MINUTES OF THE
SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

Eightieth Session
April 24, 2019

The Senate Committee on Health and Human Services was called to order by Chair Julia Ratti at 4:08 p.m. on Wednesday, April 24, 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:

Assemblywoman Daniele Monroe-Moreno, Assembly District No.1
Assemblywoman Robin L. Titus, Assembly District No. 38
Assemblywoman Jill Tolles, Assembly District No. 25

STAFF MEMBERS PRESENT:

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

OTHERS PRESENT:

Jessica Adair, Chief of Staff, Office of the Attorney General
Brett Kandt, General Counsel, Nevada State Board of Pharmacy
A.J. Delap, Las Vegas Metropolitan Police Department
Eric Spratley, Nevada Sheriffs' and Chiefs' Association
Catherine O'Mara, Nevada State Medical Association
Karen Beckerbauer, Northern Regional Behavioral Health Policy Board

Jessica Flood, Northern Regional Behavioral Health Policy Board
Sarah Adler, National Alliance on Mental Illness; Nevada Coalition to END Domestic and Sexual Violence
Joan Hall, Nevada Rural Hospital Partners Foundation
Kendra Bertschy, Washoe County Public Defender's Office
John Piro, Clark County Public Defenders Office
Sara Cholhagian, Dignity Health - St. Rose Dominican Neighborhood Hospitals
Joelle Gutman, Washoe County Health District
Andres Moses, Eighth Judicial District Court – Clark County
Michael Hackett, Nevada Primary Care Association; Nevada Public Health Association
Sandra Koch, The American College of Obstetrics and Gynecology
Molly Rose Lewis, NARAL Pro-Choice Nevada
Cecelia Lampley
Marlene Lockard, Nevada Women's Lobby
Elisa Cafferata, Planned Parenthood Votes Nevada
Melissa Clement, Nevada Right to Life
Serena Evans, Nevada Coalition to End Domestic and Sexual Violence
Jared Busker, Children's Advocacy Alliance

CHAIR RATTI:
I will open the hearing on Assembly Bill (A.B.) 49.

ASSEMBLY BILL 49: Revises provisions relating to the monitoring of prescriptions for controlled substances. (BDR 40-420)

JESSICA ADAIR (Chief of Staff, Office of the Attorney General):
Assembly Bill 49 amends portions of *Nevada Revised Statutes* (NRS) 453 to address issues with the Nevada Prescription Monitoring Program that have surfaced since the underlying legislation was amended in 2017. The Office of the Attorney General collaborated with the Nevada State Board of Pharmacy to draft, revise and vet this bill. In the interest of being brisk, I will turn this over to Brett Kandt.

BRETT KANDT (General Counsel, Nevada State Board of Pharmacy):
I will read my prepared testimony (Exhibit C) explaining the purpose for A.B. 49.

CHAIR RATTI:
Seeing no questions from the Committee, is there anyone to testify in support of A.B. 49?

A.J. DELAP (Las Vegas Metropolitan Police Department):
We support A.B. 49. We have worked with Mr. Kandt and the Office of the Attorney General on this matter.

ERIC SPRATLEY (Nevada Sheriffs' and Chiefs' Association):
We are here in support of A.B. 49.

CATHERINE O'MARA (Nevada State Medical Association):
We are here neutral on A.B. 49. There is some benefit to physicians having access to overdose data that did not result in death, and the ability for a physician to use their clinical judgement in considering that occurrence and appropriately responding.

CHAIR RATTI:
I will close the hearing on A.B. 49, and open the hearing on A.B. 85.

ASSEMBLY BILL 85 (1st Reprint): Revises provisions governing mental health. (BDR 39-443)

ASSEMBLYWOMAN ROBIN L. TITUS (Assembly District No. 38):
The last Session, it was decided to divide the behavioral policy boards of our State into four quadrants. This was done to recognize the distinct and different issues in regard to mental health, and it was felt they would best be addressed on a regional basis. I am the Legislator appointed to the Northern Regional Behavioral Health Policy Board (NRBHPB).

Assembly Bill 85 was created from the NRBHPB after many months and many hearings. This bill addresses issues regarding persons in a mental health crisis, their legal rights and the formation of what is called the "Legal 2000" or a "mental health hold".

