MINUTES OF THE
SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

Seventy-ninth Session
March 22, 2017

The Senate Committee on Health and Human Services was called to order by Chair Pat Spearman at 3:33 p.m. on Wednesday, March 22, 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

COMMITTEE MEMBERS ABSENT:

Senator Scott Hammond (Excused)

GUEST LEGISLATORS PRESENT:

Senator Tick Segerblom, Senatorial District No. 3
Assemblyman Nelson Araujo, Assembly District No. 3
Assemblywoman Robin L. Titus, Assembly District No. 38

STAFF MEMBERS PRESENT:

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

OTHERS PRESENT:

Joseph Levy, American Suntanning Association
Lindsay LaSalle, Senior Staff Attorney, Drug Policy Alliance

Eugenia Oviedo-Joekes, Associate Professor, School of Population and Public Health, University of British Columbia
Liane Gladue
William Spearn, Staff Sergeant, Vancouver Police Department
Michael Hackett, Nevada Tobacco Prevention Coalition; Nevada Public Health Association
Keith Lee, Distilled Spirits Council of the United States
Bryan Gresh, Wine Institute
Samuel McMullen, Altria Client Services LLC and its Affiliates
Michael Hillerby, Anheuser-Busch Companies
Lesley Pittman, Miller Coors
Agata Gawronski, Executive Director, Board of Examiners for Alcohol, Drug and Gambling Counselors
Cara Paoli, Deputy Administrator, Developmental Services, Aging and Disability Services Division, Department of Health and Human Services
Kirsten Coulombe, Deputy Administrator of Administrative Services, Division of Public and Behavioral Health, Department of Health and Human Services
Helen Foley, Nevada Assisted Living Association
Vicki McVeigh, Manager, Pride House LLC
Lisa Foster, SNAP
Kate McCloskey, Clinical Program Planner II, Aging and Disability Services Division, Department of Health and Human Services
Kelly Wooldridge, Administrator, Division of Child and Family Services, Department of Health and Human Services
Denise Tanata, Executive Director, Children's Advocacy Alliance
Amber L. Howell, Director, Department of Social Services, Washoe County
Reesha Powell, Deputy Administrator, Division of Child and Family Services, Department of Health and Human Services
Peggy Lear Bowen

CHAIR SPEARMAN:
I will start the hearing with public comment.

JOSEPH LEVY (American Suntanning Association):
I have submitted the American Suntanning Association's (ASA) written concerns (Exhibit C) to the Committee. For 25 years I have been the head of the educational institute for the indoor tanning community, teaching tanning facilities how to do their jobs correctly, and working with State regulators on developing their procedures. Senate Bill (S.B.) 219 attempts to establish a

regulatory program with a very large price tag for about 40 professional salons in the State.

SENATE BILL 219: Provides for the regulation of certain sources of non-ionizing radiation. (BDR 40-889)

The ASA thinks there is a better way to work with the health department cooperatively to accomplish this goal without a very large fiscal note. I met with the Department of Health and Human Services senior staff two weeks ago expressing our concerns. I am confident we can accomplish the goal without the hurdles that are attached to passing a bill that has a $1.4 million fiscal note to regulate 40 businesses. I understand there will be amendments to S.B. 219. The ASA is offering assistance to the Committee to work through the hurdles to find a more cost-effective way to solve the problem.

CHAIR SPEARMAN:
We will not hear Senate Joint Resolution 8 today as it has been rescheduled for Monday.

SENATE JOINT RESOLUTION 8: Urges Congress not to repeal the Patient Protection and Affordable Care Act or its most important provisions. (BDR R-1090)

We will now hear Senate Bill 181.

SENATE BILL 181: Revises provisions governing certain alcohol and drug abuse programs. (BDR 16-513)

SENATOR TICK SEGERBLOM (Senatorial District No. 3):
I have provided a presentation (Exhibit D) explaining the main goals of S.B. 181. The war on drugs is over, and we have lost. We have to stop criminalizing addictive behaviors and start treating them as mental and physical illnesses. That is what S.B. 181 starts to do, as it provides a tax on addictive behaviors like alcohol, drugs, cigarettes and gambling. The tax would go to the State to be used for diversion courts, mental health treatment programs and other types of treatment programs. The idea is if it is known that a certain type of substance or conduct results in addictive behavior, why not have those substances or conduct pay for the addictive behavior. For example, with problem gaming, there is embezzlement, criminal problems and other things that result from

people getting in over their heads. We know that will happen, so why not address it as an issue, stop criminalizing it and putting people in jail, which then destroys their family and costs a fortune? Senate Bill 181 provides for a pilot program, based on a program in British Columbia, Canada, that treats those dependent upon heroin. It has been discovered that certain people cannot deal with methadone, so in extreme circumstances, the best thing is for the government to provide heroin to those people. It may seem controversial, but the reality is if someone is a heroin addict, rather than have him or her go out and steal or buy something which may be contaminated or too strong and lethal, giving him or her heroin is an alternative. Many families have come to me saying they would prefer a place their loved ones could go to get the drug rather than roaming the streets or overdosing. The Vancouver government thinks it is effective. In reality, it is a better way to go. Nevada could be the leader in this particular area as we are a small state.

LINDSAY LASALLE (Senior Staff Attorney, Drug Policy Alliance):
The Drug Policy Alliance is the Nation's leading organization advocating for an alternative to the failed war on drugs. In particular, we advocate for alternatives that are backed soundly in science, in evidence and have a dose of compassion. I have provided information on the heroin-assisted treatment timeline and development (Exhibit E) to the Committee. I urge your support on S.B. 181, and in particular, on sections 11 through 20, which would create the heroin-assisted treatment pilot program. The heroin-assisted treatment is the administering of pharmaceutical-grade heroin, often known as diacetylmorphine, to people who are addicted to street heroin by doctors in specialized controlled clinics.

It may seem radical or controversial to give pharmaceutical heroin to people who are addicted to street heroin. I will give three reasons why, in fact, this is not radical and should be considered as an essential treatment modality by anyone who is seriously concerned about substance abuse and addiction in Nevada. The first reason is this is a last-resort treatment. This is not a treatment that would be offered to someone who has recently become addicted to heroin. This is a treatment that is appropriate for someone who has been addicted to heroin for decades or longer. It is for someone who has tried a 12-step program, 28-day residential rehabilitation programs, methadone or morphine, and has failed time and time again, and keeps going back to using. This is a small percentage, 10 percent to 15 percent of the heroin-using population, but it is an important population to engage in treatment as they are using up a lot of the resources. This is the population who often uses the scarce resources we have

because they are cycling in and out of hospitals with overdoses and requiring emergency care, and cycling in and out of the criminal justice system with low-level convictions. It is a critically important population to engage in care and treatment, as it is a narrow population with a treatment of last resort.

