

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

**Eighty-First Session
March 17, 2021**

The Committee on Health and Human Services was called to order by Chair Rochelle T. Nguyen at 1:34 p.m. on Wednesday, March 17, 2021, Online. Copies of the minutes, including the Agenda ([Exhibit A](#)), the Attendance Roster ([Exhibit B](#)), and other substantive exhibits, are available and on file in the Research Library of the Legislative Counsel Bureau and on the Nevada Legislature's website at www.leg.state.nv.us/App/NELIS/REL/81st2021.

COMMITTEE MEMBERS PRESENT:

Assemblywoman Rochelle T. Nguyen, Chair
Assemblywoman Sarah Peters, Vice Chair
Assemblywoman Teresa Benitez-Thompson
Assemblywoman Annie Black
Assemblywoman Michelle Gorelow
Assemblyman Gregory T. Hafen II
Assemblywoman Lisa Krasner
Assemblyman Andy Matthews
Assemblyman David Orentlicher
Assemblywoman Shondra Summers-Armstrong
Assemblywoman Clara Thomas
Assemblywoman Robin L. Titus

COMMITTEE MEMBERS ABSENT:

None

GUEST LEGISLATORS PRESENT:

Assemblywoman Brittney Miller, Assembly District No. 5
Assemblyman Howard Watts, Assembly District No. 15
Assemblywoman Lesley E. Cohen, Assembly District No. 29

STAFF MEMBERS PRESENT:

Patrick Ashton, Committee Policy Analyst
Abigail Lee, Committee Manager
Joan Waldock, Committee Secretary
Trinity Thom, Committee Assistant

Minutes ID: 567



OTHERS PRESENT:

Vickie Ives, Manager, Maternal, Child and Adolescent Health Section, Bureau of Child, Family and Community Wellness, Division of Public and Behavioral Health, Department of Health and Human Services

Jesse Haw, Chair, Legislative Task Force, Children's Advocacy Centers of Nevada

Cheryl Cooley, Executive Director, Children's Advocacy Centers of Nevada

Peg Samples, Deputy District Attorney, Northern Nevada Internet Crimes Against Children, Washoe County District Attorney's Office

Kathie McKenna, Executive Director, Nye County Children's Advocacy Center

Rachael Berg, Program Coordinator, Great Basin Children's Advocacy Center

Amber Joiner, Private Citizen, Reno, Nevada

Jennifer P. Noble, Chief Deputy District Attorney, Legislative Liaison, Washoe County District Attorney's Office; and representing Nevada District Attorneys Association

Eric Spratley, Executive Director, Nevada Sheriffs' and Chiefs' Association

Jamie Rodriguez, Manager, Government Affairs, Office of the County Manager, Washoe County

Cole McBride, Program Manager, Washoe County Child Advocacy Center

Joanna Jacob, Manager, Government Affairs, Clark County

John J. Piro, Chief Deputy Public Defender, Legislative Liaison, Clark County Public Defender's Office; and representing Washoe County Public Defender's Office

Dan Morgan, Chief Executive Officer, Builders Association of Northern Nevada

Ross E. Armstrong, Administrator, Division of Child and Family Services, Department of Health and Human Services

Arash Ghafoori, Executive Director, Nevada Partnership for Homeless Youth

Tayvon Jenkins, Private Citizen, Las Vegas, Nevada

Minnie Wood, Private Citizen, Las Vegas, Nevada

Gwen Migita, Vice President, Social Impact, Sustainability, Diversity, Equity, and Inclusion, Caesars Entertainment

Patricia Julianelle, Senior Strategist, Program Advancement and Legal Affairs, SchoolHouse Connection

Pamela Girgis, A.P.R.N., C.P.N.P., Nevada Children's Health Project, Nevada Health Centers

Katie Ryan, System Director, Nevada Government Relations, Dignity Health-St. Rose Dominican

Tessyn Opferman, representing Nevada Women's Lobby

Emily Paulsen, M.S.W., Executive Director, Nevada Homeless Alliance

Alexis Tucey, Deputy Administrator, Community Services, Division of Child and Family Services, Department of Health and Human Services

Margot Chappel, Deputy Administrator, Regulatory and Planning Services, Division of Public and Behavioral Health, Department of Health and Human Services

Andrew LePeilbet, representing Military Order of the Purple Heart

Derek Reid, President, Northern Nevada Peer Support Network

Cyrus Hojjaty, Private Citizen, Las Vegas, Nevada

Chair Nguyen:

[Roll was taken. Committee rules and protocol were reviewed.] We have an ambitious agenda today. We have a work session and three bill hearings. Agenda items will be taken in a different order than listed. We will start with our work session. We will begin with Assembly Bill 189.

Assembly Bill 189: Establishes presumptive Medicaid eligibility for certain pregnant women. (BDR 38-130)

Patrick Ashton, Committee Policy Analyst:

As nonpartisan staff, I can neither advocate nor oppose any measures that you will consider today. Assembly Bill 189 was heard on March 10, 2021. This bill requires the director of the Department of Health and Human Services (DHHS) to include in the State Plan for Medicaid a provision that pregnant women who are determined by certain entities to qualify for Medicaid are presumptively eligible for Medicaid for a prescribed period, without applying for enrollment in Medicaid [[Exhibit C](#)].

There is one amendment. Assemblywoman Gorelow proposes to revise A.B. 189 to: (1) expand coverage for pregnant women in the manner prescribed by Assembly Bill 193; and (2) require DHHS to apply for a waiver of certain federal requirements so the Department may expand coverage under Medicaid from 60 days to 12 months following childbirth. She also attached the proposed conceptual amendment to A.B. 189.

Chair Nguyen:

Are there any questions?

ASSEMBLYMAN HAFEN MOVED TO AMEND AND DO PASS
ASSEMBLY BILL 189.

ASSEMBLYWOMAN KRASNER SECONDED THE MOTION.

THE MOTION PASSED UNANIMOUSLY.

Assemblywoman Gorelow will make the floor statement. We will go to our next bill on work session, Assembly Bill 119.

Assembly Bill 119: Revises provisions relating to the Maternal Mortality Review Committee. (BDR 40-740)

Patrick Ashton, Committee Policy Analyst:

Assembly Bill 119 was heard on February 22, 2021. It revises provisions relating to the Maternal Mortality Review Committee, within the limits of available resources, to: (1) collect and quantify data for measuring disparities in the incidence of maternal mortality and preventable infant deaths affecting persons of color in Nevada; and (2) use that data to inform the policies recommended by the Committee. The bill also requires the Committee to

include a summary of any such data in its biennial report to the Legislature. I will go straight to the proposed conceptual amendment from Assemblywoman Thomas. A copy of this conceptual amendment is attached to the work session document [[Exhibit D](#)].

The first amendment revises the duties prescribed in paragraphs (c) and (d) of subsection 1 of section 1 of the bill to: (1) remove the requirement that the Committee collect data; and (2) remove any requirements relating to preventable infant death. Instead, it would require the Committee, within the limits of available resources, to identify and review disparities in the incidence of maternal mortality by analyzing: (1) the race, ethnicity, and age of each mother who died from maternal causes; (2) the geographic region in which each maternal death occurred; and (3) any other variables identified by the Committee.

Amendment two revises the duties prescribed in paragraph (f) of subsection 1 of section 1 of the bill to: (1) require the Committee to collaborate with the Advisory Committee for the Nevada Office of Minority Health and Equity, Office of Minority Health and Equity, Department of Health and Human Services (DHHS), in developing its biennial report; (2) clarify that any such collaboration does not grant the Office access to confidential information.

Amendment three adds a new section to the bill that makes the bill effective upon passage and approval.

Amendment four adds certain Assembly members as cosponsors to the bill.

Chair Nguyen:

Are there any questions or comments on the bill?

Assemblywoman Titus:

The first amendment says you will not collect any data on preventable infant deaths. That is causing me concern over this bill. We wanted to make sure we had adequate and accurate data on all infant deaths. There are many deaths that would be determined to be preventable, such as when a mother has preeclampsia. If she had adequate intervention and seized because she was not treated, if the baby died, that would be a preventable death. Deaths from diabetes because a mother had untreated prenatal diabetes could be preventable if the baby was large at term and died at birth because it was too large and the mother went past due date without any intervention. I am concerned who will determine whether the death was preventable. With the addition of the amendment, I am not sure that I can support this.

Chair Nguyen:

Are there any other comments? Assemblywoman Thomas, do you have any response to the purpose of the amendment?

Assemblywoman Thomas:

I appreciate Assemblywoman Titus' concern. The DHHS and I felt we could best address infant mortality with a separate bill so we could identify causes of infant mortality. This bill cleans up maternal mortality, identifying those mothers whose deaths were caused by pregnancy. We could have another bill at another time to address infant mortality.

Chair Nguyen:

Do we have a representative here from DHHS?

Vickie Ives, Manager, Maternal, Child and Adolescent Health Section, Bureau of Child, Family and Community Wellness, Division of Public and Behavioral Health, Department of Health and Human Services:

Determination of preventability is part of the Maternal Mortality Review Committee process; it is the heart of their work. The cases are extracted, and the committee determines preventability. No other maternal mortality review committee in the nation also looks at infant mortality. That would be done through a fetal infant mortality review. Preventability could be discussed in the context of the committee's work.

Assemblywoman Titus:

I signed on to this bill because we need to gather data to prevent maternal and infant deaths. I am in favor of that. I wanted a clearer understanding of why that paragraph was removed from the bill. Thank you for your answers.

Chair Nguyen:

Are there any further questions? [There were none.]

