

**MINUTES OF THE MEETING
OF THE
ASSEMBLY COMMITTEE ON HEALTH AND HUMAN SERVICES**

**Eightieth Session
May 30, 2019**

The Committee on Health and Human Services was called to order by Chairwoman Lesley E. Cohen at 2:44 p.m. on Thursday, May 30, 2019, in Room 3138 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. The meeting was videoconferenced to Room 4406 of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. Copies of the minutes, including the Agenda ([Exhibit A](#)), the Attendance Roster ([Exhibit B](#)), and other substantive exhibits, are available and on file in the Research Library of the Legislative Counsel Bureau and on the Nevada Legislature's website at www.leg.state.nv.us/App/NELIS/REL/80th2019.

COMMITTEE MEMBERS PRESENT:

Assemblywoman Lesley E. Cohen, Chairwoman
Assemblyman Richard Carrillo, Vice Chairman
Assemblyman Alex Assefa
Assemblywoman Bea Duran
Assemblywoman Michelle Gorelow
Assemblyman Gregory T. Hafen II
Assemblywoman Lisa Krasner
Assemblywoman Connie Munk
Assemblywoman Rochelle T. Nguyen
Assemblywoman Robin L. Titus

COMMITTEE MEMBERS ABSENT:

Assemblyman John Hambrick (excused)

GUEST LEGISLATORS PRESENT:

None

STAFF MEMBERS PRESENT:

Megan Comlossy, Committee Policy Analyst
Karly O'Krent, Committee Counsel
Christian Thauer, Committee Manager
Terry Horgan, Committee Secretary
Alejandra Medina, Committee Assistant

Minutes ID: 1353



OTHERS PRESENT:

Dena Schmidt, Administrator, Aging and Disability Services Division, Department of Health and Human Services
Carrie Embree, Governor's Consumer Health Advocate, Office of Consumer Health Assistance, Department of Health and Human Services
Homa S. Woodrum, Chief Advocacy Attorney, Aging and Disability Services Division, Department of Health and Human Services
Barry Gold, Director, Government Relations, AARP Nevada
Jill Berntson, Private Citizen, Dayton, Nevada
Jennifer Jeans, representing Washoe Legal Services
Peggy Lear Bowen, Private Citizen, Reno, Nevada

Chairwoman Cohen:

[Roll was taken. Committee rules and protocol were explained.] We have one bill to hear today and then we will do a work session.

I will open the hearing on Senate Bill 540 (1st Reprint).

Senate Bill 540 (1st Reprint): Revises provisions relating to vulnerable persons. (BDR 14-1201)

Dena Schmidt, Administrator, Aging and Disability Services Division, Department of Health and Human Services:

We are here today to introduce Senate Bill 540 (1st Reprint). We are very excited to present this bill which gives the Aging and Disability Services Division (ADSD) of the Department of Health and Human Services (DHHS) the authority needed to carry out what was already approved in our agency budget under Decision Unit A225, which is an expansion from elder protective services to adult protect services. We thank you for your consideration of this bill which will allow us to investigate reports of abuse, neglect, and exploitation, and ensure that all vulnerable individuals have access to services and support to alleviate situations of abuse, neglect, and exploitation.

Nevada Revised Statutes 200.5092 defines a "vulnerable person" as "a person 18 years of age or older who: (a) Suffers from a condition of physical or mental incapacitation because of a developmental disability, organic brain damage or mental illness; or (b) Has one or more physical or mental limitations that restrict the ability of the person to perform the normal activities of daily living." The Division of Aging and Disability Services currently only provides protective services to individuals who are age 60 and over. Protective services provide investigations for reports of abuse, abandonment, exploitation, isolation, neglect, and self-neglect. They also provide interventions and auxiliary services to help alleviate and remedy the situations. Nevada is one of only three states in the nation not providing adult protective services, and we know that everybody deserves to be free from abuse at every stage in their lives regardless of their age or disability.

In 2014, Developmental Services and Early Intervention Services were merged with the Aging and Disability Services Division, which expanded the services to individuals across their lifespan for our agency. Then, during the 2017 Legislative Session, we also expanded the role of our long-term care ombudsman program [Senate Bill 123 of the 79th Session] and our elder rights specialist program, as well as our advocate attorney, to include vulnerable individuals under the age of 60 [Assembly Bill 31 of the 79th Session]. Senate Bill 540 (1st Reprint) is a continuation of this expansion and allows us to make sure that we are providing the same services to all vulnerable Nevadans regardless of their age or disability and affording them the same services and protection they deserve.

