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

Eightieth Session
April 8, 2019

The Committee on Health and Human Services was called to order by Chairwoman Lesley E. Cohen at 12:46 p.m. on Monday, April 8, 2019, in Room 3138 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. The meeting was videoconferenced to Room 4406 of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. Copies of the minutes, including the Agenda (Exhibit A), the Attendance Roster (Exhibit B), and other substantive exhibits, are available and on file in the Research Library of the Legislative Counsel Bureau and on the Nevada Legislature's website at www.leg.state.nv.us/App/NELIS/REL/80th2019.

COMMITTEE MEMBERS PRESENT:

Assemblywoman Lesley E. Cohen, Chairwoman
Assemblyman Richard Carrillo, Vice Chairman
Assemblyman Alex Assefa
Assemblywoman 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:

Assemblywoman Bea Duran (excused)
Assemblyman John Hambrick (excused)

GUEST LEGISLATORS PRESENT:

Assemblywoman Shea Backus, Assembly District No. 37

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
Sandro Figueroa, Data Information Technician

OTHERS PRESENT:

Eric Spratley, Executive Director, Nevada Sheriffs' and Chiefs' Association
Todd Ingalsbee, Legislative Representative, Professional Fire Fighters of Nevada
Brigid J. Duffy, Chief Deputy District Attorney, Juvenile Division, District Attorney's Office, Clark County
Homa S. Woodrum, Chief Advocacy Attorney, Aging and Disability Services Division, Department of Health and Human Services
The Honorable Frances M. Doherty, District Judge, Department Twelve, Family Division, Second Judicial District Court
The Honorable James W. Hardesty, Associate Justice, Supreme Court of Nevada
Byron Green, Chief Student Services Officer, Washoe County School District
Santa E. Perez, Private Citizen, Las Vegas, Nevada
Jim Berchtold, Consumer Rights Project, Legal Aid Center of Southern Nevada
Bailey Bortolin, Statewide Advocacy, Outreach and Policy Director, Nevada Coalition of Legal Service Providers; and representing Washoe Legal Services
Kailin Kelderman, Private Citizen, Reno, Nevada
Travis Mills, Private Citizen, Reno, Nevada
Mary Bryant, Private Citizen, Reno, Nevada
Nicole Schomberg, Private Citizen, Reno, Nevada
Erik Jimenez, Senior Policy Director, Office of the State Treasurer
Marcia O'Malley, Private Citizen, Reno, Nevada
Dick Mills, Private Citizen, Reno, Nevada
Jack Rovetti, Private Citizen, Reno, Nevada
David Rovetti, Private Citizen, Reno, Nevada
Logan Mason, Private Citizen, Reno, Nevada
Shari Mason, Private Citizen, Reno, Nevada

Chairwoman Cohen:
[Roll was taken. Committee rules and protocol were explained.] Now is the time during session when many Committee members are presenting in other committees, as I will be in a few minutes. Because we have so many Committee members presenting in other committees, we are going to take our work session last.

We will begin with Assembly Bill 302, and I will invite Assemblywoman Nguyen to present it. I want to thank her for helping me with this bill. This was an idea I had, and I put in a bill draft request but was not able to put the work into the bill that was necessary. Assemblywoman Nguyen took over, and I really appreciate that.

With that, I am going to present a bill in another committee, so I will turn this hearing over to Vice Chair Carrillo.

[Assemblyman Carrillo assumed the Chair.]

Assembly Bill 302: Creates the Emergency Response Employees Mental Health Commission. (BDR 40-274)

Assemblywoman Rochelle T. Nguyen, Assembly District No. 10:
As our Chairwoman said, I am honored to be here to present this bill. It was an idea that Assemblymen Cohen, Monroe-Moreno, and Roberts sought to support, and it is very timely and very appropriate.

The first people who leap into action during a crisis are our police, our firefighters, our paramedics, and our first responders. Some other jurisdictions have established hotlines for fellow emergency workers when they need help. One of the nationally known programs in effect was started by a firefighter in Pennsylvania, and some of this legislation is modeled after that program.

In different jurisdictions within our state, different agencies have this peer model and these support systems. The establishment of this commission is not meant to take away from those programs that are already doing good work within the firefighters or within the Las Vegas Metropolitan Police Department. We see this as an expansion. I have reached out and there is support among the Las Vegas Metropolitan Police Department as well as the City of Las Vegas and the City of Henderson. Those agencies specifically have reached out to say that they are in favor of this.

I was contacted earlier this morning with some proposed amendment language, and I will continue to work with those parties who are involved to make this a better bill. I realize that we have a short amount of time to take those conceptual amendments or discussions and put them into this bill. But it is something that I am willing to work on with them, and I think there are some things that are valuable that can make this a better program.

As you can see from the bill, it establishes the Emergency Response Employees Mental Health Commission. The bill requires the Commission to establish a hotline and an Internet-based website to provide peer support for first responders. There was a proposed amendment to add additional members who have mental health and crisis experience to the Commission, so from having one mental health professional on the Commission, we could possibly have two or three. That is something I am open to considering.

Vice Chairman Carrillo:
Are there any questions?

Assemblywoman Titus:
Thank you for bringing this bill forward; it is an issue that frequently goes unnoticed. Many folks on the front lines during these events do not feel there is anyone they can turn to. However, many agencies do have post-event resources that one can reach out to. It was good to hear your comment that this would not supersede anything other agencies are already doing.

My question relates specifically to section 6, subsection 1, paragraph (a) where it reads: "The Commission shall: (a) Establish and operate a toll-free hotline." We have a 2-1-1 system in our state as well as suicide and mental health hotlines. I want to make sure that there would be no wrong door, so to speak, or no wrong call. I want to know how that would be established and the makeup of the Commission. Would it be known to everyone as easy to access? How would this be done so as not to duplicate a step that is already out there? Because we have such limited resources, could this be piggybacked on an existing system?

Assemblywoman Nguyen:
It is my understanding that the reason for the establishment of this particular hotline was that it was for peer support and that there are some unique difficulties or issues our first responders deal with. Having them reach out to someone who understands the experience they are going through would put them in a unique situation. I know that the legislation and these peer support hotlines for first responders are in other jurisdictions because, as we have heard in previous presentations, there is an increase in the number of suicides and mental health and opioid addiction that may go unnoticed and untreated by our first responders. That was the reason. I would definitely be willing to work to make sure none of these other hotlines are supplanted. Possibly the Commission might recommend that there are existing resources and we can incorporate this type of peer support with existing hotlines. I am open to that.

Assemblywoman Titus:
That is my point. Yes, each group has its own unique crises and events—whether they be firemen or veterans or seniors or cancer patients. Each one is really unique in perhaps the process, but the end is still the same and many of the concerns are still the same. Maybe we need an overall look at, or audit of, all the hotlines already existing to be sure each can piggyback on the other. If this goes forward, I would want to be sure that the toll-free hotline is available or can be referred to no matter what line I dial for help. If I fall into a particular category, I want that hotline to get me to the appropriate line—to that category—whichever number I dial. I do not want to have to fumble among ten different numbers.

Assemblywoman Nguyen:
I think that is appropriate, and I agree with you. There should be a coordination of efforts and services so we are not duplicating and people are having to redirect users to the appropriate hotline. I will reach out to the organizations that handle these similar hotlines.

Vice Chairman Carrillo:
Are there any other questions? [There was no reply.] I have a question regarding section 4, subsection 4. The term for each member appointed by the Governor is three years. Why three years? That seems like an odd number. Would everyone be terming out at the same time, so basically, every three years there would be a new board with fresh ideas? It is hard to start a new committee or a new board and have someone serve less than that time, but is there any particular reason why they chose to have three-year terms?

Assemblywoman Nguyen:
I am not sure why, but I would be open to amending it to having a staggered system like most of the commissions or boards have. It is something I can look into to see if it is consistent with other boards and commissions.

Vice Chairman Carrillo:
As I said, it just seems odd that every three years there would be an all-new board. There might be some fresh, new ideas, but every three years there would not be anyone on the board who would know what is really going on. I do not know how you could stagger the terms. Some people would only serve on the board for a year and a half. How do you break three years down? It seems odd.

Assemblywoman Nguyen:
I agree.

Assemblyman Thompson:
As we know, commissions need supports in place that help measure their effectiveness. Who will do that in this case? In section 5, subsection 6, it reads: "The Division shall provide administrative support" but is there a day-to-day team that would be supporting this?

