

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

**Eightieth Session
May 1, 2019**

The Senate Committee on Health and Human Services was called to order by Chair Julia Ratti at 4:00 p.m. on Wednesday, May 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:

Assemblywoman Lesley E. Cohen, Assembly District No. 29
Assemblywoman Daniele Monroe-Moreno, Assembly District No. 1
Assemblywoman Ellen B. Spiegel, Assembly District No. 20
Assemblywoman Robin L. Titus, Assembly District No. 38
Assemblyman Steve Yeager, Assembly District No. 9

STAFF MEMBERS PRESENT:

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

OTHERS PRESENT:

Joan Hall, Nevada Rural Hospital Partners
Tray Abney, Recovery Advocacy Project, Inc.
Joelle Gutman, Washoe County Health District

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Michael Hackett, Nevada Public Health Association; Nevada Primary Care Association
Dan Musgrove, Valley Health System
Trey Delap, Group Six Partners, LLC
Catherine O'Mara, Nevada State Medical Association
Graham Galloway, Nevada Justice Association
Lindsay Anderson, Washoe County School District
Brad Keating, Clark County School District
Vivian Leal, Multiple Sclerosis Society
Brooke Maylath, Transgender Allies Group
Heather Areshenko
Lonny Rimel
Joe Casey, NARAL Pro-Choice Nevada
Tom Clark, Nevada Association of Health Plans
Laura Hale, Indivisible Northern Nevada
Heidi England, Multiple Sclerosis Society
Elisa Cafferata, Planned Parenthood Votes Nevada
Sara Chohagian, Dignity Health-St. Rose Dominican; Dignity Health-St. Rose Dominican Neighborhood Hospitals
Stewart Ferry, National Multiple Sclerosis Society
Patti Mason
Christine Noellert, Multiple Sclerosis Invincibles
Carrie Embree, Governor's Consumer Health Advocate, Office of Consumer Health Assistance, Department of Health and Human Services
Cody Phinney (Deputy Administrator, Division of Health Care Financing and Policy, Department of Health and Human Services
Bailey Bortolin, Legal Aid Center of Southern Nevada; Washoe Legal Services
Kelly Venci Gonzalez, Team Chief, Legal Aid Center of Southern Nevada
Kendra Bertschy, Deputy Public Defender, Public Defender's Office, Washoe County
David Boire, Children's Advocacy Alliance
Riana Durrett, Nevada Dispensary Association
Nick Marano, Green Thumb Industries Nevada
Krystal Saab, General Counsel, Nevada Organic Remedies; the + Source
Will Adler, Silver State Government Relations; Scientists for Consumer Safety
Homa Woodrun, Chief Advocacy Attorney, Office of the State Long-Term Care Ombudsman, Aging and Disability Services Division, Department of Health and Human Services
Helen Foley, Center for Assisted Living

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CHAIR RATTI:

I will open the work session on Assembly Bill (A.B.) 49.

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

MEGAN COMLOSSY (Committee Policy Analyst):

I will read the summary of the bill from the work session document ([Exhibit C](#)).

SENATOR HARDY MOVED TO DO PASS A.B. 49.

SENATOR SPEARMAN SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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CHAIR RATTI:

I will open the work session on A.B. 85.

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

Ms. COMLOSSY:

I will read the summary of the bill from the work session document ([Exhibit D](#)).

SENATOR SPEARMAN MOVED TO DO PASS A.B. 85.

SENATOR WOODHOUSE SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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CHAIR RATTI:

I will open the work session on A.B. 124.

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ASSEMBLY BILL 124 (1st Reprint): Requires a hospital or independent center for emergency medical care to provide certain information to a victim of sexual assault or attempted sexual assault. (BDR 40-591)

Ms. COMLOSSY:

I will read the summary of the bill from the work session document ([Exhibit E](#)).

SENATOR SPEARMAN MOVED TO DO PASS A.B. 124.

SENATOR WOODHOUSE SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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CHAIR RATTI:

I will open the work session on A.B. 131.

ASSEMBLY BILL 131 (1st Reprint): Revises provisions governing facilities and services for adults with special needs. (BDR 40-170)

Ms. COMLOSSY:

I will read the summary of the bill from the work session document ([Exhibit F](#)).

SENATOR WOODHOUSE MOVED TO DO PASS A.B. 131.

SENATOR SPEARMAN SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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CHAIR RATTI:

I will open the work session on A.B. 471.

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

Ms. COMLOSSY:

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

SENATOR WOODHOUSE MOVED TO DO PASS A.B. 471.

SENATOR SPEARMAN SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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CHAIR RATTI:

I will close the work session and open the hearing on A.B. 76.

ASSEMBLY BILL 76 (2nd Reprint): Revises provisions relating to regional behavioral health policy boards. (BDR 39-470)

ASSEMBLYMAN STEVE YEAGER (Assembly District No. 9):

I would like to explain how we arrived at this bill. The bill was created on behalf of the Southern Nevada Behavioral Health Policy Board (SNBHPB). I chaired the SNBHPB during the Interim. If you want to see the final report from the SNBHPB ([Exhibit H](#)), it is quite long and has a lot of exhibits, but it will give you a rundown of what was done, what we talked about and who we heard from.

Through the work done, I invited every member of the SNBHPB to submit two to three ideas for bills. We narrowed the ideas to six concepts. There was a vote and this brought about A.B. 76. It was not unanimous. Everyone supported the concept, but there were other ideas that some members wanted more than this one. Ultimately, everyone on the SNBHPB was appreciative of bringing this forward.

I will go over what A.B. 76 does on a high level. Section 1, subsection 2 allows the Commission on Behavioral Health to employ an administrative assistant and a data analyst to help the Regional Boards. The Regional Boards need additional support; they are tasked with all types of data collection. I had hoped to make this a mandate, but we decided to make it permissive language. My hope would be that the Commission could employ an administrative assistant and a data analyst to support all four of the Regional Boards that currently exist and a fifth Regional Board if this version of the bill were to go forward.

Section 2, subsections 1-4, deals with how many Boards there are and which counties are in which regions. We are on the second reprint of the bill, and there have been several different proposals already this Session. There continues to be discussions, as to how many regions and which counties go in which region.