Carrie Embree, Governor's Consumer Health Advocate, Office of Consumer Health Assistance, Department of Health and Human Services:

In 2010, Clark County relinquished their Elder Protective Services program to ADSD. This provided an opportunity for Elder Protective Services (EPS) to work with national experts and implement best practices. As such, since 2010, the Elder Protective Services program has matured in providing protective services to seniors across Nevada, and this process has moved out of protective services toward expanding to a full Adult Protective Services program. For example, today, Elder Protective Services is a social services model that investigates allegations of abandonment, abuse, exploitation, isolation, and neglect. Elder Protective Services determines substantiation of allegations and provides interventions that include protective services to remedy abusive situations.

Elder Protective Services now utilizes a support model that includes a structured decision-making triage response system, centralized intake, assessment, safety, risk, and evaluation of client strengths and needs. The Division of Aging and Disability Services has been working on several efforts to begin the expansion of protective services from elderly individuals—currently defined as 60 years of age and older—to all vulnerable adults over the age of 18. We are utilizing our 2016 Administration for Community Living grant funds to hire a team of expert consultants through the National Adult Protective Services Association. This consulting team is assisting ADSD in planning the expansion of Elder Protective Services to a full adult protective services program. As part of this consultation, the National Adult Protective Services Association has created a blueprint for implementation which includes milestones and checkpoints to ensure progress.

We have applied for and received Crime Victims Fund assistance through our sister agency, the Division of Child and Family Services, to fund additional positions that provide direct services. We have adjusted our cost allocation plan to include Medicaid administrative claiming for certain activities related to Medicaid-eligible individuals, allowing us to draw down additional federal funds in the current protective services program. Additionally, ADSD applied for and was awarded the 2018 Administration for Community Living grant to enhance state adult protective services. This is a three-year grant also designed to strengthen adult protective services programs. With these funds, we are looking to enhance our current data-reporting abilities in a manner that is consistent with a national adult maltreatment reporting system. This will allow us to report on the expanded population should the Legislature approve the expansion of our statutory authority to provide protective services to

all vulnerable adults. Now, our Chief Advocacy Attorney, Homa Woodrum, will walk us through the bill.

**Homa S. Woodrum, Chief Advocacy Attorney, Aging and Disability Services Division,
Department of Health and Human Services:**

I am the Attorney for the Rights of Older Persons, Persons with a Physical Disability, an Intellectual Disability, or a Related Condition. While the bill seems substantial as far as edits that are made, a lot of them are conforming changes. Previously for persons who were vulnerable adults between the ages of 18 and 59, the only remedy for allegations of abuse or neglect or what was specified in statute would be to call law enforcement. They had no other options. Whereas, for people over the age of 60, the law specified that mandatory reporters could call law enforcement or they could call EPS. So, a lot of the edits you see in this bill have to do with merging sections that used to be separate because of these two different populations.

Generally, as the law is written now—and it is highlighted in the letter written by Jay P. Raman ([Exhibit C](#)) of the Clark County District Attorney's Office—the only option for reporting for persons 18 to 59 was to law enforcement. But EPS, as it currently stands, offers so much more than criminal prosecution or referrals for criminal prosecution. This is a social services model. This allows people to have service navigation and provision of resources. Sometimes, someone in an abusive situation does not know there are other options. The person who is, perhaps, controlling access to care is telling the individual that he or she has no other options or that he or she will be institutionalized if they ask for help. When our protective services workers respond to individuals over the age of 60, they are able to tell those folks that there are other ways and that there is hope. Sometimes, it is a matter of our workers going out multiple times until the person really believes help is available if the person is ready to accept it.

Section 1 of the bill amends the name of the Repository for Information Concerning Crimes Against Older Persons that is held with the Attorney General's Office to now include "Vulnerable Persons." You will find that the language just adds the words "vulnerable persons" where applicable. Section 2 makes conforming changes to a reference in the privilege statute related to a later elimination of a separate provision. That is a fancy way of saying this language was deleted in one spot to be added in another.

