MINUTES OF THE
SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

Seventy-ninth Session
March 27, 2017

The Senate Committee on Health and Human Services was called to order by Chair Pat Spearman at 3:42 p.m. on Monday, March 27, 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:

Senator Patricia Farley, Senatorial District No. 8
Senator Heidi S. Gansert, Senatorial District No. 15

STAFF MEMBERS PRESENT:

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

OTHERS PRESENT:

Tom McCoy, American Cancer Society; Cancer Action Network
Cari Herington, Executive Director, Nevada Cancer Coalition
Jeanette Belz, American Registry of Radiologic Technologists
Chad Hensley, Clinical Coordinator, Radiography Program Faculty, School of Allied Health Sciences, Department of Health Physics and Diagnostic Sciences, University of Nevada, Las Vegas
Michael Hackett, Nevada Public Health Association

Barry Duncan, Reno Diagnostic Center
Catherine M. O'Mara, Nevada State Medical Association
Joan Hall, Nevada Rural Hospital Partners
Rocky Finseth, State Board of Podiatry
Bill Welch, Nevada Hospital Association
Josiah Garlan, President, Bodyheat Tanning
George Ross, Comprehensive Cancer Centers of Nevada
Bailey Bortolin, Legal Aid Center of Southern Nevada; Washoe Legal Services
Denise Tanata, Executive Director, Children's Advocacy Alliance
Ann Dunn, Extern, District Attorney's Office, Clark County
Sean B. Sullivan, Deputy Public Defender, Washoe County
Paula Hammack, Acting Director, Department of Family Services, Clark County
Alice LeDesma, Director, Children's Services Division, Department of Social Services, Washoe County
Brigid J. Duffy, Director, Juvenile Division, Office of the District Attorney, Clark County
Nicole Rourke, Clark County School District

VICE CHAIR RATTI:
I will open the hearing with Senate Bill (S.B.) 219.

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

SENATOR JOYCE WOODHOUSE (Senatorial District No. 5):
Senate Bill 219 requires the regulation of certain sources of potentially hazardous non-ionizing radiation. The most well-known source of potentially hazardous non-ionizing radiation is ultraviolet (UV) radiation. Ultraviolet radiation is emitted from tanning equipment and from certain industrial and medical lasers. This bill requires regulation of these sources, as well as other sources of non-ionizing radiation, which are determined by the State Board of Health to be potentially hazardous.

Overexposure to UV radiation can lead to serious health issues, including cancer. Skin cancer is the most common cancer in the United States and most cases of melanoma, the deadliest kind of skin cancer, are caused by exposure to UV radiation. Although indoor tanning is big business, studies have found a large increase in the risk of melanoma in those who have been exposed to UV radiation from indoor tanning, and the risk increases with each use.

According to the American Academy of Dermatology, the risk of melanoma increases by 59 percent for individuals who start using UV tanning beds before the age of 35. As for other forms of skin cancer, even one indoor tanning session can increase the users' risk of developing squamous cell carcinoma by 67 percent and basal cell carcinoma by 29 percent.

As a first step toward providing protection from the harmful effects of indoor tanning, I sponsored S.B. No. 267 of the 77th Session. That bill prohibited an owner or operator from allowing a person who is less than 18 years old to use tanning equipment; provided that protective eyewear must be used while tanning; and required that owners or operators post warning signs informing users of the safety procedures that must be followed while using the equipment. This legislation has served to protect many, and I am proud of its success.

I am sponsoring S.B. 219 as the next step in providing protection from the harmful effects of tanning beds and other forms of potentially hazardous non-ionizing radiation.

Section 1 defines potentially hazardous radiation as: UV light emitted from tanning equipment; visible, infrared or UV light emitted from an industrial or medical laser; and other non-ionizing radiation determined by the State Board of Health to be potentially hazardous.

Currently, regulations are required for the control of sources of ionizing radiation. Sections 3 through 5 make these provisions applicable to potentially hazardous non-ionizing radiation as well.

Sections 3 through 7 authorize enforcement of the existing prohibition that a tanning establishment may not allow a person under the age of 18 to use their tanning equipment.

Section 6 authorizes the suspension of the license of any person who violates any statute or regulation governing radioactive materials, radiation or tanning establishments.

Finally, section 8 makes it a misdemeanor for the owner or operator who fails to perform these required duties. It also makes it a misdemeanor for anyone to

use, manufacture, produce, transport, own or possess an unregistered source of potentially hazardous non-ionizing radiation for which registration is required.

I have two conceptual amendments that are germane to this bill (Exhibit C). The first deals with some revisions to the original bill while the second amendment deals with requirements for radiologic technologists.

Please help Nevada take the next step in protecting our citizens from risks associated to tanning beds and other sources of hazardous non-ionizing radiation.

TOM MCCOY (American Cancer Society; Cancer Action Network):
After S.B. 219 was introduced, we spoke to folks at the radiation control program and realized this particular bill was a bit expansive and often that means expensive. Our intent is to address tanning issues, so we requested some amended language for S.B. 219 as noted in (Exhibit D).

We are narrowing the scope of the bill to specifically address ultraviolet-emitting tanning devices. The authority only applies to tanning devices made available for public use, not for private use. We are excluding the language used throughout the bill, and "potentially hazardous" is being changed to utilizing "non-ionizing radiation." This recommendation came from our conversation with the staff at the Department of Health and Human Services.

I will summarize the language changes in the conceptual amendment, Exhibit C. Section 1, subsection 6, paragraphs (a), (b) and (c) define non-ionizing radiation as:

> Radiation in that part of the electromagnetic spectrum where there is insufficient energy to cause ionization of an atom. It includes electric and magnetic fields, radio waves, microwaves, infrared, ultraviolet and visible radiation; and ultraviolet-emitting tanning devices as defined in NRS 597.7615; visible or infrared or ultraviolet light emitted from an industrial or medical laser and other sound or radio waves or visible infrared or ultraviolet light that the State Board of Health determines by regulation may pose a significant hazard to the health of a person who comes in contact with such radiation.

Section 3, subsections 1, 2 and 4 remove the reference to "potentially hazardous," so the language will read "non-ionizing radiation."

Section 4, subsection 1, will read inclusive, "or upon property only where there exists tanning devices for public use under the provisions of 597.761 to 597.7622, inclusive or of the rules and regulations promulgated pursuant thereto, ..." The purpose is to limit this to devices in public use.

Section 5, subsection 1, paragraph (c) will read "control of other sources of ionizing radiation and non-ionizing radiation associated with the public use of tanning devices pursuant to 597.761 to 597.7622, inclusive."

