

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

**Eightieth Session  
March 22, 2019**

The Committee on Health and Human Services was called to order by Chairwoman Lesley E. Cohen at 11:05 a.m. on Friday, March 22, 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](http://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  
Assemblywoman Lisa Krasner  
Assemblywoman Connie Munk  
Assemblywoman Rochelle T. Nguyen  
Assemblyman Tyrone Thompson  
Assemblywoman Robin L. Titus

**COMMITTEE MEMBERS ABSENT:**

Assemblyman Gregory T. Hafen II (excused)  
Assemblyman John Hambrick (excused)

**GUEST LEGISLATORS PRESENT:**

Assemblywoman Jill Tolles, Assembly District No. 25  
Assemblywoman Daniele Monroe-Moreno, Assembly District No. 1

**STAFF MEMBERS PRESENT:**

Marsheilah Lyons, Committee Policy Analyst  
Christian Thauer, Committee Manager  
Terry Horgan, Committee Secretary  
Olivia Lloyd, Committee Assistant

Minutes ID: 694



**OTHERS PRESENT:**

Jared Busker, Associate Director/Government Affairs Manager, Children's Advocacy Alliance  
Denise Tanata, Executive Director, Children's Advocacy Alliance  
Valerie Padovani, representing Sierra Nevada Academy Charter School; and Sierra Nevada Achievers for Community Services, Reno, Nevada  
Nova Murray, Deputy Administrator, Division of Welfare and Supportive Services, Department of Health and Human Services  
Gail Storch, Private Citizen, Las Vegas, Nevada  
Evelyn Knight, Private Citizen, Fernley, Nevada  
Caroline Mello Roberson, Nevada State Director, NARAL Pro-Choice Nevada  
Steve H. Fisher, Administrator, Division of Welfare and Supportive Services, Department of Health and Human Services  
Catherine M. O'Mara, Executive Director, Nevada State Medical Association  
Sandra Koch, M.D., Fellow, District VIII Section, American College of Obstetricians and Gynecologists  
Melinda Hoskins, representing Nevada Affiliate of the American College of Nurse-Midwives  
Joelle Gutman, Government Affairs Liaison, Washoe County Health District  
Brenda Guigui, Communications Manager, Make It Work Nevada, Las Vegas, Nevada  
Penny James, Private Citizen, Las Vegas, Nevada  
Elisa Cafferata, representing Planned Parenthood Votes Nevada  
Erika Minaberry, representing Battle Born Birth Coalition, Carson City, Nevada  
David Boire, Policy Intern, Children's Advocacy Alliance  
Marlene Lockard, representing Nevada Women's Lobby  
Judy Zablocky, Private Citizen, Dayton, Nevada

**Chairwoman Cohen:**

[Roll was taken.] I would like to welcome the audience joining us in Carson City and those joining us by videoconference in Las Vegas, as well as anyone listening over the Internet. I will go over some housekeeping rules before we get started. Please make sure to silence any electronic devices. If you wish to testify, please sign in at the table at the door and provide a business card to our committee secretary. When testifying, please turn the microphone on and clearly state your name and affiliation, if any, for the record, and please restate your name each time you speak and then turn the microphone off.

Please provide 20 hard copies of handouts for members of the public. Electronic copies should have been submitted to our committee manager by 12 noon yesterday for members of the Committee. Courtesy and respect in our interactions during the meeting are always expected even if we do not agree with another person's position. Committee members will be using our laptops, so please do not take that as a sign of disrespect. We will be reviewing handouts and bills on our laptops.

I will now open the hearing on Assembly Bill 194.

**Assembly Bill 194: Revises provisions governing the membership of the Nevada Early Childhood Advisory Council. (BDR 38-862)**

**Assemblywoman Jill Tolles, Assembly District No. 25:**

I am pleased to come before you to present a bill that was brought to me by some longtime friends. I have advocated for children and safety issues for many years now, even before I came to the Legislature. I have quite a few colleagues within the Children's Advocacy Alliance and the Nevada Institute for Children's Research and Policy. They approached me during the interim to ask if I would carry this bill. I would like to introduce you to one of my constituents from Assembly District No. 25, Jared Busker, who will help present the bill and the background behind it.

**Jared Busker, Associate Director/Government Affairs Manager, Children's Advocacy Alliance:**

I would like to thank my Assemblywoman for carrying this legislation. The purpose of Assembly Bill 194 is to expand the capacity of the existing Nevada Early Childhood Advisory Council to establish a comprehensive system of ensuring the healthy development of children ages zero to eight.

I would like to provide a brief overview of the Nevada Early Childhood Advisory Council, also known as ECAC. The Early Childhood Advisory Council was created by executive order of the Governor in 2009 and continued by executive order in 2011 as a condition of the federal Head Start Act. In 2013 the Nevada Legislature passed Assembly Bill 79 of the 77th Session which established ECAC in statute. The purpose of ECAC is: (1) to work to strengthen state-level coordination and collaboration among the various sectors and settings of early childhood education programs; (2) to conduct periodic statewide assessments of needs relating to the quality and availability of programs and services for children who are in early childhood education programs; and (3) to identify opportunities for and barriers to coordination and collaboration among early childhood education programs funded in whole or in part by the federal government, the state, or local government.

It is important to note that early childhood is composed of a comprehensive network of systems encompassing not only education and academic needs of young children, but it also includes social and emotional development, mental and behavioral health, and physical health. Assembly Bill 194 is needed to ensure that all these components are represented in ECAC. The structure of ECAC was established by utilizing guidance from the national early childhood system's working group in the National Institute of Medicine's report entitled "Transforming the Workforce for Children Birth Through Age 8: A Unifying Foundation." Both resources call for collaboration among three primary sectors that support young children. The first is education and care; the second is community and social services; and the third is health.

In order to build a comprehensive early childhood system in Nevada, representation from the health sector is needed. Therefore, as outlined in section 1 of the bill, we are requesting the addition of "One member who is a representative of the pediatric mental, physical, or behavioral health care industry." We have also presented the Committee with a friendly amendment to add a section requiring ECAC to submit an annual report to the Legislative Counsel Bureau outlining the activities of the Council, as well as recommendations for improvements to Nevada's early childhood system ([Exhibit C](#)). Currently, the Council does not have any formal reporting requirements nor does it have any dedicated administrative support. Establishing a platform for reporting activities and recommendations to the Legislature will help raise awareness of the collaborations that currently exist, as well as what is needed to build a comprehensive early childhood system in Nevada. Although there is tremendous dedication among members and progress is being made by ECAC using the recently finalized strategic plan and subcommittee action plans, efforts to implement recommendations are often difficult to accomplish. We appreciate your consideration and would be happy to answer any questions that you may have.

**Chairwoman Cohen:**

Thank you for your presentation. Assemblyman Carrillo has a question.

**Assemblyman Carrillo:**

Regarding section 1, subsection 1, paragraph (i), I see where you would be adding one member, but I see members from different agencies mentioned, including one member "who is a representative of the Aging and Disability Services Division." Are those people currently members of ECAC, and why would you have a representative from the Aging and Disability Services Division on the Council?

**Jared Busker:**

I will ask Denise Tanata from the Children's Advocacy Alliance to answer that question. She knows much more about the current membership of ECAC.

**Denise Tanata, Executive Director, Children's Advocacy Alliance:**

The Aging and Disability Services Division's representative on the Council represents issues related to children with disabilities. For example, the Division of Public and Behavioral Health oversees child care licensing, so that representative sits on the Council as well. All persons who sit on ECAC are representatives who work in the early childhood field in different areas. The one area that has been missing is a health care professional.