This brings me to Senator Hardy's amendment ([Exhibit I](#)) that has a good amount of buy-in and I think is the proper way to structure the Regional Boards. I am going to ask the Committee to ignore what you have in front of you in section 2 of the bill and have Senator Hardy explain his proposal.

SENATOR HARDY:

Senator Goicoechea brought up some issues he had with the structure of Regional Boards, and he and I looked at maps. I want to refer you to [Exhibit I](#) and will follow the pages in order. The first page outlines the current law.

The second page is a map of the regions as the bill was introduced. You see some differences with Lincoln County. Lincoln County did not want to be with Clark County, so they are with Esmeralda County and Nye County.

The third page depicts a regional map proposed by the second reprint and you should be able to see how problematic this proposal would be. This map is difficult due to the roads to get from one place to the next, and there was no buy-in from different stakeholders from far away.

This led to page 4, which is an amendment we are suggesting. It requires five regions instead of four. We looked at roads and nexus to roads, and if you go along the 38th parallel at the top of Clark County and extend it through the lower triangle of Nye County, you pick up Beatty and Pahrump. The Pahrump hospital sends their people to Clark County, so it was a natural thing to go to Clark in that particular part of Nye County. Whereas in Tonopah, Mineral and Esmeralda, people go to the hospital in Mineral County. As of right now, most members agree with this proposed regional map. There are some in Nye County who take exception and prefer not to have their county broken up. Recognizing the flow of patients, it would be hard for southern Nye County to go to Mineral County. This is why we did this. This is the map.

ASSEMBLYMAN YEAGER:

I want to talk about section 3, where the bill refers to some of the qualifications needed for some of the Board appointments. Some of the rural Boards had

difficulty finding someone qualified to be appointed to the Board, under the statute as written. You will see some changes in qualifications. At the bottom of page 4, on line 40, we indicated that a member could be appointed who has received behavioral health services, and could also include someone with a substance abuse disorder. That was in consultation with the recovery community.

In addition, the bill as written changes the appointment process. This was a burden for the Speaker and Majority Leader to appoint upward of 12 or 13 members for 4 different boards. We changed it so the Governor would have two appointments, the Legislative Commission would continue to appoint a Legislator, and the Speaker and Majority Leader would appoint one person to each of the Boards. The rest of the appointments would be done by the Behavioral Health Commission. The Behavioral Health Commission would make all appointments that were not otherwise designated to be made by somebody else.

SENATOR HARDY:

I would like the Committee to refer to the one page amendment ([Exhibit J](#)). In the bill there are seven mandatory appointments and another six appointments that are at the option or willingness of the Commission of Behavioral Health to appoint. The mandatory and optional appointments are as follows in [Exhibit J](#).

I would like the Committee to refer to the proposed amendment ([Exhibit K](#)), section 1. The word "Commission" on line 5 refers to the Commission on Behavioral Health. On page 3, subsection 2 also refers to the "Commission" which is the Commission on Behavioral Health, and their duties and appointments. If you look on page 4, subsection 7, this gives some appointment power that the Commission did not normally have. I will read some of these appointments on [Exhibit K](#). Just be aware that within this amendment the word "Commission" is used in several places where it can mean the Legislative Commission or the Commission on Behavioral Health.

ASSEMBLYMAN YEAGER:

In closing, I think the discussions about which Commission we are referring to when we talk about appointments within the bill may need to be refined. We will continue to refine this and work on consensus.

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CHAIR RATTI:

The intent is to leave it as the Commission on Behavioral Health. If there are portions changed, you will let us know before work session?

ASSEMBLYMAN YEAGER:

That is accurate.

CHAIR RATTI:

What were the conversations with the other Regional Boards about these last minute changes?

ASSEMBLYMAN YEAGER:

These discussions have been ongoing since we first submitted the bill. Most of the discussions are taking place through the National Association of Counties. I think we are at a place where the Regional Boards themselves are comfortable enough with the map. With the exception of Nye County, the counties are at consensus.

CHAIR RATTI:

Is there anyone in support of A.B. 76?

JOAN HALL (Nevada Rural Hospital Partners):

The benefits of the Regional Behavioral Health Boards cannot be overstated. The Nevada Rural Hospital Partners (NRHP) are in 15 of the 17 Nevada counties. We are not in Esmeralda County and Eureka County and that is because they do not have hospitals. The NRHP has employed two of the Regional Behavioral Health Coordinators, one in the Rural Region and one in the Northern Region. We are intimately involved with how these amendments were written and why. The Rural Region was perceived to be more Statewide than rural and that caused Senator Goicoechea, who was the Legislator for the Rural Region, to call me and tell me this could be a problem. The Rural Board had difficulty with quorums and travel distances, so adding those other counties seems untenable. The Rural Region also had membership positions they were unable to fill.

The NRHP is supportive of the amendment. All of the hospitals involved in this are in agreement that this seems to be the correct region.

TRAY ABNEY (Recovery Advocacy Project, Inc.):

We are in support of A.B. 76.

JOELLE GUTMAN (Washoe County Health District):

I am here to represent my past experience with the Regional Health Boards. I was the former Rural Regional Behavioral Health Coordinator. The biggest issue was I represented seven counties, which is 64,000 square miles and 58 percent of the State. If you add Nye County and Esmeralda County that number would be 89 percent of the State. This would deteriorate the fidelity of the Coordinator position. It was already hard enough. I was traveling about 2,200 miles a month. We do not need the addition of the other two counties.

MICHAEL HACKETT (Nevada Public Health Association; Nevada Primary Care Association):

We have not had a chance to fully digest the amendments, but from what I heard today, both organizations are in support of A.B. 76.

DAN MUSGROVE (Valley Health System):

As a nonmember of the Southern Nevada Regional Behavioral Health Board, I think I set the record for testimony. On behalf of the Southern Region, we agree with the new way the regions are to be divided.

CHAIR RATTI:

I will close the hearing on A.B. 76 and open the hearing on A.B. 340.

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

ASSEMBLYWOMAN ROBIN L. TITUS (Assembly District No. 38):

I am proud to present this bill on behalf of Assemblyman John Hambrick. Assemblyman Hambrick sends his regards and misses seeing everyone at the Legislature.

