

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

**Seventy-ninth Session
March 13, 2017**

The Senate Committee on Health and Human Services was called to order by Chair Pat Spearman at 3:36 p.m. on Monday, March 13, 2017, in Room 2149 of the Legislative Building, Carson City, Nevada. The meeting was videoconferenced to Room 4412 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

STAFF MEMBERS PRESENT:

Megan Comlossy, Policy Analyst
Martha Barnes, Committee Secretary

OTHERS PRESENT:

Brian McAnallen, Office of Administrative Services, City of Las Vegas
Steve Smith, City of Las Vegas
William L. McDonald, Chief, Fire and Rescue Department, City of Las Vegas
Michael D. Brown, President, Nevada Fire Chiefs Association
Steve K. Walker, Carson City, Lyon County, Storey County, and Douglas County
David Cherry, Fire Department, City of Henderson
Dagny Stapleton, Deputy Director, Nevada Association of Counties

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Melissa Lewis, Chief, Fiscal Services, Division of Health Care Financing and Policy, Department of Health and Human Services
Denise Tanata, J.D., Executive Director, Children's Advocacy Alliance
Tristan Torres
André C. Wade, Director of Operations, Gay and Lesbian Community Center of Southern Nevada
M. Currey Cook, Director, Youth in Out-of-Home Care Project, Lambda Legal
Roxana Lanuza, Intern, Progressive Leadership Alliance of Nevada
Allen Johnson, Student, University of Nevada, Reno
Brigid J. Duffy, Chief Deputy District Attorney, Juvenile Division, Office of the District Attorney, Clark County
Joe Rajchel, American Civil Liberties Union of Nevada
JD John, President, JD John Organization
Amanda Haboush-Deloye, Associate Director, Nevada Institute for Children's Research and Policy, School of Community Health Sciences, University of Nevada, Las Vegas

VICE CHAIR RATTI:

Chair Spearman is presenting a bill in another Committee and will join us when she is finished. I will open the hearing on Senate Bill (S.B.) 60.

SENATE BILL 60: Revises provisions governing Medicaid payments for ground emergency medical transportation services. (BDR 38-411)

BRIAN MCANALLEN (Office of Administrative Services, City of Las Vegas):
There was a great deal of uncertainty regarding the Affordable Care Act (ACA) and Medicaid funding when we began the process to introduce this bill. The premise behind the bill is rooted in what we have been working out with the Department of Health and Human Services (DHHS) and in a Memorandum of Understanding (MOU) in effect today.

We are asking for the ability to memorialize in statute what is currently in the existing MOU. It would be more beneficial to put this program into statute rather than continue under the current MOU. This idea was originally presented by Marilyn Kirkpatrick as A.B. No. 331 of the 78th Session. The bill did not move forward as we navigated the MOU process. While the MOU process has worked, we would like to see the language in the *Nevada Revised Statutes* (NRS).

STEVE SMITH (City of Las Vegas):

California successfully passed legislation for their Ground Emergency Medical Transport Services, and the California program was implemented in 2009.

Because of the uncertainty with Medicaid funding for Nevada, it is important to have this program in NRS rather than functioning under the MOU. The NRS specifies that the Director shall include in the State Plan of Medicaid supplemental reimbursement for ground emergency medical transport services to the recipients of Medicaid. The bill also identifies the requirements each governmental agency has to have in place in order to qualify for the reimbursement.

Assemblywoman Kirkpatrick chaired a meeting with the Division of Health Care Financing and Policy of Department of Health and Human Services and the Nevada Fire Chiefs to draft the MOU. The MOU addressed the requirements of DHHS to pursue the process for the fee-for-service side of Medicaid. The Department was asked by Assemblywoman Kirkpatrick to develop a plan for Medicaid managed care recipients. We determined there would be no impact to the State General Fund and the entities would provide the nonfederal share to qualify for the payments. All entities agreed to the request.

The State Plan Amendment (SPA) was created through collaboration with the Division of Health Care Financing and Policy and submitted October 1, 2015. We received approval from the Centers for Medicare and Medicaid Services (CMS) in January of 2017 recognizing a reimbursement methodology for the Division to recover actual costs. We can charge \$1,000 to \$1,100 for a Medicaid transport, but we are reimbursed only \$250 for each Medicaid service.

