MINUTES OF THE
SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

Eightieth Session
April 1, 2019

The Senate Committee on Health and Human Services was called to order by Chair Julia Ratti at 4:11 p.m. on Monday, April 1, 2019, in Room 2135 of the Legislative Building, Carson City, Nevada. The meeting was videoconferenced to Room 4412E 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:

Senator James Ohrenschall, Senatorial District No. 21

STAFF MEMBERS PRESENT:

Megan Comlossy, Committee Policy Analyst
Eric Robbins, Committee Counsel
Vickie Polzien, Committee Secretary

OTHERS PRESENT:

William Adler, Silver State Government Relations
Sandra Anderson, Board of Massage Therapy
Trista Miller, Community Outreach Coordinator, Tuck and Run Foundation
Julie Kotchevar, Administrator; Division of Public and Behavioral Health, Department of Health and Human Services
Julie Murray, President, Nevada Medical Center
Dan Musgrove, Vice President, Strategies 360
Robin Reedy, National Alliance on Mental Illness Nevada

Aubrey Arreola
Julie Pazina
Marla Turner
Alexis Motarex
George Ross, Comprehensive Cancer Centers of Nevada
Jerry Gerber
Marc Arreola
Connor Cain, PhRMA
Tom McCoy, American Cancer Society Cancer Action Network
Sean McDonald, Administrator, Central Services Division, Department of Motor Vehicles
Kelly Venci Gonzalez, Legal Aid Center of Southern Nevada
Jennifer Robertson
Heather Morris
Geoffrey Simmons
Holly Summers
Colleen Morris
Tom Clark, Nevada Association of Health Plans
Mike Schneider
Buddhadeb Dawn, M.D., Nevada Stem Cell Center
Melissa Clement, Nevada Right to Life
Chelsea Capurro, Nevada Advanced Practice Nurses Association
Melinda Hoskins, Nevada Affiliate of the American College of Nurse-Midwives
Lynn Anderson, Nevada Affiliate of the American College of Nurse-Midwives
Marlene Lockard, Nevada Chiropractic Association

CHAIR RATTI:
We will open the work session with Senate Bill (S.B.) 94.

SENATE BILL 94: Revises provisions governing the Account for Family Planning. (BDR 40-446)

MEGAN COMLOSSY (Policy Analyst):
I will read the summary of the bill and amendments from the work session document (Exhibit C).

CHAIR RATTI:
This list in the proposed amendment came about due to concerns from Senator Hardy when the bill was heard in Committee, and we had unintentionally excluded procedures like vasectomies for men.

I will entertain a motion on S.B. 94.

SENATOR HARDY MOVED TO AMEND AND DO PASS AS AMENDED S.B. 94.

SENATOR SPEARMAN SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

* * * * *

SENATE BILL 179: Revises provisions relating to abortions. (BDR 40-567)

MS. COMLOSSY:
I will read the summary of the bill and amendments from the work session document (Exhibit D).

SENATOR HARDY:
I have problems with the amendments and the bill itself. I asked the legal staff what the definition of "woman" was. The understanding was a woman is a person who has started puberty. This will mean that 11-year-old girls, or younger, can have an abortion without the knowledge of their parents. The gestational age can be up to the time of delivery, as in 40 weeks. If something goes wrong with post-abortion, there is no protection for liability or recourse for those concerned about issues after a procedure.

There are some significant flaws in the bill. I will be voting no.

CHAIR RATTI:
This bill, in its original format, did have portions dealing with parental consent and notification. Those aspects of the bill were removed.

I will entertain a motion on S.B. 179.

SENATOR WOODHOUSE MOVED TO AMEND AND DO PASS AS AMMENDED S.B. 179.

SENATOR SPEARMAN SECONDED THE MOTION.

THE MOTION CARRIED. (SENATORS HARDY AND HAMMOND VOTED NO.)

* * * * *

SENATE BILL 228: Revises provisions relating to marijuana and industrial hemp. (BDR 54-180)

MS. COMLOSSY:
I will read the summary of the bill and amendments from the work session document (Exhibit E).

SENATOR HARDY:
I am not clear on the definition of a structural integration practitioner. Do we have this definition in statute? I have challenges with products being administered. Are those administering them being exposed to possibly harmful products? Have we added that the product provided by the patient can be applied?

MS. COMLOSSY:
The amendments remove a person who provides wellness services. The proposed amendment by the City of Las Vegas removes all references to marijuana-infused products and marijuana products in general. Structural integration practitioners would be applying cannabidiol (CBD) or industrial hemp products. As the bill is written, a patient or client can provide the product to be administered by the person doing the application.

SENATOR HARDY:
This brings up the issue of who determines what the CBD content is?

CHAIR RATTI:
By removing the references to marijuana and tetrahydrocannabinol (THC), are we talking about all over-the-counter (OTC) products that can be purchased?

WILLIAM ADLER (Silver State Government Relations):
The intent of the amendment is to remove the words "marijuana" and "marijuana-infused products". Products sold in dispensaries have relatively low levels of THC. Some lotions and topicals do have the psychoactive ingredient, THC, in them.

The City of Las Vegas believes we should regulate the products and prevent people from applying excessive amounts. The person applying the product could have overexposure to the product.

This amendment is only for CBD products which are a Schedule V drug pursuant to the Nevada State Board of Pharmacy and can now be purchased in many stores and also applies to veterinarians. To my knowledge, animal treats contain CBD; there are not regulated THC pet substances.

CHAIR RATTI:
Would this hold true for massage therapists to apply any other OTC product a customer may provide? Would this be different from any other class of products we have talked about today?

MR. ADLER:
It is common for patients to provide their own products due to allergies and things of that nature. This would be just another product a patient would provide that happens to contain CBD.

SENATOR HARDY:
We do not allow a patient to return a medication that has been opened, as we do not know what it contains. We do not know the concentration of CBD in the bottle because we do not know what they actually purchased or may have added to it. This is one of the challenges I have with "provide your own" as we do not know what "your own" is, or what may have been substituted.

SENATOR SPEARMAN:
There is nothing in this bill that requires anyone to accept any product to be applied or requires a professional to do anything with any product provided. Many who have gone to a massage therapist have provided various oils such as lavender and peppermint.

A National chain has announced they will begin selling OTC drugs like this, because it is an alternative to many of the opioids being prescribed over the years. With the opioid abuse we are living with today, one can weigh whether or not it is prudent to use a topical application that would relieve pain or use the opioid.

There is nothing in this bill stating "you must do this". It simply states if someone provides the product, the professional can choose to use it or not. It would be like someone taking nail polish to a nail technician for a manicure or pedicure.

One of the issues we face today with CBD and hemp is the lack of knowledge among nonprofessionals confusing these products with marijuana; CBD is not marijuana.

CHAIR RATTI:
Our legal counsel has the structural integration practitioner citation.

ERIC ROBBINS (Committee Counsel):
Structural integration practitioner is defined in *Nevada Revised Statutes* (NRS) 640C.090 as a "person who is licensed pursuant to the provisions of this chapter to engage in the practice of structural integration."