**Assemblyman Carrillo:**

What process do you see in the selection of this individual—this new member? What criteria and qualifications? Obviously, many people would probably want to be on this advisory board.

**Denise Tanata:**

This position is appointed by the Governor. An announcement would be made and individuals would show interest. There are currently a few individuals whom the Council is

currently working within this arena. There would be outreach to that community to see who would be interested, and then the Governor would make the appointment.

**Chairwoman Cohen:**

I have a question about the makeup as far as where the Council members come from. Has there been any consideration to north versus south or making sure we are including rural representation?

**Denise Tanata:**

I do not have the answer to that. I do not serve on ECAC; we work with them, and unfortunately, the chair of ECAC could not be here. If it is okay, I would like to follow up with her to get that information for you.

**Chairwoman Cohen:**

Thank you, I would appreciate that. Do we have any other questions? [There was no reply.] We will now move to support for the bill.

**Assemblywoman Tolles:**

I want to get on the record that this is a friendly amendment and I have accepted it ([Exhibit C](#)).

**Chairwoman Cohen:**

Thank you, I appreciate that. Anyone else in southern Nevada who would like to testify in support, please come up, and likewise in Carson City.

**Valerie Padovani, representing Sierra Nevada Academy Charter School; and Sierra Nevada Achievers for Community Services, Reno, Nevada:**

I am here on behalf of Kimberly Regan, Executive Director of the Sierra Nevada Achievers for Community Services (SNACS) Preschool team and the Sierra Nevada Academy Charter School. We wanted to put on the record that we are in support of this bill ([Exhibit D](#)). Our organization has attended multiple Early Childhood Advisory Council meetings. We support a lot of the work the Council does for the young people in our state. Adding this type of role would really enhance the work we try to give to our students, so we support the bill and hope that you do as well.

**Chairwoman Cohen:**

Do we have anyone else in support of the bill either in the south or here in Carson City? [There was no reply.] Seeing no one, do we have anyone in opposition? [There was no reply.] Do we have anyone in neutral? [There was no reply.] Seeing no one, I will invite the presenters back up. Do you have any final comments?

**Assemblywoman Tolles:**

Thank you for taking the time to hear this change to the law. If any of you want an amendment on this bill, since I already have a friendly amendment, as a cosponsor I am always happy to add others. I thank you again and I urge your passage.

**Assemblyman Thompson:**

I would like to sign on, please.

**Chairwoman Cohen:**

I will close the hearing on A.B. 194 and open the hearing on Assembly Bill 234.

**Assembly Bill 234: Makes various changes relating to the reimbursement provided by the Program for Child Care and Development for certain child care. (BDR 38-305)**

**Assemblywoman Daniele Monroe-Moreno, Assembly District No. 1:**

I am here this morning to present Assembly Bill 234, a bill that makes various changes to the reimbursement provided by the Program for Child Care and Development to pay for the cost of certain child care; requiring the Program to provide an enhanced rate of reimbursement for certain child care provided to children with disabilities; and providing other properly related matters.

I am sure you have heard, as I did along the campaign trail, from parents and grandparents who are concerned about educating their children from prekindergarten (pre-K) all the way to post-secondary education. They are also concerned about child care reimbursement and the high expense of child care. So a group of foster parents from my church reached out to me. I chaired the 2017-2018 Interim Legislative Committee on Child Welfare and Juvenile Justice and had foster parents come to the interim committee meeting and express their concerns that, if they took in a child who had disabilities and they also worked, finding adequate, quality child care at an affordable rate was difficult. Oftentimes, those expenses were coming out of pocket because they were above and beyond what the state supplied as a subsidy. I was asked to bring legislation to help with that. I am a grandmother with five grandchildren, but I also have a daughter who is now a single mom due to divorce, and I have seen, firsthand, the cost of day care. My better half and I are blessed that we are able to help her, but not everyone in our community has a grandmother who can step in and help with those expenses. That is why we are bringing this legislation here today.

**Jared Busker, Associate Director/Government Affairs Manager, Children's Advocacy Alliance:**

[Jared Busker's testimony included excerpts from a Policy Brief ([Exhibit E](#)).] I want to thank Assemblywoman Monroe-Moreno for bringing this bill forward. In Nevada, child care ranges on average from \$11,137 a year for infant child care to \$8,835 for center-based pre-K. This places a significant burden on working families and families returning to school. To put this in more contextual terms, a single parent of an infant and a preschooler working full-time making a minimum wage of \$8.25 an hour would spend over \$2,500 more a year than his or her yearly salary just to pay for child care. That same parent, making \$15 an hour, would spend roughly 64 percent of his or her annual income on child care alone. To help offset these high costs, Nevada provides child care subsidies and assistance to low-income working families. Thanks to increases in federal funding for this program, Nevada has made some significantly positive changes to the program overall. Nevada has worked to increase

payments to child care providers who are providing care for those children. They have improved attendance-reporting requirements, allowed for fluctuations in parents' income while enrolled in the program, and increased the percentage of children served by roughly 3 percent, although we are still about 7 percent below the national average.

Assembly Bill 234 is being presented as an opportunity for Nevada to continue improving the child care subsidy program for families by making changes regarding reimbursements for certain populations to the state plan established for the Program for Child Care and Development. Currently, every foster child is eligible and receives child care assistance, but due to our current provider payment structure where we are reimbursing providers based off 2015 market rates, foster parents are being charged the difference between the actual cost of care and what the state will reimburse providers. Section 1, subsection 1 would help address this issue by requiring reimbursement to cover the entire cost of child care provided to a foster child in an amount that does not exceed the standard amount of care as determined by the Director. Four states—California, Minnesota, South Carolina, and Vermont—currently pay a similar differential payment rate for care of children who are at risk, in protective custody, and/or in foster care.

The second population that this bill looks at are children with documented disabilities. Currently, providers are being reimbursed at the same rate for these children as for children without disabilities. Recently the Children's Advocacy Alliance held a roundtable discussion with providers throughout Washoe County. Every single one of the providers who participated in that roundtable voiced a desire to provide care for children with disabilities, but felt that they were ill-equipped to provide such care at both a staffing and an infrastructure level. We have met with numerous parents of children with disabilities who were unable to find a provider who they felt was able to provide sufficient care for their child. Section 1, subsection 2 would help address this issue by offering an enhanced payment rate—based on the severity of the disability—being paid to a provider who receives training and provides care for such a child. With such a change, Nevada would join 34 other states that pay a differential payment rate for providers who care for children with special needs.

As I mentioned before, foster youth and parents of children with disabilities are currently eligible for subsidy assistance. The proposed changes would help those populations access similar care. Additionally, when the Child Care and Development Block Grant was reauthorized in 2014, there was an added provision that required the state to develop and implement strategies to increase the supply and improve the quality of child care services for children with disabilities. This change would help the state meet those requirements.

Currently to qualify for the subsidy program, all parents must be participating in the workforce. Prior to July 1, 2011, the state allowed for a parent returning to or attending school to qualify for child care assistance. During public testimony you will hear from Denise Tanata, who received this assistance while attending the University of Nevada, Las Vegas (UNLV). You can compare her testimony to that of Emily Warren, which was submitted online ([Exhibit F](#)). Emily Warren ended up taking out student loans for her own

tuition at UNLV and also for her daughter's tuition. Her daughter's child care expenses ended up being significantly higher than the charges for tuition at UNLV.