ASSEMBLYWOMAN BENITEZ-THOMPSON MOVED TO AMEND AND
DO PASS ASSEMBLY BILL 119.

ASSEMBLYWOMAN GORELOW SECONDED THE MOTION.

THE MOTION PASSED UNANIMOUSLY.

I will assign the floor statement to Assemblywoman Thomas. We will move on to our next bill, Assembly Bill 191.

Assembly Bill 191: Requires the State Plan for Medicaid to include coverage for the services of a community health worker under certain circumstances. (BDR 38-449)

Patrick Ashton, Committee Policy Analyst:

We heard Assembly Bill 191 on March 8, 2021. It requires the director of the Department of Health and Human Services to include in the State Plan for Medicaid coverage for the services of a community health worker who provides services under the supervision of a physician, physician assistant, or advanced practice registered nurse. There were no amendments [[Exhibit E](#)].

Chair Nguyen:

Are there any questions regarding the bill? [There were none.]

ASSEMBLYWOMAN PETERS MADE A MOTION TO DO PASS
ASSEMBLY BILL 191.

ASSEMBLYWOMAN THOMAS SECONDED THE MOTION.

THE MOTION PASSED. (ASSEMBLYMAN HAFEN VOTED NO.)

I will assign the floor statement to Assemblyman Orentlicher. With that, we will go to our final bill in our work session, Assembly Bill 138.

Assembly Bill 138: Revises provisions governing the eligibility of certain convicted persons for public assistance. (BDR 38-760)

Patrick Ashton, Committee Policy Analyst:

Assembly Bill 138 was heard by this Committee on February 24, 2021. It revises provisions governing eligibility for assistance through the Temporary Assistance for Needy Families (TANF) Program or the Supplemental Nutrition Assistance Program (SNAP) for persons who have been convicted of certain drug-related offenses [[Exhibit F](#)]. The bill:

- Removes a requirement that such persons be participating in or have successfully completed an approved program for the treatment of a substance use disorder; and
- Provides that such persons may become eligible for assistance by demonstrating to the satisfaction of the Division of Welfare and Supportive Services, Department of Health and Human Services, that he or she is not currently possessing, using, or distributing controlled substances in a manner that is prohibited by law.

Assemblywoman Martinez proposes the following amendments to the bill: first, to revise the bill to allow a person who has been convicted of a felony drug offense to be eligible for TANF and SNAP benefits in this state, regardless of whether the person demonstrates he or she: (1) is participating in or has successfully completed a treatment program; (2) has not possessed, used, or distributed controlled substances since beginning any such treatment program; or (3) is pregnant; second, to add Senators Cannizzaro, Harris, Ohrenschall, Ratti, and Spearman and Assembly Members Benitez-Thompson and Yeager as cosponsors.

Chair Nguyen:

Are there any questions from the Committee?

Assemblywoman Titus:

Although I support the intention of this bill in providing access to food and not having folks go hungry, I do not support the amendment; therefore, I will vote no.

Chair Nguyen:

Are there any other questions from the Committee regarding this bill? [There were none.]

ASSEMBLYWOMAN PETERS MOVED TO AMEND AND DO PASS
ASSEMBLY BILL 138.

ASSEMBLYWOMAN BENITEZ-THOMPSON SECONDED THE
MOTION.

THE MOTION PASSED. (ASSEMBLYMEN BLACK, HAFEN,
KRASNER, MATTHEWS, AND TITUS VOTED NO.)

I will assign the floor statement to Assemblywoman Martinez.

On Assembly Bill 191, Assemblyman Hafen miscast his vote. He will clarify that on the floor. That concludes the work session. We will move on to our three bill hearings. I will now open the hearing on Assembly Bill 228.

**Assembly Bill 228: Establishes provisions relating to children's advocacy centers.
(BDR 38-358)**

Assemblywoman Brittney Miller, Assembly District No. 5:

I am here today to present for your consideration Assembly Bill 228, which proposes a new child-friendly approach to addressing an unfortunate and pervasive issue in our society—child maltreatment. Between July 2019 and June 2020, Nevada Child Protective Services (CPS) investigated nearly 14,300 cases of potential harm or risk of harm inflicted on children in the state. About 3,100 investigations were substantiated, meaning evidence of abuse or neglect was found.

For a child, experiencing abuse and neglect is traumatic. It can cause lifelong harm to children, their families, and communities. Many children who experience maltreatment are then pulled into a system that requires them to relive this trauma over and over as they share their stories with law enforcement, CPS, caseworkers, lawyers, investigators, and judges. Children deserve to grow up safe and healthy. Daily as a teacher, I see how the policies, systems, supports, and individuals that surround children influence their lives.

As legislators, we have the ability to create policies and systems to protect and support vulnerable youth who cannot protect or speak up for themselves. Assembly Bill 228 takes a step in the right direction by providing children who have experienced abuse or neglect a safe, child-focused environment to receive the services and support they need to address their trauma and begin the healing process. The bill requires state and county child welfare agencies to ensure children who are victims of abuse or neglect have access to a multidisciplinary team (MDT) through children's advocacy centers (CACs). According to the National Children's Alliance, children's advocacy centers provide safety, security, and a wide range of services for children and families who are the victims of abuse or neglect. Generally, CACs are community-based, and staff provides direct services to children in need. Children's advocacy centers use MDTs that include professionals with backgrounds in criminal justice, law enforcement, CPS, mental health, and medical and victim advocacy to investigate maltreatment, hold offenders accountable, and help children heal from the trauma of abuse or neglect.

I was delighted to sponsor this legislation. I will now turn it over to the experts, led by Mr. Jesse Haw, who will discuss the specifics of the bill, introduce his copresenters, and provide additional background information. At the conclusion of their remarks, we are available to answer any questions you may have.

Jesse Haw, Chair, Legislative Task Force, Children's Advocacy Centers of Nevada:
We would like to start the presentation with Cheryl Cooley from Las Vegas.

Cheryl Cooley, Executive Director, Children's Advocacy Centers of Nevada:
I hail from Assembly District No. 17. I wanted to explain the difference between having a multidisciplinary approach versus how things used to be. Let us say a child was at school and shared with his best friend the big family secret, especially if it was sexual abuse. The best friend would tell the teacher. The teacher would come back and ask little Johnny what he told his friend. Then the teacher would get the principal to ask Johnny what was told. Then the principal would get a detective involved; the detective would call in the social worker; then the social worker would get the doctor. Before you know it, the child has told the best-kept secret to a plethora of professionals, all with good intentions. Each time Johnny relives that, the trauma continues to build up. With the nationwide children's advocacy

movement, we provide a one-stop shop so that when Johnny comes to the CAC, we have a team of forensic interviewers using a research-based, nonleading way to interview him. That way, children are telling the story in their own words and from their own perspective. Based on what children say in the forensic interview, law enforcement can seek justice; CPS is able to ensure the children are safe; medical staff can make sure they are all right. Family advocates can help with money from the Victims of Crime Program so victims can get the counseling they need. It is the best approach so that children are not traumatized again and again and again. From having victims telling their story one time, we can seek justice for children.

It has been amazing to see how that plays out long-term. Even if you are able to affect one life, that is an amazing thing. Here is a link to the YouTube video [that was shown, [Exhibit G](#)] about a young woman who came to the children's advocacy center when she was much younger [[youtube.com/watch?v=r0Box5bQkUg](https://www.youtube.com/watch?v=r0Box5bQkUg)]. You see the positivity that happens when we all come together to save a life.

Peg Samples, Deputy District Attorney, Northern Nevada Internet Crimes Against Children, Washoe County District Attorney's Office:

I have been a prosecutor in both Clark and Washoe Counties since 2006. I was a founding member of the Washoe County CAC back in 2014. I have been in a unique position to prosecute cases involving child victims, both before and after the introduction of CACs in Nevada. I am proud of the work the centers are doing, not just to hold offenders accountable, but to treat every victim of child abuse by offering a child-friendly environment where the child only has to tell his or her story one time. Through the center, they have immediate access to victim advocates, therapists, medical treatment, and numerous community resources. We have seen the tremendous benefit to our victims by offering them free therapy, advocacy, even things like community housing. We aim to stop the cycle of abuse that many of these victims find themselves in. I am pleased to be presenting A.B. 228 today. I am happy to answer any questions or address any concerns you may have.

Kathie McKenna, Executive Director, Nye County Children's Advocacy Center:

I direct the Nye County Children's Advocacy Center with offices in Pahrump and Tonopah. In 2020, our CACs served over 175 children in our community who had been physically and/or sexually abused. I believe all Nevada families should have the ability to use an accredited children's advocacy center in their own community should their children be faced with such a tragedy. I am in great support of A.B. 228, and I am available to answer any questions you may have.

Rachael Berg, Program Coordinator, Great Basin Children's Advocacy Center:

I am also a forensic interviewer at the CAC in Elko, Nevada. We serve Elko County, Eureka County, Lander County, White Pine County, and Humboldt County. We also serve anybody else who needs our services. Our mission is to support, nurture, and protect children and families who are involved in child abuse investigation and treatment. We do this by providing a child-friendly environment that minimizes trauma and fosters change. We are in support of A.B. 228.

Amber Joiner, Private Citizen, Reno, Nevada:

It is great to see some of my old colleagues from when I was the assemblywoman for Assembly District No. 24 in Reno. It is such an honor to be back in a meeting of the Assembly Committee on Health and Human Services. The last time I was here, I was the vice-chair of the Committee, the position Assemblywoman Peters holds now. Because of my experience, I know the important work you do. I am grateful to Chair Nguyen for scheduling this for a hearing today and to Assemblywoman Miller for sponsoring it.