KAREN BECKERBAUER (Northern Regional Behavioral Health Policy Board):
I am the Vice Chair of the NRBHPB, representing the Social Services Section. We are a diverse group that represents a wide region of our State and we collectively agreed to put our efforts toward refining the psychiatric hold

process, known today as the Legal 2000. We received training and heard testimony from stakeholders: patients, family members, emergency room personnel, law enforcement, attorneys, firefighters, paramedics, behavioral health providers, physicians, elected officials and many more.

We learned the existing laws are interpreted differently by many of the involved personnel. The appropriate reason for a hold, the time frame of the 72-hour window, the reason and process for extending the hold and other details were identified as needing some clarification that all parties could agree on and implement.

The one thing we all agreed on was the focus should be on the patient. We needed to transform the dialogue from a Legal 2000 process to that of a behavioral health protection hold. The NRBHPB recognized this was a big undertaking and we asked Jessica Flood to create a Statewide Legal Hold Workgroup to hear everyone's concerns and input. That workgroup consisted of over 60 individuals (Exhibit D) involved in the system. They met every week. Jessica Flood provided the NRBHPB monthly updates on the progress of the workgroup and took our questions and concerns back to that workgroup. This Statewide Legal Hold Workgroup was a great example of all interested parties from across the State coming together for a common purpose. In the end, the NRBHPB agreed unanimously to come forward with this bill in support of a more person-centered and uniformly interpretive process for behavioral health holds.

JESSICA FLOOD (Northern Regional Behavioral Health Policy Board):
I am the Northern Regional Behavioral Health Coordinator. The NRBHPB bill, A.B. 85, is focused on updating and clarifying NRS 433A which details Nevada's mental health crisis hold process.

First, I would like to review the document titled Nevada's Mental Health Crises Hold (Exhibit E) to provide an overview of the current process described in law. Then I will present the seven major changes that A.B. 85 proposed to make in NRS 433A.

The hold process, Exhibit E, starts when a patient is deemed to be a danger to self or others, or is gravely disabled, and is detained by law enforcement or healthcare professionals. If they are not already in the hospital, the patient will be transported to one. There, a healthcare professional will carry out a medical clearance process to determine if they are medically stable, and certify the hold

through testing the mental illness as part of the patient's risk to harm self or others, or grave disability.

Only after this process occurs, does the 72-hour time period start, even though the person has already been detained for an undefined amount of time prior. The prior detention could have lasted a few minutes to up to a few days. This means if you are on a mental health crisis hold and you ask when the hold is due to end, medical staff may tell you that the 72-hours may not start until tomorrow. That is when your labs come back and the doctor signs off on the medical clearance.

We have also included a second page of Exhibit E that depicts the court petition process that is initiated on the day the 72-hour period ends.

Being placed on a mental health crisis hold is one of the most extreme losses of liberty in our society. It is only surpassed by being arrested. When an individual is placed on a hold, they lose their right to leave the scene, vehicle or healthcare setting. They often lose access to most of their personal items and possessions.

Once at the healthcare facility, they are personally monitored and often restricted in day-to-day actions that we take for granted, such as getting food, using the restroom and using the phone. It is important to note that individuals who are placed on hold are not those "other" people who have a mental illness. I was a social worker who previously worked at the Mallory Crisis Center at Carson Tahoe Hospital in an inpatient psychiatric unit. I can tell you the people who come in on mental health crisis holds are people like you and me. I have seen police officers, engineers, nurses, college students and others who are contributing community members. They are just experiencing an unfortunate circumstance.

While mental health crisis holds are a necessary mechanism to protect individuals at risk of harm or death due to mental illness, the process in Nevada is opaque and practiced differently from county to county. In any hospital in Nevada, a patient can be placed on a hold and not receive clear information on the process they are experiencing, including how long they will be detained. Additionally, in 15 out of 17 counties in Nevada there was not a court petition process in place that aligned with current law, and 14 of the 17 counties did not even have a process in place.

Assembly Bill 85 focuses on clarifying and standardizing the mental health crisis process so the NRBHPB can develop standardized education for every patient on a hold in a hospital, emergency room or inpatient psychiatric facility to receive and to understand their rights and due process. The standardization will also allow us to work with the rural counties to develop a mental health crisis hold petition process that is aligned with Nevada law.

