

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

**Seventy-ninth Session
May 15, 2017**

The Senate Committee on Health and Human Services was called to order by Chair Pat Spearman at 3:41 p.m. on Monday, May 15, 2017, in Room 2149 of the Legislative Building, Carson City, Nevada. The meeting was videoconferenced to Room 4412E of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. [Exhibit A](#) is the Agenda. [Exhibit B](#) is the Attendance Roster. All exhibits are available and on file in the Research Library of the Legislative Counsel Bureau.

COMMITTEE MEMBERS PRESENT:

Senator Pat Spearman, Chair
Senator Julia Ratti, Vice Chair
Senator Joyce Woodhouse
Senator Joseph P. Hardy
Senator Scott Hammond

GUEST LEGISLATORS PRESENT:

Assemblyman Nelson Araujo, Assembly District No. 3
Assemblyman James Oscarson, Assembly District No. 36
Assemblyman Steve Yeager, Assembly District No. 9

STAFF MEMBERS PRESENT:

Megan Comlossy, Policy Analyst
Eric Robbins, Counsel
Debbie Carmichael, Committee Secretary

OTHERS PRESENT:

William O. Voy, District Judge, Department A, Eighth Judicial District
Gary C. Lenkeit, Ph.D.
Chuck Callaway, Las Vegas Metropolitan Police Department
John Jones, Chief Deputy District Attorney, Office of the District Attorney,
Clark County
Laura A. Sussman, Kraft-Sussman Funeral Service, Inc.

Jennifer Kandt, Executive Director, Nevada Funeral and Cemetery Services Board

Julie Chadburn, Compliance and Regulatory Affairs Administrator, Clark County Water Reclamation District

James Wadhams, Nevada Hospital Association

Kathleen Conaboy, Ambulatory Surgery Center Association

Ryan Beaman, Clark County Firefighters Local 1908

Greg Cassel, Fire Chief, Clark County Fire Department

Todd Ingalsbee, Professional Fire Fighters of Nevada

Tom Dunn, Professional Fire Fighters of Nevada

Nick Vander Poel, Reno-Sparks Convention and Visitors Authority

Mike Cathcart, City of Henderson

CHAIR SPEARMAN:

I will open the hearing on Assembly Bill (A.B.) 253.

ASSEMBLY BILL 253 (1st Reprint): Revises provisions relating to adjudications of mental health. (BDR 39-688)

ASSEMBLYMAN STEVE YEAGER (Assembly District No. 9):

Assembly Bill 253 is a product of conversations with District Judge Voy and Mr. Callaway about mental health and what could be done to improve the system in place. One of the subjects of discussion was how interested entities could better share mental health information in order to make good decisions in the field. Another subject was how to better improve the civil commitment process so anyone participating has the best information possible before making decisions. When this was heard in the Assembly Committee on Judiciary there were concerns. What you see before you is the first reprint that has addressed all the concerns.

WILLIAM O. VOY (District Judge, Department A, Eighth Judicial District):

Assembly Bill 253 allows for the direct transfer of commitment order information that is transmitted to the central repository and to local law enforcement. It also allows hospitals to obtain commitment orders and information for the patients in its care. Assembly Bill 253 removes the requirement that the court doctors submit the written reports at least 48 hours in advance and is amended to 24 hours in advance of the actual hearing. This will allow the court doctors to see the patient closer in time to the hearing for more accurate information regarding the patient's current mental health status.

Current law says the court commitment is sent to the court repository, but access to the repository is not available to officers on the street. As a result, when officers approach an individual, they do not know if the individual is under a commitment order. This poses a safety concern for both the officer and the individual under the commitment order. The Las Vegas Metropolitan Police Department (LVMPD) officers for example, in Clark County, all have some level of training in how to deal with the mentally ill and how to de-escalate a situation when faced with individuals suffering from Axis I major psychiatric illnesses. Additionally, most law enforcement agencies, including the LVMPD, have specialized crisis intervention teams. An officer does not know to follow mental health illness protocols if he or she is unaware of the mental illness to begin with.

Assembly Bill 253 fixes this problem with regards to those individuals adjudicated under *Nevada Revised Statutes* (NRS) 433A by allowing hospitals to obtain commitment orders from the court for the patients. In the past, about 90 percent of all patients subject to the commitment process were housed at the State mental health facility. Times have changed; now, two-thirds of the patients that are subject to the commitment process are in 20 private hospitals in Clark County. It is important for the hospitals to have accurate information about prior treatments, diagnoses, prescriptions and dosage levels. The Health Insurance Portability and Accountability Act allows hospitals to transmit information back and forth between professionals treating the patient. To get the previous records on the patient, hospital must know where the patient was previously treated. Acutely psychotic patients are notoriously poor historians; as a result, hospital staff report that they never know where to look for medical records. Allowing hospitals to obtain commitment orders from the court directly will allow the hospitals to reach out to the previous providers to obtain accurate treatment data.