In section 5, subsection 2, paragraph (a), we are adding the words "non-ionizing radiation" and removing the words "potentially hazardous" here and throughout the remainder of the bill.

Section 7, subsection 1, adds language to read, "or any public use covered by 597.761 to 597.7622, inclusive."

Section 8, subsection 1 is revised to read, radiation "or a device in public use emitting non-ionizing radiation."

Section 9, subsection 12 is revised to read,

> Tanning devices in public use are used and operated in accordance with any applicable regulations adopted by the State Board of Health or the Division of Public and Behavioral Health of the Department of Health and Human Services pursuant to NRS 459.010 to 459.290, inclusive.

This explains the conceptual amendment being proposed to narrow the scope of S.B. 219 as introduced. I have also submitted a letter of support to the Committee, Exhibit D.

CARI HERINGTON (Executive Director, Nevada Cancer Coalition):
We support S.B 219. The intent of this bill is specific to control ultraviolet-emitting tanning devices meant for public use. The World Health Organization has listed certain medical and cosmetology equipment, using ionizing and some using non-ionizing radiation, as a Group 1 carcinogenic

causing cancer to humans. This is the same group that includes plutonium, radon, tobacco and the human papilloma virus.

In 2009, ultraviolet-emitting tanning devices were specifically added to Group 1 as a line item, given the combined analysis of more than 20 epidemiological studies showing the risk of melanoma, one of the deadliest forms of skin cancer, is increased by 75 percent when a person uses a tanning device before the age of 30. The report also shows significant evidence of an increased risk of ocular melanoma or cancer of the eye. It is clear that ultraviolet-emitting tanning devices constitute a significant risk to the health and safety of the public.

Nevada became the fourth state in the Nation to restrict the use of these devices for minors under 18 years of age. There are at least 41 states and the District of Columbia that restrict access to tanning devices for minors, clearly addressing this form of non-ionizing radiation as a major public health issue.

Nevada Revised Statutes (NRS) 597 outlines requirements for tanning establishments by requiring the posting of warning signs and notices. It also speaks to requirements for the use and operation of these machines. While we in the cancer control community can provide resources, information and education regarding tanning devices, our current laws do not provide for the direct control and proper operation of the devices. This is what S.B. 219 addresses.

Currently, NRS 459 regarding the state control of radiation only addresses ionizing, so by adding non-ionizing and the specific tanning devices, we are addressing the protection of public health and safety. We are providing the Division of Public and Behavioral Health (DPBH) and the State Board of Health with the authority to enforce the provisions outlined in NRS 597 and adopt regulations for the registration, control and inspection of these devices. The inclusion of non-ionizing radiation and regulation while leveraging our State's existing radiation control program will require expansion of the program. There are some model language opportunities specific to tanning facilities, and there are also a number of states which provide models for the expansion of our program.

As with other radiation materials and devices, the Board of Health would be authorized to set registration fees. This will help offset the fiscal impact of expanding our program. The fiscal note attached to the bill is specific to the

broader application of S.B. 219. As the language is amended, the fiscal note will be much less. We are looking at one or two additional staff members and some administrative staff. The radiation control program representatives will have more information regarding the fiscal note.

In response to the passage of regulations regarding tanning establishments in 2013, the Nevada Cancer Coalition in partnership with the DPBH developed and provided approximately 100 tanning locations in Nevada with information about the law. We also sent the required notices and warning signs, and provided some draft language for the user-signed authorizations.

The list of tanning locations did not include all businesses that may include tanning devices as a secondary service to the public such as beauty salons, gyms and apartment complexes. We conducted a telephone survey follow-up, and out of the 50 businesses we contacted, many were not restricting use to minors under the age of 18. These businesses were also providing incorrect information regarding the dangers of these tanning devices.

Our coalition will continue to support tanning device owners by providing free resources, information and education. Senate Bill 219 will provide the critical assistance needed for the proper operation, registration and inspection of ultraviolet-emitting tanning devices. I have also submitted a letter of support to the Committee (Exhibit E).

VICE CHAIR RATTI:
You talked about limiting the scope of the bill. Does S.B. 219 include apartment complexes and gyms offering tanning as a secondary service?

MS. HERINGTON:
Yes, for public use when there is a charge for the service.

VICE CHAIR RATTI:
Does the bill include an individual who may purchase a tanning device and keep it at home?

MS. HERINGTON:
No.

JEANETTE BELZ (American Registry of Radiologic Technologists):
The conceptual amendment to S.B. 219 (Exhibit F) speaks to the licensure of radiologic technologists. Presenting a significant amendment to a bill is a bit unusual and it places the responsibility on us to contact as many groups to invite questions or concerns regarding the language.

We have reached common ground with some of the groups expressing concerns, specifically chiropractors and the Comprehensive Cancer Centers of Nevada. If a person is registered in a primary modality such as radiography, therapy or nuclear medicine, he or she can continue performing diagnostic-computed tomography (CT) at the current place of employment, and any new hires will be required to follow CT guidelines as outlined in the amendment.

We are committed to continuing conversations with the Nevada Hospital Association and the Nevada Rural Hospital Partners as they have concerns. We do not think any of the concerns are insurmountable.

We do expect the podiatry community to testify in opposition to S.B. 219, as we failed to come to an agreement. The chiropractors and dentists have appropriate safeguards within their statute for the education piece and testing for those who perform medical imaging. Podiatrists do not perform medical imaging.

CHAD HENSLEY (Clinical Coordinator, Radiography Program Faculty, School of Allied Health Sciences, Department of Health Physics and Diagnostic Sciences, University of Nevada, Las Vegas):
I am representing the Nevada Society of Radiologic Technologists and am proud to be a part of a profession that numbers almost 2,000 radiologic technologists in Nevada and over 300,000 in the United States. Our reason for requesting this amendment is to provide education prior to exposure.

Currently, Nevada does not require those who are performing the majority of x-ray, fluoroscopy, computed tomography, nuclear medicine, or radiation therapy to have any formal education prior to exposing their patients to ionizing radiation which is a known carcinogen. Only those who have been educated in the As Low As Reasonably Achievable (ALARA) concept and proper patient positioning should be operating these devices.

We would like to establish a licensure program for Nevada that sets education standards based on the level of need for all personnel who perform medical imaging examinations that use ionizing radiation.

Full certification allows those who are nationally certified in radiography, nuclear medicine, radiation therapy or as a radiologist assistant to perform the duties guided by their professions scope of practice.

Limited certification allows for body-specific radiographic imaging such as spine, extremity, thorax, podiatric, skull and bone densitometry. Limited certification accepts specialized training such as chiropractic assistants.