I will now discuss the seven major changes (Exhibit F) proposed in A.B. 85. I will present them by priority rather than numerical order. The first major change will be in sections 9 and 10. This will clarify that the 72-hour detainment starts when any section of the hold is completed.

As depicted in Exhibit E, counties and providers currently interpret the 72-hour clock to start at the initiation of the hold or after medical clearance and certification. In many counties, one could say that because of the time it takes to carry out the medical clearance and certification, Nevada has a 72-hour plus hold. This can cause much confusion to healthcare providers attempting to refer patients to other counties, and causes a lot of confusion for patients and families as well.

We understand it is the providers' responsibility to carry out the medical clearance and certification to deem the mental health crisis hold valid; however, we also see the 72-hour time period in which a person's liberty is restricted as a parallel process. This allows the courts to have oversight if the patient needs to be held beyond 72 hours. This ensures consistent and timely court oversight that is transparent to all parties and allows the patient to access the right to counsel.

The second change is in section 7 of the bill. It proposes to remove stigma and update language and criteria for the existing term, "person with mental illness". In current law, "a person with mental illness" means any person who, as a result of the mental illness, is a danger to self or others. This is not an accurate definition of mental illness and is stigmatizing for anyone who may experience mental illness.

Assembly Bill 85 proposes to update the term "person with mental illness" to "person in a mental health crisis". This term means any person whose capacity to exercise self-control, judgement and discretion in the conduct of the person's affairs and social relations or to care for his or her personal needs is diminished,

as a result of the mental illness, to the extent that the person presents a "substantial likelihood of serious harm" to himself or herself or others.

Section 4 of A.B. 85 also updates the language of the criteria of mental health crisis hold in line with national recommendations from the Treatment Advocacy Center.

It is important to note we did not have any intention of either expanding or limiting the current criteria. We worked closely with all partners, including hospitals and law enforcement to ensure this was the case.

The third major change is in section 19 of the bill, which focuses on improving the efficiency of the court process. Assembly Bill 85 extends the time for a court to set the hearing for court-ordered admission by one judicial day. This allows the courts to calendar all petitions on one specific day a week providing greater organization and transparency through regularly held court hearings and reducing court costs.

Assembly Bill 85 also codifies the current practice of stipulated continuances which allows the patient to agree to treatment with court oversight without the need for a commitment. This increases the court's flexibility to address an individual's needs for brief treatment without being committed and reduces the need for court hearings.

The fourth major change is in sections 14, 25 and 28 of the bill. This addresses information sharing to enhance coordination and continuity of care. Assembly Bill 85 clarifies NRS 433A to align with information sharing guidelines prescribed by the Health Insurance Portability and Accountability Act (HIPAA). The bill also strengthens care coordination in line with federal HIPAA guidelines by ensuring that individuals in a mental health crisis hold are asked within 24 hours of admission to a mental health facility if they would like notice to be provided to anyone. The bill also removes the mandate that spouses be notified, as there are cases where such notification would not be appropriate and may even be harmful.

A mandate was also included that information be shared with a durable power of attorney for health care, which may be identified in a psychiatric advanced directive.

The bill updates the types of authorized notification regarding emergency admissions.

The changes also allow for limited information sharing by courts with providers for the purposes of continuity of care, as the courts often repeatedly see patients in a chronic crisis and see providers re-creating and duplicating treatment plans. This would allow for courts to support care coordination and reduce repeated treatment efforts.

The fifth change is focused on behavioral health transport. Assembly Bill 85 proposes to use accredited agents which already exist in law as a mechanism for behavioral health transport.

In current law, an accredited agent has the ability to detain and transport individuals on mental health crisis holds. The bill takes away the agent's ability to detain someone, which essentially leaves behind a behavioral health transport option. Medicaid has stated their intention to create a reimbursable provider for behavioral health transport and has identified using accredited agents as a mechanism to do so.

Assembly Bill 85 removes the restriction that an individual be accompanied by at least one attendant of the same sex or a relative of an individual being transported by a member of the opposite sex. This was removed as stakeholders from the Department of Health and Human Services (DHHS) believe they can address this concern through training, thus allowing for greater flexibility for transportation.

