

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

**Eightieth Session
February 25, 2019**

The Committee on Health and Human Services was called to order by Chair Michael C. Sprinkle at 1:33 p.m. on Monday, February 25, 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:

Assemblyman Michael C. Sprinkle, Chair
Assemblyman Richard Carrillo, Vice Chair
Assemblyman Alex Assefa
Assemblywoman Bea Duran
Assemblywoman Michelle Gorelow
Assemblyman Gregory T. Hafen II
Assemblywoman Lisa Krasner
Assemblywoman Connie Munk
Assemblywoman Rochelle T. Nguyen
Assemblyman Tyrone Thompson
Assemblywoman Robin L. Titus

COMMITTEE MEMBERS ABSENT:

Assemblyman John Hambrick (excused)

GUEST LEGISLATORS PRESENT:

Assemblywoman Teresa Benitez-Thompson, Assembly District No. 27

STAFF MEMBERS PRESENT:

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

Minutes ID: 370



OTHERS PRESENT:

Michele D. Gehr, Executive Director, Eddy House, Reno, Nevada
Sarah Adler, representing the Nevada Coalition to End Domestic and Sexual Violence
Jessica Wise, representing the Food Bank of Northern Nevada
Amber Howell, Director, Washoe County Human Services Agency
Ryan Black, Legislative Liaison, Office of Administrative Services, City of Las Vegas
Tim Burch, Human Services Administrator, Clark County
Max J. Coppes, M.D., Chair of Pediatrics, University of Nevada, Reno, School of Medicine
Karen Beckerbauer, Manager, Douglas County Social Services; and representing the Nevada Association of County Human Services Administrators
Mary Jane Ostrander, Division Manager, Human Services, Carson City Health and Human Services
Serena Evans, Policy Specialist, Nevada Coalition to End Domestic and Sexual Violence
Catherine M. O'Mara, Executive Director, Nevada State Medical Association
Bret W. Frey, M.D., Legislative Liaison, American College of Emergency Physicians, Nevada Chapter
Bill M. Welch, President/CEO, Nevada Hospital Association
Donna West, Private Citizen, Las Vegas, Nevada
Joanna Jacob, representing Dignity Health-St. Rose Dominican Neighborhood Hospitals
Elisa Cafferata, representing Planned Parenthood Votes Nevada
Marlene Lockard, representing the Nevada Women's Lobby
Joan Hall, President, Nevada Rural Hospital Partners
Quinn Pauly, Private Citizen, Reno, Nevada
Florence Jameson, Private Citizen, Las Vegas, Nevada

Chair Sprinkle:

[Roll was taken. Committee rules and protocol were explained.] I am going to take the bills out of order today to accommodate Assemblywoman Benitez-Thompson's schedule, so we will start with Assembly Bill 133.

Assembly Bill 133: Revises provisions governing runaway or homeless youth. (BDR 38-399)

Assemblywoman Teresa Benitez-Thompson, Assembly District No. 27:

Before we get into the bill, I want to introduce Michele Gehr, Executive Director of Eddy House. Today we are talking about homeless youth, the trends we are seeing in Nevada, as well as the community response to homeless youth. The Eddy House is one program in northern Nevada that is making a big difference. I would like you to hear from Michele Gehr about the program.

Michele D. Gehr, Executive Director, Eddy House:

I have spent my entire adult life working with youth; however, I have been working exclusively with homeless youth as the Executive Director of Eddy House for the past three years. This bill is very important for our young people across the state.

Eddy House is the central intake and assessment facility for all homeless youth in northern Nevada. Eddy House is the only drop-in resource center for the homeless youth in northern Nevada. On a daily basis, we offer care and comfort such as food, clothing, showers, and a safe place to be during the day. We partner with over 30 local agencies to provide onsite support to homeless youth and offer programming such as job and life skills, art and music therapy, mental health check-ins, crisis management, and trauma-informed yoga.

Eddy House was founded by Lynette Eddy in 2011 in an effort to address the increasing numbers of homeless youth living on the streets of the Reno-Sparks area. Initially a home for aged-out foster boys, Eddy House morphed into the drop-in center in 2015. The number of homeless youth has increased dramatically in the past three years. In 2015, Eddy House served fewer than 100 homeless youth. In 2018, we had over 682 young people aged 18 to 24 come through our doors in desperate need of services, community, and a family they did not have. Eddy House currently serves more than 25 percent of the overall homeless population in Washoe County. Last year we had 10,761 client interactions. As I mentioned, we served 682 youth in 2018 and 377 of those young people were first-time clients and new to the streets. That is what we are seeing more and more of. We had 468 onsite partner-provider hours; we gave out 10,022 food bags so that our kids had something to eat as they walked the streets at night. Forty percent of our young people are currently working, and last year we helped 87 homeless youth either reunite with family or become independent. Seventy-one percent of these youth are from Washoe County and 8 percent are from rural Nevada so, contrary to the narrative, this is a home-grown issue. We are happy to announce that Eddy House will be opening a 24-hour overnight facility later this year. It will have 50 beds, 4 emergency beds, and will continue to be a drop-in center during daytime hours.