I am here today representing myself as a strong supporter of the children's advocacy centers in Nevada. I will tell you how I became involved with the CACs. When I was an Assembly member, I toured the CAC in Washoe County. I was astounded by the incredible work they were doing there. They make sure children who are victims of the most horrible abuse crimes have their cases handled correctly and in a child-friendly environment. I was impressed by their highly skilled MDTs, how they collaborated on cases, and how well they provided wraparound services to help the children and their families recover from these awful abuses. After that tour, I believed so strongly in the children's advocacy centers and the benefits they provide to our children that I wanted to help in any way I could. I became a consultant with them. I have attended two national conferences with the National Children's Alliance, which is the national organization that accredits these centers. At those meetings, I saw how much further along other states were in making sure their children all have access to the best practices used in the CACs. Defining legislation like A.B. 228 has passed in 34 other states. It is crucial. I believe very strongly that Nevada's most vulnerable children need these centers. Assembly Bill 228 will enable the CACs to continue to thrive and to expand to serve more Nevada children. I hope you will all support the children's advocacy centers and the important work they do by passing this legislation.

I will pass this on to Jesse Haw. He will talk about specific parts of the bill and some proposed amendments.

Jesse Haw:

I want to apologize for the late amendment. After working closely with Clark and Washoe Counties and the Division of Child and Family Services (DCFS), DHHS, we have agreed to propose three amendments [[Exhibit H](#)]. Chair Nguyen, I can either screen-share that, or I can walk through the amendments before explaining the rest of the bill.

Chair Nguyen:

You may go ahead and just explain it.

Jesse Haw:

There are three amendments we would like to propose. One would add the phrase ". . . to the extent the standards are allowed by law" at the end of section 6, subsection 1, paragraph (b). That is clear; we do not want anyone doing anything illegal.

Section 6, subsection 4 clarifies that not every case of abuse or neglect may be appropriate for the children's advocacy centers and that each jurisdiction can make that decision on their own and independently. Some of the language in the original draft might have been unintentionally misleading to say that every child must go to the CAC. There are certainly some circumstances where it is not necessary.

We propose a new section to clarify how information is shared and what information is shared with all MDT members to support the child's case.

I will now explain what the original bill language was. Sections 2 through 5 define terms of a "children's advocacy center," "multidisciplinary team," and a "provider of health care." Children's advocacy centers need legitimate legal status in statute to ensure quality services in Nevada and to improve competitiveness and eligibility for funding from state, federal, and private sources. As Dr. Joiner mentioned, at least 34 states have adopted defining legislation for these CACs in their statutes. These terms will ensure that as new CACs come along, it is clear they know what they are and what they are going to do. It also ensures that for grants or donations, only legitimate MDTs and CACs meet this definition of national standards to be eligible for funds.

Section 6, subsection 1 discusses how a children's advocacy center is accredited to ensure it follows national best practices. Nevada needs to ensure quality services are provided to child abuse victims. Currently in Nevada there is no requirement for CACs claiming to help abused children to meet any standards. Requiring standards will improve the health of the child and provide justice by ensuring that the best possible interview, MDT response, and evidence-collection procedures are followed. This would not exclude any CACs that we know are currently operating in the state, because of the four CACs, two are already accredited and two are working on accreditation.

I would like to preface section 6, subsection 2 by saying we worked yesterday and today with the Nevada Justice Association trying to work out language and an amendment they and we would be comfortable with. We are not quite there yet, so we do not have any amendments to offer. I wanted to disclose that we have been talking with them. This portion discusses how multidisciplinary team members are immune from civil liability if they act in good faith. Members of the MDTs are still obligated to follow the rules of their professions. For example, a police officer could not destroy evidence and claim immunity under this provision. Further, section 6.2 does nothing to alter the constitutional obligations of a police officer or a prosecutor in a criminal case, including disclosure obligations and finding of good faith that is required to trigger the statutory immunity—actions that are intentional or grossly negligent would not be included. Nevada currently provides immunity to people participating in investigations and mandatory and voluntary reporters, but there is not the

same protection for CAC employees and members of the MDTs serving children at CACs. They deserve the same personal protections that teachers and other mandatory reporters have.

Section 6, subsection 3 is about confidentiality. A forensic interview, electronic recording of the interview, or any transcription of the forensic interview conducted by a children's advocacy center should be confidential and exempt from public inspection and copying to protect families. Such recordings or transcriptions should only be viewed by the court, attorneys, investigators, or experts for the purpose of judicial and administrative hearings. They should not otherwise be published, displayed, or disseminated to a person who is not party to the proceedings, except pursuant to a protective court order.

Section 6, subsection 4 encourages access to children's advocacy centers for all children who need them within the availability of funds. It is important to say this is not a mandate on counties that they must have a children's advocacy center. It is included because, in an ideal world, every child who experiences abuse or neglect would have access to a CAC. The capacity of Nevada's current CACs is likely to be overrun soon, as we are a growing state and there will be more needs in both rural and urban areas.

Section 7 creates the Account to Support Children's Advocacy Centers in the State General Fund for the purpose of receiving gifts, grants, bequests, appropriations, or donations to the state's children's advocacy centers. The Division of Child and Family Services in Nevada's DHHS will administer the Account.

I will provide a few numbers. If the national figures are correct, one out of every four girls and one out of every six boys will be victims of sexual abuse by the time they turn 18. There will be over 100,000 Nevada children who will be victims. COVID-19 could have exacerbated this issue; that is still unclear. We are still wrestling with what effects COVID-19 has had. The most important number today is 12. That is how many members are on your Committee. You have the power to help these children. Please vote yes on A.B. 228. That concludes our presentation today. We are here to answer questions.

Chair Nguyen:

There are questions from Committee members.

Assemblywoman Thomas:

This bill means so much to so many people. I want to thank all the stakeholders who have gathered to support A.B. 228. I am floored that Nevada was not one of the 34 states that has accreditation for children's advocacy centers in 2021. In my daytime job, I work in the Clark County District Attorney's (DA's) office. We see so many victims, and it hurts my heart when I see little ones who are in the DA's office prepping to testify about the horrendous

thing that has happened to them in their little lives. Which surrounding states accredit their children's advocacy centers? Did you confer with those states to discover how they accredited their CACs?

Amber Joiner:

I am the one who mentioned the 34 states, but my testimony may not have been clear enough. The two largest children's advocacy centers in Nevada—in Washoe County and Clark County—are nationally accredited. Our other two—in Nye County and Great Basin in Elko—are striving toward accreditation. They are also acknowledged by the national organization. What I was not clear about is that those 34 states have passed statutory language to legitimize the CACs and to provide the legal framework for CACs to thrive in their states. We are not one of those states that has put them in statute.

Assemblywoman Thomas:

Thank you. I appreciate that.

Assemblywoman Benitez-Thompson:

May I ask questions about the amendment?

Chair Nguyen:

If you want to ask those questions, that is fine.

Assemblywoman Benitez-Thompson:

In section 6, subsection 1, paragraph (b), it sounds as if the goal is to make sure that ". . . to the extent the standards are allowable by law," we mean Nevada law. We want to make sure that if the National Children's Alliance has standards that supersede Nevada law, the base would be Nevada law. Is that correct?

Jesse Haw:

Yes. That is my understanding. That amendment came from Clark County. I did not ask that question, but I assumed the same thing you did.

Chair Nguyen:

If someone from Clark County is on the call, they can answer that question.

Assemblywoman Benitez-Thompson:

In section 6, subsection 4 changes "shall ensure" that children who are victims go into this. Would this be more like a referral process, coming from the child welfare agencies to the advocacy centers?

Jesse Haw:

They did not feel as if it should say "shall" because not every case of abuse and neglect may be appropriate for referral to a children's advocacy center. For example, they may not need a forensic interview or involve law enforcement or involve a significant trauma. It was to clarify that these agencies did not have to, all of a sudden, send every single case over when they clearly knew from the beginning that it was not something that needed to go to a CAC.

Assemblywoman Benitez-Thompson:

Currently, is it a referral process with the children's advocacy centers? What is the current transition or warm handoff?

Jesse Haw:

I would like to have Peg Samples answer that question. I am not an expert, either.

Peg Samples:

We work from a referral system now. Whoever takes the child's initial disclosure can report that to law enforcement or to CPS. They have channels to arrange for the case to be handled by the CACs.

Assemblywoman Benitez-Thompson:

I appreciate that. I have some specific questions about section 6, subsection 3 and the references to *Nevada Revised Statutes* (NRS) Chapter 432B. It sounds as if you are talking about confidentiality, that your goal is for the language to restrict confidentiality to a child's multidisciplinary team so they can talk among themselves. It sounds like you want an official firewall around the work you do, the information you have from the child welfare agency or the formal court, and all those other systems. Is that correct?

Assemblywoman Miller:

As stated in the video we saw and what we previously addressed—the goal of the program is to not require the child or youth to have to repeat their story multiple times. This was brought up by a public defender's office. In a case, both sides may need to have access to materials. Within the law, with a court order, they could have access to it. We want confidentiality to stay in there to protect the victim, but if what is revealed needs to become part of a court case, it would have to be available.

Chair Nguyen:

Is there any follow-up?

Assemblywoman Benitez-Thompson:

I was not thinking so much about the inclusion of subsection 6 out of NRS Chapter 239B. The way I was interpreting this, it seemed like there was some maintenance of information

by the Affordable Care Act (of 2010) as opposed to information that was maintained and held by the child welfare agencies. But if it is just the exact same protections from public records, then they can set me straight.

