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

## Seventy-ninth Session
## April 3, 2017

The Senate Committee on Health and Human Services was called to order by Chair Pat Spearman at 3:40 p.m. on Monday, April 3, 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 Yvanna D. Cancela, Senatorial District No. 10
Senator Heidi S. Gansert, Senatorial District No. 15
Senator Tick Segerblom, Senatorial 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:
Kelly Thomas Boyers, Adam's Place
Emilio Parga, The Solace Tree for Grieving Children, Teens and Families
Kelly Knight
Peyton Barsel
Jackie Smith
Anna Jimenez

Grace Carderos
Rick Giffen
John Fudenberg, Coroner-Medical Examiner, Clark County
Sara Smith
Chaison Cuzzupoli
Connie McMullen, Personal Care Association of Nevada
Donna Clontz
Steve Gleicher, Right at Home
Kristen Coulombe, Deputy Administrator of Administrative Services, Division of Public and Behavioral Health, Department of Health and Human Services
Allan Ward, Home Instead Senior Care
Marsy Kupfersmith
Michael DiAsio, Visiting Angels
Jared Busker, Children's Advocacy Alliance
Jon Sasser, Washoe Legal Services; Legal Aid Center of Southern Nevada
Joanna Jacob, Dignity Health – St. Rose Dominican
Alanna Bondy, American Civil Liberties Union of Nevada
Alejandra Hernandez Chavez
Karla Rodriguez, Progressive Leadership Alliance of Nevada
Leo Murrieta
Tessyn Opferman, Nevada Women's Lobby
Cory Hernandez, Tu Casa Latina
Jennifer Frischmann, Chief, Long Term Support Services, Division of Health Care Financing and Policy, Department of Health and Human Services
Melissa Lewis, Chief, Fiscal Services, Division of Health Care Financing and Policy, Department of Health and Human Services
Lynn Chapman, Nevada Eagle Forum
Janine Hansen, Nevada Families for Freedom
Naomi Lewis, Deputy Administrator, Division of Welfare and Supportive Services, Department of Health and Human Services

CHAIR SPEARMAN:
I open the hearing on Senate Bill (S.B.) 355.

**SENATE BILL 355**: Increases the fee for a certificate of death to fund grief support services. (BDR 40-114)

SENATOR TICK SEGERBLOM (Senatorial District No. 3):
Senate Bill 355 proposes to add $2 to each certified death certificate and that money would go into a fund that will support nonprofit organizations that provide grief support services to children, parents and adult caregivers. I have provided information on the Grief Support Trust Account and why funding the children's bereavement program is so important (Exhibit C) to the Committee. It has been estimated that in Clark County, that fund would generate $150,000 a year.

Ten years ago, Adam Thomas, who was Senator Schneider's intern, died tragically in a car accident. His mother, Kelly, realized there is a need for grief services and created Adam's Place. Senate Bill 355 is designed to help Adam's Place, and others like it, because there is no place in the school system or anywhere where parents or students can come to cope with their grief.

KELLY THOMAS BOYERS:
I am in support of S.B. 355. I still have a memory of Adam whose faith and hope in the political process stills inspires me. I wish this bill would have been heard in Committee 11 years ago. I wish for many families, including my own, that children, teens and families faced with profound loss could have access to free specialized peer support and parenting skills. Senate Bill 355 provides hope that there will be access to support in the future in Nevada.

Ten years ago in March 2007, I lost my son Adam from injuries sustained in a car crash. He left behind a family reeling with the changes that death brings, pain both emotional and physical, reorganization of the family structure and roles changing for each family member who were mourning differently and struggling to understand or intercept those patterns. The work is hard to move forward. It is isolating. It is exhausting. My younger son, Alec, and I focused on safety advocacy, which helped us find a common goal to tell our story. These coping skills would help us find our balance necessary to make positive healthy choices and realign what success means to us moving forward. These advocacy skills are what we call at Adam's Place our tools belt. Tools to help us manage our grief.

Ten years ago, there was no children's bereavement center in southern Nevada. I could not find peer groups for myself, let alone my 16-year-old son. My 16-year-old son did not want a see a therapist or find support through our religion. He was angry with God and felt punished. It is tough to lose a brother and parts of your mom and dad as the family unit struggles through the storm of bereavement.

My personal experience propelled me to learn and understand the needs, risks and side effects of coping with loss and grief. Being the best parent I could be to a bereaved child became my No. 1 goal, and it was my lifeline. Society is not always prepared to be supportive to an adult let alone a child. The realization led me to research what types of resources were helpful to children and what are best practices. Across the Country there were children's bereavement centers, even one in Reno, Nevada. The question then became, why was there not one in southern Nevada?

Through the hard work of many volunteers over the last eight years we have founded and named in my son's memory, Adam's Place. It is a children's bereavement program open to all children, every demographic, every ethnic background, gender, every child, at no cost. Our training and programs are based on best practices and evidence-based models. I have provided charts (Exhibit D) to the Committee showing a five-year review of the children we have served. It is very reflective of our multicultural community. The diversity allows children to hear each other, hear their stories and not just see the color of their skin or religious background. The actor and producer Tyler Perry recently said, "the more I travel the more I believe it is not the color of our skin that connects us, rather it is our stories, our life experiences." Perhaps when we start identifying our stories, we create a more empathetic, compassionate culture. The human experience is our common thread.

Grief is not a subject many are comfortable discussing. I found the National Alliance for Grieving Children, an organization formed over 25 years ago, working hard as advocates for children coping with grief and loss. There is a movement, which we are a part of, to increase resources, provide education for professionals working with bereaved children and to raise awareness of the numbers of children who will lose a parent, a sibling or other family member.

It is well documented that children move into an at-risk group if they experience the death of an immediate family member. Combine that with decreased socioeconomic resources and moving households, and the at-risk factors mount up. The feeling of control over one's destiny decreases, and depression increases. While we cannot change the circumstances, as a community, we can equip, coach and reinforce coping skills that a child or teen can use on demand, in real time, and for a lifetime. While I might debate whether an adult should pay $10 for a parenting class, I will always be adamant that a child should not be charged a fee for bereavement services.

Adam's Place has seen hundreds of children over the last eight years and has answered thousands of inquiries for support. We have been overwhelmed, but we have used technology to help us make the most of the volunteer structure that has allowed us to keep the doors open. Our peer support model is proven effective, reproducible and, more importantly, extremely effective with children. We had a heart-to-heart talk with our community leaders on how do we stay sustainable. If we close, who will take our place with the capacity of 30 children and 20 adults a session, operating for 9 months a year and allowing children to stay in the program for as long as they find it helpful at no cost to them? Through those discussions, we produced an idea of creating a new fund, specifically, a children's bereavement program by increasing the cost of a death certificate. I have provided the Committee with a collection of letters from some of the children labeled, "What Adam's Place Means to Us" (Exhibit E).