The term "structural integration" is defined in NRS 640C.085 as:

> …the application of a system of manual therapy, movement education and embodiment education that is intended to improve the functional relationship of the parts of the human body to each other within the influences of gravity.

The term does not include "the practice of physical therapy as defined in NRS 640.024 or chiropractic as defined in NRS 634.013 including, without limitation, chiropractic adjustment or manipulation, as defined in NRS 634.014 and 634.173, respectively."

SANDRA ANDERSON (Board of Massage Therapy):
I am the Executive Director of the Board of Massage Therapy. You have given us the legal definition of structural integration. Structural integration is Rolfing; a

deep tissue modality requiring more education than the average massage therapist modality.

CHAIR RATTI:
When the bill was originally heard the advice to your licensees would be, at the very least, to wear gloves if they are going to accept any product to be applied, not one they have chosen to use in their practice.

MS. ANDERSON:
Yes, that is correct. They can wear gloves or deny to topically apply a product. If they have an allergy to a product, they have that discretion.

SENATOR HARDY:
Why are we differentiating structural integration practitioner from massage therapist if they are under the Board of Massage Therapy?

CHAIR RATTI:
This is how it came out of drafting. The bill sponsor may be able to better clarify this for us.

SENATOR SPEARMAN:
It is important to note they are both licensed, as doctors and dentists are licensed, and it is part of NRS.

CHAIR RATTI:
I will entertain a motion on S.B. 228.

> SENATOR WOODHOUSE MOVED TO AMEND AND DO PASS AS AMMENDED S.B. 228.
>
> SENATOR SPEARMAN SECONDED THE MOTION.
>
> THE MOTION CARRIED. (SENATOR HARDY VOTED NO.)

* * * * *

CHAIR RATTI:
I will close the work session and open the hearing on S.B. 266.

SENATE BILL 266: Provides for the establishment of the Mental Health First Aid Program. (BDR 39-550)

SENATOR SPEARMAN (Senatorial District No.1):
I am here to present S.B. 266 for your consideration. The bill requires the Division of Public and Behavioral Health (DPBH) of the Department of Health and Human Services (DHHS) to establish the Mental Health First Aid Program to:

> …provide training concerning the identification and assistance of persons who have a mental illness or substance use disorder or who may be experiencing a mental health or substance abuse crisis.

Senate Bill 266 is necessary for a variety of reasons. We know that Nevada faces a severe shortage of mental health providers which impacts access to care, which means mental health conditions often go undiagnosed. By training more people to recognize the symptoms of mental illness we may be able to identify those who need mental health services and connect them to the licensed professionals they need.

We are in the midst of an ongoing opioid epidemic which kills more than one Nevadan every day. Training more people to recognize and provide initial assistance to individuals in crises can only help improve their chances for a positive outcome.

The Mental Health First Aid Program joins a number of other programs. We have first aid for cardiopulmonary resuscitation and for the Heimlich maneuver. When I was in basic training we had training for escape, evasion and self-defense. This bill allows for another type of training to help people who are in dire need given the fact we do not have the necessary mental health resources.

The Mental Health First Aid Program required by S.B. 266 would be established by the DPBH, if money is available. The program training would include recognizing the symptoms of mental illness or substance use disorder, providing initial assistance to persons experiencing a mental health or substance abuse crisis, and guiding persons requiring assistance with mental health issues. It would include, without limitation, persons experiencing a mental health or substance abuse crisis, to professionals qualified to provide such assistance. It will also include comforting a person experiencing a mental health or substance abuse crisis, helping a person with a mental illness or substance use disorder avoid a mental health or substance abuse crisis and promoting healing, recovery and good mental health.

The bill requires DPBH to consult with various interested persons when developing the Program. The Program will inform the public and interested groups such as emergency medical service providers, law enforcement officers, teachers, school administrators and primary health care providers about the availability and benefits of mental health first aid training.

Finally, S.B. 266 requires DPBH to compile and submit an annual report to the Governor and the Legislature regarding the number of people who provide such training, the number of training sessions and the groups to whom such training was provided.

From January 28, 2019 to February 2, 2019, the Born This Way Foundation with the Benson Strategy Group took a survey of over 2,000 young people in the United States ages 13 to 24. They explored how youth view their own mental wellness, their access to key mental health resources and how they want those resources to look. Nearly nine in ten young people stated mental health is a priority. Only four in ten rated their own mental health highly. Approximately one in three young people said there is a lack of reliable access to resources to support their mental wellness, or to address a mental health issue. Youth cited knowing where to go and the cost as key barriers to mental health resources. While young people struggle to access mental health resources, they are open to using a wide variety of them and want to learn skills to support their mental wellness.

Over the last two years, the Born This Way Foundation has trained more than 1 million people across the Country in using mental health first aid. I would urge your support for S.B. 266.

TRISTA MILLER (Community Outreach Coordinator, Tuck and Run Foundation):
I will read from my written testimony (Exhibit F).

JULIE KOTCHEVAR (Administrator; Division of Public and Behavioral Health, Department of Health and Human Services):
While the bill states "to the extent money is available", there were questions on where the money would come from and when it would be available. We are

looking at grant funding sources to pay for this Program and whether this would come under public health preparedness for emergency medical services.

The best description for this service is neighbors helping neighbors and helping people to learn how to identify a potential mental health or substance use disorder, so people can be referred to the correct services. Most people see a problem but are not sure what they are experiencing. They do not want to intrude or make an unwelcome inquiry or referral. This bill is about educating the community as a whole on what mental health first aid training is. The more people that are trained in a community the better.

It is our intent to find funding for this Program. We have been reviewing types of discretionary grant funding.

JULIE MURRAY (President, Nevada Medical Center):
I am in favor of S.B. 266 and will read from my written testimony (Exhibit G).

SENATOR HAMMOND:
You want to train as many people as possible on the signs of people in need of first aid. The list of those who could be trained are shown in the bill in section 1, subsection 3, paragraph (b). If someone does not recognize the signs and does not administer first aid or attempt to figure out what is happening, does this open someone up to liability?

SENATOR SPEARMAN:
I do not believe it does. There are many signs to look for when people are depressed to the point of suicidal ideation, substance abuse or showing a mental health crisis. This bill intends to ensure more people understand these signs. At first you might not recognize everything, but you get better as time goes by. We are not trying to put people in legal jeopardy. This is voluntary and would help friends and family.

When someone completes suicide, those left behind always ask why. Why did I not see the signs; what was there I should have known yesterday and did not see today? There is no "liability" there. It is just a matter of learning the signs and being able to, even if wrong, ask the necessary questions to assess the situation and take the correct action to save a life.

SENATOR HAMMOND:
It is important we get on the record that this is not opening up the Good Samaritan Clause. People are going to ask questions because they feel they have a good friend they do not want to lose who seems a little out of character. Too many people with first aid skills are afraid to practice those skills.