Jesse Haw:

Joanna Jacob will be testifying. May we ask her that question when she testifies?

Assemblywoman Benitez-Thompson:

That is fine.

Chair Nguyen:

Are there any other questions?

Assemblywoman Titus:

This is an important piece of legislation. My question is a little bit addressed in the amendment, relating to the bill, section 6, subsection 4 that reads "To the extent that money is available, the governing body of each county and each agency which provides child welfare services shall ensure that children who are victims of abuse or neglect have access to a multidisciplinary team through a children's advocacy center." You have eliminated the language "who are victims of abuse or neglect" so that all "children have access to services available through the local children's advocacy center in accordance with case acceptance criteria established by each county. . ." Do the children's advocacy centers have resources for anything that a child would need? "To the extent that money is available" depending on money—who will determine how much money would be made available for them to be required to do something? There is no fiscal note attached. I want to make sure this is not an unfunded mandate. I understand you want them to provide this if they can afford to do it, but the word "shall" is in there. Does "To the extent that money is available" mean if they have a surplus of \$100,000 or \$200,000? I need some clarification on the effect on county governments, especially for the rural counties that may not have this available. What services then would have to be covered, since you are taking out "victims of abuse"? Does a pediatrician have to be available? What services are we going to be required to provide, depending on the money? Who is going to determine the money?

Jesse Haw:

The intent is not to say every county shall do something. It is up to each county. It is too hard to dictate that when some counties are smaller and others are larger; some have more money, some have less. For example, Washoe County's children's advocacy center sees children from multiple adjacent counties that do not have the nexus to put something like this together. This includes even children across state lines—we will see anybody we can who shows up. The clarification of section 6, subsection 4 is not to make a county do something

because it raises all the questions you asked. The intent is that when it is time and that county or municipality has decided they are going to have a CAC, here is the protocol to follow; here is the accreditation to follow; and these are the best practices. It is nuanced because there are so many gray areas when it comes to things like what you mentioned.

Assemblywoman Titus:

I want to make sure what the legislative intent is. I think it is necessary, important, and critical. Because of unintended consequences of bills, it is important to know what the legislative intent is, what the problem is you are trying to solve, and who is going to be held accountable for "when money is available." Thank you for that clarification.

Assemblywoman Gorelow:

Would you briefly describe what the accreditation standards are? If that is a long list, would you provide it to our staff for distribution to the Committee?

Jesse Haw:

Peg Samples may know how that is handled.

Peg Samples:

The accreditation standards are published by the National Children's Alliance. They are exhaustive because they cover every individual portion of the MDT. There are different standards, for example, for prosecutors in our training versus social workers in their continuing training. If you go to the website at nationalchildrensalliance.org, you can find the standards.

Chair Nguyen:

Would you please provide the document to Committee staff for distribution to members for review?

Peg Samples:

Sure.

Chair Nguyen:

We will hear testimony in support, opposition, and neutral of Assembly Bill 228.

Jennifer P. Noble, Chief Deputy District Attorney, Legislative Liaison, Washoe County District Attorney's Office; and representing Nevada District Attorneys Association:

I am testifying on behalf of the 17 elected district attorneys that make up the Nevada District Attorneys Association. We are in full support of Assembly Bill 228. Children's advocacy center teams are there for our smallest, most vulnerable victims at one of the most stressful times in their young lives. The CACs ensure children can speak out about what happened to them in a child-centered setting with investigators specifically trained to interview children and with professionals available to provide resources for medical and psychological support.

Assembly Bill 228 will ensure that entities identifying themselves as children's advocacy centers follow nationally recognized best practices which minimize trauma for children while ensuring full and fair investigations and benefit both the prosecution and the accused. We urge your support on this important legislation.

Eric Spratley, Executive Director, Nevada Sheriffs' and Chiefs' Association:

We are here in support of Assembly Bill 228. We appreciate Assemblywoman Miller's bringing this important bill today. We believe that the children's advocacy centers are essential to the health, safety, and well-being of children in Nevada who are victims of child abuse and neglect. We support good legislation that helps children, and this bill does that. We thank this Committee for considering A.B. 228.

Jamie Rodriguez, Manager, Government Affairs, Office of the County Manager, Washoe County:

I want to state my support for the bill, along with the amendments from Clark County. Washoe County Child Advocacy Center was established in 2014 and immediately began working on accreditation. We were the first accredited children's advocacy center in Nevada. We are very proud of the program that allows children who have had traumatic experiences to tell that story and relive that trauma as few times as possible. We have opened our facility to allow other entities, including counties or tribes in our area, to use it because we think it is what is best for the children. I appreciate the sponsor's working with us on the two amendments submitted by Clark County, which we support. We support the bill and any effort to strengthen this program. When it is appropriate, given COVID-19, if there are members of the Committee who would like to tour our CAC, I am happy to arrange that. I will show you the facility, the work that is being done, and our efforts to help children feel more comfortable as they go through the process of explaining their abuses.

Cole McBride, Program Manager, Washoe County Child Advocacy Center:

I am also the chair of a state chapter project pushing to have all CACs in Nevada use the same national case management database so we can more effectively analyze our trends at the state level and determine where we can improve services. I have seen the response to child abuse at the center in Washoe County. I have seen when the MDT comes together. It never ceases to amaze and impress me how much better we can serve these children and their families when we can provide complete wraparound services using all our disciplines together. I am very much in support of A.B. 228 and am available for any questions.

Joanna Jacob, Manager, Government Affairs, Clark County:

I will try to respond to some of the questions that were raised, but first I would like to thank Assemblywoman Miller, Mr. Haw, Dr. Joiner, the state, and Washoe County. We worked through the night and this morning with the child welfare agencies and counties on the amendments to get something together for you.

Clark County's Children's Advocacy Center has been in place for over 20 years. We are accredited and recently went through a year-long reaccreditation process and got the highest rating possible. That is a point of pride for Clark County. It is akin to receiving the Good Housekeeping seal of approval for best practices for children suffering from sexual abuse—to let you know what we are looking at. I know those standards are going to be sent to you.

There was a question about Nevada law in the amendment. The amendment was from Clark County. That was our intent—to try to clarify that, to the extent that standards conflict with Nevada law or things that are coming down from child welfare at the national level—we want to make sure there are no conflicts.

We worked on the confidentiality provisions with our district attorneys and with Mr. Armstrong. The intent behind that is we want to make sure there is permission to share without criminal liability and proactive permission for a child welfare agency. The key is we have a multidisciplinary team working on this. Our team in Clark County includes the Clark County Department of Family Services, the Clark County District Attorney's Office, Las Vegas Metropolitan Police Department, Henderson Police Department, North Las Vegas Police Department, Boulder City Police Department, Mesquite Police Department, the Federal Bureau of Investigation, and the United States Air Force Office of Special Investigations. We have a lot of people coming together to partner on this process.

For the amendment, we tried to address a concern about the section being overbroad. We want to make sure that we align with the standards. The standards require us to set protocols for referral to the children's advocacy center. They must be reviewed by this multidisciplinary team and updated from time to time. That is what we were trying to incorporate there. The language "To the extent that money is available" we tried to address because we echoed your concern. Maybe it was too broad. I think the amendment addresses our concern. That is why we are in support.

We worked hard on this. It is always a pleasure for me to testify to the good work of the Clark County Department of Family Services and everybody who helps us with child welfare needs. On behalf of the vulnerable populations in the state, it is my pleasure to support legislation like this which is going to help us continue to do the good work they do. We are in support with the amendment. I will work with any Committee member who would like more information. Please use us as a resource.

Chair Nguyen:

Members, I encourage you to contact the bill's sponsor or follow up with Ms. Jacobs if you have further questions.

John J. Piro, Chief Deputy Public Defender, Legislative Liaison, Clark County Public Defender's Office; and representing Washoe County Public Defender's Office:

We are in support. We would like to thank Assemblywoman Miller for addressing our concerns. At this point, we believe there is a conceptual amendment that will be accepted.

Regarding section 6, subsection 3 and the confidentiality issue—we are not seeking information carte blanche from the children's advocacy centers. What we are seeking is that, should this information be involved in a pending case, it be made available only if a court orders it. Generally, CPS records or something similar are only provided by a court order, and generally a court would use them *in camera* before they are turned over to the parties. That is all we are seeking here, the same type of treatment for any records created by the CACs. We are in support, but if the amendment is not added, we would oppose. We do not want to oppose this bill because it is such a good thing.

Chair Nguyen:

Thank you. It sounds like Assemblywoman Miller had alluded to some of the provisions you were talking about.

Dan Morgan, Chief Executive Officer, Builders Association of Northern Nevada:

The Builders Association is proud to voice our support of A.B. 228. By adding the definition of "children's advocacy center" to the *Nevada Revised Statutes*, you are providing the community the necessary resources to provide a child-friendly facility in which law enforcement, child protection, mental health, medical, and victim advocacy professionals work together to investigate and prosecute the abuse, helping children heal from the abuse and holding offenders and abusers accountable. It is critical that our community provides the protective, advocacy, medical, and social services of a children's advocacy center to provide our children with the opportunity to heal and live a life without additional trauma or fear. The Builders Association and its members' goal is not only to develop and build lasting communities, but to support the safety and security of our population's most vulnerable, our children.

Thank you to Assemblywoman Miller for bringing A.B. 228 forward, and a very special thanks to former Nevada State Senator and Builders Association past president Jesse Haw for his passion and continued effort in support of the CACs and his commitment to our state's children. Thank you for your time today and for your service to our great state.