Our great State tends to prefer limited government in our lives. With that structure, there are gaps created. Community-based organizations, like Adam's Place, spring up to fill the need, to fill the void in social services. Melinda Gates said during a recent interview, "It is only when government steps in and supports an issue with funding is the issue elevated to succeed." Partnerships of public and private funding create sustainable financial platforms. We are grateful for the local businesses' support, most being small businesses in Clark County. Without it, we would not have survived the last eight years. Their support also conveys and acknowledges the importance of the resources for children and families, their employees and our fellow community members. Additionally, the in-kind donation of hundreds of thousands of dollars of donated time, from a variety of professionals through their commitment to volunteer work and our mission, was the other key factor in our sustainability and cost effectiveness.

But now is the time for the collective public to provide access to funding to elevate the issue, to invest in preventative mental health strategies, peer support and coping skills education for children experiencing grief that we believe will add to a downward trend of costly services that disconnected youth and young adults are provided by our State juvenile delinquency systems. Investing in grief support programs will bring a positive return on investment, increase school attendance, academic success and positive community participation. Senate Bill 355 will provide the affirmation this issue and programs like Adam's Place should have in the preventative mental health and wellness programs for children and teens coping with loss and grief. I ask you to support S.B. 355.

EMILIO PARGA (The Solace Tree for Grieving Children, Teens and Families):
I am in support of S.B. 355. In 2002, while teaching at an elementary school, middle school, and while finishing my masters degree in school counseling, I was assisting students in my grief groups who had experienced a death. In my attempt to provide these children and teens with help I realized that there were no available resources to provide grief support in Reno, Nevada or surrounding cities. I then started the Solace Tree for Grieving Children, Teens and Families. The Solace Tree is a nonprofit organization that provides support, training, consultation and workshops.

The Solace Tree helps more than 300 children, 100 teens and 100 adult family members or caregivers each month from Washoe County and nearby counties. Since it was founded in 2003, the Solace Tree has supported more than 13,000 children, teens and adults. Since the inception, we have cofounded four other grief centers in Nevada. Without financial support, organizations like the Solace Tree and Adam's Place are in jeopardy of no longer existing. As a nonprofit organization, it has become more difficult to obtain funding to continue operations. This would be detrimental to our community and society. Through our own experience and based on research, children and teenagers become at risk for mental health and behavioral issues due to unresolved grief that may negatively impede their daily functioning. Grief centers allow families a place to receive support, compassion and to heal, grow and grieve.

I ask you to pass S.B. 355 to create a Grief Support Trust Account by increasing the cost of a death certificate by $2 to allow the Solace Tree to continue to provide support and services to those who need it most.

KELLY KNIGHT:
Grief is not a topic people like to discuss probably because it is both difficult and likely to be a part of all of our lives. Grief is a normal part of life, but grieving the loss of a parent or sibling as a child is anything but normal. My kids were five years old and nine years old when they unexpectedly lost their dad. I am here today to tell you what childhood grief is and what its impact looks like

for a child. Our society likes to say that children are resilient, but that is simply not true in this case. Children process grief at the level with which their development allows. That means as they develop and understand their loss more completely they grieve again. They grieve what they now understand they have lost. So, as adults start to move forward with their grief, children move forward only to grieve more later.

I will share my son's interpretation of his dad's death at age five. He thought his dad would reappear later that night and that we would become poor because that is what happened in his Lego's Star Wars video game. The characters would magically reappear and he would lose his gold coins. Now, he is eleven years old, missing his dad and grieving all the moments he now understands that he has missed out on.

Please take a moment and think about when you have lost somebody. You probably turned to a spouse or a close friend or family member. When I lost my husband, who do you think my children could turn to? Ideally me, but truthfully I was not capable of supporting them in the way they needed. I was in shock, grieving and overwhelmed with the new responsibilities of being a single parent and sole provider. Our lives changed overnight in every conceivable manner. I needed to figure out how to pay our bills, raise our kids and bury the man I spent 17 years building a life with. When my children did reach out to me, they saw how their grief made mommy cry even more, and that was the last thing they needed. They had only one parent now, and that parent was hanging on by a thread. How often did they come to me when they realized that? Perhaps you think the children could turn to their friends. Their friends were good kids, but they were only five and nine years old as well. They did not understand the deep sadness my children were so obviously carrying around with them. How could any of us expect children this age could find support from their friends?

I took my children to a psychologist immediately following my husband's death. Ultimately, after five months they were still lonely and isolated at school, still struggling to cope with the loss of their dad and of the life they once had. Luckily, we found Adam's Place. Once they started going to Adam's Place, they began to regain joy and confidence in what life could be again. The three of us attended biweekly meetings where they could talk to their peers about their feelings, their new life circumstances and not feel weird or judged. The healing power of acceptance is amazing. What my kids needed more than anything was an outlet to talk about how sad they were. They could speak candidly to their peers who truly understood their circumstances, and they could do so without upsetting me. After two years of Adam's Place, my children learned the coping skills they needed to deal with their lifelong grief journey, and they began to relate to their friends at school again. It took time, but with the help of peer grief support my children are happy and well-adjusted again, and I dare say even more capable and empathic people than before our tragedy. I ask this Committee to support S.B. 355 to assist organizations like Adam's Place and Solace Tree and other well-meaning community-based programs that are essential for children who have experienced a life-altering loss.

PEYTON BARSEL:
I support S.B. 355. I am 15 years old. When I was nine years old, my dad passed away very suddenly. When I tell you that my entire world was swept up from underneath me, that would be an understatement. When my mom first told me, I honestly felt like I had just been kicked in the teeth. I lost so much that day, more than I can even recall. Most of all I lost my innocence.

I grew up in a very loving household where I had two parents to support and hold me when I was feeling down and a sense that no matter what happened, I would have both of them to lean on. This notion disappeared quickly. Not only did I lose my dad, but I lost a big piece of my mom. She was consumed with her own grief, and therefore, did not have as much time for me as she had before. Not only that, but I also had my little brother to worry about. He was only five years old. I worried how he would cope and if he was going to be ok. I worried if any of us was ever going to be ok again.

