

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

**Eightieth Session
April 12, 2019**

The Committee on Health and Human Services was called to order by Chairwoman Lesley E. Cohen at 12:55 p.m. on Friday, April 12, 2019, in Room 3138 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. The meeting was videoconferenced to Room 4406 of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. Copies of the minutes, including the Agenda ([Exhibit A](#)), the Attendance Roster ([Exhibit B](#)), and other substantive exhibits, are available and on file in the Research Library of the Legislative Counsel Bureau and on the Nevada Legislature's website at www.leg.state.nv.us/App/NELIS/REL/80th2019.

COMMITTEE MEMBERS PRESENT:

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

COMMITTEE MEMBERS ABSENT:

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:

Nova Murray, Deputy Administrator, Division of Welfare and Supportive Services,
Department of Health and Human Services
Julia Peek, Deputy Director, Programs, Department of Health and Human Services
Rebecca S. Gasca, representing American Kratom Association

Chairwoman Cohen:

[Roll was taken. Committee rules and protocol were explained.] We will just have the work session today; there are no bills on the agenda. I see some folks from various state agencies, and I want to thank them so much for coming. We may be calling you up for clarification as we go through the bills. With that, Ms. Lyons will begin.

Marsheilah Lyons, Committee Policy Analyst:

The Committee should have before them the work session document. There are a total of 15 bills on our work session today because two additional bills were added to our agenda—Assembly Bill 129 and Assembly Bill 303. Those will be considered at the end of the work session.

We will start with Assembly Bill 122.

Assembly Bill 122: Requires the Department of Health and Human Services to seek a federal waiver so that certain care for persons who are aged, infirm or disabled may be included in the State Plan for Medicaid. (BDR 38-100)

[Marsheilah Lyons read from the work session document ([Exhibit C](#)).] Assembly Bill 122 requires the Department of Health and Human Services (DHHS) to apply for a waiver from federal requirements to amend the State Plan for Medicaid. If approved, the waiver will include, as medical assistance, adult day care, assisted living, and respite care services provided by at least one facility that is: (1) operated by the Department; and (2) located in certain smaller counties—currently all counties other than Clark and Washoe Counties. The bill requires the director of the Department to submit reports to the Legislature consisting of certain information relating to the application for, and implementation of, the waiver.

In a separate document ([Exhibit D](#)) is an amendment that was agreed to and worked on with Assemblywoman Benitez-Thompson and the Aging and Disability Services Division of

DHHS. This amendment would modify the bill to require DHHS to conduct a feasibility study to determine the viability of building and operating an assisted living facility in rural communities to include adult day care services and respite services in the same facility; and to study the need to identify technical, economic, legal, operational, and time frames for a pilot program to provide these services to be implemented.

Chairwoman Cohen:

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

ASSEMBLYWOMAN TITUS MADE A MOTION TO AMEND AND DO
PASS ASSEMBLY BILL 122.

ASSEMBLYWOMAN DURAN SECONDED THE MOTION.

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

THE MOTION PASSED. (ASSEMBLYMAN HAMBRICK WAS ABSENT
FOR THE VOTE.)

I will assign the floor statement to Assemblywoman Titus.

Marsheilah Lyons, Committee Policy Analyst:

We will move on to 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)

[Marsheilah Lyons read from the work session document ([Exhibit E](#)).] Assembly Bill 234 requires the state plan for the Child Care and Development Block Grant Program to provide reimbursement for:

1. The entire cost of child care provided to a foster child;
2. Child care provided to a child with a disability at an enhanced rate for certain providers; and
3. The cost of child care provided to a child of an eligible parent who is enrolled in an educational or vocational program that awards a degree or certificate.

There is an amendment in the work session document proposed by Jared Busker from the Children's Advocacy Alliance [pages 2-3, ([Exhibit E](#)).] In summary, the amendment requires the director of the Department of Health and Human Services to establish protocols and programs to increase child care capacity for children with disabilities and to report on such efforts. It also authorizes subsidy payments for child care for parents enrolled in certain educational or vocational programs, outlining how those programs would be determined.

Assemblywoman Titus:

I need some clarification. During the testimony, I thought I heard a representative of the Division of Welfare and Supportive Services, Department of Health and Human Services, testify that if we were to go forward with this bill, because of its current impact, they might have to remove a significant number of cases to fund these other groups. Would there be a negative impact on other families if this bill were passed?

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

I am the Deputy Administrator for the Division of Welfare and Supportive Services with responsibility to the child care program. With the amendment proposed by Jared Busker, they removed the requirement to cover children under foster care up to 100 percent. They also removed the requirement to add payment levels to children with disabilities, and left the language to working with children with disabilities to increase capacity for them to use child care. So we will no longer remove children to meet the provisions of this bill.

Chairwoman Cohen:

Thank you very much, Ms. Murray. Do we have any other questions?

Assemblyman Thompson:

I have a question about the Children's Advocacy Alliance's proposed amendment [pages 2-3, [\(Exhibit E\)](#).] Will this be a biannual report or a biennial report?

Karly O'Krent, Committee Counsel:

I spoke with Mr. Busker this morning, and it is a biennial report.

Chairwoman Cohen:

Are there any other questions? [There was no reply.] I will take a motion to amend and do pass.

ASSEMBLYMAN THOMPSON MADE A MOTION TO AMEND AND DO
PASS ASSEMBLY BILL 234.

ASSEMBLYWOMAN TITUS SECONDED THE MOTION.

THE MOTION PASSED. (ASSEMBLYMAN HAMBRICK WAS ABSENT
FOR THE VOTE.)

I will ask Assemblyman Thompson to take the floor statement.

Marsheilah Lyons, Committee Policy Analyst:

We will move on to Assembly Bill 247.

**Assembly Bill 247: Makes various changes relating to the care of children.
(BDR 38-289)**

[Marsheilah Lyons read from the work session document ([Exhibit F](#)).] Assembly Bill 247 authorizes the parent or guardian of a child to execute a power of attorney to delegate to another person all power regarding health care, support, custody, and property of the child—except for the power to consent to the marriage or adoption of the child—without having the child enter the child welfare system. The measure authorizes such a delegation of power for a specified period in certain cases. In all other cases, the period cannot last longer than 12 months. The measure designates the responsibility of the parent or guardian with respect to the affairs, property, and person of the child; clarifies that such a child is not a foster child, and the person who is delegated power of attorney is not required to obtain a license as a foster family or to operate a foster home.