The second reason is this treatment modality has been rigorously and vigorously scientifically evaluated throughout the world. It has been the subject of multiple randomized controlled trials with the highest scientific evaluation, and all the studies have come with unanimously positive results. The study participants markedly reduced their use of street heroin. They maintained treatment better than other options for this particular population. They improved social functioning, employment and quality of life. Crime and public nuisance concerns are better addressed through heroin-assisted treatments than the criminalization of heroin—all this, while being cost-effective. It has been proven that this treatment for the small group of people who do not respond to other treatments is effective at getting them into care and reducing all the crimes seen from substance abuse and addiction.

The third reason is this particular legislation is also narrowly defined, as we are talking about offering it to a small percentage of people. It is critically important as it is an opportunity to actually evaluate the process, to see if these amazing results that have been shown in other countries like Switzerland, Denmark, Germany and Canada can be replicated here and are appropriate for the demographics in Nevada. It is especially important to consider treatment options like these that might seem out of the box. There is a raging opiate epidemic where 55,000 people in the Country died of opiate overdose last year, 619 in Nevada. The rates of heroin use are going up across the State and across the Country It is important to have every possible tool in our chest to treat the issue. We need to treat it as the health issue it is, rather than criminalizing and further ostracizing people who are suffering. This bill is purposely modeled off the great results of other countries, including Canada.

EUGENIA OVIEDO-JOEKES (Associate Professor, School of Population and Public Health, University of British Columbia):
I am the principal investigator of the latest study testing injectable diacetylmorphine, and I have provided my written testimony (Exhibit F) to the Committee.

In Switzerland, there was a public health crisis with young people injecting heroin in the streets in the 1990s. Switzerland started to provide pharmaceutical-grade injectable heroin to medically curb the crisis. Pharmaceutical-grade heroin adds an important puzzle piece to our continuum of care. On its own, it is not going to solve either the Canadian or U.S. opiate crisis, but it can be an alternative treatment to those who are suffering the most.

These are the people the family health care system will have a hard time reaching and attracting into care after many years of not being provided good treatment options. Six random clinical trials have shown a decrease in opiate use of up to 80 percent in a year and a reduction in illegal activities. This treatment is about providing clean pharmaceutical-grade heroin. In addition, the core treatment is to keep patients and the community safe. It also builds a relationship with the patient because he or she will come to see us two-to-three times per day. These meetings provide us an important opportunity to offer comprehensive care. The goal is to provide a level of care with injectable diacetylmorphine to provide a safe space for patients to start the process of recovering after they have been injecting in the streets and left behind by a deficient treatment system and social inequality. This treatment is offered at the onset of the problem in many countries.

Patients can transfer to other treatment modalities when they are ready to take other forms of treatments, such as oral methadone. As Ms. LaSalle pointed out, we have shown this is a cost-effective treatment. We have the Crosstown Clinic in Canada that is open for 150 patients with continued evaluation and has been showing again and again that this treatment works. It has reduced street heroin use and illegal activities with improved quality of life and health. The United Kingdom started offering pharmaceutical-grade heroin as part of its addiction treatment system in the 1920s. We need to be quick with our public health response. This is about offering more alternatives for people who are suffering with this tremendous drug crisis on this continent. These treatments offer you the possibility of engaging in the work with patients to address the many other issues they may or may not be ready to address when you see them. The evidence is clear that now is the time to start providing this treatment.

Our studies have been published in the most important medical journals in the world. A pilot study will be the ideal way to start. Every context has its own

nuances on who can benefit and how to provide the service. It is important to start with the pilot so you can see how your population and this treatment will fit in the continuum of care.

LIANE GLADUE:
I am a client at the Crosstown Clinic. I have been in its program for four years. Before the program, my life was unmanageable and constantly in chaos. I am 50 years old and married to the same man for 30 years. I became addicted by a doctor who overprescribed morphine. When I came into a small town and asked for help, I was ostracized and shunned because of the lack of knowledge about addiction. I ended up on Hastings Street in Vancouver, the biggest open-air drug market in North America, dealing dope, with just a few credits short of a master's degree. My life went into chaos, I became homeless, I was touched by violence continually. I watched girls next to me dealing with the sex trade and drug dealing, which put them in jail. I lost my self-respect and dignity. I could not even walk across the street to get an intent to rent to find myself a place to live because I was so ashamed of what I had become. I left behind five teenaged-to-early-twenties children because of my inability to even show my face. I lost contact with my children for a year. Then I got into the program, and the layers of addiction slowly started to peel away. I slowly started getting back my self-respect, all because the chaos went away which was caused by the drugs and society because of its inability to understand. A lot of people in my program did not start off by using heroin. They started off by using other drugs. They feel like they are being punished by our medical system because somehow their drug use got out of hand. The program stopped that. There are two people who have gotten associate degrees, and there are people reconnecting with their children. It is not for everybody as it is all encompassing in your life. You have to be there three times a day. All of a sudden, you are having relationships that are positive and you are not high. You are not getting blotto when you are there. You get to a point where you are able to deal with everyday living.

My husband and I went into the Crosstown Clinic. We have reconnected with our children. I live in an apartment where I pay rent. I have money for groceries. I have stopped all illicit drug use, and that is one thing I did not think would happen. This is not a condition you have to achieve in this program, but most people because they want stability and a normal lifestyle, make it happen. It happened for me, my husband and other people. My husband has not been incarcerated or committed a crime in the four years he has been in the program. That seems to happen with people who are removed from the criminal element

where they purchased drugs. I know that a woman very similar to me died of a heroin overdose in the alley behind my house. The difference between her and me is she did not get into the program quick enough; she had not been an addict long enough. We need to have these programs. I have tried the 12-step, I did recovery, I did drug court. Nothing stopped me, and I tried wholeheartedly just like I tried this one. Nothing stopped the chaos of drug addiction and the lifestyle that we all seem to get addicted to, and this program did.

WILLIAM SPEARN (Staff Sergeant, Vancouver Police Department):
I have been a member of the Vancouver Police Department for 21 years. For a majority of my career, I have been involved in drug enforcement. When I began my career in 1996, walking the beat in Vancouver's downtown eastside, I would go from overdose to overdose during my shifts. This went on for the first five years of my career. I worked through a time when high-potency heroin was killing the drug-addicted in the late 1990s, the crack cocaine era and the emergence of methamphetamine. Heroin has always been abused and available on the illicit market in Vancouver. It is a constant in that area. In the late 1990s, needle exchanges began to operate in Vancouver and provide clean supplies to those injecting illicit drugs because of high HIV and hepatitis rates. I was against that at the time, believing it would encourage drug use, but my views are now different.