Students who are enrolled in any of Nevada's five imaging or therapy programs or those seeking advancement into other modalities such as computed tomography may continue to do so under the proper supervision.

Those moving to Nevada already nationally certified may work without delay as their application for Nevada certification is being processed.

Those currently working in radiography will be allowed to continue under a grandfather clause that asks for continuing education to maintain their certification. The standard already in place for mammography would be transferred into this program to provide continuity for all medical imaging procedures.

An advisory committee made up of imaging experts and communities of interest will be established to provide advice for regulations in this ever-changing field.

The amendment, Exhibit F, will set standards similar to the majority of other states that have either established, or are in the process of establishing, licensing programs. We do not want Nevada to be left behind as one of the few states that does not prioritize radiation safely. By accepting this amendment, we will increase the standard of care and quality for our patients in all areas of Nevada. We want all our patients to have the assurance that those who are performing their medical imaging examinations have had education prior to exposure.

I also submitted some educational reports to the Committee for review, Ionizing Radiation proposed points (Exhibit G) and the Map of Licensure States Radiation Technology (Exhibit H).

SENATOR WOODHOUSE:
We will consider all of the amendments suggested today to bring a finished product to the work session on S.B. 219.

SENATOR HARDY:
Exhibit G alludes to full certificates, limited certificates and temporary certificates. Is it included in the conceptual amendment, Exhibit F?

MS. BELZ:
Yes.

SENATOR HARDY:
Are the certifications determined by how much radiation is used or is there a parallel with the amount of radiation used for a toe x-ray versus a neck x-ray versus a chest x-ray?

MS. BELZ:
You may be talking about the limited certificates that are determined by body type and not necessarily by the amount of radiation. The examples mentioned under the limited certificate include extremity, spine, thorax, skull, podiatric and bone densitometry.

SENATOR HARDY:
Do you have some sort of graph to tell me who has what training based on their certifications? I see the chiropractors and dentists are exempt from this bill.

MS. BELZ:
We do not have the information in chart form, but we can provide the various NRS and *Nevada Administrative Code* regulations.

MICHAEL HACKETT (Nevada Public Health Association):
We have submitted written testimony (Exhibit I) in support of S.B. 219. We support the bill and the amendments submitted to the Committee.

BARRY DUNCAN (Reno Diagnostic Center):
Founded in 1985, Reno Diagnostic Center is the largest nonhospital-affiliated diagnostic imaging center in Washoe County. We are in full support of the amendment proposed by the radiologic technologists and are neutral on the conceptual amendment proposed by the Nevada Cancer Coalition. The principles outlined in the amendment proposed by the radiologic technologists aligns with the American College of Radiology in terms of their principles of limiting or decreasing the lowest dose of radiation exposure as reasonably achievable. This creates a good level of safety and education for those patients receiving diagnostic imaging services.

CATHERINE M. O'MARA (Nevada State Medical Association):
We are in support of S.B. 219 and the proposed amendment submitted by the radiologic technologists and neutral on the conceptual amendment proposed by the Nevada Cancer Coalition.

JOAN HALL (Nevada Rural Hospital Partners):
We have great concern that sections 20, 21 and 38 of the conceptual amendment submitted by the radiologic technologists will have a negative impact on patient access to imaging in rural health. The amendment states those who do not have a full certificate would have to have onsite supervision by a physician, radiologist or the holder of a full certificate. For the smaller hospitals with only two radiology technologists, the full-certificate holder would have to be on call 24 hours a day, 7 days a week. We often do not have doctors in the emergency rooms 24 hours a day, 7 days a week in our critical access hospitals. Sometimes, it can be a physician's assistant or a nurse practitioner; sometimes, radiological technologists are operating under stroke protocols, and the CT needs to be completed as soon as possible to save the brain of the person having the stroke. If we have to wait for the doctor to arrive or wait for the full-certificate holder to get to the hospital, it will have a negative impact on our patients.

We believe radiation safety is everyone's primary concern, so we support that portion of the proposal. We would like to remove section 38d of Exhibit F which addresses the direct supervision component. If sections 20 and 21 were also removed from Exhibit F, we could support the rest of the amendment.

ROCKY FINSETH (State Board of Podiatry):
We are not opposed to S.B. 219, but we do have concerns with the conceptual amendment proposed by the radiologic technologists. We have had many conversations regarding this amendment and have yet to come to an agreement. We probably will not be able to bridge our differences.

Podiatric medical assistants (PMA) are the people in a podiatry office who take the foot and ankle x-rays. There are three to five patients seen each day. The PMAs receive specific training in radiation safety, x-ray techniques and patient safety from a licensed doctor of podiatric medicine. The proponents of the amendment feel the PMAs should be required to take the 24 hours of continuing education just like a full-time x-ray technician. We disagree. This is understandably an x-ray technician's full-time job where the PMAs have multiple responsibilities.

The PMAs operate much like a nurse would in a physician's office by applying orthopedic padding, making surgical packs, assisting in foot surgeries and administering oral medications as part of the scope of their responsibility. The State inspects the staff process when taking an x-ray and certifies the process or the podiatry office cannot conduct x-rays for their patients. Podiatrists across the State feel this conceptual amendment would not allow PMAs to take x-rays in the office.

Imagine if a patient with a broken foot visits the office of a podiatrist and because of this amendment would have to be referred to a radiologist group to have the foot x-rayed and then return to the podiatrist office for the examination and diagnosis. This process will not help the patient or the consumer. We support patient safety, but do not feel this amendment fits the practice. If the Committee decides to process this conceptual amendment, we would like to have an exemption from the requirement.

SENATOR HARDY:
Is there any data that references these x-rays in podiatric offices?

MR. FINSETH:
According to my client, there has been no outcry regarding neglect on behalf of a podiatrist relative to x-ray technicians.

SENATOR HARDY:
Are there any studies indicating x-rays of the foot negatively affect the brain, thyroid or other sensitive areas?

MR. FINSETH:
None that I am aware of.

BILL WELCH (Nevada Hospital Association):
We are in support of the conceptual amendment submitted by Senator Woodhouse, and we have been having conversations with the radiologic technologists. We received a copy of their conceptual amendment and have circulated it to the hospitals. I am waiting for feedback about the impact it may have on the hospitals. We understand the conceptual objective of the amendment submitted by the radiologic technologists and would like to continue to work with the group to address some of our concerns. In the rural communities, these changes could cause some serious coverage issues. The amendment could also impact access in our urban communities and patient flow within the hospitals. We will meet with the Nevada Society of Radiologic Technologists to work through some of these issues.