A provider of foster care is prohibited from providing overnight or regular and continuous care and supervision to a child who is the subject of such a power of attorney under certain circumstances. Finally, the child welfare agency is required to provide the parent or guardian of the child with information regarding community-based organizations that provide respite care, voluntary guardianship, or other support services for families in crisis under certain circumstances.

There is an amendment in the work session document from Assemblywoman Backus [pages 2-3, ([Exhibit F](#))]. In summary, the amendment revises section 3 of the measure by:

1. Providing an exception to a parent's authority to execute such a power of attorney if the child has been taken into protective custody or the parent intends to relinquish his or her rights to a child that he or she adopted.
2. Clarifying that nothing in the section allows a parent to eliminate another parent's legal or physical custodial rights to their child.

Chairwoman Cohen:

Do we have any questions?

Assemblywoman Krasner:

I wish to thank the presenter and sponsor of the bill for all the hard work she did to make this the best bill possible.

Chairwoman Cohen:

I will take a motion to amend and do pass.

ASSEMBLYWOMAN KRASNER MADE A MOTION TO AMEND AND
DO PASS ASSEMBLY BILL 247.

ASSEMBLYWOMAN GORELOW SECONDED THE MOTION.

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

THE MOTION PASSED. (ASSEMBLYMAN HAMBRICK WAS ABSENT FOR THE VOTE.)

The floor statement goes to Assemblywoman Krasner.

Marsheilah Lyons, Committee Policy Analyst:

Next is Assembly Bill 254.

Assembly Bill 254: Revises provisions relating to sickle cell anemia. (BDR 40-20)

[Marsheilah Lyons read from the work session document ([Exhibit G](#).) Assembly Bill 254 requires the chief medical officer to establish and maintain a system for reporting information on sickle cell anemia. The measure requires hospitals, medical laboratories, certain other facilities, and providers of health care to report certain information prescribed by the State Board of Health concerning each case of sickle cell anemia diagnosed or treated at the facility or by the provider. The bill requires health care facilities to make the information available in a specified manner and authorizes an administrative penalty for failure to report the information. Such information may be used for analysis, reporting, and research under certain circumstances. The measure requires the State Board to expand the requirement for sickle cell anemia screening to include screening for sickle cell traits in newborns and optional screening for the biological parents of a child who tests positive. Parents or guardians who object to such testing may opt out in writing.

Further, the measure requires the State Board to prescribe a list of prescription drugs for the treatment of sickle cell anemia. Medicaid and any insurance plan sold in Nevada that includes prescription coverage must cover the drugs on that list and certain services for persons diagnosed with sickle cell anemia. Health maintenance organizations (HMOs) and managed care organizations (MCOs) are required to establish a plan to transition enrollees diagnosed with sickle cell anemia from pediatric care to adult care when the enrollee reaches 18 years of age.

There are two amendments proposed for this measure. The first is from Assemblywoman Neal [pages 3-25, ([Exhibit G](#))] and:

1. Includes a definition of sickle cell disease;
2. Expands terminology throughout the bill to include sickle cell disease and its variants;
3. Tasks the Pharmacy and Therapeutics Committee (*Nevada Revised Statutes* 422.405) with the responsibility of prescribing and reviewing a list of prescription drugs that must be covered by Medicaid and certain insurance plans and other matters concerning the review of compounding, supplements, opiates, antibiotic coverage, new treatments, new drug therapies, and new prescriptions;

4. Authorizes the Division of Public and Behavioral Health to apply for federal grants or funding that may assist in its efforts to provide education, planning, advancements in treatment, and support for research;
5. Specifies that only "medically necessary" treatments and services are required to be covered by Medicaid or insurance or included in plans issued by an HMO or MCO; and
6. Adds Assemblymen Assefa, Duran, Gorelow, and Thompson as sponsors.

An additional amendment was proposed by the Professional Firefighters of Nevada ([Exhibit H](#)).

Chairwoman Cohen:

We consider the second amendment to be a friendly one. Are there any questions?

Assemblyman Thompson:

I just want to note that there were some additional bill sponsors, including myself.

Assemblywoman Titus:

I am definitely supportive of the bill, but I have a question regarding section 8. I must have missed this during the hearing process because I need clarification about the fees that hospitals would pay if they conduct these tests.

In section 8, subsection 3 of the original bill it reads, ". . . adopt a schedule of fees which must be assessed to a health care facility for each case from which information is abstracted." Did the fees get removed?

Chairwoman Cohen:

We have a representative from the Department of Health and Human Services here. Would you like to come forward and speak to the fee?

Assemblywoman Titus:

It was a bill requiring a two-thirds vote because of that fee.

Karly O'Krent, Committee Counsel:

If you will turn to section 9, subsection 3 of Assemblywoman Neal's amendment, the schedule of fees is still in the bill.

Assemblywoman Titus:

Where would this fee go and why is it there? I need to clarify the purpose of the fee.

Julia Peek, Deputy Director, Programs, Department of Health and Human Services:

I would say this fee is akin to that of the cancer registry for abstracting the information. If we have to abstract a record on their behalf, there might be a fee incurred. We will go through all that in public workshops when we develop the regulation, and we will get public input on what that would look like.

Assemblywoman Titus:

Thank you for the clarification.

Chairwoman Cohen:

Are there any more questions? [There was no reply.] Seeing none, do we have a motion to amend and do pass?

ASSEMBLYWOMAN NGUYEN MADE A MOTION TO AMEND AND DO PASS ASSEMBLY BILL 254.

ASSEMBLYMAN THOMPSON SECONDED THE MOTION.

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

THE MOTION PASSED. (ASSEMBLYMAN HAMBRICK WAS ABSENT FOR THE VOTE.).

Assemblyman Assefa will take the floor statement.

Marsheilah Lyons, Committee Policy Analyst:

We are moving on to Assembly Bill 298.

