

**MINUTES OF THE
SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES**

**Eightieth Session
May 15, 2019**

The Senate Committee on Health and Human Services was called to order by Chair Julia Ratti at 4:05 p.m. on Wednesday, May 15, 2019, in Room 2135 of the Legislative Building, Carson City, Nevada. The meeting was videoconferenced to Room 4412 of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. [Exhibit A](#) is the Agenda. [Exhibit B](#) is the Attendance Roster. All exhibits are available and on file in the Research Library of the Legislative Counsel Bureau.

COMMITTEE MEMBERS PRESENT:

Senator Julia Ratti, Chair
Senator Pat Spearman, Vice Chair
Senator Joyce Woodhouse
Senator Joseph P. Hardy
Senator Scott Hammond

GUEST LEGISLATORS PRESENT:

Assemblywoman Shea Backus, Assembly District No. 37
Assemblywoman Daniele Monroe-Moreno, Assembly District No. 1

STAFF MEMBERS PRESENT:

Megan Comlossy, Committee Policy Analyst
Eric Robbins, Committee Counsel
Michelle Hamilton, Committee Secretary

OTHERS PRESENT:

Steve Sisolak, Governor
Allison Combs, Policy Director, Office of the Governor
Barry Gold, AARP Nevada
Vivian Leal, Indivisible Northern Nevada
Nick Vassiliadis, Anthem, Inc. and affiliates including Anthem Blue Cross and Blue Shield; Anthem Blue Cross and Blue Shield Healthcare Solutions
Tray Abney, America's Health Insurance Plans

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Catherine O'Mara, Nevada State Medical Association
Jenny Reese, PhRMA
Jim Wadhams, Nevada Hospital Association
Jennifer Lazovich, Renown Health; Hometown Health
Bobbette Bond, Culinary Health Fund; Unite Here Health
Chris Ferrari, Dignity Health - St. Rose Dominican
Caroline Mello Roberson, NARAL Pro-Choice Nevada
Elisa Cafferata, Planned Parenthood Votes Nevada; Biotechnology Innovation
Organization
Chelsea Capurro, Health Services Coalition
Alfredo Alonso, UnitedHealth Group Inc.
Joelle Gutman, Washoe County Health District
Robin Reedy, Executive Director, National Alliance on Mental Illness
Heidi Parker, Immunize Nevada
Jay Parmer, Association for Accessible Medicines
Jessica Ferrato, Nevada Nurses Association
Dan Musgrove, Valley Health System; Chiropractic Physicians' Board of Nevada;
WestCare of Nevada
Lindsay Knox, Nevada Orthopaedic Society
Michael Hackett, Nevada Primary Care Association; Nevada Academy of
Physician Assistants; Nevada Public Health Association
Heather Areshenko
Nancy Saitta, Nevada Coalition to Prevent the Commercial Sexual Exploitation
of Children
Ross Armstrong, Administrator, Division of Child and Family Services,
Department of Health and Human Services
Brigid Duffy, Director, Juvenile Division, Clark County District Attorneys Office
Bailey Bortolin, Legal Aid Center of Southern Nevada
Jim Hoffman, Nevada Attorneys for Criminal Justice
Xavier Planta, Deputy Director, Children's Attorneys Project, Legal Aid Center of
Southern Nevada
Karla Rios
Lea Cartwright, Nevada Psychiatric Association
Helen Foley, FirstMed
Cody Phinney, Deputy Administrator, Division of Health Care Financing and
Policy, Department of Health and Human Services
Tom Clark, Nevada Association of Health Plans

CHAIR RATTI:

We will open the hearing for Senate Bill (S.B.) 544.

SENATE BILL 544: Creates the Patient Protection Commission. (BDR 40-1221)

STEVE SISOLAK (Governor):

Thank you, Chairwoman Ratti and members of the Committee, for the opportunity to present this bill. I am honored to be here.

I am pleased to present to you today, at long last, the Nevada Patient Protection Commission (PPC). This is a concept I talked a lot about on the campaign trail. Over the last few months, after many discussions with Legislators and stakeholders, it has evolved into a comprehensive independent commission dedicated to innovative approaches to health care policy in this State.

My vision in establishing the PPC is to bring everyone together to work on the health care issues that we so often discuss, but may not have the time to resolve in the limited 120 days of a Legislative Session.

The PPC will take a comprehensive look at the state of health care in Nevada and identify areas we need to improve, things we are doing well and more ways we can ensure that access to health care is available to all Nevadans, no matter their ZIP code.

As I often say, health care is only accessible if it is affordable, and the PPC will examine health care costs, including prescription drugs, and the primary factors driving those costs. The PPC will also review the disparity of care among different communities, including the adequacy of health care providers and availability of health insurance plans.