The sixth change in A.B. 85 is found in section 22 of the bill. This requires hospitals release a person within 24 hours after the court has determined the person does not meet criteria for civil commitment unless the person remains at the facility or hospital voluntarily. In current law, there is no time frame to release an individual. Stakeholders from courts and hospitals agreed that 24 hours would be a sufficient time to develop an adequate discharge plan for the individual to be released.

The seventh change provides the State Board of Health with the ability to adopt regulations for the following issues.

First, Nevada currently has no guidelines for involuntary administration of medication. With no Statewide guidelines, hospitals need legal counsel to understand the process based on court law. Many new hospitals do not have this ability. By creating regulations, hospitals and stakeholders will have a central place for the information.

The State Board of Health will develop regulations for hospital reporting of mental health crisis holds. This was unanimously supported by stakeholders on the Statewide Legal Hold Workgroup as they all see the need for data and insight into community needs. They also believe this data will inform Nevada on gaps and needs of underserved populations such as youth and veterans.

Second, A.B. 85 provides the State Board of Health with the ability to develop regulations for discharge planning from public and private mental health facilities. Discharge planning has been a high priority for all regions in Nevada for several years. This allows for the State to partner with psychiatric hospitals to develop strong discharge planning processes to support continuity of care.

Third, the bill directs the State Board of Health to develop regulations for accredited agents as I discussed before in the changes to behavioral health transport.

Fourth, the bill directs the State Board of Health to define the process for medical clearance. As mentioned earlier, the term "medical clearance" is widely interpreted across the State, leading to confusion for practitioners, patients and families.

The last part of Assembly Bill 85 contains some minor changes such as standardizing the 72-hour clock in different situations for clarity and conformity.

In conclusion, A.B. 85 is primarily focused on enhancing patient rights by clarifying processes, and reducing provider confusion and potential trauma for the patient. The Substance Abuse and Mental Health Services Administration (SAMHSA) just released a report on civil commitments and highlighted four ethical principles of patient care: respect for autonomy, non-malfeasance, beneficence and justice. The report emphasizes relevant information be clearly communicated to the patient about commitment status, purpose evaluation, etc., and that information is shared with supportive family members and/or significant others, consistent with the patient's wishes. The SAMHSA really

emphasizes the need to share information with the patient and have a transparent process. They also emphasize that due process protections are understood and employed at every level for the person.

We believe the changes made in A.B. 85 take major steps toward aligning our State with national recommendations. The Statewide Legal Hold Workgroup and the NRBHPB realize there is much more work to be done, but see this as an initial step toward a greater overhaul of our mental health crisis system. The Statewide Legal Hold Workgroup intend to continue working to provide more substantial updates to our system in the next Legislative Session.

SENATOR HARDY:
From your presentation, we learned you can have a mental health crisis without a mental illness. Do we need the specific definition "mental illness" as spelled out in section 7? There may be someone who lacks capacity and does not fit that definition.

MS. FLOOD:
Mental illness is the criteria necessary for involuntary commitment into an inpatient psychiatric facility. The national recommendation is you do not separate criteria for emergency admission and an inpatient psychiatric facility. The Nevada Psychiatric Association advocated that mental illness is the key criteria in order to hold someone. Law enforcement will place someone on a hold with the presumption they have a mental illness and then it is checked out by a provider.

SENATOR HARDY:
I am thinking of the person whose wife was just murdered by his best friend and he says "I want to kill that guy." Does the husband have a mental illness or does he want to harm someone else and we want to put him in a safe situation?

MS. FLOOD:
I am not a psychiatrist, but I could say that someone could diagnose that person with an adjustment disorder.

SENATOR HARDY:
All of those things have criteria that you have to meet in order to get a diagnosis of an adjustment disorder. It is not something that is a five minute thing. I hear what you are saying and you are contradicting what you are

saying. I do not think you have to have a mental illness in order to have a mental health crisis.

MS. FLOOD:
I surveyed all 50 states and they all have the criteria "mental illness" as their criteria.

SENATOR HARDY:
Nevada could be number one.

MS. FLOOD:
The Statewide Legal Hold Workgroup is planning to overhaul the legal hold language in the next two years. It needs to be re-written and that is an issue we could tackle in the future.

CHAIR RATTI:
Is anyone here in support of A.B. 85?