We have also heard from parents currently working full-time who receive the child care subsidy assistance who have gone through the process of applying to enter or return to school. When they found out they were no longer eligible for child care subsidy assistance, they decided to forego going to school and continue to work. As there is currently a waitlist for the child care subsidy program, we envision this change will help those parents currently receiving the subsidy who want to return to school so they can improve outcomes not only for themselves but also for their children.

Nevada is one of three states that do not allow parents to receive child care assistance while they attend school. It should be noted that we do allow for some type of assistance in limited circumstances. In Nevada, parents can only receive child care assistance if they are under the age of 19 and attending high school or working on their general educational development (GED) or if they are receiving wraparound services through Nevada Head Start or Early Head Start. This limitation significantly affects individuals, especially single mothers. Research shows that a single mother who is able to finish school and graduate with a bachelor's degree and who works full-time for a full year can make up to \$610,324 more in her lifetime than does a similar parent who only receives a high school diploma. Section 1, subsection 3 would include as a purpose of care the cost of child care provided to the child of a parent enrolled in an educational or vocational program that awards a degree or certificate as long as they are otherwise eligible to participate in the program.

Allowing students to attend higher education is not a new concept. We are merely asking the state to return to our prerecession purpose of care. We also contend that a parent who receives a subsidy while attending school aligns with the overall purpose of the program, which is to make child care affordable for families that are at risk of becoming welfare dependent, as a parent with a college degree is less likely, on average, to receive any welfare benefits. The Children's Advocacy Alliance would like to see that every purpose of care is fully funded. We have been supportive of increasing funding for the child care subsidy budget through the Executive Budget Account 3267, but we recognize that to do so would require the state to put forward almost \$800 million more every year into this program. We believe that extending the benefit to parents returning to school who are more likely to improve the outcomes for themselves and their children and no longer need this assistance would provide more care to other low-income families who need that type of care in the future.

**Chairwoman Cohen:**

Are there any questions?

**Assemblyman Carrillo:**

Section 1, subsection 3, paragraph (a), reads "Enrolled in an educational or vocational program that awards a degree or certificate." Can you elaborate? Does this apply to a single

parent or to someone who is married or in a domestic partnership? Would that person be eligible? What are the qualifications for that?

**Jared Busker:**

The requirements would mirror what is already in our state plan. If it is a two-parent household, one parent would have to be going to school full-time and the other parent would have to be working full-time. One parent would not be able to stay at home with the child.

**Assemblyman Carrillo:**

I know this is not a fiscal committee, but referring to section 1, subsection 1, what is the standard amount paid for such care? You gave some figures earlier; are we using those or would it be a sliding scale?

**Jared Busker:**

The payment structure we currently have is very complicated, so I will send you the full report. We based it off the location of the provider, so Clark County is reimbursed higher than Washoe County or the rural counties are. It is also based on the star rating of the center. The star rating is based on the quality rating improvement system. They get a rating of between 1 and 5. As they go up in quality, their reimbursement rate goes up. For the foster child reimbursement, it would depend on their location and how much that center currently charges. It would be a comparison of all those different variables for us to be able to calculate the overall additional cost, but it would be on top of the current reimbursement rate.

**Assemblywoman Nguyen:**

Does this just expand the existing program for child care and development pursuant to that federal program?

**Jared Busker:**

Yes, it would extend the purpose of care to include parents returning to school or a vocational program, and then it would increase the reimbursement rate for those other two populations that are already included in that purpose of care.

**Assemblywoman Nguyen:**

This is a follow-up to Assemblyman Carrillo's question regarding section 1, subsection 3, paragraphs (a) and (b). You refer to how the educational and vocational programs are defined, the degree or certificate awarded, whether someone is enrolled part-time or full-time, and whether it is accredited. The word "certificate" seems vague, as does "otherwise eligible" to participate in the Program. Are those words and phrases already defined in United States Code (USC) Title 42, Section 9858c, or are they further defined in *Nevada Revised Statutes* (NRS) Chapter 422A?

**Jared Busker:**

For the "educational or vocational program that awards a degree or certificate," we can look into being more specific. I do not believe that is already defined in the NRS, so we can work to further define that. For the "Otherwise eligible to participate in the Program," yes, those

requirements are already defined, but I am not sure what statute they are in. They are also in the state plan that Nevada has put forward to receive the federal grants; but it would be the income eligibility level and participating in the workforce—those are the requirements already established.

**Assemblywoman Nguyen:**

It might be good to be more specific so there is no vagueness. It is probably already defined in some other related statutes. You might be able to incorporate them by reference.

**Assemblywoman Titus:**

Thank you for bringing the bill forward. I appreciate what you are trying to do and I appreciate the effort for families, but is this just for the category in section 1, subsection 1—the foster child? I was under the impression this was just for foster parents, but I am now hearing it is for families with children with disabilities. So it is for foster children, children with disabilities, and people who are going back to school—a broad range.

**Jared Busker:**

Yes. The child care subsidy program currently serves a varied population. It serves foster youth so foster parents can send those children to child care. It also serves as a purpose of care for parents who are working full-time who are under 200 percent of the federal poverty level. We are serving about 7 to 8 percent of that eligible population currently, so this bill would affect both those overall populations and expand it for the parents of children with disabilities.

**Assemblywoman Titus:**

Looking at section 1, subsection 2, I understand that it costs more to have child care for a child with a disability—to find someone to come in and care for the child while you are trying to work and maintain a household. It looks to me, however, that we are expanding the services. It is wonderful if we could get the government to pay for child care while we are doing other things, but I am concerned about the broadness of the statements concerning who is going to be covered. Similar to my colleagues who were concerned with the categories represented in section 1, subsection 3, paragraphs (a) and (b)—there would need to be distinctions made. They would have to be attending school full-time, they would have to be taking a certain number of hours and not just one class. Is there any obligation for the person to graduate? I am trying to clarify whom we are covering and how broad this would be.

**Jared Busker:**

Yes, we will look into being more specific in relation to section 1, lines 16-17, relating to the educational and vocational programs. For line 18, there are requirements already established in the program, and we can provide those to you.

**Chairwoman Cohen:**

Are there any other questions? [There was no reply.] We discussed the foster care component of this bill, but can you discuss our needs for foster care parents throughout the state? I know this question is not exactly on point for this bill.

**Denise Tanata, Executive Director, Children's Advocacy Alliance:**

There is a huge need across the state for foster parents. Increasing the rate of reimbursement for child care for kids in foster care is not the only issue that we need to address to increase the number of foster parents, but it is one of the issues. We have heard anecdotally from foster parents that the additional costs they have to pay for child care can often be a determination in whether they will take a child into their home who requires that child care assistance. When kids come into foster care, the state or county government becomes that child's parent, so ultimately the responsibility to pay for things like child care and health care do fall on the government. What we are requesting in this bill is covering the full cost of care and not putting that burden on foster parents.

**Assemblyman Carrillo:**

I appreciate anyone who takes in a foster child, but do the foster parents get a stipend whenever they take care of a foster child? Just like a natural parent, we do not have the ability to always have affordable child care, but I wonder if they are setting part of that stipend aside for the purpose of child care? Obviously a natural parent would not have the assistance this bill provides.

