

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

**Seventy-ninth Session  
February 20, 2017**

The Senate Committee on Health and Human Services was called to order by Chair Pat Spearman at 3:33 p.m. on Monday, February 20, 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:**

Senator Mark A. Manendo, Senatorial District No. 21

**STAFF MEMBERS PRESENT:**

Megan Comlossy, Policy Analyst  
Eric Robbins, Counsel  
Martha Barnes, Committee Secretary

**OTHERS PRESENT:**

Brigid J. Duffy, Chief Deputy District Attorney, Juvenile Division, Office of the District Attorney, Clark County  
Amanda Haboush-Deloye  
Amber Howell, Director, Washoe County Department of Social Services  
Denise Tanata, Executive Director, Children's Advocacy Alliance  
Todd Ingalsbee, Professional Fire Fighters of Nevada  
Joe Pollock, Deputy Administrator, Regulatory and Planning Services, Division of Public and Behavioral Health, Department of Health and Human Services

Paul Shubert, Chief, Bureau of Health Care Quality and Compliance, Division of  
Public and Behavioral Health, Department of Health and Human Services  
Jennifer Budge, Director, Parks and Recreation Department, Carson City  
Latisha Brown, Program Manager, Child Care Licensing, Division of Public and  
Behavioral Health, Department of Health and Human Services  
Dave Wuest, Deputy Secretary, State Board of Pharmacy  
Warren B. Hardy, ALS Association Nevada Chapter  
April Mastroluca, ALS Association Nevada Chapter  
Michael Johnson, Ph.D., Director, Division of Community Health, Southern  
Nevada Health District  
Liz MacMenamin, Retail Association of Nevada  
Tom McCoy, American Cancer Society, Cancer Action Network  
Catherine M. O'Mara, Executive Director, Nevada State Medical Association  
Ryan Beaman, President, Clark County Firefighters Union Local 1908  
Michael Hackett, Nevada Public Health Association

VICE CHAIR RATTI:

As Senator Spearman testifies in another Committee, I will open the hearing on  
Senate Bill (S.B.) 2.

**SENATE BILL 2**: Revises provisions relating to the surrender of a newborn child  
to a provider of emergency services. (BDR 38-39)

SENATOR MARK A. MANENDO (Senatorial District No. 21):

Senate Bill 2 will amend the *Nevada Revised Statutes* (NRS) 432B.630, known  
as the Protection of Children from Abuse and Neglect Act and as  
the Safe Haven Law, ([Exhibit C](#)). The bill provides clarifying language intended  
to uphold the original intent of the bill allowing parents to safely and  
anonymously surrender their infant if they can no longer care for him or her.

The Safe Haven Law protects infants from being injured or otherwise harmed  
due to unsafe or illegal abandonment by providing distressed parents a safe and  
anonymous option for the surrender of their infant. Recently, parental anonymity  
has been an issue for mothers who give birth in a hospital and immediately  
surrender their infant under the Safe Haven Law.

Senate Bill 2 was drafted at the request of the Safe Haven Work Group with a  
very extensive and impressive membership list. We would like to submit a  
language change, and Ms. Duffy will address the proposed amendment.

BRIGID J. DUFFY (Chief Deputy District Attorney, Juvenile Division, Office of the District Attorney, Clark County):

The purpose of S.B. 2 is to amend Nevada's existing Safe Haven Law to ensure the original intent of the law provides anonymity for a parent or parents who wish to invoke safe haven. The existing law provides that a parent who delivers a child must not be required to disclose identifying information unless there is reasonable cause to believe the child is abused or neglected. There are existing circumstances where a provider of emergency services may have the identifying information of the parent prior to invoking safe haven. In these circumstances, in order to keep with the spirit of the Safe Haven Law, we seek the following amendments to ensure the identifying information remains confidential, ([Exhibit D](#)).

Section 7, subsection 2, paragraph (d) encompasses the main components of our amendment, [Exhibit D](#). Proposed language adds paragraph (d) to the current law specifying a provider of emergency services may transfer any information the provider has obtained regarding the child to the child welfare agency except any identifying information relating to the parent that delivered the child. As such, the provider may transfer health, medical or other information pertaining to the child as well as any information they have regarding the other parent of the child. Oftentimes, when a child is delivered to an emergency service, there is only one parent rather than two. However, if that emergency service provider has information regarding the non-delivering parent, we want to ensure the information is provided to the health care provider. Also, any information in the medical records leading to the identity of the parent who invokes safe haven will ensure the information is redacted if turned over to a child welfare agency.