SARAH ADLER (National Alliance on Mental Illness):
We are in support of A.B. 85. It is a large bill that bravely and with care addresses many components of a mental health crisis that have such deep effects on the individual and their family. It is respectful and has a systematic outcome.

MR. SPRATLEY:
The Nevada Sheriffs' and Chiefs' Association is in support of A.B. 85.

JOAN HALL (Nevada Rural Hospital Partners Foundation):
I would like to add, Ms. Flood is employed by Nevada Rural Hospital Partners. This bill is vitally important in our minds. It benefits individuals in a mental health crisis and their family members. It benefits law enforcement and emergency personnel. It benefits health providers and the judicial system.

KENDRA BERTSCHY (Washoe County Public Defender's Office):
My office was a part of the Statewide Legal Hold Workgroup, and we represent individuals in the NRS 433A civil and voluntary commitment hearings. We believe this provides necessary clarification, as well as consistency to Statewide laws. We agree the judicial oversight is necessary, because we are dealing with a liberty restriction and appreciate the clarification of access to representation.

JOHN PIRO (Clark County Public Defenders Office):
We agree with the comments of the Washoe County Public Defender's Office. We support A.B. 85.

SARA CHOLHAGIAN (Dignity Health - St. Rose Dominican Neighborhood Hospitals):
We are in support of A.B. 85. We have submitted testimony (Exhibit G). Dignity Health has participated in the Statewide Legal Hold Workgroup of the NRBHPB.

JOELLE GUTMAN (Washoe County Health District):
We are in support of A.B. 85. One of our district priorities is working with the community to improve mental health and destigmatization is a big part of that.

ANDRES MOSES (Eighth Judicial District Court – Clark County):
We have support testimony (Exhibit H) submitted by Bita Yeager, the Hearing Master. We are in support of A.B. 85.

MICHAEL HACKETT (Nevada Primary Care Association; Nevada Public Health Association):
I am here on behalf of both organizations, and we are in support of A.B. 85.

CHAIR RATTI:
I will note this Committee has had hearings in regard to the Legal 2000 hold process. These hearings are often contentious and have many folks on different sides of the issue. On behalf of the Committee on Health and Human Services I want to commend the work done on this issue. Do you have any closing comments?

ASSEMBLYWOMAN TITUS:
I have also been a witness to many hearings on the Legal 2000 hold process. It is an honor for me to be this far along in the process of resolving some of the issues.

CHAIR RATTI:
I will close the hearing on A.B. 85, and open the hearing on A.B. 169.

ASSEMBLY BILL 169 (1st Reprint): Establishes the Maternal Mortality Review Committee. (BDR 40-712)

ASSEMBLYWOMAN DANIELE MONROE-MORENO (Assembly District No. 1):
This bill establishes the Maternal Mortality Review Committee (MMRC) within the DHHS. Why is this important? Pregnancy related deaths have doubled in the United States over the past 25 years. An estimated 700 women die of pregnancy related causes each year in the United States and another 65,000 women have serious health complications. The United States is the only high resource country with a rising maternal mortality rate. Nearly half of all these deaths are believed to be preventable. There is also a significant and widening disparity among black women in our Country. Creating the MMRC is an important step in identifying programs, treatments and protocols to prevent poor health outcomes for Nevada mothers. Currently, Nevada is one of seven states without an MMRC.

MS. O'MARA:
I have prepared a slide presentation (Exhibit I). I want to make an update to page 4. Governor Brad Little signed a bill on March 21, 2019 which established an MMRC in the state of Idaho. Assembly Bill 169 establishes the MMRC. The Director of DHHS will appoint between 6 and 12 members to the MMRC and criteria is laid out on page 5 of Exhibit I or section 6, subsection 2 of the bill.

The MMRC responsibilities are laid out on page 6 of Exhibit I or section 7 of the bill. I will highlight the main responsibilities. The MMRC will identify and review incidences of maternal mortality, which is when the woman dies within one year of the birth of the baby. The MMRC will also look at severe maternal morbidity, which is a strong complication arising from the birth, but does not lead to death.

The MMRC will examine a number of documents which are contained in the bill, and will generate reports on or before April 1 of each year and on December 31 in the year leading up to the Legislative Session.