Assemblywoman Nguyen:
I think it is not specific enough and I think there needs to be some language that is fleshed out in that regard to give this Commission support. I know there are partnerships in other jurisdictions between these legislatively created commissions and local nonprofits and other governmental agencies. I definitely think that is something that needs to be worked on. As I said before, I will continue to work with some of the people who reached out to tighten up some of this language. I suspect substantial amendments would come before this Committee within the next few days.

Vice Chairman Carrillo:
We will turn to support for A.B. 302.

Eric Spratley, Executive Director, Nevada Sheriffs' and Chiefs' Association:
We are here in support of A.B. 302. We appreciate what Chairwoman Cohen and Assemblywoman Nguyen have done in bringing this bill forward. The traumatic nature of some of the events that your first responders go to on a daily, and sometimes hourly, basis can have quite an effect on their mental health. This bill is a step in the right direction to

support the health, well-being, and financial investment we have all made in these professionals, so we appreciate your support of this bill.

Vice Chairman Carrillo:
Is there anyone else in support? [There was no reply.] Is there any opposition to A.B. 302? [There was no reply.] Seeing none, is anyone neutral on A.B. 302?

Todd Ingalsbee, Legislative Representative, Professional Fire Fighters of Nevada:
We thank Assemblywomen Cohen and Nguyen for bringing this bill forward. We have some concerns because we do have our own peer support team, and it has been in place for the last five years. We have questions about who would be on the Commission and some concerns about who would be providing the training. Those are our main issues, but the biggest issue we have is that it defines confidentiality [section 7] for the people who are working the toll-free hotline. We want to make sure that applies to our current peer support team members. We are willing to work with the bill's sponsors on this, and we will go from there.

Vice Chairman Carrillo:
Is there anyone else who is neutral on A.B. 302? [There was no reply.]

[(Exhibit C), (Exhibit D), (Exhibit E), (Exhibit F), (Exhibit G), (Exhibit H), and (Exhibit I) were submitted but not discussed and are included as exhibits for this meeting.]

We will close the hearing on A.B. 302 and open the hearing on Assembly Bill 387.

Assembly Bill 387: Establishes a program to provide services to families of certain children with a mental illness or emotional disturbance. (BDR 39-1000)

Assemblywoman Shea Backus, Assembly District No. 37:
It is my pleasure to cosponsor and introduce Assembly Bill 387. This bill creates a pathway for families on the verge of seeking services for their child's serious mental illness or serious emotional disturbance through relinquishment of parental custody to an agency despite the absence of abuse or neglect. This is so the child can receive services through an appropriate child-serving agency.

We have a proposed amendment (Exhibit J) that is pretty straightforward. The amendment is divided into two parts. The first part, the newly added language, is to gather data to get an understanding of those cases involving children going into the system for mental illness or serious emotional disturbance when there is not a finding of abuse and neglect by the parents. This information would be reported in 2020. The second portion of the amendment deals with the task force to develop a program to prevent the relinquishment of custody of children to an agency which provides child welfare services solely to allow the children to receive services to address a mental illness or emotional disturbance.

Section 3 of the amendment includes the list of items the agencies would consider on or before July 1, 2020. This is in the amendment of the data to be collected and evaluated. There is going to be a slight amendment to this amendment (Exhibit J), as I am having stakeholders review it—specifically regarding the word "relinquishment" utilized in this proposed amendment and in the proposed bill. We want to make sure that "voluntarily placed" with the agency pursuant to *Nevada Revised Statutes* (NRS) 432B.360 is also included in the analysis.

Section 4 of the amendment, which corresponds to section 3 of the bill, sets forth the establishment of the task force and who would be appointed to serve on it. Section 5 of the amendment provides what exactly the task force will be doing. This includes: (1) conducting reviews and arranging the provision of services under the program; (2) increasing the availability of certain services; (3) providing outreach and education to parents and providers of mental health services concerning the program; and (4) making recommendations to the Department of Health and Human Services (DHHS) concerning the adoption of any regulations necessary to carry out the provisions of this act.

Section 5 of the amendment also provides that the Department is to adopt regulations that identify the manner in which the cost of providing such services will be paid.

Section 6 of the amendment provides for the Director of DHHS to appoint at least one clinical team to review cases where a child has been admitted to a hospital or mental health facility and is at risk of relinquishment to secure mental health services but has not been subject to abuse and neglect.

Section 7 of the amendment requires the agencies to provide annual reporting to DHHS. The Department of Health and Human Services, likewise, would provide to our Legislative Counsel Bureau a report within 30 days summarizing those findings.

There is other language that has to be cleared up in this amendment that would not really change it other than including the "voluntary placement" phrasing. But since this is now a two-stage process where the first part will be data collection and pushing the date back and the duties the task force is going to provide, we may also clear up and make sure that the time lines are clearly explicit in section 11.

Vice Chairman Carrillo:
Are there any questions?

Assemblywoman Titus:
I appreciate this approach. Before you give the task force the problem and the plan, you need to know what the issues and the numbers are. So I appreciate that you did not get the cart before the horse. You are going to tackle and train that horse first and then figure out what kind of cart you actually need. Is that correct?

Assemblywoman Backus:
Essentially, that is what the bill is doing. Also, it was to look at what kinds of cases we are seeing because it is hard to tell unless someone dives in and does the work so that the program can be established.

Vice Chairman Carrillo:
How often is relinquishment happening now? I know of at least two instances where the parents were trying to relinquish under NRS Chapter 432B in order to get services they could not get through their private insurance. However, the child welfare agency refused to accept the children.

Assemblywoman Backus:
That is the problem. I have talked to some agencies. They have an idea of how many cases there may be, but there is no exact number. I do not know if that number will be more or less than 20 or how many we are looking at among the different agencies throughout our state as well as within the state agency that is overseeing the rural areas.

I had a situation where the mom had already been a part of the system because of abuse and neglect and, at the end of the day, the kids were all returned. One of her children went back into the system, and I think she did it because she needed mental health help. That is what is going to be hard and that is why the data needs to be evaluated.

Vice Chair Carrillo:
The other question I have is regarding A.B. 387, section 5. I just need clarification. How will the clinical teams know which children meet the criteria, as written in section 6, subsection 1 of the amendment (Exhibit J)? Will they be reviewing every case of every child admitted to the mental health facility?

Assemblywoman Backus:
I want to rephrase your question to be sure I understand. Are you asking if they would review every case?

Vice Chairman Carrillo:
Are they going to have to review every child?

Assemblywoman Backus:
Section 6 (Exhibit J) is limited to the clinical team. Yes, hopefully, they will be able to pull information out of one system. The system that is commonly used down south is Unity, and I think it is used throughout the state. Of the kids who are a part of the agency who are being admitted to a hospital or mental health facility, they would probably have to take a look at that to see if there was ever a finding of abuse or neglect. This would probably be better suited for someone who understands their system better than I do. I do not know if they can do it in the reverse where there is not an abuse or neglect case. I just do not know how they are going to do it but it looks like—from my understanding and why we are pushing the effective date back—that there could be a lot of review that has to take place.

Vice Chairman Carrillo:
Are there any other questions? [There was no reply.] Seeing none, we will go to support for A.B. 387.

Brigid J. Duffy, Chief Deputy District Attorney, Juvenile Division, District Attorney's Office, Clark County:
As part of my role, I oversee the legal representation of the Department of Family Services, so today I am testifying on behalf of the Department of Family Services in Clark County to say we do support A.B. 387. We just received the amendment and we appreciate that Assemblywoman Backus understands we still need a chance to review it.

What I would like to put on the record for this Committee to understand is why it is important to partner with our mental health facilities to prevent the relinquishment of children into the child welfare agency's custody. It is because of the consequences to that parent. It is really hard to quantify how many cases there are. I have been handling child welfare cases for 19 years, and I only remember a few here and there. It seems like one a month, but we have no real numbers, so that data is extremely important.

What I do know is that there is a consequence for those parents who need help and have to go to the child welfare system for it rather than being able to get it from our local health and human services mental health facilities. That consequence is having their names in a central registry that could have an impact on their careers, their ability to get licensed as teachers, as lawyers, or in any peace officer job. They can lose their jobs if they are peace officers, probation officers, or Department of Family Services workers because we run background checks; they do them for teachers as well.

If you need help for your child and you have to go to the child welfare agency and give your child over because you are unable to get treatment for your child, the consequence for you, as a parent, is having your name entered in a central registry as being abusive and neglectful. So this bill is very important in order to try to prevent that and to provide the services for the child that we can develop within the community before we get to that point.

Vice Chairman Carrillo:
Is there anyone else in support? [There was no reply.] Now we will go to those in opposition. [There was no reply.] Is anyone neutral? [There was no reply.] Do you have any closing remarks, Assemblywoman Backus?