Section 7, subsection 2, is amended to specify a provider of emergency services includes the hospital at which the child was born. The meaning is not just delivered to that hospital, but delivered at that hospital.

The remainder of the changes in sections 1 through 6 in [Exhibit D](#) clarify if a parent or parents do not provide identifying information when invoking safe haven, they have effectively waived their right to the notice of a 72-hour protective custody hearing held by a child welfare agency pursuant to NRS 432B. This statute, and the requested changes, continue to require the agency providing child welfare services to attempt to locate any parent who did not participate in the surrender of the child pursuant to the Safe Haven Law.

We are also requesting some minor amendments to the bill as introduced, [Exhibit D](#). The proposed amended language located in section 5, subsection 4 clarifies the agency providing child welfare services does not have to provide notice of hearings to the parent that delivered the child to the emergency service. It also clarifies the agency does not have to provide a report to the parent that delivered the child to the emergency services, but the agency does have to provide notice to a non-delivering parent if the address of that parent is known to the agency.

The second area of proposed language is in section 7, subsection 2, paragraph (d) of [Exhibit D](#), that clarifies information obtained on the non-delivering parent must be provided to the agency to assist with notification and service of the report. The change came from public comment received by the Safe Haven Work Group to ensure the protection of the non-delivering parent's right to know what is going on with the child. We wanted to make it very clear, if there is information regarding the non-delivering parent, it must be turned over to the child welfare agency. Since the non-delivering parents did not give up their right to remain anonymous, so they can be notified their children are in protective custody.

SENATOR HARDY:

How is the non-delivering parent identified?

MS. DUFFY:

Your question is difficult to answer. Most of the time we do not receive information on the non-delivering parent. The notification must be completed within the first 30 days of birth. If one parent surrenders a child in order to punish the other parent, the law provides protection. If an emergency service provider comes into possession of this baby under the Safe Haven Law, it has to contact law enforcement to ensure there is no missing child report. This is one way we can identify a non-delivering parent to ensure notification. Outside of a delivering parent saying, this is the father of this baby, or this is the mother of this baby, we do not have many ways of making the identification.

In preparation for the Work Group, I reviewed testimony for the original legislation. Part of the Safe Haven Law protection is due to the other parent possibly being a danger to the mother. In order to prevent the mother from delivering and leaving a child in an unsafe environment, such as on the side of

the road or in a dumpster, the protections were included for anonymity with no questions asked.

SENATOR HARDY:

Are you saying the non-delivering parent does not need to be identified?

Ms. DUFFY:

Yes.

SENATOR HAMMOND:

What if the child welfare agency begins a 30-day review and notices signs of abuse, then the parent tries to deliver that infant to the agency? Is it an inhibitor for people who would like to give a child away for better care, because now they could be identified and possibly prosecuted? Maybe the parent knew the child was in danger from a boyfriend, girlfriend, husband or spouse. Why use this language if it prevents someone from turning over a child for the betterment of the child?

Ms. DUFFY:

The current statute requires child welfare agencies to be notified if there are signs of abuse or neglect on that child. I understand what you are saying in potentially preventing a deceased child if that person realizes they cannot care for the child. The parent might realize they are hurting the child or neglecting the child and want to surrender the child utilizing Safe Haven. We cannot provide someone the protection of Safe Haven after they have already caused abuse and neglect to a child.

The Safe Haven Law allows a parent, within the first 30 days, to surrender a child anonymously to someone who can take care of him or her. If there has already been abuse or neglect, we want the option to hold that parent accountable. If the same parent has another child, we will maintain records that prove the prior child was abused and neglected.

SENATOR HAMMOND:

What if the child is malnourished, and after 2 weeks the delivering parent does not know how to care for the infant and realizes he or she needs help? Could the child welfare agency see signs of malnutrition and cause the mother trouble for her neglect? It seems you may be preventing more children from entering the system to be saved.

SENATOR HARDY:

Please define neglect. If a parent drops their child somewhere, is this the ultimate neglect? If an agency suspects a parent of abuse and neglect, how do you define neglect so the parent does not have to give up their child?

