? Maybe I just need to talk to you offline. I just do not think we can exclude those.

**Assemblywoman Titus:**
For me, the DSM criteria were really developed because of the confusion about the very questions Assemblyman Thompson is asking. Intellectually diminished folks may get depressed because they have an intellectual disability, but those are two separate issues. Someone who has epilepsy or a seizure disorder may get depressed because he has that, but again, one is a mental illness versus a physical problem that is being treated. Both may be treated with medication however. I think it is confusing for providers, and so we always turn to this classification because they do the subsets and the access and it gives this direction.

I am a little concerned also because it broadens it in my mind. It leaves it open to interpretation of what a mental illness is. I understand the problem with the *International Classification of Diseases* (ICD-9) is we do not even have ICD-9 codes now, we have ICD-10. It is a moving target, so I appreciate your wanting to put something in statute that will follow over the years, but I am concerned about people still not having a clear definition of what that means. Where did you get these particular guidelines and definitions? Are other states using this as a definition? What is the standard?

**Stephanie Woodard:**
This is an effort to not broaden or restrict the existing definition. In looking to make this accurately reflect what currently exists in statute, we had to go back and see what mapped on currently to the ICD-9 codes and the DSM references that were in the existing statute. Of all of the mental disorders that are classified in the DSM and in the ICD-9, the only ones that were excluded are those that are specifically listed and called out here, meaning that everything else in the DSM was considered included in there. We also did consult with the Nevada Psychiatric Association and did quite a bit of research looking across states to see what other definitions were provided. I have examples of some of the definitions that the American Psychiatric Association and other leading entities like the National Alliance on Mental Illness put forward. They are equally as big. This definition, because it specifically calls out exclusions, is perhaps more specific.

**Assemblywoman Miller:**
Can you define again the purpose of this bill?

**Stephanie Woodard:**
The purpose of this bill is to clarify some of the language that is in here. If you look at the way that the statute is currently written, even as a psychologist, it was challenging for me to understand what actually met the definition for mental illness because it simply referenced specific ICD-9 codes, which are diagnostic codes, as well as some definitions within the DSM. For me to even figure out what met criteria under that definition, I had to go back to

those source documents and cross-reference every single one of those groups of codes. As a licensed psychologist, that was lacking in any clarity for me until I went back to those source documents. Those source documents that are referenced in here are also outdated, so if we continue to have to go through and reference specific codes in the source documents every time the source documents are updated, we will then have to go back into statute and update so it accurately reflects those newer versions of the source documents.

**Mike Morton:**
A better way to clarify the language that is being used is that in current statute in NRS 433A.115, a person with mental illness is already defined, and it includes the same language that we are adding here in this bill to the definition of a mental illness. It is simply mirroring those two definitions together so that the definition of mental illness is the same throughout all of NRS.

**Chairman Sprinkle:**
I will open up for testimony in support of S.B. 27 (R1). [There was none.] Is there anyone in opposition? [There was no one.] Is there anyone neutral to this bill? [There was no one.] Are there closing comments?

**Stephanie Woodard:**
Thank you very much.

[(Exhibit E) and (Exhibit F) were submitted but not discussed.]

**Chairman Sprinkle:**
With that, I will close the hearing on S.B. 27 (R1). We will now open the hearing on Senate Bill 2 (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)**

**Senator Mark A. Manendo, Senate District No. 21:**
Thank you for putting Senate Bill 2 (1st Reprint) on the agenda and hearing it today. Senate Bill 2 (1st Reprint) is an act which amends Nevada's Safe Haven Law, also known as Protection of Children from Abuse and Neglect [*Nevada Revised Statutes* (NRS) 432B.630] to provide clarifying language intended to uphold the original intent of the law, which is to allow parents to safely and anonymously surrender their baby if they can no longer care for him or her. This law protects infants from being injured or otherwise harmed due to the unsafe and illegal abandonment by providing distressed parents a safe, anonymous option for the surrender of their infant. Recently, parental anonymity has been an issue for mothers who give birth at a hospital and immediately surrender the child at a hospital under the Safe Haven Law.