Assemblywoman Backus:
I just would like to thank the members of this Committee for considering this bill, and I hope to get amendments to you shortly.

Vice Chairman Carrillo:
With that, we will close the hearing on A.B. 387 and open the hearing on Assembly Bill 480.

Assembly Bill 480: Enacts provisions governing supported decision-making agreements. (BDR 13-164)

Homa S. Woodrum, Chief Advocacy Attorney, Aging and Disability Services Division, Department of Health and Human Services:
[Homa Woodrum spoke from prepared text (Exhibit K) and provided a copy of Washoe Legal Services' Supported Decision Making Agreement (Exhibit L).] I am the attorney for the Rights of Older Persons, Persons with a Physical Disability, an Intellectual Disability, or Related Condition. It means that I am allowed to advocate statewide for the rights of Nevadans with disabilities of any age and persons over the age of 60. I am presenting this bill to assist Assemblywoman Cohen. The Supported Decision-Making Act is truly an exciting opportunity for Nevada to continue to be on the forefront of disability rights, independence, and the fewest restrictions for persons with disabilities.

This idea was presented in the interim during meetings of the Legislative Committee on Senior Citizens, Veterans and Adults With Special Needs. Assemblywoman Cohen was the Chair of that interim committee, and the concept for this bill arose at that time when discussion veered toward guardianship. I had the opportunity to serve on the statewide Guardianship Commission and had been asked to present about guardianship in Nevada. That, to me, was the perfect opportunity to discuss supported decision-making with the committee.

Based on the efforts of Judge Frances Doherty in the Second Judicial Court in studying Nevada's readiness for supported decision-making, and looking at the receptiveness of the community and the community need, Judge Doherty has submitted testimony about that initiative (Exhibit M).

The Supported Decision-Making Act is meant to create a framework that really puts in Nevada law the natural and informal supports that so many of us take for granted. In the social model of disability, we try to look at the fact that persons with disabilities find barriers in society that are sort of manmade. They are the things that we do that exclude them; and, but for those barriers, they would not need certain types of assistance. For example, there is talk of the school-to-guardianship pipeline in a forthcoming report from the National Council on Disability. It looks at the fact that sometimes the supports a young adult is experiencing in regard to schooling and those sorts of things suddenly become an issue when they turn 18 and everyone tells them they need to go get a power of attorney or a court order to continue getting assistance. But why is that?

The Supported Decision-Making Act defines the different types of matters for which a person could receive these supports—financial matters, support services, and health care affairs. I want to clarify that the flavor of the support is that the doctor, the educational professional, or anyone in the circumstance is addressing the individual. They are not talking to a proxy; they are talking to the individual and asking him what he wants and needs to do. Sometimes that means helping by giving that person information and resources from people he trusts so he can make a decision. What is amusing is that most of us, every day, use these informal supports. Sometimes we call our mom, or we call our friend, or we talk to a colleague and talk through a problem. When you have a disability, sometimes the world looks at that act of asking for help and decides it means you need a greater intervention, and this act addresses that.

There is by no means an exhaustive list of the types of services that a person could use a supporter to assist them with—legal assessment and advisement; medical services; physical and psychosocial assessments; homemaker services; job decision-making—so we try to address these categories without being exhaustive or exclusive. A supported decision-making agreement is essentially an agreement between a principal and one or more supporters who enter into the agreement.

Right now, under Nevada law, you could enter into a contract like this, but the problem is, how could you make sure community providers and other individuals would recognize those informal supports. In talking to hospitals, doctors, and other individuals, we have found that they worry about the liability. They worry what it means if they rely on another individual's decision—even with the help of their supporters—when it comes to informed consent and other legal constructs. The bill addresses that particular concern in one of the final sections dealing with, for example, the right to communicate information related to the Health Insurance Portability and Accountability Act of 1996 (HIPAA). It also affords an opportunity to have the decision of that individual treated, even with supports, as if that individual made that decision.

Something we find in disability rights is you need to presume capacity. Sometimes people might start to question, such as, "Oh, I am not sure this person is going to be able to make this decision;" but really, there is no reason not to rely on what they are communicating to you. If they need a little help sometimes, that is fine too.

Another major provision is in section 11 where it talks about respecting the "values, beliefs, wishes, cultural norms, and traditions" that the adult holds. So we are not talking about other people impressing their opinions on the individual; we are talking about allowing the individual to express his beliefs and choices, and evaluating information in an informed way.

A supported decision-making agreement has to be entered into voluntarily; it has to indicate that the individual who is a party to it understands the nature and effect of the agreement. It has to be in writing, dated, designating one or more supporters, and designating the kinds of decisions that can be made. This is really important because we are not talking about carte blanche decision-making. We are not talking about a blank check. We are talking about very narrowly carving out the kinds of decisions that you need help with or evaluating information, and then putting that into a document so that you can get assistance.

People will build supported decision-making teams for different topics. For example, just because I use an accountant to do my taxes does not mean I lack the capacity to manage my money. That is exactly the concept that is being dealt with here. It also talks about the kinds of things a supporter can further assist with such as accessing information, helping them obtain information, helping them ask the right questions, and then helping to monitor that information. There are also protections built into the bill that the supporter needs to be acting consistently with the person's wishes. The supporter should not, at any time, make a decision independent of the principal.

Finally, the bill also provides that nothing in the bill is meant to abrogate the obligations of mandatory reporting or those communications we may have to make to be sure that someone is safe. It is a deceptively simple bill, but it is exciting in its simplicity because it is creating that final bridge to allow Nevadans to live as independently as possible.

Vice Chairman Carrillo:
Are there any questions?

Assemblywoman Nguyen:
Under the current law, are these individuals using a combination of powers of attorney and guardianships? I see the need for this, but I am wondering how it currently exists in law.

Homa Woodrum:
People have approached this in different ways. Some people are using the Durable Power of Attorney for Health Care Decisions for adults with intellectual disabilities, which was introduced in 2015 [NRS 162A.865], but it is still a power of attorney and it is still a form of proxy. We do not necessarily want to continue going down that path because we are trying to put the disabled person in the driver's seat. Depending upon a community's willingness to embrace a supported decision-making agreement, it is actually already happening in Nevada. For example, the Washoe County School District is using supported decision-making to allow people to stay in control of their choices, so that is one option.

I have been asked why we need this law if people are finding these workarounds. The issue becomes community acceptance, cultural acceptance, and the ability for hospitals to have a law they can point to that says, "If I honor this agreement, then there are certain protections for me in accepting the choice of this individual." That is why I think this pipeline to guardianship or the pipeline to proxy decision-making is a problem. You could go to the doctor who might say he or she would feel more comfortable if you went and got an order from the court. But that is not necessary or appropriate and it takes someone further down the path of being told he or she is not trusted—we do not trust you to choose who you trust; we do not trust you to make these decisions.

I would say it is a combination of different things. Some people are using supported decision-making just as a basic freedom of contract—you can make an agreement between two parties—but what is interesting is that you cannot bind a nonparty to that agreement. I could agree that someone is supporting me, but then we could take that agreement to the doctor and if the doctor or dentist does not feel comfortable treating me, even with my supporter, then we have hit a roadblock. How are we supposed to overcome that? This act is meant to address the recognition of supported decision-making in Nevada, and the really neat thing is the outreach that Judge Doherty and her team have done and the outreach we have in the Aging and Disability Services Division of DHHS. People are really excited about this and they are ready for it. Plus, it is a talking point when doing training for providers and community partners. We can tell them not to worry about this. It may seem new, but they are really just honoring the same things they would honor for other people, but without the fear of liability in relying on it.

Assemblywoman Krasner:
Thank you so much for bringing this bill. During the interim, Justice Hardesty and I served on a committee together and were talking about guardianships. While they are so good in so many ways, the question came up about whether someone can ever get off of a guardianship or whether it is a "life sentence" once you are placed on one. Justice Hardesty told me that Judge Doherty is currently implementing this very bill. These decision-making agreements allow someone to help individuals with decision-making, but they do not carry the full force of a guardianship, which in some instances people may want to get off of. They may not want to be on one their whole life or they do not need to be on one their whole life, so it is not a life sentence. Again, thank you.

Vice Chairman Carrillo:
Regarding section 10 where it talks about "supporters," who do you envision the supporters will be? I want to make sure that we are not creating an industry of paid supporters.