**Denise Tanata:**

Yes, foster parents do receive a monthly stipend to care for the children—a per-child amount. I will note that the amount is the same for most kids in care; however, there are some enhancements for kids with specialized needs. If a child is attending school full-time, whether the foster parent works or stays at home, that amount stays the same. The stipend foster parents are getting is meant for housing, meals—the regular care and upkeep of that child. If I were a foster parent to a couple of school-aged children, I would not need to put aside money out of that stipend for child care costs, whereas, if I were working full-time and I took in a 2- or 3-year-old who would need child care, based on what the state reimbursed and depending upon what child care provisions I put in place, I could be putting out several hundred dollars a week or a month. It is a cost consideration for foster parents.

**Assemblyman Thompson:**

I really would like some historical information on when and if this changed. I served as a foster parent 15 years ago. The child I had was a special needs child, so they gave me an allotment for his care, but they based covering child care off the child's resources—which were zero, of course. That was done through the county's department of family services. Is that different at the state level?

**Nova Murray, Deputy Administrator, Division of Welfare and Supportive Services,  
Department of Health and Human Services:**

I have responsibility to the Child Care and Development Fund. We currently cover foster children and we do not count income in that process, so we are paying toward their cost of care. At this time they get the rate everyone else receives. On March 1, 2019, that rate increased. We gave a \$10 million rate increase to the entire population of people using child care, so all persons participating in the program should see fewer out-of-pocket expenses effective March 1.

**Assemblyman Thompson:**

You want it 100 percent paid. You do not want the guardian to pay the difference.

**Assemblywoman Monroe-Moreno:**

That would be ideal.

**Assemblyman Thompson:**

It seems like it would not be as much of a burden to the state if they funded 100 percent. Based on what was said earlier in the presentation, these guardians would be able to qualify for the payment of child care, but it seems as though sometimes there is a portion they may have to pay. Now, it seems as though it would not be as much of a pot that needs to be paid to make it whole.

**Assemblywoman Monroe-Moreno:**

Foster parents are already getting a subsidy. This would make up the deficit. When we say 100 percent, we are not starting a brand-new program that would have to be funded at 100 percent—it would be making up the deficit.

I was a foster child who was blessed to get adopted. I have not been a foster parent, but both of my sisters are and both have had to dip into their own pockets above and beyond the subsidy and above and beyond their paychecks to help take care of that child, whom they brought into their homes, in addition to their own children. This bill would decrease that deficit, and if we could get to 100 percent, that would be ideal.

**Chairwoman Cohen:**

We will move to support for the bill now. If there is anyone in Carson City or in southern Nevada, please come forward.

**Denise Tanata:**

I just want to reiterate, on behalf of the Children's Advocacy Alliance, that we are in support of this bill.

At this point, I would like to speak on behalf of myself as a parent. When I moved to the state of Nevada I was a single mom. I was working in a casino in a very low-income job. I decided I wanted to do better for myself and for my young daughter, so I decided to go back to school. When I made that decision, I looked at the resources available to me. Had it not been for the child care subsidy program and my ability to both go to school and work, there was no way I would have been able to afford to go back to school. The cost benefit of enabling parents to receive child care subsidies so they can achieve higher education is probably more than we can calculate. I would love to go back and see how much the state invested in me and my child and what I have been able to contribute back since I was able to graduate with both my bachelor's degree and my law degree. I needed no public assistance with my second child because I was able to achieve that higher education and get a higher-paying job and be successful for myself and my kids. At this point, my kids are less likely to be reliant on any type of public assistance than they would have been had I not achieved

higher education. While I support all components of this bill, I strongly urge you to open up the purpose of care for those attending school so that individuals who are in my place now have the same opportunities to succeed that I had.

**Gail Storch, Private Citizen, Las Vegas, Nevada:**

I am here in support of A.B. 234. I am a retired early childhood professional, and I provided a letter that lists some of the experiences I had ([Exhibit G](#)). I mostly wanted to mention the experience I had as a program and enrollment coordinator at Penn State University child care services. That was when I worked with students who needed child care. Our quality child care centers had a very long waiting list, and we provided some subsidy, but we only had a limited amount. My first job was to see if we could get subsidies for them from the state. It was very complicated, but sometimes they were able to get a subsidy; then it would change, and they would lose it. When they lost their subsidies, a lot of them would drop out of school, and I do not know if they ever went back to school. Some would have to move their children to places that were not of the quality of care they had been receiving. We know how important early childhood is to these children, and the lack of continuity and the lack of quality care could also be hurting them. Many were single parents, and if they were going to get out of the system, they needed to have an education. As Ms. Tanata said, with an education they had a much better chance of getting a higher-paying job so that they would not have to depend on the system at all. That is why I think this is a win-win situation if you can support people with education.

**Evelyn Knight, Private Citizen, Fernley, Nevada:**

I am the owner and director of Zoo'n Around Preschool in Fernley. We are currently the largest center in Lyon County. In 2013 a social worker approached me about an infant in a Las Vegas hospital who was approaching 3 months in age. Her mother had just abandoned her in the hospital after birth. Nobody was willing to take this baby and foster her. She did have some special situations going on. There was a family in Fernley that was willing to take this child on but they could not afford the copay for child care. At the time, it would have cost them about \$75 a week. Even with the subsidies, they still could not afford that copay. To me, it just seemed wrong that people who take on these children—they are already burdening their families so much—were still having to pay out of pocket.

At that point, I stopped charging foster parents for any copay. Right now I have 11 foster children enrolled in my center, and it is costing me \$550 a week in waived tuition. That adds up to about \$28,000 annually. I assure you that I am unique in this situation. I do not know of any other centers or owners who are willing to waive these fees, but it just does not seem right for these families to have that burden. Luckily for me, I love this field and I am okay without making the additional money, but I can see how a lot of other owners would not be able to survive. It is a tough business, and we do not make a lot of money. If my husband did not have a very well-paying job, I would not be able to do this.

As for special needs children, it is the same thing. Especially in our rural area, it is a huge strain getting caregivers who are equipped to deal with special needs. Even with the improved ratios, it is really hard and a major financial burden taking care of special needs

children. Ideally when we have a special needs child, we should add at least one more care giver, but it is not something we can afford to do. I am definitely in support of this bill in order to help the foster families and the special needs children.

**Chairwoman Cohen:**

Thank you, and thank you for the care you are giving to Nevada's children.

**Caroline Mello Roberson, State Director, NARAL Pro-Choice Nevada:**

I am here to speak on behalf of mothers everywhere who either have to or want to work, for whatever reason, and cannot do so because they cannot afford quality child care. This is really important and I think it is a step in the right direction. I think we still have a lot to do when it comes to caring for Nevada families and making sure that all families can choose the families they want to have and be able to support them and take care of themselves.

**Valerie Padovani, representing Sierra Nevada Academy Charter School; and Sierra Nevada Achievers for Community Services, Reno, Nevada:**

[Valerie Padovani provided a letter of support with amended language ([Exhibit H](#)).] We just wanted to put on the record that we urge you to support this. Our preschool cares for children from six weeks of age up until preschool age, and we also offer before-school and after-school programs. Many of the students in those programs have been in foster care. We want to say we think it is super important that cost does not limit or deter any family from enrollment. We want to be able to provide high-quality after-school and during-school child care, so we urge you to support it.

**Chairwoman Cohen:**

Is there anyone else who wishes to speak in support of A.B. 234? [There was no reply.] Does anyone wish to speak in opposition? [There was no reply.] Do we have any neutral testimony?

**Steve H. Fisher, Administrator, Division of Welfare and Supportive Services, Department of Health and Human Services:**

We are here in the neutral position this morning. Thank you for the opportunity to share some information about the program and how this bill impacts the program as it stands today. As Mr. Busker stated in his testimony, in 2014 the Child Care and Development Block Grant was reauthorized. That was the first it had been reauthorized since 1996. It has three primary goals: Ensuring the health and safety of the children; improving the quality of care; and making it easier for families to get and retain child care.