I am pleased to sponsor this bill at the request of the Safe Haven Work Group. A few of the agency affiliates involved include the Crisis Call Center of Nevada, the Nevada Institute for

Children's Research and Policy, the Nevada chapter of Prevent Child Abuse America, the Clark County District Attorney's Office, the Division of Public and Behavioral Health, Washoe County Social Services, Saint Mary's Regional Medical Center, University Medical Center of Southern Nevada, Clark County School District, Clark County Department of Family Services, Washoe County District Attorney's Office, and the Office of the Attorney General. I am really impressed with and appreciate the work that this coalition has been doing on this piece of legislation. Ms. Duffy will take us through the specific details because she is the brains behind this piece of legislation.

**Brigid J. Duffy, Chief Deputy District Attorney, Juvenile Division, Office of the District Attorney, Clark County:**

I was actually nominated by the work group to present. I was honored to join the work group. The purpose of S.B. 2 (R1) is to amend Nevada's existing Safe Haven Law, and it is to ensure that the original intent of the law for anonymity of a parent is in place because there has been some concern and confusion over the years. Sections 1 through 6 of the bill address service of notice for hearings. There are multiple types of hearings under NRS Chapter 432B for child dependency.

Section 1 addresses the initial removal hearing, and what it will tell you is that if a parent has invoked the Safe Haven Law on their infant age 30 days or younger, they are also waiving their right to notice of that initial hearing.

Section 2 is a hearing on the petition of abuse and neglect. When the district attorney's office files a petition of neglect or abandonment, section 2 clarifies that the parent who delivered the child to the emergency service has waived his or her right to notification of that hearing.

Section 4 is our adjudicatory hearing or trials on the petition. That is adding that parents have waived their right to notification of that hearing if they have invoked their Safe Haven right.

Section 5 is our dispositional hearing. In the criminal world, that would be sentencing. After a petition is found to be true or a parent admits a petition, we have a disposition hearing. The parent who has invoked Safe Haven is waiving his or her right to notification of that hearing.

Section 6 concerns our review hearings. We have 6-, and 12-month review hearings for every child in foster care. That is excluding the parents from notification of those hearings. Section 6, subsection 2 excludes parents who invoke Safe Haven from payment of child support, even if their whereabouts are known.

Section 6.3 addresses the reports that support all of those aforementioned hearings. The family services agency prepares reports and they are required to notify the parents of those reports, so section 6.3 waives those rights. Those sections regarding notice are only for the parent who invoked Safe Haven. For the nondelivering parent, there is still a requirement that we attempt to notify them. If we cannot notify them in person or by mail, we notify them by publication. That is not changing.

Section 7 is the bulk of the Safe Haven Law that is NRS 432B.630. Subsection 2 clarifies that Safe Haven applies if a parent delivers a child at the hospital. There was some confusion on the interpretation of this section before as to whether or not the parent who gave birth at the hospital had to leave the hospital and then walk back in to deliver the child to the emergency service. That was misinterpreted across the state, so the work group wanted to make sure that the intent of the bill was clear—that if a parent gives birth at the hospital, tells the social worker she intends to leave the baby there, and the parent is not coming back for the child, that is an invocation of Safe Haven. The parent does not have to walk out of the hospital door and walk back in to deliver the child to the emergency service. That is in section 7, subsection 2.