As we know, the policies coming out of Washington, D.C. can have a dramatic effect on our State health care system. The PPC will monitor changes at the federal level and find ways to keep health care accessible and affordable for Nevadans regardless of the instability in Washington.

The PPC will have 11 members, whom I will appoint with recommendations from Legislative Leadership. The membership will include representation from across the industry; health plans, providers, hospitals and pharmaceutical companies with an academic experienced in health care policy. Most

importantly, it will include patient advocates to represent the voice of Nevadans, who are the consumers of health care.

The PPC will establish subcommittees to bring more stakeholders to the table to do the heavy lifting on specific health care policies.

In order to be successful, the PPC will need an Executive Director and additional support staff. I also expect the ex-officio members to bring the full resources of their respective agencies to help in the Commission's work.

As you can see, the scope of the PPC is designed to be far-reaching, yet flexible, because the PPC will also be tasked with evaluating itself and its role in our State. This may involve more comprehensive oversight or regulatory function sometime in the future.

It is my goal by the next Legislative Session, the PPC will have made a thorough review of our health care system and offer concrete recommendations to the Legislature on what we need to do in Carson City to expand access to quality, affordable health care for all Nevadans.

Nevada is unique. With our extraordinary growth, the health care needs of Nevadans are changing quickly and dramatically, but we are still a State where we can come together from all sides of the aisle and work together. I look forward to collaborating with each of you to improve the provisions of health care for Nevadans in all corners of the State.

Thank you, Madam Chair. Thank you, Committee members.

CHAIR RATTI:

I would like to know how you envision this Commission interacting with the Legislature that already has numerous health care committees who meet during the Interim.

ALLISON COMBS (Policy Director, Office of the Governor):

There is language under section 9 that addresses this issue. The PPC will work in collaboration and will not take the place of any existing Legislative or Executive Branch Committee. It will have broad oversight and work in conjunction with all the Committees. There are many areas within health care and so many topics that no one Committee can cover everything. The PPC will

provide a forum for collaboration and bring in all the data and information. It will not overlap the others.

CHAIR RATTI:

I have questions about the confidentiality provisions in section 7 which authorize the Executive Director to access information maintained by State agencies, including information that is otherwise confidential. The Executive Director can see it, but if it is to be used by the PPC, do they maintain that same level of confidentiality? Can the PPC access that information?

Ms. COMBS:

Yes, the Executive Director can access confidential information in the same manner as other State agencies. There are strong provisions to make sure that information maintains its confidentiality as required by State, federal and any other law that may apply. Any information that goes to the public would need to be in aggregate form to protect the confidentiality of the information.

CHAIR RATTI:

Are there provisions that would allow the PPC to go into closed session where there are instances in which it is necessary to see the "playing field" to make hard decisions? Would that information be available to the PPC but not to the public?

Ms. COMBS:

There are no closed door provisions in S.B. 544 at this time.

CHAIR RATTI:

It also appears the confidentiality pertains to information that State agencies already have access to. There are also stakeholders that represent payers and stakeholders that represent providers. If those entities are interested in sharing information for the furtherance of the PPC, but they want to do that in a confidential setting, can they do that?

Ms. COMBS:

That is not currently provided in the bill. We can have those conversations to see if this is needed. The language addresses information contained in State agencies. The idea is the PPC will rely heavily on State agencies and their information.

CHAIR RATTI:

Is there anyone in support of S.B. 544?

BARRY GOLD (AARP Nevada):

You have heard me testify many times about the access to quality, affordable health care. This is what AARP works on and what it thinks about all the time. AARP is in support of the S.B. 544 and looks forward to working with the PPC. On behalf of the 348,000 members and all Nevada families, we urge this Committee to support access to quality, affordable health care.

VIVIAN LEAL (Indivisible Northern Nevada):

I will read my prepared testimony ([Exhibit C](#)) in support of S.B. 544.

NICK VASSILIADIS (Anthem, Inc. and Affiliates, Anthem Blue Cross and Blue Shield; Anthem Blue Cross and Blue Shield Healthcare Solutions):

We believe this is a good approach to solving some of the issues in health care. We believe this will take a holistic approach and look forward to working with the PPC.

TRAY ABNEY (America's Health Insurance Plans):

We know that health care is an important issue to every Nevadan. We are ready to work with the Governor and the PPC. We support S.B. 544.

CATHERINE O'MARA (Nevada State Medical Association):

We support S.B. 544. We appreciate the focused look at health care. The duties are ambitious and comprehensive; Nevadans deserve that. We appreciate the focus on patient advocates. We have complained for many years about the inadequacy of networks and no one can articulate it better than the patients. We appreciate the inclusion of providers and hope that physicians will be part of that. We are ready to work with the PPC.