Chair Nguyen:

There could have been others wishing to testify in support. I encourage you to reach out. There are other avenues available to express your support. I want to make sure we provide equal time to those in opposition. At this time, we will hear opposition to Assembly Bill 228. [There was none.] Is there anyone wishing to testify in neutral?

Ross E. Armstrong, Administrator, Division of Child and Family Services, Department of Health and Human Services:

My first job in state service was as a special prosecutor in the Office of the Attorney General in rural Nevada—from Pahrump to Hawthorne—dealing with violent crimes, including sexual crimes against children, and I assisted in standing up Nye County's children's advocacy center. I am glad to hear the conversation today.

I will answer a few questions about the confidentiality provisions. The structure of children's advocacy centers is different in each of our regions. In Clark County, it is operated by the child welfare agency [Department of Family Services]; in Washoe County it is primarily operated by the Office of the District Attorney; in the rurals, we have nonprofits. There have been some interpretations in the past that a child welfare agency in the rurals could not share with a CAC in the event the alleged perpetrator was not the parent. The confidentiality provision says you can share that information with the MDT in those situations. That is why you see the confidentiality provision—to make sure there is as much information-sharing as possible among that team.

In state fiscal year 2020, we substantiated 267 sexual abuse cases in the state. That means 267 children were sexually abused by the person legally responsible for them; that does not include strangers or neighbors or some other acquaintances. I want to applaud the work of the children's advocacy centers. We operate other accounts, like the account envisioned in this bill, so we are happy to do that. It is not a huge administrative burden for us. The account would be easy for us to manage. I am happy to answer any other questions.

Chair Nguyen:

Is there anyone else wishing to testify in neutral? [There was no one.] I will turn it back over to Assemblywoman Miller to make any closing remarks on Assembly Bill 228.

Assemblywoman Miller:

I would like to thank everyone on the Committee. I appreciate your attention in listening to all the presenters and those who called in support. We are still working on the language to get the bill to truly represent the intent. I am happy the stakeholders are coming with such

great suggestions to strengthen the bill. At the beginning, I neglected to announce that Dr. Joiner, a former assemblywoman, would be joining us. There is support from both sides—the district attorneys and public defenders—and from anyone in the space of helping and protecting children.

[Additional exhibits include a fact sheet titled, "Children's Advocacy Centers of Nevada: Our Mission" submitted by Jesse Haw, [Exhibit I](#); and letters submitted by David Goldwater, [Exhibit J](#); Dan Morgan, [Exhibit K](#); John Packham, Ph.D., [Exhibit L](#), Neyda E. Becker, M.P.A., [Exhibit M](#), and DaShun Jackson, B.A., [Exhibit N](#).]

Chair Nguyen:

I will close the hearing on Assembly Bill 228 and open the hearing on Assembly Bill 197.

Assembly Bill 197: Revises provisions relating to persons experiencing homelessness. (BDR 11-682)

Assemblyman Howard Watts, Assembly District No. 15:

I represent Assembly District No. 15 in central east Las Vegas in Clark County. With me today to present Assembly Bill 197 are Arash Ghafoori with the Nevada Partnership for Homeless Youth and Tayvon Jenkins.

Youth homelessness is a crisis in Nevada. On any given night, it is estimated that 312 youth aged 18 or under in our state are living on their own, in shelters, or on the streets. Over the 2018-2019 school year, school districts across our state identified 1,050 school-aged, unaccompanied homeless youth. The problem is as prevalent in our rural areas as it is in our urban communities, touching every corner of our state.

Assembly Bill 197 seeks to eliminate barriers that can prevent unaccompanied homeless youth from accessing the critical health care services and documents they need to exit homelessness. I would now like to turn it over to Mr. Ghafoori and Mr. Jenkins to explain why this issue is so important, then I will walk you through the bill and will stand for any questions members of the Committee may have.

Arash Ghafoori, Executive Director, Nevada Partnership for Homeless Youth:

As Assemblyman Watts mentioned, youth homelessness is a very serious and significant problem in Nevada. While every young person's story is unique, youth often experience homelessness on their own because of family instability, structural issues, and economic instability [[Exhibit O](#)]. Youth homelessness disproportionately affects some communities of youth more than others: systems-involved youth, pregnant and parenting youth, LGBTQ+ youth, and youth of color are more likely to experience homelessness than their peers. Additionally, young people experiencing homelessness are more likely to experience domestic violence and/or human trafficking.

Due to the difficulties and complications of living on the streets or in shelters, histories of trauma, and limited access to resources, homeless young people experience higher rates of illness and injury, including malnutrition, dental disease, respiratory and infectious diseases, sexually transmitted infections, pregnancy, substance abuse, and increased future risk of diabetes and heart disease. Additionally, homeless youth experience significantly higher rates of mental illness. Homeless teenagers are 7.2 times more likely to attempt suicide than housed teenagers. Consequently, increasing access to health care for minors experiencing homelessness is paramount to the health of vulnerable young people and the wellness of our entire state.

In my ten years at Nevada Partnership for Homeless Youth, southern Nevada's most comprehensive service provider for young people experiencing homelessness, I have seen countless young people present with health issues ranging from mild to severe. In order to ensure that young people can access the care they need, Nevada Partnership for Homeless Youth has partnered with many fantastic health care organizations, including Nevada Health Centers; the University of Nevada, Las Vegas (UNLV) School of Nursing; the UNLV Dental Clinic, Southern Nevada Adult Mental Health Services, the Lions Clubs International Lions Kid Sight USA Foundation, and others. However, many of our health care partners have faced barriers in providing services to unaccompanied homeless minors due to limiting and unclear language in Nevada law.

Current law only allows medical providers to serve unaccompanied youth once they have been homeless for four months or more and does not clearly explain how providers can determine which youth qualify. Accordingly, Nevada Partnership for Homeless Youth has worked with many health care providers who truly want to serve youth in need but feel unsure about how to implement the current law correctly. Assembly Bill 197 addresses this by establishing a simple and proven process to verify that a minor is covered by this law. The verification process proposed in this bill is modeled on the federal financial aid process which Nevada public schools, universities, and service providers have been utilizing since 2008. This same process is also used in a similar health care access law for minors in Maine and in a California law helping minors access vital documents. Assembly Bill 197 also allows unaccompanied homeless minors to access care right away when it is needed. This timing is extremely important, as a lack of immediate care can lead to routine problems becoming dangerous and can even lead to death by suicide, overdose, or untreated illness in a population already prone to heightened health risks.

Current law allows unaccompanied minors to access treatment from a physician or hospital. However, many providers who are available to provide care to our young people are nurses and nurse practitioners, physician assistants, dental hygienists, and other licensed professionals who are not clearly covered under the existing law. Furthermore, many young people we serve have urgent and important health care needs that are not appropriately met by physicians or hospitals, but rather by behavioral health, mental health, and dental health professionals. Assembly Bill 197 takes care of this, clarifying that unaccompanied minors

can access not only health care services provided by a physician or hospital, but also mental and behavioral health, dental, and other critical services provided by all "providers of health care," a category already defined by Nevada law. This will ensure that homeless youth can receive the health care services that meet their varied needs. This bill will improve existing law and help youth access essential care, while strengthening the ability of organizations like Nevada Partnership for Homeless Youth and health care providers to meet young people's fundamental needs. Currently, 30 states allow unaccompanied youth to access basic health and behavioral health services without a parent. The American Academy of Pediatrics also supports these measures. This bill will simply clarify and fortify Nevada's existing law, ensuring that unaccompanied youth have access to basic health services they need to stay safe, healthy, and able to succeed in work and school, empowering them to transition out of homelessness. By providing minors access to physical, mental, and behavioral health care now, we can prevent more long-term, chronic health issues from occurring, saving Nevada millions of dollars in future costs. Now more than ever, A.B. 197 is a simple and smart step to support vulnerable young people on their journeys beyond the streets to healthy and sustainable adult lives.

I want to pass it over to Mr. Tayvon Jenkins, a Nevada Partnership for Homeless Youth ambassador and incredibly talented and funny person who will be sharing the youth perspective with you on A.B. 197.

Tayvon Jenkins, Private Citizen, Las Vegas, Nevada:

Hello. To tell you a little about myself, I was born in Compton, California [[Exhibit P](#)]. I am the oldest of six siblings. I am a graduate of Nevada Partnership for Homeless Youth's Independent Living Program, and I am an official Nevada Partnership for Homeless Youth ambassador.

When I was just 12 years old, I experienced homelessness for the first time with my family. After that, my homelessness was off and on due to conflict within my family and my mother's health problems. I was first introduced to Nevada Partnership for Homeless Youth through their Feel Good Friday outreach event when I was 12 years old. There I got food and other supplies every week. Eventually, I came to their Drop-In Center for homeless youth where I got help getting my ID, food, clothes, school supplies, hygiene supplies, and much more. By the time I was 17 years old, I reached the breaking point with my homeless situation and there came a time when I had no other place to go but Nevada Partnership for Homeless Youth. I was able to move into their transitional housing program, where I got to eat; I got guidance; I learned life skills; I got therapy; and I finally got to sleep regularly.

In addition to experiencing homelessness off and on since I was 12 years old, I have suffered from asthma my whole life. Accordingly, my ability to access health care has often been a life-or-death situation for me. I know I am not alone in this. According to the Institute for Children, Poverty, and Homelessness, high school students who were homeless in the past

30 days had the highest rate of uncontrolled asthma—over two times higher than that of their housed peers. Due to not always having the ability to obtain my mom's consent, there have been times when I have not been able to see a doctor or get my inhaler, which is a scary and dangerous situation. When I was in Nevada Partnership for Homeless Youth's housing program, I was hospitalized with a life-threatening asthma attack, but luckily I was already over the age of 18 and able to consent to all the health services I needed to recover.