Section 7, subsection 2(a) adds an additional requirement to the emergency service provider to inform the parent when possible that he or she will be presumed to have abandoned the child under NRS Chapter 128, which is the termination of parental rights statute. Section 7, subsection 2, paragraph (a), subparagraph (2) makes the emergency service provider inform the delivering parent that she is waiving the notice to all of the hearings I just testified to. Section 7, subsection 2, paragraph (c) excludes an agency that provides child welfare services from notifying itself if it takes possession of a child. You will see later in the bill why that is relevant. Section 7, subsection 2, paragraph (d) allows for the provider of emergency services to provide a child welfare agency with information that the emergency service provider obtained regarding the child or the nondelivering parent, but not of the delivering parent. To clarify that for you, if I am in the hospital, I have given birth, and I decide to walk out of that hospital and leave that child, I may have already provided that hospital with a lot of background information that is relevant to the child as well as background information on the other parent. That information is to be provided to the child welfare agency. What is not to be provided and what is the intent of the original Safe Haven bill is the anonymity of the person who delivered. The whole purpose is I do not want you to tell the child welfare agency who I am, but we are still going to have me provide information regarding the nondelivering parent and any information regarding the child.

Section 7, subsection 4, paragraph (b), subparagraph (5) adds an agency which provides child welfare services as a provider of an emergency service who may accept a Safe Haven baby. Prior to this statutory change, a parent could not deliver their child 30 days or younger to the doorstep of a child welfare agency and invoke Safe Haven. This was an important section to add in for Washoe County because they have had situations where parents thought that child protective services would be a Safe Haven and it was not legally a Safe Haven. We wanted to add them in.

Sections 8 and 9 amend our current termination of parental rights statute toward the notice of hearings for those parents who deliver a child under the Safe Haven Act.

**Assemblyman Thompson:**
How often does this occur?

**Brigid Duffy:**
Unified Nevada Information Technology for Youth (UNITY), the statewide information management system, has been keeping track of our Safe Haven children since 2013. Since 2013, the official data is ten children have been surrendered under the Safe Haven Law. Washoe County kept a hand count prior to the implementation of UNITY, so they have a few more numbers, but they are not official numbers because all I can testify to is what we have officially, which is ten children since 2013. I am aware that in Clark County, we have at least two children that have come in the last couple of months.

**Assemblyman Thompson:**
I am really disturbed by this. I do not know if it is just me, but I am disturbed. Please do not take this personally or professionally. I just have to say this. If a child welfare agency is supposed to be there for reunification purposes, I am having a hard time in my heart to hear all of the language that says, "to waive." It sounds so punitive for the parent, whether it is the delivering parent or the nondelivering parent. That is so disturbing to me. I do not see anything in here about the intervention services. Where are we trying to get that young lady and young man to take care of this baby? Where is that? Not to overstep boundaries, but to see where they are with this. It seems like we have automatically written off what is going on with the person because they have abandoned their child. I think our work should be in finding out the "why" and how to keep that family whole. That child is now going to be incomplete, potentially for the rest of his or her life. I feel deeply about this.

**Brigid Duffy:**
Your passion is always felt. This law has been in place for many years. This law was put in place to prevent young women from taking babies that they did not want and dumping them in a dumpster because they did not want their parents to find out that they had a baby or someone else to find out. We did not create the Safe Haven Law. What we came up with was when we were notifying the mothers, they were upset and asked why we were contacting them. They said they gave this baby up and walked away and now their parents want to know why someone is coming to the door with a letter saying there is a petition of neglect. The whole purpose of bringing these amendments is because the original intent of the bill, as determined through the prior testimony and through the work group, was the importance of anonymity to the person who delivered that child. That is why they were leaving children on the doorsteps of fire departments and police departments and walking away. Reunification is always our number one goal, but if I have to choose between a child going into a dumpster versus being left at a hospital without knowing the mother's name and address, I will choose saving that child's life. I think emergency service providers, and I know in talking to the fire department while working through this bill, try to get as much information as they can and talk these women through this. I do not know if any of the hospitals are here to testify, but maybe they could tell you what the social workers at that hospital do when a parent of a child is making those decisions. As far as policy with the child welfare agency, we will have to create it because we will now legally be accepting Safe Haven babies on the doorstep of our shelters. We will try to do step one, two, and three of engagement to make sure they are making the best decision for them. I am all for that, and I know the child welfare agencies

would be all for that. However, at the end of the day, having gone back and read the testimony on the original bill, the whole intent was to not force young women to feel they have no other option but to dispose of that baby in a way that would harm the baby.