We were recently asked to submit our cost allocation plans to the Division with cost reports to recover those Medicaid fee-for-service transports.

During 2015, the Division also helped with an enhanced rate payment program for the Medicaid managed care providers. There are only two managed care providers in the State, Henderson Fire Department and Las Vegas Fire and Rescue.

In 2016, Las Vegas Fire and Rescue averaged about \$70,000 transports per month under their safety net provider payments. The payment is based on the upper limit of Medicare and Medicaid. The reimbursement does not cover the

actual cost of providing the service. If S.B. 60 passes, it will allow for the development of a cost methodology to more accurately reflect the cost of providing this service. The cost methodology should be similar to the SPA and the previously approved cost report.

WILLIAM L. McDONALD (Chief, Fire and Rescue Department, City of Las Vegas):
Las Vegas Fire and Rescue ran about 115,000 emergency calls for service in 2016. We operate 24 ambulances and transport about 2,000 patients to the hospital every month. Services are necessary, but very expensive. We provide services to our residents and visitors. In all of our fire stations we provide the highest level of emergency prehospital care available. As a result of this service we have paramedics assigned to every one of our 20 fire stations and at least one rescue personnel and sometimes multiple rescue personnel assigned, due to the activity level in a particular area. We want to ensure we can provide a high level of service to all residents and the reimbursement will allow us to provide a better quality of service to our community.

MR. MCANALLEN:

We spoke with DHHS, and they have concerns about how the language is structured. We are asking for an amendment to remove the word "shall" and replace it with "may." There are a couple of sections in the bill where the terminology needs to be consistent with other sections of the law pertaining to "authorized or permissible by CMS or this program." We are happy to make these compliance changes.

In section 11, subsection 6 where the language states the Department may, instead of shall, implement the program described in this section only to the extent the program is approved by the Centers for Medicare and Medicaid Services and federal financial participation is available. If the federal dollars that run this program are nonexistent, the State would not be in jeopardy.

VICE CHAIR RATTI:

You made several references to the Department, are you referring to the Department of Health and Human Services?

MR. MCANALLEN:

Yes, and the Division of Health Care Financing and Policy.

VICE CHAIR RATTI:

Is the required Medicaid match paid for by the local government?

MR. SMITH:

Yes. The CMS notified DHHS that the current program will be terminated June 30. We have to pass this bill or find a new plan to continue to recover reimbursements closer to the actual cost of providing this service.

MICHAEL D. BROWN (President, Nevada Fire Chief's Association):
We support S.B. 60.

STEVE K. WALKER (Carson City, Lyon County, Storey County, and Douglas County):
We support S.B. 60.

DAVID CHERRY (Fire Department, City of Henderson):
City of Henderson Fire Department supports this legislation. We are currently participating in the program that has benefited our community. This legislation will continue to allow us to provide emergency medical transportation services for our Medicaid beneficiaries.

DAGNY STAPLETON (Deputy Director, Nevada Association of Counties):
We support S.B. 60.

MELISSA LEWIS (Chief, Fiscal Services, Division of Health Care Financing and Policy, Department of Health and Human Services):
The proposed amended language will allow the Director of DHHS to implement a program to increase reimbursement to governmental entities and Indian tribes providing emergency transportation. This bill increases the level of Medicaid reimbursement to eligible ground emergency transportation providers for the cost of their services. The method is currently approved and operating via certified public expenditures for fee-for-service recipients; however, as previously stated, the managed care payments would end on June 30, 2017. This bill would not extend the program past that expiration date due to the managed care federal regulations.

Senate Bill 60 carries a fiscal note of zero dollars. However, while approving this one bill may not put the State at risk of exceeding the political subdivision

threshold, in combination with other bills, it does have the potential for the threshold to be exceeded.

The Division of Health Care Financing and Policy is closely monitoring all bills that request contributions to ensure the threshold is not exceeded. If the threshold is exceeded, the State of Nevada would not be eligible for the enhanced Federal Medical Assistance Percentage (FMAP) for any Medicaid-eligible services. The largest impact would be the FMAP associated with the Affordable Care Act newly eligible population, which would decrease the FMAP from 95 percent in calendar year 2017 to 65 percent, or the loss of approximately \$300 million in federal funds. The Division is neutral on the bill as proposed.