I was in Nevada Partnership for Homeless Youth's housing program for three years and am still very active in youth engagement and leadership development activities with Nevada Partnership for Homeless Youth. Accordingly, I have gotten to know a lot of young people experiencing homelessness over the years. Just recently there have been youth who have not been able to seek medical care for chest pains, who could not seek physical therapy after a gunshot wound limited their mobility, and who could not get treatment for a serious mental health crisis due to being unable to obtain parental consent as unaccompanied minors. I have also known of youth who could not access important preventive and other health care services offered by Nevada Partnership for Homeless Youth's partners, including dental cleanings, physical health checkups and screenings, and vision tests, because they could not consent to these services themselves as unaccompanied minors. This is especially important right now with COVID-19, as homeless minors have been turned away from COVID-19 testing because they have been unable to obtain guardian consent, putting not only themselves but also youth, staff, and others at risk. Assembly Bill 197 would make a huge difference for youth like me, allowing unaccompanied homeless minors to access the physical, mental, and behavioral health care they need.

I graduated from Nevada Partnership for Homeless Youth's housing program, and now I have a job and my own place. I can tell you it is difficult enough to try to navigate homelessness as a youth and to do everything you need to do to succeed in school, get a job, and eventually move into permanent housing, but having to do all of that with untreated health issues makes it almost impossible. By passing this bill, you can make sure that unaccompanied minors can get the health care they need to survive, thrive, and build a better future for themselves and their communities. Thank you for your time.

Chair Nguyen:

Thank you, Mr. Jenkins, you did a wonderful job in your first time testifying or presenting here. We appreciate your sharing your story. I know it is very personal, and it is not always easy to relive that.

Assemblyman Watts:

We do not have anyone else presenting, but I will walk you through the bill, then be open to questions. Section 1, subsection 1 removes the requirement that a young person be homeless for four months before he or she can access health care without consent of a parent or guardian, allowing unaccompanied homeless minors to access care as soon as needs are identified. Subsection 2 assists health care providers in determining when this statute applies by establishing a clear and simple process to verify when a minor is an unaccompanied homeless youth. This process is tried-and-true from our federal financial aid procedures and other processes and allows options such as written statements from service providers, school homeless liaisons under the McKinney-Vento Homeless Assistance Act, or attorneys representing the youth.

Section 1, subsection 3 clarifies that unaccompanied minors can access not only physical health care services provided by a physician or hospital, but also mental and behavioral health, dental, and other critical services currently defined in statute under the inclusive term "provider of health care." This will ensure that homeless youth can receive the health care services that meet their varied needs, including preventive care. Subsection 4 makes conforming language changes and clarifies that while a provider must ask for the minor's consent to communicate with parents or guardians, the provider cannot delay or deny care to the young person if the young person refuses that consent.

Section 2, subsection 5, paragraph (a) improves on Assembly Bill 363 of the 80th Session by clarifying that people experiencing homelessness can get a fee waiver for birth certificates without the unnecessary barrier of having to access a notary public.

That concludes the walk-through. We would be glad to answer any questions the Committee may have.

Assemblywoman Titus:

Thank you, Assemblyman Watts, and presenters for being here, especially for sharing your personal story. Personal stories are always difficult to share. We appreciate that you shared that with us and have given us your trust.

This is the fourth session I have been in this building. Many of my bills have worked to clarify what a provider is and added language to include nurse practitioners and physician assistants. I have been the emergency room doctor when a minor came in. I could not take care of the minor until we contacted a parent—unless it was a life-threatening situation. The patient sat there for hours. This bill is important. My question regards section 1, subsection 1, paragraph (d). It says, "Is, in the judgment of a provider of health care, in danger of suffering a serious health hazard if health care services are not provided." Is that an oversight? Would you want to take the opportunity to update the language there also? We have been trying to go through all our *Nevada Revised Statutes* to remove the word just "physician" in that part. Was that intentional, or was it an oversight?

Assemblyman Watts:

The intent in the original drafting of the bill was to specifically focus on the provisions related to accessing health care for homeless youth. As you can see, there are some other provisions in section 1, subsection 1, paragraphs (b), (c), and (d). If it is the Committee's interest to expand the terminology from "physician" to cover other practitioners, you could make those decisions. We would be open to entertaining that. It was not a deliberate omission; we simply left the rest of the statute alone if it did not deal specifically with access to health care for homeless youth.

Assemblywoman Titus:

I would hate to miss an opportunity to update the statute to what we see as providers in this day and age. Now, in the emergency room, we have physician assistants and nurse practitioners. I think this is a good opportunity to catch that when we see it and update the language. Thank you for that consideration.

Assemblyman Watts:

If it is the Committee's will to make that adjustment, we are completely open to it. I forgot to mention that Clark County is presenting an amendment. I will let them speak to that during their supportive testimony, but we consider their amendment friendly.

Assemblyman Orentlicher:

This is a great bill, and I am supporting it. I would like to suggest an update in part of the statute. In section 1, subsection 1, paragraph (c) refers to one of the categories of eligibility as a mother or one who has borne a child. That was written in 1975, before the U.S. Supreme Court fully developed equal protection on mothers and fathers. Today, the Court would say you cannot distinguish between mothers and fathers when it comes to raising children, so we should change that to "parent."

Assemblyman Watts:

Thank you for your comments. If it is the Committee's will, we would gladly consider that amendment as well.

Chair Nguyen:

Are there any other questions? [There were none.] At this time, we will begin hearing testimony in support, opposition, and neutral of Assembly Bill 197.

Minnie Wood, Private Citizen, Las Vegas Nevada:

Thank you for the opportunity to speak in support of A.B. 197 today. I am a nurse practitioner. I practice at a Federally Qualified Health Center called First Person Care Clinic in downtown Las Vegas. I also teach at the UNLV School of Nursing. I am speaking for myself today.

I support A.B. 197 because it reduces barriers for unaccompanied homeless minors to access the health care they need at the time they need it. In my time working with nursing students and clients of Nevada Partnership for Homeless Youth, I have encountered many homeless youth who could not access essential care when they needed it, due to restrictions in the law or health care providers' understanding of that law. No unaccompanied homeless minor should have to delay important care or screening for things like a tooth abscess, a suspected or confirmed sexually transmitted infection, COVID-19 testing, or a mental health issue. Removing the barriers to getting adequate care through strengthening existing law, removing the four-month wait, clarifying that youth can access all health care providers, and helping health care providers implement the law correctly is an essential step in the right direction for the state of Nevada. I have seen too many health care providers refuse care to unaccompanied homeless youth for fear they would be violating the law. Assembly Bill 197 makes the verification process simpler and aligns with other similar processes such as applying for federal financial aid.

As a nurse practitioner who works with vulnerable communities, I regularly see the results of patients having poor access to quality health care throughout their lives. As a nurse educator, I teach my students about population-level interventions that can improve health—not just for individuals, but for large groups of people and places. Assembly Bill 197 is one such policy measure that can really make a difference for our community of unaccompanied homeless youth and the people who serve and maintain relationships with them. I hope you will join me in supporting A.B. 197. Thank you for your attention.

Chair Nguyen:

Thank you for your testimony in support. We can go to our next caller.

Gwen Migita, Vice President, Social Impact, Sustainability, Diversity, Equity, and Inclusion, Caesars Entertainment:

As a gay Asian/Pacific Islander, I deeply feel the trauma and fear of home-insecure youth [[Exhibit Q](#)]. It tends to be a living hell for some who are lured into labor and sex trafficking providing, at best, daily survival for basic needs.

Caesars Entertainment is supportive of A.B. 197. Credit goes to Nevada Partnership for Homeless Youth for working on this bill and arming me with the expertise to articulate the policy gap. Several years ago, I sought out Nevada Partnership for Homeless Youth, ImpactNV, Dr. Halleh Seddighzadeh at ARMAN [Asylee Refugee Migrant Assistance Network], St Jude's Ranch for Children, and the Asian Community Development Council to help Caesars develop a social impact blueprint for southern Nevada. We looked at intersectional issues in trafficking, homelessness, and immigration integration. We identified root solutions such as mental health and a systemic long-term strategy to address the region's most pressing social issues.

Caesars wanted to orchestrate a coalition-based strategy that would augment, not duplicate, the good work among hundreds of service providers like the ones on the Policy Council on Homelessness. Today, Caesars cochairs the first Nevada Resorts Association's Corporate Social Responsibility Coalition which represents members and suppliers to hospitality. We also invested in need-gap strategies and social equity work for ImpactNV. Both groups prioritize homelessness as a key issue for collaboration.

Caesars remains committed to playing a leadership role in supporting vulnerable populations. In 2020, even through business closures and a merger, the Caesars Foundation gifted over \$1 million to communities in which we serve. This week, we are holding our first national HERO employee volunteer event in person in over a year. We are building thousands of wellness and homeless hygiene kits with LULAC [League of United Latin American Citizens], Clean the World, and the National Organization of Black Law Enforcement Executives. Our Reno, Tahoe, Laughlin, and Las Vegas team members are participating in this effort. I am optimistic that A.B. 197 will help us close a gap to better supporting Nevada's homeless youth.