Before I present this bill, I would like to provide a bit of context for you. Many of you may have seen a similar bill, A.B. No. 428 of the 79th Session. That bill authorized pharmacists to furnish an opioid antagonist without a prescription under certain circumstances. In addition, A.B. No. 428 of the 79th Session prohibited the development of standardized procedures and protocols that would prevent pharmacist from dispensing an opioid antagonist without a prescription.

The past two years have seen a nationwide trend toward authorizing use of opioid antagonists in schools. We know that at least a dozen states have

statewide or school district programs allowing the use of opioid antagonists in schools. It is time Nevada addresses this trend.

Although opioid overdoses have remained flat in Nevada, in 2016 there were 387 opioid related deaths and in 2017 there were 388 opioid related deaths. Of those opioid related deaths, 34 were ages 15 to 24. What we do not know about this age group is whether those opioid deaths occurred in school or how many of them could have been prevented had an opioid antagonist been available for use in an emergency situation at the school. I would argue even one young life is worthy of the passage of A.B. 340.

First, the bill authorizes a healthcare professional, who is authorized to prescribe an opioid antagonist, to issue an order allowing a charter, private or public school to obtain and maintain an opioid antagonist on campus. This order is regardless if there is a person at the school who has been diagnosed as needing an opioid antagonist.

The measure sets forth the specifics of the order that declares the healthcare professional should not be subject to disciplinary action by issuing such an order. Assembly Bill 340 also provides additional protection for healthcare professionals by declaring that he or she is not liable for an error or omission concerning the acquisition, possession, provision or administration of an opioid antagonist maintained by a public or private school. Liability exemptions are also exemptions extended to the pharmacist who dispenses an opioid antagonist or who transfers an order to another pharmacist at the request of a private or public school.

In regard to administering and storing of an opioid antagonist at a school, A.B. 340 language is similar to the language for an EpiPen, which is already permitted in schools. School nurses or designated employees at the school may administer an opioid antagonist maintained at the school to any person believed to be experiencing an opioid related overdose.

The governing body of each school must adopt a policy to ensure when someone seeks emergency assistance from experiencing an opioid-related overdose on the premises of the school, the parent or guardian of a student who was administered the opioid antagonist be notified as soon as possible.

Finally, much like protections afforded to healthcare professionals and pharmacists, A.B. 340 extends exemption from liability to schools, school districts, employees and others affiliated with the school from certain damages related to acquisition, administration, possession or provision of any opioid antagonist or EpiPen, which has not resulted from gross negligence or reckless conduct.

TREY DELAP (Group Six Partners, LLC):

I am the Director of Group Six Partners, LLC. One of our objectives this Session has been to increase opportunities for recovery and decrease barriers for recovery. Death is certainly a barrier to recovery. I have a handout ([Exhibit L](#)) and testimony ([Exhibit M](#)). The distribution of Naloxone (Narcan) in the community is part of a comprehensive community level reduction strategy to increase access to opioid antagonists. By making Narcan readily available and offering training on its use, we are increasing opportunities to save lives from opioid overdose. We first train lay responders on the signs of overdose and then provide them with the only overdose reversal medication available. Concurrently, we are advancing the public discussion on the addiction epidemic highlighted by the rapid rise in overdose deaths in recent years. It should be noted that the National Association of School Nurses endorses this policy and they provide technical support in developing school district level policies.

If you attend the short training you will be provided an overdose kit and it looks like this ([Exhibit N](#)). It contains first responder barriers such as gloves and a mask. The training will show you basic indications that someone may be having an overdose. If you suspect someone is having an overdose, you first call 911, then remove the Narcan nasal spray. You administer it and if the person is in an overdose of an opioid they will respond immediately to it. If they are not in an active overdose of an opioid, it will not work and have no other effect. It is important to know that Narcan will not adversely affect someone who is not having an opioid overdose. These kits are being paid for by the Nevada State Opioid Response grant.

In southern Nevada, 1,844 individuals have received training in the use of the overdose kits, 6,433 kits have been distributed and 8 kits have been refilled. If you use your kit, you get it refilled. This is a continuation of the good work done in 2015, which was the Good Samaritan Drug Overdose Act that provided general immunity to lay people. *Nevada Revised Statutes* 453C.050 defines

opioid related drug overdose. What is key is anything that a reasonable lay person might think is an overdose.

The bottom line is, if you are having an opioid overdose and you do not get this treatment you will die. If you are not having an opioid overdose and do not need this treatment, but if you get treated, you will have not have an ill effect.

CHAIR RATTI:

Seeing no questions from the Committee, I will open A.B. 340 for support.

CATHERINE O'MARA (Nevada State Medical Association):

Nevada physicians are in support of this bill. It will give resources to schools to appropriately respond to an overdose. I want to add for the record, Narcan is readily available, it is easy to be trained on its use and it can save lives. It is still important to contact emergency services.

CHAIR RATTI:

Some of the Committee members may remember last Session, when we heard the bill on the EpiPen. During that time, we had the opportunity to have some families who sat on the floor with us, who had children who were alive because we got past some of our own barriers and decided it was okay for school nurses to have EpiPens in schools. There are kids who are alive today because of that. Opioid overdose may be a less comfortable topic, but we have many people at risk.

Is there anyone opposed to A.B. 340?

GRAHAM GALLOWAY (Nevada Justice Association):

The purpose and goal of this bill are laudatory, they are good. Unfortunately, it is not a perfect bill. We are in opposition to A.B. 340 because it gratuitously gives immunity to almost anyone or everybody who comes in contact with the programs that would be created by this bill. I have not heard anything today, nor did I hear anything in the Assembly, that justifies such a radical change in our civil justice system.

Our civil justice system is based on accountability, responsibility and negligence. This bill provides a free pass to negligent individuals. The question I have, do we not want people who administer this antagonist at the top of their game? We want them to perform appropriately and correctly. This bill in an odd way

does not foster that. It sanctions bad behavior. It has three separate immunity provisions. I think you want to encourage good conduct, not bad conduct.

SENATOR SPEARMAN:

When you say bad behavior, what does that look like?

MR. GALLOWAY:

Our problem with the bill is the immunity provision. There is no need for immunity. I have not heard a justification for immunity. We are talking about immunity for the person who administers the antagonist, the persons who monitor the individual after the antagonist has been administered and the persons who distribute it. It is hard for me to envision exactly how the train can come off the track, but given the opportunity, the train always comes off the track. Somehow, some way, someone will do something that is negligent and we oppose a free pass.