SENATOR SPEARMAN:
In 2015 and 2017, Assemblywoman Benitez-Thompson presented a bill that would require medical professionals to be trained in recognizing the signs of suicidal ideation. Statistics had shown someone completing suicide had usually seen a physician or medical professional within the last 30 days.

This bill will not leave it solely to the medical professionals. We are providing the average non-medical person the signs to look for if they are concerned one of their friends or a family member might be in trouble.

SENATOR HAMMOND:
The bill states in section 1, subsection 3, paragraph (b) there is a plan to inform the public. Do you have an idea of how this will happen? Will it mostly be a website on the internet? Is there a program that has worked in other states?

SENATOR SPEARMAN:
Others states have people, communities and professional groups discussing the training. There is also social media and other ways we will advertise the training. We want to use all means available to us to ensure people understand this is another way to complement or provide additional support in an area of mental health where it is desperately needed.

SENATOR HAMMOND:
I thought we would perhaps leave the plan up to Ms. Kotchevar and the DPBH.

SENATOR SPEARMAN:
The DPBH will be administering the Program.

DAN MUSGROVE (Vice President, Strategies 360):
I am here today representing a number of clients in the behavioral and mental health arena in support of S.B. 266. The more people know and understand the signs, they can better counteract the stigma surrounding mental health. People

feel like they are alone and when we empower people to have the knowledge on how to deal with someone who might have issues, we are all better off.

ROBIN REEDY (National Alliance on Mental Illness Nevada):
I am neutral on S.B. 266. The Mental Health First Aid Program is a phenomenal program. I have taken a course and, even though I have been volunteering for the past eight years, it proved to be very beneficial. We at the National Alliance on Mental Illness (NAMI) would like to encourage the concept of equivalency introduced into the bill.

Multiple national organizations, including NAMI, have created age appropriate training including mental health and substance use disorders, targeted to different segments of the population. The Crisis Intervention Team Training for law enforcement and first responders, in which NAMI participates, achieves the goal of the bill. We have NAMI programs like Ending the Silence, designed for middle and high school students, school staff, and parents or guardians of middle or high school aged youth. We have NAMI Basics, which is a class for parents, guardians and other family caregivers who provide care for youth ages 22 or younger who are experiencing mental health symptoms. We have Family-to-Family which is a class for families, significant others and friends of people with mental health conditions, as well as one geared toward professionals.

All of these programs could help accomplish the goal of widespread training in mental health awareness and response. It would be helpful for the DPBH to contract with many qualified community-based organizations with employees or volunteers qualified with mental health first aid or equivalent instructors to provide the training.

CHAIR RATTI:
I will close the hearing on S.B. 266 and open the hearing on S.B. 315.

SENATE BILL 315: Revises provisions relating to public health. (BDR 40-581)

SENATOR JOYCE WOODHOUSE (Senatorial District No. 5):
I am here to present S.B. 315 for your consideration.

Pediatric cancer, by definition, is a rare disease accounting for less than 1 percent of cancer diagnoses each year. While rare, more than 15,000 cases of pediatric cancer in the United States are diagnosed annually. This means 1 in 408 children will be diagnosed with cancer before the age of 15, and 1 in 285 children will be diagnosed before they turn 20. These children and their families suddenly face some of the worst news imaginable, often without warning.

I had the opportunity to get to know one family receiving such news. They fought but lost their young son to cancer. Senate Bill 315 is their effort to raise awareness about childhood cancer, studying and identifying strategies to prevent such rare diseases and encourage health care providers to receive continuing education in the diagnosis of these diseases. I am honored to assist them in this effort to commemorate their son Carson and allow Aubrey Arreola to tell you the story of her son.

AUBREY ARREOLA:
I am here to support S.B. 315. This bill will create the Rare Disease Advisory Council providing a central hub for knowledge. It is to ensure pediatricians and medical professionals in Nevada can receive time sensitive information, training, education and support in a family's greatest time of need.

I am here as a Nevadan, a wife, a daughter, a sister and devastated mother. I lost a child to a senseless disease that could have been caught sooner with adequate training and a central system of knowledge around childhood rare diseases and cancers.

Carson Arreola was born on October 29, 2009. He was our first child and the light of our lives. As he grew older his personality grew larger than life. Some of his "Carsonisms" still bring joy to my family and friends. "Good night mommy, sweet dreams my love girl" or "mommy, you are a real nice lady." He also knew bad boys do not get things, and good boys do like an office and sandwiches. As a baseball fanatic, one day I told him, "Carson, you are my little angel." His appropriate response was, "No I am not, I am a Padre."

We took Carson to his pediatrician on May 4, 2016, for what we thought was strep throat. After a week of antibiotics and running a fever we took him back and received another type of antibiotic. Carson was still not feeling well on May 15, 2016. We took him to urgent care to inquire why, after two rounds of antibiotics, his strep throat would not go away.

After two blood draws at the urgent care we were sent to the St. Rose emergency room for three additional blood draws. It was there we received the devastating news Carson had a rare and aggressive childhood leukemia. Our family was shocked that our highly trained, capable and trusted pediatrician was not able to identify and diagnose any symptoms of the childhood disease. We were even more shocked to discover our pediatrician was himself a childhood leukemia survivor.

Without an established Rare Disease Advisory Council within Nevada relating to the prevalence and treatment of rare childhood diseases, our pediatrician was unable to pick up the symptoms that could have been addressed and potentially have saved Carson's life.

When we arrived at the emergency room, Carson's white blood cell count was 400,000. A normal white blood cell count in a healthy child is 4,500 to 11,000. Due to his dangerously high potassium levels, he was rushed to Sunrise Children's Hospital where he would have a port placed and begin dialysis immediately. As you can imagine, the impact this had on our family was devastating. Just 24 hours earlier, we thought our son had a case of strep throat and now we stood helpless as he was placed under anesthesia to have a port placed in his chest.

On May 16, 2016, Carson was officially diagnosed with T-cell acute lymphoblastic leukemia. We spent the next three days watching our six-year-old son's body slowly shut down. He experienced breathing trouble, kidney problems and heart arrhythmias. At 3:30 a.m. on Wednesday, May 18, 2016, his heart stopped twice and the doctors were able to revive him. At 2:58 p.m., after doctors tried everything humanly possible to save him, we held our little boy as he quietly went to heaven.

Carson was a shining light with a heart of gold. He was outgoing, funny, smart, kind, artistic, fearless and happy. He was obsessed with dinosaurs and knew the name of every one by the time he was three years old. He loved his stuffed Tiggers, dancing, drawing, baseball, motorcycles and monster trucks. He loved and thought the world of his little brother and sister. He had a zest for life that was contagious and refreshing. It was impossible to be in a bad mood around Carson. Joseph P. Kennedy said, "When the young bury the old, time heals the pain and sorrow, but when the process is reversed the sorrow remains forever." Because of this we have a drive, a passion, and commitment to share our story.