Homa Woodrum:
Your question is really valid in terms of who someone's natural supporters would be. For some individuals it is their friends or it is their family. The way this bill is crafted is meant not to exclude other forms of support. For example, at the Aging and Disability Services Division we have regional centers that provide certain long-term services and supports to individuals with disabilities. They do things like having person-centered planning meetings. They help people obtain health care, and this would not exclude someone from continuing to use those supports and assistance. It is really meant to address the roadblocks people hit when those supports are not being recognized.

In the states that have employed supported decision-making, there has not been an advent of professional supporters because the concept is based on who you would trust and who is in your life. What sometimes happens, because of the nature of people's different family lives, individuals may not have the friend or the neighbor who they would choose for support, so they could select, for instance, their service coordinator at the regional center. Again, that person is not meant to make decisions; it is someone provided by the state to help them navigate a particular issue.

Health care is the big area where this comes up for people—and especially dental care. The American Dental Association has recently provided that people should not be discriminated against regarding their disabilities; however, the cases we get calls about involve people going in for cleanings or other services who will not be served. This law would allow them to have a supporter such as their service coordinator, a friend, or a neighbor who could inform the provider that the person had been informed of the risks and what would be going on so that dentist or other provider could be comfortable accepting the individual's consent.

The reason it would not become a paid industry is because everything in this law brings it back to the individuals—no one would be making a decision for them except themselves.

Vice Chairman Carrillo:
Are there any more questions, Committee? [There was no reply.] Seeing no one, we will go to support for A.B. 480.

The Honorable Frances M. Doherty, District Judge, Department Twelve, Family Division, Second Judicial District Court:
[Judge Doherty spoke from prepared text (Exhibit M).] I have served for the last 17 years and have had the privilege of overseeing guardianship cases for many of those years. In that work, and in additional work as a state through Justice Hardesty and the Nevada Commission on Guardianship, we have evolved into certain areas of practice and recommendation we bring before you today in the form of supported decision-making.

This started in 2012 when the assignment of adult guardianship came to me and I wanted to examine who the protected persons are—all 1,000 of them. We collected data for a period of four years to break down the age, the placement, the nature of the guardian, and where the protected persons lived. What we found was quite astounding. We found the number of young people entering our guardianship system equated almost exactly to the number of persons over the age of 60 entering our guardianship system.

I am not sure we imagined that we are protecting very young people, for possibly a period of decades, to the extent of complete removal of many of their civil rights. It used to be harder to remove a guardianship than it was to access a guardianship, and it is such a privilege to say that Nevada is no longer recognized as that type of state. Nevada is recognized as the third-most protective state in terms of protecting the individual rights of persons who are aged and the rights of vulnerable persons in our state. That is because of the work that has been done through the Guardianship Commission and with your legislative support last session and this session.

We decided to look for alternatives to guardianship while we honed and perfected the laws on guardianship. The most glaring contribution to an alternative for many people was the supported decision-making. It has been around as long as we have been around—family helping family. We have always helped those in our families and in our communities who are more vulnerable. Around 1980, Canada started a project where families helping families and loved ones helping loved ones were recognized by the outside community, because sometimes the barriers to helping your loved ones speak for themselves are not always familiar in a public arena. For example, it is much easier for a person to walk in with a service dog to any public location without being questioned than it is for an independent person who may need some support in a public meeting or other environment to have another person with them. Even I, in a court hearing, questioned someone—not a lawyer—who approached the courtroom with the litigant and sat next to that litigant. I asked the second person why she was sitting at the table, and then I realized that the litigant was capable of being in the courtroom, but the support of her mother meant everything to her ability to communicate her concerns.

In the work we have done during the last three years, in the tours we have taken of Nevada, in the hundreds of people we have spoken with about supported decision-making in this state, we ask you now to consider this bill which is written with all those citizens in mind. I will give you an example. In Winnemucca, one person walked in to hear our presentation who was a nurse and another person walked in who was a police officer. It turned out that those two public servants had a young child who was turning 18 and graduating. The last thing they wanted to do was petition for a guardianship for their child because they knew their child's capabilities and ability to understand information and convey decisions. The child had challenges that the world may not have been so easy to accept without their assistance. Because of that couple, we forged ahead with this legislation, because there are so many citizens in Nevada who do not want to get a guardianship but are told to do so because there is no other representation of legitimacy of parents, friends, or families in these public meetings.

I ask you to seriously consider this bill. It is a momentous occasion. We will be only the seventh state in the nation to pass this legislation. I have read the other states' laws, and this is the most beautifully written supported decision-making bill. It gives dignity to the principals, it gives credibility to the supporters, it recognizes that the community wants to acknowledge and serve all the citizens who live here, and it validates the need and the recognition we are looking for through this bill.

I will ask you to pay attention to attachment D [pages 18-20, (Exhibit M)] which pictures two individuals whom we were able to terminate in our guardianship proceedings in two separate cases. These two young men had found their way to supported teams who helped them establish housing, employment, and financial planning without the need or imperative that the guardianship mandate directs. Both those young men are now living independently, have supported teams and, with this bill, they will have recognition of that supported team in the community if the need ever arises.

Assemblywoman Titus:
As you know, I am a health care provider. On Saturdays, my paying job is to go to long-term care facilities and see patients. I have multiple patients there who use this type of service on an informal basis. They understand, they have mental capacity, they just cannot get out and about, so they need friends and assistants. In our small community, we all step up. I follow the HIPAA laws closely. I cannot even have a family member in the room when I see a patient without documenting who was there and if it was all right that the other person was in the room. From a health care perspective, I want to make sure there are no federal laws that would prohibit what we are trying to do here.

Judge Doherty:
The majority of the federal laws—HIPAA, the Family Educational Rights and Privacy Act (FERPA), the Individuals with Disabilities Education Act (IDEA), and the Americans with Disabilities Act of 1990 (ADA)—are where this comes from. Federal laws have been saying for at least 20 years that we need to recognize the individual civil rights of those persons who have disabilities or who are aged. We need to treat them with equality and with the civil dignities that each and every person is entitled to. Section 14 of this bill specifically incorporates and references HIPAA. This bill is hand in glove with the provisions of HIPAA, and will be a wonderful complement to the existing protections that law offers.

The Honorable James W. Hardesty, Associate Justice, Supreme Court of Nevada:
I initiated and chaired the Guardianship Commission in 2015 and the Nevada Supreme Court's Permanent Guardianship Commission thereafter. I want to congratulate Judge Doherty on her work and research. One of the things our first commission did was support the effort to secure a national grant so that this process could be studied. As her written testimony shows (Exhibit M) they made great use of that grant to conduct appropriate surveys and confirm the benefits associated with this process.

One of the most challenging things in the area of adult and minor guardianship is the fact that it became a default system because there were no other alternatives—even if people were interested in looking at alternatives. I think this affords a tremendous vehicle to avoid guardianships because not all these situations require them. I am quite confident that many citizens of Nevada who became caught up in the guardianship system could have avoided it if they had been able to select the persons they wanted to receive support from.

Vice Chairman Carrillo, you asked a very good question about supporters, and there is a key provision in this bill that addresses that issue. Supporters are not those who can prey on the protected persons; supporters are people who are selected by the protected persons, which is a big, big difference. I urge the Committee's support.

Byron Green, Chief Student Services Officer, Washoe County School District:
I am here on behalf of the Washoe County School District to show our strong support for this bill. We have been working with Judge Doherty for the last several years, and we are the first school district in the country to adopt supported decision-making voluntarily.

We believe our role as educators is to prepare all our students to enter the world and that especially includes those students with disabilities. Our district is looking to support our students to become stronger advocates and be prepared to make decisions, which includes building that infrastructure of support of whomever is selected by the student. Under federal law, under IDEA, it is required that parents be involved with the student's Individualized Educational Program (IEP) meetings and all educational meetings that involve that student. Once the student turns 18, and if the student does not graduate with a standard diploma, that student continues his or her education until the age of 22.

We want our students to have this supported decision-making document not only so they are prepared and have a voice within their IEPs, but we also are using that as a model to prepare them when they leave our school system. So on behalf of our school district, we strongly encourage the Committee to pass this bill.

Santa E. Perez, Private Citizen, Las Vegas, Nevada:
I am a member of the Nevada Governor's Council on Developmental Disabilities, but today I am speaking for myself. Thank you for letting me speak today regarding A.B. 480. I would like to tell you about how I got started in my self-directed life. Being in charge of your own self-directed services is not an easy task, but it is one of the most important steps a person with a disability will ever take. People who support you will come and go but, after all, it is your life and you are the only one who is going to live it.

People with disabilities need to come to the table not as voiceless tokens, but as active, opinionated, and confident participants. For people to take charge of their lives, they need to know their own disabilities, health care needs, and not be afraid to ask questions if they do not understand. It is important to teach our youth about self-advocacy and self-determination at a young age so they can self-direct their own lives as they become adults. The more they know about their own disabilities and health care needs, the better they can self-direct their lives.