LINDSAY ANDERSON (Washoe County School District):

We are neutral on this bill, primarily because it is not a mandate. This program is a "may" not a "shall". We do not have a registered nurse in every school. We have about 30 nurses to cover 100 school sites in the Washoe County School District. The medical team members we have are called Clinical Aids. They have zero medical training. We do not ask them to diagnose students or families on campus. For example, if a student presents themselves short of breath, we ask them to call 911, and that is the extent of the medical training they get from us.

We have no known evidence of opioid overdoses on school campuses in Washoe County. That could be because once we call 911 and the person is transported, we do not receive a follow-up why the person needed medical attention. I am not sure if we will take advantage of this program.

BRAD KEATING (Clark County School District):

I will echo the same sentiments as Washoe County School District. We have First Aid Safety Assistants, they are not certified school nurses. For these reasons we are neutral.

ASSEMBLYWOMAN TITUS:

This bill is all about immunity. This program will not work for all schools. It will not be needed in all schools. This bill is an enabling act that gives schools the option to have this program if they believe this is needed.

In an overdose medical emergency, people should not have to worry. They should not have to think to themselves, should I do this, will I get in trouble, will I get sued or what should I do. The reason this bill is written this way is because in that critical moment, a life is saved. If you are not sure if it is an overdose, it is okay, because you are not going to hurt them. This encourages people to act. This program will not work for all school districts, but it will be available, if there is a need.

SENATOR HARDY:

Is it true that fentanyl, if it is laced with a drug that you could take at school, you can overdose on it?

ASSEMBLYWOMAN TITUS:

Absolutely.

SENATOR HARDY:

Is it true if a person is not breathing and you suspect that they have taken an overdose, there is any harm that comes to that person by taking Narcan? Has that ever been shown?

ASSEMBLYWOMAN TITUS:

There is no harm; however, when the overdose patient wakes up, they might be mad because they will go through an immediate withdrawal.

SENATOR HARDY:

Is it true when you call 911, if they do not come within two minutes, when the patient has quit breathing they could die in that time?

ASSEMBLYWOMAN TITUS:

That is true.

SENATOR HARDY:

It is true that anyone can get this, without a prescription and age limit? Can you just go to the pharmacy and ask for it?

ASSEMBLYWOMAN TITUS:

You have to be trained before they will dispense it to you.

SENATOR HARDY:

Is it true that epinephrine is not as benign as Narcan?

ASSEMBLYWOMAN TITUS:

I would say yes.

SENATOR SPEARMAN:

There was a study done in 2018. It concluded that public access to Narcan would be a useful tool to reduce the time of Narcan administration, particularly in areas where opioid overdoses are clustered.

ASSEMBLYWOMAN TITUS:

That is today's reality. It may not be in every school, but there may be certain areas where this will save lives.

CHAIR RATTI:

I am going to close the hearing on A.B. 340 and open the hearing on A.B. 170.

ASSEMBLY BILL 170 (1st Reprint): Revises provisions relating to health insurance coverage. (BDR 57-278)

ASSEMBLYWOMAN ELLEN B. SPIEGEL (Assembly District No. 20):

Assembly Bill 170 is all about access to health care and insurance. The bill does two things. First, it makes it easier for people to get an appointment with a provider who is in network. There are a number of Nevadans who have difficulty accessing health care within their networks. They try to get an appointment with a network provider and it can take months, especially if it is with a specialist. This bill sets up a framework where the Office of Consumer Health Assistance (OCHA) will be able to help those consumers.

Currently, every insurance company has an 800 contact number on the back of their proof of insurance card. People can call this number if they are having difficulty getting an appointment. However, when they call the 800 number, the people answering the phone are not able to help them.

It turns out the insurance company has someone who is either a navigator, case manager or facilitator who is able to get them an appointment with someone in network. If the insurance company does not have a provider in network of the right specialty, they also have the ability to negotiate an out-of-network

agreement. The problem is people often cannot get to the navigator, case manager or facilitator. If A.B. 170 passes, the insurance companies will be required to give the name and contact information for one of their navigators, case managers or facilitators to the Office.

If Nevadans have trouble navigating the system, they can call the OCHA and the OCHA can step in and help them get to the right person on an expedited basis and help them get the appointment.

Another duty for OCHA will be to provide a report to the Legislature. This report will include the number of times people encountered this difficulty and what specialties were requested. This will allow the Legislature to take next steps in the future.

Finally, OCHA will help patients initiate complaints to the Insurance Division if they are warranted.

The second part of A.B. 170 will take all the provisions within S.B. 235 and add them to this bill. Senate Bill 235 has already been heard and passed by this Committee.

SENATE BILL 235: Revises provisions relating to health insurance coverage.
(BDR 57-734)

Senate Bill 235 is related to preexisting conditions. Should the Affordable Care Act (ACA) be overturned, Nevadans with preexisting conditions will continue to have access to insurance.

At this point I have introduced an amendment ([Exhibit O](#)) to add cosponsors to A.B. 170. I have a list that contains a number of Senators and Assemblymembers, who have signed on in support. I can read this into the record or pass it out.

CHAIR RATTI:

I will have the amendment added to the meeting minutes.

I want to state A.B. 170 includes everything that was in S.B. 235, which was the bill the Senate passed and was sponsored by this Committee. We have

double-checked A.B. 170 and that language is identical to the language in S.B. 235.

VIVIAN LEAL (Multiple Sclerosis Society):

I will read my testimony ([Exhibit P](#)) in support of A.B. 170.

BROOKE MAYLATH (Transgender Allies Group):

I could go on and on about what a great bill this is, but I will just say I concur with Ms. Leal.

HEATHER ARESHENKO:

I am a multiple sclerosis patient, I am mother and I am a speech pathologist. I will read my testimony ([Exhibit Q](#)) in support of A.B. 170.

LONNY RIMEL:

Healthcare advocates are essential for getting patients the care they deserve. Doctors and nurses cannot be the focal point for determining patient care through the insurance maze. We need these medical professionals to concentrate on getting their patients well, rather than being versed on which lab, hospital or specialist will be compatible with a patient's insurance. Illness, injury and disease are bipartisan. Having an advocate will alleviate the stress for the patient.