In 2001, the City of Vancouver approved the four pillars approach to the drug problem, which is based on the four principles of harm reduction, prevention, treatment and enforcement. When I left the area for another assignment in 2001, there was talk of a safe injection site opening, which I also opposed for the same reason. I believed it would encourage or attract drug users to the area. The safe injection site in Vancouver, called Insite, opened in 2003. Drug users brought their own illicit drugs into the safe injection site to consume under medical supervision with clean supplies. There has never been a fatal overdose inside the facility, and it remains open to this day.

I returned to the downtown eastside of Vancouver in 2011. The one thing I noticed immediately was that I was not attending or finding any drug overdoses. I attribute that directly to the safe injection site and other harm reduction strategies. My views toward reduction and treatment have changed as a result.

In 2014, the Vancouver Police Department saw a large increase in the number of overdoses, which we attributed to the contamination of the illicit drug supply

with fentanyl and analogs. In 2016, 922 people died from illicit drug overdoses in British Columbia (B.C.). A robust take-home naloxone program initiated in B.C. is another example of a successful harm-reduction program that I support. But simply reviving people from overdosing is not a long-term solution to stop or solve opioid addiction. If people are forced to inject illicit drugs of unknown composition and purity with dirty equipment, they are much more prone to infections, sickness and overdose. Most people cannot walk away from opioid addiction.

Studies in Europe, as well as one in Vancouver called the North American Opiate Medication Initiative, have shown that medically prescribed heroin was safe and effective. The Crosstown Clinic in Vancouver is an example of a successful treatment facility. If someone with a heroin addiction is provided with heroin replacement therapy, it gets them off the streets and into a clinically supervised site and treatment. It means they no longer have to commit crimes to fuel an addiction. Heroin-assisted treatment is a more cost-effective way to fight addiction rather than trying to arrest our way out of this issue. When people self-identify and come forward looking for help, it is important to have somewhere to bring them immediately, as the window of opportunity is small. In my experience, the police are often the first people approached by people who are addicted to opioids and other drugs on the street seeking treatment. The Vancouver Police Department lobbies for and supports on-demand drug addiction treatment and greater access to a variety of treatment options, including heroin-assisted treatment or opioid replacement therapy.

SENATOR SEGERBLOM:
Page 4 of Exhibit D shows the tax increase proposed on alcohol, cigarettes and gaming. These items cause problems, and they should be at least partially responsible for funding treatment programs. The taxes on these items, other than cigarettes, have not been raised in decades. The definition of insanity is to keep doing the same thing over and over again while expecting different results. I have been working on legislation dealing with opioids for my three terms. From my perspective, it is starting to catch up and everybody is starting to realize it is out there. I do not think criminalization is effective or saying doctors cannot prescribe as much. There are people out there who have been victimized by drug use. If this pilot program would help, this is the solution we should look for. We need to look outside the box and try new things. It cannot hurt. Obviously, what we have been trying does not work.

MICHAEL HACKETT (Nevada Tobacco Prevention Coalition; Nevada Public Health Association):
The Nevada Tobacco Prevention Coalition (NTPC) supports S.B. 181 and the proposed cigarette tax increase. The NTPC feels it will have a benefit to tobacco control efforts in the State. A cigarette tax increase of the size that is being proposed ultimately results in attrition in the number of people who are actually smoking cigarettes. For us in the tobacco control community, that is a very effective tool.

The Nevada Public Health Association (NPHA) understands how serious the problem is of substance abuse and addiction. It can be devastating on individuals, careers and families. The NPHA feels it is appropriate and the proper thing to do to have the resources and programs in place to provide treatment and rehabilitation instead of incarceration. The NPHA supports S.B. 181.

CHAIR SPEARMAN:
The Committee received a letter of support (Exhibit G) for S.B. 181 from the Nevada Attorneys for Criminal Justice

KEITH LEE (Distilled Spirits Council of the United States):
The Distilled Spirits Council of the United States (DSCUS) is the trade association of the major distillers in this Country. Approximately 70 percent of the distilled spirits that are sold and consumed in the U.S. are distributed through distributors. The DSCUS is not in opposition to the policy piece. We presume it will be referred to the Senate Revenue or Finance Committee for further consideration at which time we will present in detail. The DSCUS is in opposition to the proposed 50 percent-plus-or-minus increase on liquor taxes as a funding mechanism. I have submitted a tax analysis (Exhibit H) to the Committee.

Personally, my family has been affected by addiction; probably most of the people in here have been affected by addiction in one way or another. We all know the devastating effect it has on families. From a policy aspect, S.B. 181 deserves consideration.

CHAIR SPEARMAN:
If the funding mechanism is not palatable, have you thought of another way to do this?

MR. LEE:
No, we have not been involved in any discussion concerning an alternative funding mechanism.

BRYAN GRESH (Wine Institute):
The Wine Institute is in opposition to S.B. 181. I have provided my written testimony (Exhibit I) to the Committee. I met with Senator Segerblom yesterday to discuss our opposition. The opposition is more of a fiscal nature than a policy nature.

SAMUEL MCMULLEN (Altria Client Services LLC and its Affiliates):
The Altria Client Services LLC and its Affiliates is a tobacco company, a consortium, and it is also the Philip Morris and Marlboro brands. Senate Bill 181 is a great public policy bill and a great public solution, as we do not have enough resources for people who are addicted. I have provided information (Exhibit J) on cross-border activity, cross-border transfer of revenue and cross-border sales. Altria has developed the ability to model the impact on tax-paid cigarettes sales across Nevada's borders with accurate data for 2016. It should be no surprise that taxes were raised $1, and we lost 32.3 percent of the revenue. In the 2016 period, Nevada still had a much lower tax than California. In November 2016, California passed a $2 increase on cigarettes. Clearly, it will not be red on that side of the border. We will transfer some of the sales back. We used to have revenue traveling back from California to Nevada and going into cigarettes. As the dollars and taxes go up in California, it will not be as pink as it is shown on Exhibit J. Hopefully, we will get some of the tax revenues back in Nevada. Every increase in tax reduces the revenue that we get from cross-border sales. If it is done again, it may hurt some of the California revenue that is coming back.

MICHAEL HILLERBY (Anheuser-Busch Companies):
The Anheuser-Busch Companies are in opposition to the 50 percent tax increase. The people who analyze data at the Anheuser-Busch Companies and have experience with tax increases have estimated direct job losses to the brewing and distribution channel at approximately 75 jobs and the indirect jobs, including retail and other, at a total of 119 jobs. The Anheuser-Busch Companies support the policy and treatment programs. While the vast majority of our customers use responsibly, we know some do not and contribute to the problems.

LESLEY PITTMAN (Miller Coors):
Miller Coors is in opposition to S.B. 181 for the same reasons as Mr. Hillerby just stated.