Section 3 makes some significant conforming changes to formerly separate references to financial services mandatory reporting. There is a bill from a prior session that talked about when someone goes to the bank and the banker or financial services individual has reason to believe that person might be being abused or exploited, that financial services individual really should be making a call. Unfortunately, they could only make the call to EPS if the person was over 60. For a person between the ages of 18 and 59, they could only make a call to law enforcement. The issue there is that our protective services model, as it stands, can provide valuable investigation and other services that alleviate some of the burden on law enforcement upon entering a situation where somebody is making a call based on a feeling

that someone may be under duress at the bank, or someone is making a person sign something he or she does not want to sign.

Section 4 amends *Nevada Revised Statutes* (NRS) Chapter 200 to add a requirement that each law enforcement entity in the state designate a point person to receive communications from EPS and creates an obligation to communicate the designee's identity to ADSD. This is not a conforming change. This is a new concept trying to address the fact that we truly appreciate our law enforcement partners, but sometimes it is a resource navigation for our services. When you have someone in crisis, you need to know who to call, who in law enforcement would be able to grab that call, so we can ask for the appropriate assistance. It does not create any obligation beyond making a point of contact clear. It is anticipated that in the rollout of this expansion we will continue to talk to our law enforcement partners and offer them training and other beneficial services.

Section 5 updates the definition of "protective services" in the state to not just be limited to older persons. Section 6 amends the protective services legal reference to include vulnerable persons, not just older persons. Section 7 makes conforming changes to eliminate an older statutory reference rendered obsolete by the bill.

Section 8 addresses confidentiality provisions for protective services already in statute, but outlines an updated reference to legal incapacity. Previously, the language referenced incompetence, which as you may know is more a creature of criminal law. In subsection 3, paragraph (k), an ability to share information from protective services with court-appointed counsel for the protected person in guardianship is added, if that individual is not the person of interest in the investigation, and with the reporting party redacted. It further adds paragraph (l), which allows for sharing of information with the State Guardianship Compliance Office, which is a valued partner in our work.

Section 9 updates references to add vulnerable persons to a demographic information provision for DHHS. Section 10 adds the clarification that attorneys in guardianship representing the protected person are not prohibited from disclosing allegations of abuse, et cetera to the courts. This gives them leeway to pass that information on to the court for further decision without putting them in a difficult ethical situation under Rule of Professional Conduct 1.14.

Sections 11 through 17 make very minor conforming changes to add the term "vulnerable persons" to statute. Section 18 adds authority for our multidisciplinary teams that are already convened by ADSD to talk about cases regarding vulnerable persons. Our multidisciplinary teams right now are a really great way, in a confidential setting, to teamwork about a particular individual in the community and find out what can be done to allow that person to have the greatest degree of independence and support and help alleviate the circumstances.

Sections 19 through 25 make further conforming changes to include vulnerable persons. Sections 28 through 31 further update the financial institution reporting, and sections 32 through 34 have clarifying language as well as the effective date of July 1, 2019.

One unique thing that comes up is that people are surprised a program like Protective Services lives in NRS Chapter 200—our criminal statute. It is a very odd place, but it is where our home is, so we are working within that statute. It is our hope that you will also give Adult Protective Services a home in NRS Chapter 200 at this time.

In 2017 when my office's role was expanded in Assembly Bill 31 of the 79th Session to advocate not just for the rights of persons over the age of 60 but persons with disabilities, it was a step in the direction of S.B. 540 (R1). Our long-term care ombudsman expansion, from being limited to individuals over the age of 60 to everyone who lives in a long-term care setting, was a step in that direction. Assembly Bill 228 in this session really holds hands with S.B. 540 (R1) in relation to how we can continue to offer advocacy and support in a person-centered manner.

This session, you have voted on a bill about supportive decision-making; you have voted on a bill about the rights of parents who have physical disabilities; you have voted about the rights of persons with disabilities; you have voted on bills regarding behavioral health, long-term care, and criminal justice. All these things really dovetail with adult protective services. It is a piece that will assist with the implementation of so many of these great laws and education and outreach. You may have a right, but until someone tells you that you have that right, you may not be adequately exercising it.