I am here with my husband Marc, my father Jerry Gerber and family friend Julie Pazina to stand with Senator Woodhouse in support of this legislation. We do this to help raise awareness for early childhood cancer detection and do what we can to ensure no other family has to endure the earth-shattering devastation we did. We will talk about the day we lost Carson, but Carson is not lost; we know where he is. He finished the work he was sent here to do and was called home. He will continue to influence us as we try to become better because of him.

JULIE PAZINA:
This legislation is very important to me because of my friendship with Aubrey Arreola and her family. It feels like just yesterday we were on our way to lunch and Aubrey shared she was pregnant with her second child, and how excited Carson was to be a big brother.

Senate Bill 315 has the ability to educate parents and children about the importance of annual physical examinations and provide continuing education to Nevada medical professionals about the diagnosis of rare diseases. It will create a Rare Disease Advisory Council to study and treat rare diseases and make recommendations based on their studies for future legislation.

Education and communication are critically important in preventing more families from suffering the tragedy of a child's passing. These are common steps that can save lives. As Nevadans, we can come together and take the steps to prevent these tragedies by passing S.B. 315.

SENTOR WOODHOUSE:
I will review the highlights of S.B. 315 and the way this bill aims to address childhood cancer.

Sections 2 and 3 create the Rare Disease Advisory Council within the DHHS. At least seven other states have established such councils, and many more have considered similar legislation. In Nevada, this Council will examine the incidents, causes and economic burden of rare diseases in our State. It will increase awareness among the general public and health care providers and identify strategies to prevent and control rare diseases. It will also study the effects of early treatment, as well as delayed or inappropriate treatment. It will establish a comprehensive plan for rare disease management and develop a registry of rare diseases diagnosed in our State.

Sections 4 through 6 increase public education about the importance of annual physical examinations for children. The early diagnosis of childhood cancer is difficult, in part because this is a rare condition, and because the symptoms are similar to other common childhood diseases. No widely recommended screening tool exists to identify the wide variety of childhood cancers. However, experts agree routine childhood physicals provide an extremely important opportunity for parents to discuss a child's growth and development with trained health professionals. If necessary, a physician can refer a child for additional testing based on the child's symptoms and history. Unfortunately, many parents only seek medical care when their children are sick.

The goals of the above sections of S.B. 315 are to emphasize the importance of annual physicals for children. This is achieved by requiring the DHHS to include such information in appropriate public health programs and activities. It will require school districts and charter schools to include such information in written communications with parents and guardians regarding the health of pupils, and require health and physical education courses to include instruction on this topic.

The third piece of the bill requires the Department of Motor Vehicles (DMV) to design, prepare and issue special license plates to increase the awareness of childhood cancer. The license plates will include the phrase "Cure Childhood Cancer." These and related changes are provided in sections 7 through 16 of the bill.

I received an email from the DMV regarding the special license plate. It included an amendment which makes it more consistent with other special license plate requirements we have before us this Legislative Session. I will provide that email to the Committee.

Finally, sections 17 through 22 aim to help health care providers better diagnose childhood cancer by requiring appropriate licensing boards to annually disseminate information concerning the signs of pediatric cancer. It also encourages their licensees to receive training and education in the diagnosis of rare diseases as part of their required continuing education.

Unfortunately, the Arreola family is not alone in their experiences with Carson. Other families have faced a similar diagnosis and struggle, as will more in the future. This bill aims to enhance the awareness and education among children, families, health care providers and the general community to give children the best chance possible of an early diagnosis when these tragic situations happen.

SENATOR SPEARMAN:
During the Interim we heard, all too often, stories from parents who have children with rare childhood diseases having to go elsewhere for treatment. I agree this is a very important bill.

MARLA TURNER:
I speak today as an individual and retired clinical research professional specializing in oncology in support of S.B. 315. This bill will protect our children. The cancer survival rates for pediatric children hover above 80 percent, approximately 82 percent; significantly higher than that of adults. If we are able to diagnose our children earlier, we will raise this survival rate even higher.

ALEXIS MOTAREX:
Most days I am here representing the Nevada Chapter of Associated General Contractors, but today I am here as the mother of a cancer survivor.

February 20, 2012, we learned our son Cooper had leukemia. Our otherwise healthy four-year-old was suddenly in a fight for his life. Hours after receiving the news, we were flown by air ambulance to Oakland Children's Hospital where Cooper was subjected to a battery of tests to determine exactly what type of leukemia he had. We learned it was acute lymphoblastic leukemia (ALL), the most curable type of leukemia.

Cooper began treatment on February 22, 2012, the first of 1,129 days of chemo; 3 years, 2 months and 4 days. We spent the first three weeks in the hospital in Oakland where Cooper was given high doses of chemotherapy and steroids to induce remission. He got violently ill from the chemotherapy. The steroids made him grumpy and irritable, causing a gain of a third of his body weight in two weeks. His hair began to fall out and his face became so bloated he was unrecognizable.

When they say ALL is the most curable form of leukemia, it does not mean it is easy. Cooper had to take at least one form of chemotherapy every night. He had to take steroids for 2, 28-day pulses in the first 8 months, and then 5 day pulses every month for the remainder of his treatment. He had 35 or 40 spinal taps and chemotherapy infused through a port surgically implanted above his heart.

The treatment for cancer is vicious. He missed most of kindergarten and a good part of first and second grades. He could not spend much time with friends and had to stop playing sports. He woke up with chemo hangovers, lost all of his hair several times and lost and gained weight. He broke out in rashes and got sores in his mouth. The skin on his hands, neck and face became so inflamed and chapped it appeared it would split open. Cooper's immune system was compromised so he got sick easily and every fever resulted in a trip to the emergency room, where more often than not, he had to be admitted. He was taken by air ambulance to Oakland twice; an experience you hope never to have once.

A year into treatment he became very ill. At first, his doctors thought it was another virus, but it became bad very fast as it can in immunocompromised patients. He was finally diagnosed with pneumonia; his oxygen level was at 69 percent. They do not like it when they fall below 95 percent. He spent 15 days in the hospital, 5 of which were in pediatric intensive care. We were watching him die and he knew it as well. At one point he looked at me and said "mommy I am scared." All I could say was "I know baby, you have this," and he did.

It was determined the pneumonia was caused by the rhinovirus, the virus causing the common cold. Because of what the current treatment for leukemia does to the body, Cooper almost died from the common cold.

Cooper received his final chemotherapy on April 26, 2015. He is healthy and strong, in sixth grade and a straight-A student. He is back to skiing, playing baseball and golf. Despite everything Cooper suffered for over three years, we consider ourselves lucky. No family should suffer at the hands of pediatric cancer. No parent should ever have to bury their child because we cannot find a cure.

We need more awareness about pediatric cancer. Awareness evolves to funding, and funding means research. Research means better treatment options and maybe someday a cure. Parents deserve to watch their children grow up healthy and happy.

GEORGE ROSS (Comprehensive Cancer Centers of Nevada):
Comprehensive Cancer Centers of Nevada supports S.B. 315. We lost our oldest son very suddenly at the same age as Carson, but for a different reason. I hope people have the same experience as Cooper and not the experience Carson had.