The overarching goal of the program is to help low-income parents work as well as promote healthy development by supporting affordable, high-quality child care. This is a block grant, so it is a finite amount of money the state receives on an annual basis. We are required to serve the most needy families first and foremost, so we serve those families who are on the Temporary Assistance for Needy Families (TANF) programs—specifically those who are enrolled in the New Employees of Nevada (NEON) employment training programs so that

the parents can go to school and get educated while their children are being taken care of. They can be working while their children are being taken care of.

Secondly, we serve those parents who are what we call at risk—low-income families who are at risk of becoming eligible for the TANF program. We certainly do not want them to be on the TANF program, we want them to continue to build self-sufficiency, so that is the at-risk population we also serve in the Child Care and Development Program.

**Nova Murray, Deputy Administrator, Division of Welfare and Supportive Services,  
Department of Health and Human Services:**

The program currently has some flexibility in it by not being in the *Nevada Revised Statutes*. For instance, we had a situation that was discovered through the Division of Child and Family Services where families were losing their children coming into foster care. Because the Child Care and Development Program could step in and take care of the situation, we were able to divert children from going into foster care. Because of the flexibility in the program, we were able to put resources into that population and be a solution. We would like to see flexibility in this program in the event that we had a natural disaster or the funding disappeared, et cetera. This bill may eliminate some of the flexibility in the program.

The funding piece of this bill will force our program to remove 33,000 member-months to accommodate the payment to those two populations. That will take us 20 months to let those families attrition off the program, so through the biennium, we may not be able to add any children to the program as we attrition these children off to accommodate the need to raise rates to the families in these two populations.

As I previously stated, as of March 1—and I do not know if anyone has felt the effects yet because it just happened and the bills are just being paid—but the program did give a \$10 million increase to all families participating. They may see that increase soon as the bills are paid and their out-of-pocket expenses are reduced.

**Assemblyman Thompson:**

Are we as a state system doing a very comprehensive review of who truly should be receiving this assistance? Are we really looking at who truly needs the service? That is where good quality case management comes into play. Are people being approved because they meet the threshold but is someone looking at whether the true need is there? Would the number of people you mentioned—33,000—be lower if we looked at true need?

**Nova Murray:**

In the case management process, we use the family's financial information as a basis. Obviously for foster care we do not count the income of that family, so we do not look at that. Need is not something that you can think about from a program perspective. If you come in, you are going to go to work, you are going to hopefully achieve self-sufficiency, and move off the program. They only qualify at a very low percentage of the federal poverty level, so I assume everyone we are serving has the need.

**Assemblyman Thompson:**

I started my career as a case manager at state welfare. There has to be a space where that is the relationship the case manager has with their client—the person they are working with. Even though you might forecast based on financials that people provide, it is incumbent upon a case manager to really work on the self-sufficiency end. Are we closing the self-sufficiency gap so we are truly maximizing access across the board instead of basing it on formulas and financials and making this become more of an entitlement?

**Nova Murray:**

The current program system does not contain the data to help us with that. Under the NEON program, which a very large portion of our population is in, they are working with social workers to solve their social determinants and other issues to get them self-sufficient. At that level, they use the child care program as a support for what they are working on.

**Assemblyman Thompson:**

I know that the Las Vegas Clark County Urban League serves as a place people go for child care assistance. How does this relate to the programming we are talking about here today? Is it separate? If it is separate, how do we avoid double-dipping?

**Nova Murray:**

This is not separate. The two pieces that were added was a rate increase, so as they push the bills out of the Urban League from the providers and we pay them, it would go unnoticed. The only addition would be policies around how we identify, say, a disabled child. They are not currently identified in our system, so that would go unnoticed to them. Adding an additional population like the population that is going to work would just be a policy change. As they evaluate that—their purpose of care would be education—and they would have to fall under the financial criteria also.

**Chairwoman Cohen:**

Seeing no other questions and no one else who wishes to speak in neutral, I will ask the presenters to come back to the table.

**Jared Busker:**

As the bill is written, we believe that the state would still have some flexibility, as it only requires them to include that in their state plan. When they are creating their state plan they can determine how best to fund those categories and how best to go forward with their state plan for the next two or three years—every time they have to submit that. We will also work with the state to try to calculate how many children would potentially fall off with those increased reimbursement rates, but from my knowledge, I do not believe, as a state, that we have accurate numbers of how many children have documented disabilities who would see that increased reimbursement rate.

**Assemblywoman Monroe-Moreno:**

I would like to thank the state for coming in this morning. We talked briefly before the hearing today. When they said 33,000, that scared me because I was afraid that we were

kicking 33,000 children off, but it is not children, it is actually 33,000 months. We have agreed to look at some of the data and how this bill would impact the state as a whole. Thank you for allowing us to present the bill and have this discussion.

[[\(Exhibit I\)](#), [\(Exhibit J\)](#), and [\(Exhibit K\)](#) were submitted but not discussed and are included as exhibits for the meeting.]

**Chairwoman Cohen:**

We will close the hearing on A.B. 234 and open the hearing on Assembly Bill 169.

**Assembly Bill 169: Establishes the Maternal Mortality Review Committee. (BDR 40-712)**

**Assemblywoman Daniele Monroe-Moreno, Assembly District No. 1:**

We are here this morning to present Assembly Bill 169, a bill that will establish the Maternal Mortality Review Committee (MMRC) within the Department of Health and Human Services (DHHS). This is the United States of America, a well-developed country, and it saddens and amazes me that increasing numbers of women across our country are dying from complications of childbirth. You would think that would not happen here; you would think that would happen in countries that are less developed than ours, but that is not the case.

Pregnancy-related deaths have doubled in the United States in the past 25 years. An estimated 700 women die of pregnancy-related causes each year in the U.S. and another 65,000 have serious health complications. The U.S. is the only high-resource country with a rising maternal mortality rate. Nearly half of all these deaths are believed to be preventable. There is a significant widening of disparity disproportionately impacting women of color, especially black women in our country. Creating an MMRC is an important step in identifying programs, treatments, and protocols to prevent poor health outcomes for Nevada's mothers. Currently, Nevada is only one of seven states without an MMRC.

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

[A PowerPoint presentation accompanied this testimony ([Exhibit L](#)).] The definition of "maternal mortality" in section 4 means the death of a woman during pregnancy, at childbirth, or in the 365 days immediately following the end of a pregnancy. In section 5, "severe maternal morbidity" means an unexpected incident during childbirth that has a serious, negative effect on the short-term or long-term health of the mother. Although we are calling this the Maternal Mortality Review Committee, our intent is to study cases of both and to create policy recommendations to improve outcomes in both of these cases.

Section 6 lays out the Director of DHHS's ability to put the committee together. It will have some diversity in terms of skill sets, so it will have providers of health care, nonprofit representatives, agencies involved in vital statistics, law enforcement, and public health representatives, and community members. The intent is also to make sure that the racial, ethnic, linguistic, and geographic populations are reflected in this committee.