JENNY REESE (PhRMA):

The PhRMA is in support of S.B. 544 and looks forward to participating during the Interim.

JIM WADHAMS (Nevada Hospital Association):

We appreciate the breadth and scope of S.B. 544 and look forward to participating with the PPC.

JENNIFER LAZOVICH (Renown Health; Hometown Health):
We are in support of S.B. 544.

BOBBETTE BOND (Culinary Health Fund; Unite Here Health):
We are happy Nevada is taking an important step to take a comprehensive look at health care. We have had a couple decades where we had nowhere to go for health care leadership that would cross several industries. We see this as an opportunity to create change in Nevada. I want to emphasize the importance of the patient. Many times the patient's voice is not heard.

CHRIS FERRARI (Dignity Health - St. Rose Dominican):
We are Las Vegas' only not-for-profit, faith-based health care system. We originally started in 1947 with three acute care and four neighborhood hospitals and 6 community outreach centers. We are in support of S.B. 544 and look forward to being an active participant in the meetings.

CAROLINE MELLO ROBERSON (NARAL Pro-Choice Nevada):
We are in support of the PPC. We represent 45,000 battle-born, feminist-strong members.

ELISA CAFFERATA (Planned Parenthood Votes Nevada; Biotechnology Innovation Organization):
Both organizations are in support of S.B. 544. We look forward to participating in this important endeavor.

CHELSEA CAPURRO (Health Services Coalition):
We are in support of S.B. 544.

ALFREDO ALONSO (UnitedHealth Group Inc.):
We are in support of S.B. 544.

JOELLE GUTMAN (Washoe County Health District):
We are in support of S.B. 544.

ROBIN REEDY (Executive Director, National Alliance on Mental Illness):
We are in support of S.B. 544.

HEIDI PARKER (Immunize Nevada):
We are here in support of S.B. 544.

JAY PARMER (Association for Accessible Medicines):

Senate Bill 544 creates the PPC and an opportunity for an important dialogue regarding improving health care delivery in Nevada. Generic drugs play an important role in the cost-efficient delivery of health care for Nevadans. In 2017, generic drug utilizations created a cost savings of over \$2 billion in Nevada. At the same time, generic drug prices have decreased by 6 percent every year. With this in mind, our industry is anxious to both observe and participate in the work of the PPC, especially the stated goal of a better understanding of prescription drug prices.

JESSICA FERRATO (Nevada Nurses Association):

We are in support of S.B. 544.

DAN MUSGROVE (Valley Health System; Chiropractic Physicians' Board of Nevada; WestCare of Nevada):

All organizations are in support of S.B. 544.

LINDSAY KNOX (Nevada Orthopaedic Society):

We are in support of S.B. 544.

MICHAEL HACKETT (Nevada Primary Care Association; Nevada Academy of Physician Assistants; Nevada Public Health Association):

All three organizations want to go on record in support of S.B. 544.

HEATHER ARESHENKO:

I am a mom, a patient with multiple sclerosis, a speech pathologist and I support S.B. 544.

CHAIR RATTI:

Seeing no further testimony, I will close the hearing on S.B. 544 and open the hearing on Assembly Bill (A.B.) 151.

ASSEMBLY BILL 151: Provides for the protection of children who are victims of commercial sexual exploitation. (BDR 38-457)

Assemblywoman Daniele Monroe-Moreno (Assembly District No. 1):

This request was based on the work done by the Interim Committee on Child Welfare and Juvenile Justice.

NANCY SAITTA (Nevada Coalition to Prevent the Commercial Sexual Exploitation of Children):

I am retired from the Nevada Supreme Court and am the Co-chair for the Nevada Coalition to Prevent the Commercial Sexual Exploitation of Children (CSEC) Coalition. The CSEC Coalition was created on or about May 31, 2016, by Executive Order 2016-14, in response to the Preventing Sex Trafficking and Strengthening Families Act of 2014, Public Law 113-118.

Nevada is a major destination for those who seek to sexually exploit children. Nevada ranks tenth in the Nation for the number of human trafficking cases reported. That number underestimates the "real" number of children who are involved in this crime.

The CSEC Coalition spent two years identifying stakeholders, what the needs were for Nevada's children and the best way to reach those children in an appropriate manner. The law needs to require our child welfare system to embrace these child victims in a way that is effective, where services can be extended to them and these services will help them turn away from trafficking. Nevada's statutory scheme does not provide for that. This bill will create an avenue for children to come into the system, be cared for, provided with resources and encouraged to take a path away from human trafficking.

The CSEC Coalition is a cross-section of victims, victim advocates, district attorneys and resources providers.