There are three main things that we think will be helpful both to the Legislature and the state of public health in Nevada and that is found in section 7, subsection 1, paragraph (f), subparagraphs (1) through (3).

Subparagraph (1) is a description of the incidents of maternal mortality and severe maternal morbidity in the immediate 24 months in a manner that does not allow for the identification of any one person. This is de-identified data that will encompass the occurrences within the last two years.

Subparagraph (2) entails plans for corrective action; how we can reduce maternal mortality and severe maternal morbidity in Nevada.

Subparagraph (3) is any possible recommendations either through legislation or other changes in policy that can help us address this problem.

The MMRC is going to make specific data-driven recommendations to help us determine how we need to improve public health for our women in Nevada.

CHAIR RATTI:
I am looking at the fiscal note, which is zero. I know this is not a money committee, but it is my understanding the fiscal note is zero because there is an opportunity to receive a grant.

MS. O'MARA:
We do believe by working with DHHS there were some existing resources available to allow for the zero amount. However, the real reason we are trying to work as quickly as possible is if this bill is passed and signed by May 8, then Nevada would qualify for this year's federal grant dollars.

I forgot to include in my presentation there is a new federal law that would support Nevada's efforts. It is called H.R.1318 - Preventing Maternal Deaths Act of 2018. This act creates grants to states that develop an MMRC.

CHAIR RATTI:
Is there anyone in support of A.B. 169?

SANDRA KOCH (The American College of Obstetrics and Gynecology):
I am also an Ob-Gyn here in Carson City submitting testimony (Exhibit J), The American College of Obstetricians and Gynecologists letter of support (Exhibit K) and the American Congress of Obstetricians and Gynecologists letter of support (Exhibit L). This has long been an issue we have worked on in Nevada. The DHHS has provided a lot of background work. What has been missing is our ability to look carefully at the records in each one of these deaths. We have not been able to do this because we have not had legal protection to make sure that information does not become public. The creation of the MMRC will allow us to do that.

We do not have many deaths in Nevada; however, the other important issue is the maternal morbidity. We want to collect that data. Maternal deaths are the tip of the iceberg, but we want to look at the iceberg too. That information is available because discharge data is submitted by Nevada. We will be gleaning this data for the 18 codes that the Centers for Disease Control has recommended. I know we will qualify for federal funds and this is a great opportunity for Nevada.

MOLLY ROSE LEWIS (NARAL Pro-Choice Nevada):
Approximately 45,000 members and I support A.B. 169; we have support testimony (Exhibit M).

MS. GUTMAN:
The Washoe County Health District is here in support of A.B. 169. Pregnancy related mortality is on the increase, particularly in our women of color, minorities and low income. The establishment of the MMRC is a critical step to effect meaningful change. About five years ago, the Washoe County Health District established the Fetal Infant Mortality Review (FIMR) program and this has proven valuable to the State. The FIMR data has driven such projects as the Statewide campaign, Go Before You Show, which encourages newly impregnated women to seek out early prenatal care so they can have the best chance possible for a successful and healthy pregnancy. Building on the success of the FIMR program, the MMRC would be able to disseminate the findings of this review process to healthcare providers, hospitals and the public to increase awareness of danger signs and improve access and delivery of health care.

SENATOR HARDY:
What are the severe morbidities Nevada will be looking at? Is this a para needle tear?

MS. KOCH:
It would be pulmonary embolism, severe maternal hemorrhage, seizures, severe hypertension, stroke or cardiac problems.

SENATOR HARDY:
These conditions would not be a headache or an easy sprain?

MS. KOCH:
No they would not. I will supply you with the list of the 18 conditions. They are all catastrophic and near death.

SENATOR HARDY:
It would be good to have that list for the record.

MS. KOCH:
I would be happy to get that to you.

CHAIR RATTI:
If you could distribute that to the full Committee, that would be appreciated.

CECELIA LAMPLEY:
My grandmother died almost 90 years ago from childbirth. It is incredible to me that 90 years later women are still dying from childbirth. It seems like a tragedy. I know the outcome, because I know how it impacted my mother being raised by someone who was not her mother. I am a mental health counselor and I have seen the impact for children who lose their mothers. I support A.B. 169.

MARLENE LOCKARD (Nevada Women's Lobby):
We support A.B. 169 and think it will go a long way to provide information and make health changes as necessary.