**Assemblywoman Titus:**
As someone who has worked in an emergency room, I have delivered a baby where the teenage mother swore she never had any sexual intercourse and her mother was shocked because she was brought in with pelvic pain and bleeding. I ended up delivering a baby. This has happened more than once. At the moment it happened, that young woman wanted nothing to do with that child. She did not want to see it or touch it and did not believe it was even happening. After everything calmed down and hormones and emotions changed, the baby was loved, grew up with her, and there are good stories.

I am concerned because the way I look at this bill, she would not have had the opportunity or been notified. I agree with Assemblyman Thompson, we would not want to miss out on even one chance that parent changes her mind once the emotions settle down, especially in the unexpected situations. I am worried that there would not have been any way to notify her because she changed her mind once that emotional component settled down.

**Brigid Duffy:**
In section 7, existing statute already requires the emergency service provider to inform the delivering parent that unless they contact the local child welfare agency, actions will be taken to terminate their parental rights. That is in section 7, subsection 2, paragraph (a), subparagraph (3). I only read what was being amended into the bill, but there is a provision that the emergency service provider must notify or make reasonable attempts to contact. Sometimes these individuals drop off the baby and we do not even see them. Recently in Clark County, we had a teenage mother who delivered at a hospital and walked out. She contacted the child welfare agency a few weeks later and said she changed her mind. I became aware of this after I got a call from the people the child was placed with asking what happens next. Now we are going to work with the mother and see if we can reunify with her. We have had situations like this. Since they are supposed to be notified of a child welfare agency being involved, I would hope that if they changed their mind, they would contact us.

**Chairman Sprinkle:**
What does the current law say in regard to someone who has utilized the Safe Haven Law and then comes back later having changed their mind?

**Brigid Duffy:**
I do not think there is anything specific that says what to do if the parent came back in. We would then enact NRS Chapter 432B which is that they go in for a hearing and they have a right to deny the petition and a right to attorney. Nothing in the Safe Haven statute says that if you show up after you have made that decision that you have these specific rights. When this happens in Clark County, we enter into the case wherever we are and give that parent the right to an attorney and go through our review process and trial process.

**Chairman Sprinkle:**
What I am hearing you say and what I am reading in the bill is that this may help clarify this a little bit. It does specifically state to contact the local social service agency. Is that correct?

**Brigid Duffy:**
That is correct.

**Assemblyman Hambrick:**
This may be beyond the scope of your knowledge, but if this were to happen, is the fire department trained to take in a baby that was left? This has to be devastating, even to the firefighters, having a bundle of precious joy and the mother is walking away.

**Brigid Duffy:**
I am not sure. I know we have policies within the Division of Child and Family Services of the Department of Health and Human Services on how to handle the children. I know the hospitals have policies. I know the fire department used words like "policy," but I do not know if it is written.

**Chairman Sprinkle:**
I do not believe there is any statewide policy that mandates such training. I will say from my personal experience that my department provides training. On top of that, should this situation occur, the safety and health of the infant is still paramount, so we will still be taking that person to the hospital and going through the evaluation, at which point social services is involved. The other thing is that we have kits that give us very specific details on how we are supposed to proceed as professionals when this situation does occur. We open it up and it has equipment we use, but it also has a checklist, so that stuff happens automatically. As far as mandating training on this, I do not believe there is any statewide mandate.

**Assemblyman McCurdy:**
I am trying to figure out how section 5, subsection 4 would be carried out because it says the parent who delivered the child to the provider shall be deemed to have waived his or her right to a copy of that report. Can you walk me through a scenario and what the timeline would be?