Section 7 deals with the obligations of this committee. They will review incidents, report findings, have an annual report of data, and biennially report to the Legislature. The real meat of this bill is in the reports we anticipate the MMRC will come up with. They will report descriptions of the incidents and offer plans for corrective action to reduce maternal mortality and severe morbidity, and they will make recommendations to you about any policies we should embrace or implement to help this population. This is a little more information about the committee's responsibilities [pages 6 and 7, ([Exhibit L](#))] so you have some comfort that they conduct a very systematic, confidential analysis of the circumstances of death and that they will meet twice and then report the outcomes. This is done in a confidential and very professional manner. Any reports are de-identified and are aggregated so that you understand what is happening in the state but you do not have the information about the individuals who are impacted. Based on their review, they will provide the annual report, make that publically available, and you will receive a biennial report prior to the start of the session with any recommendations or any descriptions of what they have studied. It is those recommendations that we think are important.

We proposed an amendment to this bill ([Exhibit M](#)). It is minor, but I would like to walk you through it. The first amendment is to section 6. Here, we are putting parameters on the number of people who can serve on the board to meet the statutory needs. We want to have enough to allow for each category of experts we want, but we do not want any more than 12 members. There should be some cap on the number of members.

When working with cities and with law enforcement [section 9], we wanted to clarify that for study purposes, we would like to access final investigatory information of law enforcement once a matter is closed. Pending investigations will not be impacted.

In section 7, we are revising the date the report is due to April 1 so the committee would have a quarter to review the past year's data.

**Assemblywoman Monroe-Moreno:**

I would like to thank Assemblywoman Titus. She looked the bill over after it was submitted and saw some technical changes we needed to make to improve it, and those are included in the proposed amendment.

**Assemblywoman Titus:**

Thank you for this bill. When I received an email a couple of months ago that Nevada was No. 1 in congenital syphilis in the nation, I was appalled. That kind of information should be known to the public, as well as where we stand in health care outcomes for our mothers and the children of those mothers. It was very embarrassing for me to see that about our state, so I appreciate your bringing this forward. I also appreciate your hearing what my concerns were because I believe this is a very important bill, so thank you.

**Assemblywoman Krasner:**

Thank you for bringing forward this bill having to do with maternal mortality. Do we have any idea why so many women are dying during pregnancy or childbirth?

**Assemblywoman Monroe-Moreno:**

We can guess; we have ideas, but without having documentation or the data behind it, we do not know for sure. That is the reason we are here today with this bill.

**Assemblyman Carrillo:**

Thank you for bringing this bill forward. My question is regarding the statistics. What if a woman who is with child is in a car crash? Would that be considered part of this or would it not be included?

**Assemblywoman Monroe-Moreno:**

That would be included.

**Chairwoman Cohen:**

I have been hearing in news reports that we are starting to recognize that women of color are not being heard as relates to childbirth issues—from illness to actual mortality. I was concerned. If you are not being heard by the doctor, that will not make it into the medical records. I know it is important to review the medical records, but how are we accounting for those issues?

**Assemblywoman Monroe-Moreno:**

Not everyone who will be included in this report will be someone who passed away. There will be mothers who found themselves in the situation you mentioned where the doctor did not listen. One reason why this is so important to me is that, while pregnant with my last child, I was extremely ill. Between each pregnancy I had a miscarriage. With my last pregnancy, I had to be on an intravenous drip and at home, but I also still had to do my job. I told my doctor that I really wanted this to be my last pregnancy; I did not want to go through the experience of having another miscarriage. I wanted to get that baby to full term and I did not want to have any more children. My doctor at the time explained to me that I was too young to make that decision, but all I wanted was my tubes cut and tied so I could raise the three children I had and not have to go through the experience of losing another one.

Luckily for me, the day I went into labor my original doctor was on vacation and his partner delivered my child. Right after he delivered my child, I asked him if he would cut and tie my tubes. My husband had children from his first marriage, and then we had three children together. So between us we had six children. I told the doctor I thought that was enough. He said, Of course; so I went from the delivery room to the operating room to have my tubes cut and tied. When I went back for my first postpartum visit to my original doctor, he was upset with me—that I had violated his decision. I am a woman who had insurance and was educated, and my doctor would not listen to me. That was unfortunate; but, luckily, his partner did. Oftentimes for women, and women of color, our voices do not matter as much, but I have heard this story from some of my friends who are not women of color.

I would have been a person who would have been a part of this study and this report, and it is not just ordinary citizens like me. There is Serena Williams, who is world famous, and explained her medical conditions that needed to be taken into account when she gave birth to

her daughter. She was not listened to and we almost lost her after she gave birth. She lived to tell her story and she is another woman who would be a part of this study. We are sharing our stories so what happened to us does not happen to the next woman who goes into labor.

**Catherine O'Mara:**

As you all know, I represent physicians of all specialties, and doctors should listen to their patients. They want you to know that this is the public health priority for the Nevada State Medical Association because we believe—and we want to make sure we have the data available to demonstrate to all ob-gyns—that they need to listen to their patients and hear some of the outcomes.

To answer your question specifically, family interviews are part of this process, so if there are things outside of the medical record that are relevant to the outcome, whether it is a death or just the morbidity of the patient, those testimonials and information will be included and incorporated into this review and study.

**Chairwoman Cohen:**

I know this is not in the bill, but is anything being done to train our doctors to recognize biases they might not even realize they have when they are dealing with their patients?

**Catherine O'Mara:**

I would love the opportunity to supplement this testimony with information that I can provide to your Committee, but I know that in medical schools' residency programs, those very issues are being addressed.

**Chairwoman Cohen:**

That is our next generation of doctors, but we know that our current doctors have to take yearly courses to keep up their licenses. Is anything being done with this issue in those courses?

**Catherine O'Mara:**

One of our hopes working with the American College of Obstetricians and Gynecologists (ACOG) is to provide this information to all practitioners so they understand how important it is to listen to their patients and treat the whole patient. I believe the majority of Nevada doctors listen to their patients. I am very touched by Assemblywoman Monroe-Moreno's willingness to share her personal story on the record, and am thankful that there was a doctor who listened to her at the end of the story. Not every patient gets that but I do believe the majority do, and it is our obligation to make sure that the rest of our colleagues are also listening and following those standards.

**Chairwoman Cohen:**

Are there any other questions? [There was no reply.] Seeing none, we will move on to those who wish to speak in support.

**Sandra Koch, M.D., Fellow, District VIII Section, American College of Obstetricians and Gynecologists:**

I am a practicing ob-gyn in Carson City. I have been here for almost 30 years. I represent the Nevada Section of ACOG in our state. I am here to speak in support of A.B. 169. I would like to see this legislation passed and signed into law to establish the committee to review both deaths and severe maternal morbidity—which we refer to as "near deaths"—in our state. The goal is to improve processes, systems, and knowledge they are lacking, and to remedy gaps to avoid preventable maternal deaths and near deaths. Our Department of Health and Human Services has worked very hard over the last decade to improve data collection around maternal death. They have improved their system and they are using best practices including cross-matching birth and death certificates to make sure that no maternal deaths are missed in our state.

Our state is small. Our total number of maternal deaths are, thankfully, also very small. For every maternal death, there is an estimated 50 women who suffer from a near miss, a near-death experience. These near deaths are on the rise, especially related to preeclampsia and high blood pressure. There are significant and widening disparities in maternal mortality and morbidity among black, Hispanic, and white women. This highlights the need to better understand how social determinants of health and barriers to risk-appropriate care can be addressed to promote optimal outcomes for all women.

In order to make the best use of the committee, we have included evaluation of near-death data in the legislation. To identify patients who experienced near death related to their pregnancies, our state will evaluate administrative hospital discharge data looking at diagnosis and procedure codes to locate the patients who meet the 18 indicators identified by the Centers for Disease Control and Prevention for severe maternal morbidity or near-death experiences. The discharge data is already submitted to the state on a regular basis, so this process will not be complicated. The shadow cast on a family by the severe illness or loss of a new mother is long, and we must use the tools we have to prevent this. Your support for the timely passage of this bill is appreciated.