In the course of work in my position, I have often been presented with stories of our own team members who have people in their lives they love who have disabilities and would benefit from adult protective services in Nevada. The crucial elements in this bill include continued collaboration with our law enforcement and legal partners. It also looks at a community-wide model where, if guardianship is at play, those with authority to act on behalf of a protected person will not be hampered in obtaining crucial information about allegations of abuse, neglect, exploitation, isolation, abandonment, or self-neglect. We are truly excited to be bringing this bill to you today, and we are happy to answer any questions.

Chairwoman Cohen:

Thank you very much for the presentation and for meeting with me earlier to go over some issues and concerns I had with the bill. Are there any questions?

Assemblywoman Nguyen:

I would like to direct your attention to section 8, subsection 3, paragraph (j). Why did the language change from "legally incompetent" to "legally incapacitated"?

Homa Woodrum:

The existing statute refers to legally incompetent, but in the 2017 Legislative Session, a lot of the language associated with guardianship switched from language of incompetence to language of incapacity. The term "incompetence" is related to the ability of someone to stand trial. Sometimes, people will take a certification that an individual who has been accused of a crime is incompetent to stand trial and use that as a proxy for saying that person cannot make decisions in other aspects of his or her life. That is concerning because those

are two very different evaluations. You are not evaluating that person's ability to engage in activities of daily living, you are evaluating that person's ability to understand certain aspects of the charges brought against them and assist in their own representation. This was viewed as a conforming change and that is our understanding of its use—making reference to civil incapacity versus criminal incompetence.

Assemblyman Assefa:

I am looking at section 4, subsection 1, where the language reads: "The sheriff of each county shall designate one employee as a point of contact." What happens if that employee is not available—is on vacation? Are we talking about a direct line to the office of that employee so your questions can be answered?

Homa Woodrum:

What was contemplated by the use of the word "employee" was that it would give each office latitude in determining what person would be the one who coordinates training, the person who coordinates outreach, the person who would give us those numbers. For example, is this the person we would call if there is an emergency, or is this the person who is like an intake person who could tell us who the various experts are? This was meant to be broad so each office could select the person. Maybe there would be someone in the office with a personal interest in a particular field. We have found that law enforcement tends to like to listen to their own when talking about training and outreach versus another state agency implying they need to do their jobs a certain way. It was hoped that we would be able to develop a relationship with this individual and then find out, within their office, whether that person is the point person for all things or who else might be involved. It was meant to be flexible. There is really no penalty for not complying with this, but it was meant to show legislative intent to continue our rewarding law enforcement partnership.

Chairwoman Cohen:

In section 6, subsection 9, there is established language stating, "A person who knowingly and willfully violates any of the provisions of this section is guilty of a misdemeanor." However, we are adding into this established area language about "vulnerable persons." As we discussed earlier, I am concerned about the fact that being a vulnerable person is not always readily apparent and easily understood. What are we doing to make sure that the agencies understand what a vulnerable person is? Also, how do we indicate that one should at least be concerned that maybe a person is vulnerable or needs to start to get services to determine if that is the case?

Homa Woodrum:

It is true that it is more of a bright line to say someone is over or under 60, though we cannot always tell how old people are. With vulnerable persons, it is a lot harder to tell. For background, this section in established language talks about the violation of mandatory reporting. Right now, there is mandatory reporting for vulnerable persons, but the endpoint is reporting to law enforcement. There is already a penalty for violating mandatory reporting in that area. Regarding older persons, the penalty relating to mandatory reporting relates to reporting to law enforcement or Protective Services.

To your point about established law, it is not changing established law. I have never actually seen a misdemeanor charged on a failure to report in my two years with ADSD. I think it would be something that would probably be included with other charges associated with the case. I think it is meant to incentivize people: When in doubt, report. There is really no penalty for reporting. Reporting is confidential, and your identity is kept secure. If you had reason to believe that someone seems as though he or she is not able to process information or falls into the category of vulnerable persons in one of these mandatory categories, you would be reporting to people with special training such as social workers, hospital staff, and medical professionals. If a person did make a report and it was in error, then the worker would visit with the person and screen out the case. But this also includes physical disabilities and mental health concerns, so the category is quite broad. It would be our hope that someone would report if their neighbor, or friend, or anyone in their community seemed to be in a crisis and could benefit from assistance. I do make note of that being an unclear area of the law, but it is the current law.