JERRY GERBER:
I am the father of Aubrey Arreola and the grandfather of Carson. I am here to voice my support for S.B. 315. The responsibility of our elected officials is very daunting. With your support of this bill, as you heard my daughter so eloquently testify, if this bill is passed, you can negate the trauma so many Nevada families will have to endure.

I heard a quote many years ago in a high school government class, which epitomizes my belief in government. It was the late Senator Hubert Humphrey who said,

> The moral test of government is how that government treats those who are in the dawn of life, the children; those who are in the twilight of life, the elderly; and those in the shadows of life, the sick, the needy and the handicapped.

I hope, with your support of this bill, it can be proven once again that government can truly be a protector and guardian of its citizens. Even more so, its greatest and most precious resource is children.

MARC ARREOLA:
I am the father of Carson Arreola. Thank you for listening to the story of our son. I am here to support S.B. 315 to help further the research in early detection of childhood cancer in hope of preventing situations like ours from happening to other families and to rid this horrible disease once and for all.

CONNOR CAIN (PhRMA):
I am here on behalf of the Pharmaceutical Research and Manufacturers of America. We have submitted a letter in support of S.B. 315 (Exhibit H). I would like to say thank you to Carson and Cooper and their families for being here, and for this legislation. We believe it is a great way to promote innovative treatments.

TOM MCCOY (American Cancer Society Cancer Action Network):
The American Cancer Society Cancer Action Network is in the neutral position to S.B. 315. I will read from my written testimony (Exhibit I). Childhood Cancer Action Day was last week on Capitol Hill. Volunteers from our organization and other childhood cancer groups were walking the halls advocating for passage of the bills I mentioned in my testimony.

Mariah, one of our volunteers, was diagnosed at the age of one with neuroblastoma, the most common cancer in infants. With 18 rounds of radiation and several surgeries on a one-year-old, survival was questionable. Mariah was given experimental chemotherapy and it saved her life. As an adult, she has had 43 surgeries, is at risk for 8 secondary cancers and has 100 different disorders, diseases and medical issues. These are late effects developed years after her treatment as an infant. She deals with chronic pain each day and asked the lawmakers she visited last week to fund childhood cancer research which, right now, only receives about 4 percent of all cancer research dollars.

SEAN MCDONALD: (Administrator, Central Services Division, Department of Motor Vehicles):
We stand in the neutral position for S.B. 315. I will read from my written testimony (Exhibit J). The changes made were strictly administrative, ensuring the allocation of fees collected would go to the appropriate channels to benefit, in this case, the organization serving to facilitate the educational component.

CHAIR RATTI:
That language is in the sponsor's hand and you are comfortable with that language?

MR. MCDONALD:
We are comfortable with the language as drafted.

SENATOR WOODHOUSE:
I hope you will join me in support of the measure that is before you and advance awareness and education regarding childhood cancer.

CHAIR RATTI:
I will close the hearing on S.B. 315 and open the hearing on S.B. 370.

SENATE BILL 370: Revises the State Plan for Medicaid and the Children's Health Insurance Program. (BDR 38-966)

SENATOR JAMES OHRENSCHALL (Senatorial District No. 21):
I am the Deputy Public Defender in Juvenile Court in Clark County. As a practicing attorney, I have represented many children and have seen many who are Fetal Alcohol Syndrome (FAS) children; children exposed to alcohol in the womb.

Practicing in the Juvenile Court, I have found there is therapy that can be helpful for these children in terms of the outcomes for the rest of their lives. It is the Applied Behavioral Analysis (ABA) therapy that has, for decades, proven so effective for children on the autism spectrum. In southern Nevada, even though doctors were recommending ABA, the great majority of the children I saw were covered under State insurance through Medicaid, or the Children's Health Insurance Program, and there was an issue with the therapy being covered. This is why I sponsored S.B. 370.

KELLY VENCI GONZALEZ (Legal Aid Center of Southern Nevada):
Legal Aid Center of Southern Nevada supports S.B. 370. I will read from my written testimony (Exhibit K).

JENNIFER ROBERTSON:
I am in support of S.B. 370 and will read from my written testimony (Exhibit L).

An effective therapy for Fetal Alcohol Spectrum Disorders (FASD) children is ABA, but it is not the only therapy. It will not be effective for every child with FASD. I hope this bill will cover other effective therapies for FASD children, not only ABA.

HEATHER MORRIS:
I am here in support of S.B. 370 and will read from my written testimony (Exhibit M).

GEOFFREY SIMMONS:
I am here in support of S.B. 370 and will read from my written testimony (Exhibit N).

HOLLY SUMMERS:
I am here in support of S.B. 370 and will read from my written testimony (Exhibit O).

COLLEEN MORRIS:
I am a pediatrician and geneticist in support of S.B. 370. Having practiced genetics in other states, Nevada's prevalence of FAS is at least 5 percent. We have a large number of children who often go undiagnosed because the severe end of the spectrum is easier to see due to the presence of the facial features. However, those children not having these facial features are more difficult to diagnose.

This is why the team approach at the Ackerman Center for Autism and Neurodevelopment Solutions at the University of Nevada, Las Vegas School of Medicine is so important in making the diagnosis for these children. As professionals, we are frustrated that making the diagnosis is only the first step. The next step is finding appropriate treatment. It is hopeful that with the passage of S.B. 370, there will be more trained and available individuals to treat these children and young adults still present in our community.

SENATOR OHRENSCHALL:
There is a proposed, friendly amendment (Exhibit P) from the Nevada Association of Health Plans. This amendment will add that a managed care organization shall cover medically necessary treatment of FASD.

This bill will help many children perhaps not receiving the appropriate diagnosis.

SENATOR HAMMOND:
In subsection 4, it states "medically necessary" habilitative or rehabilitative care. Are you able to tell me a little more about what this means? Is there a list of what is medically necessary?

SENATOR OHRENSCHALL:
As I understand from the legislation on insurance for children on the autism spectrum, "medically necessary" would be "recommended in the treatment plan", whether ABA therapy, speech therapy or counseling. I would be willing to have someone with more expertise explain it further if needed.

TOM CLARK (Nevada Association of Health Plans):
The Nevada Association of Health Plans supports S.B. 370 and the proposed amendment, Exhibit P.

CHAIR RATTI:
I will close the hearing on S.B. 370 and open the hearing on S.B. 363.

SENATE BILL 363: Provides for the creation of the Nevada Stem Cell Center. (BDR 40-1017)

SENATOR WOODHOUSE:
I am here to present S.B. 363 for your consideration. This bill establishes the Nevada Stem Cell Center as an independent, nonprofit corporation to provide stem cell treatments, conduct stem cell research and educate the public about these types of cells. The Center will be closely associated through collaboration with the University of Nevada, Las Vegas (UNLV), as well as its Board of Directors which includes, among others, the President of UNLV and the Dean of the UNLV School of Medicine.