Assembly Bill 298: Requires an agency which provides child welfare services to adopt certain plans relating to the placement of children. (BDR 38-1061)

[Marsheilah Lyons read from the work session document ([Exhibit I](#)).] Assembly Bill 298 requires a child welfare services agency to adopt a plan for the recruitment and retention of foster homes. The measure also requires the agency to appoint one or more employees to establish targets for the retention and recruitment of foster homes based on areas and regions. A child welfare agency is required to adopt a plan for the placement of children and to appoint one or more employees to: (1) evaluate the manner in which the plan for the placement of children is carried out; and (2) make recommendations concerning any necessary updates to the plan. An amendment proposed by Assemblywoman Backus and Bailey Bortolin is included in the work session document [pages 2-4, ([Exhibit I](#)).] The amendment replaces the current bill. In summary, the amendment:

1. Revises the information that must be included in a plan for the recruitment and retention of foster homes and the evaluation of the effectiveness of the plan;
2. Revises the responsibility of the employees to develop and carry out the plan;
3. Requires the child welfare agency to consider and, if possible, place a child in a home in the same community from which the child was removed and in the same school zone;
4. Revises certain deadlines for publishing the agency report regarding the plan; and
5. Deletes section 2, which relates to developing a plan for the placement of children.

Assemblyman Thompson:

I wanted to speak to the area I pointed out during the hearing on this bill. Sometimes, placing the child back into the same community can be detrimental. I think it would make this a stronger bill to say that a child might not be placed in the same school to give that child a fresh start, because a fresh start could be great.

Assemblywoman Shea Backus, Assembly District No. 37:

This bill does not do anything with any sort of actual placement. The bill has basically been stripped down to looking to see where children are being removed from and where we have foster parents. It is not setting any best-child standard or anything along those lines. This bill does not dictate any best interest standard and was agreed to by the Clark County Social Service Department.

Chairwoman Cohen:

After line 42 on page 3 ([Exhibit I](#)), [section 1, subsection 5], there is language concerning "to the extent possible," so I think that does allow for the flexibility to have the child placed into a new school if the child would like—possibly into a new neighborhood and a new school.

Assemblywoman Backus:

I also want to point out two cosponsors who wanted to be added to A.B. 298, and they are also on my amendment [page 2, ([Exhibit I](#))].

Chairwoman Cohen:

Are there other questions? [There was no reply.] I am looking for a motion to amend and do pass.

ASSEMBLYWOMAN KRASNER MADE A MOTION TO AMEND AND
DO PASS ASSEMBLY BILL 298.

ASSEMBLYWOMAN MUNK SECONDED THE MOTION.

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

THE MOTION PASSED. (ASSEMBLYMAN HAMBRICK WAS ABSENT
FOR THE VOTE.)

I will ask Assemblywoman Backus to take the floor statement with Assemblywoman Munk as the backup.

Marsheilah Lyons, Committee Policy Analyst:

Next is Assembly Bill 317.

Assembly Bill 317: Revises provisions governing the licensing and operation of certain medical facilities. (BDR 40-1034)

[Marsheilah Lyons read from the work session document ([Exhibit J](#)).] Assembly Bill 317 authorizes the State Board of Health to require the licensing of any facility that performs any procedure that involves breaking the skin of a person. The Division of Public and Behavioral Health (DPBH), Department of Health and Human Services, is required to consider certain factors before issuing a new license. In addition, the measure requires certain facilities to obtain approval before offering new medical services, and approval must be based on the need for the service in the community. A hospital may not operate a facility that provides emergency medical services within a certain distance from the hospital. Finally, the measure revises certain provisions governing approval to operate a center for the treatment of trauma and the operation of such a center.

A conceptual amendment has been proposed by Assemblywoman Carlton [pages 2-3, ([Exhibit J](#))]. In summary, the amendment:

1. Requires each hospital facility to obtain and use a unique National Provider Identifier for billing; and
2. Requires the administrator of DPBH to make a determination that a county has a trauma care shortage area, based on certain criteria, before the district board of health may determine a trauma designation.

Chairwoman Cohen:

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

ASSEMBLYWOMAN TITUS MADE A MOTION TO AMEND AND DO PASS ASSEMBLY BILL 317.

ASSEMBLYWOMAN DURAN SECONDED THE MOTION.

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

THE MOTION PASSED. (ASSEMBLYMAN HAFEN VOTED NO. ASSEMBLYMAN HAMBRICK WAS ABSENT FOR THE VOTE.)

I will ask Assemblywoman Duran to take the floor statement.

Marsheilah Lyons, Committee Policy Analyst:
Assembly Bill 340 is next.

Assembly Bill 340: Makes various changes concerning the acquisition and use of opioid antagonists by schools. (BDR 40-849)

[Marsheilah Lyons read from the work session document ([Exhibit K](#)).] Assembly Bill 340 authorizes certain health care professionals to issue an order for opioid antagonists to a public or private school for the treatment of an opioid-related drug overdose that may be

experienced by any person at the school. The bill also provides that a health care professional is not subject to disciplinary action for issuing such an order to a school. Public and private schools are authorized to obtain such an order for an opioid antagonist and to authorize a school nurse or other designated employee who has received specified training to administer it in certain circumstances.

If such an order is obtained, the board of trustees of each school district and the governing body of each charter or private school is required to establish certain policies regarding the storage and administration of opioid antagonists. The bill requires a registered pharmacist to transfer an order for an opioid antagonist to another registered pharmacist at the request of a public or private school for which the order was issued.

Finally, the measure provides certain exemptions from liability for a school, school district, employee of a school, and certain other persons affiliated with a school for certain damages relating to the acquisition, possession, provision or administration of an opioid antagonist or auto-injectable epinephrine not amounting to gross negligence or reckless, willful, or wanton conduct. Similar exemptions apply to a pharmacist who dispenses an opioid antagonist pursuant to such an order. There were no amendments for this measure.

Chairwoman Cohen:

Are there any comments?

Assemblyman Thompson:

It does not seem to be uniform among the three types of educational entities—private schools, charter schools, and public schools. When we were talking about administering the opioid antagonists, there seems to be different processes and procedures. I was told that most, but not all, traditional public schools have nurses. With charter schools, two trusted staff members would be trained. Are we thinking of amending it, or is the motion just going to be done pass?