JOSIAH GARLAN (President, Bodyheat Tanning):
I will address the tanning portion of the conceptual amendment proposed by Senator Woodhouse. Tanning is not the big business that may be set forth in our minds. Currently, there are only about 40 professional suntan establishments. My company specifically represents about half of those professional suntan establishments with 21 locations. The items set forth in S.B. No. 267 of the 77th Session are being complied with 100 percent by the company. The computer system monitors tan times, and no one under 18 years old is allowed to tan in our establishments. Most tanning salons have similar computer software, and eyewear protection is also mandatory. Most of the concerns in S.B. 219 are already in place in most establishments.

Since there are fewer than 50 locations, the fiscal note for S.B. 219 is a concern. If the process will be supported through fees, it would break out to be about $18,000 per tanning salon. No small business could absorb that kind of cost structure. It does not seem the bill will accomplish anything new from what we already have in place.

GEORGE ROSS (Comprehensive Cancer Centers of Nevada):
We worked with the Nevada Society of Radiologic Technologists to address our concerns and support their conceptual amendment. We are neutral on S.B. 219.

SENATOR WOODHOUSE:
We will continue to work on the bill to address the concerns we heard today. The bottom line is safety for our communities and all individuals involved.

VICE CHAIR RATTI:
The Committee received written testimony (Exhibit J) submitted by Joseph Levy from the American Suntanning Association who supports the constructive promotion of standards for professional sunbed salon operators in Nevada.

The Committee is also in receipt of a letter of support (Exhibit K) from Samantha Guild of the AIM At Melanoma Foundation.

I will close the hearing on S.B. 219 and open the hearing on S.B. 274.

SENATE BILL 274: Revises provisions relating to sibling visitation in child welfare cases. (BDR 38-925)

SENATOR PATRICIA FARLEY (Senatorial District No. 8):
During the Interim, I took time to visit different congregate living environments and foster homes. I asked all of the youths, as a Senator what can I do to help? What can I do to change the experience of foster care for you or the youths who will follow you? Most of the youths were boys between 15 years of age and 17 years of age. "I would like to find my brothers and sisters" was the response I received from almost all of the boys. Senate Bill 274 comes from my heart and theirs to make things better for some of our most vulnerable citizens.

Across the Nation, approximately two-thirds of youth in foster care have a sibling who is also in the system. For many children entering the child welfare system, sibling relationships are important because siblings provide support that may not be consistently provided by their parents. Research shows sibling relationships promote resilience for many children. For those entering the child welfare system, being placed with siblings can promote a sense of well-being and safety, while separation can trigger negative feelings and outcomes.

However, it is not always possible to place siblings together. Currently, when a child who is in need of protection is placed with someone other than a parent, State law requires a report be submitted prior to the court hearing to review the placement of the child. If the child is not placed with his or her siblings, the report must include the plan for the child to visit those siblings.

Senate Bill 274 takes these requirements a step further by requiring the siblings visitation plan to be in place at the time of the first hearing after the siblings are separated. It also requires the plan to be updated to reflect any changes in the placement of the child or his or her siblings, including any changes after parental rights are terminated or following adoption. Once the sibling visitation plan is approved by the court and the child welfare agency requests the court to issue an order requiring such visitation, S.B. 274 requires the court to provide each of the child's siblings with the child's case number. These changes will better enable a sibling to petition the court for visitation and/or enforcement of the visitation order.

Existing law also requires the court to hold a hearing to decide whether to include a sibling visitation order in the adoption decree. Senate Bill 274 requires the hearing to be held on a different day than the hearing on the petition for adoption; gives any sibling the right to participate in the hearing; and requires a court clerk to provide notice of the hearing to the adoptive parent, child and siblings to the adopted child, and the attorney of the adoptive child or his or her siblings.

It is important to ensure that children who are not placed together in the child welfare system are still able to interact and provided the opportunity to maintain relationships with their brothers and sisters. I urge your support of S.B. 274.

SENATOR HARDY:
Does this bill presume all of the siblings are in the welfare system? Or is this inclusive of siblings who may still be under the care of the natural parents being notified to attend a hearing of the sibling in a foster home or in an adoption process?

BAILEY BORTOLIN (Legal Aid Center of Southern Nevada; Washoe Legal Services):
We have expanded Proposed Amendment 3259 (Exhibit L) to include contract biological parents and adoptive parents, encompassing many different situations. The contract will give notice to a sibling of the adoption hearing.

Usually the sibling visitation order comes into play when the children are separated within the system, but someone could petition a child being placed back with the parents and another sibling being adopted out. A sibling visitation order could be petitioned between these siblings.

SENATOR HARDY:
If one sibling is out of the home, there may be a problem with sexual or physical abuse, making a visitation harder for the sibling who is still in the system. The sibling who is still in the parental home could notify the parent of the visitation. This could create an undue influence on the child in the system in a foster home or in an adoption process.

MS. BORTOLIN:
The situation is rare where one child is reunified with a biological parent and another is not. The only situation might be if a parent does not have the means to care for five children, and there may be an older child in the household. Working with family services, a decision is made in the best interest of all of the children, but it could include one child remaining with the biological parent when another does not. This example is not a frequent situation.

SENATOR HARDY:
Does Proposed Amendment 3259 say in the best interest of the child?

MS. BORTOLIN:
Yes. These sibling visitation orders are not automatic. It must be something the court determines from the beginning is in the best interest of the children.

Section 1 deals with NRS 432B which deals with foster care cases. If the case determines the sibling visitation order is a good thing, it should be implemented. The other sections are in the adoption chapter which creates a way to enforce the contract. Once the adoption process is complete and all of the cases are closed and sealed, the siblings do not have a way to find each other. One of the parties may have moved or they may have lost contact with their brothers and sisters.

SENATOR HARDY:
Where is the verbiage stating, “in the best interest of the child?” If the adoptive parents are adopting a child and know the seal of adoption is broken, it may

allow the biological parent access to the child in the system. Will this be an awkward position for the child and the adoptive parents?

MS. BORTOLIN:
We are not opening this up for litigation postadoption. The court order is part of the adoption decree. If we all agree and the court determines it is in the best interest for the sibling visitation order to be included in the adoption decree, it is already there. The siblings themselves do not keep good records of their own cases, so they have difficulty finding the court case number to track their siblings. Once a case is closed, it will not be opened again for litigation. We are trying to enforce the terms that have already been agreed upon in the original adoption hearing.

Returning to your question regarding "best interest of the child," the court has to approve the order, and it is approved if the order is determined to be in the best interest of the child. This wording may not be clear in the bill language, but it is clear in all of our best practices and NRS 432B.