**Brigid Duffy:**
Yes, I will give you an overview of the child welfare system. A child is delivered to a hospital and the delivering parent walks away. The next step would be a call to the child welfare agency and the child is placed into protective custody. The child is in protective custody most likely as "baby boy/girl Clark County," because we probably do not have a name, with an unknown mother and an unknown father. Then we have a protective custody hearing based upon the abandonment of that child within 72 hours. After that, as a state, we have ten days to file a petition to terminate parental rights. There have been times where a person calls and says he believes his girlfriend or wife delivered a child and he does not know where it is. If the dad steps forward, we do a DNA test to verify he is the father of the child. If he is the father, he has the rights of every other parent to get that child out of foster

care and have that child placed with him, to be notified of all of our hearings, and to get notification of all of the reports. Each hearing we have after that petition comes with a report. We have a disposition report, which in the criminal world would be known as a sentencing report. If we know where the parent is and that parent did not deliver the child, they would get a copy of that report sent to them via certified mail. The delivering parent would not get a copy of the report because she delivered the child under Safe Haven, and under the spirit of anonymity, we will not send her reports about what is going on with the child. It is the same thing for the 6- and 12-month reviews, which are required by state and federal law for all children in foster care. By state and federal law, we have 6-month reviews and 12-month reviews and we have to send notification of the court reports to the parent via certified mail three days before the hearings. If we know the location of the nondelivering parent, we would send the copy of that report. This statute would mean we do not continue to send those reports to the parent who delivered the child to the emergency service facility.

**Assemblyman McCurdy:**
That helps. Let us say a teenage parent panics and gives up his or her baby. They then have 72 hours to come forward if they change their mind. Am I correct?

**Brigid Duffy:**
They can come forward anytime up until that child is adopted. Nothing prevents them from coming forward at the one-year mark, the six-month mark or whenever. Those 72 hours by statute is our time frame to bring the issue before the court after we have picked up a child. We have to tell the court we have taken protective custody of this child, and the court has to sanction that protective custody. The 72-hour time frame is for us. We have 15 days, another 15 days, and then six months and so on for hearings. Nothing prevents a parent from coming forward in any case of NRS Chapter 432B up and until we close that case. A lot of times, even outside of Safe Haven, we have parents show up when we are 18 months into a case, saying they are a parent and want to be involved.

**Assemblyman Thompson:**
That same scenario validates what I was trying to say at the beginning. Now that you have involved a foster parent, it is traumatic. So many things are going on. Now it becomes a struggle and a strain and a fight with the foster parents and the birth parents. I really think we need to have something in this bill that talks about that intervention piece, because we go too quickly to the "waiving" and "removing" language. We need to take our time with this. That is just my suggestion. I would love to talk about this offline if you are willing. I have been in situations where even the foster parents, who do not have rights, now hire attorneys and because they have the ability to pay over the birth parent, the birth parent loses out. That is just not right.

**Chairman Sprinkle:**
If we do get to the point where we are going down the road of termination, I am curious how that is going to work if the agency does not have any information on the parent that is being terminated. How does that work from a procedural standpoint?

**Brigid Duffy:**
We are required by statute to publish notification to any person claiming to be the parent of the child. It is just a publication saying any person claiming to be the parent of a child born on this day . . . ." That is how we notify by publication.

**Chairman Sprinkle:**
In no way does this prevent going down the road of termination, if necessary. You have to have the termination in order for this child to be adopted. Is that correct?

**Brigid Duffy:**
Yes. We do have to have termination of parental rights for a child to be adopted. This does not prevent that, it is just the steps to get the child into the system and the court to review the child's life and determine what the permanency plan is going to be for the child. The true issue behind this bill is the anonymity so that we do not have young women doing horrific things to children out of desperation because they are afraid to tell someone.