Chairwoman Cohen:

Going to section 10, subsection 1, paragraph (b) relating to an attorney and disclosing, I want to be sure that we are really clear that attorneys are still bound by the rules of professional ethics about whether they violate privilege and that type of thing. The rules of ethics are still the overriding umbrella of rules that attorneys will be following, is that not so?

Homa Woodrum:

You are correct. For those who may not be familiar, attorney-client privilege is a sacred relationship. It allows persons to communicate confidentially with their attorneys about their cases without worrying that any information will be revealed to someone else. The *Nevada Rules of Professional Conduct* for attorneys do actually include provisions related to concerns about imminent danger for a client if something is revealed that could harm another person in an imminent way. As attorneys, we have to balance the risks. This does not create some superseding obligation. What this is meant to do is facilitate the ability of an attorney to receive information from Protective Services. Attorney-client privilege has to do with what you talk to your client about, and the person who holds that privilege is your client. If I talk to my client in a crowded diner and someone overhears, then the privilege was waived by the very nature of the public place we were in.

Protective Services, if providing information to the attorney who represents an individual—very limited in a guardianship proceeding—would have the permission in this statute to reveal to the court that there were these concerns so that further ameliorative efforts could be taken to safeguard the individual. By way of example, we recently had a case in Washoe County where both the guardian and the protected person were being exploited. Someone had taken over both their bank accounts and was stealing from them. In a situation like that, you would want the court to know, but it is not Protective Services' job to put those sorts of things before the court. Our obligation is to make referrals and provide technical assistance as appropriate.

The advent in 2017 of mandated legal aid counsel for protected persons in guardianship has created an interesting opportunity to work with these partners. However, in practice, we have noticed some cases where attorneys conceal information about an investigation because they feel they have a greater obligation to keep it confidential. As a result, their client comes to harm, so our hope was to give them the permission when this information is received—completed investigation or otherwise—to reveal that to the guardianship court so that the judge has the tools needed.

In the case I gave as an example where the protected person and the guardian were being exploited, we have been in communication with the court. The judge was very distressed that it had been going on for months, but there had been no mechanism for it to be revealed to the judge. It is our understanding, or our hope for purposes of the legislative record, that this would be used to continue the goal of guardianship. That goal is to assist the person to live in the least restrictive manner possible, but also free from abuse or neglect, especially given recent history regarding abusive guardians.

Assemblyman Assefa:

In section 10, subsection 3, it talks about the disclosure period for the attorney to be 20 days. How did you come up with 20 days? Why not more quickly since you are talking about vulnerable individuals?

Homa Woodrum:

We have to balance the fact that our partners in legal aid organizations across the state who represent protected persons have extensive caseloads. I would imagine in the "within 20 days" parameter, if they could reveal something sooner, they absolutely would. However, the goal was to give them the ability to draft something, submit it to the court, get it on calendar, and have discussions with protective services before that point. Obviously, if something was an actual emergent situation, we would be talking about law enforcement being involved, we would be talking about emergency motions, and we would be talking about all the other tools that exist in NRS Chapter 159 to assist the individual. The goal was to allow for disclosure in a reasonable time frame given the fact that the attorneys have difficult caseloads. This was not created as a burden but as something that helps them do their jobs.

Chairwoman Cohen:

Seeing no more questions, we will call up people in Las Vegas or in Carson City for support.

Barry Gold, Director, Government Relations, AARP Nevada:

This is an absolutely necessary and critical expansion of elder protective services to adult protective services, so why are we here talking about it? To go back in history, it was the Aging Services Division. That was all it was—a separate division of just aging services. They had an elder protective services program that was fabulous, ran well, and provided great services for people over the age of 60.

As you heard the prior speakers talk about, they merged and became the Division of Aging and Disability Services—a birth-to-death agency dealing with people of all ages. So, we had Elder Protective Services doing a great job, but let us say you were 58 years old and suffering from early onset dementia. They could not help you; they could not do anything for you. If you were 47 years old and you had a very, very bad stroke, were living at home and incapacitated, and your family or someone else was taking advantage of you and neglecting you, they could not help you. They could not touch it. If you were 29 years old and living in a community-based living arrangement and you were being abused or neglected, they could not help you. This is really needed to make sure that Elder Protective Services can spread and become Adult Protective Services and provide those fabulous services that they provide for people of all ages. That is how important this is, so, on behalf of the 348,000 AARP members across the state, we strongly urge this Committee to pass this bill and provide protective services to all the people who need them in this state.