ROSS ARMSTRONG (Administrator, Division of Child and Family Services, Department of Health and Human Services):

The Justice for Victims of Trafficking Act, which the United States Congress passed, requires child welfare agencies to take reports of children who have been sex trafficked. Nevada's current statutory scheme does not allow that. Currently, if the Division of Child and Family Services (DCFS) receives a call about a child who has been sexually trafficked, and it is "non-familial trafficking", which means it is not the parent or guardian who is doing the abusing, the DCFS role ends. We get the information and no report or services are provided.

Assembly Bill 151 lays the legal foundation for DCFS to take those calls, to screen them appropriately and to get that family access to services. It also

allows us to contact another state that the child may have come from and get the child back home.

Assembly Bill 151 lays out the legal foundation to address this specific population.

BRIGID DUFFY (Director, Juvenile Division, Clark County District Attorney's Office):

Assembly Bill 151 recognizes the unique needs of this population of victims. They do not fit in the statutory sections of juvenile justice, child welfare or in the mental health systems. Section 1 will create a new chapter in Title 38 of the *Nevada Revised Statutes* (NRS) dedicated to the identification and treatment of children who have been commercially sexually exploited.

Sections 2 through 11 are definition sections.

Section 12 creates statutory language that will allow any person to report to a child welfare agency if he or she has reasonable cause to believe that a child is being exploited. That section is just for the general public.

Section 12, subsection 2, creates a statutory mandate for all current mandated reporters who have reasonable cause to believe that a child is being exploited to make a report as soon as reasonably practical, but no less than 24 hours after the person knows or has reasonable cause to believe that a child is a commercially sexually exploited child.

Section 12, subsection 3 mandates if the alleged perpetrator of the exploitation is present with the child, a mandated reporter must not only contact the child welfare agency, but also immediately contact a law enforcement agency.

Section 12, subsection 4 creates penalties for violating mandated reporting statutes. The first offense is a misdemeanor and any subsequent offense is a gross misdemeanor.

Section 13 instructs the child welfare agency on what to do when they receive a report, such as the initial screening, cross reports to law enforcement and if the child is from another jurisdiction, contacting that jurisdiction to cross report it. After the initial screening, the agency may also conduct a full assessment.

If the agency conducts the full assessment pursuant to chapter 432B of NRS and no abuse or neglect of the child is identified, the agency itself may conduct an assessment of the family and the child to determine if the child is in need of services. Or they may refer out to another agency to conduct that assessment.

If the child welfare agency refers to an outside provider, then there is a requirement the provider report back to the child welfare agency if the family or child fails or refuses to participate in the assessment and the services; or if the provider believes there is a serious risk of health or safety to the child. If outside providers are used, and the families are not showing up, there is a mechanism in place to report back to the child welfare agency to determine if more services are needed.

Sections 14 and 15 address confidentiality of information maintained by the child welfare agency and exceptions for release of that information.

Section 16 is existing law that provides for reports to law enforcement of commercial sexual exploitation of a child. It also constitutes a report of abuse and neglect required by law.

Section 17 is a public records request and makes these public records not discoverable.

Sections 18 and 19 add mandated reporting requirements to certain professionals.

For many sessions over the past decade, this body has been making great efforts to protect child victims of sex trafficking. Assembly Bill 151 is innovative and I believe this is not being done in this Country. This bill creates its own statute to recognize the needs of this population.

CHAIR RATTI:

Is there anyone in support of A.B. 151?

BAILEY BORTOLIN (Legal Aid Center of Southern Nevada):

We were part of the CSEC Coalition and want to put our thanks on the record in support of A.B. 151.

JIM HOFFMAN (Nevada Attorneys for Criminal Justice):

We are neutral on A.B. 151. We are not opposed to this bill. We have concerns over some inadvertent drafting errors. This bill is drafted in a way that makes lawyers mandatory reporters. This is a problem for us, because we represent defendants who are charged with commercial sexual exploitation and we have a legal and ethical duty not to report on our clients.

I am talking about section 12, subsection 2 which states, any person who is required to make a report pursuant to NRS 432B.220... *Nevada Revised Statutes* 432B.220 states that except as otherwise provided in NRS 432B.225, an attorney is a mandatory reporter. *Nevada Revised Statutes* 432B.225 states that a lawyer for a person who is accused of abuse or neglect of a child is not a mandatory reporter. Again, we have an ethical duty to keep confidentiality for our clients. We cannot be required to break that confidentiality.

I am concerned with the bill as drafted, which states an attorney cannot make a report of child abuse or neglect, but they can be required to make a report of commercial sexual exploitation because that is not covered by NRS 432B.225.

Section 12, subsection 3 raises the same issue. If a lawyer knows that the alleged perpetrator is or is alleged to be present with the child or something like that, then we have to make a report, we have break our duty of confidentiality.

I think that the exception that exists in NRS 432B.225 is a good exception, but I think we need to tweak the bill to make sure defense attorneys are covered.