I do not disagree that we need intervention services and we need to be reaching out to plenty of young women who are making these decisions to try to prevent them in the long run. When you go back to former Assemblywoman Mastroluca's bill, this was a time when people were killing their babies because they did not feel they had anywhere else to turn. This is really about giving them that alternative place to turn. It is not about taking babies and giving them away or intentionally trying to hide babies from their parents. This is about preventing another story about a kid in a dumpster. Like I said at the beginning, I was not the brains behind it, but I was voted to come up here. There were plenty of people in this work group that should reach out to those of you with concerns. Again, this law has been in place for many years and has saved the lives of many children. We are just trying to clarify some of the things that have been misinterpreted and have caused young women to be upset because they are getting notifications when they really just wanted to walk away. Or, telling people they have to walk out of the hospital door and walk back in which is absolutely absurd when they have just given birth to a child. Again, I do not disagree; I think that in policy, among the agencies that accept these children, there should be something where we try to talk to them and refer them to counseling. Ultimately, we have to save that baby's life because if that woman gets scared and thinks you are going to do something, she will run away with the child and then who knows what will happen next.

**Chairman Sprinkle:**
Unfortunately, I have been one of those responders to a dumpster at 2 a.m. Secondly, with all of my experience with your agency and other child welfare agencies, I know how dedicated you are to intervention and working with the families in order to make sure you are doing what is best for these children. I do not think that should go unnoticed. I will open up testimony in support.

**Jared Busker, Policy Analyst, Children's Advocacy Alliance:**
Before I begin, I wanted to thank Senator Manendo and Brigid Duffy for giving an overview of this bill. We are in full support of this bill. It is really cleaning up the previous language from the original Safe Haven bill, which we see as something that protects children. There have been stories of children placed in dumpsters, as Chairman Sprinkle just mentioned. It is important that we give mothers and parents an option. If they have nowhere else to go, they should be able to surrender their child safely which is, in our view, the best option for the children.

**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 to this bill? [There was no one.] Are there any closing comments?

**Senator Manendo:**
This is emotional. Every time I bring this bill or anytime we have someone come in and talk about a piece of legislation, you learn something. Today is no exception for me. I have learned a lot since this bill was heard in the Senate. I would love to live in a perfect world. I think we all would. Sadly, there are situations where this law was needed to begin with. For those of us who were around, in any role, when Assemblywoman Mastroluca brought forth this legislation, it was very convincing. Ultimately, we want to make sure that the child is protected, and we want to make sure that the mother is not doing something to herself or her baby. I do not think anything in the law prevents folks who want to have those communications or interventions with the mother. I do not know if we need to put that into statute. Maybe they do not in all situations because maybe they are not able to when a baby is dropped at the door of the firehouse. There would not be an option to have those conversations, but ultimately, the baby is safe and they can get medical attention.

I really commend the folks who have worked on this law over the years. Nothing is perfect; it is not a perfect world. I was convinced that we needed to have some amendments to the law. Mr. Chairman, thank you for your leadership in this Committee; there were great questions and good dialogue. I appreciate Ms. Duffy being here because this is not my expertise, but I learned a lot. Thank you for hearing this bill. I appreciate your consideration.

**Chairman Sprinkle:**
Thank you for bringing the bill forward. We will close the hearing on S.B. 2 (R1). I will open public comment. [There was none.] We want to thank our staff. This meeting is adjourned [at 2:24 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 201 (1st Reprint), dated April 26, 2017, presented by Marsheilah Lyons, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

Exhibit D is written testimony in support of Senate Bill 201 (1st Reprint), submitted by Senator David R. Parks, Senate District No. 7, dated April 26, 2017.

Exhibit E is written testimony in regards to Senate Bill 27 (1st Reprint), submitted by Steven Cohen, Private Citizen, Las Vegas, Nevada.

Exhibit F is a proposed amendment to Senate Bill 27 (1st Reprint), submitted by Steven Cohen, Private Citizen, Las Vegas, Nevada.