ELISA CAFFERATA (Planned Parenthood Votes Nevada):
We support this program on behalf of our 16,000 patients and activists (Exhibit N).

MELISSA CLEMENT (Nevada Right to Life):
We are in favor of A.B. 169.

SERENA EVANS (Nevada Coalition to End Domestic and Sexual Violence):
I did submit testimony (Exhibit O). One thing I did want to point out, pregnant individuals experiencing domestic violence have a 37 percent higher risk of obstetric complications that have lethal outcomes for both the patient and baby.

MR. HACKETT:
I am here on behalf of the Nevada Primary Care Association and the Nevada Public Health Association. Both organizations are in support of A.B. 169.

JARED BUSKER (Children's Advocacy Alliance):
We are in support of A.B. 169.

CHAIR RATTI:
Does the sponsor have any closing comments?

ASSEMBLYWOMAN MONROE-MORENO:
We do have the list of the 18 morbidity conditions.

MS. O'MARA:
This is coming from the *Severe Maternal Morbidity Nevada, 2016 Report* (Exhibit P) from the Office of Analytics, DHHS. The relevant list is on page 9. Do you wish for me to read them or submit them for the record?

CHAIR RATTI:
Please submit them for the record. Due to the time constraints of the grant, I would like to take a motion.

SENATOR SPEARMAN MOVED TO DO PASS A.B. 169.

SENATOR HARDY SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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CHAIR RATTI:
I will close the hearing on A.B. 169 and open the work session on A.B. 130.

ASSEMBLY BILL 130: Places the Nevada ABLE Savings Program entirely under the authority of the State Treasurer. (BDR 38-177)

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

SENATOR HARDY MOVED TO DO PASS A.B. 130.

SENATOR SPEARMAN SECONDED THE MOTION.

MOTION PASSED UNANIMOUSLY.

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CHAIR RATTI:
I will open the work session on A.B. 147.

ASSEMBLY BILL 147: Authorizes a physician assistant or advanced practice registered nurse to perform certain services. (BDR 40-85)

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

SENATOR WOODHOUSE MOVED TO AMEND AND DO PASS AS AMENDED A.B. 147.

SENATOR HARDY SECONDED THE MOTION.

MOTION PASSED UNANIMOUSLY.

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CHAIR RATTI:
I will close the work session and open the hearing on A.B. 194.

ASSEMBLY BILL 194 (1st Reprint): Revises provisions governing the Nevada Early Childhood Advisory Council. (BDR 38-862)

ASSEMBLYWOMAN JILL TOLLES (Assembly District No. 25):
It has been a pleasure to work with the Nevada Institute for Children's Research and Policy and the Children's Advocacy Alliance. They came to me over the Interim and asked me to sponsor a bill to add a board member to the Nevada Early Childhood Advisory Council (ECAC) and include a reporting requirement to benefit the Legislature.

MR. BUSKER:
The purpose of A.B. 194 is to expand the capacity of the existing ECAC to establish a comprehensive system ensuring the healthy development of children ages zero to eight. The ECAC was created by Executive Order by the Governor in 2009 and continued by Executive Order in 2011 as a condition of the federal Head Start Act. In 2013, the Nevada Legislature passed A.B. No. 79 of the 77th Session which established the ECAC in NRS.

The purpose of the ECAC is to strengthen State level coordination and collaboration among various sectors in settings of early childhood education programs. It also conducts periodic Statewide assessments of needs relating to quality and availability of programs and services for children who are in early childhood education programs. Lastly, ECAC identifies opportunities for, and barriers to, early childhood education programs funded in whole or in part by federal, State or local government.

It is important to know that early childhood education is comprised of a comprehensive network of systems. It encompasses not only education and academic needs for young children, but includes social and emotional development, mental and behavioral health and physical health.

Assembly Bill 194 is needed to ensure that all of these components are represented on the ECAC. The ECAC structure was established utilizing guidance from the National Early Childhood Systems Working Group and the Institute of Medicine Report, *Transforming the Workforce for Children Birth Through Age 8: A Unifying Foundation.* Both of these resources called for collaboration between primary sectors that support young children. Those sectors are education, community and social services and the third is health.