Homeless youth are homeless for different reasons than adults, and because of that they need different services. The top three reasons for Eddy House kids to be homeless are child abuse in the home, domestic violence in the home, and drug and alcohol abuse in the home. The U.S. Department of Housing and Urban Development's (HUD's) definition of homeless youth includes ages 18 through 24. This is a critical time in a young person's life. The data shows that if you can intervene in the life of a homeless youth before the age of 25, 85 percent go on to be productive community members. This is an opportunity for our state.

Often trauma-affected, homeless youth require a different approach than homeless adults to reach success. Programming must be specialized, relationship-based, and trauma-informed. We have found that if you cannot shake hands, make eye contact, or have a conversation as an adult, you cannot hold a job, raise your own children, or have a healthy relationship. This population is less driven by realized mental health issues, addiction, or crime. The difference between a homeless young person and a homeless adult is the amount of time spent on the street. Homeless youth are driven more by economics, family challenges, and life changes.

It is not uncommon to see older teens pushed out of their family home because their parents are downsizing to a smaller living situation or because their parents have new partners who do not necessarily want to be financially or emotionally responsible for a teenager in the home. This is the most vulnerable population. In many cases, homeless youth are not yet hardened by the streets. We have a very small window of time to help them get their lives on track.

When you ask an Eddy House client their number one need, nine out of ten usually say, employment. They can make the link between having a job and not being homeless; however, many of our Eddy House youth have barriers such as access to essential documents like birth certificates, social security cards, or state identification. These documents can be difficult to obtain, and without them you cannot legally work or enroll in school. We estimate that at any given time, there are between 400 and 600 homeless youth living on the streets of northern Nevada.

One of the most difficult things about identifying homeless youth is their resistance to the label "homeless." These kids may sleep on a friend's or stranger's couch for a few nights; they may sleep in a weekly with 15 other kids; they may walk around the streets for a few nights after that—they do not see themselves as homeless. There is a shame and stigma around the issue of homelessness and that label, and oftentimes it gives these young people the incentive they need to get off the streets and become members of our community—given the right tools, of course.

Working with homeless youth has been a challenge—not because of the kids, but because the public perception is that all homeless people are the same and should be treated the same. The reality is that these two populations are very different and have very different solutions—hence Assembly Bill 133. For the last couple of years, Nevada has had the fastest-growing homeless youth population in the country. Eddy House is partially grant-funded, but because our current laws do not match the federal definition of homeless youth, much of the available grant money has not come here, and we have missed opportunities to tackle this problem aggressively—something we really need to do.

It is difficult to make a case for a U.S. Department of Housing and Urban Development (HUD) demonstration grant for homeless youth when our legislation does not identify our population. The goal of A.B. 133 is to bring Nevada's definition of homeless youth in line with the federal definition and open up a pathway for available funding, so section 2 of the bill amends *Nevada Revised Statutes* (NRS) Chapter 244.424 to bring Nevada's current definitions in line. But the definition in NRS Chapter 244.424 exists only to provide indemnity to the operators of youth shelters. It does not make any mention of homeless youth or their care.

Under the current law, counties have to provide care to the indigent, and currently the scope of their interaction with homeless youth flows from NRS Chapter 428, so to ensure that the appropriate spotlight is drawn to this problem, we have added homeless youth to the counties' eligible appropriation of funds. Homeless youth are, by definition, indigent. We do not

believe this creates a new duty for the counties so much as it emphasizes an existing one. Homeless youth by their nature fall into existing indigent statutes. That said, there may be a dozen other ways to achieve this same end. We are open to all of them. The key here is to ensure that Nevada is eligible for as many grant dollars as possible. We have a homeless youth problem in our state, that is true, but we also have the ability to solve it by defining the population and pursuing opportunities for funding that will lift our kids from the streets and into our communities as productive community members.

Assemblywoman Benitez-Thompson:

Nevada Revised Statutes Chapter 428 is the statute that defines the indigent responsibilities for the counties. We add "runaway or homeless youth." There has been some conversation around whether the term "runaway" fits with "homeless youth." That conversation has gotten very specific as to whether they are two separate populations or one. We are having ongoing conversations, but the goal is to target homeless youth. In section 1, subsection 2, the language on line 13 states that the county commissioners "shall." For the record, we want to make clear that we really want to make sure what we are creating is a path for counties to be able to help community providers like Eddy House in the north and Shannon West Homeless Youth Center in Las Vegas, and any future programs in the rural areas. We do not want a mandate for counties to create new funds or divert dollars and appropriate funds from other uses, but we want to make sure that the state's definition matches the federal definition so when there are opportunities available from federal grants, those grant funds can be placed in the right spot. We are looking at giving permissive language to the counties to do this through section 1, subsection 3, where the language of NRS 244.424 is being amended.