Senator Farley brought the idea forward to the Legal Aid Center of Southern Nevada, and we were able to work with many stakeholders, county and State offices to determine a process for siblings to stay in contact with each other within the system. We see the inside players as the children who may be separated and sent to different foster or adoptive homes. If a sibling moves with their current family, the contact information may be lost for the sibling trying to stay in touch. When a child is promised to have contact with their siblings until they age out of the system, there is no process in place to guarantee that contact.

When a sibling is able to obtain a case number from the court, they are being sent to general jurisdiction court for a civil court to enforce the contract. This is a totally different experience for these children who have only spent time in family court, centered around the best interest of the child. These general jurisdiction judges look specifically at contract law, which does not consider the best interest of the child. This bill will allow the children to get back into the family court to ensure solutions are in the best interest of the child.

SENATOR HARDY:
You said the process does not open up confidential information, but does it open up the contract so a child can find the location of a sibling for visitation?

MS. BORTOLIN:
We identified a procedural problem as the unknown case number, so we created a way for the courts to provide siblings access to the case number for the limited purpose of being able to petition the court to find his or her siblings. The whole case with names and addresses will not be provided, just the case number. If a child attempts to file something without the case number, they will receive a whole new case number without association to a contract. We want the child to be brought back in front of the judge who knows their family situation.

The second problem stems from not being able to bring siblings to court because the contact information has been lost. Social services maintains addresses because of adoption subsidies. Typically, the party the sibling is unable to locate is the adoptive parents. The adoptive parents may not have thought about changing their address with social services. Social services will provide information under seal of the court, but the information is not given to the child until the hearing is over. The information will not be provided to the child without safeguards in place.

SENATOR HARDY:
Do you have a work-around to obtain confidential information?

MS. BORTOLIN:
Yes. Confidential information could be as simple as an address sent to the court.

SENATOR HARDY:
Once the case number is known, is it taken to the family court and the court decides it is in the best interest of the child to provide the address and contact information for the sibling being sought from the sealed case?

MS. BORTOLIN:
The court will notify the missing party who has not provided an address, allowing the family to come to court. We will determine, if in agreement, whether the information can be exchanged. The court will not provide adoption information to a child just because he or she has a case number.

SENATOR HARDY:
If I envision the court, the judge may be talking to the holder of confidential information separately from the child who may be seeking the information. Will the judge break the code of confidentiality?

MS. BORTOLIN:
Incidents come up often in foster care court where there may be a need to exclude some stakeholders, but there are protocols in place. The court order may specify the child has visitation every six months or a certain number of weekends a year. If this has not been happening, why has it not happened? At that time, the party who is withholding visitation could explain themselves and the court could find reason to dissolve the order. The bill creates a route for the court orders to be enforced.

SENATOR HARDY:
Are we providing instructions for the court or are we trusting them to interpret the bill themselves?

MS. BORTOLIN:
We can add whatever language you would like in order to make it more specific.

DENISE TANATA (Executive Director, Children's Advocacy Alliance):
We spent many hours on multiple phone calls and meetings utilizing various scenarios of how S.B. 274 would affect the process. The amended language has shifted from the original intent because of some of the protections already in place. There are many different reasons why children may be separated, it could be that an older sibling could have been a perpetrator against the younger child. These are things addressed by the revisions made prior to the amended language being submitted. We want all of the siblings to have contact if the order is appropriate while still protecting the children.

ANN DUNN (Extern, District Attorney's Office, Clark County):
We support S.B. 274. If there is an agreement, then it is good policy to have a mechanism in place to enforce the agreement.

SEAN B. SULLIVAN (Deputy Public Defender, Washoe County):
We support S.B. 274, especially with the proposed amendment, Exhibit L.

PAULA HAMMACK (Acting Director, Department of Family Services, Clark County):
We support S.B. 274.

ALICE LEDESMA (Director, Children's Services Division, Department of Social Services, Washoe County):
We support S.B. 274.

VICE CHAIR RATTI:
I will close the hearing on S.B. 274.

CHAIR SPEARMAN:
I will open the hearing on the work session with S.B. 50.

SENATE BILL 50: Provides for advance directives governing the provision of psychiatric care. (BDR 40-174)

MEGAN COMLOSSY (Policy Analyst):
Senate Bill 50 was sponsored by this Committee on behalf of the Division of Public and Behavioral Health and heard in Committee on February 27 (Exhibit M).

Senate Bill 50 authorizes a person who is at least 18 years of age to execute an advance directive for psychiatric care to provide direction to health care providers in the event that the person is incapable of making decisions or communicating decisions regarding such care. The bill provides a sample form for the advance directive; establishes the circumstances in which an advance directive for psychiatric care becomes operative and the circumstances in which it may be revoked; outlines the circumstances in which a health care provider may not comply with the directive; shields a provider from civil or criminal liability; and adds an advance directive for psychiatric care to the definition of "advance directive" for inclusion in the Secretary of State's Registry of Advance Directives for Health Care.

Numerous amendments were proposed during the hearing. The attached amendment was proposed and there were a couple of issues mentioned by DPBH during the hearing that were not included in the Division's initial amendment, but they are included in the revised amendment.

In addition, Chair Spearman proposed two amendments. The first amendment states a provider cannot be held liable for following a patient's advance directive for psychiatric care if the provider does not know that the advance directive has been revoked, unless there is an advance directive revocation about which the provider should have known. The second amendment states a provider cannot be held liable for failing to follow a patient's advance directive for psychiatric care about which the provider does not know, unless the provider should have known about it.

SENATOR HAMMOND:
Can someone provide an example for this language: "a provider cannot be held liable for failing to follow a patient's advance directive for psychiatric care about which the provider does not know, unless the provider should have known about it?"

ERIC ROBBINS (Counsel):
The amendment is requiring a provider to conduct a reasonable investigation to determine: if an advance directive exists; if there is an opportunity to ask the spouse of the patient or something similar to determine if an advance directive exists; if the information is clearly in the patients' medical record and the medical record is not reviewed. Failing to discover the advance directive amounts to negligence.

SENATOR HAMMOND:
You used the word "reasonable." Is it defined in this chapter?

MR. ROBBINS:
Reasonable is not defined in the chapter. The reasonable man standard is the standard for determining negligence in almost all of tort law. This is a common standard applied by the courts when determining behavior is negligent. The standard determines what a reasonable man would do in the same circumstance.

SENATOR HARDY:
When a patient is being treated for a problem, he or she has to have a statement on file to provide direction; no matter what he or she says, that patient wants to be treated. If a provider asks the person if there is an advance directive and if the person is mentally unstable, he or she will say no. These people are not married and if they are, it does not usually last. It is difficult to

ask a psychotic person if they have an advance directive. Whatever the person answers is probably suspect, making the liability a challenge. The issue is fraught with challenges relative to the reasonable man standard. How do you take a patient's word if they are psychotic without having another person to verify the information. I like the concept, but when trying to hold someone liable, it creates new challenges.