About six weeks after hearing the terrible news that my dad was no longer with us, I started attending Adam's Place. Adam's Place helps children ages 5 through 18 years old in coping with the loss of a parent or sibling. Adam's Place truly changed my life. When I first started attending Adam's Place, every second of every day at school was spent on me not crying and breaking down in front of my peers. At Adam's Place, it did not matter whether I cried or not so I was not as guarded. It helped me move on, and it helped me cope quicker and easier. I developed friendships with the kids there that I simply could not at school. These kids knew how it felt to lose someone that they never thought they were going to lose. Adam's Place completely changed my life and my perception of things. I attended Adam's Place for two years. I then realized that Adam's Place had given so much to me, that I wanted to help give back. I went through training and began volunteering as a facilitator in the "little's group," ages five to eight years old. It has been during these three years volunteering that I have truly learned the importance of having an outlet to be able to talk about your grief.

I have seen a lot of children go through Adam's Place that have said very similar things to what I have said; Adam's Place made them realize that they were not alone. Knowing that you are not alone during a time that you feel so lonely has more impact and promotes healing more than I can express in words.

Adam's Place does not have the resources to help the 25,000 children in the Las Vegas area that have lost a parent. What I do know, however, is that if there is funding, more and more of these thousands of children will get the help they deserve. I have seen kids that have not gotten the help they needed, and what it did to them. No child should have to go through profound loss by themselves. Passage of S.B. 355 will allow organizations like Adam's Place and the Solace Tree help the children that so desperately need assistance in the most difficult times of their young lives. I urge the Committee to pass S.B. 355.

JACKIE SMITH:
On January 4, 2009, my husband Craig collapsed while our family was skiing together. He later died that night at the hospital in Reno with heart-related complications. At the time, our twins were eight years old and in the second grade, and my youngest was only six years old and in kindergarten. As I emerged from the fog of the initial shock, my first instinct was to figure out how I was going to support my children through what I knew was going to be a very difficult road. Someone referred us to the Solace Tree in Reno and said it is a different kind of grief support for kids and adults. I was invited to listen to Mr. Emilio Parga speaking to a nursing class at Western Nevada College later that week. I knew, as I listened to him explain his program, that Solace Tree was going to be a meaningful place of healing for my children.

We attended meetings twice a month, driving up to Reno from Douglas County since there were no other services like the Solace Tree closer to us at the time. The time spent there for our family helped my children heal, and turn them into the fine young adults that they are today. The multitudes of activities that they engaged in like art, playing in the avalanche room, grief camp at Lake Tahoe in the summer, and discussions with other kids who were feeling the same way, helped them through the ever-changing path of grief. They felt safe with the amazing staff and with other kids like themselves, making friendships and having fun through a very painful time in their lives. One time, one of my boys said, "At school, I am the kid whose dad died. It is not like that at group, I can just be Jack."

After time, my children began to realize that they might have a purpose other than just attending meetings. They were looking for a way to give back. They began helping at fundraisers, speaking on panels for social workers studying grief and children, and now my daughter Jordan is a cofacilitator for one of the teen groups for her second year at the Douglas Center for Hope and Healing in Minden. Last June she attended the National Association for Grieving Children conference in Indianapolis, Indiana. I truly believe that the Solace Tree and the Douglas Center for Hope and Healing have been major factors in our ability to carry on happily as a family while still riding the waves of the grief that is ever present in our lives as it manifests itself at different times and places. However, our grief does not define us, and we continue to live a normal crazy busy life as one can have with three teenagers under one roof with one parent. The ironic thing is that from something so negative, a death, there have been many positives in the emotional growth and development of my children from attending grief support groups. Having the resources of experts on grieving children available, just a phone call or meeting away, has been invaluable to our family.

I urge the Committee to pass S.B. 355, creating a Grief Support Trust Account by increasing the cost of a death certificate by $2 to help assist the grief organizations provide grief support services to those who need it the most—the children.

ANNA JIMENEZ:
On June 28, 2015, my daughter Grace lost her father Vincent on his fifty-third birthday, and I became a single parent on that day. He went home after a birthday luncheon with our daughter to take a nap and did not wake up. Heart failure was the official reason for his death. Grace chose to speak at both of her father's memorial services, and showed me a brave and loving child, but also a very sad and heartbroken little girl. My friend Belinda, who is our school counselor, shared with me a resource that has given my Grace a safe place to talk about the loss of her father with other children in the same stage of grief or loss.

The founder, Kelly was warm and welcoming to us when we felt such sadness that we had no idea how to grieve or deal with the overwhelming sadness in our hearts that affected us on a daily basis. Kelly and the volunteers gave comfort, support and resources to guide us through the stages of grief and the death of a loved one. Every other Tuesday, we attended Adam's Place and I could see how happy and comfortable my daughter felt before and after her group meetings. The first Thanksgiving, Christmas, birthday and Father's Day were hard for me because I had to put on a happy face and give our daughter a happy holiday without him.

Parents and volunteers from the meeting shared wonderful ideas and advice to guide me in dealing with my sadness and strength to celebrate the holiday with my Grace. My grateful heart is overwhelmed by Kelly and the volunteers' endless support to the children who have felt such sadness and loss in their young lives. This place, which Kelly named after the son lost early in his life, is a blessing and a gift to all who enter the building and will positively change the lives of so many children. My seven-year-old-daughter is an example of how Adam's Place has been a positive and valuable resource in the grief process of such a sweet and loving child who just misses her father. When parents and children face unimaginable life-altering events and extreme loss, Adam's Place provides a valuable free service to those in need in the City of Las Vegas. I urge you to pass S.B. 355 creating a Grief Support Trust Account by increasing the cost of a death certificate by $2 to help assist Adam's Place with providing grief support services to those who need it the most—the children.

GRACE CARDEROS:
I support S.B. 355. Adam's Place means the world to me and has given me comfort and love. When my dad died, I felt really sad. I love Adam's Place. Please pass S.B. 355 to help me and my friends at Adam's Place.

RICK GIFFEN:
I support S.B. 355. Adam's Place is a charity near and dear to my heart. Having survived through the death of my kid brother to a motorcycle accident at 17 years old, while I was at the age of 15, I did not have an avenue to share my grief or have the opportunity to interact with other kids sharing similar stories and receiving proper counseling. I lived in denial of my loss for the longest time until a couple of my high school teachers pulled me aside and let me talk about it. While I am thankful for their interaction in my life, I could only imagine how much easier it would have been for me and my family if a program

such as Adam's Place would have been available. It is not too late for us because we have an opportunity with S.B. 355 to help provide sustainability moving forward. Please pass S.B. 355 out of this Committee to a Floor vote.