VICE CHAIR RATTI:

Is the FMAP cap true even if the local jurisdictions are making a contribution?

MS. LEWIS:

Yes. If the bill is passed with "shall" in the language, it will count against the political threshold. If the language is changed to use the word "may" it would not.

VICE CHAIR RATTI:

I will close the hearing on S.B. 60 and open the hearing on Assembly Bill (A.B.) 99.

ASSEMBLY BILL 99 (1st Reprint): Revises provisions relating to services for children. (BDR 38-144)

ASSEMBLYMAN NELSON ARAUJO (Assembly District No. 3):

According to the National Coming Out Day Youth Report, 7 percent of lesbian, gay, bisexual, transgender and queer/questioning (LGBTQ) youth who are out to their families indicated their families are not accepting of a differing sexual identity. For some of these young people, the lack of acceptance they face results in abuse and/or neglect from their parents, resulting in LGBTQ youth being overrepresented in foster care. The lack of acceptance also places these youth at an increased risk of homelessness. Even though LGBTQ youth are overrepresented in foster care, only 14 states have foster care laws inclusive of sexual orientation and gender identity. While Nevada does have comprehensive

antidiscrimination laws and policies, LGBTQ youth are not specifically addressed.

Without these types of laws, policies and trainings in place, Nevada's LGBTQ youth face the prospect of neglect, discrimination and abuse within the very institutions charged to protect them. Inappropriate placements and the lack of understanding of the needs of LGBTQ youth endanger their health and safety, as they are at increased risk of physical violence, homelessness and unfortunately, at times, suicide.

Assembly Bill 99 requires certain institutions and agencies to treat a child based on the gender they identify with. It will also require personnel and foster parents within these institutions, who are in contact with young people, to receive training intended to help understand the needs of LGBTQ children.

Additionally, the bill requires the departments to develop protocols on the placement of LGBTQ youth. Lastly, the bill requires the Division of Child and Family Services of the Department of Health and Human Services to establish a process for filing and resolving certain grievances.

With me today is Denise Tanata from the Children's Advocacy Alliance, who for the past year, with a strong consortium of stakeholders and leaders, has been working on a set of policy recommendations for incorporation into this bill.

We have submitted a friendly conceptual amendment ([Exhibit C](#)) for consideration. The proposed language clarifies when a facility, agency or provider is required to treat a child in accordance with the child's gender identity or expression, it must reference the protocols to be developed by the Division of Child and Family Services regarding the placement of children not only into a facility, but within the facility.

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

The Children's Advocacy Alliance is a nonprofit organization whose mission is to serve as an independent voice for Nevada's children and families in areas of children's safety, health and school readiness. In every Legislative Session, our organization partners with the Nevada Institute for Children's Research and Policy along with numerous other child-serving and advocacy organizations throughout the State to host Children's Week at the Nevada Legislature, which begins today.

In 2015, we were fortunate to have a number of current and former foster youth join us for Children's Week at the Legislature. In addition to exposing these youth to the legislative process, it also gives us an opportunity to hear their stories, concerns and recommendations for making improvements to the system. One of these youth, Tristan Torres, who will be testifying, spoke about his experiences as a LGBTQ youth in foster care. It was because of his story we started looking into the standards and practices related to LGBTQ youth in out-of-home care placements.

In 2016, the Children's Advocacy Alliance partnered with the Gay and Lesbian Community Center of Southern Nevada and Lambda Legal to establish the LGBTQ Youth in Out-of-Home Care work group. Other members of the work group include representatives from the ACLU of Nevada, Clark County Juvenile Justice Services, Clark County Department of Family Services, City of Las Vegas, foster care agencies, Legal Aid, University of Nevada, Las Vegas, Washoe County Social Services, as well as affected LGBTQ youth. The work group convened throughout the year to discuss issues related to LGBTQ youth and formulate the recommendations included in A.B. 99.

Assembly Bill 99 changes multiple chapters of the NRS affecting youth and out-of-home placements, specifically those in child welfare and juvenile justice. Several of these sections are related to foster homes, foster care agencies, child care institutions which are just emergency shelters and not applicable to other child care institutions, detention facilities and other related out-of-home placements for youth.