Joanna Jacob, Manager, Government Affairs, Clark County:

As Assemblyman Watts testified, we put in an amendment to this bill which is considered friendly [[Exhibit R](#)]. We want to thank Assemblyman Watts and Mr. Ghafoori for their work with us on this bill. We are in support. One of my jobs at Clark County is to balance different departments when we take positions on bills. We support this bill because we see a role for us to work with the Partnership, especially under the simplified procedure in place that allows us to provide documentation for social services for a youth who is homeless so the Partnership can obtain care. The purpose of our amendment is, from a technical perspective, to recognize the circumstances under which a child welfare agency may be responsible for the legal custody and decision-making for medical care for the child who interacts with our system. Such an agency is not considered a guardian or a parent, but rather a custodian at certain points in the interaction. For valid policy reasons, we understand why there should be a reduction in barriers to care. Agencies wanted to be treated on par with parents and legal guardians in this bill. We support the reduction in barriers.

We support this bill and the process that is put in place. It is critical to us that we try to reduce those barriers, and we work with everybody in our community to connect vulnerable populations to care. It is in that spirit that we are here in support with the amendment. We know there is further support from Washoe County. They will also testify in support of this amendment.

Patricia Julianelle, Senior Strategist, Program Advancement and Legal Affairs, SchoolHouse Connection:

SchoolHouse Connection is a national nonprofit organization [[Exhibit S](#)]. For a decade, I have worked on state laws similar to A.B. 197 in a dozen states. Based on that experience, I feel comfortable stating that A.B. 197 will save lives. That is not hyperbole. It also will help young people focus on their goals of education, employment, and independence rather than having to expend tremendous amounts of energy on their most basic physical and mental health. Other speakers have explained this far more eloquently than I can, so in the interest of brevity, I will state that Nevada's existing law took an important step forward to protect the health and safety of young people, and A.B. 197 improves it. It makes it clearer, easier for health care providers to implement, and easier for youth to be able to benefit from. Should this law pass, it would be a law that I will use as a model in my work in other states. I applaud Assemblyman Watts for sponsoring this, and I hope this Committee will support it. I am grateful for the opportunity to speak.

Pamela Girgis, A.P.R.N., C.P.N.P., Nevada Children's Health Project, Nevada Health Centers:

I am a certified pediatric nurse practitioner and a medical provider for Children's Health Fund and Nevada Health Centers mobile medical van that serves homeless, sex-trafficked, and refugee children and youth. Since 2018, our team has been providing free health care to homeless youth in partnership with Nevada Partnership for Homeless Youth.

Many of the homeless youth we see on a weekly basis are unable to access health care services due to the restrictions and wait times on consent laws for homeless youth. I have seen many youths unable to access behavioral and mental health services. Many homeless youths suffer from depression and multiple previous traumas. Restricting care increases the risk of suicide and potential harm to these youths. With current restrictions, youth are often not able to access specialty health care services either. Our team is seeing, time and time again, how this has negatively impacted many youths in need of medical services. A recent example of this is a homeless youth with uncontrolled diabetes. He was in desperate need of referral and care of endocrinology for an insulin pump and better titration of his insulin.

Because of the four-month rule, care was delayed and that resulted in multiple hospitalizations for him, risking his life and resulting in his missing work and losing his job, setting him back further. By being able to provide essential health care services weekly to homeless youth, I have seen countless stories of success where basic health care services to treat asthma, depression, diabetes, and other health conditions have given our youth hope and a new lease on life.

I urge you to consider eliminating the four-month wait period and broadening the language of who can provide care for homeless youth—not just on an emergency care basis. Your action could mean life or death for the many homeless youth of Las Vegas. Thank you for your time.

Chair Nguyen:

Do we have any other callers in support?

Katie Ryan, System Director, Nevada Government Relations, Dignity Health-St. Rose Dominican:

I am also a member of the Policy Council on Homelessness with the Nevada Homeless Alliance. I wanted to go on the record in support of [A.B. 197](#) as an "us, too." I also wanted to add we are glad this oversight will be remedied by passage of this bill. I wanted to thank the Nevada Partnership for Homeless Youth and Assemblyman Watts for advocating on this important issue. I am available for any questions.

Tessyn Opferman, representing Nevada Women's Lobby:

We want to thank Assemblyman Watts for bringing forward this legislation. Homeless minors face high levels of injury, sexual exploitation, and more. It is critical that unaccompanied homeless youth have access to health care and services that will keep them safe, help keep them off the streets, and get them stable housing and support. We urge your support and thank you for your time.

Emily Paulsen, M.S.W., Executive Director, Nevada Homeless Alliance:

Thank you for considering this important bill. The Nevada Homeless Alliance chairs the Policy Council on Homelessness, which is a cross-sector coalition that brings advocacy, nonprofits, business, and academic sectors together to advance policy solutions to end homelessness [[Exhibit T](#)]. We are in support of [Assembly Bill 197](#). One of our top policy focuses is to improve access and equity in services for people experiencing homelessness. Nevada has one of the highest rates of youth homelessness in the nation, and, as you heard from Mr. Ghafoori and Mr. Jenkins, these youth are particularly vulnerable and in need of access to health care services, including behavioral health care. Under current Nevada law,

the delays in care and access to services hurt youth during a critical window of time for young people in crisis. Assembly Bill 197 is a simple and smart step to keep youth safe and healthy. We urge you to support this legislation. Thank you.

Chair Nguyen:

I will take one last caller in support.

Jamie Rodriguez, Manager, Government Affairs, Office of the County Manager, Washoe County:

We are supportive of the bill, especially with the friendly amendment from Clark County. We appreciate the bill sponsors working on those concerns and accepting the friendly amendment.

Chair Nguyen:

At this time, I will close testimony in support of Assembly Bill 197. If there are any additional callers on the line to testify in support, I would encourage you to submit your written documentation regarding that. With that, we will go to testimony in opposition of Assembly Bill 197. [There was none.] Are there any callers in neutral?

Alexis Tucey, Deputy Administrator, Community Services, Division of Child and Family Services, Department of Health and Human Services:

I am here to testify in neutral on A.B. 197. We appreciate the bill and the shared efforts to help transitional aged youth and the homeless youth population and are thankful for the amendments Clark County submitted. We appreciate that statutes can be unclear. It is a little unique with our status as custodians, but I wanted to testify as neutral and express our appreciation to Clark County and for the bill itself. Thank you so much.

Chair Nguyen:

Do we have any other testimony in neutral? [There was none.] I will close testimony in neutral on Assembly Bill 197. I would invite our sponsor to make any closing remarks.

Assemblyman Watts:

Thank you for your consideration of this. As the others said in testifying and providing support, this bill can save lives. It can build on a strong record and commitment from our

state and our Legislature to remove barriers and assist homeless people, particularly homeless youth, in getting back on their feet. I appreciate all the suggestions that were made to help strengthen this bill. I ask you all for your support.

[Additional exhibits include an issue brief from Nevada Partnership for Homeless Youth, [Exhibit U](#), and a letter in support from Young Adults in Charge, [Exhibit V](#).]

Chair Nguyen:

I will close the hearing on Assembly Bill 197. At this time, I will open the hearing on Assembly Bill 96.

Assembly Bill 96: Creates the Emergency Response Employees Mental Health Commission. (BDR 40-96)

Assemblywoman Lesley E. Cohen, Assembly District No. 29:

I am here to present Assembly Bill 96 for your consideration. This bill came from my interest in peer support for first responders. I became interested in the issue because I heard a radio news story about a successful program for peer support for first responders in another state. One of the people being interviewed mentioned how most of us run away from fire or bullets, but first responders run toward them. When the people who run toward the fire or bullets are in crisis, it is often easier for them to open up to people who know what that is like, what they go through in their daily jobs. They need to open up and get support. According to a supplemental research bulletin ["Disaster Technical Assistance Center Supplemental Research Bulletin, First Responders: Behavioral Health Concerns, Emergency Response, and Trauma," dated May 2018] from the Substance Abuse and Mental Health Services Administration of the U.S. Department of Health and Human Services, based on literature and scientific publications from the National Center for Biotechnology Information, and U.S. National Library of Medicine, it is estimated that 30 percent of first responders develop behavioral health conditions including, but not limited to, depression and posttraumatic stress disorder (PTSD), as compared with 20 percent in the general population. The bulletin referred to a study about suicidality, noting that firefighters were reported to have higher attempt and ideation rates than the general population. Several national studies show that more than twice as many firefighters die from suicide than in the line of duty.

According to a study by the Ruderman Family Foundation ["The Ruderman White Paper on Mental Health and Suicide of First Responders," dated April 2018] both police and firefighters are more likely to die by suicide than in the line of duty. Moreover, that study noted that the Firefighter Behavioral Health Alliance estimates that firefighter suicides are substantially underreported. First responders are at risk for PTSD, depression, substance abuse, and suicide ideation and attempts. Both natural and technological disasters were

found to be associated with the increased risk of these conditions. A "technological disaster" is a catastrophic event that is caused by either human error in controlling technology or a malfunction of a technology system. Technology-based disasters are as serious as natural disasters. Examples include bridge collapses; dam failures; industrial, maritime, and aviation accidents; and more drawn-out events resulting from breakdowns in technology in which highly toxic substances are used or stored.

On top of that, emergency medical services (EMS) personnel are not immune to mental health issues. According to the bulletin previously referenced, one of the core risk factors for first responders is the pace of their work. One study noted in the bulletin found that 69 percent of EMS professionals have never had enough time to recover between traumatic events. This results in depression, stress, PTSD, suicide, suicidal ideation, and other functional and relational conditions being reported. If anyone would like to see any of those reports or studies, I am happy to provide them.