Jill Berntson, Private Citizen, Dayton, Nevada:

In my previous work I was Deputy Administrator with the Division of Aging and Disability Services. I retired in June of last year because, unfortunately, my husband and I were at the concert in Las Vegas at the time of the [October 1, 2017] shooting. The months after the shooting were a very difficult time for me. It was also a very difficult time to decide to retire, because it has been a longtime career goal of mine to expand protective services to the vulnerable population. I knew at the time of my retirement that the stars were all aligned and that there was momentum to get this initiative moving forward.

I will not reiterate what the Division has already said, but what I wanted to briefly add is, with my 28 years of experience in the Department of Health and Human Services, I know this has been a longtime gap in services. I think passing this bill would go a long way in providing protective services to the vulnerable population and some of the very public issues we have had regarding this issue. I appreciate your support for this bill.

Chairwoman Cohen:

Thank you for coming to this hearing and for your years of service to the state.

Jennifer Jeans, representing Washoe Legal Services:

Washoe Legal Services represents alleged protected persons in adult guardianship proceedings at ages 18 and up. We support S.B. 540 (R1) because we would like to extend adult protective services to include all vulnerable adults. Currently when we have concerns regarding vulnerable persons under 60 years of age, we have no other option than to refer them to law enforcement. However, law enforcement is not as well equipped to be addressing these situations or offering the services these vulnerable persons need. They also may not be able to conduct the type of thorough and thoughtful investigation that Adult Protective Services is uniquely equipped to do. For those reasons, we support this bill and urge your support as well.

Chairwoman Cohen:

Seeing no one else in support, we will move to opposition. Anyone in opposition, please come forward. [There was no response.] Seeing no one, is there anyone neutral?

Peggy Lear Bowen, Private Citizen, Reno, Nevada:

I have a concern about the age constraints. We have a lot of children who are put into protective services because something happened to their parents or guardians. They, too, need protection. I am concerned about limiting this to ages 18 to 60. Why not from birth until death for these guardianships? These children have their estates cannibalized and everything taken away from them.

What is your true definition of "guardian"? I took care of my former mother-in-law. I provided everything. I got her to her doctors' appointments, I got her commodities because she was indigent. I made sure all her services were met, but I was not court-appointed or regulated that way. I helped fill out her paperwork when she applied for food stamps and things like that. She was not mentally incapacitated, but I helped explain things to her and worked with the people in the agencies. By making it only a court-appointed person, you do not include the neighbor next door or the former daughter-in-law or people like that. In reality, it is the families in many cases providing support that keeps these people out of institutions.

One of my concerns is about these homes in which people are placed because they can no longer physically take care of themselves. These homes are taking over their guardianships and legal rights and keeping them solely to get their money from them. People are abusing these persons because they cannot really fend for themselves economically or financially. They can take care of themselves and do a lot of other things, but they do not quite have the ability to take care of their finances, so people take advantage. I do not see protections for them in this bill. Could it be expanded to include from birth until death? Could there be more work done on who can become a guardian and help with finances so these people are not taken advantage of—particularly those between birth and 18 years of age?

Chairwoman Cohen:

We had a bill earlier this session having to do with assisted decision-making, which is pretty much what you were discussing, and we do have statutes to help take care of children who are in need. This bill will cover people who are not children or seniors but who do need some help.

Peggy Bowen:

But the trick is how you define "guardian" and who can be a guardian and who regulates and evaluates and makes sure the guardian is not taking advantage. In most cases, I believe your definition of guardian is somebody who has been assigned by the court. But there are those who are recognized by the person in need of help. I had legal documents filled out by my mother-in-law stating that I was her guardian saying, Peggy Lear Bowen helps me to accomplish what I need to do to have a quality of life so I can still live at home. I was signed on to her bank accounts. I was signed so I could go in and visit in the hospital, and we did it

in advance. We made it so the state of Nevada provided everybody with the same documentation, but then the hospitals did not recognize it. If you are not recognized as family or a legal guardian, you do not get to go into the hospital room. You do not get to advocate for their care, you do not get to do anything, and they are left to sit there, rot, and die. That is not to say that the hospital people are not giving good care. They are doing the best they can with the circumstances they have been given.