Assembly Bill 253 provides a mechanism for hospitals to provide safe and more effective treatment to the patient. The current law requires the court doctors to complete the report at least 48 hours prior to the hearing. Having the report typed up and filed 48 hours in advance means the court doctor sees the patient early on in the process. This is financially wasteful, a disadvantage to the patient and provides the court with less accurate information.

I have provided a timeline ([Exhibit C](#)) to the Committee. The timeline outlines the process for an involuntary court-ordered admission under NRS 433A.

Because of the 48-hour rule, the courts start the weekly calendar with over 500 patients, but only 150 patients actually appear at the hearing because the others have been discharged by the treatment doctor. Currently, the doctors are forced to see the patients within the first day or two of the petition being filed, which results in unnecessary examinations occurring. A vast majority of the patients will be discharged and have the case dismissed at the time of the hearing. We see situations like this where many of the patients were seen by the court doctors, reports were prepared, petitions filed showing the patients met commitment criteria with the court, but by the fifth day, the patients were discharged because they no longer met the commitment criteria. In the patient's file is a document from a physician saying he or she meets commitment criteria, which is unfair to the patient. Getting the most accurate information as to how the patient presents on the day of the hearing is important. The patient will tell the public defender an hour before the hearing that he or she wants to sign in voluntarily. The public defender is expecting that to happen in court. After an hour passes, the patient says he or she wants out of there. Having a more accurate in-time examination helps the court make better informed decisions about the patient.

There is a proposed amendment from Andres Moses ([Exhibit D](#)). Once a petition is filed, it receives a case number, and the court has jurisdiction. However, currently there is no court oversight between the time the petition is filed and when the involuntary mental health assessment—Legal 2000—is initiated. Three days pass by where someone cannot address a wrongful holding under the Legal 2000. The proposed amendment will allow someone to file a writ of habeas corpus during the three-day window and before the court gets its jurisdiction under NRS 433A. Once the jurisdiction under NRS 433A happens, the writ of habeas corpus is unnecessary because the court now has jurisdiction to address any issues from that point forward. Changing the 48 hours to 24 hours does not hasten or delay the patient from being released in the 5-day window. It is the purview of the treating physician to release the patient under his or her judgement. The treating physician is the one who initiated the petition and is the one under statute who has the discretion to discharge the patient who is cleared and stabilized; or the patient can decide to stay voluntarily in the hospital for further treatment.

GARY C. LENKEIT, PH.D.:

I support A.B. 253. I have conducted evaluations for individuals placed on involuntary holds at hospital emergency rooms and psychiatric facilities for the

Clark County Civil Commitment Court since 1993. Assembly Bill 253 removes the requirement for evaluations to be submitted 48 hours prior to the court date and provides the evaluations to be conducted closer to the court date. This allows more information to be available regarding an individual's mental health history as well as possible drug and alcohol use. Many individuals that were admitted to hospitals on Legal 2000 holds have been noncompliant with their medications prior to admission. When individuals are placed on medications at the beginning of treatment, their mental status may be improved to the extent they may be released prior to the court date, thereby avoiding the necessity of further evaluation by independent examiners. By allowing evaluations to occur later in the process, A.B. 253 allows resources to be focused more on individuals who are likely to be retained in the hospitals rather than on individuals who could improve and be released prior to the court date. The closer to the court date the individuals are evaluated, the more likely their status is to be improved and they, therefore, would be released. Additionally, individuals who have been admitted primarily due to drug or alcohol use could see their issues resolved and could be released prior to the court date.

Assembly Bill 253 allows hospitals to share information with each other regarding prior psychiatric treatment of the patient. By doing so, mental health services can be provided in a more informed and timely manner to assist the patient. Such record sharing should allow for more rapid stabilization of the patient's condition thereby reducing the length of stay in the facility. Often an individual may be admitted to one psychiatric facility followed by an admission several weeks or months later to another facility. With record sharing, facilities can have more information regarding prior treatment, which would result in more timely treatment at subsequent admissions. Assembly Bill 253 will streamline the process for evaluation of the involuntary admissions to psychiatric facilities saving resources in the process. I urge your support of A.B. 253.

CHUCK CALLAWAY (Las Vegas Metropolitan Police Department):

Assembly Bill 253 is a vehicle for public safety as well as officer safety. Section 2, subsection 5, paragraph (b), allows each law enforcement agency of the State with which the court has entered into an agreement for the transmission of information for that information to be entered into the local systems of criminal justice information sharing. For example, in Clark County that would be the SCOPE system, in Washoe County the system would be the Tiburon. Currently, by NRS, the adjudications go to the criminal history

repository, within five business days. When the records get to the criminal history repository, the information is not provided to local law enforcement. In fact, it can be quite difficult for law enforcement to get that information as the criminal history repository is not a 24-hour, 7-days-a-week operation.