JOHN FUDENBERG (Coroner-Medical Examiner, Clark County):
Multiple county departments have identified the need for grief support centers in Clark County. As the Coroner for Clark County, I can tell you personally I have received hundreds of inquiries about grief support centers from families who have lost loved ones. My office does many referrals to Adam's Place, and it is a wonderful organization. In addition to the hundreds of referrals I have made personally on a daily basis, our staff, who respond to all the deaths in Clark County, receives daily requests for referrals to grief support centers. There is a huge shortage. The small amount of money the death certificate fees would generate would make a huge difference in many families. Clark County supports S.B. 355.

SARA SMITH:
I support S.B. 355. I lost my husband in September 2015 when my son was only six years old. I did not have any resources, and I was not sure what to do. I asked the school where my son attended if they had any information and they linked us up with Adam's Place. My son enjoys going to Adam's Place, feels it is a safe place for him and has learned coping skills. I have learned a lot from the parents of other children who have lost a loved one. I am learning how to be a single parent, and my son is learning how to be a successful young man without his father. When I ask him what Adam's Place means to him, he tells me it is a safe place and he has six friends there, where he only has one friend at school.

CHAISON CUZZUPOLI:
I support S.B. 355. I like Adam's Place because it helps me with my loss and gives me comfort.

SENATOR WOODHOUSE:
Can you tell the Committee what the parents of the children who go to the Solace Tree and Adam's Place receive in the way of help?

MS. THOMAS BOYERS:
We focus on teaching parenting skills. We mirror the children's support group in the adult group so the adults get the idea of how to employ some of the

activities at home. What happens in group stays in group unless a child makes any indication of harming themselves. While in the adult group, the topic of the children's program is shared so the adults can use that in further conversations and explorations with their children. There is also an adult networking component as well.

MR. PARGA:
The children meet in age-appropriate rooms where they talk about whatever they want to discuss. There are discussion rooms for young adults and rooms for the older adults. There is no theme to the discussion, but everyone helps each other through the loss. It is a place for normalcy and commonality, so they know they are not alone. The adults learn about parenting skills from each other. As an organization, we are not telling them how to grieve; they are teaching us. They become a big family.

CHAIR SPEARMAN:
I close the hearing on S.B. 355 and open the hearing on S.B. 324.

**SENATE BILL 324**: Authorizes employees of certain facilities and organizations to check vital signs and provide related services. (BDR 40-372)

ASSEMBLYWOMAN ROBIN L. TITUS (Assembly District No. 38):
The Subcommittee to Conduct a Study of Postacute Care was created by Assembly Bill No. 242 of the 78th Session. Postacute care includes a range of medical or health care services that support a patient's continuous recovery from illness or management of a chronic illness or disability. Postacute care is provided in a facility or within a home- or community-based setting. The Subcommittee's charge was to review alternatives to institutionalization and to look into different distinctions, services and care to keep residents in their home-or resident-based settings.

In a residential setting, family members are frequently trained to help residents take and record certain defined vital signs including pulse rate, heart rate, finger-stick glucose, oxygen saturation, respirations and temperature, and to administer insulin and assist with the administration of insulin. The Subcommittee received testimony indicating that unlicensed assistive personnel (UAP) in a home- and community-based setting are not authorized to receive appropriate training in defined vital signs, and to assist certain residents in a manner similar to the assistance that may be offered by a family member or friend when the patient is living in the patient's own home. This prohibition applies to UAPs working in a residential facility for groups, an agency that provides personal care services in the home, an intermediary service organization and a facility for the care of adults during the day.

The Bureau of Healthcare Quality and Compliance (HCQC) proposed regulatory changes that would only cover the finger-stick glucose testing and not the administration of insulin. So once you get the information you cannot give them the insulin. The Subcommittee encouraged the HCQC to work toward regulatory changes that would allow UAPs to administer insulin and assist with the administration of insulin. The UAPs can help if the patient cannot see well and may dial in their insulin. Senate Bill 324 would allow that if a patient cannot see the numbers, the UAPs can dial it in for them and let the patient administer it or the UAPs can give it to the patient.

The Subcommittee received testimony regarding federal requirements for the Clinical Laboratory Improvement Amendments, Center for Medicare and Medicaid Services, as it relate to blood glucose testing; however, it was acknowledged that other states may provide models that allow blood glucose testing by UAPs. In addition, stressing the need for oversight in these settings, the Subcommittee heard cautionary remarks regarding the possibility of single-use injectable devices being used on multiple individuals and the need to ensure proper insulin dosage. If someone has a dial insulin administrator, we would not want them to use it on other members of the household or in the house.

In an effort to give the UAPs in these residential community settings authority that is similar to what is authorized for a friend or family member in a resident's home, the Subcommittee created S.B. 324.

Senate Bill 324 requires the State Board of Health to adopt regulations authorizing an employee of a residential facility for groups, an agency to provide personal care services in the home, a facility for the care of adults during the day or an intermediary service organization to check vital signs, administer insulin and perform a blood glucose test. Senate Bill 324 exempts any task performed in accordance with the adopted regulations from the scope of provisions relating to respiratory care and the licensing of medical laboratories, respectively. The intent of this measure is to give people that live in community-based settings access to the same assistance and services provided to individuals that live in their own or family members' homes, and to provide greater independence to individuals regardless of their living arrangements.

We have found out that people who have diabetes and live in their own homes and need assistance administering their insulin have a family member help them. If they live in a friend's home or go to adult day care, they cannot receive the same kind of help.

CONNIE MCMULLEN (Personal Care Association of Nevada):
The Personal Care Association of Nevada is in support of S.B. 324 because it will expand access to health care and services and improve the quality of life for so many people who are frail, disabled and homebound. Senate Bill 324 will help to save lives by enabling caregivers who provide nonmedical services the ability to monitor vital signs and perform related tasks that are not difficult but do improve health outcomes, preventing expensive emergency room visits and hospitalizations. This measure will enable personal care agency caregivers to check, record and report temperature, blood pressure, respiration and oxygen saturation. It will also allow caregivers to assist in administration of vital injection devices and insulin approved by a physician.

On personal note, last month my husband was diagnosed with diabetes. He received the insulin and the finger-stick device, but was thoroughly confused by it, even after his physician gave him instructions. A family member who is on insulin showed us how he uses his device. I believe S.B. 324 will make a big difference in people's care.

DONNA CLONTZ:
I support S.B. 324. I am one of those family members who learned how to do those nontechnical caregiving services like a finger-stick and taking vital signs when my husband and I took care of his mom, dad and my mom. Having the ability to provide those types of services as a family member, and to provide comfort is a tremendous help to the patient.

STEVE GLEICHER (Right at Home):
I support S.B. 324. The biggest issue we have is the administering of insulin. I had a client whose family member was unwilling to do the finger-stick testing and insulin injection. I called several home health agencies to get professional care to come into the home to help my client. Under Medicare regulations they are allowed to train a family member, but that is where it ends. They cannot

come out three times a day to help my client even if my client paid for it. Senate Bill 324 is a gap-closing measure that will allow people to stay home and get proper care. Managing insulin is key to long life and lack of side effects for diabetics.