According to the National Institutes of Health, stem cells have the remarkable potential to develop into many different cell types in the body. Serving as a sort of repair system for the body, they can theoretically divide without limit to replenish other cells as long as a person or animal is still alive. When a stem cell divides, each daughter cell has the potential to either remain a stem cell or become another type of cell with a more specialized function such as muscle cell, red blood cell or a brain cell.

Stem cell research and treatments represent the vanguard of scientific treatment. I believe the Legislature should support Nevada's entrance into this field.

MIKE SCHNEIDER:
I appreciate the opportunity to present S.B. 363 to the Committee. Stem cells hold great potential to better understand how diseases occur. They have the potential to replace cell tissues damaged or destroyed by illness to replicate themselves over and over for long periods of time. They also have the potential to create treatment and cures for diseases.

To date, scientists and health care professionals have made impressive strides using stem cells in the treatment of complicated diseases such as leukemia, lymphoma, multiple myelomas, rheumatoid arthritis and autism. Clinical trials involving stem cells are ongoing throughout the United States for numerous other conditions as researchers explore the possibilities of these cells. The Nevada Stem Cell Center will offer opportunities for Nevadans to receive cutting edge therapy. It will be an opportunity for the UNLV School of Medicine to serve as a draw for researchers, scientists, students and individuals seeking treatment.

Given that stem cell research is at the forefront of medicine, much remains to be learned. This is a field where the promise and effectiveness of new treatments are sometimes exaggerated by those looking to capitalize on hype and sell treatments to the desperately ill. The Center would be an upstanding entity performing research to understand and advance stem cell therapies in a responsible manner, translating science into safe and effective treatments.

When I was a Senator, I had stem cell bills that were worked on over the years. I have been able to travel the Country and the world to visit stem cell clinics. I have seen the opportunity world-class stem cells provide. This will change health care in Nevada. This type of medicine will create a medical tourism hub for Las Vegas.

BUDDHADEB DAWN, M.D. (Nevada Stem Cell Center):
I am in support of S.B. 363. I have provided the Nevada Stem Cell Center Proposal (Exhibit Q), proposed Organizational Chart (Exhibit R) and testimony in support (Exhibit S). I also have a presentation of testimony with a slide show explaining the aspects of a stem cell (Exhibit T).

Stem cells are special types of cells which have the ability to replenish their own store; to self-replicate and generate new cells from the cells in the body which are in different tissues.

We have attempted to use stem cells for therapy since 1992. During this time, we have seen scientific attempts to utilize many different types of cells in clinical trials such as bone marrow and umbilical cord blood. The results have been variable with different types of cells with different disease entities. Consistent with the increasing number of cells that have been used for therapy and the number of diseases for which stem cells have been applied, the list has grown significantly over the last 15-20 years. They include heart attacks, strokes, critical limb ischemia, cancer and bone marrow transplants. Variable amounts of success have been gained from this treatment.

As a cardiologist, I would like to explain how stem cells would work for the heart. When an artery is blocked, the part of the heart that is supplied by the artery loses the muscle, or that part of the heart dies. After the heart attack, the heart will continue to dilate and the area covered by heart muscle is now covered by a scar. This scar is unable to contract. Twenty years ago the concept was that if we inject stem cells in and around the scar it would make new muscle, or would otherwise strengthen the heart to more efficiently pump and improve patient symptoms.

This is accomplished in humans in many different ways. A catheter is advanced through the artery into the area where the occlusion was; the part of the heart where the muscle was lost. We open it up with a balloon to stop blood flow and inject cells through the catheter to the damaged area of the heart. Another way to inject cells would be when the chest is open. Cells could be loaded in a syringe and injected in and around the scar. They can also be injected through a vein.

There have been more than 80 studies completed worldwide for heart disease alone using bone marrow cells. However, some of the trials have been inconclusive due to the low number of patients. It has been our privilege to enlighten people in this area and we have published several papers on the subject. The last one was in the *American Heart Association Journal* where we analyzed data from 48 randomized clinical trials from 2,600 patients. Our analysis showed heart function improved by over 3 percent, and the scar tissue was smaller by over 2 percent.

One may ask, what is the benefit to the patient from these small numbers of improvement? This is where the importance of science and data analysis is relevant. Our analysis showed the outcome of those patients improved tremendously with the risk of death decreasing by 45 percent, and the risks of recurrent heart attack, stroke and arrhythmias decreasing significantly.

The importance of scientific data in this field caught between undue expectations and optimum results creates the need for academic environment and scientific rigor to cell therapy operations. With this approach, we can select appropriate patient populations most likely to benefit. We can select appropriate cell types on their scientific merit. We can optimize the cell processing, follow patient outcomes, analyze data and through research, be able to discover new cell therapy approaches.

This will be my third attempt at forming a Stem Cell Program. I founded the Stem Cell Program at the University of Louisville. As the founding Director between 2013 and 2018, I founded the Midwest Stem Cell Therapy Center at the University of Kentucky. I see huge potential with this Nevada Stem Cell Center if approved. I have had long-standing interest in mentoring, and there are extensive opportunities to collaborate within UNLV, as well as externally.

Why invest in a Stem Cell Center? This will bring cutting-edge clinical trials being done across the Country not readily available to Nevadans. It will help local investigators begin stem cell trials. The Center will be able to locally produce high-quality stem cells for delivery to patients. There will be research focused on identifying new cells and novel targets for different stem cell approaches. Through education, we will promote awareness and disseminate scientific information dispelling some of the myths surrounding stem cell science.

In conclusion, stem cells are the future of medicine. There are approximately 200 Investigational New Drugs (IND) projected to be submitted to the Food and Drug Administration in 2020 and there are a large number of IND currently pending. If we are able to deliver cell therapy within a strong academic environment it would result in improved outcomes. There is extensive knowledge and expertise available locally which would potentially benefit a large number of patients in this State and adjoining states.

SENATOR SPEARMAN:
Dr. Dawn, you stated you had done stem cell research at the University of Louisville Medical School. How long ago was that?

DR. DAWN:
I was employed there between 2001 and 2009.

SENATOR SPEARMAN:
The University of Louisville Medical School received a $13.1 million grant. What was the outcome, and where are they today?

DR. DAWN:
That grant was secured after I left the University.

SENATOR HARDY:
Some of us are sensitive to fetal stem cells. You stated there will be no retrieval from aborted remains. Is this correct?

DR. DAWN:
I have never worked with fetal or embryonic cells and that will not be done at the Center.

CHAIR RATTI:
I am curious about the choice of the bill directing the formation of an independent, stand-alone 501(c)(3) charitable nonprofit. Was that the model used at the two prior universities with which you were affiliated? It sounds as though they were a department or a program within the University. Why would we use NRS statute to set up an independent nonprofit as opposed to funding a program at a university?

DR. DAWN:
In Kansas, the Midwest Stem Cell Therapy Center was part of the university. With my experience in leading that Center, I believe this model would be nimble and have excellent guidance through an Executive Board. The difference was the Midwest Stem Cell Therapy Center had an Advisory Board, not an Executive Board. With an Executive Board including members from the Legislature, as well as local governing authorities, it would give more flexibility to the Center's operations which would be necessary for clinical operations, as well as other activities of the Center.