JOE CASEY (NARAL Pro-Choice Nevada):

On behalf of the 44,000 members, we urged your support of A.B. 170. As you know pregnancy was once considered a preexisting medical condition. Assembly Bill 170 keeps those protections regardless of what happens at the federal level.

Ms. O'MARA:

We support A.B. 170. As networks continue to narrow, we are seeing our patients have more challenges trying to find in-network physicians or other practitioners. We are seeing this trend particularly impacts cancer patients. We support the protections for preexisting conditions. If we were to go back to before the ACA, the rules on preexisting conditions affected 25 percent of Nevadans who would be at risk for denial based on a preexisting condition. Those preexisting conditions include: cancers, HIV, AIDS, heart disease, kidney disease, mental disorders, arthritis and many others. Declinable medications

included anti-cancer, anti-diabetic, anti-psychotic and many other medications. There is a lot on the line and this bill does a lot to protect patients in Nevada.

TOM CLARK (Nevada Association of Health Plans):

I was given permission by Mr. Abney to represent America's Health Insurance Plans as well. Both organizations are in support of A.B. 170.

LAURA HALE (Indivisible Northern Nevada):

I am one of nearly 1,800 members of Indivisible Northern Nevada. We are in support of A.B. 170.

HEIDI ENGLAND (Multiple Sclerosis Society):

I have testified twice before in support of these bills. I was a former Nevada State worker. When the State of Nevada insurance program changed, their specialty care pharmacy decided to withhold my drug from me. They withheld my drug and I could not get any help from anybody. Nobody could help me. I needed someone there to bridge that gap. Because of the stress of not receiving my medication, I got sick. I lost the feeling in my arms and hands. It has been two and half years since that happened and I still cannot feel my hands. I had to retire, otherwise I would still be working for the State of Nevada. I started working in this Legislative Building in 1985. I would still be working if there was someone who could have helped me.

ELISA CAFFERATA (Planned Parenthood Votes Nevada):

I would like to register our support of A.B. 170, particularly for the protection for folks with preexisting conditions.

SARA CHOLHAGIAN (Dignity Health-St. Rose Dominican; Dignity Health-St. Rose Dominican Neighborhood Hospitals):

We are in support of A.B. 170. As healthcare providers, we support efforts to help patients navigate through the healthcare system by setting up a system in OCHA for patients to use. This bill will provide a valuable resource for patients.

We also support the data collection in this bill. For years our firm has attended and monitored the Division of Insurance, Network Adequacy Advisory Council. One of the challenges we have heard is having the data to determine where or how to intervene. By collecting the data on how many times this navigator process is used by patients specific to a provider type, we will get a look at the challenges faced in this community.

STEWART FERRY (National Multiple Sclerosis Society):

I want to echo the amazing specificity the Committee has heard here today in support of A.B. 170.

PATTI MASON:

I want to share my personal story. I have an autoimmune disease that causes heart palpitations, racing pulse, sleep issues, anxiety and depression. About a year ago I was diagnosed with a rare neuroendocrine tumor. The insurance company I had wanted to send me to someone who had never treated this. The tumor is close to nerves that affect my brain and face. I declined to have the surgery with her, because she had not seen this type of tumor before. I now have a different insurance company and have been trying to navigate to whom I can see about this condition.

CHRISTINE NOELLERT (Multiple Sclerosis Invincibles):

I will read my prepared testimony ([Exhibit R](#)). I think it is important to have an advocate who has the patient in mind and not an insurance company who is just trying to walk you through a system that does not work. The insurance company is not knowledgeable on the particular illness you have. They just slap these numbers together and you are stuck with whatever they come up with.

In addition, my friend in [Exhibit R](#) is in an appeals process with the insurance company. An OCHA representative could help her appeal the case, because the insurance company is not doing anything for her. My friend is just one example out of thousands that have this happen to them every day.

CHAIR RATTI:

Is there anyone in neutral position for A.B. 170?

CARRIE EMBREE (Governor's Consumer Health Advocate, Office of Consumer Health Assistance, Department of Health and Human Services):

The OCHA assists consumers and injured employees to understand their rights and responsibilities under healthcare plans. This office investigates complaints of consumers and injured employees regarding their healthcare plans and assists in resolving their complaints. The OCHA provides referrals to appropriate agencies or other entities that are responsible for a specific complaint. The OCHA provides assistance and information concerning health care. Having a contact person at each health plan will benefit the Ombudsman working with consumers and expedite our ability to alleviate their concerns. Access to health

care means different things to different people. For the insured it can mean finding a provider or getting prior authorization for a particular procedure. For some it is finding services not covered under their insurance plan. For the uninsured it means access to basic healthcare services. This bill will provide a mechanism for reporting on access to care issues that will assist the State in identifying the gaps in service, and could be used to identify trends related to access to healthcare services for the insured.

SENATOR HARDY:

Are you already doing what this bill is proposing to do, but just need more help?

MS. EMBREE:

We do some of what this bill proposes to do. We currently assist insured consumers in accessing the services they need. What is different in this bill is the language in NRS requiring health plans provide us contact information for their navigators. This would be a great assistance for OCHA. We do have some of the health plans access information, but we do not know them all. This will help us stay current.

SENATOR HARDY:

Does this bill require them to tell you, as well as the new Ombudsman, who they are and what their contact information is?

MS. EMBREE:

It requires them to tell OCHA who their navigators are.

SENATOR HARDY:

Does this bill mandate that?

MS. EMBREE:

This bill mandates that.

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

We are glad we were able to make some adjustments to this bill to remove our fiscal note. We are neutral on A.B. 170.

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CHAIR RATTI:

The only amendment we had for this bill was the collection of sponsors [Exhibit O](#). Is there anyone who would like to be added to the list?

SENATOR HARDY:

I would like to be added to the list.

CHAIR RATTI:

We are going to add Senator Hardy to the list of sponsors.

SENATOR SPEARMAN MOVED TO AMEND AND DO PASS AS
AMENDED A.B. 170.

SENATOR HARDY SECONDED THE MOTION.

MOTION CARRIED UNANIMOUSLY.