The next technical issue is in section 15 and it is about who can get this information. Section 15, subsection 2, paragraph (e) states that a court other than a juvenile court can get this information for in-camera inspection only. From our perspective, the point of that is discovery in a criminal case which is fine, but in subsection 2, paragraph (h) it states that a juvenile court can only get the information to carry out its legal responsibilities to protect children from commercial sexual exploitation. The problem with that, from our perspective, is sometimes the defendant in a case of commercial sexual exploitation is a juvenile. It is a kid charged with pandering another kid. In that case, the juvenile court needs to get that information to do discovery. We represent these kids who are charged with pandering. We need access to this information. This is another tweak.

I do not think any of this was intentional; I believe it was inadvertent. These are technical problems that would impair our duty to our clients and our ability to do our jobs.

We do not oppose the bill, we just need some technical amendments to address these concerns.

CHAIR RATTI:

The Committee needs your contact information so that we can reach out to you.

MS. SAITTA:

We will work on the language with Mr. Hoffman. I do believe these technicalities were inadvertent.

CHAIR RATTI:

I will close the hearing on A.B. 151 and open the hearing on A.B. 298.

ASSEMBLY BILL 298 (1st Reprint): Requires an agency which provides child welfare services to adopt a plan for the recruitment and retention of foster homes. (BDR 38-1061)

ASSEMBLYWOMAN SHEA BACKUS (Assembly District No. 37):

I am a pro bono attorney for the Legal Aid Center of Southern Nevada. I have the privilege to represent children who are subject to abuse and neglect.

I want to give the Committee some background behind A.B. 298. It started with my representing, probably one family in particular, who had multiple children. During my representation, one of the children had gone to a couple different schools and was placed far away from where she had been removed from her family, friends and, more important, her siblings. I tried to figure a way to get her to and from community activities such as her church and I saw this as a struggle. I started wondering, where are we recruiting foster families, and are they in the areas where families are being removed or separated? In addition, there are struggles finding foster families to serve and represent large sibling groups or those who have special mental health issues.

With the help of the Legal Aid Center, we were able to draft A.B. 298. This bill has been amended with the assistance of other stakeholders and the DCFS.

XAVIER PLANTA (Deputy Director, Children's Attorneys Project, Legal Aid Center of Southern Nevada):

I have been a children's attorney for almost ten years. I have worked with the DCFS, the district attorney's office and the parents' attorney's office on some very difficult cases. We have had our differences of opinion on trajectory and outcome of cases and various issues. However, we continue to identify opportunities to work together to improve our child welfare system.

One such area of improvement is the need for stronger recruitment and retention of foster homes. It is always the priority to keep kids safe at home and avoid putting them in foster care; however, this is not always possible. We do not have a sufficient amount of foster homes to meet the needs of our children. All too often, the child in foster care must choose between attending a new school near their foster home or a two-hour bus ride to attend their same school. In 2017, there was a change in NRS 388E.105 that allowed children in foster care to remain in their school of origin. However, many children cannot be placed in the same area or in close proximity of their school. This can mean long commutes to and from school.

Several years ago, I represented a teenage client who lived in the northwest part of Las Vegas, and she was placed in a home across town. While she could continue to attend the same high school, it meant waking up at 4:30 a.m. to catch a 5:00 a.m. bus to school. In addition, she had to catch the bus immediately after school, so there were no opportunities to participate in after-school activities or socialize with friends.

We have siblings who are separated because there are no homes that can accommodate sibling groups. This includes siblings of different genders, siblings where there is a gap in age or large sibling groups of three or more.

We also have children with special needs who linger in congregate care for weeks and months because there are no homes that can meet the child's special needs. We recently represented a sibling group of four; two of whom were diagnosed with autism. While the younger siblings were placed in a foster home, the two with autism were finally placed six months later.

We have cases that involve children who enter foster care speaking only Spanish who are placed in an English only speaking home and we also have

cases in reverse. Not only are these children removed from their parents, they are not able to communicate with the people now caring for them.

Assembly Bill 298 is intended to ensure we have the number of adequate and appropriate homes for our children in foster care. It is important for us to see what efforts are being made to address this specific population. Equally important, we need to see the results of the plan. What good is a plan if you are not able to determine if those targets are being achieved? Assembly Bill 298 promotes the opportunity to provide feedback for areas of improvement where there continues to be a need.

Assembly Bill 298 gets us away from relying on congregate care such as Child Haven. The federal Family First Prevention Services Act goes into effect in October 2019. Nevada will not be opting into the Act at that time; however, A.B. 298 helps to promote compliance with the Act. Part of the Act seeks to curtail congregate care. Nevada will not be able to rely on congregate care in the future. We are going to need more viable, appropriate foster homes that meet our children's needs.