MS. DUFFY:

The statute states when a person delivers a child to emergency service providers or to a hospital, that person is presumed to have abandoned that child. That is neglect. However, if there are other signs of abuse or neglect, such as malnourishment for a child 30 days old or less, that would be an indicator of a failure-to-thrive style infant. Because of the protection built into the language, there would only be one element of neglect. If there are other elements of neglect, then the person cannot be anonymous to the agency.

SENATOR HARDY:

I understand the concept of giving up an infant so he or she can get better care. If you say there is reasonable cause for the infant to be abused or neglected, it seems we should take care of the mother by providing her with the tools necessary to keep her from repeating the circumstance.

ERIC ROBBINS (Counsel):

The definition of abuse and neglect in NRS 432B.020, provides that a child is not abused or neglected for the sole reason that the parent has delivered the child to a provider of emergency medical services under the Safe Haven Law.

VICE CHAIR RATTI:

Does it essentially exempt this one act?

MR. ROBBINS:

Yes.

SENATOR HARDY:

Have we repeated donations of babies?

MS. DUFFY:

We have had only ten children turned over to a child welfare agency under the Safe Haven Law since it went into effect. If we determine a child has signs of neglect outside of the abandonment, we do not know if there are additional

children in the home. We need to determine if the other children are safe and maintain a record for repeated children in the system.

SENATOR HARDY:

How do you determine if other children are in the home if you do not know the identity of the woman who donated the infant?

MS. DUFFY:

The woman is not allowed to remain anonymous when there are outward signs of abuse and neglect or reasonable cause to believe there is abuse and neglect outside of the abandonment. This is when we want to ensure the other children are safe. If there is an infant with a failure-to-thrive scenario or one with bruises or a fractured skull, the child welfare agency needs this information to determine if other children in the home also need protection. Even though the infant is being left with an emergency service provider, it is important to ensure other children in the home are safe.

SENATOR HARDY:

You may not know if any of the ten babies turned in under the Safe Haven Law were repeats.

AMANDA HABOUSH-DELOYE:

I support S.B. 2. I encourage the revisions to protect children coming forth under the Safe Haven Law regardless of how we feel about the parents who may be abusing them. This protects children from being left in unsafe places and ensures they are getting to appropriate homes for care.

AMBER HOWELL (Director, Washoe County Department of Social Services):

We support S.B. 2. Since the Safe Haven Law was enacted there have been nine Safe Haven babies surrendered in Washoe County. One of our staff members is in charge of training, and it has helped the community understand what to do if they are confronted with a parent trying to surrender an infant. We have saved nine children from being placed in unsafe environments because the parents did not know how to take care of them. We had a young mother come to our office in an attempt to surrender her infant to our agency, but we did not fall under the Safe Haven Law. Even though we could not accept the infant, we know the baby is thriving today.

VICE CHAIR RATTI:

Does the proposed amendment allow your agency to take a baby when asked?

Ms. HOWELL:

Yes.

VICE CHAIR RATTI:

I would like Mr. Robbins to confirm that information for the Committee.

MR. ROBBINS:

I will research the amended language.

DENISE TANATA (Executive Director, Children's Advocacy Alliance):

We support S.B. 2. The purpose behind the Safe Haven Law is to protect children, and while there are entities who may want information on the parents, ultimately we are trying to protect the children.

TODD INGALSBEE (Professional Fire Fighters of Nevada):

The Professional Fire Fighters were neutral on S.B. 2, but after hearing testimony regarding the proposed amendment, we would like to support the bill and the amended language.

VICE CHAIR RATTI:

We will wait for information from our counsel to ensure the amended language includes the county offices. We are also in receipt of amended language from Clark County ([Exhibit E](#)). I will close the hearing on S.B. 2 and open the hearing on S.B. 46.

**SENATE BILL 46**: Revises provisions governing background checks of operators, employees and certain adult residents of a child care facility. (BDR 38-131)

JOE POLLOCK (Deputy Administrator, Regulatory and Planning Services, Division of Public and Behavioral Health, Department of Health and Human Services):

Senate Bill 46 identifies additional crimes to be included with the current criminal background check screening of prospective child care facility operators, child care caregivers and certain adults within a child care facility. Specifically, the crimes added are abuse or endangerment, pornography involving a minor,



arson, battery, kidnapping, and any drug-related offense during the preceding five years. The bill aligns Nevada's background check requirements with the federal Child Care and Development Block Grants Act of 2014 which assists us with funding.

SENATOR HARDY:

Are there any differences relative to the federal requirements?