You heard mention of the point-in-time count required by HUD. The point-in-time count is a head count done in January of every year for both sheltered and unsheltered homeless youth. The U.S. Department of Housing and Urban Development requires an annual count of homeless persons who are sheltered in an emergency shelter, transitional housing, and safe havens on a single night. Staff members and community volunteers do the count over a nonstop 24-hour day. For Committee members, we have updated the 2018 Washoe County homeless youth count ([Exhibit C](#)) so you can see the questions that were asked and some of that data.

Chair Sprinkle:

Committee, are there any questions?

Assemblyman Thompson:

The counties have financial assistance for single, able-bodied residents beginning at age 18. Are we looking to expand that assistance going the other direction? At what age could a person qualify for funding?

Assemblywoman Benitez-Thompson:

In section 1, subsection 1, beginning on line 5, the language states, "every county shall provide care, support and relief to . . . the poor, indigent, incompetent and those incapacitated by age, disease, accident or motor vehicle crash" Then, subsection 2 reads, "several

counties shall establish and approve policies and standards, prescribe a uniform standard of eligibility." So, depending upon the program you are talking about, counties have done that. They have said that they are going to have a means test in order for a person to meet our definition of indigence, or they have an age group they are going to serve. We are saying that the age group would be from age 18 through age 24—up until the day one turns 25. That definition would match the federal definition; but, it would be up to the county looking at what opportunities it might have to partner with community agencies to decide what that would look like. You will hear from both Washoe and Clark Counties that they presently have programs. We do not want to specify too much and say that the counties "shall" do something.

Assemblyman Thompson:

I work with homeless youth. The counties may not like it, but if we are going to have the policy and law we need, age 18 is that transitional youth description in the federal definition. If we are looking at our homeless youth, they are struggling earlier. They are being emancipated earlier. As a state, we need to work on that. Of course, they probably cannot enter into a lease, but who knows; this could create a discussion around that issue. I understand that we do not want to get too prescriptive, but I would say that this needs to apply to ages earlier than 18.

Assemblyman Assefa:

Could you put a number on the services provided at Eddy House? How many homeless youth do you serve annually or at any given period of time?

Michele Gehr:

In 2018 we served 682 homeless youth. In 2017 we had 769; in 2016 we had 504; and in 2015 we had fewer than 100.

Assemblyman Hafen:

I agree that we need to update the regulations to obtain the grant funding. Where does the age of 24 come from? In looking at the Runaway and Homeless Youth Act, it defines a homeless youth as an individual who is "not more than 21 years of age." Is the age of 24 coming from grant language? I agree that we need to be able to go after those grants, because what you are doing with the Eddy House is amazing.

Michele Gehr:

The age of 24 comes from data. Something happens at the age of 25; it appears to be a magical number. Once they turn 25, they enter into an adult system that often does not have an exit strategy. You can make significantly more progress if you can intervene before age 25. All of the HUD grants are based around the ages of 18 to 24. It is a best practice when dealing with homeless youth.

Assemblyman Hafen:

If I understand you correctly, it is not necessarily defined by the federal government but it is the HUD grants that specify that 18-to-24 age group, which is why you are going to age 24,

in addition to the mental development. I think age 25 is when the human brain is fully developed.

Assemblywoman Benitez-Thompson:

When you look at the way HUD counts and as the states count, it is that 18-to-24 age group, so the funding pool associated with that tends to mirror that age group.

Assemblywoman Titus:

I have a question specifically related to changing the definition of "runaway" and "homeless." As we all know, sometimes the best intentions have unintended consequences if we do not clarify this. Runaway and homeless are mentioned in several other NRS chapters. Chapter 201, which involves crimes against public decency and good morals, mentions "runaway" children; NRS Chapter 432, which talks about public services for children, also mentions "runaway" youth. I want to be sure this bill would be specific to this section and this chapter, NRS 244.424, so we do not have some other things affected by this change in definition of the age.

Assemblywoman Benitez-Thompson:

We are specifically not touching the Chapter 432B population—the child welfare population. What we do not want to do is open a door; however, if we had unlimited funds, I would say that we should care for all foster care children until they are 24. Unfortunately, the logistics and funding for something like that get very complicated, so we are specifically not touching Chapter 432B. *Nevada Revised Statutes* Chapter 201 is a justice chapter and I am not as familiar with those chapters, but I will look at it to see if it is relative to sentencing or crimes. As to the NRS chapters you mentioned, we deliberately do not have a reference to those. If you have other references in other chapters you want us to be sure of, we can talk with the Legislative Counsel Bureau's Legal Division and double-check.

Karly O'Krent, Committee Counsel:

Assemblywoman Titus, the definition in section 2 of this bill only applies to NRS Chapter 244.