The primary components of this bill are reiterated in each specific chapter and include the definition of gender identity or expression as the "gender-related identity, appearance, expression or behavior of a person regardless of the person's assigned sex at birth." This definition was taken directly from NRS 118.075, which addresses discrimination in housing.

The bill requires youth in out-of-home placements to be treated in all respects in accordance with the child's gender identity or expression. This includes, but is not limited to, the use of appropriate pronouns, purchase of clothing for the youth and other related matters.

For clarification, these sections do not apply to placement of youth by the court or within a facility for either child welfare or juvenile justice agencies. There are

provisions in the bill ensuring a facility has the ability to make housing, programming and other decisions necessary to preserve the order, safety and security of the facility.

The amendment has references to section 28, subsection 2, which requires the Division of Child and Family Services (DCFS) to establish protocols regarding the placement of children in facilities. For the sections that are specifically related to juvenile justice facilities, the reference would be to the federal Prison Rape Elimination Act of 2003, which has specific standards for LGBTQ youth and adults.

These pieces are included in section 2.5, section 3 and section 4 related to foster care providers and foster care agencies pursuant to NRS 424. It is also included in section 23 for child care facilities. For clarity, this language is only applicable for emergency shelters or child care institutions where a child is placed in the facility by a court pursuant to NRS 432A. This does not apply to regular child care facilities or child care centers. The language is included in section 28, specific to child welfare agencies pursuant to NRS 432B; section 29 for treatment facilities pursuant to NRS 432B; sections 37 and 41 for juvenile justice agencies; as well as institutions and facilities as governed by NRS 62B and NRS 63.

For these sections, we have included additional provisions to reference compliance for the Prison Rape Elimination Act of 2003 which states, in part, the agency should consider, on a case-by-case basis, whether a placement would ensure the residents health and safety and whether the placement would present management or security problems. The language is also included in section 46 which is for other treatment facilities pursuant to NRS 433B.

The next provision in A.B. 99 requires the DCFS to adopt regulations regarding the placement of LGBTQ youth and out-of-home placements, in consultation with representatives of the LGBTQ community. This includes youth who are currently or formerly in out-of-home care; all child welfare agencies, detention facilities, related attorneys, advocates, courts, and others deemed appropriate by the Division. This language is included in section 23 for child care facilities pursuant to 432A, section 28 for child welfare agencies pursuant to 432B, sections 37 and 41 relative to juvenile justice agencies as governed by NRS 62B and NRS 63 and section 46 including other treatment facilities pursuant to NRS 433B.

The third requirement is to provide training for all staff, foster parents and others who work directly with youth and out-of-home placement to receive training on working with LGBTQ youth within 90 days of employment and annually thereafter. The intent of the work group is to ensure this training is integrated into existing training components. We are not requiring additional hours of training, but want the training to be integrated with the existing training modules for these individuals. This information is included in section 4 and section 6 for foster care providers and foster care agencies pursuant to NRS 424. The language is included in section 24, specific for child care facilities pursuant to NRS 432A; in sections 29 and 31 for foster care agencies pursuant to NRS 432B and sections 38, 43 and 47 for juvenile justice agencies pursuant to NRS 62B and NRS 63.

Furthermore, section 7 of A.B. 99 exempts certain individuals from this training, specifically for unlicensed relative and fictive kin providers in the child welfare system. These individuals are not currently subject to other training requirements.

Section 14 requires the DCFS to establish grievance procedures for youth that include access to individuals and/or agencies which are not directly responsible for the care of the child but who filed the complaint, as well as a process for investigating such complaints. The agency or organization responsible for the care of the child must provide a child with a written summary of the process for filing a grievance. This language is included in sections 14 and 20 for child welfare agencies pursuant to NRS 432.

I want to emphasize there is nothing in the bill requiring a foster parent to take an LGBTQ youth into their home, nor would they be required to go against their personal religious or moral beliefs. The bill is intended to promote safe, competent and supportive settings for LGBTQ youth and out-of-home care.

There are many factors considered when placing a youth into a particular home. Sometimes youth come out while they are in care, so we need to ensure anyone who is taking care of these kids has the information and resources needed to help and not traumatize them further. These youth have already been through so much.