KRISTEN COULOMBE (Deputy Administrator of Administrative Services, Division of Public and Behavioral Health, Department of Health and Human Services):
The Division of Public and Behavioral Health has a technical amendment to S.B. 324. I have provided the proposed amendment (Exhibit F) to the Committee. Today, the employees of residential facilities for groups are not allowed to provide injections for medications pursuant to *Nevada Revised Statutes* (NRS) 449.0302. Therefore, an amendment is proposed to revise the existing NRS to allow employees of residential facilities for groups to provide injections as intended in S.B. 324.

CHAIR SPEARMAN:
Did you speak to the sponsor of the bill?

MS. COULOMBE:
Yes, I did.

CHAIR SPEARMAN:
The Committee received a letter of support for S.B. 324 from Jacqui La Voie (Exhibit G).

I close the hearing on S.B. 324 and open the hearing on S.B. 388.

**SENATE BILL 388**: Revises provisions relating to persons who provide personal care in the home. (BDR 40-613)

SENATOR HEIDI S. GANSERT (Senatorial District No. 15):
Currently, we have a number of home health care providers in our State who have bricks and mortar, and their business are located in the State and they provide nonmedical services. Section 3 of S.B. 388 describes the nonmedical services related to personal care to elderly persons or persons with disabilities as the elimination of wastes from the body, dressing and undressing, bathing, grooming, the preparation and eating of meals, laundry, shopping, cleaning, transportation and any other minor needs related to the maintenance of personal hygiene. What has evolved over time are employment agencies who are

1-800 numbers, who do not have bricks and mortar in the State, and who will refer people to provide these nonmedical in-home services. Because they do not have bricks and mortar in the State, they do not have the same requirements as those that do have bricks and mortar. We are talking mainly about background checks. Senate Bill 388 requires employment agencies that provide nonmedical services in a home for elderly persons or persons with disabilities to register or license with the State Board of Health (BOH). The BOH will set up regulations governing the licensing of the employment agencies.

MS. MCMULLEN:
The Personal Care Association of Nevada supports S.B. 388 because it requires an employment agency that contracts to place others in the home to be licensed as required in NRS 449.0305. Senate Bill 388 is one of the significant bills that impacts public safety, a practice that was not foreseen ten years ago. Senate Bill 388 was proposed by the personal care industry to protect people from harmful practices, such as what we often read about in the newspapers. This bill protects consumers receiving care in the home guaranteeing safeguards that are already in State law but cannot be enforced because employment agencies are not in the regulations. Last Session, Governor Sandoval signed a bill that included fines and penalties for personal care agencies that provided nonmedical service but did not obtain a State license. Senate Bill 388 will include employment agencies in NRS, companies that may operate by Internet, conducting business from another state or even in Nevada. *Nevada Revised Statute* 449.0305 requires all personal care agencies that provide nonmedical care in the home be classified under facilities for the dependent to be licensed without exception. The Division of Public and Behavioral Health and the Bureau of Health Care Quality and Compliance investigates these businesses operating without a license; however, they just cannot act unless this group is included in this chapter.

ALLAN WARD (Home Instead Senior Care):
Home Instead Senior Care supports S.B. 388. Since 2007, this industry has been working with health care quality and compliance agencies to refine the regulations as well as educate, help enforce the laws in the industry and protect the seniors. These laws and regulations were created to protect one of our most vulnerable segments of the population. The laws and regulations include a wide range, criminal background checks, tuberculosis testing, pre-employment physicals, ten hours of training before going to an account and eight hours of training every year. We are also required to disclose, for complaint processes,

pricing, clients' rights, and then validate or verify if the particular caregiver is skilled and has the ability to execute the care plan. We must report anything that might happen with sickness or illness of the caregiver or the client. There is an enormous amount of regulation and oversight by our agencies.

Our concerns are that these registries are acting as go-betweens and matching people, and I use the term match very loosely, and that we have given up all the regulations potentially that have been put into place for our seniors. These registries usually act in two different ways. Sometimes they act as registry for the employment agencies that are processing a payroll and taking a commission with no oversight, or they place the caregivers like they are independent contractors. If you look at the Internal Revenue Service's acid test of an independent contractor, it does not fit in terms of caregiving.

MARSY KUPFERSMITH:
I support S.B. 388. I saw firsthand with my father-in-law that the caregivers were eating his food that Meals on Wheels was delivering for him, and they were stealing items left around the house. I do not believe you can do too thorough of a background check when you have people entering the home of a senior, especially when the senior is living on his or her own. Had the driver of the Meals on Wheels not been a personal friend of my husband, we would have never known that the meals were being eaten by the caregiver. Not only did we have to deal with that, but then have another person come into the home to check on the caregiver. I believe these registries should be in compliance. Whatever background checks can be done should be done especially for someone entering the home of a senior.

MR. GLEICHER:
Right at Home supports S.B. 388, the need to provide regulations in registry companies. Right at Home is a franchise, and there are registry franchise companies that have actually set up business in Nevada. So, there are companies legally operating with bricks and mortar in Nevada that are offering this service as well as the Internet companies. So, it is right in front of us. Over time this industry has continued to grow and I would expect more registry companies to come to Nevada. Senate Bill 388 is being proposed to extend the existing personal care agency regulations to an employment agency that places people directly in the homes of clients. It puts in place safeguards to help ascertain that the person placed is capable to do the work, properly trained and physically screened so as to not spread infections to the client. Additionally,

make sure that the caregiver does not have a criminal record and is in the U.S. legally. Intuitively, I believe this makes sense. If a company is getting paid thousands of dollars to provide a service to seniors, it should be held to a certain standard of quality and operational requirements. That standard already exists in the Nevada regulations, but has not been yet extended to the employment agencies. Now is the time to take that action.

MICHAEL DIASIO (Visiting Angels):
Visiting Angels agrees with everything said before and supports S.B. 388. I liken this industry to Uber, when they first came into the market and there was discussion about who Uber was and who was driving citizens around. This is very similar to that, only these caregiver who are not properly background checked or trained are going into seniors homes who in many cases have memory loss or other challenges. If you were to research various personal care agencies on the Internet, you would find information regarding issues with their contractors, caregivers, babysitters, children, and deaths and lawsuits.

CHAIR SPEARMAN:
I close the hearing on S.B. 388 and open the hearing on S.B. 325.