* * * * *

CHAIR RATTI:

I will close the hearing on A.B. 170 and open the hearing on A.B. 156.

ASSEMBLY BILL 156 (1st Reprint): Revises provisions governing the education of a child who is in need of protection. (BDR 38-458)

ASSEMBLYWOMAN DANIELE MONROE-MORENO (Assembly District No. 1):

I served as the Chair for the Interim Committee on Child Welfare and Juvenile Justice. Assembly Bill 156 was presented to the Committee by representatives from Legal Aid of Southern Nevada, who work in the foster care arena. This bill expands the role of educational decision makers into the foster youth realm. Currently, the law allows courts to appoint educational decision makers for children with disabilities when there is no parent available or the parent is unable or unwilling to make these decisions for their child.

BAILEY BORTOLIN (Legal Aid Center of Southern Nevada; Washoe Legal Services): This bill highlights the nexus between education and our child welfare system. Statistics show that 47.5 percent of foster youth graduate from high school as opposed to 83.9 percent of the non-foster youth and only 3 percent of our foster youth graduate from college. As you heard, there is a similar statute that

exists for children with disabilities to have an educational advocate. We are expanding that requirement to every 432B case. For every child in care, the judge will take the time to say who is advocating for this child's education. This is most likely the parent, but not in all cases. There are times when the child has been removed from the parents and the school does not know if the parents are the right person to release school information to.

A foster child typically changes schools an average of eight times throughout their time in care. In order to keep the child's most updated educational information that makes it into the court report for every hearing, they need an educational advocate. There needs to be someone advocating for the child's education who can say this is what is going on, this is what they are doing in their classes, this is how many classes they have missed. The court can make sure they are having that conversation, because with so many emergencies that happen in that child's life, this is just one of those areas that gets overlooked.

The bill does two specific things. It requires the court identify who the educational decision maker is and it lays out specific educational information that should be reported to the court in each report.

KELLY VENCI GONZALEZ (Team Chief, Legal Aid Center of Southern Nevada):

One of my responsibilities is managing our volunteer advocate program. We provide advocates for kids with disabilities and they advocate on behalf of the kids through the special education system. They make sure they get the services they need so they can be successful.

Many times when we get a request the child is in crisis. They have had years of academic failure, repeating a grade, been expelled or suspended. We would like to see a more proactive approach, where someone is charged with monitoring the child's education. I will tell you, education is the least discussed topic at a permanency hearing. We want to make a child's education discussed at these hearings.

I am also a Court Appearance Professional (CAP) attorney representing kids in care. Over spring break myself and other CAP attorneys like to go out and visit kids because they are not in school and we can see a lot of them at once. I visited nine of my clients and none of them were doing well in school. They were all below grade level and struggling. These kids can do well; some of them had done well in the past. They just need the right support.

SENATOR HARDY:

I am confused. The court appoints the decision maker and then the court uses the decision maker to decide how to help the child. Is that the way it works?

MS. BORTOLIN:

The court would get updates from the advocate as to what is going on at school. Outside of the courtroom, this advocate now has the legal authority to have access to the child's school information. Without the appointment by the court it can be confusing for the school as to who they can release information to. If something is happening at the school, it clarifies who should sign for it and who the school should communicate with.

SENATOR HARDY:

Does the advocate stay with the kid? The court does not have to appoint a new advocate each time the kid changes schools, is that correct?

MS. BORTOLIN:

That is correct. That is the goal. We hope that it will flow with the permanency plan. We start with the rebuttable presumption that we are trying to move the child back home with the parents and it will typically be the parents. But if the plan was to move to adoption by the child's grandmother, it may make sense to make the grandmother the educational decision maker. Otherwise, she might have to wait until adoption to have the educational authority to interact with the teachers and get that report and information.

CHAIR RATTI:

For clarity, this does not introduce a new person into this child's life? This is someone who is already in their sphere, who can make education decisions?

MS. GONZALEZ:

Currently, we look to people who know the child. That might be a foster parent, parent or relative. We always look for someone who knows the child. A volunteer education advocate would be the last resort, when there is no one who can make those decisions for the child.

SENATOR SPEARMAN:

There is a bill, S. B. 267, which requires the Department of Education to take into consideration some of the social determinants for children. It builds on something that Assemblywoman Spiegel introduced last Session. It creates a

network of support. You might look at this, because I believe there is some synergy there.

SENATE BILL 267: Makes revisions concerning the effect of social and environmental factors on education. (BDR 34-578)

CHAIR RATTI:

Is there anyone in support of A.B. 156?

KENDRA BERTSCHY (Deputy Public Defender, Public Defender's Office, Washoe County):

My Office represents parents who are involved in the foster care dependency system. We are in support of A.B. 156. We believe it will help streamline the process and ensure each child knows they have a champion in their corner.

On a personal level, I have attended several individualized educational plans and intervention meetings within the Washoe County School District and this is a difficult process. This bill is important for those children.

DAVID BOIRE (Children's Advocacy Alliance):

We are in support of A.B. 156. It provides a safety net for foster children.

CHAIR RATTI:

I will close the hearing on A.B. 156 and open the hearing on A.B. 164.

ASSEMBLY BILL 164 (1st Reprint): Revises provisions relating to marijuana. (BDR 40-619)

ASSEMBLYMAN YEAGER:

Assembly Bill 164 addresses advertising within the cannabis industry, as well as registered agent cards which is the State system for vetting employees. I have followed the industry's progress since medical marijuana sales were legalized in 2013. Medical marijuana was in Nevada's State Constitution much earlier than that, but it was not until 2013 that the Legislature established dispensaries for medical marijuana.

I have attended several fact finding missions to other states and looked at their industry to see how Nevada can do it right. In 2013, I went to Arizona with Senator Hammond and learned about their medical marijuana program. In 2015,

we went to Colorado with other Legislators and lawmakers to meet with regulators and learn about Colorado's adult use program. Before the Session of 2016, we traveled to Oregon to learn about their early start program, which we were able to do here in Nevada. Most recently in 2018, after the election I traveled to San Francisco with some other Legislators to look at consumption lounges. This bill does not deal with consumption lounges. I will say the trip to San Francisco was quite an eye-opening experience.