Information from the Child Welfare League of America published recommended practices and core competencies to promote the safety and well-being of

LGBTQ youth in child welfare settings. If given appropriate support, acceptance, and access to coping strategies, LGBTQ youth demonstrate high levels of resilience and positive outcomes. Conversely, if LGBTQ youth in the child welfare system are given little or no support, they face poor prospects of successfully transitioning to adult living and face elevated health and behavioral health risks compared to their non LGBTQ peers.

TRISTAN TORRES:

I am a former foster youth from Las Vegas. When I first entered the foster care system, I was coming out of a situation of abuse and neglect because of my status as a transgender youth. I was placed in my first foster home with a single parent and her three biological children. She told me upon first entering her home, she had a transgender family member and she could empathize with my struggle for acceptance.

Two months later, I was being removed from her home because she could not care for me. She had locked me in her room for lectures on how changing my gender was like her changing her skin color from black to white. She also claimed I was turning her children transgender because they addressed me by the correct name and pronoun, something she was incapable of doing.

In my next home, my two foster parents assured me they would not repeat the experience I had endured during my last placement. However, this ended up being the worst of the two homes. After a family outing out of state where I explained I was transgender to a family member of the foster father, my foster parents withheld food from me. My time in this home ended with them calling me a transvestite and a freak that no one could ever love.

My experience in the foster care system is not unique; however, many LGBTQ children face this reality each day. When I told my story for Children's Week two years ago, I did not expect to be the inspiration for A.B. 99. I am here today to emphasize the impact this bill could have had on me if it had been passed while I was in foster care. If my foster care parents had the right tools and resources available to them, I could have avoided this trauma in the first place.

I graduated with my high school diploma in April 2016 and am now attending the College of Southern Nevada as a journalism and media major with an emphasis in advertising and public relations. If I had support from the beginning

from my foster parents, I could have been much farther ahead than I am now. I could have put the energy I used to fight for respect toward being a normal teenager. I want to provide those who are in foster care a fighting chance to become successful adults.

Assembly Bill 99 will ensure the LGBTQ foster youth can find permanency and support from the people who work with them instead of making these foster youth feel ashamed of who they are. We need to embrace and accept that everyone is different, and there is nothing wrong with it. I hope you will consider passing A.B. 99 to support the safety of all foster youth.

ANDRÉ C. WADE (Director of Operations, Gay and Lesbian Community Center of Southern Nevada):

I support A.B. 99. I used to work for the Clark County Department of Family Services as a foster and adoptive parent recruiter with a special focus on child-specific adoptions. I matched children with adoptive families. I have a unique understanding of the foster care system and how children are placed in these homes.

Our goal is for foster parents and staff to be educated about the children they are interfacing with on a day-to-day basis. These are children already in care who will continue to be in care. Better education regarding the unique needs of these children will produce a better outcome. We want people to make informed decisions.

If children come out during the time they are with foster families, they should receive a proper response in that situation. It is not about changing the child's mind or their beliefs about LGBTQ people. We want these families to have the tools needed to handle this type of situation and the disruption of placements to be less traumatic for the children overall.

I am also in support of the grievance process. There is no process now for foster youth to submit a grievance. A complaint currently goes to the county, but we would like to have a neutral person decide the best way to remedy the grievance.

M. CURREY COOK (Director, Youth in Out-of-Home Care Project, Lambda Legal):

I am in support of A.B. 99. I am an attorney with Lambda Legal, the Nation's oldest and largest nonprofit legal organization dedicated to full equality for

LGBTQ people and people living with HIV. I direct the Youth in Out-of-Home Care Project and advocate on behalf of LGBTQ young people in our nation's foster care, juvenile justice systems and those who are experiencing homelessness.

A Williams Institute study was funded by the federal government regarding foster youth, and 19.1 percent of the youth surveyed identified as LGBTQ. Of that 19.1 percent, 5.7 percent identified as transgender. These are disproportionately high numbers compared to the population in general. We know these numbers are largely fueled by family rejection in addition to other incidents. We want to ensure we do not replicate trauma once the youth is in the system which is legally obligated to ensure his or her safety, permanency and well-being.