We had a case not too long ago where a former police officer who had a history of mental illness had made threats. We were trying to determine if he had been prohibited from possessing a firearm and ran into difficulty getting the information through the criminal history repository. Ultimately, we did get the information. To put it into perspective, when an officer is driving down the street, he or she can obtain information from the in-car computer about the car in front of him or her. Is it stolen? Is there a warrant for arrest? Is there a temporary protection order against the individual driving? Does the individual have tattoos, scars or marks? Does the individual have a work card? The officer can find out a lot of information about a person by running license plate numbers through the computer. The officer cannot find out if an individual is prohibited from possessing a firearm, and that is a dangerous thing, not only for public safety, but officer safety as well. Assembly Bill 253 allows for that information to flow down to local law enforcement.

SENATOR RATTI:

I know the domestic violence protection orders are in the repository, but stalking, workplace harassment and others are not. What is Clark County doing to get those into the system?

MR. CALLAWAY:

That information is uploaded to SCOPE before it is passed on to the criminal history repository. I can provide the Committee a full list of what is uploaded to SCOPE.

DISTRICT JUDGE VOY:

Most of the information is public record but the mental health records are not. What is submitted to the criminal history repository does not include the diagnosis, but it does include the commitment. Statute does not let us release that information, and that is why we are here.

SENATOR RATTI:

Are you assigning a staff person to collect those public records and put them into the system?

MR. CALLAWAY:

We have a SCOPE administrator on staff who is responsible for ensuring information gets uploaded to SCOPE when it is relevant and also when information needs to be purged from SCOPE.

SENATOR RATTI:

Would that change when the repository is updated at the state level?

MR. CALLAWAY:

I have had conversations with the General Services Division Administrator, Ms. Butler, about future upgrades to the criminal history repository. She wants to see a day when those files would be "hot files" and accessed immediately by law enforcement, but that is not the case now. I will use this analogy: it is like library books versus books on your iPad. You may have a book on the iPad and you can pull it up and read it 24 hours a day, 7 days a week. That same book is in the library, but you cannot go in after hours to read it. Some may say it is redundant to have a book here and a book there, but if you cannot access it in the middle of the night or 3:00 a.m. when an officer is on the highway by himself or herself, it is not redundant and is very critical to have the information.

SENATOR RATTI:

It is troubling that officers do not know who is prohibited from having a firearm.

JOHN JONES (Chief Deputy District Attorney, Office of the District Attorney, Clark County):

The Clark County Office of the District Attorney supports A.B. 253.

SENATOR HARDY MOVED TO AMEND AND DO PASS AS AMENDED
A.B. 253.

SENATOR RATTI SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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CHAIR SPEARMAN:

I will open the work session on A.B. 299.

ASSEMBLY BILL 299 (1st Reprint): Requires the Legislative Committee on Senior Citizens, Veterans and Adults with Special Needs to conduct a study concerning training standards for unlicensed persons providing care at certain facilities or homes or through certain agencies. (BDR S-985)

MEGAN COMLOSSY (Policy Analyst):

I will read the summary of the bill and the conceptual amendment from the work session document ([Exhibit E](#)).

SENATOR RATTI MOVED TO AMEND AND DO PASS AS AMENDED
A.B. 299.

SENATOR WOODHOUSE SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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CHAIR SPEARMAN:

I will open the work session on Senate Bill (S.B.) 261.

SENATE BILL 261: Revises provisions governing prescribing, dispensing and administering controlled substances designed to end the life of a patient. (BDR 40-17)

Ms. COMLOSSY:

I will read the summary of the bill and the conceptual amendment from the work session document ([Exhibit F](#)).

SENATOR RATTI MOVED TO AMEND AND DO PASS AS AMENDED
S.B. 261.

SENATOR WOODHOUSE SECONDED THE MOTION.

SENATOR HARDY:

I will be voting against this bill. I have concerns about physician-assisted suicide. I have challenges with physician-assisted suicide becoming contagious. I appreciated the hearing where we were able to vet this so well, the tender feelings that exist and the social work doctor who testified, but my respect for

life and trying to help people who are depressed or have mental illnesses which may be a temporary thing, for something that is so very final, makes me vote against this bill.

CHAIR SPEARMAN:

I had a long heart-to-heart with myself and actually called a few of my friends from high school. I went to several high schools, but there is one in particular where the principal was diagnosed with terminal cancer. He did not have doctor-assisted suicide as an option. He purchased a weapon and took a rather horrible way out.

I read an article by Desmond Tutu from "All Things Considered" on KNPR, and he said he wants the option of assisted death. We heard testimony on S.B. 261 from Brittany Maynard's mother that it was not "suicide," it was a "choice" she made rather than putting her family through those excruciating last days. Senate Bill 261 provides, at all times, the option to rescind; it is not something that is mandatory. We heard there are people who are doing this now, but are not doing it in a way we would consider humane, such as the manner my former principal took. It is not mandated for those who do not want to participate. For doctors who do not want to participate, it is not mandated. As I wrestled with the decision, I came to the conclusion that it is not something that will invoke people or implore people to do. It simply provides a more humane option. I will be voting for the bill.