AGATA GAWRONSKI (Executive Director, Board of Examiners for Alcohol, Drug and Gambling Counselors):
The Board of Examiners for Alcohol, Drug and Gambling Counselors is in opposition to S.B. 181, particularly to the four-year pilot program for heroin treatment. There is an effective opiate replacement therapy now, and that is the way to go.

CHAIR SPEARMAN:
What is the other replacement therapy?

MS. GAWRONSKI:
It is a medication-assisted treatment such as buprenorphine, Suboxone or methadone. It is regulated in a medical setting, and it is legal. It is the Board of Examiners for Alcohol, Drug and Gambling Counselors' opinion to not replace it with heroin.

CHAIR SPEARMAN:
I will close the hearing on S.B. 181 and open the hearing on S.B. 266.

SENATE BILL 266: Makes various changes relating to providers of certain health care services in the home. (BDR 39-370)

ASSEMBLYWOMAN ROBIN L. TITUS (Assembly District No. 38):
The Subcommittee to Conduct a Study of Postacute Care was created by A.B. No. 242 of the 78th Session. The Subcommittee was charged with conducting a study of postacute care in Nevada, including a review of the quality and cost of postacute care, alternatives to institutionalization, cost savings of home- and community-based waiver programs, the impact of alternatives to institutionalization on the quality of life a person receiving postacute care services, and State and national quality measures and funding methodologies for postacute care.

Senate Bill 266 establishes systems of statutory and regulatory oversight of providers of supported living arrangement services and community-based living arrangement services. The bill gives the Department of Health and Human

Services regulatory authority over providers of both types of services and requires that similar regulatory standards be adopted for each. Senate Bill 266 defines community-based living arrangement services, requires a provider of community-based living arrangement services to obtain a certification, requires a consumer of such services to be furnished with specific information by a provider of community-based living arrangement services, requires periodic inspections or surveys to ensure providers are in compliance with applicable statutes and regulations. In addition, S.B. 266 authorizes the Division of Public and Behavioral Health to impose administrative penalties for violations of statutes and regulations and creates a no-wrong-door policy for reporting complaints among regulatory agencies.

I have provided my testimony (Exhibit K) to the Committee. I urge your support of S.B. 266.

SENATOR RATTI:
The stories in the paper were compelling; unfortunately, the facility that made the news was just a couple of blocks from my home. Are supported living arrangements (SLA) and community-based living arrangements (CBLA) licensed?

ASSEMBLYWOMAN TITUS:
No, they are not licensed.

SENATOR RATTI:
Senate Bill 266 uses the language such as certificate. What is the difference between a license and a certificate?

ASSEMBLYWOMAN TITUS:
I cannot answer that question. We sent this to our Legal Division, and during our hearing, this is what was recommended. The SLA and the CBLA have to have certain business licenses. We are trying to mirror other departments.

SENATOR RATTI:
I am trying to understand how this works. I believe we license a long-term care facility or a hospital.

ASSEMBLYWOMAN TITUS:
I think we give them certificates of occupancy, but I can get the answer to you.

CARA PAOLI (Deputy Administrator, Developmental Services, Aging and Disability Services Division, Department of Health and Human Services):
I work in the Aging and Disability Services Division, specifically with Developmental Services. We are regulated by *Nevada Revised Statute*s (NRS) 435 and do have a certification process that outlines certifications of all our providers. There are provider standards that are rigorous and specific as to what the provider is expected to do as far as providing support to our consumers. The situation about the facility reported in the newspaper was not one of our supported living homes in the community. It was a home housing Division of Public and Behavioral Health recipients. We had a committee that met to discuss how to prevent gaps in regulatory operations through the State. Supportive living homes for children are licensed through the county and certified through the Department of Health and Human Services.

KIRSTEN COULOMBE (Deputy Administrator of Administrative Services, Division of Public and Behavioral Health, Department of Health and Human Services):
In response to the situation in the newspaper, the Division of Public and Behavioral Health put forth Assembly Bill (A.B.) 46 that has a similar structure to S.B. 266. We have an amendment on A.B. 46 to clarify that it should be any agency that provides community-based living services, not just ones we contract with but all entities. I do not know how the Legal Division would reconcile the proposed amendment for A.B. 46 with S.B. 266.

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

SENATOR HARDY:
The genesis happens when an inspector goes to a place, knocks on the door and the occupant opens the door, and the inspector says I am here to inspect. The person says the inspector cannot come in because the inspector has no legal authority to come in. Senate Bill 266 requires periodic inspections or surveys to ensure compliance. This gives the State the ability to inspect, and that is an area that was lacking. Call it a certification or business license or whatever you want, we never had the permission to go inspect.

CHAIR SPEARMAN:
The original question is, why certification as opposed to license?

ERIC ROBBINS (Counsel):
Certification and license is a distinction without a difference. The person or agency has to demonstrate whatever qualifications are prescribed in statute for either one. Either a certificate or a license is a prerequisite for entering into whatever type of business that certificate or license is for. Generally, the certificate or license authorizes whatever agency that issues the certificate or license to regulate and impose disciplinary action against people who break the rules.

MS. PAOLI:
All of our supported living arrangement homes do have required environmental reviews that are in statute. We provide environmental reviews quarterly through our service coordinators.

HELEN FOLEY (Nevada Assisted Living Association):
I have provided my written testimony (Exhibit L) to the Committee. I represent all the organizations that are under NRS 449, such as residential facilities for groups and adult group homes. Residential facilities for groups serve between three and ten individuals within a home setting. We carefully participated in, edited and monitored all the activities during both Interim studies that dealt with seniors. Any facility that falls under NRS 449 has to follow stringent requirements, and Nevada has the most stringent requirements in the Nation when it comes to serving these individuals. One of our major concerns is that SLA and the newly created community-based living arrangements did not have the same types of requirements. We requested standardization for all. Each of our facilities is licensed. There are corporations that get a certificate, then open up many CBLA around the community. They are not licensed.

The Nevada Assisted Living Association (NALA) believes there should be some modifications to S.B. 266. Currently, there is no requirement for a policyholder to have a business license. The bill addresses the need to declare if the facility has a business license, but it does not address that the facility must have a business license.

The NALA recommends revising subsection 1, paragraph (c) in sections 17 and 24 of S.B. 266, as there should be mandatory physical inspections and surveys on an annual basis, not any combination. Having a few people sit down at the kitchen table and fill out a few surveys is not inspecting. We need both inspection and survey. We have information, such as violations, listed on a

Website. It is similar to a restaurant; if there are violations, they are posted on the Website. Families who need to make sure their loved ones are protected can look at the Website for different facilities available.