Assemblywoman Titus:

Thank you. I wanted to be sure we were clear about whom this was affecting.

Chair Sprinkle:

This question may be better suited to be answered by the counties, but if I understood you correctly, by aligning the definition to age 24 between the state of Nevada and the federal government, that now opens up the opportunity for possible federal grant dollars to flow to the counties. Would that not also be true with our local agencies that are providing services?

Michele Gehr:

We are the only agency in northern Nevada that provides services to homeless youth. Theoretically, if there were other agencies that provided that service, they would be open to funding.

Chair Sprinkle:

Currently, youth ages 18 to 24 are considered adults, so these homeless services are being provided to them right now, are they not?

Michele Gehr:

Right now, homeless youth, statistically speaking, do not access adult services. They are system-resistant. They do not want to have anything to do with anything that looks institutional. We know that fewer than 8 percent will use the adult shelter in Reno, citing safety concerns. Homeless youth become prey for older homeless, so you can never mix those populations. Best practice is to separate them geographically so you do not have them in the same geographic area accessing the same services. Services have to be delivered to homeless youth differently. It does tend to be more relationship-based. If you have had an adult around you who has tried to exploit you in some way, you are less inclined to trust them. If you are in a state of constant flight or fight with post-traumatic stress disorder, then you cannot take in any extraneous information such as job or life skills, so we really have to follow best practice. We have the best outcomes that way.

Chair Sprinkle:

The services you provide are unique and important and I do not want there to be any other arguments. This might be a way to ward off potential arguments concerning that 18-to-24 age group.

Are there any other questions from the Committee? [There was no response.] We will bring up anyone in support of A.B. 133.

Sarah Adler, representing the Nevada Coalition to End Domestic and Sexual Violence:

We appreciate the work of Eddy House and we are in support of A.B. 133.

Jessica Wise, representing the Food Bank of Northern Nevada:

The Food Bank supports agencies that work with this population, and we are here in support of this bill.

Amber Howell, Director, Washoe County Human Services Agency:

We want to speak in support of A.B. 133 with the conceptual amendment in section 1, subsection 2. We have been working with the sponsor and with Eddy House for a very long time. We also want to report that we have the Northern Nevada Adult Mental Health Services campus initiative going on in Reno-Sparks. There will be a building specifically designed for this population so you can have targeted programming, and it separates them from the shelter population of 18 and over. We look forward to expanding our services in Washoe County for this population.

Chair Sprinkle:

When you said you were working with them, were you working with them on this amendment?

Amber Howell:

Yes, the changes mentioned by Assemblywoman Benitez-Thompson. We met before this hearing and are in agreement with those changes.

Ryan Black, Legislative Liaison, Office of Administrative Services, City of Las Vegas:

We are in support of this bill. Just in southern Nevada, we have approximately 1,100 homeless youth between the ages of 18 and 24. This is an ongoing problem we continue to face, so we are in full support of this bill.

Chair Sprinkle:

Is there anyone in southern Nevada who wishes to speak in support of A.B. 133?

Tim Burch, Human Services Administrator, Clark County:

We are here in support of A.B. 133. Our team has been in contact with Assemblywoman Benitez-Thompson as well, and we are looking forward to working with her and our Washoe County counterparts on the conceptual amendment.

Chair Sprinkle:

Is there anyone else in southern Nevada in support? [There was no response.] All right, we are back in northern Nevada with those in support.

Max J. Coppes, M.D., Chair of Pediatrics, University of Nevada, Reno, School of Medicine:

I would like to testify that current medical knowledge in the pediatric world would see neurodevelopment going until the age of 25. The reality is that a lot of the children's facilities and hospitals have not caught up with where medical science now defines neurodevelopment, so I feel very strongly that any individual up to the age of 25 should be seen and treated in a different way than those over the age of 25. I am fully supportive of the changes proposed here.

Chair Sprinkle:

Is there anyone else in either the north or the south who is in support of A.B. 133? [There was no response.] We will move to opposition. Is there anyone wishing to come forward in opposition to A.B. 133 in either the north or the south? [There was no response.] Is there anyone wishing to come forward as neutral on A.B. 133?

Karen Beckerbauer, Manager, Douglas County Social Services; and representing the Nevada Association of County Human Services Administrators:

We have looked at this topic and are neutral on it. We do want to point out that section 1 of A.B. 133, NRS Chapter 428, as was discussed earlier, is interpreted, at the county social service or human service administrator level, such that a teen or youth separated from their family is determined to be indigent. In Douglas County we work very closely with our school district. The language expanding that age group is very much in line with the school district's definition because they, too, will serve children up until their twenty-fifth birthdays.

There would be no need to open up the language of NRS Chapter 428, as that is already being interpreted as such at the county level.