THE MOTION CARRIED. (SENATORS HAMMOND AND HARDY VOTED NO.)

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CHAIR SPEARMAN:

I will open the work session on A.B. 46.

ASSEMBLY BILL 46 (1st Reprint): Revises provisions governing services provided to persons with mental illness and other disabilities. (BDR 39-132)

Ms. COMLOSSY:

I will read the summary of the bill and the conceptual amendment from the work session document ([Exhibit G](#)).

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SENATOR WOODHOUSE MOVED TO AMEND AND DO PASS AS AMENDED A.B. 46.

SENATOR HARDY SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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CHAIR SPEARMAN:
I will open the work session on A.B. 65.

ASSEMBLY BILL 65 (1st Reprint): Revises provisions relating to medical care for indigent persons. (BDR 38-438)

Ms. COMLOSSY:
I will read the summary of the bill from the work session document ([Exhibit H](#)).

SENATOR WOODHOUSE MOVED TO DO PASS A.B. 65.

SENATOR HARDY SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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CHAIR SPEARMAN:
I will open the work session on A.B. 176.

ASSEMBLY BILL 176 (1st Reprint): Establishes certain requirements for the operation of seasonal or temporary recreation programs. (BDR 38-702)

Ms. COMLOSSY:
I will read the summary of the bill and the conceptual amendment from the work session document ([Exhibit I](#)).

SENATOR RATTI MOVED TO AMEND AND DO PASS AS AMENDED A.B. 176.

SENATOR HARDY SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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CHAIR SPEARMAN:

I will open the work session on A.B. 199.

ASSEMBLY BILL 199 (1st Reprint): Revises provisions relating to end-of-life care. (BDR 40-813)

Ms. COMLOSSY:

I will read the summary of the bill from the work session document ([Exhibit J](#)).

SENATOR HARDY MOVED TO DO PASS A.B. 199.

SENATOR RATTI SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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CHAIR SPEARMAN:

I will open the work session on A.B. 249.

ASSEMBLY BILL 249 (1st Reprint): Requires the State Plan for Medicaid and all health insurance plans to provide certain benefits relating to contraception. (BDR 38-858)

Ms. COMLOSSY:

I will read the summary of the bill and the conceptual amendment from the work session document ([Exhibit K](#)).

SENATOR RATTI MOVED TO AMEND AND DO PASS AS AMENDED A.B. 249.

SENATOR WOODHOUSE SECONDED THE MOTION.

THE MOTION CARRIED. (SENATORS HAMMOND AND HARDY VOTED NO.)

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CHAIR SPEARMAN:
I will open the work session on A.B. 304.

ASSEMBLY BILL 304: Revises provisions relating to autism. (BDR 38-363)

Ms. COMLOSSY:
I will read the summary of the bill and the conceptual amendment from the work session document ([Exhibit L](#)).

SENATOR HARDY MOVED TO AMEND AND DO PASS AS AMENDED A.B. 304.

SENATOR RATTI SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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CHAIR SPEARMAN:
I will open the work session on A.B. 424.

ASSEMBLY BILL 424 (1st Reprint): Revises provisions governing the determination of death. (BDR 40-1025)

Ms. COMLOSSY:
I will read the summary of the bill and the conceptual amendment from the work session document ([Exhibit M](#)).

SENATOR HARDY:
I was very pleased with how A.B. 424 came out. It took a lot of discussion, especially when talking about something as personal and tender as brain death. I was impressed with how this bill focused on organ-sustaining after death and not so much on life-sustaining after death. This is a huge step for Nevada to make with the organ-sustaining treatment for the people who can receive, give

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and donate organs, as well as the medical procedures to protect the unborn. I appreciate the new definition of organ-sustaining treatment and whole-heartedly support this bill.

SENATOR HARDY MOVED TO AMEND AND DO PASS AS AMENDED
A.B. 424.

SENATOR WOODHOUSE SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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CHAIR SPEARMAN:
I will open the work session on A.B. 427.

ASSEMBLY BILL 427: Revises provisions governing eligibility of certain convicted persons for public assistance. (BDR 38-1054)

Ms. COMLOSSY:
I will read the summary of the bill and the conceptual amendment from the work session document ([Exhibit N](#)).

SENATOR HARDY MOVED TO AMEND AND DO PASS AS AMENDED
A.B. 427.

SENATOR HAMMOND SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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CHAIR SPEARMAN:
I will open the work session on A.B. 438.

ASSEMBLY BILL 438 (1st Reprint): Revises provisions relating to offenses involving controlled substances. (BDR 40-1071)

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Ms. COMLOSSY:

I will read the summary of the bill from the work session document ([Exhibit O](#)).

SENATOR HARDY MOVED TO DO PASS A.B. 438.

SENATOR HAMMOND SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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CHAIR SPEARMAN:

I will open the work session on A.B. 459.