Chairwoman Cohen:

Seeing no one else in neutral, I will invite the presenters back for any last comments.

Homa Woodrum:

One thing we found at ADSD is that service navigation is a real challenge for people. Also, access to justice is a real challenge for people. The need for medical-legal-social partnerships is very real, going forward in Nevada. I think the commentary just offered highlights how difficult the differences are between terms of art in legal situations such as "guardian" under NRS Chapters 159 and 159.8, versus our common dictionary definition of "someone who provides care or is a caregiver." The Division is always happy to hear of real service gaps in the community; not in terms of being glad for the gaps, but being glad to know about them and finding out how to reach people where they are. We have to make sure they are aware of their rights so no one feels alone—especially at a time when they are worried about a loved one or they are stressed or they are tired.

One of my favorite statements this session came from a commenter on Assembly Bill 170. Someone remarked that the bill felt like "an outstretched hand." It is our hope that this bill and the work we do with our partners, our local county partners, and that the whole Department of Health and Human Services does continues to feel like an outstretched hand to the residents of Nevada. I am happy to take those comments under advice, and I appreciate them.

Dena Schmidt:

I want to thank the Committee for your indulgence. I know it is late in the session and things are getting rushed, but we do appreciate your taking the time to listen and allow us to explain the need for this program.

In closing, I would like to acknowledge my staff. We sit up here and take the credit for this, but this team of wonderful people behind me are really the ones out there in the field every day dealing with these situations. They are the ones who have applied for these grants, done the work, built the budgets, and they have been incredible. As Jill Berntson mentioned, this was a long time coming. I was just fortunate to be here at the right time and in the right place; but really, the credit goes to the team of people behind me.

Chairwoman Cohen:

Thank you for the work you do for the state. We appreciate it and know it is not easy work. With that, we will close the hearing on S.B. 540 (R1) and go into our work session. The first bill on work session today is Senate Bill 130 (2nd Reprint).

Senate Bill 130 (2nd Reprint): Provides for the licensing and regulation of certain persons who administer radiation. (BDR 40-61)

Megan Comlossy, Committee Policy Analyst:

[Megan Comlossy read from the work session document ([Exhibit D](#)).] This bill was heard in Committee on May 28. Senate Bill 130 (2nd Reprint) provides for the licensure and regulation of individuals engaged in radiation therapy and radiological imaging by the State Board of Health of the Division of Public and Behavioral Health within the Department of Health and Human Services. It requires the Board to adopt regulations for licensing, including the ability to establish fees for the issuance and renewal of a license or limited license to engage in radiation therapy and radiological imaging. The bill also makes it a misdemeanor to engage in radiation therapy, radiologic imaging, or other activity for which a credential is required without proper credential.

In addition, S.B. 130 (R2) adds exclusions for dental and veterinary professionals as well as individuals who are already certified to operate a radiation machine for mammography. It authorizes the Division to issue a license or a limited license to individuals performing radiation therapy or radiologic imaging as part of their employment on or before January 2, 2020, and it removes the provision prohibiting the payment of a fee for the license.

Finally, the bill creates the Radiation Therapy and Radiologic Imaging Advisory Committee to make recommendations regarding the regulation of the practice of radiation therapy and radiologic imaging. No amendments were proposed for this measure.

Chairwoman Cohen:

Do you have any questions? [There was no reply.] Seeing no questions, I will take a motion to do pass.

ASSEMBLYWOMAN NGUYEN MADE A MOTION TO DO PASS
SENATE BILL 130 (2ND REPRINT).

ASSEMBLYWOMAN DURAN SECONDED THE MOTION.

Are there any comments? [There was no reply.]

THE MOTION PASSED. (ASSEMBLYMEN HAFEN AND HAMBRICK
WERE ABSENT FOR THE VOTE.)

I will ask Assemblywoman Munk to take the floor statement.

We will move on to Senate Bill 346 (2nd Reprint) when you are ready.