SENATOR RATTI:
I thought the amendments were specific to the provider not being held liable.

CHAIR SPEARMAN:
Yes. I understand the point made by Senator Hardy and liken it to a patient with an advance directive in case he or she is ever in a coma. The constructive language is for those who should have known, such as a person treating the patient for a long period of time, or there is reason to believe the person should have known about the advance directive or that the advance directive has changed.

Every time I go to a military hospital or military clinic, they always ask if I have an advance directive. If not, they ask if I would like to have one. If you do have an advance directive, is it someplace where someone in your family can access it so we know your wishes? I do not see any difference between that and someone covered under this bill.

SENATOR HARDY:
I concur as a physician, but people change their minds. On the death bed, a patient will indicate he or she has directives not to be resuscitated, but he or she wants me to do everything I can for them to stay alive. This is a similar issue.

When a patient is psychotic, he or she can change his or her mind. From a provider standpoint, there is no way to trust what the psychotic person is saying or doing in order to give credence to what was stated prior to the psychotic breakdown. Even though the provider cannot be held liable in amendment No. 2 in Exhibit M, it changes with the language "unless the provider should have known about it." This is the challenge I have with S.B. 50.

CHAIR SPEARMAN:
I am going to pull S.B. 50 off of the work session, and we will come back to it at another time. I will close the work session on S.B. 50 and open the work session on Senate Joint Resolution (S.J.R.) 8.

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

MS. COMLOSSY:
Senate Joint Resolution 8 was heard by the Committee on March 24 (Exhibit N). The resolution urges the United States Congress not to repeal the Patient Protection and Affordable Care Act (ACA) or its most important provisions. There were no amendments proposed for this measure.

SENATOR HAMMOND:
It is not a good sign to address important legislation at the federal level with ultimatums. The United States Congress has a job to do and presenting a resolution that says my way or the highway is not the best way to address the issue. I will be opposing S.J.R. 8.

CHAIR SPEARMAN:
I will close the work session on S.J.R. 8 and entertain a motion.

SENATOR WOODHOUSE MOVED TO DO PASS S.J.R. 8.

SENATOR RATTI SECONDED THE MOTION.

SENATOR HARDY:
I also have some discomfort with this legislation.

CHAIR SPEARMAN:
Given the fact that the legislation was pulled gives no guarantee it will not be presented again. The purpose of this bill is so the 370,000 Nevadans who have insurance do not lose it. The United States Congress has a job to do, and I do not want their lack of action to provide suffering for our citizens in Nevada. As in other resolutions, we are not demanding they do what we are asking, but we are saying this is an important matter to us. It is important that those who have preexisting conditions, children and pregnancy need to keep their health

insurance. The reason to submit this resolution is to ensure Nevadans are always covered. We do not want negative repercussions without knowing we did all we could to ensure our citizens are protected.

> THE MOTION CARRIED. (SENATORS RATTI, SPEARMAN AND WOODHOUSE VOTED YES. SENATORS HAMMOND AND HARDY VOTED NO.)

* * * * *

CHAIR SPEARMAN:
I will open the hearing on S.B. 287.

SENATE BILL 287: Revises provisions relating to the protection of children. (BDR 38-609)

SENATOR HEIDI S. GANSERT (Senatorial District No. 15):
I will present S.B. 287 (Exhibit O) and it is accompanied by a conceptual amendment (Exhibit P).

The intent of this bill is to protect our children and stop passing trash as it is known. If you were to Google neglect abuse or sexual abuse in our schools in Nevada, you will find dozens and dozens of articles. I have some headlines listed on pages 3, 4 and 5 of the presentation, Exhibit O. I have also provided the Committee with a path to three different articles (Exhibit Q) noted on page 5 of Exhibit O; due to copyright laws, we are unable to upload the articles.

Page 5 of Exhibit O indicates a headline from the *Las Vegas Sun* from 2015 and reads "5 charged in 3 months: School District battles history of personnel violating students." This is a recent article talking about a 32-year-old having sex with a high school student. The articles also talk about the epidemic where there were 30 Clark County School District employees arrested for sexual misconduct over the past 10 years. Six are now serving jail time, another six had the charges dismissed, and the rest were given probation or have charges pending.

There were several incidents in Pahrump involving a man named Joseph Patterson who was well known in the school, a coach and respected teacher. He was known for making sexual advances. There were rumors, but

the information was dismissed even though it was common knowledge. A bus driver had filed three complaints, and the incident was still dismissed. Eventually, he was prosecuted, but it took years and years because of the number of rumors and suspicions being dismissed.

In 2012, there was another individual who was a flirtatious soccer coach, but complaints were dismissed by the principal and the assistant principal and referred to other officials. It took a long time to catch up with this individual. A family member and other students warned the district about this coach for more than a year before he was arrested. The article continues by talking about how many students are groomed and favors are done by the teachers to make the students feel comfortable.

The last part of the article talks about Tanikka Queen who is a 23-year-old substitute geography teacher who had more than 2,400 texts, 108 phone calls and 38 photos with a 15-year-old boy student with whom she eventually had sex.

In most cases, teachers suspected of abuse simply resign. Quitting, either of their own volition or with encouragement from the district, allows bad teachers to quash accusations and seek work elsewhere. For the school district, a voluntary exit is a much cleaner and easier process than a dismissal. The problem arises when that same teacher arrives at the next district. Terri Miller calls it "passing the trash" when a disgraced teacher is forced out of one district only to get a job in another.

The next article highlights a special education teacher named Sarah Anderson who was accused of abuse by seating a child with autism on the toilet in a locked bathroom for an entire day. This teacher left the Washoe County School District, but I was informed this teacher now works in Carson City. When there is no permanent record, a teacher is allowed work in another school district.

The final article is from the *USA Today* section of the *Reno Gazette-Journal*, last December 2016. The article talks about how less than 1 percent of teachers have these related issues, but it still exists and is a national problem.

Under the current system, reports may be dismissed or evaluations delayed. Records of suspected abuse and neglect may not be kept. Personnel may resign before charges can be brought since parents may drop a complaint if the school

staff member leaves the school. When a report is substantiated by a school district and not child protective services or external law enforcement, there is not a searchable permanent record. When there is no permanent record, a phenomenon known as passing the trash is created.

Our current system includes only licensed and endorsed school personnel as mandatory reporters. Mandatory reporters are limited to report persons responsible for a child's welfare. The persons responsible for a child's welfare are addressed by NRS 432B.130 on page 10 of Exhibit O.