The other modification NALA is requesting is in section 28. There is no time frame for the Department of Health and Human Services to adopt regulations. Supported living arrangements came into being in 2009. It was not until two months ago that regulations were adopted for SLA. The NALA would like the regulations to be adopted before the next Legislative Session. I have been working closely with the Legal Division on Assembly Bill 46 to create the new category of community-based living arrangements to make sure there is consistency and uniformity with regulations for the ability to inspect and the ability for the State Long-Term Care Ombudsman to make sure the people are safe.

CHAIR SPEARMAN:
Why do the community-based living arrangements and the supported living arrangements not have a business license requirement?

MR. ROBBINS:
Nevada Revised Statutes 76.100 provides that a person shall not conduct a business in this State unless the person obtains a State business registration. *Nevada Revised Statutes* 76.020 defines a business as any enterprise being conducted for profit. To the extent that CBLA and SLA are being conducted for profit, they are required to have a business registration; to require it again in S.B. 266 would be duplicative. To the extent they are operating on a nonprofit basis, to require them to obtain a business registration would subject them to requirements that no other nonprofit entity is subject to.

MS. FOLEY:
Section 7, subsection 1 of S.B. 266 states:

> In addition to any other requirements set forth in this chapter, an applicant for the renewal of a certificate must indicate in the application submitted to the Division whether the applicant has a state business registration. If the applicant has a state business registration, the applicant must include in the application the business identification number assigned by the Secretary of State upon compliance with the provisions of chapter 76 of NRS.

If they have a business registration, they have to submit it; if they do not have one, they do not have to submit it. That may be the nonprofit that Mr. Robbins spoke of. It is confusing to read because it implies that if you do not have one, you do not need to submit it.

MR. ROBBINS:
You are correct. The wording accounts for nonprofit organizations that could be engaged in providing SLA or CBLA. This is standard language that Legal puts in all licensing chapters. If they are required to have a business license, they do have to submit evidence that they have obtained it. If they are a nonprofit entity, that would be unnecessary.

MS. FOLEY:
It seems that section 7 of S.B. 266 should be worded like what Mr. Robbins just stated, so it would be understandable to people reading the law.

SENATOR HARDY:
I do not want to give the impression that the surveys and inspections that are stated in subsection 1, paragraph (c) of sections 17 and 24 of S.B. 266 are done at the same time of year, every year but done at different times of the year and randomly. If something is found during an inspection, the inspector can go back anytime to find out how it was resolved.

MS. FOLEY:
There are environmental reviews with the CBLA, and there should be environmental reviews for the SLA. We never know when the inspections are going to happen in our facilities. We would like that to be consistent.

VICKI MCVEIGH (Manager, Pride House LLC):
Pride House LLC is a service provider in 4 residences and services 25 clients in community-based living arrangements. I am one of the founding members of a new organization called the Northern Nevada Mental Health Providers Association. We are well aware of what has been written in the media about CBLA and want to be proactive and prevent those types of bad press, especially for the providers that do a good job. As a CBLA provider, Pride House LLC is contracted through Developmental Services, some of the CBLA are not.

We support S.B. 266 because for a long time the CBLA has not been regulated. I have been doing this for 13 years. We have requested some type of regulation

in writing and appreciate that it is now being done. Regulations will control and legitimize this industry, bring respect back to the services that are provided to the community and eliminate instances of abuse and neglect to the clients who receive our services. Pride House is required by Northern Nevada Adult Mental Health Services to have city and State business licenses. Northern Nevada Adult Mental Health Services does random environmental audits as well as fiscal audits to make sure you are fiscally able to carry the company and be responsible for the well-being of the clients.

There are many misconceptions about the community-based living arrangements, which is a new name because we were called supported living arrangements. They want to separate the CBLA from the SLA. The CBLA are short term and the goal is independence. The CBLA are placed in the home to work with the client to live independently. Services should decrease as the client gets better and prepares to move independently. These are more of transitional living accommodations, not long-term facilities. All the clients who are placed in CBLA are ambulatory, qualified to make their own decisions and are there voluntarily. The clients are there because they chose to participate in the program and work toward independence.

LISA FOSTER (SNAP):
The State of Nevada Association of Providers (SNAP) represents a group of SLA providers from around the State. We are taking a neutral position because with the number of bills going through, SNAP does not want to be overregulated. I have spent a lot of time trying to clarify what the SLA are. The people I represent under NRS 435 are providers for adults with intellectual disabilities and are heavily regulated. There is a quality assurance department that does most everything that has been mentioned today and much more.

MS. PAOLI:
I am responding to Ms. Foley's comment about regulations only being in place for a couple of months. Our regulations have been in place since 2006-2007 when we closed the intermediate care facilities in Sparks. All of our service recipients were transferred to community placements. The statement Ms. Foley made does not apply to Developmental Services and our consumers.

We do have several providers that are regulated under NRS 435. We have several State positions that are required to complete certification of all of our providers who meet our criteria to become our providers. It is a rigorous

process, and there are many requirements. We do annual unannounced inspections of our provider homes, 24-hour supported living arrangements. We offer services on a continuum. We have individuals with disabilities who live in their own family homes or live in apartments, and we provide service providers to come in to do two or three hours of service each day. The service providers will help with money management or hygiene or whatever is needed for that particular individual.

One concern we have about S.B. 266 is that to require a person who lives in his or her own family home to have inspections this rigorous seems invasive.

SENATOR HARDY:
What do you want in S.B. 266 to prevent people from complaining about inspections and that the providers were not doing their jobs?

KATE MCCLOSKEY (Clinical Program Planner II, Aging and Disability Services Division, Department of Health and Human Services):
For supported living and developmental services, we have regulations, *Nevada Administrative Code* 435, that require our providers to allow us access to any environment in which they provide services.

SENATOR HARDY:
What do we need to do in the big world?

MS. MCCLOSKEY:
We know there are certain agencies or board and care facilities that do not have the rigorous certification or licensure that SLA or other facilities regulated under NRS 449 have. The Department of Health and Human Services has brought together a group to talk about how we can reach out to work with county and local officials around regulations for those types of environments. That work group is still ongoing.

SENATOR HARDY:
Does that sound like a friendly amendment?

MS. PAOLI:
We can meet with the people who drafted S.B. 266 along with representatives from the board and care facilities.

ASSEMBLYWOMAN TITUS:
It has been interesting to hear the additional neutral and for testimony. The resounding theory is there is a void. People are lost somewhere in this big zone, and I appreciate that DHHS saw it on their own, recognized when this was happening and created A.B. 46. Senate Bill 266 is about people we somehow lost. I want to solve the problem, and I do not care what bill number it is, but we need to close this gap. We need to give these people some assurance that Nevada cares and will be watching. This is the first that I have heard about Nevada Assisted Living Association concerns. I want to solve the problem.

CHAIR SPEARMAN:
I am closing the hearing on S.B. 266 and will open the work session on S.B. 60.