Mary Jane Ostrander, Division Manager, Human Services, Carson City Health and Human Services:

I will read a statement from Nicki Aaker, Director of Carson City Health and Human Services ([Exhibit D](#)):

Thank you to Assemblywoman Benitez-Thompson for sponsoring this bill and bringing it forward. Per NRS 428.285, paragraph 4, Carson City's long-term care expenses exceed the eight (8) cents cap leaving only one (1) cent for other expenses such as indigent medical expenses and indigent burials. So with no additional funding Carson City would not be able to provide services outlined in the bill; therefore, would not be able to meet the requirements of NRS 428 if this bill were to pass as currently written.

I applaud your efforts to provide support to this vulnerable population. I can support this bill if Section 1 was eliminated.

As Human Services Manager, I would be more than happy to help work through this to find a solution.

Chair Sprinkle:

If you have not already, I certainly would recommend you reach out to the sponsor of the bill and have a discussion with her.

Does anyone else wish to come forward under neutral? [There was no response.] Do you have any closing comments?

Assemblywoman Benitez-Thompson:

We will be continuing to work, especially with the counties, to make sure we get the intent of the language just right. We want an opportunity for counties, as funding becomes available and as community members and agencies become available, to help address this population. We want to make sure we are not drafting something that is an unfunded mandate to the counties to do something that they otherwise cannot do; or, as in Carson City, would have to divert other dollars, and we look forward to those conversations and hope to bring back to you a great product.

[([Exhibit E](#)) and ([Exhibit F](#)) were submitted but not discussed and are included as exhibits for the meeting.]

Chair Sprinkle:

We will close the hearing on A.B. 133 and open the hearing on Assembly Bill 124.

Assembly Bill 124: Requires a hospital or independent center for emergency medical care to take certain actions when treating a female victim of sexual assault. (BDR 40-591)

Assemblywoman Connie Munk, Assembly District No. 4:

In the United States, someone is sexually assaulted every 98 seconds. Nine out of ten victims of rape are female, and one out of every six women in the United States is a victim of an attempted or completed rape. These are staggering statistics.

It is an understatement to say that sexual violence is a serious problem that is long-lasting and has negative effects on the victims, their families, and the communities. Women who have experienced sexual violence are more likely than the general population to experience post-traumatic stress disorder (PTSD), suicidal thoughts, anxiety, depression, or even use drugs. Sexual violence also affects victims' relationships with their families, their friends, and their coworkers.

I am bringing Assembly Bill 124 forward today for your consideration for two reasons. The first reason is that my background is in crisis counseling and domestic violence. I have worked with and administered rape kit exams on women who have been raped by acquaintances, their fathers, their brothers, uncles, or maybe family friends. The second reason is that I have a family member who was gang-raped, taken outside of town, and dumped like a piece of garbage on the side of the road.

While much remains to be done to prevent and end sexual violence, we also need to do more to ensure victims receive appropriate treatment following these horrible, horrific experiences. In caring for these victims, the priority must be the victims' health and welfare. Currently, Nevada law does not require emergency rooms or clinics to provide information or emergency contraception to victims of sexual assault. Assembly Bill 124 requires hospitals or clinics in Nevada, where a victim may present, to adopt a written plan to ensure that victims of sexual assault or attempted sexual assault are provided with appropriate medical information and treatment, contact information for law enforcement, and information regarding available services.

Assembly Bill 124 is a research tool for hospitals and clinics to help them better treat and serve sexual assault victims. These plans should include medically and factually accurate information concerning emergency contraception and prophylactic antibiotics as well as information about other services such as counseling, clinics, and other facilities that specialize in serving victims. A list of locations that provide testing for sexually transmitted diseases should be included. This information should be provided both in writing and orally in language the victim understands. This plan must ensure that victims are provided with contact information for law enforcement, or an opportunity to meet with an officer to file a complaint. Victims of sexual assault are traumatized. It may take several days or longer to be receptive or even ready to pursue reading any of the information. A traumatized victim does not remember oral information.

I have been working with the Nevada Hospital Association and Renown Health to amend the original bill to become more compact, concise, and easy to interpret. I appreciate all the input stakeholders have given me. We may not be able to prevent every sexual assault, but as policymakers we have the power to ensure that every victim of this horrific act in Nevada receives appropriate information and treatment. We are not alone. Currently, 21 states and the District of Columbia have passed laws to access emergency contraception; and 16 states, including the District of Columbia, have passed laws that certain health care facilities should provide information in writing about emergency contraception or access to it.

We have provided the amendment to the original bill ([Exhibit G](#)) and we have provided examples of what some other states are using for written information when a victim presents to a hospital or clinic ([Exhibit H](#)) and ([Exhibit I](#)). Please join me and other stakeholders in making sure we focus on the victims' health and welfare and ensuring they receive services they need following these traumatic experiences.