From the same Williams Institute study in Los Angeles County, it was found that LGBTQ young people had higher incidents of placement in congregate care, in psychiatric facilities and in juvenile justice facilities compared to their non-LGBTQ peers. These placements are very costly, much more so than foster care or safely returning children to their own homes.

One of the goals of providing training relative to these issues is to help ensure young people are able to safely return to their homes with educational information provided to their parents or to be placed in family homes where it is much more likely for them to be adopted and not end up in congregate care.

I also want to speak to the obligations under Nevada law not to discriminate against young people because of sexual orientation and gender identify. Training helps to meet these obligations.

The portion of the bill requiring protocol to direct the placement of transgender youth is endorsed by the Child Welfare League of America, which has developed recommendations for successfully working with LGBTQ young people. These recommendations are also endorsed by the Administration for Children and Families of the U.S. DHHS that oversees the Nation's foster care system. Basically, every major social science and medical organization supports affirmation of transyouth including the American Academy of Child and Adolescent Psychiatry, American Academy of Pediatrics, American Psychiatric Association, American Psychological Association and the American Medical Association.

SENATOR HAMMOND:

When we talk about the education portion of A.B. 99, can you explain how you perceive the education occurring? Could it be a classroom training for a two-hour time period to provide information for awareness?

MR. COOK:

The intent is to ensure when training is provided on all subjects within the child welfare and juvenile justice systems, we are introducing the particular needs and experiences of LGBTQ youth. The obligation is the same for all youth to meet these needs under the law, but we know that LGBTQ young people have particular experiences and a particular need for targeted services due to their uniqueness. Within every education topic, we can introduce issues for LGBTQ populations as we provide training.

SENATOR HAMMOND:

As an example, if there is a foster family who has younger children who have taken in a 16- or 17-year-old facing issues of that particular age group, such as dating and socializing, would you talk to the foster care parent about these kinds of issues and then emphasize what it would be like for a youth in the LGBTQ community?

MR. COOK:

Yes. Through the child welfare law, the federal government has promoted normalcy for all LGBTQ youth and young people in general. Using the example of dating and having an experience in foster care provides an opportunity to share information. Dating could be quite different if an individual is part of the LGBTQ community because of stigma and prejudice that still exists in our society.

SENATOR HAMMOND:

Does the foster care parent or potential adoptive parent have a way out if after the training, they determine they cannot care for that youth due to the emotional needs of LGBTQ youth? Does the bill say these parents have to accept this child?

MR. COOK:

The intent of A.B. 99 is not to force a foster care parent to take a child he or she does not feel capable of caring for. We know from other jurisdictions that addressing these issues by providing training is helpful. If the placement is not a good match, maybe it can become a good match with information and training.

CHAIR SPEARMAN:

You mentioned the incidents of suicide ideation and psychological challenges might raise the incident rate in LGBTQ youth. For clarity, being LGBTQ is not the reason for a higher rate of suicide ideation, but it is a result of abuse due to their status.

MR. COOK:

Yes. It does not have anything to do inherently with who an individual is as an LGBTQ youth; it has to do with society and the systemic response to the individual. What we have seen in systems that have addressed these issues through policy and training is that when we provide the support the LGBTQ youth needs, these problems decrease. This creates better outcomes for youth in the system and lower costs for the system itself.

SENATOR HARDY:

You outlined a grievance process; are there any punishments attached to that process?

MR. COOK:

No.

SENATOR HARDY:

Do you have any data showing that the suggested training works?

MR. COOK:

Yes, but there is not much data to review specific to the grievance process and whether or not it works, although there is data available about providing better outcomes and reducing bad public health disparities. Specific to the grievance procedure, I am not aware of any available data.

SENATOR HARDY:

I try to teach my grandchildren the concept of waiting and enjoying celibacy until marriage. I can see a family having challenges with that discussion with a

child who has desires that may not be compatible with the foster parents sentiments, but it may not be compatible with the foster parents even if the child were not an LGBTQ individual.

MR. COOK:

Navigating these waters of dating and sexual health are things foster parents deal with every day with children that may not be aligned with how they would approach the subject or how they engaged in dating when they were younger. The point of this discussion is to make sure that at the point of having these conversations, we are not unintentionally damaging people or further emphasizing stigmata or stereotypes that result in these poor outcomes for LGBTQ youth.