In order to build an early childhood system in Nevada, representation from the health sector is needed. Therefore, as outlined in section 1, subsection 1, paragraph (l) of A.B. 194, we are requesting an additional member who is a representative of the pediatric, mental, physical or behavioral healthcare industry. In section 1, subsection 3 of A.B. 194 is a requirement for ECAC to submit annual reports of outlined activities, as well as recommendations for improvements to Nevada's early childhood education system.

SENATOR SPEARMAN:
We have done a number of things that seem to interface with this bill. Senate Bill 203 establishes requirements for programs for children who are deaf and blind. This applies to early childhood. Is there a way to interface them? We also passed another bill that is in the Assembly that looks at Star Ratings for schools.

SENATE BILL 203: Revises provisions governing programs for children who are blind, visually impaired, deaf or hard of hearing. (BDR 38-77)

ASSEMBLYWOMAN TOLLES:
It is my understanding ECAC wants to include a representative of pediatric, mental, physical and behavioral health on this board for the purpose of making recommendations that tie to education. I think the point you made is excellent, because you are right, the fact that we have lacked somebody who has a background in medical health has been a deficit for ECAC. By having that individual there, they can advise how health connects to academic performance and outcomes, and make sure we are making recommendations so that those needs are being met. I do believe there is a piece that will tie into those other bills that you mentioned.

MR. BUSKER:
We are looking Statewide for ways we can increase capacity for children with special needs. Currently, we do not have that capacity. The Children's Advocacy Alliance does not sit on the ECAC, but we work closely with them. We are committed to address the overall capacity that we have.

CHAIR RATTI:
Is there any further support or discussion? Seeing none, I will entertain a motion.

SENATOR HARDY MOVED TO DO PASS A.B. 194.

SENATOR SPEARMAN SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

* * * * *

CHAIR RATTI:
We will close the hearing on A.B. 194. Is there anyone here that would like to present public comment?

MS. ADLER:
I am here on behalf of the Nevada Coalition to End Domestic and Sexual Violence. It is an honor to end this day, Denim Day, Sexual Assault Awareness Day, here at the Senate Committee for Health and Human Services. I have seen more people in this room wearing denim than any other room at the Legislature. I think this reflects the awareness of this Committee to stand up to sexual assault.

I want to honor and recognize Senator Spearman for introducing S.B. 368, which is a Victim Rights bill. It is one of many pieces of legislation that is working to make the world better for victims of sexual assault.

SENATE BILL 368: Revises provisions relating to protections for victims of crime. (BDR 2-166)

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CHARI RATTI:
Seeing no further business, this meeting is adjourned at 5:14 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	6		Attendance Roster
A.B. 49	C	3	Brett Kandt / Nevada State Board of Pharmacy	Testimony
A.B. 85	D	3	Karen Beckerbauer / Northern Regional Behavioral Health Policy Board	Statewide Committee Overview
A.B. 85	E	2	Jessica Flood / Northern Regional Behavioral Health Policy Board	Flow Chart
A.B. 85	F	6	Jessica Flood / Northern Regional Behavioral Health Policy Board	A.B. 85 Overview
A.B. 85	G	1	Sara Cholhagian / Dignity Health – St. Rose Dominican	Testimony
A.B. 85	H	4	Andres Moses / Eighth Judicial District Court – Clark County	Letter of Support
A.B. 169	I	7	Catherine O'Mara / Nevada State Medical Association	Slide Presentation
A.B. 169	J	1	Sandra Koch / The American College of Obstetrics and Gynecology	Testimony
A.B. 169	K	1	Sandra Koch / The American College of Obstetrics and Gynecology	Letter of Support
A.B. 169	L	2	Sandra Koch / The American Congress of Obstetricians and Gynecologists	Letter of Support

A.B. 169	M	1	Molly Rose Lewis / NARAL Prochoice Nevada	Support Testimony
A.B. 169	N	2	Elisa Cafferata / Planned Parenthood Votes Nevada	Letter of Support
A.B. 169	O	2	Serena Evans / Nevada Coalition to End Domestic and Sexual Violence	Testimony
A.B. 169	P	22	Catherine O'Mara / Nevada State Medical Association	Report Severe Maternal Morbidity Nevada 2016
A.B. 130	Q	1	Megan Comlossy	Work Session Document
A.B. 147	R	1	Megan Comlossy	Work Session Document