In the 2017 Session, I was able to bring some of the lessons learned from those states to assist in shaping policy here relating to advertising, consumer safety and public safety. In my view, Nevada has done an exceptional job implementing strict rules that protect consumers and public safety, rather than waiting for problems to occur and then react to those problems.

That being said, each year our system in Nevada continues to mature, and lawmakers, the industry and stakeholders work to identify improvements that could be made to increase efficiency and efficacy of those regulations. Assembly Bill 164 proposes some of those changes identified through collaboration among industry stakeholders, as well as regulators and lawmakers.

RIANA DURRETT (Nevada Dispensary Association):

I serve as the Executive Director of the Nevada Dispensary Association. The Association represents the majority of dispensaries throughout the State. Many of them are vertically integrated, which means they own and operate cultivation and production facilities. The intent of the bill is to improve on Nevada's strict regulatory framework, and make improvements to the efficiency and effectiveness of those regulations.

I want to give a background of the dispensary advertising rules. After the delegation returned from their visit to Colorado in 2016, they had lessons learned to apply to Nevada. During the meetings with Colorado, the Nevada delegates were urged to get ahead of the safety issue.

Nevada took their advice seriously and one bill passed was S.B. No. 344 of the 79th Legislative Session. That bill enacted rules on advertising, packaging, labeling and written notification warnings. The Governor's Task Force during the last Session made further recommendations on packaging, labeling, written notifications and signage. Those were adopted as permanent regulations that govern adult use sales. The Governor's Task Force consisted of representatives

from: the Department of Health and Human Services (DHHS), Department of Taxation, local government, the Governor's Office, Legislators, law enforcement, marijuana industry and youth and adult drug use prevention advocates. The Nevada Dispensary Association supported S.B. No. 344 of the 79th Session and the measures recommended by the Governor's Task Force.

Assembly Bill 164 does not seek to relax these rules. The industry supports those rules. This bill seeks to shift focus from pre-approving advertisements and instead focus on issuing penalties for advertisements that do not follow the rules.

Currently, every advertisement has to be submitted for pre-approval. Every advertisement you see in Nevada has gone through this approval process. Even if the approved advertisement is changed slightly, such as a change in the font or color of the background, it has to go back to the approval process. This is not a quick process.

Assembly Bill 164 would direct the Department of Taxation to charge fines and conduct enforcement on advertisements that break the rules, rather than spending staff resources pre-screening thousands of advertisements.

In its current form, the bill proposes to allow the Department to accept background checks to get the agent cards to work in the industry that the Department deems reliable and expedient. The process to get an agent card takes longer than it should.

The bill further allows the Department to revoke agent cards for certain offenses, such as stealing product on camera or being convicted of a theft offense. In the past the Department has wanted to revoke an agent card for these offenses, but has not been able to.

The bill removes the requirement for pre-approval of legal marijuana advertisements. It does not seek to relax the rules. The same rules apply, such as you cannot appeal to children and you cannot have misleading statements.

The bill also requires local governments to adopt an ordinance if they choose to regulate the content of advertisements. This would not prevent local governments from regulating advertisements, it just states they need to adopt clear rules that can be consistently applied.

The bill incorporated already existing language regarding requirements to obtain an agent card, but removes language that specifies who would pay for the card.

The bill does make one minor modification to advertising, to now state:

Shall not place an advertisement at an entertainments event if it is reasonably estimated that 30 percent or more of the audience who will attend that entertainment to be persons who are less than 21 years of age.

For example, to advertise on TV you have to prove that the youth viewership is expected to be less than the 30 percent. This would apply the same threshold to entertainment events. For example, if there was a beer tasting event which is geared for adults, that advertising would be allowed.

There is one amendment ([Exhibit S](#)) that changes the validity of an agent card back to one year. The bill was proposing to make the card good for two years, which resulted in a fiscal impact. This amendment would change it back to one year, which should result in a zero fiscal impact.

The current rule is taxicabs can advertise marijuana and this amendment just keeps that status quo to continue these advertisements.

CHAIR RATTI:

Seeing no questions from the Committee, is there anyone to testify in support of A.B. 164?

NICK MARANO (Green Thumb Industries Nevada):

I am the President of Green Thumb Industries Nevada. We are a vertically integrated medical and adult use cannabis firm. We have active cultivation, production, and retail licenses. This bill streamlines the agent card application process, which has taken up to six months or more to get an agent card issued to our employees. We believe this bill introduces much needed improvements to signage and advertising regulations.

KRYSTAL SAAB (General Counsel, Nevada Organic Remedies; the + Source):

I will read my testimony ([Exhibit T](#)) in support of A.B. 164.

WILL ADLER (Silver State Government Relations; Scientists for Consumer Safety):
I agree with the detailed testimony [Exhibit T](#) by Krystal Saab. This industry has shown itself to meet the gold standard for advertising, and would like to be treated as normal businesses.

SENATOR HARDY:

When you get pre-approval it is done by someone sitting at a desk versus someone going out in the field getting post-approval. Will there be a fiscal problem with someone having to do work outside of the office?

MR. ADLER:

That would be a better question for the Department of Taxation. In my conversations with them, they indicated they will save staffing hours because they will not have to pre-approve every advisement. A violation would be reported to the State and the Department would take action.

SENATOR HARDY:

Will the industry send the advertisement and not wait for approval, or will the industry just advertise and it is up to the Department of Taxation to find the advertisement?

MR. ADLER:

We currently send in every advertisement and every adaptation of the ad to the Department of Taxation. This will no longer be the case. The Department would do a periodic review.

CHAIR RATTI:

As I understand this bill, there would be no review process. It would only be a complaint based system.

MR. ADLER:

That is my understanding of [A.B. 164](#). There would no longer be a pre-approval process, but it would be a complaint based violation process.

CHAIR RATTI:

I will close the hearing on [A.B. 164](#) and open the hearing on [A.B. 228](#).

ASSEMBLY BILL 228 (1st Reprint): Expands the jurisdiction of the Office of the State Long-Term Care Ombudsman to protect persons receiving services from certain additional entities. (BDR 38-171)

ASSEMBLYWOMAN LESLEY E. COHEN (Assembly District No. 29):

I was the Chair of the Legislative Committee on Senior Citizens, Veterans and Adults with Special Needs. Assembly Bill 228 will authorize the expansion of services of the Office of the Long-Term Care Ombudsman. This Office will advocate for persons when services do not meet standards.