KARLA RIOS:

I am 21 years old. I was put into foster care at the age of 15 on February 14, 2014, along with my 4 other siblings, Ricardo, Brandon, Angel and Matthew. Building relationships at a young age is very important. Having kids separated from friendships and bonds they created is wrong and should be stopped.

I was 15 years old when I finally decided to change my life for the better and reported all the scary things that would happen behind closed doors at my house.

I was put into Child Haven along with my other four siblings. The hardest time of my life was keeping strong so all my brothers would not be worried. I was their mom figure and role model. I knew if they saw me stressed, they would be scared and terrified of not knowing why they were just ripped away from their mother's arms and saw their parents getting handcuffed and taken away by police.

Weeks passed, and the worst day of my entire life was the moment my siblings were ripped away from me. I felt like I was going crazy. First, it was Matthew who was seven months old, along with Angel, who was six years old at the

time. I could hear Angel screaming my name. I told Angel in tears to take good care of Matthew and stay strong for him.

I looked at Brandon and knew he was next. In my head I was confused why he was left behind. Why did he not go with Angel and Matthew? Then I knew he was being separated from all of us. I told him to be a strong little boy. Brandon was taken by foster parents.

My older brother Ricardo and I were placed in WestCare where we lived for about three months with few belongings. During those many months, I had no contact with family, school, or anyone other than my brother Ricardo and the four walls of my room at WestCare.

I was later told I would be able to return to school and that was the best news I had heard in so many days. I was happy to get back to a regular routine. Going back to see all of my friends and teachers was like a little kid being handed a piece of candy. Ricardo and I had to wake up extra early to catch the bus, but we were excited to get back to school. When I arrived at my high school there were tears running down my face as I ran to my teacher Ms. Erica. She would later become my foster mom.

With the events going on at home, school was my sanctuary. I wanted to stay away from my WestCare home. Being able to continue my education at my high school where all the kids that I grew bonds with for many years, made my life just a bit easier. If it was not for these bonds I created, or if I had changed schools, life would have been devastating.

I was always sad and disappointed to go back to WestCare and all I wanted to do was stay at school and never have to leave. This led me to join every extra-curricular activity and sport I could think of, so I would not have to go back to WestCare. I even stayed after school to do homework with teachers and used that as an excuse to not go home. I grew to have so much love for my school and it became a safe place for me. If I was moved to another school, I would have lost my safe place and have nowhere to go. I became Vice President of my school, I ran track and cross country, my grades were amazing and I was very proud of the events occurring in my life. My grade point average was 3.8 to 4.0 and I graduated 8th in my high school class and was the 2015 prom queen.

Eventually my brother Ricardo and I were placed with one of my high school teachers. We were able to stay in the same area. I was able to shop at the same stores, visit the same parks and go out with my friends to the same hangout spots. My life was going in the right direction. I felt like I wanted to push harder and achieve all the goals I now had for the future.

I had the luck of being placed with amazing foster parents; however, my brother Brandon did not have much luck. Brandon was only ten when he was placed in foster care. At that time, he was the most frightened out of all of us. He started out with one foster mom, he got moved to another, then another, and I lost track of how many. In the end, he was not doing well mentally or physically. He went to the hospital at least three times during the time frame with his foster parents. I would hear stories: he broke a window; he broke his leg; he broke his arm and the stories continued. Not only was Brandon affected by having to go to new schools, but he was also really affected by being separated from his siblings. Brandon became antisocial and his grades dropped at all his schools.

Eventually, three of my siblings went back home with our mom. Brandon told me there was a point with all the moving where he stopped having any encouragement to build any more relationships with anyone. He told me he was confused all the time on why he could not be with his siblings. He explained to me that I had Ricardo, Matthew had Angel, while he had no one. He was sad when he left his first school and had to start all over again. Brandon used to be smart and talented in school. I remember he brought home straight A and B grades and now his grades are D and F . He is currently homeschooled because he does not know how to build relationships with his peers and he does not feel comfortable attending school.

Based on my experience in foster care, the thing that I realized is the importance of staying in the same community and having the same friends, surroundings and school. This means a lot in one's life. Being able to stay with your siblings, stay with people you love and want to protect you is comforting when going through a hard and unfamiliar time. I am here today because I lived firsthand inside a foster care system and saw good, but also saw how much damage it can do to kids. I want to help make a change so others will not have to experience what my siblings and I had to go through. Others should not have to be separated, change schools and leave the norms of their community.

CHAIR RATTI:

Thank you, Ms. Rios, that was a powerful testimony. I want you to know you are making an amazing difference by being here telling your personal story. There is no way for us to learn about these issues better than what you just did.