The idea is for the person to have a plan for themselves but to always be willing to take advice from others. The providers and the client need to be a cohesive team. They are always able to communicate with each other and to bring other people in to help create a person-centered structure. For instance, I need personal care attendants (PCAs) to support me. By having self-directed supports, I am able to hire and fire my own PCAs. This includes the ability to choose whom I want and feel most comfortable with, which is very important because my PCAs are assisting with the most delicate needs.

The reality is that not everyone is compatible with one another. I have found that with self-directed supports, the turnover rate is significantly lower and all parties are much happier. I have the flexibility to set my own schedule that fits my lifestyle. When the providers made the decisions about my staff, I felt obligated to adhere to their rules. Even though they were kind, I did not feel like an equal partner in the care of my life. I feel as though I am the expert on me. I know what is right for me. After all, I have been living with myself for 56 years. I am in the pilot's seat and have the ability to make the important decisions that relate to me. It is my hope that you consider approving A.B. 480.

Jim Berchtold, Consumer Rights Project, Legal Aid Center of Southern Nevada:
I head up the Legal Aid Center of Southern Nevada's guardianship advocacy program which provides legal representation to adults with disabilities and seniors who are facing or who are under guardianship. Part of that representation is counseling our clients on alternatives to guardianship—ways to avoid the guardianships if that is at all possible. We see supported decision-making as an invaluable tool to that end. It would allow our clients not only to

potentially avoid guardianship but also to maintain their independence and maintain their decision-making ability. We encourage your support for A.B. 480.

Bailey Bortolin, Statewide Advocacy, Outreach and Policy Director, Nevada Coalition of Legal Service Providers; and representing Washoe Legal Services:
We represent guardians and seniors in guardianship cases in northern Nevada. As you heard from Judge Doherty, this is something in northern Nevada that is a model we have been utilizing for nearly two years.

We want to thank Judge Doherty for being a champion for the rights of the disabled and older persons, and we thank her for the ability to allow our office to utilize supported decision-making in some of our cases. It allows for a less restrictive alternative to guardianship. All these people are unique and cannot be painted in broad strokes. This model allows for each person to create a plan that fits his or her own unique needs. Our clients who have used supported decision-making feel empowered, and it has changed the outcomes and autonomy of many.

Oftentimes in guardianships we focus on getting a diagnosis and securing the ability to remove someone's rights. We feel this is an important step—to focus on what a person's functional abilities are and how we can ensure that is something we are highlighting to allow them to continue to live their lives. This bill will legitimize and give legal weight and authority to supported decision-making and we encourage you to support it.

Kailin Kelderman, Private Citizen, Reno, Nevada:
[Kailin Kelderman spoke from prepared text (Exhibit N).] People call me KK. I grew up in Reno and graduated from the Path to Independence Program at the University of Nevada, Reno (UNR). Now I live on my own in a house on 11th Street. I have a part-time job as a prep cook at the Laughing Planet Café. I set my alarm and walk to work on time every day. I take a yoga class and a cooking class. Next week I am going to the Special Olympics in California. I do this all by myself, but sometimes I need help. I need help with my bank account, reporting my wages to social security, and paying rent. I am making my own decisions.

Sometimes I need help and I ask for help from my mom or dad or sister. When I go to the doctor, I like my mom to be there because I do not understand and she can explain it to me so that I understand it better. I need some help sometimes, but I do not need a guardian. I like making my own decisions. I am careful; I just need a little help sometimes.

Travis Mills, Private Citizen, Reno, Nevada:
Hello Assemblymen, I have an intellectual disability. With my disability I am able to drive on my own, have a job, take my own medicine, live independently, and make my own decisions. My mother, father, and brother are very supportive of me. I depend on my family members to give me advice. This bill will help me give my family members access to bank accounts, state agencies, medical records, and doctors. Please support this bill.

Mary Bryant, Private Citizen, Reno, Nevada:
[Mary Bryant spoke from prepared text (Exhibit O).] I am the proud mother of Kailin Kelderman whom you just met. I want to speak to you about how important supported decision-making is to families like mine.

Kailin was our first child, and my husband and I knew very little about Down syndrome or babies in general. We met other families who had children with Down syndrome and it became apparent to us that those who were not babied and were expected to act normal were the ones who were the most successful. Kailin was soon joined by her sister Eilish, and we had high expectations for both of them. We even enrolled them in the prepaid college tuition program. We made sure Kailin was included in general education throughout school. She never worked at grade level, but she did absorb some academic concepts as well as social skills. She learned how to act like the other kids.

Once out of high school, she attended the Path to Independence Program at UNR. It is an inclusive, two-year, non-degree certificate program for students with intellectual disabilities. She took courses such as sociology, women's studies, community health science, karate, swimming, and weight lifting. During her time at UNR she lived in a house with two other students who had intellectual disabilities. This was a frightening thing for me as a mother. As with most college students, there were both good and bad decisions made, and she learned from them just as any college student does.

She is very good about asking for help when she really needs it, and she really matured and decided she wanted to live on her own without roommates. Now she has an apartment by herself. As she said, she works at Laughing Planet Café and still has all ten fingers even though she is a prep cook. She uses the alarms on her smart phone to get her to places on time. She does have an intellectual disability, so some things are harder for her to understand and to learn. She asks us for help when she needs help, and then we help her learn how to do things.

I used to report her wages to the Social Security Administration every month, but now she has an app and can report them herself. She also pays her rent through the Venmo app. When it comes to medical issues, she looks to us to help explain things differently than the doctor might. The doctor is very good, but sometimes she will look to us to make it a little simpler. We have become very good at explaining in terms she will understand. We have been really fortunate that she has not had any health issues since she became an adult. But my fear, as it is for many of our friends, is that physicians will not want to perform any kind of procedure on her if she does not have a guardian.

Having Kailin in our lives has enriched our family more than I can tell you. When she was born, I was a gaming executive, as was my husband. Now we are both in a nonprofit and working in the disability field. I served as chair of the Nevada Governor's Council on Developmental Disabilities and am currently on the Permanent Guardianship Commission.

Supported decision-making is probably not appropriate for every person with an intellectual disability, but it would be really good for our family and many families like ours. We encourage you to support the bill. It will help Kailin have a meaningful and independent life.

Nicole Schomberg, Private Citizen, Reno, Nevada:
[Nicole Schomberg spoke from prepared text (Exhibit P).] I am a member of the Nevada Commission on Services for Persons With Disabilities, but I am here today in my role as a parent of an adult daughter with Down syndrome to ask for your support of A.B. 480. Assembly Bill 480 establishes the Supported Decision-Making Act which authorizes an adult with a disability to enter into a supported decision-making agreement.

My daughter Heather is a 30-year-old, very independent young adult. She graduated from Earl Wooster High School in Reno in 2008 where she was homecoming queen and modeled in the senior fashion show. She is currently employed as an independent contractor for the Paul Mitchell Beauty School. Heather loves all facets of the fashion and beauty world. She collects handbags and has her nails done regularly. She is a superstar dancer with the Note-Ables, a music therapy program in Reno, and that is where she met her boyfriend and now-life partner Mike in 2011. Heather enjoys a full life and is her own legal guardian, but she regularly communicates with her parents and siblings about her preferences, her dreams, her hopes, and about her life, home, career and community involvement, health, and social life. From time to time she may request family support in making some decisions. The Supported Decision-Making Act as proposed in A.B. 480 will give Heather the ability and right to make her own decisions with support, as requested, while maintaining as many decision-making rights as possible.

In 2013 Heather had an abscessed tooth—a painful infection at the root of a tooth. The dentist recommended that the tooth be extracted. The dentist felt that Heather would benefit from having the tooth extracted during outpatient surgery under general anesthesia. Heather agreed that she did not wish to be awake for this procedure as it caused her a lot of anxiety. She was experiencing a lot of pain and wanted to have the tooth removed as quickly as possible. While working with the staff at the dentist's office to schedule this procedure, we were told that the first possible date would be at least five months out. We were told that because she was her own guardian, only one facility in town would honor that and that there was only one anesthesiologist in Reno who would work with an individual with an intellectual disability who has his or her own guardianship. We were devastated that she was going to have to wait that long. As a result of this experience, in 2015 I provided testimony in favor of Assembly Bill 128 of the 78th Session which created the simplified Durable Power of Attorney for Health Care Decisions. That was more widely accepted by physicians in our community.