Chairwoman Cohen:

There are no other amendments. I know that Assemblyman Hambrick is continuing to work on the bill. In particular, he has been speaking with the Nevada Justice Association, and I believe he would be open to discussing the issues further.

Assemblywoman Titus:

Indeed, it probably needs to be clarified at some point when we can get Assemblyman Hambrick here in person. I am supportive of the concept. For your information, this is an optional program. Addressing the opioid crisis on the national level, one of the keys is that we want it to be used by laymen. We do not want to have any kind of professional designation to be able to use NARCAN [naloxone HCl] because of its benefit versus the risk. The risk of not using it is tremendously greater than the risk of using it. I do not know the intent behind how the bill was written and why it wound up that way—using different professionals in the various types of schools. I am not sure if it needs to be fixed, or whether that is a conversation we can continue to have.

Assemblyman Thompson:

We are in a work session, so all our concepts should be ready to go. I will vote in favor, but I do want to continue the conversation because I think we need to look at that.

Chairwoman Cohen:

I am sure Assemblyman Hambrick is willing to continue that conversation. I understand that this is modeled on language from the EpiPen [epinephrine injection] statute.

Assemblyman Carrillo:

Could Assemblywoman Titus address my question? I am concerned that the signs of someone who has ingested opioids may be confused with symptoms of other disorders. I am also concerned about these antagonists being given erroneously. I want to make sure administration of this is not going to harm someone who is not overdosing on an opioid.

Assemblywoman Titus:

That is a good question and concern, but one of the wonderful things about this drug is that there is very little risk of using this drug on someone who is not in an overdose situation. It can really make someone who has overdosed feel badly, because it puts them into an immediate withdrawal. Yes, there are side effects to it, because you go through instant withdrawal. In the emergency room and in first responder settings, when someone is unconscious and you do not know what is wrong with that person, you give them NARCAN to see if they wake up. It is one of the things we encourage first responders to feel very comfortable using because the risk of not giving it is tremendous versus the risk of giving it when it turns out not to be an opioid overdose.

Assemblyman Carrillo:

As a parent, I would be concerned if this was given to my child because someone was under the impression that it might be an opioid overdose and this would bring him or her back, but what about the other side of it?

Assemblywoman Titus:

In my mind, as a parent, you would thank the first responder for at least giving the NARCAN—making that attempt. The reality here is that you take certain steps in an emergency response to save someone. You are not going to hurt that child if he does not have opioids on board by giving this drug.

Once again, this bill reads that individual school districts "may" have this. This is truly a voluntary program, and I would hope that the schools that consider themselves at risk would use it. Other schools may say it is not for them. Again, it is not a mandated program.

Assemblywoman Duran:

Do we have enough information to say whether, if someone is allergic to this drug, that person could have a reaction to it?

Assemblywoman Titus:

You can have an allergic reaction to many things. When we give the rattlesnake antivenom, potentially you could have an allergic reaction to it. Every drug states not to use it if you are allergic to it, but how do you know unless you have had it? The risk of allergies is fairly small, but I cannot say that a person could not have an allergic reaction to any drug, which is why all the schools now have EpiPens.

Assemblywoman Krasner:

I just want to clarify that this bill merely allows schools to have this product. It does not mandate it. Is that correct?

Chairwoman Cohen:

That is correct. Are there any other questions? [There was no reply.] Seeing no further questions, I will take a motion to do pass.

ASSEMBLYWOMAN KRASNER MADE A MOTION TO DO PASS
ASSEMBLY BILL 340.

ASSEMBLYWOMAN NGUYEN SECONDED THE MOTION.

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

THE MOTION PASSED. (ASSEMBLYMAN HAMBRICK WAS ABSENT
FOR THE VOTE.)

In the hope that we have Assemblyman Hambrick back, we will give the floor statement to him and Assemblywoman Titus will be the backup.

Marsheilah Lyons, Committee Policy Analyst:

We are moving on to Assembly Bill 346.

Assembly Bill 346: Revises provisions governing health care facilities and child care facilities. (BDR 40-846)

[Marsheilah Lyons read from the work session document ([Exhibit L](#)).] Assembly Bill 346 removes prohibitions regarding holding a license or certificate to operate a child care establishment, intermediary service organization, certain medical facilities, facilities for the dependent, or working at such an establishment. In addition, the measure removes the prohibitions for working at certain youth and recreation programs. The bill accomplishes this by revising the list of crimes that disqualify a person from operating or working in these types of establishments.

In addition, the bill authorizes the Division of Public and Behavioral Health in the Department of Health and Human Services to establish a process by which a person who has been convicted of certain crimes related to marijuana may request that the Division set aside

the conviction when determining whether the person is eligible to serve in those capacities. There are two amendments proposed for this measure:

1. Exempt any child care facility operated by the state or any political subdivision of the state from the provisions of the measure for any offense relating to the distribution or manufacture of any controlled substance or any dangerous drug that is punishable as a misdemeanor or felony within the immediately preceding five years. This amendment was proposed by Assemblywoman Michelle Gorelow and Alex Ortiz, Assistant Director, Clark County Department of Administrative Services [pages 3-5, ([Exhibit L](#))].
2. Revise *Nevada Revised Statutes* (NRS) 432A.176 to exempt independent contractors who have completed the required background check and additional training from the requirement they not be left unattended when a child is present. This amendment was proposed by Jared Busker of the Children's Advocacy Alliance [page 2, ([Exhibit L](#))].

Chairwoman Cohen:

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

Assemblywoman Gorelow:

The intent of this bill is to give people who previously had convictions a second chance. Now that marijuana is legal, they would be allowed to work in these facilities.

Chairwoman Cohen:

If someone has a felony conviction from distribution of marijuana, would this bill encompass that?

Karly O'Krent, Committee Counsel:

Yes, this bill would encompass them.

Chairwoman Cohen:

If someone had a felony conviction?

Karly O'Krent:

I thought you said misdemeanor.

Chairwoman Cohen:

So if someone has a felony conviction, this bill would not help them.

Karly O'Krent:

This would not help them. That is correct.

Assemblyman Hafen:

As currently written, I cannot support this bill. I understand the intent; however, it is currently a misdemeanor to provide marijuana to children, and I do not think an individual

who is providing marijuana to children should be allowed to work in a child care facility. So today I will be voting no; however, I have talked to the bill's sponsor and will work with the bill's sponsor to try to address my concerns.