SENATOR SPEARMAN:
The University of Louisville, School of Medicine sometimes does things in conjunction with the Jewish Hospital in Kentucky. Were they connected at all, or was it a stand-alone therapeutic center?

DR. DAWN:
The research I did at the University of Louisville did not have a stem cell center. We built a stem cell program which focused on research and subsequently developed clinical trials from there. It was not organized or funded as a center.

SENATOR HARDY:
Is the Executive Board going to be subject to the Open Meeting Law? Is it choosing to use State General Fund money?

DR. DAWN:
I am not the appropriate person to ask this question. I would defer to someone more knowledgeable.

SENATOR WOODHOUSE:
I do not have an answer for that. I will work with our legal staff to determine the proper way to handle that question.

CHAIR RATTI:
Mr. Robbins, would this Executive Board be subject to the Open Meeting Law?

MR. ROBBINS:
The Open Meeting Law applies to any public body which is defined in NRS 241.015 to mean:

> Any administrative advisory, executive or legislative body of the State or local government consisting of at least two persons which expends or disburses or is supported in whole or in part by tax revenue …

Under that definition, unless it is expressly exempt from the Open Meeting Law, the Open Meeting Law would apply.

SENATOR RATTI:
If they started to receive funding from other sources besides the State General Funds, would they still be needing to follow the Open Meeting Law? I am thinking of the long list of nonprofits for which we donate grants through The Fund for a Healthy Nevada where they have a portion of their money coming from tax dollars or other government sources and are not subject to the Open Meeting Law.

MR. ROBBINS:
The definition states a public body is "…any Body supported in whole, or in part, by tax revenue." If there is any State General Fund money provided, it would be subject to the Open Meeting Law.

CHAIR RATTI:
Are there any other examples within NRS where we have created a stand-alone, independent, 501(c)(3) nonprofit where we are compelling the president of a university and members of the Legislature to sit on the board of that nonprofit and become trustees of that nonprofit?

MR. ROBBINS:
I do not have an answer for that, but I will look into it for you.

MELISSA CLEMENT (Nevada Right to Life):
Nevada Right to Life supports S.B. 363.

Umbilical stem cell banks had just come about when I was pregnant with my first child. It is amazing what our medical field is able to do with these stem cells.

CHAIR RATTI:
I will close the hearing on S.B. 363 and turn the hearing over to Vice Chair Spearman.

VICE CHAIR SPEARMAN:
I will open the hearing on S.B. 456.

SENATE BILL 456: Revises provisions relating to staff privileges for advanced practice registered nurses at hospitals. (BDR 40-786)

SENATOR JULIA RATTI (Senatorial District No. 13):
I am here to present S.B. 456 for your consideration. Nevada faces a severe shortage of health care providers. Two out of every three Nevadans live in an area designated by the Federal government as having a shortage of primary medical care providers. More than 9 in 10 Nevadans, 95 percent of the State's population, live in a federally designated mental health profession shortage area. These statistics are even more sobering in rural Nevada.

One approach to improve access to care is to rely on mid-level health providers such as advanced practice registered nurses (APRNs) for more services. In Nevada, APRNs, including certified nurse-midwives (CNMs), can currently practice independently, which reduces the need to rely solely on physicians and can help State residents obtain medical care. However, mid-level providers are often reimbursed at a lower rate than physicians for providing the same services.

The 2010 Affordable Care Act aimed to address a piece of this problem by increasing reimbursement rates for CNMs to 100 percent of the amount paid to physicians for the same procedures. While a higher reimbursement rate is available, we have seen very few nurse-midwives who are licensed in Nevada, in part, because without hospital privileges they cannot admit patients or practice independently in a hospital setting.

Senate Bill 456 addresses this problem by authorizing hospitals to grant APRNs privileges to work in their facilities. Our hope is this change will encourage more CNMs to practice in Nevada.

MS. KOTCHEVAR:
Section 1 is language very similar to how a dentist can be admitted for hospital privileges. It states "A hospital may admit an advanced practice registered nurse to membership on the medical staff of the hospital to perform any act authorized pursuant to NRS 632.237."

This basically states they can work within their approved scope of practice. Section 1, subsection 1 states a hospital shall not automatically admit them, meaning they can set criteria for any professional on their staff. It also cannot deny them based on the fact they are APRNs as opposed to another provider type.

SENATOR HARDY:
Is this limited to nurse-midwifes working in intensive care units or doing surgery? Or are you opening it up to all hospital privileges knowing nurse-midwives traditionally do not train in hospitals and do not have the knowledge of other areas of the hospital?

MS. KOTCHEVAR:
It does limit it to the scope of practice and training of the midwife. What they are trained to do, and what they are licensed to do, will be the limit of the privileges; however, the hospital cannot automatically deny anyone. Midwives need to demonstrate they are qualified.

SENATOR HARDY:
Are there any nurse practitioners who have in-hospital care training programs other than nurse-midwives? Do they have nurse-midwives training in hospitals anywhere that we know?

MS. KOTCHEVAR:
I do not have an answer for that, but I can ask the APRN and the State Board of Nursing and get back to you.

SENATOR HARDY:
Have any nurse-midwifes ever done a C-section?

SENATOR RATTI:
We can go to the licensing board and check on the scope of practice. I do not believe this is our intent. We are highlighting the nurse-midwife. We are seeing barriers to entry where we are trying to expand the number of practitioners where there are shortages. There are no additional examples that have come to my attention. The language is broadly written. We will do some work with the licensing board to ask those questions.

MS. KOTCHEVAR:
While we have seen a growth in APRNs, there are 5 licensed nurse-midwives out of 1,500, and 1 of those 5 is practicing. This has been an area where more women are asking to use midwives. They become limited to a home birth which may not be safe. We are looking to try to meet that need for women.

VICE CHAIR SPEARMAN:
Section 4, subsection 2, paragraph (a) and section 4, subsection 3, paragraph (b) speak to regulations the board will adopt and addresses things with respect to rural hospitals, substance abuse and residential facilities. I am unsure if the questions Senator Hardy asked are covered under that. If it does not, maybe there are word changes we need to look at.

MS. KOTCHEVAR:
What we need to look at is whether NRS 632 limits their scope of practice, and if it is defined well enough. Perhaps we need to include more criteria for a hospital to use when adding nurse-midwives.

SENATOR HARDY:
Are there hospitals ready to accept this legislation?

MS. KOTCHEVAR:
We would have to ask the hospitals. I believe it certainly provides an opportunity to meet the needs of the people they are serving.

SENATOR RATTI:
There are people who are enthusiastic about seeing the number of patients seeking home births have the opportunity to be transferred to a facility when it is appropriate or, desired by the patient, should something unexpected happen. There is a general understanding this will improve the health, safety and options for patients.

CHELSEA CAPURRO (Nevada Advanced Practice Nurses Association):
Nevada Advanced Practice Nurses Association supports S.B. 456. Other than just Certified Nurse Midwives, we have had APRNs seeking hospital privileges who are doctorally trained relating to mental health. One of the barriers is they must have a collaborating physician which State law does not require.