The Nevada Revised Statutes 427A.125 created the Office of the State Long-Term Care Ombudsman within the Aging and Disability Services Division (ADSD) of the DHHS. This Office advocates for residents in long-term care facilities. The Ombudsmen are trained to resolve problems and represent the resident's perspective in monitoring laws, regulations and policies.

During the Interim, the Committee received a presentation concerning the Office. The purpose of the presentation was to learn about the clients currently served by the Office and how clients are informed of the services offered by the Office.

We learned that there are currently 12 Ombudsmen providing advocacy to long-term care facilities in Nevada.

Assembly Bill 228 provides that the ADSD Administrator may direct the Ombudsman or an advocate to investigate complaints involving persons with disabilities who receive services from certain facilities, which include: (1) facilities for long-term rehabilitation, which provides residential services for rehabilitation from an acute illness or injury for longer than a month; (2) community-based living arrangements; (3) supported living arrangements and (4) day care centers for adults.

Section 8 prohibits facilities for long-term care to retaliate against any person who files a complaint with, or provides information to, the Office for the additional providers.

Section 10 provides a new requirement for all identified service providers to post instructions listing the procedures for making a complaint to the Office. The instructions must include a telephone number, email address or internet

website for making complaints. Section 10 further provides that if a service provider fails to post this information the ADSD may, by regulation, prescribe a civil penalty not to exceed \$500.

HOMA WOODRUN (Chief Advocacy Attorney, Office of the State Long-Term Care Ombudsman, Aging and Disability Services Division, Department of Health and Human Services):

There is a trend this Session to address the needs of the vulnerable among us in Nevada, from housing, to individuals in a mental health crisis, to the rights of persons with dementia, to the needs of adult with disabilities and more. Assembly Bill 228 as amended fits well with so many efforts to not override individual autonomy and choice, but provide advocacy for individuals at their direction. In the 2017, A.B. No. 31 of the 79th Session was passed. This bill expanded the role of the Office from older adults to include persons with disabilities at any age.

During that Session, there was also a bill that passed that took the long-term care Ombudsman from representation of individuals over the age of 60 to those who reside in facilities for long-term care. Last Session, Assemblywoman Titus introduced a similar bill as far as expanding the role of the long-term Ombudsman into other settings; however, that bill did not pass.

The amendment will address the need for individual advocacy without creating any burdensome, ongoing monitoring or visits into these settings that are already regulated. This avoids duplication of services.

Nevada is one of three states that does not have adult protective care services, which are services for persons with disabilities between the ages of 18 and 59 regarding abuse, neglect, exploitation, isolation and abandonment. That bill will be coming forward as a budget Bill Draft Request 14-1201. It is ADSD's position that by allowing the Administrator to direct Long-Term Care Ombudsman Advocacy into these settings would complement the Adult Protective Services (APS). This expansion would allow an APS worker to identify the need for this advocacy in a specific setting that an individual would benefit from without overlapping other advocacy, such as the Nevada Disability and Law Center and Support Arrangement living settings.

BILL DRAFT REQUEST 14-1201: Revises provisions relating to vulnerable persons. Later introduced as (S.B. 540)

By way of information, the National Long-Term Care Ombudsman Resource Center identifies that the three most common areas of reported complaints regarding nursing facilities include: improper eviction, discharge planning, issues regarding unanswered questions or lack of respect for residents. Regarding assisted living or residential settings, the three most common complaints are improper eviction or discharge planning, addressing the quantity, quality and choice of food and the administration of medication.

SENATOR HARDY:

Does the other bill that you are talking about pay for the \$2.7 million or did the fiscal note go away?

MS. WOODRUN:

It is our understanding the fiscal note regarding the bill as originally written would be removed. This bill would allow us to serve in specific ways, track the data and come back if we see there is an overwhelming need with a concrete fiscal note. The fiscal note as originally written was in terms of mandating a replication of the program for these settings, which is quite a lot of homes. We did not feel there was enough data to support that.

HELEN FOLEY (Center for Assisted Living):

We support A.B. 228. There was an attempt to get an Ombudsman in to all facilities where our vulnerable people reside, where others are paid to take care of them. That did not happen. There was a \$6 million fiscal note on the bill and it died. This bill will not have automatic inspections, but everyone has access to the Ombudsman. I am happy to see the fiscal note removed from this bill.

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CHAIR RATTI:

Seeing no further business we are adjourned at 6:07 p.m.

RESPECTFULLY SUBMITTED:

Michelle Hamilton,
Committee Secretary

APPROVED BY:

Senator Julia Ratti, Chair

DATE: _____

EXHIBIT SUMMARY				
Bill	Exhibit / # of pages		Witness / Entity	Description
	A	2		Agenda
	B	8		Attendance Roster
A.B. 49	C	1	Megan Comlossy	Work Session Document
A.B. 85	D	1	Megan Comlossy	Work Session Document
A.B. 124	E	1	Megan Comlossy	Work Session Document
A.B. 131	F	1	Megan Comlossy	Work Session Document
A.B. 471	G	1	Megan Comlossy	Work Session Document
A.B. 76	H	108	Assemblyman Steve Yeager	Annual Report
A.B. 76	I	4	Senator Joseph Hardy	Proposed Regional Map
A.B. 76	J	1	Senator Joseph Hardy	Proposed Amendment
A.B. 76	K	8	Senator Joseph Hardy	Proposed Amendment
A.B. 340	L	1	Trey Delap / Group Six Partners, LLC	Handout
A.B. 340	M	2	Trey Delap / Group Six Partners, LLC	Testimony
A.B. 340	N	1	Trey Delap / Group Six Partners, LLC	Picture OD Kit
A.B. 170	O	1	Assemblywoman Ellen B. Spiegel	Amendment
A.B. 170	P	2	Vivian Leal / Multiple Sclerosis Society	Testimony
A.B. 170	Q	1	Heather Areshenko	Testimony
A.B. 170	R	2	Christine Noellert / Multiple Sclerosis Invincibles	Testimony
A.B. 164	S	1	Assemblyman Steve Yeager	Amendment
A.B. 164	T	2	Krystal Saab/ Nevada Organic Remedies; the + Source	Testimony