Assemblyman Assefa:

I would like some clarification on the bill. Does this bill say if someone provides marijuana to children, or if they were previously convicted of possession of marijuana?

Karly O'Krent:

The bill does not specify what that conviction would be for.

Assemblywoman Krasner:

I do have some concerns with the bill because it also mentions people who were previously convicted of distribution of marijuana; however, I have spoken to the presenter of the bill and she has assured me that she will work toward amending that. I will vote yes to get this out of committee, but reserve my right to change my vote prior to voting on the floor.

Assemblyman Thompson:

I will be supporting this bill. I think it is very important what the bill sponsor said, that people deserve a second chance—as long as it is a misdemeanor and we are not looking at a felony conviction. We are also giving autonomy to the centers to look at everything on a case-by-case basis. I think we are doing a good service, so I will be in support.

Assemblywoman Titus:

I appreciate the intent of the bill as well as the importance of giving folks a second chance; and, hopefully, an amendment will be offered that will change my mind. However, the reason I am not able to support this bill is because the difference between a felony and a misdemeanor distribution case is all about how many grams were involved. I am concerned that someone who has been convicted—even if it was a misdemeanor—of distributing a drug to children could then be working in a child care facility. I will be voting no today, but hopefully, with any new amendments, I may be able to support it.

Assemblyman Carrillo:

Regarding distribution to a child, is that not already a felony?

Karly O'Krent:

It is my understanding that this is covered by the provisions in *Nevada Revised Statutes* (NRS) 453D.400. If you look at subsection 7 of that section, it makes it a gross misdemeanor to give it to a person under 18 years of age.

Assemblywoman Nguyen:

Could we have legal clarify? The subsection she has been referring Committee members to includes NRS 453.337, possession of a controlled substance, which does not include marijuana anyway. The other one is NRS 453.339 which refers to trafficking in a controlled substance. We do not call it distribution, and that is important to clarify. It sounds as though

the sponsor is willing to work with that language to make sure it conforms with the NRS as well as potentially capturing these other concerns.

Karly O'Krent:

That is correct regarding the trafficking statutes.

Chairwoman Cohen:

Are there any other questions? [There was no reply.] With no more questions, I am looking for a motion to amend and do pass.

ASSEMBLYMAN ASSEFA MADE A MOTION TO AMEND AND DO
PASS ASSEMBLY BILL 346.

ASSEMBLYMAN CARRILLO SECONDED THE MOTION.

Any comments? [There was no reply.]

THE MOTION PASSED. (ASSEMBLYMEN HAFEN AND TITUS
VOTED NO. ASSEMBLYMAN HAMBRICK WAS ABSENT FOR THE
VOTE.)

We will ask Assemblywoman Gorelow to handle the floor statement.

Marsheilah Lyons, Committee Policy Analyst:

Assembly Bill 387 is next.

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

[Marsheilah Lyons read from the work session document ([Exhibit M](#)).] Assembly Bill 387 requires the director of the Department of Health and Human Services (DHHS) to establish a task force to develop a program to prevent the relinquishment of custody of children to an agency that provides child welfare services solely to allow the children to receive services to address a mental illness or emotional disturbance. The bill requires the task force to adopt procedures for: (1) conducting reviews and arranging for services under the program; (2) increasing the availability of certain services; and (3) providing outreach and education to parents and providers of mental health services concerning the program. Additionally, the measure requires DHHS to adopt regulations that identify the manner in which the cost of providing such services will be paid.

The director is required to establish one or more clinical teams to review the cases of certain children who are at risk of being relinquished into the custody of a child welfare agency to receive services for a mental illness or emotional disturbance. The clinical team is required to develop a plan of care for each such child and arrange for the provision of certain services. Finally, the bill requires: (1) each child welfare agency to report to DHHS certain

information concerning the relinquishment of children to the agency; and (2) DHHS to submit an annual report to the Legislature that contains certain information concerning such relinquishment and the effectiveness of the program. An amendment proposed by Assemblywoman Backus is included in the work session document [pages 2-6, ([Exhibit M](#))]. In summary, the amendment:

1. Requires the task force to develop a program to prevent relinquishing custody to access certain services and to also consider the prevention of voluntary placement for the same purpose;
2. Requires child welfare agencies to report certain information to the task force and DHHS concerning children who are relinquished or voluntarily placed in custody to access certain services and requires DHHS to submit a summary of the reports to the Legislature;
3. Revises the due date for submission of the report and enactment of certain provisions of the measure; and
4. Removes reference to "mental illness" and instead refers to the "mental and physical health" of a child.

Chairwoman Cohen:

I see we have Assemblywoman Backus and Assemblyman Frierson here, so are there any questions?

Assemblyman Carrillo:

With the bill's sponsor here, I was hoping to be added to this bill as a cosponsor.

Chairwoman Cohen:

For the record, we have a thumbs up from Assemblyman Frierson. Seeing no other questions, I will take a motion to amend and do pass.

ASSEMBLYWOMAN NGUYEN MADE A MOTION TO AMEND AND
DO PASS ASSEMBLY BILL 387.

ASSEMBLYWOMAN MUNK SECONDED THE MOTION.

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

THE MOTION PASSED. (ASSEMBLYMAN HAMBRICK WAS ABSENT
FOR THE VOTE.)

We will give the floor statement to Assemblyman Carrillo.

Marsheilah Lyons, Committee Policy Analyst:

Next is Assembly Bill 430.

Assembly Bill 430: Establishes a family home visiting system to provide support to new parents. (BDR 38-1001)

[Marsheilah Lyons read from the work session document ([Exhibit N](#)).] Assembly Bill 430 requires the Division of Child and Family Services of the Department of Health and Human Services to establish and coordinate with other governmental entities to carry out a family home visiting system to provide for appropriately trained professionals to visit the homes of children during early childhood. The bill requires the family home visiting system to: (1) employ evidence-based models that have demonstrated positive outcomes in certain areas; and (2) prioritize families to receive services based on risk factors known to impair childhood development. Finally, the measure requires the Division to publish an annual report that contains certain information about the family home visiting system. There is an amendment to this measure [pages 2-3, ([Exhibit N](#))]. It replaces the bill and requires the Legislative Committee on Child Welfare and Juvenile Justice to conduct an interim study concerning the maternal, infant, and early childhood home visiting program.