I ask for your support in favor of A.B. 480. Like A.B. 128 of the 78th Session, this bill will really help our family to support Heather. The Supported Decision-Making Act will help my daughter Heather get the help she might need from a trusted family member in making some decisions without depriving her of her own legal right to make choices for herself.

Erik Jimenez, Senior Policy Director, Office of the State Treasurer:
I was here last week testifying on the need to make sure that people with disabilities have the same economic freedoms as everyone else. I think, through our guardianship system, although well-intentioned, we have seen a lot of people fall through the cracks when it comes to reproductive freedoms and financial and economic rights. That is why I am here to testify enthusiastically in support of A.B. 480 insofar as it will allow people with disabilities to move up. People with disabilities in our state are two times more likely to be impoverished and two times more likely to be unemployed. We are hopeful that this will help people earn at least the minimum wage. Insofar as it can help them start their own business and live their life to the fullest, I think this is a very good bill.

Marcia O'Malley, Private Citizen, Reno, Nevada:
I have a brief statement my son asked me to share with you today. He was unable to attend this hearing because he is in class at UNR at the moment:

> My name is Ian Zehner, I live in Reno and I go to UNR. I have Down syndrome and I get services from Sierra Regional Center, vocational rehab, and the Path to Independence Program. My mom helps me with my money and she helps me make decisions about my health. The Supported Decision-Making Act, A.B. 480, is important because if I were in a situation where I was unresponsive, my parents would be there to help me make decisions about my health. I strongly encourage you to pass this bill for me and for other people with disabilities. Thank you for your time.

I did not get an opportunity to clarify to Ian that A.B. 480 had nothing to do with decisions when he is incapacitated, but we will have that talk when I get home. He just wanted to be sure his voice was heard, and I think that is the important thing I wanted to share with you today.

On my behalf, I have worked and advocated for our disability community for over 20 years—guess why: Ian is my "why" and my inspiration. He turned 21 this year and he is finishing his last semester at UNR. I am here today to speak in favor of the Supported Decision-Making Act.

Since Ian was very young, we have encouraged him to speak up about anything that was important to him. He has presented PowerPoint slide shows and set the agendas for all his IEP meetings since he was about 10 years old. He also decided whom to invite to those meetings. Now, in college, his program at the Path to Independence is all about person-centered planning, so he has been surrounded by this process his whole life. Now that he is heading out into the world away from the security of his support system, I worry about his future.

Ian is his own guardian. My husband and I have raised Ian to be fiercely independent, and as any of you who are parents know, that comes with unexpected consequences. Our vision for Ian has always been to support his dreams. Now he has entered adulthood, we are grateful that he still asks for advice; but it has not always been a smooth transition, and I am sure it will not continue to be. There will be challenges, but with legal options, we can put some protections in place to ensure his health and his safety.

Two experiences are relevant to our discussion today about supported decision-making. About a year and a half ago, Ian was prey to Internet fraud. Because he agreed to have me as a cosigner on his checking account, and because we had become very friendly with the manager of our bank, we wound up catching it before there was any big disaster. But it was a day away from drawing down his entire bank account. It was a very close call, but if Ian had not agreed to this level of support, I hate to imagine what could have happened. It is also a situation that could happen to any of us. Today, Internet fraud is fairly rampant, and I was glad to have been there to help protect him.

Now that he is an adult, he is responsible for his health care. Most of the time he renews his prescription in a timely manner and lets us know he needs to pick it up from the pharmacy, but on occasion he forgets. There have been times when he has gone for over a week without his daily dose of medication because he forgot about it and did not notify us. That is a concern. Another thing I discovered that has been frustrating is that Ian now needs to make his own doctor appointments. As his mom, I cannot make those phone calls any more. So until he gives permission for me to have access to his medical records, I cannot help him on that level. About ten days ago we sat down and, with the help of his supported living assistant, made appointments with three different physicians. He has some health concerns that really need to be addressed right now, so I was really pleased that he allowed us to support him with that. And he also asked us to attend his appointment last week. Things are improving; they are changing, and that is the direction we want to see maintained.

These are two examples of how we have formalized our relationship with Ian so that we can provide the support he needs to make those informed choices about his life. It would be so much better if we had a law in place that encompassed all aspects of supported decision-making for independent living and that it was not a piecemeal situation. As a parent, I would feel more confident that Ian would get the advice and help he needed at every turn of his life. As Ian recently reminded me, his father and I will not always be here, so he needs to be able to make it on his own and find support from others, too. He is poised to move out on his own this year, and I have all the typical fears that a mother has in that situation, but my fears also run deeper because I know my son needs more support that his typical 21-year-old peer. Please pass A.B. 480 so Ian and thousands of other adults with disabilities in Nevada can get the support they need to live as independently as possible and help them get that help from a trusted friend and a family member.

Dick Mills, Private Citizen, Reno, Nevada:
I am Travis Mills' father and I am very proud of his accomplishments. In the past I have spoken to my attorney about guardianship for Travis. My attorney suggested that guardianship was too restrictive for Travis and has advised us against it. Assembly Bill 480 would allow Travis's supporters better access to his finance, banking, federal and state agencies, insurance, doctors, and medical appointments.

Most of these agencies are cooperative but require lots of time-consuming paperwork. Assembly Bill 480 would help with that and allow us to provide better research and present different scenarios to Travis. With this help, Travis is capable of making his own decisions.

Jack Rovetti, Private Citizen, Reno, Nevada:
I am 20 years old. I work at MOD Pizza and have my own small business selling popcorn—Jack's Popcorn Company. I am a student at UNR and I am doing an internship in the State Treasurer's Office. I live with my parents and I have four sisters. I like being independent; I like doing things I want to do. My parents and my sisters help me sometimes. This bill will let them help me but still let me do the things I want to do. I will be the boss of me. If you have questions, just ask me, and you can follow me on Facebook.

David Rovetti, Private Citizen, Reno, Nevada:
I am Jack's dad. Ever since Jack started school, my wife and I have had a goal for Jack to be happy and to be independent in his adult life. So far, it is going well. When Jack turned 18 we decided not to put him in a guardianship arrangement. We felt it would be demeaning to him and also against our struggle to keep him independent.

This bill would allow my wife and me to support Jack's decision making—things like his medical and financial affairs and living arrangements—but not really be in total control of them. When my wife and I are no longer around, Jack's four sisters could—and at this point have agreed to—do the same. We do not want Jack in a guardianship; his sisters do not want to put him in a guardianship, and Jack does not want to be in a guardianship. It would make life much easier for us if there was a way for us to get help to Jack and still get some legal protection and legal authority without that guardianship. This bill would do just that, and I thank you for your support of it.

Logan Mason, Private Citizen, Reno, Nevada:
I am excited to come here today. I am better at writing stories than I am at making speeches, but I will try my best. I am 19 and go to Earl Wooster High School. Next year I want to go to the Path to Independence at UNR. I have lots of health problems. I need a lot of support to stay healthy. A lot of people help me decide things. I am learning to do things on my own a little more. I do my own tube feeding at school. I have an app on my phone for my wheelchair. I voted this year for the first time. I want to keep learning. I think shared decision-making is a good idea.

Vice Chairman Carrillo:
I think you did a great job testifying; do not stop.

Shari Mason, Private Citizen, Reno, Nevada:
I am Logan's mom. This is the first time he has spoken publicly, so that was very exciting. Our story is a little different. When Logan was born he was born pretty healthy, but he started to get sick at an early age. When he was about a year and a half old, we found out that he had a primary immune deficiency disease. It is a pretty significant health condition and it requires intravenous infusions every two weeks of other people's antibodies. As he

grew he developed other health conditions, and we found out through genetic testing that he had some other health issues. When he went into school, we learned he had an intellectual disability.

We have lived a lot of our lives in the health care realm, including a lot of it at Stanford and the Lucile Packard Children's Hospital. As Logan became older, it was a huge fear of mine about what we would do when he became 18. As has been previously pointed out, physicians and the medical field are incredibly strict about who accesses information and how things are navigated in those systems. We took the advice of our special needs planner and did establish limited guardianship for health care for Logan. That is where we have been for the last year. We have been waiting for this legislation to come along. We need something a little bit more legal; we need something a little bit more firm than just sharing decisions. The health care field does not care about that answer; they need a little bit more. The state of California does not recognize shared decision-making at all right now for us, and we are still in a quandary over that.

Our family does recognize it. Three weeks ago Logan had a surgery that was eight hours long and the first thing I asked Logan as we were thinking about it was whether it was something he wanted to do. We talked about the why and what the benefits, the risks, and challenges of doing it were. We have always included him in these decisions. It is a natural thing to do.