Serena Evans, Policy Specialist, Nevada Coalition to End Domestic and Sexual Violence:

[Serena Evans spoke from prepared text ([Exhibit J](#)).] The Nevada Coalition to End Domestic and Sexual Violence (NCEDSV) is the statewide coalition of domestic and sexual violence programs in Nevada. We are here to express NCEDSV's support of A.B. 124. Providing written information to victim survivors of sexual assault regarding follow-up medical care and community services is critical. Because of the traumatic nature of sexual assault, a victim may not be receptive or able to retain any verbal information given to them following the assault. Providing victims with written information will allow them to review and revisit the information when they are more willing and receptive.

As current procedure in Nevada shows, victims are only receiving information about follow-up medical care concerning emergency contraception, prophylactic antibiotics for sexually transmitted infection prevention, and community resources when they visit a sexual assault forensic medical exam location. In Nevada there are currently only six locations where a victim of sexual assault can receive a forensic medical exam. Many times victims go to the nearest emergency room or hospital to receive care following an assault. If that particular hospital does not provide or offer forensic medical exams, victims will be transferred to the nearest location where a Sexual Assault Nurse Examiner (SANE) can conduct the medical exam. However, not all victims choose to undergo forensic medical exams by a SANE and may choose to receive direct medical care at a hospital location. Because vital information such as follow-up medical care and community resources is only provided by a SANE or an advocate following an exam, individuals who choose not to participate in an exam are not receiving this critical information. In addition, information received by victims may be inconsistent and change from one forensic medical exam location to the next throughout the state.

Requiring all hospitals to provide accurate and consistent written information to victims of sexual assault will ensure that all individuals receive helpful information that may assist with

their health and healing following an assault. Assembly Bill 124 will support all victims and survivors of sexual assault in our state.

Sarah Adler, representing the Nevada Coalition to End Domestic and Sexual Violence:

[Sarah Adler spoke from prepared text ([Exhibit K](#)).] As you have heard in detail from Serena Evans, in Nevada we have a limited system in place to provide in-depth care. What is terrific about Assemblywoman Munk's bill is that it brings in those all-important first responders. We all grow up knowing that when you need emergency medical care you go to your local hospital or urgent care center. This brings that group into our system of support for victims of sexual assault.

Chair Sprinkle:

Are there any questions from Committee members?

Assemblywoman Nguyen:

It is important to bring this discussion to the forefront. I know there have been amendments proposed. Were those brought by the sponsor?

Assemblywoman Munk:

They were brought about by some of the stakeholders we have been working with on this bill.

Assemblywoman Nguyen:

I have concerns about what I see as codifying and making statutory some of these medical decisions and treatments. Are some of the stakeholders, for instance the direct providers, on board with your proposed bill?

Assemblywoman Munk:

Stakeholders included the Nevada Hospital Association, which represents a lot of the hospitals in the state. The original bill was way too bulky. As you can see by the amendment to the bill, we have removed a lot of the language in order to make it more concise and better to read and understand.

Chair Sprinkle:

Are there any other questions from the Committee? [There was no response.] We will open up for testimony in support of A.B. 124.

Catherine M. O'Mara, Executive Director, Nevada State Medical Association:

We do support the amendment to A.B. 124. We appreciate the sponsors taking our suggestions. We did work with the Nevada Hospital Association to ensure that our emergency physicians' voices were heard in the recommendations that were made. What we have with the amendment is a final product that will help public health in Nevada. It is going to compile the information into one easy location. Information will be consistent, but regionally specific. Both those things are helpful, and the physicians do support that. We encourage you to process the bill with the amendment attached.

Bret W. Frey, M.D., Legislative Liaison, American College of Emergency Physicians, Nevada Chapter:

In conjunction with the Nevada State Medical Association, we are in support of A.B. 124 with the amendment. Victims of sexual assault often come to the emergency departments seeking refuge and help. Most walk in; but, unfortunately, all too often they come alone. It should be noted that most triage processes have specific questions designed to identify victims of violence and abuse, even if it is not their chief complaint. We believe A.B. 124 provides a comprehensive approach to the sexual assault victim, both during and after emergency care, and seeks to minimize any chance of an accidental omission of information or care. If this bill is passed, it should enhance awareness of how important it is to have a unified and consistent approach to the sexual assault victim.

Bill M. Welch, President/CEO, Nevada Hospital Association:

I also would like to thank Assemblywoman Munk for bringing this bill and for her willingness to work with us. We believe that the amended version of it is going to ensure that there is a standard tool that is able to be provided to all patients of this horrific act when they present to a health care facility. As the bill was originally written, there was a possibility there could have been 50 or 60 different brochures created, and this bill, as amended, ensures that there will be one consistent tool created.

Also, the resources available throughout the state vary from region to region, and what is incorporated into the bill will ensure that the pamphlet will clarify the resources available in that region, so the victims have easier access to that information. We also thought it was important to ensure that any victim of sexual assault be provided with these services, and so we appreciate the bill's sponsor opening the language up to any victim who was sexually assaulted.