Chairwoman Cohen:

Do we have any questions? [There was no reply.] With no questions, I am looking for a motion to amend and do pass.

ASSEMBLYWOMAN NGUYEN MADE A MOTION TO AMEND AND
DO PASS ASSEMBLY Bill 430.

ASSEMBLYWOMAN GORELOW SECONDED THE MOTION.

Are there any comments?

Assemblywoman Titus:

Unfortunately I am going to vote no on this bill. I appreciate the striking of section 2, basically gutting the bill; however, I have concerns about who would be identified and how they would be identified. I also had a significant number of people reach out to me in opposition; and although I assured them that the bill had been amended, I still have some concerns.

Assemblyman Carrillo:

I received a lot of emails regarding opposition to this bill, but with the amendment, I feel I can get behind it and move this forward.

Assemblywoman Nguyen:

I received a lot of emails as well, and am very happy that Assemblywoman Backus was able to amend, or rewrite, the bill; and now, I am fully in support of what it is. People now realize that she made significant changes to the bill and have changed to supporting it as well.

Chairwoman Cohen:

Did the amendment make Assemblywoman Backus a cosponsor? For the record, there was another thumbs up from Assemblyman Frierson adding her as a sponsor.

Assemblywoman Krasner:

I originally was going to vote no on A.B. 430, but because of the amendment and the considerable work that was done on this, I will be changing my vote and voting for it.

Chairwoman Cohen:

Seeing no other comments, I will ask for a motion to amend and do pass.

ASSEMBLYMAN THOMPSON MADE A MOTION TO AMEND AND DO
PASS ASSEMBLY BILL 430.

ASSEMBLYMAN ASSEFA SECONDED THE MOTION.

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

THE MOTION PASSED. (ASSEMBLYMEN HAFEN AND TITUS
VOTED NO. ASSEMBLYMAN HAMBRICK WAS ABSENT FOR THE
VOTE.)

We will have Assemblywoman Backus take the floor statement, with Assemblywoman Nguyen as backup.

Marsheilah Lyons, Committee Policy Analyst:

We will move on to Assembly Bill 469.

Assembly Bill 469: Revises provisions governing billing for certain medically necessary emergency services. (BDR 40-704)

[Marsheilah Lyons read from the work session document ([Exhibit O](#)).] Assembly Bill 469 prohibits an out-of-network provider that provides medically necessary emergency services to a person covered by a policy of health insurance from charging the person an amount that exceeds the copayment, coinsurance, or deductible required by the policy. The measure requires the out-of-network facility, under the aforementioned circumstances, to notify the third party that provides coverage for the person that the person is receiving such services at the facility and transfer the covered person to an in-network facility no later than 24 hours after the person's emergency medical condition is stabilized.

The bill establishes a basis for payment under two different scenarios:

1. For providers who were previously contracted—or in-network—within the last 24 months, the bill requires the third party to pay and the provider to accept as compensation for those services an amount based on the amount that would have

been paid for those services under the most recent contract between the third party and the provider. The third party will pay 108 percent of the amount if it is less than 12 months out of network and 115 percent if it is more than 12, but less than 24 months, out of network.

2. For providers who have never been in-network or are more than two years beyond the last contract, the third party is required to make a final offer of payment to the provider for the medically necessary emergency services. If the provider does not accept the offer, the parties are required to submit the dispute to binding arbitration.

An "out-of-network provider" is defined as a provider of health care, hospital, or independent center for emergency medical care that has not entered into a contract with a third party for the provision of health care to persons who are covered by a policy of insurance. The bill exempts critical access hospitals and a person covered by a policy of insurance sold outside Nevada. An amendment proposed by Assemblyman Frierson is attached to the work session document [pages 2-13, ([Exhibit O](#))].

Chairwoman Cohen:

Are there any questions?

Assemblywoman Titus:

I want to acknowledge all the work, effort, and years that went into this bill. I am going to proudly vote "yes" on this bill. It is not perfect. Many folks in the medical community do not like it; and that is probably okay, because there are just as many folks in the insurance industry and in the hospital industry who do not like it.

If we are all a little bit uncomfortable with it, then I think it is a really good bill. I really appreciate Assemblyman Frierson's efforts, and those of many others, throughout the session.

Chairwoman Cohen:

Are there any other questions? We have a "ditto" from Assemblyman Hafen. Seeing no other questions, I will ask for a motion to amend and do pass.

ASSEMBLYWOMAN MUNK MADE A MOTION TO AMEND AND DO
PASS ASSEMBLY BILL 469.

ASSEMBLYWOMAN NGUYEN SECONDED THE MOTION.

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

THE MOTION PASSED. (ASSEMBLYMAN HAMBRICK WAS ABSENT
FOR THE VOTE.)

We will give the floor statement to Assemblywoman Titus.

Marsheilah Lyons, Committee Policy Analyst:

We are moving on to Assembly Bill 471.

Assembly Bill 471: Revises provisions relating to supported living arrangement services. (BDR 39-178)

[Marsheilah Lyons read from the work session document ([Exhibit P](#)).] Assembly Bill 471 authorizes the holder of a certificate to provide supported living arrangement services to any person with a primary diagnosis of an intellectual disability or developmental disability, as well as to any person who has a secondary diagnosis other than an intellectual disability or developmental disability. There were no amendments for this measure.

Chairwoman Cohen:

Are there any questions? [There was no reply.] Seeing no questions, I will ask for a motion to do pass.

ASSEMBLYWOMAN KRASNER MADE A MOTION TO DO PASS
ASSEMBLY BILL 471.

ASSEMBLYWOMAN NGUYEN SECONDED THE MOTION.

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

THE MOTION PASSED. (ASSEMBLYMAN HAMBRICK WAS ABSENT
FOR THE VOTE.)

I will take the floor statement for this bill.

Marsheilah Lyons, Committee Policy Analyst:

The next bill on the work session is Assembly Bill 480.