I want to add that I just returned from Washington, D.C., where I was lobbying for a series of bills called the "Momnibus" for lack of a better term. It specifically was asking that we make more permanent funding for the Alliance for Innovation on Maternal Health (AIM) program, which creates data-driven quality improvement programs across the country with perinatal collaboratives to help get those into the culture of each hospital and also to work on addressing specifically implicit bias and cultural competency across the field.

**Chairwoman Cohen:**

Dr. Koch, for those of us who are not medical professionals, section 4 talks about the 365 days after a child is born. Can you tell us about some of the medical conditions a mother might face in that first year after she has given birth?

**Sandra Koch:**

Probably the most poignant one is postpartum depression. We recently had a case in Las Vegas that did not involve the death of the mother, but it involved the death of her infant related to severe maternal postpartum depression. That is a tragedy we do not ever want to see happen in our state again. Although maternal postpartum depression can be diagnosed in the first six weeks—which is the period of time during which we now see patients after delivery—more than 50 percent of it is diagnosed after the first few months. I think it is very important for us to be able to continue to be in contact with our patients and also to have them be able to be in contact with us. There is a barrier to that, in that Medicaid stops covering pregnancy 60 days after delivery, and that is one of the things we were working on in Washington, D.C. We would like to extend that coverage for a full year after delivery, particularly for women who have suffered from depression and for women who have drug-abuse issues, because they are at the highest risk during that period of time. Additionally, hypertension, which is a leading cause of maternal mortality and morbidity right now, can actually present after delivery. That is another thing we would be looking for during that period of time.

**Melinda Hoskins, representing Nevada Affiliate of the American College of Nurse-Midwives:**

I am speaking in support of this bill. I provide home birth services to families in northern Nevada. In talking with colleagues who provide home birth services throughout the state, we are interested in seeing various birth settings represented on this committee.

In addition, I serve on the Maternal and Child Health Advisory Board within the Division of Public and Behavioral Health. At our last meeting we had a presentation on severe maternal mortality, which I will gladly forward to you. In 2016, the last year for which they had data, we had 441 mothers in Nevada who met the criteria for severe maternal morbidity.

**Joelle Gutman, Government Affairs Liaison, Washoe County Health District:**

As you heard today, more American women are dying of pregnancy-related complications than in any other developed country. Pregnancy-related mortality continues to demonstrate a steady increase from 7.2 deaths per 100,000 live births in 1987 to 18 deaths per 100,000 in 2014. The establishment of the Maternal Mortality Review Committee is a critical step to effect meaningful changes to improve pregnancy and birth outcomes in Nevada. Five years ago, the Washoe County Health District implemented the Fetal Infant Mortality Review Program (FIMR). The valuable data collected has driven such projects as the statewide campaign, "Go Before You Show," encouraging newly pregnant women to seek out prenatal care early in their pregnancies so they can have the best chance possible of a successful and healthy pregnancy.

Building upon the success of the FIMR Program, the MMRC would be able to disseminate the findings to health care providers, hospitals, and the public to increase awareness of danger signs and improve access and delivery of health care to reduce serious pregnancy-related complications. Building a statewide network of key committee members to promote data-driven changes is a critical investment in the health of women and children in Nevada.

**Brenda Guigui, Communications Manager, Make It Work Nevada, Las Vegas, Nevada:**  
On behalf of our executive director, Erika Washington, and myself, who have very similar stories to Assemblywoman Monroe-Moreno's, we are here to put on the record that Make It Work Nevada is in support of A.B. 169.

**Penny James, Private Citizen, Las Vegas, Nevada:**

I am an organizer for NARAL Pro-Choice Nevada and I am here to share my story. My husband's ex-wife almost died twice. She is a successful white woman and a nurse. During her last pregnancy she delivered the baby at the hospital she works in but they did not pack her right. They sent her home; she was in pain and told the responsible parties, but no one took her seriously. She almost bled out and died, which would have left us with four children.

**Elisa Cafferata, representing Planned Parenthood Votes Nevada:**

We support this legislation and appreciate the Assemblywoman for bringing it forward. Having looked at some of the reports from other states, they look at all the women who die while pregnant or during childbirth for up to a year after they deliver. They do note that some of those deaths are completely unrelated, like a car accident, so there is no response needed from the system. In the states I have seen, anywhere from 30 to 60 percent of the deaths or near misses might have been averted given different systems.

I want to make sure we are looking at this from a larger perspective, or at least from Planned Parenthood's perspective. There are so many points where you interact with the system when you are pregnant, so we think there are going to be recommendations that come out in terms of access to prenatal care. That is a really important part of the process. You are well aware of the challenges of accessing health care in this state, so I think we will see some recommendations in that area.

As a mother of three children, I know most of the time spent in that hospital room, you are in there with your significant other and there are not any health care providers in there with you, so these are complicated systems that we can probably make some improvements to. We can streamline these processes. A really significant part of this is, once women leave the hospital, as Dr. Koch said, there are a lot of mental health issues.

I know some of the dramatic stories focus on what is happening in the delivery room, but that is only a small part of this process. We really appreciate that the state is going to take a look at the whole picture.

**Erika Minaberry, representing Battle Born Birth Coalition, Carson City, Nevada:**

We are a coalition of doulas, midwives, childbirth educators, lactation consultants, labor and delivery nurses, and nonprofit organizations that collaboratively serve thousands of northern Nevadans every year. I would like to thank the Assemblywoman for sharing her birth story. As birth workers, we are all too familiar with stories like that. I have submitted for exhibit an example of another near-miss story ([Exhibit N](#)).

When we are working as birth workers, we know that most of the time when these near misses happen, they are preventable. We are in support of this bill because when our clients ask us why this happened to them, we want to be able to give them an answer. We believe that every mother deserves the best evidence-based care in northern Nevada.

**Caroline Mello Roberson, State Director, NARAL Pro-Choice Nevada:**

[Caroline Roberson spoke from prepared text ([Exhibit O](#)).] NARAL Pro-Choice Nevada is proud to support A.B. 169. Thank you to the Chairwoman, and to the Assemblywoman for leading this effort and for sharing her personal story. NARAL Pro-Choice Nevada is a nonprofit, nonpartisan organization dedicated to protecting reproductive freedom for all Nevadans through legislative, political, and grassroots organizing. We have more than 45,000 battle-born, feminist-strong members in Nevada. Our mission to protect reproductive freedom includes protecting the health and safety of those who choose to become mothers. As we have all heard today, we are really facing a crisis in maternal health. Pregnancy-related deaths have doubled in the United States in the past 25 years, which is unacceptable, and it is even worse for women of color and black women in particular. The maternal mortality ratio for white women is 12.4 per 100,000 live births. It is more than three times higher for black women, at 40 per 100,000, according to the CDC [Centers for Disease Control and Prevention].

These disparities persist in multivariable analyses for other women of color as well. It is important to note that the United States is the only high-resource country with a rising maternal mortality rate, which is unacceptable, as we have heard from many people. These are completely preventable. That is why we are so excited that Nevada is taking this important step in the Maternal Mortality Review Committee creation through A.B. 169. Creating this MMRC is an important step in identifying programs, treatments, and protocols to prevent poor health outcomes for Nevada's mothers. NARAL is proud to stand in support of A.B. 169 and urges you to support it as well.