We also believe that there needs to be a routine process, which is where section 2 comes in. It ensures that this information is updated on a regular basis as resources and other information become available. The latter part of the bill provides that we do not create a tool that sits on a back shelf and becomes antiquated after a few years. We think this is a very important piece of information, and we as a hospital association are very supportive of it as it has been amended.

Chair Sprinkle:

Is there anyone else in support of A.B. 124?

Donna West, Private Citizen, Las Vegas, Nevada:

I am here as a survivor of sexual assault, and I am here to speak in favor of the bill. What Assemblywoman Munk shared with you is quite true. When you seek treatment after such an assault, you are in a state of shock. You are talking to many people. They are asking many questions and offering you a lot of information. At the time this happened to me, I would have been very grateful to have had a document I could have turned to when I was ready to seek further help. I hope you will support the bill as amended.

Joanna Jacob, representing Dignity Health-St. Rose Dominican Neighborhood Hospitals:

We have three acute care hospitals. We spoke to Assemblywoman Munk about this bill before the session started and we want to thank her for her dialogue. We worked with the Nevada Hospital Association and Assemblywoman Nguyen on this bill. She has our commitment along with the Division of Public and Behavioral Health in the Department of Health and Human Services, to work on the standardized document that is going to be developed. As part of Dignity Health's mission, they ask me to advocate as many times as possible for people who need access to care. It is a core part of our mission, and we believe strongly in helping victims of all types of abuse to access the services they need. We also appreciate the addition of "any" victim. We believe that addition helps increase access to services. Assemblywoman Munk, you have our commitment to work with you, and we want to register our support for the bill as amended.

Elisa Cafferata, representing Planned Parenthood Votes Nevada:

We also want to add our support for the bill. We think consistent information and resources are critical for victims. We have spoken with Assemblywoman Munk, and we would like to continue the conversation. We like the amendment as far as it goes. One thing we would like to revisit, however, involves the original language of the bill which made sure that victims not only were receiving information, but also would be offered the opportunity to receive emergency contraception and prophylactic antibiotics. We would like to fine tune the bill to make sure, to the extent possible, that victims can actually get those services at the hospital and are not just being referred out. We will continue to work with Assemblywoman Munk to strengthen this bill.

Marlene Lockard, representing the Nevada Women's Lobby:

I also would like to thank Assemblywoman Munk for bringing this bill, and we are absolutely in support. This last year, I served on a jury related to a very violent and horrific sexual assault case. There was extensive testimony given by the examiners of this individual at the time she sought help. Then, on the other side, they brought out discrepancies in the form that had been filled out. It became a major issue during the jury deliberations about the competing forensic testimony. We need to have a uniform approach and make sure there is no misunderstanding or item left out. As a juror, at one point I was very concerned that something as simple as not having the complete information on a form could make a difference in the result of this case. So I think this is very important and I urge your support.

Joan Hall, President, Nevada Rural Hospital Partners:

We have very few forensic nurses in rural Nevada, so this is very important to us. The bill as amended would supply accurate and regional information to these victims and that is very important to us, so we urge your support.

Chair Sprinkle:

Is there anyone else in support of A.B. 124? [There was no response.] Is there anyone in opposition to A.B. 124? [There was no response.] Is there anyone neutral on A.B. 124? [There was no response.] Assemblywoman Munk, would you like to make a closing

statement? Before you begin, I want to applaud you. It is obvious that you reached out, heard some of the concerns that were brought forward, and you gave us a very good bill. I would like to commend you on the work you have done.

Assemblywoman Munk:

Thank you, Chair and members of the Committee. I would like you to remember one statistic: One out of every six women in the United States is a victim of attempted or completed rape. A handbook or written instructions is needed to help survivors of sexual assault, their families, and friends. The impact of sexual assault has presented itself emotionally, medically, financially, and legally. I hope that by providing this information throughout Nevada to the hospitals and clinics, a victim, when ready, can help in reducing that feeling of isolation and helplessness. I also feel that the information provided will help the victim and aid in the healing process that follows the trauma of sexual violence.

Chair Sprinkle:

We will close the hearing on A.B. 124. At this time, I would like to open up for public comment.

Quinn Pauly, Private Citizen, Reno, Nevada:

I am a family physician in Reno. Several other members of the coalition and I are here on behalf of the Nevada Physician Wellness Coalition, a newly-formed group trying to raise awareness of the devastation and negative community impact of physician burnout and suicide. Unfortunately we in northern Nevada have had some suicides. Our coalition is the first of its kind. It is a nonprofit, volunteer physician-led organization attempting to raise awareness of this issue and also providing some resources for physicians, their families and coworkers in seeking care. This care would not necessarily use the current system of contacting the employer or state medical board. Unfortunately, a lot of us do not speak out for fear of reprisal and loss of license and employment. We are hoping to have a statewide survey to truly find out what the mental health condition of Nevada physicians is. We just launched a family resource phone line where doctors, their spouses, et cetera, can place a completely confidential call to a psychologist. I wanted to make you aware of this new entity, and we are hoping that this new paradigm will allow physicians to seek care in a safe and confidential manner.