PAUL SHUBERT (Chief, Bureau of Health Care Quality and Compliance, Division of Public and Behavioral Health, Department of Health and Human Services):  
Senate Bill 46 aligns Nevada's language with the language contained in the federal Block Grant.

MS. TANATA:

We support S.B. 46 for Nevada to be in alignment with the federal guidelines.

JENNIFER BUDGE (Director, Parks and Recreation Department, Carson City):  
We are in support of S.B. 46. This will be of great benefit to Carson City residents and constituents. The revised language will ensure Carson City staff and those individuals in contact with youth in recreation programs will have thorough background checks, maximizing the safety, health and well-being for participants in all municipal programs. This is essential, preventative action for public operations.

SENATOR HARDY:

Who conducts the background checks?

MS. BUDGE:

The extent of a check depends on whether an applicant wants a seasonal position or a full-time position. The full-time staff applicant goes through a federal background check. The seasonal staff applicant goes through a more detailed process through Operation TLC<sup>2</sup> which is in line with the National Recreation and Park Association guidelines.

SENATOR HARDY:

Is Operation TLC<sup>2</sup> being used now so there will be no additional fiscal impact?

Ms. BUDGE:

There is a provision in the bill for the cost of the background checks to be paid by the applicant. This is also our current practice.

SENATOR HARDY:

Does this apply to seasonal applicants as well?

Ms. BUDGE:

Yes.

SENATOR HARDY:

What is the cost to run a background check?

Ms. BUDGE:

The current charge is \$55, which includes a drug test.

SENATOR HARDY:

Does a teenager who wants to work for Carson City Parks and Recreation go through this background check?

Ms. BUDGE:

Applicants who are 18 years old and older will go through this background check.

VICE CHAIR RATTI:

How does this requirement affect volunteers if they are utilized?

LATISHA BROWN (Program Manager, Child Care Licensing, Division of Public and Behavioral Health, Department of Health and Human Services):

All volunteers within child care centers are subject to full background checks.

VICE CHAIR RATTI:

I will close the hearing on S.B. 46 and open the hearing on S.B. 91.

**SENATE BILL 91**: Revises provisions relating to drug donation programs.  
(BDR 40-271)

SENATOR JOSEPH P. HARDY (Senatorial District 12):

Senate Bill 91 came about when people recognized that medicines cost money. Some medicines cost a great deal of money, such as EpiPens, rheumatoid arthritis medicine, hepatitis C drugs, cancer drugs, topical gels, HIV medicines, autoimmune disease medications, antibiotics, psychiatric medications and medicines for amyotrophic lateral sclerosis (ALS) or Lou Gehrig's Disease. All of these medicines typically cost thousands of dollars per month. We need to utilize the cancer drugs and the HIV Drug Assistance Program we have in Nevada in order to be effective in helping people donate unused medicines, prior to death, in order for others to save money.

The State of Nevada's drug donation program is on the list of programs that are not effective. We reviewed the State Board of Pharmacy forms, which seem very easy to complete. We wondered why the forms were not being used. Other states have been utilizing this type of program, but Nevada has had an ineffective voluntary program in place since 2009.

My proposal is to continue the program by expanding it to include other medicines costing over \$10,000, as stated in the bill. I also have a proposed amendment, ([Exhibit F](#)), changing the amount from \$10,000 per month to \$500 per month. The State Board of Pharmacy can help by providing marketing through a newsletter to inform the public.

A program in the state of Iowa has served 70,000 people and redistributed \$15 million in free medicines and supplies. The state of Oklahoma has filled 205,000 prescriptions worth \$20 million. The state of Wyoming has filled 125,000 prescriptions valued at \$10 million and in 2015, the program provided more than \$2.7 million in donated medicines to people free of charge. There is certainly an opportunity to provide people the option to donate or to take advantage of free medicines.

Nevada has three pharmacies that have volunteered to participate in this program. One pharmacy has actually tried to involve more participants in the program. The medicines must be placed in a safe place and separated from other medicines in the pharmacy. The medicines also need to be certified by the pharmacy before they can be distributed.

As well as helping those with diabetes and obesity, there is a pharmacy that has been instrumental in trying to assist people with AIDS. One of the employees

actually looks under bridges for homeless people needing help. There are some good people in Nevada who are trying to help others. Senate Bill 91 is designed to help people who cannot afford lifesaving medicines.