**David Boire, Policy Intern, Children's Advocacy Alliance:**

We are proud to support this bill as well.

**Marlene Lockard, representing Nevada Women's Lobby:**

Having access to data is so critical to answer the questions some of you have posed today and to offer insight into research as a result of getting the data and determining solutions to some of the problems that have been identified. I remember well when the Domestic Violence Fatality Review Team was created, and since that time that information has been very valuable in implementing certain policy decisions. We strongly support this measure and ask you to support it as well.

**Judy Zabolocky, Private Citizen, Dayton, Nevada:**

Like others who previously testified, I had two high-risk pregnancies. While it was frightening, I did have a lot of support. It never dawned on me that I could die, but things worked out great. I have two fabulous sons, but I am here to say that we really need to

capture the data and what is happening with maternity issues. I do hope you will pass this bill.

**Chairwoman Cohen:**

Do we have anyone else in support? [There was no reply.] Do we have anyone in opposition in southern or northern Nevada? [There was no reply.] Do we have anyone who is neutral in southern or northern Nevada? [There was no reply.] Seeing no one, I will invite our presenters back up.

**Assemblywoman Monroe-Moreno:**

I think you can hear from the testimony of others how important this is. To find solutions we need the data to see what the problem is. By bringing this here to Nevada, we are not just having an impact on the lives of the people in this room, but on the lives of future generations in our state—the mothers and the children in our state. Thank you for hearing this bill. We hope you understand the need for it and the importance and the impact that it will have on our state.

**Chairwoman Cohen:**

Thank you very much and thank you and everyone for sharing your stories with us today. With that, I will close the hearing on A.B. 169. [([Exhibit P](#)), ([Exhibit Q](#)), ([Exhibit R](#)), ([Exhibit S](#)), and ([Exhibit T](#)), were submitted but not discussed and are included as exhibits for this meeting.] I will now call for public comment either here or in southern Nevada. [There was no reply.] Are there any comments from Committee members?

**Assemblywoman Titus:**

I want to publicly congratulate our new Chairwoman of our Health and Human Services Committee. We welcome you and thank you for stepping up.

**Chairwoman Cohen:**

Thank you very much. I appreciate all the assistance. That concludes our meeting today. We are adjourned [at 12:47 p.m.].

RESPECTFULLY SUBMITTED:

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Terry Horgan  
Committee Secretary

APPROVED BY:

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Assemblywoman Lesley E. Cohen, Chairwoman

DATE: \_\_\_\_\_

## EXHIBITS

[Exhibit A](#) is the Agenda.

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

[Exhibit C](#) is a proposed amendment to [Assembly Bill 194](#) proposed by Denise Tanata, Executive Director, Children's Advocacy Alliance, and presented by Jared Busker, Associate Director/Government Affairs Manager, Children's Advocacy Alliance.

[Exhibit D](#) is a letter dated March 21, 2019, to Chairwoman Lesley E. Cohen and members of the Assembly Committee on Health and Human Services, authored by Dr. Kimberly Regan, Executive Director, Sierra Nevada Academy Charter School & SNACS Preschool, Reno, Nevada, and presented by Valerie Padovani, representing Sierra Nevada Academy Charter School; and Sierra Nevada Achievers for Community Services, Reno, Nevada, in support of [Assembly Bill 194](#).

[Exhibit E](#) is a copy of a document titled "Policy Brief: School Readiness 2019, Child Care Subsidy," authored by the Children's Advocacy Alliance and presented by Jared Busker, Associate Director/Government Affairs Manager, Children's Advocacy Alliance, in support of [Assembly Bill 234](#).

[Exhibit F](#) is a letter dated March 22, 2019, to Chairwoman Lesley E. Cohen and members of the Assembly Committee on Health and Human Services, authored by Emily Warren, Private Citizen, Las Vegas, Nevada, and presented by Jared Busker, Associate Director/Government Affairs Manager, Children's Advocacy Alliance, in support of [Assembly Bill 234](#).

[Exhibit G](#) is a letter dated March 21, 2019, to the Assembly Committee on Health and Human Services, authored and presented by Gail Storch, Private Citizen, Las Vegas, Nevada, in support of [Assembly Bill 234](#).

[Exhibit H](#) is a letter dated March 21, 2019, to Chairwoman Lesley E. Cohen and members of the Assembly Committee on Health and Human Services, authored by Dr. Kimberly Regan, Executive Director, Sierra Nevada Academy Charter School & SNACS Preschool, Reno, Nevada, presented by Valerie Padovani, representing Sierra Nevada Academy Charter School and Sierra Nevada Achievers for Community Services, Reno, Nevada, in support of [Assembly Bill 234](#) with the amendment language.

[Exhibit I](#) is a letter dated March 21, 2019, to Chairwoman Lesley E. Cohen and members of the Assembly Committee on Health and Human Services, from Dr. Lisa Morris Hibbler, Director, Department of Youth Development and Social Innovation, City of Las Vegas, in support of [Assembly Bill 234](#).

[Exhibit J](#) is a letter dated March 21, 2019, to the Assembly Committee on Health and Human Services, from Lela Arney, Private Citizen, Reno, Nevada, in support of [Assembly Bill 234](#).

[Exhibit K](#) is a letter dated March 22, 2019, to the Assembly Committee on Health and Human Services, from Dr. Karen Laing, Private Citizen, North Las Vegas, Nevada, in support of [Assembly Bill 234](#).

[Exhibit L](#) is a copy of a PowerPoint presentation titled: "AB 169: to Establish a Maternal Mortality Review Committee in Nevada," presented by Catherine M. O'Mara, Executive Director, Nevada State Medical Association, in support of [Assembly Bill 169](#).

[Exhibit M](#) is a proposed amendment to [Assembly Bill 169](#) presented by Catherine M. O'Mara, Executive Director, Nevada State Medical Association.

[Exhibit N](#) is written testimony dated March 12, 2019, titled "Testimony: AB169, The Maternal Mortality Review Board bill," authored by Andrea Thompson, Private Citizen, Reno, Nevada, and submitted by Erika Minaberry, representing Battle Born Birth Coalition, Carson City, Nevada, in support of [Assembly Bill 169](#).

[Exhibit O](#) is written testimony dated March 22, 2019, presented by Caroline Mello Roberson, State Director, NARAL Pro-Choice Nevada, in support of [Assembly Bill 169](#).

[Exhibit P](#) is a letter dated March 15, 2019, to former Chair Michael Sprinkle and members of the Assembly Committee on Health and Human Services, authored by Keith R. Brill, M.D., Secretary, Nevada State Medical Association; Legislative Co-Chair, Nevada Section, American College of Obstetricians and Gynecologists, in support of [Assembly Bill 169](#).

[Exhibit Q](#) is written testimony dated March 22, 2019, to the Assembly Committee on Health and Human Services, from Southern Nevada Health District, in support of [Assembly Bill 169](#).

[Exhibit R](#) is a letter dated March 12, 2019, to former Chair Sprinkle and members of the Assembly Committee on Health and Human Services, from Laura Smith, Private Citizen, Reno, Nevada, in support of [Assembly Bill 169](#).

[Exhibit S](#) is a letter dated March 7, 2019, to former Chair Michael Sprinkle, from Lisa M. Hollier, M.D., President, Interim EVP, and CEO, American College of Obstetricians and Gynecologists, in support of [Assembly Bill 169](#).

[Exhibit T](#) is a document titled "Support AB 169: The Maternal Health Review Committee," from Nevada State Medical Association, in support of [Assembly Bill 169](#).