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

MEGAN COMLOSSY (Policy Analyst):
I will read the summary of the bill from the work session document (Exhibit M).

SENATOR HARDY MOVED TO AMEND AND DO PASS AS AMENDED S.B. 60.

SENATOR WOODHOUSE SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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CHAIR SPEARMAN:
I will close the work session on S.B. 60 and will open the work session on S.B. 159.

SENATE BILL 159: Provides for the regulation of the sale of dextromethorphan. (BDR 40-543)

MS. COMLOSSY:
I will read the summary of the bill from the work session document (Exhibit N).

SENATOR HARDY MOVED TO AMEND AND DO PASS AS AMENDED S.B. 159.

SENATOR RATTI SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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CHAIR SPEARMAN:
I will close the work session on S.B. 159 and will open the work session on S.B. 189.

SENATE BILL 189: Revises provisions relating to child care facilities. (BDR 38-61)

MS. COMLOSSY:
I will read the summary of the bill from the work session document (Exhibit O).

SENATOR HARDY:
I would like clarification on the definition of child care facility. I want to make sure that S.B. 189 does not apply to a private home that takes in less than six children.

MR. ROBBINS:
Senate Bill 189 applies to child care facilities which are defined in NRS 432A.024 as an establishment operated and maintained for the purpose of furnishing care on a temporary or permanent basis to 5 or more children under the age of 18, if compensation is received for any care of these children. It expressly does not include: the home of a natural parent or guardian, a home in which the only children received are related to the caretaker, a home of a person who provides care for the children of a friend or neighbor, a location at which an out-of-school time program is operated and certain other facilities. The private homes that care for less than five children are generally excluded from most of the requirements of this bill.

SENATOR HARDY:
Does S.B. 189 apply if a child drops by a neighbor's house after school and there ends up being six children in the home?

MR. ROBBINS:
If the neighbor is getting paid for the children, then it does qualify. Otherwise, it would not.

SENATOR HARDY:
Is it already in statute?

MR. ROBBINS:
That is correct.

SENATOR RATTI MOVED TO AMEND AND DO PASS AS AMENDED S.B. 189.

SENATOR WOODHOUSE SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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CHAIR SPEARMAN:
I will close the work session on S.B. 189 and will open the work session on S.B. 257.

SENATE BILL 257: Revises provisions relating to the welfare of children. (BDR 38-662)

MS. COMLOSSY:
I will read the summary of the bill from the work session document (Exhibit P).

SENATOR HARDY:
Section 6 of the Legislative Counsel's Digest for S.B. 257 says the bill makes an appropriation from the State General Fund of $53 million to the Division of Child and Family Services to replace its case management system. Is the case management system $53 million, so we are not coming up with another $53 million? Or is the $53 million that has now changed in the amendment to $28 million-plus for replacing the case management system? Is it a net-neutral situation? Do we have to come up with $14 million per year in the biennium?

KELLY WOOLDRIDGE (Administrator, Division of Child and Family Services, Department of Health and Human Services,):
This is a complete replacement of our Unified Nevada Information Technology for Youth (UNITY) system. So it will be $28 million over 5 years. Senate Bill 257 is asking for the appropriation up front. It went from $53 million to $28 million because the original bill did not account for the federal reimbursement, which is about 49 percent.

SENATOR HARDY:
Was DHHS going to spend the $28 million in the first 2 years up front anyway? Or is that a new $28 million?

MS. WOOLDRIDGE:
It is a new $28 million.

SENATOR HARDY:
Which, I understand, it is not in the Governor's budget.

MS. WOOLDRIDGE:
That is correct.

CHAIR SPEARMAN:
Is UNITY the computer system?

MS. WOOLDRIDGE:
Yes, It is our case management system. Our Statewide Automated Child Welfare Information System is our federal reporting requirement system that we use for child welfare.

CHAIR SPEARMAN:
Is that the system that gives you real-time placement location?

MS. WOOLDRIDGE:
No, it is not. That is part of the issue that brought S.B. 257 forth as we had difficulties in UNITY getting the placement information. PRIME is the computer program that the counties purchased to get the placement matching and placement information for youth in foster care.

SENATOR HARDY:
Where is the money going to come from?

MS. WOOLDRIDGE:
I do not have an answer for that.

SENATOR RATTI:
The $28 million is appropriated in the biennium, but is all $28 million to be spent in the biennium, yet it takes 5 years to build it out?

MS. WOOLDRIDGE:
Yes, that is how the Technology Investment Request (TIR) was written. This was in our agency request budget, but we pulled it because we were working with the federal government over the last 4 months to get 90-to-10 funding. The federal government would pay for 90 percent of it through the Affordable Care Act (ACA). However, we were unsuccessful because the program is not an eligibility program but a case management program. The agency pulled it before the Governor's *Executive Budget*.

SENATOR RATTI:
Is the $28 million spread over 5 years since it is a 5-year project?

MS. WOOLDRIDGE:
No. We are asking for the full amount now and not to be spread over five years. We were concerned that if we asked for a partial amount now and then asked future Legislative Sessions for the rest, the State may not give us the money. If the product was not finished within the five years, then the money would have been wasted.

SENATOR HARDY:
Does the $28 million have to be up front, all at once, and at the beginning of the biennium?

MS. WOOLDRIDGE:
I have to look at the way the TIR was written, but I believe it would be over the biennium, not an up-front one-shot thing.

DENISE TANATA (Executive Director, Children's Advocacy Alliance):
When we were putting the amendment through after hearing about the potential for the federal match, we were looking at the fact this was a five-year implementation project. Given our biennial budget process, we were inquiring about how we would do that. We asked how we would put that in. We were presented with two options. The first one was to request all the funding in this biennium with the ability to use it over the five-year implementation period. The second option was to ask for just the amount we needed in this biennium and then come back in the next Session and ask for the remainder of the funding. That would put us in the position of potentially having the first two years of the project funded and then not be able to complete it if we were not able to secure funding in the following Session.

CHAIR SPEARMAN:
Is there anything unusual about this type of request where the money is spent over a period of time?

SENATOR HARDY:
Yes, it is unusual. One Legislature cannot bind a future Legislature. That is why the Division of Child and Family Services (DCFS) is looking at the $28 million now instead of the $14 million. The challenge I see is if $53 million or $28 million or whatever amount is asked for, I do not know what is going to happen with the Medicaid funding. I do not know how we say what we are going to do and what we are not going to do.

SENATOR WOODHOUSE:
I would suggest that this Committee decide if we want to move forward on the policy of S.B. 257. It has to go to the Senate Committee on Finance, and it can determine the right way to handle the funding final numbers.

AMBER L. HOWELL (Director, Department of Social Services, Washoe County):
The federal match we receive on the child welfare side is Title IV-E entitlement funds and not from the ACA or Medicaid portion.