To provide you with an example of what is happening with the cost of medicines, I went to a physician to see about my sore shoulder. He gave me a sample of a topical gel that was not a narcotic or cannabinoid, but it was a medicine that was a non-steroidal inflammatory such as Aleve, Advil or Diclofenac. I rubbed it on my shoulder which made it feel better. When I tried to fill the prescription, the pharmacist told me the medicine was really expensive. The cost was \$2,267. I asked about getting a generic Voltaren gel to use on my shoulder. The pharmacist said it would cost \$57. I bought the generic option. There are some expensive medicines, and there are some really expensive medicines that can cost over \$10,000 a month.

The proposed amendment change from \$10,000 to \$500 would create an opportunity for more people to benefit, but it would not be so low that the pharmacist, hospital, or medial provider would be burdened. It would allow someone to get help. Random people have written to me to say, my father had cancer and had all of these medicines, with one costing \$30,000 a month. The program will allow Nevada the opportunity to save money instead of wasting money.

DAVE WUEST (Deputy Secretary, State Board of Pharmacy):

We have had this program since 2009, but it is underutilized. When I contacted the three participating providers, they indicated only a handful of prescriptions have been filled through the program in the past couple of years. One person in a participating pharmacy indicated an expansion of the available products would allow her to do more with the program. We also have a friendly amendment relative to whatever dollar amount is decided upon; the wholesale acquisition cost should be used as an industry standard for what a drug costs. Medicaid uses this standard for its reimbursements. This will keep the standard from being \$499 for one pharmacy and \$500 for another.

WARREN B. HARDY (ALS Association Nevada Chapter):

I got involved with the ALS Association some years ago after my uncle passed away from the disease. One of the biggest challenges we have in the ALS Association is to help people understand what a brutal disease this is. It is the most brutal disease in our society. As I watched my uncle pass away from this disease, I determined it is a death sentence.

APRIL MASTROLUCA (ALS Association Nevada Chapter):

Senate Bill 91 is very important to people with ALS or Lou Gehrig's Disease. There is only one drug that has ever been approved by the Federal Drug Administration to help those with ALS.

We just celebrated the 75th Anniversary of Lou Gehrig retiring from baseball and we still have only one drug available called Rilutek. All the drug does is to extend life for a short period of time. The drug helps slow the progression of the disease. The information says it will provide some relief for three months, but there are some patients who have felt better for up to a year. The drug takes away some of the symptoms for a few people. The drug is extremely expensive and averages between \$900 and \$1,200 a month.

It is so frustrating to receive a call from a family member whose loved one has passed away and they have the medication Rilutek that has never been opened. They want us to give it to someone who would benefit from it. I have to tell the person "no" because it must be destroyed. I have people call me to say they cannot afford their medication due to a change in their insurance. People ask if there are programs that can help them pay for their medications. Someone will call and ask if the ALS Association can provide the drugs they need, and we have to tell them "no". Senate Bill 91 will go a long way to helping these patients.

There are currently 26 active research projects around the world trying to find a treatment and eventually a cure for ALS. We are hopeful we will have something new in the next five to six years in the form of treatment to prolong the lives of people with ALS. Having a bill like this will allow us to provide these medications to people who cannot afford to purchase them due to the cost. Between lost wages and out-of-pocket expenses, ALS is one of the most expensive diseases. It averages about \$200,000 a year for each patient in the United States.

MICHAEL JOHNSON, Ph.D. (Director, Division of Community Health, Southern Nevada Health District):  
I will read my testimony, ([Exhibit G](#)).

LIZ MACMENAMIN (Retail Association of Nevada):

We support S.B. 91. We worked on the original legislation in 2009. We were hoping to see the program utilized more by the public. I participate twice a year in a Drug Take Back Program in northern Nevada. I see tons of drugs coming in just to be destroyed. I know there is a safety piece to this program that also needs to be considered. The Retail Association of Nevada is more than willing to work with Senator Hardy to see how we can make this program more successful. It is hard for anyone to pay for these medications, and it is a horrible time in a life when one is making these life and death decisions or dealing with end-of-life care.

VICE CHAIR RATTI:

There seems to be a significant need for a campaign to provide information for more people to utilize this program. As we often have drug collection programs in northern Nevada, would this bill allow those drugs to be donated if we can figure out the mechanism to funnel them to the right place?