ASSEMBLYWOMAN BACKUS:

I want to add that we have been given a proposed amendment ([Exhibit D](#)). In support testimony, you will hear more about it from the Nevada Psychiatric Association.

CHAIR RATTI:

Is there anyone in support on [A.B. 298](#)?

LEA CARTWRIGHT (Nevada Psychiatric Association):

The proposed amendment requests four data points be reported by the DCFS. I will read those four data points in [Exhibit D](#). This will give us information as to why kids are going out-of-state and what we can do better here in Nevada.

HELEN FOLEY (FirstMed):

FirstMed is a federally qualified health clinic in southern Nevada. We support [A.B. 298](#) and we especially support the proposed amendment. What I like about the amendment is it does not specifically address just foster care children. There are many children who are involved in the juvenile justice system in southern Nevada. These children are sent out-of-state for care. Many times parents just cannot deal with the child. It can be difficult when you want to re-unite that family. If the child is sent out-of-state, many times they get lost and the family unit does not recover.

MR. ARMSTRONG:

We are neutral on [A.B. 298](#). We had concerns over the first version of the bill and we want to confirm that with the amended version, the fiscal note is gone. We have no issues with the proposed amendment.

May is National Foster Care month. I want to thank all of our foster care parents in Nevada. We have a shortage of foster care parents and this bill can help us move the needle.

SENATOR HAMMOND:

I want to thank Ms. Rios for her testimony. My coach took me in for a year when we had family problems. I was able to stay in the same high school. I think I turned out alright; however, my brother went to a foster care home outside of his normal area and I believe that led to a lot of problems for him. I think your voice talking about considerations for children and how we look at where we place them is so important. I appreciate the courage you have.

SENATOR SPEARMAN:

There is a companion bill, S.B. 194, which allows children in foster care, foster parents and emancipated children to set up separate escrow accounts that help them once they exit the system.

SENATE BILL 194 (1st Reprint): Establishes programs for certain persons of low-income and persons in foster care. (BDR 38-780)

CHAIR RATTI:

I will accept a motion on A.B. 298.

SENATOR HAMMOND MOVED TO AMEND AND DO PASS AS AMENDED
A.B. 298.

SENATOR HARDY SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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CHAIR RATTI:

I will close the hearing on A.B. 298 and open the work session on A.B. 66.

ASSEMBLY BILL 66 (1st Reprint): Provides for the establishment of psychiatric hospitals to provide crisis stabilization services. (BDR 39-486)

MEGAN COMLOSSY (Committee Policy Analyst):

I will read the summary of the bill and two conceptual amendments from the work session document (Exhibit E).

CODY PHINNEY (Deputy Administrator, Division of Health Care Financing and Policy, Department of Health and Human Services):

We do not expect this bill to have a fiscal impact on our Division during the biennium in which you are planning. We expect the impact in any future biennium would be offset by the services we would have otherwise paid for, but can avoid with A.B. 66. I have submitted ([Exhibit F](#)) to provide details how this would work.

SENATOR HARDY MOVED TO AMEND AND DO PASS AS AMENDED
A.B. 66.

SENATOR SPEARMAN SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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CHAIR RATTI:

I will open the work session on A.B. 232.

ASSEMBLY BILL 232: Makes various changes to provisions governing hospitals.
(BDR 40-158)

Ms. COMLOSSY:

I will read a summary of the bill and the conceptual amendment from the work session document ([Exhibit G](#)).

SENATOR HARDY:

The amendment grandfathers one hospital, is that correct?

Ms. COMLOSSY:

The amendment gives them two years to come into compliance.

SENATOR HARDY:

Which means to start taking Medicare, is that correct?

Ms. COMLOSSY:

That is correct. By July 1, 2021, the only hospital that is currently operating this way will have to be a Center for Medicare and Medicaid provider.

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SENATOR HARDY:

No other hospital will be able to do what it is doing now, is that correct.

Ms. COMLOSSY:

That is correct and they must come into compliance by that date.

CHAIR RATTI:

I want to add some clarity to this discussion. The bill does not require hospitals to bill Medicare, it just requires them to become certified with the Centers for Medicare and Medicaid Services and it gives them two years to accomplish this.

SENATOR HARDY MOVED TO AMEND AND DO PASS AS AMENDED
A.B. 232.

SENATOR HAMMOND SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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CHAIR RATTI:

I will open the work session on A.B. 252.

ASSEMBLY BILL 252 (1st Reprint): Revises provisions relating to providers of community-based living arrangement services. (BDR 39-656)

Ms. COMLOSSY:

I will now read a summary of the bill and conceptual amendments from the work session document ([Exhibit H](#)). This bill has a second amendment ([Exhibit I](#)) that resolves the conflict between A.B. 252 and A.B. 131.