**SENATE BILL 325**: Revises provisions governing medical assistance to certain children. (BDR 38-941)

SENATOR YVANNA D. CANCELA (Senatorial District No. 10):
Senate Bill 325 is an important bill for many Nevada families. The Children's Health Insurance Program Reauthorization Act (CHIPRA) included an option for states to provide Medicaid and Children's Health Insurance Program (CHIP) coverage to children who are lawfully residing in the United States, including those within their first five years of having certain legal status. To date, 29 states have opted to allow legally residing children to enroll in CHIP coverage without waiting 5 years. Nevada has not. Senate Bill 325 removes the five-year waiting period for these children.

Previously, federal law required a five-year waiting period before many legal immigrants were permitted to enroll in Medicaid and CHIP. Senate Bill 325 would give the Department of Health and Human Services the authority to cover these children through the CHIP program and ensure kids have access to the basic health care they need. All children should have the opportunity to see a doctor when they are sick, get medicine when they need it, get check-ups and necessary preventative care. Senate Bill 325 makes sure some of our most vulnerable youth are not left behind by inequity in the health care system.

JARED BUSKER (Children's Advocacy Alliance):
Thanks to the expansion of Medicaid and through passage of the Affordable Care Act, Nevada has made substantial gains for the insurance coverage of our youth. From 2013 to 2015, we decreased the number of uninsured youth from 14.9 percent to 7.6 percent. That is still far from the national average of 5 percent for all children. One of the ways we can continue to make these types of gains to decrease the number uninsured youth in our State is through removing the five-year wait for our lawfully residing immigrant children.

The 5-year wait was originally a federal requirement, however, Section 214 of the CHIPRA of 2009 allows states to remove the 5-year wait. This means as soon as lawfully residing immigrant children come into the State they would be able to enroll in Nevada Check Up or a CHIP program. Lawfully residing immigrant children would be able to receive coverage enabling them to access vital medical care as soon as they are enrolled. According to estimates received from the Georgetown Center for Children and Families, accepting the CHIPRA option could potentially help 7,000 uninsured children in the State. To date, 31 states including the District of Columbia have taken up the CHIPRA option to lift the 5-year waiting period.

We know that children who have access to health care are more likely to receive preventative care, miss fewer school days, do better in school and are more likely to graduate. They also grow up to be healthier adults, earn higher wages, pay more in taxes and are less reliant upon social welfare programs. Lawfully residing immigrant children should not be deemed any less deserving of medical care than other children living in our State. Removing the arbitrary wait period is good for kids and our State.

JON SASSER (Washoe Legal Services; Legal Aid Center of Southern Nevada):
We already cover these children under Medicaid in Nevada. However, we cover them only in one spot. If children show up at the emergency room (ER), whether they are a lawful or unlawful residents of our Country, hospitals must supply them with emergency medical services, and Medicaid must pay for it. The difference is if children are on CHIP, Nevada Check Up or Medicaid, then they get a much wider array of services than those offered in the ER. All children under those programs get the required services of early periodic diagnostic

screening and treatment program (EPSDT), which say children while they are well have the right to go the doctor, have checkups on a regular basis, have dental checkups and be diagnosed with whatever problems they have. Under the EPSDT, children are entitled to whatever medical service there may be to alleviate the problems found during those checkups. Currently, these children are not able to do that as they have to wait until things get so bad they show up in the ER. That child may be sitting next to your child or grandchild in schools with the germs and other things they may have because they do not have access to the preventative care.

The fiscal note on S.B. 325 says this will cost $38 million for the biennium. However, the $38 million is the total of State and federal dollars put together. The State's share is $5 million per year, which reduces the $38 million to $10 million. One of the assumptions that went into the $38 million fiscal note is around the federal medical assistance percentage (FMAP) or percentage of the dollars paid for by the federal government or the State government. There is regular FMAP for our regular Medicaid population which is at 65 percent on the federal level and 35 percent on the State level. Then there is enhanced CHIP FMAP which is 98 percent federal. One cannot tell from the fiscal note of the various groups of children we are looking at. We cannot tell whether it is Nevada Check Up, CHIP to Medicaid, Temporary Assistance for Needy Families, Children's Health Assurance Program and what FMAP was applied to each population. There are some questions that may result in bringing the amount of the fiscal note down.

Everyone agrees that the number of children is 7,000. On the other hand, the fiscal note seems to indicate that all 7,000 children will show up and become eligible on day one of the biennium and remain on the program throughout the biennium. Every program I have been involved with has a ramp-up period. Often fiscal notes are built upon an estimate of how many people will show up on day one with more showing up later to sign up. The actual costs are based on how we spend per month. The fiscal note starts with 7,484 children from July 1, 2017, through June 30, 2019. Very clearly, that will not be the reality if the Finance Committee chooses to pass the fiscal note.

Experience in other states has shown the whole 7,000 will never come in to apply. It is more like 4,500 to 5,000 children will come in, based on other states' experience. They do not come in for a variety of reasons, but one is fear. The fiscal note does not address how much money we will save by the children who do not show up at the ER and get their emergency service there. That needs to be backed out of the fiscal note. Long-term savings are harder to measure. For example, if a child does get preventative care and does not end up with a serious lifetime medical condition, then after the five-year period is up, the child can get on Medicaid.

JOANNA JACOB (Dignity Health – St. Rose Dominican):
Dignity Health – St. Rose Dominican supports S.B. 325.

ALANNA BONDY (American Civil Liberties Union of Nevada):
The American Civil Liberties Union of Nevada supports S.B. 325. Research indicates that states who have adopted this policy have not experienced reduced enrollment in private coverage, but this has resulted in an increased percentage of immigrant children that have health coverage through CHIP or Medicaid. Sixty-two percent of immigrant children have health insurance coverage through Medicaid in states that have elected to waive the 5-year waiting period versus 21 percent of the immigrant children in states that did not take up this option.

In Nevada, 9.6 percent of children are uninsured, which is higher than the national average of 6 percent, and 13.3 percent of Latino children are uninsured. Clear disparities exist in the amount of uninsured children between immigrant communities and nonimmigrant communities, and noncitizen children are significantly more likely than citizen children to be uninsured with nearly one in three lacking health coverage. This is largely due to the higher uninsured rate; noncitizens are less likely than citizens to have a usual source of care or to receive preventative services and are more likely to delay or go without needed care due to cost. The five-year waiting period keeps vulnerable children from accessing needed services, and in order to encourage individuals to participate in preventative services and to promote a healthier society, Nevada should expand coverage eligibility.