SENATOR HARDY:

We need to determine the mechanism to expand the program and get the word out to the people to use it. If the Board of Pharmacy is invested in the program and we provide training and teaching, it will help many people.

VICE CHAIR RATTI:

Although we are committed to getting opioids off the streets, if people are turning in expensive drugs that could be utilized in another way, that could be advantageous.

MS. MACMENAMIN:

I had the opportunity to speak with wives of physicians who were very sad to see which expensive drugs were being destroyed.

TOM MCCOY (American Cancer Society, Cancer Action Network):

We provide the advocacy work for the American Cancer Society. I was the godfather of the Cancer Drug Donation Program in 2009, working with the Board of Pharmacy. It was a cooperative effort and our goals were very high. I

studied the program in Iowa and thought Nevada could do as well or better. I am aware of a lady who is alive and walking around Las Vegas today because of this program. That is a success.

Too often we have programs without money to market the program. That seems to be the story of this one. We were trying to get legislation passed, but it came down to a fiscal issue. The Board of Pharmacy tried to manage the program, but just putting the information on a Website does not get the program exposed to the public. We have opportunities for public service announcements and public affairs programming. Broadcasters still have that obligation to the public. We support S.B. 91, and when it passes, we need to determine how to make the program successful through marketing.

In reference to the friendly amendment, my comment is that the bill, as written, does not identify the source of the cost. It gives a figure without identifying whose cost it is.

CATHERINE M. O'MARA (Executive Director, Nevada State Medical Association):  
We support S.B. 91 as we think it is good for patients. We also support the amendment as it lowers the threshold amounts allowing more medications to be included in the program. We also participate in the Drug Take Back Program and sponsor it twice a year. There are many compassionate fellow citizens who have lost a family member who had this medication, that is already paid for, and they would like it to be used for a good purpose. We are optimistic as we continue to refine, improve and expand this program. I would like to do my part to encourage physicians to help their patients get to a place where they can find less expensive or free medications. Most of these medications are the kind that are ongoing and they have a substantial cost to the patient. This program can change and save people's lives.

VICE CHAIR RATTI:

I would also like to see the physicians help us by getting the word out to their patients to donate unused medications.

RYAN BEAMAN (President, Clark County Firefighters Union Local 1908):

As the chairman of our insurance trust, I see the high cost drugs that Senator Hardy mentioned. On the other side of my job, we see the need for this type of program. We come across patients who do not have access to the high cost drugs and they continually go through the system. We support S.B. 91.

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MICHAEL HACKETT (Nevada Public Health Association):  
We support S.B. 91 and the proposed amendment.

VICE CHAIR RATTI:

The Committee received a letter of support for S.B. 91 from the Nevada Academy of Family Physicians, ([Exhibit H](#)). I will now close the hearing on S.B. 91 and turn the gavel back over to Chair Spearman.

CHAIR SPEARMAN:

Pursuant to Joint Standing Rule No. 14, Committee members must vote to request the drafting of legislative measures requested by the Senate Committee on Health and Human Services. A vote in favor does not indicate support for the bill but rather allows these bills to be drafted. I would like to request one Committee bill draft that relates to federal health care programs.

SENATOR WOODHOUSE MOVED TO INITIATE A BILL DRAFT REQUEST  
RELATING TO FEDERAL HEALTH CARE PROGRAMS.

SENATOR RATTI SECONDED THE MOTION.

THE MOTION PASSED UNANIMOUSLY.

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CHAIR SPEARMAN:

Since we have concluded Committee business for the day, we stand adjourned at 4:30 p.m.

RESPECTFULLY SUBMITTED:

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Martha Barnes,  
Committee Secretary

APPROVED BY:

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Senator Pat Spearman, Chair

DATE: \_\_\_\_\_

<b>EXHIBIT SUMMARY</b>				
<b>Bill</b>	<b>Exhibit / # of pages</b>		<b>Witness / Entity</b>	<b>Description</b>
	A	1		Agenda
	B	8		Attendance Roster
S.B. 2	C	2	Senator Mark A. Manendo	Safe Haven Law document
S.B. 2	D	1	Brigid J. Duffy	Proposed amendment
S.B. 2	E	9	Clark County	Proposed amendment
S.B. 91	F	1	Senator Joseph (Joe) P. Hardy	Proposed amendment
S.B. 91	G	1	Michael Johnson	Written testimony
S.B. 91	H	1	NV Academy of Family Physicians	Letter of support