ASSEMBLY BILL 459 (1st Reprint): Authorizes a court to order certain blood and genetic testing concerning a child in need of protection. (BDR 38-1026)

Ms. COMLOSSY:

I will read the summary of the bill from the work session document ([Exhibit P](#)).

SENATOR RATTI MOVED TO DO PASS A.B. 459.

SENATOR WOODHOUSE SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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CHAIR SPEARMAN:

I will open the hearing on A.B. 205.

ASSEMBLY BILL 205 (1st Reprint): Revises provisions relating to cremation. (BDR 40-649)

ASSEMBLYMAN NELSON ARAUJO (Assembly District No. 3):

Assembly Bill 205 authorizes the use of alkaline hydrolysis for cremation. Alkaline hydrolysis is an alternative to flame-based cremation and burial. This process achieves the same end result as traditional flame cremation, which is reduction of the body to final ash remains. Families may choose this option for a

number of reasons including reduced energy consumption, lower carbon footprint compared to flame-based cremation, an aversion to flame or fire, or personal preferences. This process takes place in a highly specialized and sophisticated stainless steel vessel. It requires electricity and a solution of water and alkali. The alkali added to the process is based on the weight of the deceased, and it is completely consumed by the end of the process. Alkaline hydrolysis is a proven sterilization technology in which all pathogens as well as all chemotherapy and embalming agents are destroyed if present in the body. Any mercury in the amalgam of the teeth is not vaporized through this process as it is with flame-based cremation. The dental fillings remain unaltered and are easily collected and disposed of through the same type of disposers that dental clinics use for amalgam recycling.

There are 15 states that currently allow alkaline hydrolysis cremation. They are Colorado, Connecticut, Florida, Georgia, Idaho, Illinois, Kansas, Maryland, Minnesota, Missouri, Maine, North Carolina, Oregon, Vermont and Wyoming. I decided to bring A.B. 205 forward due to the positive environmental impacts the use of this method could have on our State. I felt it was important to provide Nevadans with more quality cremation options during an emotionally-taxing time.

Section 2 of A.B. 205 defines alkaline hydrolysis. Section 3 expands the definition of cremation to include alkaline hydrolysis. Section 3.5, subsection 1 mandates that after obtaining a license and at least 90 days before the purchase of equipment, a crematory that wishes to engage in alkaline hydrolysis cremation must provide notice to the Division of Environmental Protection of the Department of Conservation and Natural Resources and any public utility which operates a sanitary sewer in the area where the crematory is located containing the date of when the alkaline hydrolysis equipment is to be purchased and a list of the equipment purchased. Section 3.5, subsection 2 indicates that the Division and the public utility shall ensure the equipment purchase complies with the provisions of NRS 445A.300 through 445A.730 as well as any local law ordinance or regulation. I have accepted a friendly amendment ([Exhibit Q](#)) from Clark County, and it has been submitted to the Committee. The amendment replaces the words "public utility" with "sewer service," because in rural parts of Nevada, there are, in many instances, only sewer service available and not necessarily a public utility. We wanted to make sure the language was inclusive to the entire State.

Section 4 adds the definitions used in sections 2 and 3 into NRS 451.600. Section 5, subsection 4 allows the Nevada Funeral and Cemetery Services Board to issue a license to an applicant for a crematory that proposes to cremate human remains only through alkaline hydrolysis regardless of the location if the local governing body of the county, city or town provides written notice consenting to the proposed location. Section 5, subsection 7, paragraph (a), adds sections 2, 3 and 3.5 to this act. Section 6, subsections 1 and 2 also adds sections 2, 3, and 3.5. Section 6.5 amends NRS 451.645 to reference subsections 3 and 4 of NRS 451.635. Section 7 clarifies the container used may consist of materials that are readily dissolvable by alkaline hydrolysis in addition to the currently allowed containers consisting of readily combustible materials, and also provides that the container must be properly supported during transport if alkaline hydrolysis will be used for cremation. Section 7, subsection 3 allows for the container to be dissolved instead of incinerated. Section 8 requires the person responsible for the disposition of the body to ensure that any device that would be dangerous if incinerated or subject to alkaline hydrolysis, be removed from the human remains prior to cremation. Section 9, subsections 1 and 3 add sections 2, 3 and 3.5 into the respective NRS. Section 10 gives cremation the meaning ascribed to it in section 3 of this act. Section 11 makes this bill effective upon passage for the purpose of the regulatory process and preparation of administrative tasks and on January 1, 2018, for all other purposes.

There was a lot of work put into this bill from various stakeholders to make sure that the policy the Assembly was passing was quality policy that would ensure that all the proper protections were in place for the environment. Assembly Bill 205 was a very technical bill to work through but a very important one.

SENATOR HARDY:

After the alkaline hydrolysis, what is left to put in the urn or to scatter in the ocean?