Persons responsible for a child's welfare are listed as a child's parent, guardian, a stepparent with whom the child lives, an adult person continually or regularly found in the same household as the child, a public or private home, institution or facility where the child actually resides or is receiving care outside the home for all or a portion of the day, or a person directly responsible or serving as a volunteer for or employed by such a home, institution or facility.

The NRS excludes teachers, personnel and volunteers at a school. The current definition of abuse and neglect excludes some things that are really important. One being sexual conduct between school employees or volunteers and pupils, the luring of children or persons with mental illnesses and the use of corporal punishment. Corporal punishment is in statute relative to teachers but not to volunteers. There are gaps in who reports and what can be reported. The intent of S.B. 287 is to clean up the law and fill in the gaps.

The objectives of S.B. 287 are to expand mandatory reporters to include all school personnel and volunteers, and create a new statute for abuse and neglect related to K-12 schools that include sexual conduct, luring and volunteers use of corporal punishment. The bill requires an external investigation to determine if a report is substantiated. If a report is substantiated, the information will be added to the central registry.

The final report I have provided to the Committee is the Clark County School District Regulation for Child Abuse and Neglect (Exhibit R). You will notice if any employee suspects abuse or neglect, that person is supposed to contact the Child Abuse and Neglect Hotline which is located at the Clark County Social Services office. Law enforcement may also be contacted according to the report.

Interestingly enough, the first call is to a hotline, but that is only for mandatory reporters, only licensed and endorsed personnel at this time, not volunteers, aides or bus drivers. It is also limited to abuse and neglect pursuant to NRS 432B.130. This bill will address all suspicions of abuse, neglect and sexual conduct that are reported to external agencies for investigation. If the allegations are substantiated following the investigation, a permanent record will be created.

SENATOR RATTI:
When you say a permanent record will be created, would that permanent record be a criminal record?

SENATOR GANSERT:
The permanent record will be a criminal record saved in the Central Repository for Nevada Records of Criminal History.

SENATOR RATTI:
If the allegation is not substantiated, would there be no permanent record?

SENATOR GANSERT:
This is correct. What is important is a third-party investigation. Now, without the investigation, many teachers and aides can end up resigning and move to another school district.

SENATOR HARDY:
When an investigation is conducted, can the teacher or aide still resign?

SENATOR GANSERT:
Yes. The person can resign, but because the investigation is external, law enforcement or welfare services will be pursuing the case. The process will continue even after the resignation.

SENATOR HARDY:
If the complaint is not substantiated, can a person resign and move to another school district because there has been no conviction?

SENATOR GANSERT:
There must be reasonable cause to bring the case forward. If the complaint is not substantiated, it goes away. If the complaint is substantiated, there is follow-through.

SENATOR RATTI:
In the criminal court system, there would be a record which would be flagged during a background check. On the child welfare side, if the complaint does not rise to the level of criminal, does it create a record?

SENATOR GANSERT:
I am not sure. I know there is another system pertaining to warrants, and I am unsure of what system will be utilized.

SENATOR RATTI:
When we conducted background checks, the flags pertained to criminal convictions.

SENATOR GANSERT:
There are ways to conduct more thorough background checks other than using the Central Registry. There is also a warrants and reports system. My other bill contemplates expanding background checks for personnel. The school district representatives have contacted me asking for the bill to be more expansive than what is currently in statute.

SENATOR HAMMOND:
If there is a staff member with these allegations and the person resigns or moves quickly to another school district, the information will not be attached to the person's permanent record. If the behavior does not rise to the level of criminal offense, how do you get it to attach to the permanent record?

There was a story about a teacher in California where over the course of 20 years, there were numerous allegations. The allegations were in the file, but if the teacher moved from school district to school district, the information was not accessible. Using this story as an example, there was never a criminal investigation. I believe your intent with this bill is to allow access to this information and shine a light on these allegations.

SENATOR GANSERT:
Yes. If there is an external third-party investigation and the allegations are substantiated, a permanent record is created. When the article talked about grooming, it could potentially qualify as luring a child. The age of the children and the act of the teacher may fall under a luring statute.

SENATOR HAMMOND:
The problem is about the many ways to get around the allegations. A parent may move their child to another classroom or another school and the problem goes away. You say we are going past that and the school district will not deal with the problem, but it will be turned over to an external third party for investigation. This would keep us from having allegations building over a long period of time and nothing being done to fix it.

SENATOR GANSERT:
Within a school district, if a teacher resigns, the allegations go away. If the third party conducts the investigation and it is substantiated, a permanent record is created.

SENATOR SPEARMAN:
I am looking at seven articles talking about sexual abuse in private schools <https://www.bostonglobe.com/metro/2016/10/01/how-educators-find-new-jobs-after-alleged-sexual-misconduct/TpwwzQkFmRNbrENTmzfluJ/story.html>.

Since we are talking about teachers and public schools, would this relate to private schools too?

If someone comes here from another state, is there any way to determine if the individual is running away from something?

How do we make sure if a teacher leaves the State, the information leaves with them if the investigation does not rise to the level of criminal charges?

SENATOR GANSERT:
Private schools already have mandatory reporters, so this statute would apply to them also. We will expand the mandatory reporters through statute with a new definition for child abuse and neglect for kindergarten through Grade 12. Private schools will fall under the same guidelines. A teacher coming to Nevada from another state will not have this information with them.

The United States Congress passed legislation to ban passing the trash in 2015, but it has not been totally effective. Individual states will have to pass legislation like S.B. 287 to ensure we are not passing trash to each other. There is a large case in Clark County regarding a kindergarten teacher who came from southern California and had sex with a student from one of the high schools. The school district had no idea about the teachers background because the information was not accessible. Each state needs to ensure records are updated when allegations are substantiated.

My other bill, Senate Bill 213, will expand the background checks and pick up any other information available to the public.

SENATE BILL 213: Revises provisions relating to education. (BDR 34-583)

BRIGID J. DUFFY (Director, Juvenile Division, Office of the District Attorney, Clark County):
We represent the Department of Family Services in NRS 432B matters. We are in support of S.B. 287, provided the bill is amended as proposed. The County had some concerns regarding the language in the original bill about adding additional people who were responsible for the welfare of a child. The conceptual amendment is closer to where we need to be on this subject.

The National Child Abuse and Neglect Data System (NCANDS) holds the names and information of people who have been substantiated by an agency regarding child abuse and neglect. The information is not public. I could not run a background check on a person to look for substantiated information, but it is available to employers and licensing agencies. When someone attempts to become a teacher, a police officer or a social worker, a background check is run on NCANDS. The information would be caught. This is a very important part of being able to follow through once an investigation is complete by going into that system. Other school districts or schools within the district will be aware of the information. In regards to S.B. 213, it will expand the background check information.