> SENATOR WOODHOUSE MOVED TO AMEND S.B. 257 ON THE POLICY AND REREFER TO THE SENATE COMMITTEE ON FINANCE.
>
> SENATOR RATTI SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

* * * * *

CHAIR SPEARMAN:
I will close the work session on S.B. 257 and will open the work session on A.B. 99.

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

MS. COMLOSSY:
I will read the summary of the bill from the work session document (Exhibit Q).

SENATOR WOODHOUSE:
I received information from Assemblyman Nelson Araujo. We want to add additional names as sponsors to A.B. 99 and would like to add Senator Spearman's name as an amendment to sponsors from the Senate.

CHAIR SPEARMAN:
Yes, I did speak to Assemblyman Araujo, and I would like to add my name to the sponsors. We heard yesterday in the Senate Education Committee about the bullying of children. I would like to commend Assemblyman Araujo because A.B. 99, to a certain degree, helps to shield children—who are already traumatized and in situations not of their own doing—from further actions that might scar them for life.

SENATOR HARDY:
I have challenges with the all-encompassing teach everybody everything. I do not know that foster parents are going to understand exactly what they are getting into and not getting into, but I would give them the option as to what they want to do. I would not require everybody to be trained on lesbian, gay, bisexual, transgender and questioning (LGBTQ) children. If the foster parents are not comfortable with either the training or accepting of an LGBTQ foster child, then they should be allowed to not have the training.

ASSEMBLYMAN NELSON ARAUJO (Assembly District No. 3):
We have had this discussion about the training. We are not adding additional training. We would be folding LGBTQ sensitivity training into current training.

That is why you saw many amendments come through that clearly flushed that out. If someone does not want to adopt or take a child who is LGBTQ, no one is forcing the foster parent to do anything. The training is going to be included in existing training. The training is something that DCFS is going to work on with the partnership of stakeholders. We are not forcing additional training on someone just for the sake of doing it.

SENATOR HARDY:
How much time are we looking at for this part of the training?

ASSEMBLYMAN ARAUJO:
We worked really hard and listened to all the stakeholder's concerns. One big concern was that certain stakeholders did not want to be overprescribed. We are sensitive to that, which is why we have allowed DCFS to set the determinants in place once A.B. 99 is passed. I do not want to speculate that the training will be two minutes or two hours because I respect the fact there will be two experts at the table and collaboration will happen. I trust that through the regulatory process, we will get it right. I cannot give you a concrete answer. I am not responsible for the training that currently takes place because that was there before this bill came forward. Assembly Bill 99 simply adds language that would require the Department of Health and Human Services to ensure there is LGBTQ sensitivity training in the existing training.

SENATOR HARDY:
On the application for becoming a foster parent, is there a box that can be checked that says no, I do not want to do that?

ASSEMBLYMAN ARAUJO:
Are you saying no, they do not want to participate in training? The LGBTQ training will be folded into the existing training. I would hope they would not be able to opt out of the full training that is required.

SENATOR HARDY:
If a foster parent feels he or she is not compatible with taking care of an LGBTQ person, is there an option to still be a foster parent and not go through that part of the training?

MR. ROBBINS:
The LGBTQ training would be folded into existing required training. It does not extend the amount of training the foster parent has to have. But the parent does have to participate in the training and cannot opt out of any part of it.

SENATOR HARDY:
That would preclude foster parents from being foster parents if they know they are not comfortable with an LGBTQ child.

ASSEMBLYMAN ARAUJO:
We can all agree we do not want someone matched up if they are not the best fit. No one is intending to put a child or foster parent in that position. We were very careful when we were amending the process that was not the case. That is not in any way the intent of A.B. 99.

REESHA POWELL (Deputy Administrator, Division of Child and Family Services, Department of Health and Human Services):
In the licensing process, we talk to the proposed foster parents about what kind of children, ages and gender they are willing to take. We go through what kind of situations and what kind of children they can work with.

SENATOR HARDY:
Then they would go through the same training?

MS. POWELL
Yes, it is a standardized training for all children. The training is in general terms, working with children in all fashions.

CHAIR SPEARMAN:
In the overview, A.B. 99 addresses the protocols to follow or factors to consider before putting a child in certain placements. For example, if someone wanted to be a foster parent for a girl, the foster parent would not have to take a boy, but the training the foster parent would receive would cover information for both a girl and a boy. The training would entail many different subjects that would relate to child-rearing, probably things that would have to do with a child who may be differently abled. If the proposed training was added and a foster parent went through the training, it does not mean the foster parent is affirming LGBTQ. It is not lifestyle, it is who they are. It simply means the foster parent is getting information on all of the types of children who may be available. The

foster parent has information to make a more informed decision. Sitting through the training does not mean the foster parent is for or against LGBTQ. For example, if the training were to include English as a second language or training about differently abled children and the foster parent did not want either of those, is there an opt-out provision for the training on either of those two subjects?

MS. POWELL:
Are you asking if the foster parent has an option to not attend a certain part of the training because he or she is not interested?

CHAIR SPEARMAN:
The question is being asked based upon a specific category that is delineated in A.B. 99. I am going to give you a couple of examples. If a foster parent were to say I do not want to be a foster parent to someone who does not speak English, and let us say there is a part of the training that deals with children who do not speak English, can the foster parent skip that part of the training? Another example is if a foster parent says I do not want someone who is differently abled and there is a part of the training that deals with that, can the foster parent skip that part of the training? In my mind there is no difference in those two categories, whether it be language, ethnicity, culture or abilities. In this case, there is a particular category that is being proposed to be added to the training. It is all a part of the training if someone wants to be a foster parent.

One of my sisters was a foster parent for about five years. She went through a whole litany of training. At the end of the training, she had a better understanding of what the children needed who were in foster care. She had an opportunity to evaluate whether she was capable of doing it, whether she had a desire to do it and if a foster child would be compatible with the children she had at home. I am asking that question from that vantage point.

Someone says I do not want to foster a child who speaks a different language or I do not want foster a child who is differently abled or I do not want to foster a child who is of different ethnicity or culture. If the entire training is, let us say, two hours and that portion of language training or ethnicity training or culture training is five minutes of the total training, can the foster parent walk down the hall to get a soda—bypassing that portion of the training—and still be eligible to foster a child?

MS. POWELL:
I do not know if we have ever run into that situation before. When the foster parents are coming in for training, they are learning how to care for children. The training covers different scenarios about the children who may be coming into care and how best to work with them and engage with those youth. I would imagine if there was a specific population the foster parents were not willing to take and they knew that right up front, provided they were still able to meet the training hours, then yes, they most likely could opt out of that part of the training.