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

[Marsheilah Lyons read from the work session document ([Exhibit Q](#)).] Assembly Bill 480 establishes the Supported Decision-Making Act, which authorizes an adult with a disability to enter into a supported decision-making agreement in which he or she designates one or more supporters to provide assistance when making decisions or engaging in certain other activities. The bill authorizes an adult to enter into a supported decision-making agreement at any time if the adult enters into the agreement voluntarily and understands the nature and effect of the agreement. The measure sets forth the requirements for a supported decision-making agreement and authorizes such an agreement to be terminated in writing or verbally and with notice to the other parties. The bill establishes the activities in which a supporter is authorized to engage and prohibits a supported decision-making agreement from being used as evidence of an adult's incapacity. The bill provides that a decision or request made or

communicated by an adult with the assistance of a supporter must, for the purposes of any provision of law, be recognized as the decision or request of the adult. The bill authorizes any person who is not a party to a supported decision-making agreement to act in reliance on the agreement if the person acts in good faith and without knowledge of certain information affecting the validity of the agreement. Finally, the bill clarifies that the provisions of the Supported Decision-Making Act must not be construed to affect the requirement of any person to report the abuse, neglect, exploitation, isolation, or abandonment of an older person or a vulnerable person. There are no amendments for this measure.

Chairwoman Cohen:

Are there any questions? [There was no reply.] I will take a motion to do pass.

ASSEMBLYMAN HAFEN MADE A MOTION TO DO PASS ASSEMBLY BILL 480.

ASSEMBLYWOMAN KRASNER SECONDED THE MOTION.

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

THE MOTION PASSED. (ASSEMBLYMAN HAMBRICK WAS ABSENT FOR THE VOTE.)

I will ask Assemblywoman Krasner to do the floor statement.

Marsheilah Lyons, Committee Policy Analyst:

We will now address two bills that are not in the original work session document. The first one is Assembly Bill 129.

Assembly Bill 129: Requires certain first responders to receive certain training concerning persons with developmental disabilities. (BDR 40-157)

[Marsheilah Lyons read from the work session document ([Exhibit R](#)).] Assembly Bill 129 requires ambulance attendants, firefighters, emergency medical technicians, advanced emergency medical technicians, paramedics, and peace officers to receive two hours of training concerning persons with developmental disabilities before initial licensure or certification, as applicable, and every two years thereafter.

There is an amendment proposed by Assemblywoman Munk to amend the measure by requiring the initial training to be conducted in person. The amendment would also remove the two-hour language, and instead, the training should be as long or as short as needed [page 2, ([Exhibit R](#))].

In addition, we received word from Assemblywoman Benitez-Thompson that this amendment should also include removing the requirement that physicians, physician assistants (PAs), and registered nurses (RNs) are required to have the training.

Assemblywoman Titus:

I appreciate the clarification from Assemblywoman Munk. Part of the bill, as it stands, includes physicians if they work in a prehospital environment. My concern is because physicians already have this training. I understand that there are some physicians who are reluctant to treat special needs folks, but that should be part of their training. Is this changing what was already in the amendment?

The second question I have concerns getting credit for this training. If a physician works in a prehospital environment and is mandated to get this training, will that physician get continuing medical education (CME) credits, because I do not know if there are any accredited programs currently established. If we have to take this extra two hours of training, will there at least be a program that gives us CME credits for that?

As an example, for 30 years I was the medical director for our Smith Valley ambulance service, and I frequently was the first responder when there was trauma involved. To have to take this additional training, when this is what I live and breathe, is a problem to me. I am going to support the bill when it comes up; and, hopefully, I can get better clarification in a few days. I know they are trying very hard to make this work for all parties.

Assemblywoman Munk:

There was a conceptual amendment submitted by Mr. Sprinkle early on that removed the requirements for physicians—no matter whether working in the hospital setting or not.

Assemblywoman Titus:

The paperwork I saw read something like removing the requirements for physicians, PAs, and RNs unless they specifically work in the prehospital environment.

Marsheilah Lyons:

There are conceptual amendments before the Committee. One would require initial training to be conducted in person; another is removal of the two-hour language so the training would be as long or as short as needed. The last would completely remove the requirement for physicians, PAs, and RNs to have this training—whether prehospital or not—throughout this bill.

Assemblywoman Krasner:

I want to say thank you to Assemblywoman Munk for working so hard with all the stakeholders and everyone who had input on the bill. She did a great job.

Chairwoman Cohen:

I will take a motion to amend and do pass.

ASSEMBLYWOMAN TITUS MADE A MOTION TO AMEND AND DO
PASS ASSEMBLY BILL 129.

ASSEMBLYMAN HAFEN SECONDED THE MOTION.

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

THE MOTION PASSED. (ASSEMBLYMAN HAMBRICK WAS ABSENT FOR THE VOTE.)

I am giving the floor statement to Assemblywoman Munk, and we are going to be in a brief recess [at 1:46 p.m.].

I am going to call the Committee back to order [at 2:08 p.m.], and we will move on to our final bill on the work session, Assembly Bill 303.

Assembly Bill 303: Provides for the regulation of kratom products. (BDR 40-1055)

Marsheilah Lyons, Committee Policy Analyst:

Assembly Bill 303 provides for the regulation of kratom products. There are two amendments uploaded to the Nevada Electronic Legislative Information System, and Committee members should also have copies at their desks.

The first amendment ([Exhibit S](#)) was presented at the hearing for the measure. It is proposed and submitted by Assemblyman Jim Wheeler. The second amendment came subsequent to the hearing from Rebecca Gasca, representing the American Kratom Association ([Exhibit T](#)).

Karly O'Krent, Committee Counsel:

For the purpose of explaining to the Committee members how to interpret both amendments together, what we would do is take the proposed amendment Ms. Gasca presented at the April 2 hearing, keep all the language with the exception of striking the provisions making it unlawful for a person to do either of the things provided in subsections 1 or 4 and instead, it will just be a civil penalty. So, it will no longer be a misdemeanor to "sell any material, compound, mixture or preparation containing a kratom product to a child under the age of 18 years," nor to "sell a kratom product without adequate labeling directions necessary for safe and effective use."

Chairwoman Cohen:

Are there any questions?