ALEJANDRA HERNANDEZ CHAVEZ:
I support S.B. 325. I am a very proud immigrant from Mexicali, Baja of California. I would have been one of those immigrant children who would have been affected by a change like this. I arrived in the U.S. in December of 1999 and became a resident of Reno, Nevada in 2000. I was able to come to the U.S. through a one-day visa, and was able to become a permanent resident through a family petition that my mom was able to file for myself, my sister and my

father, because she was a permanent resident. That process would have taken 13 years if she had not become a citizen, but was reduced down to 9 years, which is still almost a decade. By the time I was able to become a permanent resident, I was 15 years old. A year later, I was, thankfully, able to become a citizen. The 5-year gap did not allow me to receive any health benefits because when the 5 years was up, I was 20 years old and a person ages out of Nevada Check Up at 19 years old.

The first thought I had when I became a permanent resident was do I get to go home after almost a decade of being here. It is very sad and unfortunate that the second thought I had was I can finally go to a dentist or I can go see a doctor. My two younger brothers are citizens and they have that right to see doctors and I did not. Even after I became a resident, I did not have that right. I did not have any assistance, and at the level of poverty that I grew up in, my government and my community were not there to support me or provide for my health. My parents would hold off on getting me care for a cavity or other problems I thought I had because we would go to Mexico every couple of months. I would miss a week of school when we went to Mexico, but at least we could afford the health care there. Being an immigrant, I faced so much discrimination. I was here legally and thought maybe the discrimination would stop. But I still did not have all the rights I deserved. Please pass S.B. 325.

SENATOR HAMMOND:
You had the right to go to doctors, but you did not have the help you needed to go to the doctors. Is that correct?

MS. CHAVEZ:
Yes, that is correct.

KARLA RODRIGUEZ (Progressive Leadership Alliance of Nevada):
I support S.B. 325. I hope the Committee recognizes that all children deserve to have medical care regardless of their status. Senate Bill 325 is a step in the right direction making sure that all of our children are receiving the quality medical care they must have and need. These are children who should not have to wait to receive the help they need to seek medical care. There should not be any more burden on the families due to paying outrageous medical bills. Anything related to medical care health services or medical necessities are extremely expensive, and families are already burdened with paying rent,

utilities, food and other necessities. Please keep in the mind the importance of the well-being of our children, regardless of their status.

LEO MURRIETA:
I am in support of S.B. 325. I was an immigrant to this Country and grew up in a community called "Naked City" in southern Nevada behind what was Vegas World. Our family knew great poverty. I have a deficiency in my hearing because of an accident when I was a little kid and we did not have access to health care. We just could not afford it. I only have 40 percent of my hearing. As a small child, I would have benefitted from S.B. 325. I have provided the Committee a packet of letters (Exhibit H) from many people including Latino children living in Nevada supporting S.B. 325.

TESSYN OPFERMAN (Nevada Women's Lobby):
The Nevada Women's Lobby supports S.B. 325.

CORY HERNANDEZ (Tu Casa Latina):
Tu Casa Latina supports S.B. 325. Expanding coverage to these children is likely not only to improve their health outcomes but also reduce the cost of uncompensated care in the health system. Low-income immigrant children who are uninsured are more likely to not receive preventative services which affect their outcomes in school. If these children have access to health care, they are less likely to use the ERs and hospitals.

I am an immigrant. My mom keeps telling me that I should not call myself an immigrant because she is an American citizen. I was a citizen, but I did not know that as I was raised Mexico. When I came here, my children had to go through the obligation. My youngest son became really sick, and we went to the ER. In the ER, they gave him medicine to keep him from vomiting. I received the bill and it was $600. We had just immigrated, and we could barely pay for our rent. I did not know that we could make payments on the bill. In Mexico, there is no credit. So I used all my savings to pay for the ER bill entirely. My children were banned from getting any health insurance. After nine months, my children became citizens. When I see families, especially newly immigrated families with children, I see the need for them to have this coverage.

JENNIFER FRISCHMANN (Chief, Long Term Support Services, Division of Health Care Financing and Policy, Department of Health and Human Services):
The Division of Health Care Financing and Policy is neutral on S.B. 325. As previously stated, this bill expands eligibility for the Children's Health Insurance Program to provide medical coverage to children under the age of 21 who have been lawful residents of the State for less than 5 years, and provides potential for medical coverage to more children in low-income families. It should be noted that this bill also applies to children covered by Medicaid, as Medicaid and CHIP eligibility are mirrored for children ages 0 to 19 years old.

As previously testified by Mr. Sasser, building a fiscal note is difficult and complex. There are a lot of moving parts to it, a lot of different components to it.

SENATOR HAMMOND:
Have you worked out any numbers that show how much will be saved if we allow these children to be covered sooner?

MELISSA LEWIS (Chief, Fiscal Services, Division of Health Care Financing and Policy, Department of Health and Human Services):
Our caseload projections were defined by the demographer's State information. However, Emergent Med was not factored into the fiscal note. We would have to go back and research what those numbers are and adjust accordingly.

SENATOR HAMMOND:
So, it has not been taken into consideration. To me it seems like a big factor because it is the savings on the back end that you receive if you put a little money on the front end.

CHAIR SPEARMAN:
I will quote something from Radio Vaticana: "Can we truly experience Christian joy if we turn our backs on these realities? Can Christian joy even exist if we ignore the cry of our brothers and sisters, the cry of the children?"

LYNN CHAPMAN (Nevada Eagle Forum):
The Nevada Eagle Forum opposes S.B. 325. I want to report on an article by Phil Galewitz on Kaiser Health News that talked about how there was a debate in 2010 about the federal health care, and that we were promised that the illegal immigrants would not be among the 27 million people who would gain

coverage, but that did not happen. While federal law generally bars illegal immigrants from being covered by Medicaid, a little known part of the state federal health insurance program for the poor pays about $2 billion a year for treatment of a group of patients who, according to the hospitals, are mostly comprised of illegal immigrants. Bethesda Healthcare System in Boynton Beach, Florida, reports that nearly one third of the 2,900 births each year are paid for by emergency Medicaid, the category that covers mainly illegal immigrants. The category also includes a small portion of homeless and legal immigrants who have been in the Country less than five years.

In 2007, a medical article in the *Journal of the American Medical Association* reported that 99 percent of those who used emergency Medicaid during a 4-year period in North Carolina were thought to be illegal immigrants.

The data that the Kaiser Health News collected from seven states are thought to have been the highest number of illegal immigrants, show that the funding pays for the emergency services delivered to more than 100,000 people a year. California hospitals get about half of the $2 billion spent annually on emergency Medicaid. New York spent, for example in 2011, $528 million for nearly 30,000 people. Texas reported 240,000 claims costing $331 million. Florida spent $214 million for 31,000 patients and the list goes on. This is very costly.