Logan asked me what would happen if something happened to me and my husband and we were not his guardians any more. He asked if his brother Hunter would be his guardian. I told him no, that is not how guardianship works. Hunter would have to go back to court and get the guardianship, and in the meantime I do not know what would happen. With a bill like this, Hunter could immediately step in and be Logan's shared-decision maker—or someone else Logan chose—but it would be a lot less complicated for us. We are very excited to see this bill come forward and we hope other states will embrace this because it is so important.

[Assemblywoman Cohen reassumed the Chair.]

Chairwoman Cohen:
Do we have any questions?

Assemblyman Thompson:
I am so pleased to hear the testimony today from KK, Logan, Travis, and Jack, and their parents. It makes me think of my aunt and cousin. They had the most impeccable work ethic you can imagine and I heard that in the testimony today. I really appreciate the parents for helping be the advocates and supporting their kids. That is so important and it keeps them all going.

Chairwoman Cohen:
Is there anyone else in support? [There was no reply.] Is there anyone in opposition? [There was no reply.] Is there anyone in neutral? [There was no reply.] Seeing no one, would the presenter like to make any concluding remarks?

Homa Woodrum:
This is truly exciting and we appreciate everyone taking the time today.

[(Exhibit Q), (Exhibit R), and (Exhibit S) were submitted but not discussed and are included as exhibits for this meeting.]

Chairwoman Cohen:
With that, I will close the hearing on A.B. 480.

We will now open our work session. Whenever you are ready, Ms. Lyons.

Marsheilah Lyons, Committee Policy Analyst:
Members of the Committee should have a copy of the work session document before them. It is also uploaded on the Nevada Electronic Legislative Information System for the public and members to look at. The first measure before the Committee today is Assembly Bill 133.

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

[Marsheilah Lyons read from the work session document (Exhibit T).] Assembly Bill 133 redefines the term "runaway or homeless youth" to mean a person who is under 24 years of age, rather than the current age of 18 and under, living in certain situations outside of a permanent home. The measure further adds runaway or homeless youth who lack other means of support to the list of individuals to whom every county is currently required to provide care, support, and relief.

There is an amendment in the work session document [page 2, (Exhibit T)] proposed by Assemblywoman Teresa Benitez-Thompson. Essentially the amendment removes the term "runaway" from the phrase "runaway or homeless youth" for the purpose of implementing the provisions of this measure. It also clarifies that counties "may" appropriate money to provide care, support, and relief to homeless youth. If such funding is appropriated, the board of county commissioners is required to establish and approve policies and standards, prescribe uniform standards of eligibility, appoint agents who will develop regulations, and administer a program to provide such services to homeless youth.

Chairwoman Cohen:
Do we have any questions? [There was no reply.] Seeing none, I will take a motion to amend and do pass.

ASSEMBLYWOMAN TITUS MADE A MOTION TO AMEND AND DO PASS ASSEMBLY BILL 133.

ASSEMBLYWOMAN NGUYEN SECONDED THE MOTION.

Is there any discussion on the motion? [There was no reply.]

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

I will ask Assemblyman Thompson to do the floor statement.

Marsheilah Lyons, Committee Policy Analyst:
Assembly Bill 156 is the next measure before the Committee.

Assembly Bill 156: Revises provisions governing the education of a child who is in need of protection. (BDR 38-458)

[Marsheilah Lyons read from the work session document (Exhibit U).] Assembly Bill 156 revises requirements related to a court appointing an educational surrogate parent for a child with a known or suspected disability, under certain circumstances. The measure requires a court to appoint an educational decision maker for any child for whom a petition is filed alleging that the child is in need of protection. The measure establishes a rebuttable presumption that it is in the best interests of the child for the court to appoint a parent or guardian as the educational decision maker for the child but authorizes the court to appoint a person other than a parent or guardian if the court makes certain determinations.

The bill prescribes the duties of an educational decision maker and requires a child welfare services agency to consult with the educational decision maker for a child who is in foster care when determining whether it is in the best interests of the child to remain at his or her school of origin. The court is required to ensure that an educational decision maker is involved in and notified of any plan for the placement of the child and is allowed to testify at any child welfare hearing to determine the placement of the child.

The bill revises the educational information that an agency is required to include in a report that is required to be submitted as part of a hearing to review the child's placement. Furthermore, an administrative agency that fails to provide the required educational information may be held in contempt by the court, which will impose an administrative assessment. Finally, the court is required to provide an educational decision maker with notice of such a hearing.

There are two amendments proposed for this measure:

1. Requires the education decision maker to communicate with the agency and the attorney for the child any concerns they have regarding the educational placement of the child, the educational services provided to the child, and any recommendations to address those concerns. That was submitted by Bailey Bortolin, Legal Aid Center of Southern Nevada and Washoe Legal Services [pages 2-10, (Exhibit U)].

2. Requires the parent of the child to be informed regarding educational decisions, if they are not designated as the educational decision maker. That was submitted by Kendra G. Bertschy, Deputy Public Defender, Washoe County Public Defender's Office [page 11, (Exhibit U)].

Chairwoman Cohen:
Are there any questions?

Assemblyman Hafen:
I want to clarify whether this bill is intended for children already identified and taken into the protective custody of child protective services.

Karly O'Krent, Committee Counsel:
Section 2 of the bill requires a court to appoint an educational decision maker for a child any time a petition is filed alleging that a child is in need of protection, so before the child is in protective custody.

Chairwoman Cohen:
I am looking for a motion to amend and do pass A.B. 156.

> ASSEMBLYWOMAN GORELOW MADE A MOTION TO AMEND AND DO PASS ASSEMBLY BILL 156.
>
> ASSEMBLYWOMAN KRASNER SECONDED THE MOTION.

Are there any comments?

Assemblyman Carrillo:
I will be voting this out of Committee, but I have some concerns about the bill. It may be going a little too far.

Chairwoman Cohen:
With that, we will take a vote.

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

I will ask Assemblywoman Gorelow to take that floor statement.

Marsheilah Lyons, Committee Policy Analyst:
We are moving on to Assembly Bill 223.

Assembly Bill 223: Requires the Department of Health and Human Services to seek a federal waiver to allow certain dental care for persons with diabetes to be included in the State Plan for Medicaid. (BDR 38-544)

[Marsheilah Lyons read from the work session document (Exhibit V).] Assembly Bill 223 requires the Department of Health and Human Services to apply for a Medicaid waiver to include in the State Plan for Medicaid coverage for certain dental care for persons with diabetes who are at least 21 years of age. The measure further requires a health maintenance organization or managed care organization, which manages care for recipients of Medicaid, to provide such dental coverage to eligible persons. The bill appropriates money to the Department to carry out the waiver. Finally, the measure requires the Department to: (1) use effective purchasing methods, including collaborating with other public and nonprofit entities that provide health coverage to negotiate lower prices for services when implementing the waiver; and (2) submit to the 81st Session of the Legislature a report concerning the implementation of the waiver.

An amendment was proposed by Assemblywoman Neal [pages 2-7, (Exhibit V)]. The amendment:

1. Removes the requirement that the Department include the dental care specified in the measure in the State Plan for Medicaid coverage and instead requires such services be provided to eligible persons, if the waiver is approved; and
2. Clarifies the type of tracking and monitoring completed by dentists for these patients and communication with patients and other physicians who work with the patient regarding abnormal findings.

Chairwoman Cohen:
Do we have any questions? [There was no reply.] Seeing none, I am looking for a motion to amend and do pass.

ASSEMBLYMAN ASSEFA MADE A MOTION TO AMEND AND DO PASS ASSEMBLY BILL 223.

ASSEMBLYWOMAN TITUS SECONDED THE MOTION.

Do we have any comments? [There was no reply.]

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

I will ask Assemblyman Assefa to take the floor statement.

Marsheilah Lyons, Committee Policy Analyst:
The final measure before the Committee today is Assembly Bill 228.

Assembly Bill 228: Expands the jurisdiction of the Office of the State Long-Term Care Ombudsman to protect persons receiving services from certain additional entities. (BDR 38-171)

[Marsheilah Lyons read from the work session document (Exhibit W).] Assembly Bill 228 expands the jurisdiction of the Office of the State Long-Term Care Ombudsman to include advocating for recipients of services from adult day care centers, facilities for long-term rehabilitation, and living arrangement services. The bill defines the term "facility for long-term rehabilitation" to mean a facility that provides residential services for rehabilitation from an acute illness or injury in which a recipient may reside for longer than one month. The bill defines the term "living arrangement services" to include certain services provided in the home of a person with a mental illness, a person with an intellectual disability, or a person with a related condition.