LAURA SUSSMAN (Kraft-Sussman Funeral Service, Inc.):

What is left after the process is pure bone. Similar to flame cremation, the bones are then processed to become uniform in size so that they can be scattered or placed in an urn. The nice thing about this is, unlike flame cremation where there may be other substances left that were in the body, with alkaline hydrolysis those substances are removed. After flame cremation, those

other substances would be mixed in with the remains; with alkaline hydrolysis, all that is left is pure bone.

SENATOR HAMMOND:

It sounds like the material used for the alkaline hydrolysis process is very effective. There is probably a lot of the alkaline hydrolysis stored on site. What is the potential for someone stealing the substance, and it being used in a harmful manner?

Ms. SUSSMAN:

The material is actually alkaline and not acid, and it is stored in either a liquid or a powder form. In its form, it is not dangerous. The powder can be touched with your bare hands. When it is in combination with water, pressure and some heat, that is when the process takes effect. We would work with the local authorities to make sure all the precautions are in place. It is much safer for the operators than flame cremation. The equipment itself has no potential to harm the operator like the heavy door of a flame cremation machine plus the heat. There have been a number of injuries with the flame cremation equipment operators. I have not seen any that have been reported for operators of alkaline hydrolysis.

SENATOR HAMMOND:

Are you saying no one would break in to get the material as it does not have a street value?

Ms. SUSSMAN:

Yes, that is correct. Alkaline hydrolysis does not have a street value.

SENATOR RATTI:

There is a growing industry for pet cremation. Is this also used in pet cremation? Is there something we need to do in that regard because it sounds like it is safer and more environmentally sound?

ASSEMBLYMAN ARAUJO:

There are two completely different debates when talking about who this type of cremation should be expanded to. For A.B. 205, it was limited to human cremation. There has been discussion about expanding access to pet cremations that use alkaline hydrolysis as a method in certain parts of Nevada. For the sake of A.B. 205, we limited it to human remains, and we did that intentionally. Pet

cremation welcomes an entirely new debate that I am not sure we are prepared to have.

SENATOR HARDY:

Does the weight of the remains neutralize the alkaline or does acid or water have to be added before it goes to the sewer?

ASSEMBLYMAN ARAUJO:

The weight of the remains determines the amount of alkaline hydrolysis used for the process.

SENATOR HARDY:

Obviously, using too much is better than using too little, so there would be some alkaline left over that needs to be neutralized. How is it neutralized?

Ms. SUSSMAN:

It should be neutralized by the end of the process, but there are systems in place to test it for the amount of base-line alkalinity, and it can be adjusted prior to going into the sewer system.

ASSEMBLYMAN ARAUJO:

That is one of the elements we worked on closely in the Assembly. The Division of Environmental Protection of the Department of Conservation and Natural Resources will be very involved in the process. That was done intentionally to make sure that any of those types of concerns would be addressed beforehand.

CHAIR SPEARMAN:

Is there any significant difference in cost between flame cremation and alkaline hydrolysis?

Ms. SUSSMAN:

In the communities that have alkaline hydrolysis, the cost is identical or within \$300 to \$500 of flame cremation. It is up to the operator. In our case, we plan to keep it very similar to what we charge for a flame cremation.

JENNIFER KANDT (Executive Director, Nevada Funeral and Cemetery Services Board):

The Board discussed this proposal in terms of it being a respectful form of disposition for a human body and is in full support of A.B. 205.

JULIE CHADBURN (Compliance and Regulatory Affairs Administrator, Clark County Water Reclamation District):

The Clark County Water Reclamation District is in support of A.B. 205. I would like to thank Assemblyman Araujo for working with us to amend the language to clarify who exactly the public utility is. I have provided a copy of my proposed amendment ([Exhibit R](#)) to the Committee. By changing the language to sewer service provider, we can make sure all the sewer service providers are included in the process to make sure the sewers are protected from this type of cremation.

ASSEMBLYMAN ARAUJO:

Assembly Bill 205 is not necessarily a topic we talk about around the dinner table, but it is an important one. The reasons are simple as to why I decided to bring this bill forward, and that is because loved ones deserve an option and this is just one option to be added to a very tough decision during a very difficult time.

SENATOR RATTI MOVED TO AMEND AND DO PASS AS AMENDED
A.B. 205.

SENATOR WOODHOUSE SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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CHAIR SPEARMAN:

I will open the hearing on A.B. 89.

ASSEMBLY BILL 89 (1st Reprint): Revises provisions relating to surgical centers for ambulatory patients. (BDR 40-364)

ASSEMBLYMAN JAMES OSCARSON (Assembly District No. 36):

As Chair of the Interim Committee on Health Care, I am presenting A.B. 89. The Interim Committee on Health Care (ICHC) was established in NRS 439B.200 and has a broad authority to review and evaluate the quality and effectiveness of the overall system of health care in the State. One issue on which the ICHC received testimony was ambulatory surgical centers. These facilities are defined in NRS as those with limited medical services available for diagnosis or

treatment of a patient by surgery where the patient's recovery, in the opinion of the surgeon, will not require care as a patient in the facility for more than 24 hours.