MR. WADE:

There is a difference between sexual orientation and the actual behavior. One can be gay or lesbian by sexual identity, but never engage in sex and still practice celibacy as many others do in our community. A person does not have to be afraid just because a person comes out as gay, that it means they have or will engage in sexual behavior. This is where the conversations come about so we can equip caregivers with the ability to have these conversations just as they will with any other child. The behavior of a child can be softened with these conversations if the child is not accepted.

SENATOR HARDY:

Can someone request additional training as a foster parent?

MR. COOK:

There is always the option of additional training.

ROXANA LANUZA (Intern, Progressive Leadership Alliance of Nevada):
We support A.B. 99.

ALLEN JOHNSON (Student, University of Nevada, Reno):

As a former foster youth who came out during my time in the system, I want to voice my support for A.B. 99, as it would have helped me immensely.

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

I am here on behalf of the Clark County Department of Family Services to support A.B. 99. Specifically, we support the amendment that came out of the Assembly striking language, in various sections, stating “unless doing so could be harmful to the physical health of the foster child” which relates back to placement of the child. The removal and replacement of specific regulations created by the Division of Child and Family Services and by consulting community stakeholders will determine what is a safe placement for the child and how the child can be placed safely for other children in the home. We are pleased we have the ability to regulate in the community to make these decisions by utilizing stakeholders.

JOE RAJCHEL (American Civil Liberties Union of Nevada):

We support A.B. 99 in order to assure and affirm Nevada’s commitment to the health, safety and equality of all of its youth. This bill is an important step in protecting the rights of our youth and helping them grow up in a healthy and encouraging environment. A child should not experience State-sanctioned discrimination because of their sexual orientation, gender identity or gender expression.

It is crucial, if these children are forced to interact with these agencies, that they are supported by dealing with providers, staff and foster parents who are equipped and trained to handle the unique challenges these children face. For the safety and wellbeing of our youth, systems designed to care for them must be held accountable and be trained to address needs relating to sexual orientation, gender identity and expression. This is an opportunity to strengthen equality in the law and prevent further discrimination from happening systematically against LGBTQ youth. We urge you to pass A.B. 99.

SENATOR HAMMOND:

For clarification, did Ms. Duffy say she supported the amended version of A.B. 99?

MS. DUFFY:

Yes. When A.B. 99 came off the Floor of the Assembly there were some language changes allowing consideration of the safety of the child who was asking to be placed according to their gender identity or expression. The version of the bill you see today does not contain that particular language, but replaces

it with the Division of Child and Family Services regulating those placements and decisions. We are supportive of that option because we can then decide what factors should be considered when we are looking at places like Child Haven or even a juvenile detention facility.

When we make decisions regarding a child who has a certain gender identity or expression, we are placing that child safely within a facility. Having these regulations in place allows us to consult with the community stakeholders instead of the agency making decisions in a vacuum.

JD JOHN (President, JD John Organization):

The JD John Organization is an international child advocacy organization. I am LGBT as well as having been in foster care for 18 years and 21 days. I am what is called a second generation foster child. I am neutral on the bill.

I would like the Senate Committee on Health and Human Services to request more data. The first question I was asked by my case worker was "are you gay?" That in itself was traumatic. I would like to see better language referencing how questions about a person's sexual orientation or gender expression can be asked because I have experienced this personally.

I also conducted an interview with a same sex couple who were initially therapeutic foster parents and became traditional foster parents by adopting three boys here in Nevada.

Normalcy laws should begin at the federal level. We have yet to see this trickle down to the level of the states. I have been involved with Texas and California when creating these laws. I feel we are jumping the gun with the language of A.B. 99 by excluding some of the youth when we should be trying to protect more of them.

SENATOR HARDY:

Can you clarify what you mean by excluding youth?

MR. JOHN:

Whenever we look at the acronym of LGBTQ, we need to look at the entirety of the acronym to include Native Americans identifying as Two Spirit. Two Spirit means there are two sides to the person. This is not included in the current language. Native Americans may not say they are gay, lesbian, bisexual or

questioning, but they may say they are Two Spirit. How will these youth be included if they are not included in the language of the law. What about the youth who are pansexual, sepiosexual, or asexual. The whole acronym needs to include all of them.