Senate Bill 346 (2nd Reprint): Revises provisions related to marijuana. (BDR 40-1065)

Megan Comlossy, Committee Policy Analyst:

[Megan Comlossy read from the work session document ([Exhibit E](#)).] Senate Bill 346 (2nd Reprint) authorizes an independent contractor, such as an educational institution, nonprofit organization, or labor organization to enter into a contract to provide training to medical marijuana establishment agents or agents of a marijuana establishment. Such independent contractors must submit a plan to the Department of Taxation describing the manner in which such training will be conducted. No amendments were proposed for this measure.

Chairwoman Cohen:

Do you have any questions about this bill? [There was no reply.] Seeing none, I am looking for a motion to do pass.

ASSEMBLYMAN ASSEFA MOVED TO DO PASS SENATE BILL 346 (2ND REPRINT).

ASSEMBLYWOMAN NGUYEN SECONDED THE MOTION.

Are there any comments?

Assemblywoman Titus:

I am going to support this bill out of Committee, but reserve my right to change my vote on the floor.

Chairwoman Cohen:

As a reminder, you always have a right, Committee, to change your mind, but we ask that you let the Chairwoman know before you change your mind on the floor.

THE MOTION PASSED. (ASSEMBLYMEN HAFEN AND HAMBRICK WERE ABSENT FOR THE VOTE.)

I will ask Assemblyman Assefa to take the floor statement.

Megan Comlossy:

Senate Bill 363 (2nd Reprint) is the final bill on work session.

Senate Bill 363 (2nd Reprint): Requires the Legislative Committee on Health Care to study matters relating to stem cell centers during the 2019-2021 legislative interim. (BDR S-1017)

Megan Comlossy, Committee Policy Analyst:

[Megan Comlossy read from the work session document ([Exhibit F](#)).] This bill was heard in Committee on May 28. Senate Bill 363 (2nd Reprint) requires the Legislative Committee on Health Care, during the 2019-2021 Interim, to study:

- Stem cell centers in different states and countries;
- The services provided by stem cell centers and the value such centers bring to the community; and
- The best placement and type of organization for a stem cell center in Nevada.

The Committee must submit its findings and any recommendations for legislation on or before September 1, 2020, to the Governor and the Director of the Legislative Counsel Bureau for submission to the 81st Session of the Legislature. No amendments were proposed for this measure.

Chairwoman Cohen:

Are there any questions on this bill? [There was no reply.] Seeing no questions, I am looking for a motion to do pass.

ASSEMBLYWOMAN GORELOW MADE A MOTION TO DO PASS
SENATE BILL 363 (2ND REPRINT).

ASSEMBLYMAN CARRILLO SECONDED THE MOTION.

Are there any comments? [There was no reply.]

THE MOTION PASSED. (ASSEMBLYMEN HAFEN AND HAMBRICK
WERE ABSENT FOR THE VOTE.)

I will take the floor statement.

That brings our work session to a close, and I will open up the hearing for public comment. Does anyone wish to make any public comments? [There was no response.]

I am not sure what we will see during the next couple of days, so please pay attention. We will try to give everyone as much notice as possible should anything come up. With that, we are adjourned [at 3:31 p.m.].

RESPECTFULLY SUBMITTED:

Terry Horgan
Committee Secretary

APPROVED BY:

Assemblywoman Lesley E. Cohen, Chairwoman

DATE: _____

EXHIBITS

[Exhibit A](#) is the Agenda.

[Exhibit B](#) is the Attendance Roster.

[Exhibit C](#) is a letter to the members of the Assembly Committee on Health and Human Services, dated May 23, 2019, authored by Jay P. Raman, Chief Deputy District Attorney, Team Chief—Elder Abuse/Major Fraud, Clark County District Attorney's Office, presented by Homa S. Woodrum, Chief Advocacy Attorney, Aging and Disability Services Division, Department of Health and Human Services, in support of Senate Bill 540 (1st Reprint).

[Exhibit D](#) is the Work Session Document, dated May 30, 2019, regarding Senate Bill 130 (2nd Reprint), presented by Megan Comlossy, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

[Exhibit E](#) is the Work Session Document, dated May 30, 2019, regarding Senate Bill 346 (2nd Reprint), presented by Megan Comlossy, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

[Exhibit F](#) is the Work Session Document, dated May 30, 2019, regarding Senate Bill 363 (2nd Reprint), presented by Megan Comlossy, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.