The measure authorizes the ombudsman or an advocate to enter onto the premises of the additional providers of services included within the jurisdiction of the ombudsman to investigate or review any act, practice, policy, procedure, or condition that may adversely affect the health, safety, welfare, or civil rights of a resident of the facility. The bill prohibits retaliation against any person who files a complaint with, or provides information to, the ombudsman or an advocate. A person who violates this prohibition is subject to an administrative fine of not more than $1,000 for each violation. Section 10 of this bill requires a facility for long-term care, adult day care center, facility for long-term rehabilitation, or provider of living arrangement services to post in a prominent place inside each facility instructions concerning the procedure for making a complaint to the ombudsman or an advocate. Finally, the measure authorizes disciplinary action against a facility licensed pursuant to Chapter 449, Medical Facilities and Other Related Entities, of *Nevada Revised Statutes* or an administrator of a facility for long-term care for failing to post such information.

There are two amendments in the work session documents; however, the first amendment was withdrawn and I missed that. It is included in the second amendment to allow the Aging and Disability Services Division of the Department of Health and Human Services to address this issue through regulation. The second amendment [page 3, (Exhibit W)] would allow, rather than require, the ombudsman to assist and advocate for certain residents, on an as-needed basis, thus removing the fiscal note. It also revises the signage requirements. The signage requirements are in there and the limit of $500 is placed in there, but that would be established through regulation rather than putting it in the *Nevada Revised Statutes*.

Chairwoman Cohen:
Are there any questions? [There was no reply.] Seeing none, I will take a motion to amend and do pass.

> ASSEMBMLYWOMAN MUNK MADE A MOTION TO AMEND AND DO PASS ASSEMBLY BILL 228.
>
> ASSEMBLYWOMAN NGUYEN SECONDED THE MOTION.

Are there any comments?

Assemblywoman Titus:
With this new amendment and process, I will vote this out of Committee; however, I reserve the right to change my vote. I need a little bit more clarity, especially concerning the fines and how those came about.

Chairwoman Cohen:
You may recall that the fine issue arose because of where the language was placed in statute. It appeared that there was a possibility someone could receive a fine of up to $10,000 for not having proper signage. Certainly, that was not our intent as this legislation came out of the interim Legislative Committee on Senior Citizens, Veterans and Adults With Special Needs. That is why the amendment came about and also why the penalty would be established in regulations. Homa Woodrum also has information about the fiscal note, if she would not mind coming forward.

Homa S. Woodrum, Chief Advocacy Attorney, Aging and Disability Services Division, Department of Health and Human Services:
The amendment is meant to reintroduce language that was removed last session that would allow the administrator of the Aging and Disability Services Division of the Department of Health and Human Services to send the long-term care ombudsman into other settings. The fiscal note could be removed if advocates could be sent in as needed versus having a quarterly obligation for the ombudsmen to go to all those settings. The hope was that in the upcoming interim we would be able to collect data on how many people are actually either availing themselves of this option, or using the expansion of adult protective services expansion bill, bill draft request 1201 [this did not become a bill this session], to possibly have adult protective services workers identify people in these settings who would benefit from a long-term care ombudsman's assistance and then offering that service versus having a wholesale systemwide expansion. At this point, we do not know how well it would be utilized or if people would understand the role of the ombudsmen as advocates.

Chairwoman Cohen:
Are there any other comments or questions? [There was no reply.]

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

I will take the floor statement.

That brings us to the end of our work session. Our next meeting will be Wednesday either 20 minutes after the last committee adjourns or 12:30 p.m., whichever is later. Are there any questions or comments from anyone on the Committee? [There was no reply.] Is there any public comment? [There was no reply.] With that, we are adjourned [at 2:34 p.m.].

RESPECTFULLY SUBMITTED:

Terry Horgan
Committee Secretary

APPROVED BY:

Assemblywoman Lesley E. Cohen, Chairwoman

DATE:

EXHIBITS

Exhibit A is the Agenda.

Exhibit B is the Attendance Roster.

Exhibit C is an email dated April 8, 2019, to Chairwoman Lesley E. Cohen and members of the Assembly Committee on Health and Human Services, authored by Aron Suzuki, Fire Captain and Peer Support Team Member, Clark County Fire Department, submitted by Kevin Petersen, PAC Chair, IAFF Local 1908, Clark County Firefighters, in support of Assembly Bill 302.

Exhibit D is a copy of House Bill 2502 from the State of Arizona, House of Representatives, Fifty-third Legislature, Second Regular Session, 2018, submitted by Kevin Petersen, PAC Chair, IAFF Local 1908, Clark County Firefighters, regarding Assembly Bill 302.

Exhibit E is a copy of Assembly Bill 1116: Peer Support and Crisis Referral Services Pilot Program, from the California Legislature, 2017-2018 Regular Session, submitted by Kevin Petersen, PAC Chair, AIFF Local 1908, Clark County Firefighters, regarding Assembly Bill 302.

Exhibit F is a copy of House Bill 703 enacted by the General Assembly of Georgia, submitted by Kevin Petersen, PAC Chair, AIFF Local 1908, Clark County Firefighters, regarding Assembly Bill 302.

Exhibit G is a copy of Public Chapter No. 997, Senate Bill No. 1797, enacted by the State of Tennessee, Public Chapter No. 997, submitted by Kevin Petersen, PAC Chair, AIFF Local 1908, Clark County Firefighters, regarding Assembly Bill 302.

Exhibit H is a copy of a document dated February 5, 2017, titled "Peer Support Team: Confidentiality Statute" authored by Jack A. Digliani, Ph.D., Ed.D., submitted by Kevin Petersen, PAC Chair, AIFF Local 1908, Clark County Firefighters, regarding Assembly Bill 302.

Exhibit I is a copy of a document dated December 2018, titled "Report on Mental Health Access for First Responders: As Required by House Bill 1794, 85th Legislature, Regular Session 2017," State of Texas, submitted by Kevin Petersen, PAC Chair, IAFF Local 1908, Clark County Firefighters, regarding Assembly Bill 302.

Exhibit J is a copy of a proposed amendment to Assembly Bill 387 submitted and presented by Assemblywoman Shea Backus, Assembly District No. 37.

Exhibit K is written testimony dated April 5, 2019, titled "Supported Decision-Making, An Advocate's Perspective," presented by Homa S. Woodrum, Chief Advocacy Attorney, Aging and Disability Services Division, Department of Health and Human Services, in support of Assembly Bill 480.

Exhibit L is a copy of Washoe Legal Services Supported Decision Making Agreement submitted by Homa S. Woodrum, Chief Advocacy Attorney, Aging and Disability Services Division, Department of Health and Human Services, in support of Assembly Bill 480.

Exhibit M is written testimony dated April 8, 2019, presented by The Honorable Frances M. Doherty, District Judge, Department Twelve, Family Division, Second Judicial District Court, in support of Assembly Bill 480.

Exhibit N is written testimony dated April 8, 2019, presented by Kailin Kelderman, Private Citizen, Reno, Nevada, in support of Assembly Bill 480.

Exhibit O is written testimony dated April 8, 2019, presented by Mary Bryant, Private Citizen, Reno, Nevada, in support of Assembly Bill 480.

Exhibit P is written testimony dated April 8, 2019, presented by Nicole Schomberg, Private Citizen, Reno, Nevada, in support of Assembly Bill 480.

Exhibit Q is a letter dated April 7, 2019, to Chairwoman Lesley E. Cohen and members of the Assembly Committee on Health and Human Services, submitted by Henry Cavallera and Emily Hancock, Private Citizens, Reno, Nevada, in support of Assembly Bill 480.

Exhibit R is a letter dated April 6, 2019, to the Assembly Committee on Health and Human Services, submitted by Rana Goodman, Private Citizen, Las Vegas, Nevada, in support of Assembly Bill 480.

Exhibit S is a letter dated March 8, 2019, to the Assembly Committee on Health and Human Services submitted by Kari Horn, Executive Director, Nevada Governor's Council on Developmental Disabilities, in support of Assembly Bill 480.

Exhibit T is the work session document regarding Assembly Bill 133, dated April 8, 2019, presented by Marsheilah Lyons, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

Exhibit U is the work session document regarding Assembly Bill 156, dated April 8, 2019, presented by Marsheilah Lyons, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

Exhibit V is the work session document regarding Assembly Bill 223, dated April 8, 2019, presented by Marsheilah Lyons, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

Exhibit W is the work session document regarding Assembly Bill 228, dated April 8, 2019, presented by Marsheilah Lyons, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.