CHAIR SPEARMAN:

I would encourage you to speak to the sponsor of the bill about any discrepancies in terms of your interpretation and what is written.

AMANDA HABOUSH-DELOYE (Associate Director, Nevada Institute for Children's Research and Policy, School of Community Health Sciences, University of Nevada, Las Vegas):

I have a background in psychology and conduct multicultural and cultural competency training in the community. The Nevada Institute for Children's Research and Policy has research data from working with LGBTQ youth and helping providers be culturally competent within these situations.

When youth are afraid of coming out or they do not feel they are in a supportive environment, it increases their cognitive load, making them less able to pay attention in school and other social situations as well as providing a detrimental effect on their well-being.

Research has shown that youth come out between the ages of 10 years old and 15 years old. If a youth is already in the system and at the age of 10 years old he or she comes out, it makes it extremely important for training to have been provided. A foster family might not know they have one of these youth in their home if the youth has not yet come out. During the process of coming out, if the youth is not met with acceptance, there can be traumatic effects related to increased depression and increased anxiety.

I will provide the studies that may be helpful to the Committee and the sponsor regarding this subject: Emilie D'amico, Danielle Julien, Nicole Tremblay and Elise Chartrand (2015) "Gay, Lesbian, and Bisexual Youths Coming Out to Their Parents; *Parental Reactions and Youths' Outcomes*," *Journal of GLBT Family Studies*, Ritch C. Savin-Williams Ph.D. (1989) "Coming out to parents and self-esteem among gay and lesbian youths," *Journal of Homosexuality*, and Shannon Wilber, Carolum Reyes and Jody Marksamer (2006) *The Model Standards Project: Creating Inclusive Systems for LGBT Youth in Out-of-Home*

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Care, Child Welfare League of America. If you would like any further reference materials I would be happy to send them.

ASSEMBLYMAN ARAUJO:

I wanted to express my gratitude to the partners who have come together to help make sure this is good policy we are advocating for today. I hope you will support A.B. 99 so we can continue advancing the policy to protect our youth.

CHAIR SPEARMAN:

I will close the hearing on A.B. 99 and open the hearing on our work session 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)

MEGAN COMLOSSY (Policy Analyst):

The bill was sponsored by Senator Manendo and heard by the Committee on February 20, 2017, ([Exhibit D](#)).

The bill allows the parent who delivers a child to a provider of emergency services under the Safe Haven Law to retain anonymity by prohibiting providers of emergency services, including the hospital in which the child was born, from transferring identifying information about the parent to a child welfare agency. This prohibition does not apply if the child welfare agency has reasonable cause to believe the child has been abused or neglected.

The bill also removes the right of a parent who voluntarily delivers a child under the Safe Haven Law to receive notice of proceedings related to the termination of parental rights and similar matters. However, if the child was delivered to a provider of emergency services by one parent and the location of the other parent is unknown, a summons requiring that parent to appear must be served by newspaper publication.

Two amendments were proposed for S.B. 2. One amendment was proposed by Clark County and discussed during the hearing. The second amendment, proposed by Amber Howell, Director, Washoe County, Department of Social Services, is to include child welfare agencies in the definition of provider of emergency services. This would allow parents to leave their infant who is

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less than 30 days old with a child welfare agency, in addition to providers of emergency services.

CHAIR SPEARMAN:

I will close the work session on S.B. 2 and entertain a motion.

SENATOR WOODHOUSE MOVED TO AMEND AND DO PASS AS
AMENDED S.B. 2.

SENATOR RATTI SECONDED THE MOTION.

THE MOTION PASSED UNANIMOUSLY.

* * * * *

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CHAIR SPEARMAN:

We have concluded our business for today, so we are adjourned at 4:42 p.m.

RESPECTFULLY SUBMITTED,

Martha Barnes,
Committee Secretary

APPROVED BY:

Senator Pat Spearman, Chair

DATE: _____

EXHIBIT SUMMARY				
Bill	Exhibit / # of pages		Witness / Entity	Description
	A	2		Agenda
	B	7		Attendance Roster
A.B. 99	C	16	Assemblyman Nelson Araujo	Conceptual amendment
S.B. 2	D	14	Megan Comlossy	Work session document