ASSEMBLY BILL 131 (2nd Reprint): Revises provisions governing facilities and services for adults with special needs. (BDR 40-170)

SENATOR HARDY:

Both bills will pass, they are not in conflict, and they are in separate sections. When they are codified, they will be made whole. Is that correct?

Ms. COMLOSSY:
Yes, that is correct.

SENATOR WOODHOUSE MOVED TO AMEND AND DO PASS AS
AMENDED A.B. 252.

SENATOR SPEARMAN SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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CHAIR RATTI:
I will open the work session on A.B. 254.

ASSEMBLY BILL 254 (1st Reprint): Revises provisions relating to sickle cell
disease and its variants. (BDR 40-20)

Ms. COMLOSSY:
I will read a summary of the bill from the work session document ([Exhibit J](#)). I
will then read the proposed amendment ([Exhibit K](#)).

CHAIR RATTI:
The proposed amendment was done in response to the comments made during
the bill hearing. This is the clean-up language.

SENATOR HARDY:
I did a little research and hematopoietic cell transplants is one of the treatments
used in medically necessary cases. I do not know if this treatment was taken
into consideration.

TOM CLARK (Nevada Association of Health Plans):
We did not get into the specifics as far as that particular type of treatment. We
know that treatment is available and much of it is still under study. Medically
necessary is described in federal and state statutes. If that treatment is a
medically necessary service and can be provided to these patients, my clients
understand that would be encompassed by this piece of legislation. A lot of
what we discussed were the prescription drugs and supplements to ensure the

transition of a child with sickle cell to adulthood would be able to maintain a continuity of care. That is important, that is in this bill, and we support it.

SENATOR HARDY:

We are talking about the transplantation of hematopoietic stem and progenitor cells from any source bone marrow. You are saying "yes" everyone understood that?

MR. CLARK:

That particular procedure was not discussed in relationship to this bill. What was discussed was what is medically necessary as prescribed by the physician of that patient. I cannot specifically discuss that procedure, but I can ask. I think we had enough people looking at this bill, so if it was an issue, I think it would have been discussed.

SENATOR HARDY:

I am going to vote for A.B. 254 today, but I would like Mr. Clark to answer this question before this bill comes for a vote on the Senate Floor.

MR. CLARK:

I saw the documentary on that particular procedure and it is really quite amazing. I do not know how far it has gone in its testing procedure. It does give a glimmer of hope because sickle cell is a horrific disease. I will get that answer to you before the Senate Floor.

CHAIR RATTI:

Please email the information to the entire Committee.

SENATOR WOODHOUSE MOVED TO AMEND AND DO PASS AS AMENDED A.B. 254.

SENATOR SPEARMAN SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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CHAIR RATTI:

I will open the work session on A.B. 317.

ASSEMBLY BILL 317 (1st Reprint): Revises provisions governing the licensing and operation of certain medical facilities. (BDR 40-1034)

Ms. COMLOSSY:

I will read the summary of the bill and conceptual amendment from the work session document ([Exhibit L](#)).

SENATOR WOODHOUSE MOVED TO AMEND AND DO PASS AS AMENDED A.B. 317.

SENATOR SPEARMAN SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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CHAIR RATTI:

I will open the work session on A.B. 340.

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

Ms. COMLOSSY:

I will read the bill summary and conceptual amendment from the work session document ([Exhibit M](#)).

SENATOR SPEARMAN MOVED TO AMEND AND DO PASS AS AMENDED A.B. 340.

SENATOR WOODHOUSE SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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CHAIR RATTI:

I will close the work session. Seeing no further business, we are adjourned at 5:45 p.m.

RESPECTFULLY SUBMITTED:

Michelle Hamilton,
Committee Secretary

APPROVED BY:

Senator Julia Ratti, Chair

DATE: _____

EXHIBIT SUMMARY				
Bill	Exhibit / # of pages		Witness / Entity	Description
	A	2		Agenda
	B	8		Attendance Roster
S.B. 544	C	1	Vivian Leal / Indivisible Northern Nevada	Testimony
A.B. 298	D	1	Lea Cartwright / Nevada Psychiatric Association	Proposed Amendment
A.B. 66	E	14	Megan Comlossy	Work Session Document
A.B. 66	F	1	Cody Phinney / Department of Health and Human Services	Testimony
A.B. 232	G	1	Megan Comlossy	Work Session Document
A.B. 252	H	1	Megan Comlossy	Work Session Document
A.B. 252	I	1	Megan Comlossy	Proposed Amendment
A.B. 254	J	1	Megan Comlossy	Work Session Document
A.B. 254	K	1	Megan Comlossy	Proposed Amendment
A.B. 317	L	12	Megan Comlossy	Work Session Document
A.B. 340	M	1	Megan Comlossy	Work Session Document