The Nevada Hospital Association (NHA) urged the ICHC to revise statutes related to ambulatory surgical centers to ensure patient safety. However, at the time of the ICHC's final meeting and work session, the NHA and the Nevada Ambulatory Surgery Center Association were working collaboratively to address these concerns and develop statutory changes agreeable to both organizations. The bill before you today reflects their consensus.

JAMES WADHAMS (Nevada Hospital Association):

Ambulatory surgical centers are no longer uncommon. Four or five years ago, we began to realize that the statutes adopted in prior sessions had not been organized in terms of information coming into the regulatory agencies. Through the course of long discussions with people from the industry and the ICHC they came up with the idea to tighten up the system, bring the data that is required to the regulatory agencies and have them begin to hold the ambulatory surgical centers accountable. Since then, the Division of Public and Behavioral Health (DPBH) of the Department of Health and Human Services instituted a process that is working well. They are doing quarterly reports, analyzing the services provided in the ambulatory surgical centers and monitoring them on a regular basis. The data is coming into the DPBH, and they are doing a competent job of monitoring for the safety of the public. The amendment memorializes that activity and additionally requires that the DPBH make quarterly reports to the Director of the Legislative Counsel Bureau for redirection to ICHC or the standing health committees for monitoring progression of the review of the activity and services rendered by the ambulatory surgical centers. This is important, because four to five years ago, hip and knee surgeries were a three or four day hospital stay. As medical science has progressed, hip and knee surgeries are a 24-hour hospital stay depending on the person's physical condition. We do not want to stand in the way of advancement of science where procedures are performed that previously could not be, and yet we want to make sure the regulatory agencies continue their current efforts to monitor that activity and report it the Legislature.

KATHLEEN CONABOY (Ambulatory Surgery Center Association):

The original bill was drafted to limit what procedures could be performed in an ambulatory surgical center. You heard previously that medical science and

medical technology are changing rapidly with more and more procedures moving to the ambulatory surgical centers. We want to be careful not to limit, but at the same time, we want to be transparent and accountable for the outcomes in the ambulatory surgical centers. We concur with Assemblyman Oscarson and Mr. Wadhams that we should be open and transparent in reporting. We are happy to do that. My client is the national organization and Mr. Wadhams and Assemblyman Oscarson both represent the Nevada association, which was a rather defunct organization for a while. The national organization has helped to revitalize the State organization and is fully committed to help the local organization educate its members about all the statutory and regulatory responsibilities. Most are in compliance now. There are some small operators where a number of very specialized kind of surgeries take place, and they may not be as up-to-date. We promise they will be soon. The Ambulatory Surgery Center Association is in full support of A.B. 89 as it is amended.

SENATOR RATTI MOVED TO DO PASS A.B. 89.

SENATOR WOODHOUSE SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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CHAIR SPEARMAN:

I will open the hearing on A.B. 307.

ASSEMBLY BILL 307 (1st Reprint): Revises provisions governing emergency medical services at special events. (BDR 40-928)

ASSEMBLYMAN OSCARSON:

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 organization of a special event is required to provide certain emergency medical services 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 planning and implementation to ensure

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 requires a host organization in Clark and Washoe Counties to obtain a special event permit or approval from the local governmental entity with jurisdiction where the special event is to be held. Before issuing a special event permit or order, the local governmental entity is required to hold a hearing to determine the emergency medical resources that must be made available at the special event and to establish any standards to assist the host organization in complying with the requirements. The special event permit or order issued must specify emergency medical resources that are required to be provided by the host organization and any services that the local governmental entity will provide. In addition, the host organization is required to pay the local governmental entity a reasonable fee for processing and issuing a special event permit or order and for providing certain services specified in the special event permit or order. Finally, the bill establishes additional emergency medical resources that must be provided for certain special events that are expected to attract a certain number of people.

Our sense of community and our State and local economies benefit from our unique special events. Using current resources in the most effective way and with respectful coordination will help keep these events organized and encourage support from all of the local entities that play a role in keeping the public safe.

RYAN BEAMAN (Clark County Firefighters Local 1908):

Firefighters have seen their role change over the years regarding the services they provide to the community and visitors. Special events have evolved throughout the State and have become important. The size of the events have also grown. When working with the stakeholders on A.B. 307, the local governments came to us and said that there are over 200 events a year that are touched by this bill, and public hearings would be very difficult to perform on all those events. A proposed conceptual amendment ([Exhibit S](#)) removes the required public hearing, but still takes in the factors of working with the host organization to make sure required medical and fire resources that are needed for each event are available. We also worked with the ambulance companies,

that are usually the contractors for many of these events, to take in concerns they have.