Veterans Affairs (VA) hospitals give APRNs hospital privileges. Forty-one percent of APRNs across the Country have hospital privileges.

SENATOR HARDY:
What are their hospital privileges in the VA hospitals?

MS. CAPURO:
I will research this and get back to you. There are many APRNs practicing in other areas, other than just nurse-midwives, that would be interested in this.

MELINDA HOSKINS (Nevada Affiliate of the American College of Nurse-Midwives):
The Nevada Affiliate of the American College of Nurse-Midwives is in support of S.B. 456. I am a CNM and took my training in a hospital. As nurse-midwives, we provide care in hospital and clinical settings. I have chosen my path by providing home-birth services in northern Nevada, and it would be great to have hospital privileges.

The year our autonomous practice went into effect in Nevada was in 2013. The Board of Trustees of Carson Tahoe Regional Medical Center voted they would only allow applications to the medical staff if the APRN was employed by a physician who was already a medical staff member. I have been unable to apply for privileges.

In the last year, I have had two clients for home birth who needed to be transferred to the hospital. One case involved a client who was experiencing pain due to the position of her baby. She had an epidural with her first baby and wanted another. The physicians were gracious, obliged her with an epidural and she had her baby. The second case involved a young woman having her third baby. Her membranes released and her labor did not start. At 24 hours, we thought it wise to go to the hospital. I accompanied her and again, was received graciously by the staff and within six hours she had her baby.

I previously worked at a birth center in Santa Rosa, California, where I had hospital privileges and would have been able to take both of those patients managing their care without inconveniencing the physicians. I had a good relationship with the nursing staff there.

We have 36 nurse-midwives in this State. I believe at least 28 are working in hospital settings where they are providing birth services. Because they are not members of the medical staff, their names do not appear on the face sheets of the mothers admitted to the hospital. If you were to scroll through the providers who are on the birth certificate list, those attending a birth, at least two-thirds of those 28 midwives do not appear on that list. Their names are never recognized as being the provider attending a birth. This means the statistics of APRN attended births are inaccurate. The birth certificate clerk at the hospital uses the name of the physician on the face sheet of the patient's admitting record.

Commercial insurance companies are unable to credential me. I do not have hospital privileges and am unable to be an approved, credentialed provider for many of the insurance companies. This limits my practice to the Medicaid patients who can afford to pay my fee in cash or those who have a high-deductible Health Savings Plan to provide for the birth.

LYNN ANDERSON (Nevada Affiliate of the American College of Nurse Midwives):
I support S.B. 456. I am a doctorally prepared Nurse Practitioner, CNM and APRN. I have had hospital privileges at the only two local hospitals in Reno that provide birth services; St. Mary's Women's Health Center and Renown Regional

Medical Center. I have worked in large medical groups and had wonderful collaborating physicians. I am credentialed under a Strategic Planning Professional designation. I do not hold voting privileges on the medical staff and am not authorized to admit patients under my name, although I have attended thousands of births in the community.

About a year-and-a-half ago, a local area hospital closed our medical practice along with six physicians and three midwives. Our patients were relocated to other practices; some of whom I had attended births for two or three prior pregnancies. They were displaced in their seventh and eighth months of pregnancy. Because I no longer had a collaborating physician, a midwife partner and I intended to start a private practice to treat and transition these women. We were unable to establish a relationship with a local physician to collaborate with so we were unable to open the practice.

Being unable to collaborate with a physician also sets up a condition of vicarious liability. We are autonomous practitioners. We are responsible for the care we provide our patients. The physicians I collaborate with in no way assume responsibility for my actions because I am an independent practitioner.

I am currently employed as the Assistant Professor of Obstetrics and Gynecology at the University of Nevada, Reno School of Medicine. I teach third-year medical students and supervise senior resident family practice resident physicians in the area of birth. They value my expertise; therefore, I am permitted to supervise physicians, yet I have no admitting privileges. My name cannot be on the admission orders. I have to find a physician to do that. In many cases, it may be a family practice attending faculty member or an obstetrician-gynecologist who know nothing about the patient or the care that has been given.

MARLENE LOCKARD (Nevada Chiropractic Association):
The Nevada Chiropractic Association supports S.B. 456 and access to health care. We believe all health care providers should be able to practice within their scope, training and education.

SENATOR RATTI:
This bill is about access to care. I ask you to support S.B. 456.

VICE CHAIR SPEARMAN:
I will close the hearing on S.B. 456 and return the hearing to Chair Ratti.

CHAIR RATTI:
The Committee received information with regard to S.B. 370 on Fetal Alcohol Spectrum Disorders and the Foster Care System (Exhibit U).

Seeing no further business, this hearing is adjourned at 6:28 p.m.

Remainder of page intentionally left blank; signature page to follow.

RESPECTFULLY SUBMITTED:

____
Vickie Polzien,
Committee Secretary

APPROVED BY:

____
Senator Julia Ratti, Chair

DATE:____

EXHIBIT SUMMARY

Bill	Exhibit / # of pages		Witness / Entity	Description
	A	1		Agenda
	B	9		Attendance Roster
S.B. 94	C	2	Megan Comlossy	Work Session Document
S.B. 179	D	2	Megan Comlossy	Work Session Document
S.B. 228	E	23	Megan Comlossy	Work Session Document
S.B. 266	F	1	Trista Miller / Tuck and Run Foundation	Testimony of Support
S.B. 266	G	2	Julie Murray / Nevada Medical Center	Testimony of Support
S.B. 315	H	1	Connor Cain / PhRMA	Letter of Support
S.B. 315	I	1	Tom McCoy / American Cancer Society Cancer Action Network	Testimony of Support
S.B. 315	J	1	Sean McDonald / Department of Motor Vehicles	Testimony in Neutral
S.B. 370	K	2	Kelly Venci Gonzalez / Legal Aid Center of Southern Nevada	Testimony of Support
S.B. 370	L	1	Jennifer Robertson	Testimony of Support
S.B. 370	M	1	Heather Morris	Testimony of Support
S.B. 370	N	1	Geoffrey Simmons	Testimony of Support
S.B. 370	O	1	Holly Summers	Testimony of Support
S.B.370	P	1	Senator James Ohrenschall	Proposed Amendment NVAHP
S.B. 363	Q	8	Buddhadeb Dawn, M.D. / Nevada Stem Cell Center	NSCC Proposal
S.B. 363	R	1	Buddhadeb Dawn, M.D. / Nevada Stem Cell Center	Proposed Organizational Chart
S.B. 363	S	2	Buddhadeb Dawn, M.D. / Nevada Stem Cell Center	Testimony of Support

S.B. 363	T	14	Buddhadeb Dawn, M.D. / Nevada Stem Cell Center	Presentation of Testimony of Support
S.B. 370	U	1	National Organization on Fetal Alcohol Syndrome	FASD and the Foster Care System Flyer