Florence Jameson, Private Citizen, Clark County, Nevada:

I am a practicing ob/gyn who has been in private practice for 34 years. I am currently the Chairwoman for the Silver State Exchange, and I am passionate about access to quality health care for the citizens of our state. I am also founder of the Volunteers in Medicine of Southern Nevada which is a free and charitable clinic that sees thousands of people providing health care and diagnostic tests by our collaborating partners and all medications.

Physician burnout and physician suicide are the American Medical Association's (AMA's) hot topics. Last year physician suicide ranked number one among professionals in our nation. Last year we lost 400 physicians to suicide because of the burnout rate—going to work every day, having to see increased volumes of patients for reimbursement, struggling

with malpractice insurance, having to deal with the electronic medical records, preauthorization, the opioid crises, et cetera. All these things add up until at the end of the day, they hit you like a tidal wave. Many of you know that recruiting physicians to the state of Nevada is extremely difficult. The Stanford Clinic and the AMA recently completed a survey which showed that one out of every 50 physicians, after dedicating their lives to medicine, have decided that, within the next two years, they will stop practicing medicine. We already have enough trouble bringing physicians to Nevada, and the Legislature has been wonderful supporting the new medical school, trying to increase residencies so physicians will stay here, but our problem is that the practice of medicine is getting difficult. As you are looking at the bills this session, I ask you to consider helping reduce the burden for physicians in the workplace. There are a lot of health issues coming up this session and a lot of things that could be streamlined—whether it is electronic prescriptions, opioids, rules and regulations—that could make the difference between some physicians saying, I can do this—or them saying, this is getting to be too much; I am out of here.

Chair Sprinkle:

Thank you very much for your comments. Does anyone else wish to come forward under public comment? [There was no response.] I will close public comment.

I want to thank all the physicians who are in the room today; we appreciate your being here, as well as any instructors or staff. Is there anything more from Committee members? [There was no response.] We are adjourned [at 2:39 p.m.].

RESPECTFULLY SUBMITTED:

Terry Horgan
Committee Secretary

APPROVED BY:

Assemblyman Michael C. Sprinkle, Chair

DATE: _____

EXHIBITS

[Exhibit A](#) is the Agenda.

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

[Exhibit C](#) is a copy of a report by Nevada Youth Empowerment Project and Our Center titled "2018 Washoe County Homeless Youth PIT Count Results," supplied by Assemblywoman Teresa Benitez-Thompson, Assembly District No. 27, in support of [Assembly Bill 133](#).

[Exhibit D](#) is a copy of a letter addressed to Assemblyman Michael Sprinkle, Chair; Assemblyman Richard Carrillo, Vice Chair; and Assembly Health and Human Services members, authored by Nicki Aaker, Director, Carson City Health and Human Services, dated February 25, 2019, and read into the record by Mary Jane Ostrander, Division Manager, Human Services, Carson City Health and Human Services, regarding [Assembly Bill 133](#).

[Exhibit E](#) is a copy of a U.S. Department of Housing and Urban Development report titled "HUD 2018 Continuum of Care Homeless Assistance Programs Housing Inventory Count Report," provided by Assemblywoman Teresa Benitez-Thompson, Assembly District No. 27, in support of [Assembly Bill 133](#).

[Exhibit F](#) is a copy of a U.S. Department of Housing and Urban Development report titled "HUD 2018 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations," provided by Assemblywoman Teresa Benitez-Thompson, Assembly District No. 27, in support of [Assembly Bill 133](#).

[Exhibit G](#) is a copy of a proposed amendment to [Assembly Bill 124](#) dated February 11, 2019, submitted by Assemblywoman Connie Munk, Assembly District No. 4.

[Exhibit H](#) is a copy of information from the Texas Health and Human Services Commission titled "Information Sheet for Sexual Assault Patients," submitted by Assemblywoman Connie Munk, Assembly District No. 4, regarding [Assembly Bill 124](#).

[Exhibit I](#) is a copy of a pamphlet titled "Information for Victims and Survivors About Sexual Assault Kit Testing," from the State of Delaware, Victim Services Subcommittee of the Sexual Assault Kit Initiative Grant of the Criminal Justice Council, submitted by Assemblywoman Connie Munk, Assembly District No. 4, regarding [Assembly Bill 124](#).

[Exhibit J](#) is written testimony dated February 25, 2019, presented by Serena Evans, Policy Specialist, Nevada Coalition to End Domestic and Sexual Violence, in support of [Assembly Bill 124](#).

[Exhibit K](#) is written testimony presented by Sarah Adler, representing the Nevada Coalition to End Domestic and Sexual Violence, in support of [Assembly Bill 124](#).