Assemblyman Thompson:

Could we clarify how section 4, subsection 3 will read now? I know we are trying to discourage sales to a child under the age of 18. How will that be worded?

Karly O'Krent:

I am not entirely sure how the drafter will decide to draft this, but removing the term "unlawful" and instead imposing a civil penalty will accomplish the intent of the amendment ([Exhibit T](#)). To be clear, the word "unlawful" will be removed.

Assemblyman Thompson:

On the front end, how do you discourage someone under the age of 18 from growing or cultivating this product, or is that not a part of this bill? We are trying to stop them from selling it, and if it is not treated as marijuana is, how do you prevent cultivation of it?

Chairwoman Cohen:

Ms. Gasca, would you come forward please?

Rebecca S. Gasca, representing American Kratom Association:

We stated on the record in the original hearing that this is a plant that grows indigenously in Southeast Asia. To my knowledge, it is quite difficult to grow in confined conditions. It is not like the marijuana plant which is more a weed. To our knowledge, there is not a problem with anyone home cultivating kratom. The manufacturer who testified here noted that they get most of their product from overseas. It usually comes in powdered form and is tested before it leaves—usually Malaysia and sometimes Thailand. It goes through a supply chain in its testing form and is certified in a Good Manufacturing Practice facility which meets federal Food and Drug Administration (FDA) guidelines. That is how it is manufactured. This is really about prohibiting the sale or vending of that finished product to minors.

Assemblywoman Krasner:

Ms. Gasca, in some of our conversations you said that the kratom industry is currently working toward getting FDA approval. Is it your intent that the industry will continue to try to get FDA approval?

Rebecca Gasca:

Absolutely. Today is Day 241 since the American Kratom Association first began asking the FDA to sit down and discuss reasonable regulations. We intend to keep on working that route because we think responsible regulation will protect the health and safety of those who choose to consume it. This bill seeks to prohibit the sale of adulterated kratom.

Chairwoman Cohen:

Are there any other questions? [There was no reply.] Seeing none, I am looking for a motion to amend and do pass.

ASSEMBLYMAN CARRILLO MADE A MOTION TO AMEND AND DO
PASS ASSEMBLY BILL 303.

ASSEMBLYWOMAN MUNK SECONDED THE MOTION.

Are there any comments?

Assemblywoman Titus:

I will vote no on this bill. I think it is an overreach for our state to do this. It is something that the FDA should be doing. I realize they take their time on this, but it is for a good

reason. I think the regulation and control of this, if ever needed, should come from the FDA and not the state of Nevada, so I will not be able to support this bill.

Chairwoman Cohen:

Are there any other comments?

Assemblywoman Duran:

I am going to do a little more research. I will vote to get it out of the Committee, but I will reserve my right to change my vote on the floor.

Chairwoman Cohen:

Remember, Committee members, you always have the right to change your vote. We just request that you speak to the bill's sponsor and the chair of the Committee and let them know if you decide to do that.

THE MOTION PASSED. (ASSEMBLYWOMAN TITUS VOTED NO.
ASSEMBLYMAN HAMBRICK WAS ABSENT FOR THE VOTE.)

I will ask Assemblyman Carrillo to do the floor statement.

That brings us to the end of our work session. Is there any public comment? [There was no reply.] With no one interested in making public comment, we will recess to the call of the Chair [at 2:15 p.m.]. [The meeting was adjourned at 3:55 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 the Work Session Document regarding [Assembly Bill 122](#), dated April 12, 2019, presented by Marsheilah Lyons, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

[Exhibit D](#) is a proposed amendment to [Assembly Bill 122](#), dated April 12, 2019, supplied by the Aging and Disability Services Division, Department of Health and Human Services, presented by Marsheilah Lyons, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

[Exhibit E](#) is the Work Session Document regarding [Assembly Bill 234](#), dated April 12, 2019, presented by Marsheilah Lyons, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

[Exhibit F](#) is the Work Session Document regarding [Assembly Bill 247](#), dated April 12, 2019, presented by Marsheilah Lyons, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

[Exhibit G](#) is the Work Session Document regarding [Assembly Bill 254](#), dated April 12, 2019, presented by Marsheilah Lyons, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

[Exhibit H](#) is a proposed amendment to [Assembly Bill 254](#), submitted by Professional Firefighters of Nevada, presented by Marsheilah Lyons, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

[Exhibit I](#) is the Work Session Document regarding [Assembly Bill 298](#), dated April 12, 2019, presented by Marsheilah Lyons, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

[Exhibit J](#) is the Work Session Document regarding [Assembly Bill 317](#), dated April 12, 2019, presented by Marsheilah Lyons, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

[Exhibit K](#) is the Work Session Document regarding [Assembly Bill 340](#), dated April 12, 2019, presented by Marsheilah Lyons, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

[Exhibit L](#) is the Work Session Document regarding [Assembly Bill 346](#), dated April 12, 2019, presented by Marsheilah Lyons, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

[Exhibit M](#) is the Work Session Document regarding [Assembly Bill 387](#), dated April 12, 2019, presented by Marsheilah Lyons, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

[Exhibit N](#) is the Work Session Document regarding [Assembly Bill 430](#), dated April 12, 2019, presented by Marsheilah Lyons, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

[Exhibit O](#) is the Work Session Document regarding [Assembly Bill 469](#), dated April 12, 2019, presented by Marsheilah Lyons, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

[Exhibit P](#) is the Work Session Document regarding [Assembly Bill 471](#), dated April 12, 2019, presented by Marsheilah Lyons, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

[Exhibit Q](#) is the Work Session Document regarding [Assembly Bill 480](#), dated April 12, 2019, presented by Marsheilah Lyons, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

[Exhibit R](#) is the Work Session Document regarding [Assembly Bill 129](#), dated April 12, 2019, presented by Marsheilah Lyons, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

[Exhibit S](#) is a proposed amendment to [Assembly Bill 303](#), dated April 2, 2019, submitted by Assemblyman Jim Wheeler, Assembly District No. 39, presented by Marsheilah Lyons, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

[Exhibit T](#) is a proposed conceptual amendment to [Assembly Bill 303](#), dated April 10, 2019, submitted by Rebecca S. Gasca, representing American Kratom Association, and presented by Marsheilah Lyons, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.