We, the people, the taxpayers, have to worry about our families, too. Many of the elderly in America cannot go to dentists or doctors because they do not have the money as they are on fixed incomes. My husband and I are on fixed incomes, and I know how difficult it is. I know how we can settle this, how about taking the billions of dollars in foreign aid that we give to other countries, since their people come here and use it to help the people here?

JANINE HANSEN (Nevada Families for Freedom):
The Nevada Families for Freedom opposes S.B. 325. We understand this is an expansion of the Medicaid and the CHIP programs, and according to Governor Sandoval's budget, it includes an increase of $173 million to handle an increase in the Medicaid caseload growth. The Nevada Families for Freedom is concerned about that because it is very expensive for taxpayers as these programs continue to be expanded. I certainly have compassion for people who do not have access and do not have the money for health care. I was a single mother. I had two little children and had several incidents where my children ended up in the hospital. It took me years to pay off $6,000 on one bill and $4,000 on

another bill. I have seen my four children struggle to pay for their own children's health care while paying the high taxes we have. We need compassion for those of us who support others and are paying our own way as well.

The Center for Immigration Studies tells us there is a child present in 86 percent of illegal immigrant households using Welfare, and this is the primary way these households access these programs. The child may actually be legal because he or she was born here, but the family may not be, and they use that status in order to access the many other programs, which they access thorough that child. That is the problem with this. Turning to households headed by immigrants in the Country illegally, it is estimated that 62 percent used one or more Welfare programs in 2012 compared to 30 percent in native households. This costs money and we are struggling to pay the taxes, earn a living and take care of our own families. Households headed by immigrants illegally in the Country have higher use rates than native households overall for food programs, 57 percent versus 22 percent and Medicaid, 51 percent versus 23 percent. Of the illegal immigrants with children, 87 percent access one or more Welfare programs as compared to 52 percent of native households.

I saw the struggles this last year of my son and daughter-in-law when my son became ill and lost his job in Texas. They moved in with me because of their financial situation. I was struggling, as my husband only has a part time job and I mostly do volunteer things. We were struggling to pay for basic necessities like food. We had a lot of people who gave us food and other people who helped us in other ways. I understand struggling. I understand it is difficult. We wanted to stand on our own, and we did everything we could to pay for ourselves. We need to have compassion and charity with our own money rather than other people's money. We are against expanding these programs, especially for those who are not here legally.

SENATOR HAMMOND:
The way I understand S.B. 325 is it says there are children who are designated to wait five years before they can get health care coverage, but during that time they are going to ERs, and it is still costing money. I will share a story with you. When my son was born, he was born to immigrants who did not have a legal status, and between his birth and the time we actually took him home, he needed medical attention. He was given the medical attention and, of course, the medical bills could have been higher had he not gotten the medical attention when he did. That is what I think about when looking at S.B. 325. We are

covering these children anyway. It is how we are covering them that is the question. When I was a teacher, I did not ask children where they came from, I just taught them. The medical personnel in ERs are the same way. We want to save money as well as give children health care coverage. I am looking forward to getting the information on the fiscal note.

MS. HANSEN:
I appreciate your concerns because when we have to pay for them anyway, that is a problem. One of the problems with this bill that bothers me is, even if these children are legal, when they get access to Medicaid then it also provides for their family to have access. The costs with that part of it may be undefinable. I know it costs more to delay health care services, I have seen my children have to delay health care with my grandchildren. Even estimates are not always accurate. I do not want to open another door for pain for more people who are not here legally, when there are so many who are here legally needing help.

CHAIR SPEARMAN:
When a child gets legal status, does Medicaid that pass on to the child's family?

NAOMI LEWIS (Deputy Administrator, Division of Welfare and Supportive Services, Department of Health and Human Services):
The eligibility determination for Medicaid is an individual eligibility determination; it does not confirm Medicaid to all family members.

SENATOR CANCELA:
I want to be clear about what category of immigrant children we are talking about. We are not talking about people who are undocumented. We are talking about lawfully residing children which include lawful permanent residents, asylees and refugees, Cuban and Haitian entrants, parolees for more than one year, battered noncitizens, children of battered noncitizens, victims of trafficking, veteran and active military and their spouses and children. Thirty-one states have already enacted this program including some of the states that the opposition mentioned like Florida and Oklahoma. Nevada is, in fact, behind not leading on this issue. When we talk about health care, we can talk about the cost associated with this, and certainly that is important; the costs are going to be incurred on the Medicaid and CHIP systems anyway because all of these 7,300 eligible children will, after the five-year period, be eligible for Medicaid and CHIP benefits anyway. The costs are somewhat inevitable. It is just a

question of whether we expedite that time line so that within those five years, we do not allow for children to have what should be minor cuts and bruises to become infections and bigger health care issues. It is a worthy way to spend dollars to make sure that we are not spreading disease in classrooms, and we are allowing children who should be treated to go untreated and spreading illnesses within their families. More importantly, they are able to see a doctor as part of preventative care.

CHAIR SPEARMAN:
Senator John McCain was born in the Panama Canal Zone. He was born on a military installation but let us say he was not. When his parents brought him back, I believe he was not a citizen. Are you talking about something like that?

SENATOR CANCELA:
If a child is foreign born and he or she has U.S. citizen parents, the parents have to petition for the child to become a U.S. citizen. While the child is waiting for that, the child is technically a legal permanent resident and would have a green card. Those kinds of children, today, would have to wait five years before accessing CHIP and Medicaid benefits.

CHAIR SPEARMAN:
I have a friend, who is a veteran and who adopted a child from Germany. My friend went back to pick up the child. Would that apply here in this instance?

SENATOR CANCELA:
If the child's citizenship was not complete before the adoption then, yes, that child would fall into that category. The child may not fall into Medicaid or CHIP as the child may be covered under the parent's insurance.

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CHAIR SPEARMAN:
I close the hearing on S.B. 325 and adjourn the meeting at 5:48 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 | 1 | | Agenda |
| | B | 11 | | Attendance Roster |
| S.B. 355 | C | 8 | Senator Tick Segerblom | Presentation |
| S.B. 355 | D | 3 | Kelly Thomas Boyers / Adam’s Place | Adam’s Place Demographics |
| S.B. 355 | E | 6 | Kelly Thomas Boyers / Adam’s Place | What Adam’s Place Means to Us letters |
| S.B. 324 | F | 1 | Kristen Coulombe / Division of Public and Behavioral Health | Proposed Amendment |
| S.B. 324 | G | 2 | Senator Pat Spearman | Jacqui La Voie Letter of Support |
| S.B. 325 | H | 27 | Leo Murrieta | Letters of Support |