Our office checks for out-of-state information for five years. If a teacher moves here from southern California, our background check would cover a five-year period. Child welfare agency to child welfare agency can check for this type of information. We would like this action to become part of the school district policy.

NICOLE ROURKE (Clark County School District):
We had a couple of technical changes which are included in the conceptual amendment regarding the immunity for reporters. It is important to protect the folks who are acting as whistle-blowers. We have made changes to our regulations and worked with the Division of Child and Family Services to ensure step were very clear in how to report child abuse and neglect. We support S.B. 287.

CHAIR SPEARMAN:
I made reference to an article and provided the link. This is from October 2016. As part of its ongoing investigation of sexual misconduct at the region's private schools, investigators identified 31 educators from the 1970s who after being accused of sexually exploiting, assaulting or harassing students, moved on to work at other schools or other settings with children, sometimes, with a warm recommendation letter in hand. This is something we can accomplish across the board to protect all children.

SENATOR GANSERT:
This bill is important to our children, and it is important for us not to pass the trash to other districts and other states.

CHAIR SPEARMAN:
I will close the hearing on S.B. 287.

SENATOR HAMMOND:
There was a considerable amount of chatter about what was happening at the federal level regarding the Affordable Care Act last week. I was trying to quote something I had read and wanted to make sure everyone knew the thoughts belonged to Assembly Speaker Jason Frierson. I did not want to take claim to those thoughts, but it was close to what I was feeling at the time regarding S.J.R. 8.

SENATOR SPEARMAN:
I will open the hearing on the work session with S.B. 139.

SENATE BILL 139: Makes various changes to provisions relating to patient-centered medical homes. (BDR 40-679)

MS. COMLOSSY:
Senate Bill 139 was sponsored by Senator Hardy and heard by the Committee on March 20 (Exhibit S). The bill makes various changes to patient-centered medical homes (PCMH). Specifically, the bill requires, rather than authorizes, the Advisory Council on the State Program for Wellness and the Prevention of Chronic Disease to establish an advisory group on PCMHs. In addition, the bill requires the Commissioner of Insurance to consult with the Advisory Council, the director of the Department of Health and Human Services and other interested parties to adopt regulations establishing standards for payments to and incentives for PCMHs from health insurance plans.

The director of DHHS is to include in the State plan for Medicaid a requirement that the State pay the nonfederal share of any such payment of incentive for which standards are adopted and to take any action necessary to obtain federal financial participation for payments or incentives provided by Medicaid and other health insurance plans that provide coverage for a service rendered by a PCMH to provide payments or incentives as applicable.

The attached amendment was proposed by Michael Hackett, Nevada Primary Care Association, during the bill hearing. It eliminates reference to the Commissioner of Insurance and authorizes, rather than requires, the director of DHHS to adopt regulations and include certain language in the State Plan for Medicaid.

Chair Spearman:
I will close the hearing on S.B. 139 and entertain a motion.

> SENATOR HAMMOND MOVED TO AMEND AND DO PASS AS AMENDED S.B. 139.
>
> SENATOR RATTI SECONDED THE MOTION.
>
> THE MOTION CARRIED UNANIMOUSLY.

* * * * *

CHAIR SPEARMAN:
I will open the hearing on work session S.B. 237.

SENATE BILL 237: Revises provisions concerning the placement of a child into protective custody. (BDR 38-469)

MS. COMLOSSY:
Senate Bill 237 was heard by the Committee on March 15. The bill expands the requirements of courts during a hearing held to determine whether a child who has been removed from his or her home and placed into protective custody should remain in protective custody.

Specifically, the bill requires a court to determine whether an in-home safety plan that is sufficient, feasible and sustainable can be implemented to protect a child from danger. An in-home safety plan is a plan to address the safety of the child in his or her home and to manage threats of danger to the child, the vulnerability of the child to those threats and the capacity of the person responsible for the child to protect the child from those threats.

The proposed amendment submitted by the Nevada District Attorneys Association included in the work session document (Exhibit T) has been replaced by a proposed amendment submitted by Clark County (Exhibit U).

The amendment removes section 1 in its entirety with a mock-up and inserts the statutory language for consideration of safety plans into NRS 432B.393 which addresses the federally required reasonable efforts by a child welfare agency to prevent the removal of children from their homes and to reunify children with their parents. The definition of an in-home safety plan is still included.

CHAIR SPEARMAN:
I will close the hearing on S.B. 237 and entertain a motion.

SENATOR HARDY MOVED TO AMEND AND DO PASS AS AMENDED S.B. 237.

SENATOR RATTI SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

* * * * *

CHAIR SPEARMAN:
We have concluded business of the Committee for today, and we are adjourned at 5:43 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	10		Attendance Roster
S.B. 219	C	3	Senator Joyce Woodhouse	S.B. 219 Requested Revisions
S.B. 219	D	2	Tom McCoy / American Cancer Society / Cancer Action Network	ACSCAN Letter of support
S.B. 219	E	2	Cari Herington / Nevada Cancer Coalition	NCC Letter of support
S.B. 219	F	9	Jeanette Belz / American Registry of Radiologic Technologists	Conceptual Amendment to S.B. 219
S.B. 219	G	2	Chad Hensley / UNLV	Ionizating Radiation proposed points
S.B. 219	H	1	Chad Hensley / UNLV	Map of Licensure States Radiation Technology
S.B. 219	I	1	Michael Hackett / NPHA	NPHA Letter of support from John Packham
S.B. 219	J	2	Senator Julia Ratti	ASA written testimony and concerns from Joseph Levy
S.B. 219	K	2	Senator Julia Ratti	AIM Letter of support from Samantha Guild
S.B. 274	L	7	Bailey Bortolin / Legal Aid of Southern Nevada; Washoe Legal Services	Proposed Amendment 3259
S.B. 50	M	4	Megan Comlossy	Work Session Document
S.J.R. 8	N	1	Megan Comlossy	Work Session Document
S.B. 287	O	11	Senator Heidi S. Gansert	Presentation
S.B. 287	P	2	Senator Heidi S. Gansert	Proposed Conceptual Amendment for Senate Bill No. 287
S.B. 287	Q	1	Senator Heidi S. Gansert	Articles

S.B. 287	R	2	Senator Heidi S. Gansert	Clark County School District Regulation
S.B. 139	S	2	Megan Comlossy	Work Session Document
S.B. 237	T	3	Megan Comlossy	Work Session Document
S.B. 237	U	3	Megan Comlossy	Clark County Proposed Amendment