CHAIR SPEARMAN:
Opt out or tune out?

MS. POWELL:
Yes, exactly.

SENATOR RATTI:
The compelling part of why all foster parents should have this particular training is unlike language or race or even being differently abled. We know when we are talking about the normal child development process for someone who is learning about LGBTQ or gender identity, that this is an evolution. Much of the time the evolution will happen as they are aging through different stages. When a foster parent chooses a two-year-old, that might not be something the foster parent is aware of. As the child is six, seven or eight years old, and particularly as the child moves into the teen years, there are things that may come to the forefront. If the foster parent does not have access to the training, then he or she may not have the ability to address those issues as they emerge. The LGBTQ training is not like race or ethnicity, which frankly is not going to emerge because you know that going in. That is why every foster parent should have cultural sensitivity to be a sensitive and appropriate caregiver because this may not be something the foster parent knows at the moment.

That is why I support A.B. 99 and why foster parents should not be able to opt out of any of the training. More than likely if you have a child, that child will be interacting with other children who are different. You have to have some level of sensitivity to be able to raise the child. We are giving people a huge responsibility when we ask them to care for our children. Having the basic vocabulary, language, skill set and resources when these issues emerge is critical. I do not like where we are going with the opt-out conversation because

it is important for every foster parent to have this information to cope with issues as they come.

SENATOR HARDY:
I can match any parent, on any level, on any problem, with any kid; no matter how much training you get, it is not enough. You do not get a manual when you bring them home from the hospital. I am worried about the chilling effect that is going to happen when you say in training that this could happen or that could not happen to parents and then they share their stories with other people. It would be an unusual parent who can, knowing what he or she is going to get into, say yes, I want to do that. I am concerned about our supply of foster parents. What they know they do not want to do and know they do not want to be; yet, when they are with the child long enough, they are going to do it anyway. The foster parent will give his or her life to the child whether he or she is fostered or adopted. Before they create the bond, the foster parents may think twice. That thinking twice is going to have an adverse effect on our foster parent pool.

SENATOR RATTI:
I absolutely agree parenting does not come with a handbook. I am absolutely confident that what we are doing in the training is as much about awareness as it is about access to resources. That is the piece for me. Once you understand you are facing something that you may not have the skill set to deal with yourself, you know how to access the resources and you know they are available. There is no perfect book or perfect parent. Foster parents on the whole are extraordinary because they are already stepping into a situation that they know is likely to come with challenges.

CHAIR SPEARMAN:
Let us say a foster parent fosters a child at two years old. At ten years old, the child says I am not where you think I am, and that child starts to come into his or her own in terms of who that child is. Does the foster parent have to keep the child? Is there a no-return policy? I hate to put it like that, but once a person becomes a foster parent for that child, can they undo the arrangement?

MS. POWELL:
There is a difference between fostering and adopting a child. Once the child has been adopted, we would prefer the parents do not give the child back or return the child. If the parents called and said they are struggling for whatever

purposes, we would provide adoption preservation services into the home and try to help the family maintain that placement for the child before it comes to the point where we would take the child back into the custody of the agency.

ASSEMBLYMAN ARAUJO:
One of the driving factors to presenting A.B. 99 stems from the passion of some of our former foster youth, some who we heard during the testimony in the hearing for the bill. One of them was Allen Johnson. As a teen, he ended up going through a transition phase. He is so passionate about this bill because he really believes that if there was some training in place, there would have been a higher level of understanding of who he was, and it would have made his life that much better. We do not know what is going to happen tomorrow. People evolve; things happen. People should be prepared; we should all be eager to learn and understand and know what is going to happen tomorrow or in the near future. Keep the knowledge in your back pocket. Being asked to listen to something for a few hours that could open your mind and provide some additional perspective does not necessarily tie your hands to do something you do not want to do. It does broaden your perspective, your mind and allows you to perhaps use a valuable resource that is being provided to you in the near future. For me, it is about Allen Johnson and about the Allen Johnsons who still exist, the ones we need to make sure have that protection in place and that the parents have the resources. Who do they have to call? How can they handle the situation? The foster parents are probably going to be just as lost as the child. So, why not equip them with the appropriate tools they need to handle the situation during difficult times.

MS. HOWELL:
Section 4 of A.B. 99 and other areas of NRS 424 say the foster agency and homes must do training. There will not be an opportunity to opt out of the training. There are core competency training sessions that foster parents have to take no matter what. Those are standards and requirements. There is a menu of other classes they can take to get their additional hours. This would not be on the menu to choose from. This is a mandatory required training for foster homes and agencies.

CHAIR SPEARMAN:
One concern I had when I spoke to Assemblyman Araujo was to make sure people did not have some nefarious reason and they got the child and did something weird, but that has been addressed.

SENATOR WOODHOUSE MOVED TO AMEND AND DO PASS AS AMENDED A.B. 99, ADDING SENATOR SPEARMAN'S NAME AS A SPONSOR.

SENATOR RATTI SECONDED THE MOTION.

THE MOTION CARRIED. (SENATOR HARDY VOTED NO.)

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CHAIR SPEARMAN:
I will close the work session on A.B.99.

PEGGY LEAR BOWEN:
I want to celebrate Senator Spearman's hard work and the ratification of the ERA in Nevada. Nevada is the thirty-sixth state to ratify it, and now our work begins.

Remainder of page intentionally left blank; signature page to follow.

CHAIR SPEARMAN:
Seeing no further business, I adjourn the meeting at 5:55 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	11		Attendance Roster
S.B. 219	C	1	Joseph Levy / American Suntanning Association	Letter of Concern
S.B. 181	D	10	Senator Tick Segerblom	Presentation
S.B. 181	E	9	Lindsay LaSalle / Drug Policy Alliance	Written Testimony
S.B. 181	F	7	Eugenia Oviedo-Joekes / School of Population and Public Health, University of British Columbia	Written Testimony
S.B. 181	G	1	Senator Pat Spearman	Letter from Nevada Attorneys for Criminal Justice
S.B. 181	H	3	Keith Lee / Distilled Spirits Council of the United States	Tax Analysis
S.B. 181	I	2	Bryan Gresh / Wine Institute	Written Testimony
S.B. 181	J	1	Samuel McMullen / Altria Client Services LLC	Fact Sheet
S.B. 266	K	5	Assemblywoman Robin L. Titus	Written Testimony
S.B. 266	L	2	Helen Foley / Nevada Assisted Living Association	Written Testimony
S.B. 60	M	1	Megan Comlossy	Work Session Document
S.B. 159	N	4	Megan Comlossy	Work Session Document
S.B. 189	O	5	Megan Comlossy	Work Session Document
S.B. 257	P	2	Megan Comlossy	Work Session Document
A.B. 99	Q	2	Megan Comlossy	Work Session Document