GREG CASSEL (Fire Chief, Clark County Fire Department):

The Clark County Fire Department supports A.B. 307. As many of you know, the Las Vegas Strip lies within the jurisdiction of my fire department, and we are responsible for the safety of our residents and visitors. We oversee many special events, programs and projects that are valuable to the community and to the State. Terrorism is a significant threat to our world. Last year, I had the opportunity to speak to one of our U.S. Senators in Washington, D.C., and was asked what kept the fire chief of Clark County up at night. Without hesitation, I immediately said Paris and San Bernardino and other terrorist attacks at the soccer arenas and the concert venues. The U.S. Senator was taken aback by my statement because he was thinking my response would be a hotel fire or something of that nature. My biggest concerns are our weaknesses in response to terrorist-related events.

I am in full support of A.B. 307 as it gives us an opportunity to have on-site incident commanders and specialty key personnel who, on a day-to-day basis, we do not have on-site at these events now. By having them in place, on-site, they know the layout of the event, they know the event organizers and the supporting personnel at the venue. If something goes sideways, the incident commander is able to order correct resources, send them to the right location and begin to mitigate the event. If we were not on-site, we would have to wait for a 911 call to come in. For call taking, call processing, dispatching of units and the time it takes for the units to reach the location, it could take up to eight minutes for the response team to get to the location. Then, it has to figure out what is going on. If we have personnel in place, they know right from the start what is going on; they can get people in position and better protect our citizens and visitors.

TODD INGALSBEE (Professional Fire Fighters of Nevada):

The Professional Fire Fighters of Nevada are in support of A.B. 307.

TOM DUNN (Professional Fire Fighters of Nevada):

I am the Northern District Vice-President for the Professional Fire Fighters of Nevada and a member of the Reno Fire Department. Special events are something we are neck deep in every month as firefighters and law enforcement in northern Nevada. This past weekend we had three special events in Reno: the

Monster Jam, Moms on the Run and Reno River Festival. All three required some sort of police and fire presence based on what the hazards and what the needs were. Assembly Bill 307 is a very good bill to help us provide the best level of service to the community and the visitors. Many of these special events are considered "all-hazard incidents" just based on the type of event happening and the number of participants. That is based on the history in northern Nevada, like the shooting that happened during Street Vibrations several years ago, the Reno Air Race crash in 2011 and most recently the officer-involved shooting in downtown Reno during a special event. All three of those incidents required a large amount of local resources, both police and fire, to mitigate those incidents. Some of our concerns have been addressed in A.B. 307.

NICK VANDER POEL (Reno-Sparks Convention and Visitors Authority):

The Reno-Sparks Convention and Visitors Authority (RSCVA) is neutral on A.B. 307 as it has concerns about potential additional costs as it relates to the vendors who come into northern Nevada and utilize the RSCVA. We support public safety and will work with the bill sponsors on the legislation as it goes through the process.

MIKE CATHCART (City of Henderson):

The City of Henderson stands neutral on A.B. 307. We want to thank the sponsors for addressing our biggest concern which was the public hearing process. The amendment addresses our concerns.

ASSEMBLYMAN OSCARSON:

The men and women who protect us and make us safe, and the representation here today, certainly indicates that A.B. 307 is needed and something we can be proud of.

SENATOR WOODHOUSE MOVED TO AMEND AND DO PASS AS AMENDED A.B. 307.

SENATOR HARDY SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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CHAIR SPEARMAN:

Seeing no further business, I adjourn the hearing at 5:12 p.m.

RESPECTFULLY SUBMITTED:

Debbie Carmichael,
Committee Secretary

APPROVED BY:

Senator Pat Spearman, Chair

DATE: _____

EXHIBIT SUMMARY				
Bill	Exhibit / # of pages		Witness / Entity	Description
	A	2		Agenda
	B	14		Attendance Roster
A.B. 253	C	1	William O. Voy / District Judge, Department A, Eighth Judicial District	Timeline for Involuntary Court-Ordered Admission under NRS 433A
A.B. 253	D	1	Andres Moses / District Judge, Eighth Judicial District	Proposed Amendment
A.B. 299	E	1	Megan Comlossy	Work Session Document
S.B. 261	F	32	Megan Comlossy	Work Session Document
A.B. 46	G	2	Megan Comlossy	Work Session Document
A.B. 65	H	1	Megan Comlossy	Work Session Document
A.B. 176	I	4	Megan Comlossy	Work Session Document
A.B. 199	J	1	Megan Comlossy	Work Session Document
A.B. 249	K	43	Megan Comlossy	Work Session Document
A.B. 304	L	1	Megan Comlossy	Work Session Document
A.B. 424	M	2	Megan Comlossy	Work Session Document
A.B. 427	N	1	Megan Comlossy	Work Session Document
A.B. 438	O	1	Megan Comlossy	Work Session Document
A.B. 459	P	1	Megan Comlossy	Work Session Document
A.B. 205	Q	7	Clark County	Proposed Amendment
A.B. 205	R	1	Julie Chadburn / Clark County Water Reclamation District	Proposed Amendment
A.B. 307	S	2	Ryan Beaman / Clark County Firefighters Local 1908	Proposed Amendment