First responders, their supporters, and mental health professionals have started doing something. I substantially amended A.B. 96 so that we can help first responders without spending funds we do not have [[Exhibit W](#)]. This legislation will not counteract any of the good work done by first responder peer support groups but, hopefully, will be helping with that. Please refer to the conceptual amendment. Before we go through it, I would like to thank our policy and legal staff and Margot Chappel, Deputy Administrator, Regulatory and Planning Services, Division of Public and Behavioral Health, Department of Health and Human Services, for working so hard to try to get this conceptual amendment done and come up with something that is going to be beneficial. I am sorry for the delay in getting the conceptual amendment to you and the stakeholders.

The conceptual amendment would remove sections 1 through 12. It would add a section authorizing a governmental entity that licenses and regulates first responders to enter into contracts with nonprofit organizations to carry out programs to provide peer support counseling for first responders. In those agreements, they will promote peer support for first responders. We are making sure that the nonprofit organization establishes and operates a toll-free hotline for first responders to call if such persons are experiencing mental health issues as a result of the nature of their work. The organization must establish and maintain a network of peer support counselors to provide peer support counseling to those who call the toll-free hotline. The Division of Public and Behavioral Health would establish and maintain on their website information on mental health issues associated with emergency response

work, including, without limitation, stress, PTSD, addictive disorders, and self-medication, and information concerning local and national support groups for mental health services. To the extent that it is financially feasible, the Division will collect and report information relating to suicide or suicide attempts for first responders to the Chief Medical Officer. That is a data issue, to provide data about how first responders are doing in Nevada, so we can see if we are making improvements, where we need to be looking, and where we need to go.

Margot Chappel, Deputy Administrator, Regulatory and Planning Services, is here. Her office was extremely helpful in getting this bill to a place where there would be no fiscal note attached but we would still do some good for our first responders. She can answer any questions and provide information as needed.

Margot Chappel, Deputy Administrator, Regulatory and Planning Services, Division of Public and Behavioral Health, Department of Health and Human Services:

I am supportive of this language that we have now changed so that we can provide support that is desperately needed without the funding. There are agencies already doing this work; this would lend them support and empower them to seek grants and contracts to support their existing and future work.

Assemblywoman Cohen:

Thank you. With that, we are available for questions.

Chair Nguyen:

Are there questions on Assembly Bill 96?

Assemblywoman Benitez-Thompson:

Is this authorizing all the local entities to set up something like this?

Margot Chappel:

It is. Of the first responders involved, the Division only licenses the EMS providers. There are entities that certify, permit, and license police officers and firefighters. This provides the flexibility to allow those other entities to do that work as well and engage in contracts to support the first responder support programs.

Assemblywoman Benitez-Thompson:

If those local governments have established relationships, this will not interfere with that. Is it meant to complement anything already happening within a local entity already?

Margot Chappel:

That is exactly the intent—to support anything that is being done right now. We know of a program in southern Nevada, and I am aware of one called the Northern Nevada Peer Support Network. I believe there are a few agencies doing that. This will allow them not just to exist, but to grow.

Assemblywoman Benitez-Thompson:

I appreciate this. I know that we are lacking for money in this state. We have national data that tells us first responders are in crisis. For two years running, the number one cause of death among peace officers was suicide. Now we see a higher rate of suicide among our firefighters. This alarming trend is growing; we cannot turn a blind eye to it. One thing we are missing is Nevada-specific data. It could be helpful across a large spectrum of conversations. We had a conversation last session about workers' compensation and PTSD. I imagine that more conversations like that will arise as there is more public awareness about the social impact these professions have. I do not know if there is the willingness or the ability, but we are missing Nevada-specific data which would be helpful as future legislators look for Nevada data in order to form policy. We are missing that, and we do not have a repository for that type of data. Is that something we could talk about more with the local entities? It is that missing piece we need to figure out what is going on in our own backyard.

Assemblywoman Cohen:

It is something I wanted to be able to capture because I had trouble finding data. I think what we are doing here is starting a conversation, opening the door so that when we are on better financial footing, we can come back and continue the conversation and get more done.

Chair Nguyen:

Are there any other questions? [There were none.] We will go to testimony in support, opposition, and neutral of Assembly Bill 96. Is there testimony in support of A.B. 96?

Andrew LePeilbet, representing Military Order of the Purple Heart:

I also represent the 70,000 disabled American veterans in the state of Nevada. I am the current chair of the United Veterans Legislative Council, which represents 250,000 veterans in our state. When you count their families, we represent 500,000 Nevadans. We are in support of A.B. 96, although we had a single question. Considering that veterans, military, and their families represent around one-sixth of our population, we thought the commission being created should have a veteran mental health expert on the team. Other than that, we are in support of A.B. 96.

Derek Reid, President, Northern Nevada Peer Support Network:

We represent law enforcement, firefighters, emergency medical services, dispatch, hospital professionals, ski patrol, and any service branch that has repetitive trauma exposure. We have a website that includes the list of numbers mentioned. I have spoken with Assemblywoman Cohen. We are in support of this in a collaborative effort to continue to provide services. We appreciate the support.

Chair Nguyen:

We can go to the next caller in support. [There was no one.] Are there any callers in opposition? [There were none.] Are there any callers in neutral? [There were none.] Are there any closing remarks?

Assemblywoman Cohen:

I am glad Mr. Reid called in and appreciate the support. I would recommend all members go to the Northern Nevada Peer Support Network website [nnpsn.com]. It is comprehensive. He and his organization have done phenomenal work in a short period of time. It does not group all first responders together but breaks them apart for their special concerns and needs for mental health care and peer support.

This is not a big bill. It does, however, accomplish important things such as data collection and getting information about peer support for first responders out there more. It sets the scene for making sure we are doing as much as possible with peer support for first responders as this grows as a movement and as we financially recover as a state. Thank you. Anyone on the Committee or anyone listening to the hearing can reach out to me with questions or suggestions.

Chair Nguyen:

I will close the hearing on Assembly Bill 96. At this time, we will begin public comment.

Cyrus Hojjaty, Private Citizen, Las Vegas, Nevada:

I think we need to discuss the root problem of our health care system because you talk about homelessness and mental health. I think mental health is very important, especially among homeless people. I think that is why they are in the mess they are in today. But we really need to be talking about serious health care reform because I can tell you that a lot of progressive media outlets are being betrayed by this current administration. There is not going to be Medicare for All.

We have to understand why U.S. health care has actually gotten worse. It is because of the passage of the Health Maintenance Organization Act of 1973. When that law was passed, health care costs skyrocketed. The issue is that Wall Street has been the largest beneficiary. Americans are suffering; Wall Street is benefiting. It is pretty disgusting to see that our elected officials—both parties, at the federal level—are not even talking about this. I think we should have a discussion on Medicare for All. We need to talk about whether this actually works. I would, perhaps, be in favor of it if other taxes would be lowered. I do not want to have a big tax burden.

I also would like to discuss ways to get Wall Street out of our health care system. As you know, they are not talking about this because Wall Street has an incredible amount of power over our health care system. I want to know what you think. What do you think should be happening to that particular system and prescription drugs? It has been skyrocketing, which is unacceptable. What can be done about this? This is out of touch. Let us sit down and discuss this if you have the time.

Chair Nguyen:

Can we go to our next caller in public comment? [There was no one.] Are there comments from members? [There were none.] This concludes our meeting. Our next meeting will be on March 19. The meeting is adjourned [at 3:56 p.m.].

RESPECTFULLY SUBMITTED:

Joan Waldock
Committee Secretary

APPROVED BY:

Assemblywoman Rochelle T. Nguyen, Chair

DATE: _____

EXHIBITS

[Exhibit A](#) is the Agenda.

[Exhibit B](#) is the Attendance Roster.

[Exhibit C](#) is the Work Session Document for [Assembly Bill 189](#), presented and submitted by Patrick Ashton, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

[Exhibit D](#) is the Work Session Document for [Assembly Bill 119](#), presented and submitted by Patrick Ashton, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

[Exhibit E](#) is the Work Session Document for [Assembly Bill 191](#), presented and submitted by Patrick Ashton, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

[Exhibit F](#) is the Work Session Document for [Assembly Bill 138](#), presented and submitted by Patrick Ashton, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

[Exhibit G](#) is a link to a YouTube video, titled "Lexi—Abuse Survivor," submitted by Jesse Haw, Chair, Legislative Task Force, Children's Advocacy Centers of Nevada, regarding [Assembly Bill 228](#).

[Exhibit H](#) is proposed amendments to [Assembly Bill 228](#), dated March 17, 2021, presented and submitted by Jesse Haw, Chair, Legislative Task Force, Children's Advocacy Centers of Nevada.

[Exhibit I](#) is a fact sheet titled "Children's Advocacy Centers of Nevada: Our Mission," submitted by Jesse Haw, Chair, Legislative Task Force, Children's Advocacy Centers of Nevada, regarding [Assembly Bill 228](#).

[Exhibit J](#) is a letter, dated March 17, 2021, submitted by David Goldwater, in support of [Assembly Bill 228](#).

[Exhibit K](#) is a letter, from the Nevada Home Builders Association, submitted by Dan Morgan, Executive Officer, Builders Association of Northern Nevada, in support of [Assembly Bill 228](#).

[Exhibit L](#) is a letter, dated March 16, 2021, submitted by John Packham, Ph.D., Chair, Advocacy and Policy Committee, Nevada Public Health Association, in support of [Assembly Bill 228](#).

[Exhibit M](#) is a letter, submitted by Neyda E. Becker, M.P.A., Executive Director, Children's Advocacy Center Foundation, in support of [Assembly Bill 228](#).

[Exhibit N](#) is a letter, dated March 19, 2021, submitted by DaShun Jackson, B.A., Director, Children's Safety and Welfare Policy, Children's Advocacy Alliance, in support of [Assembly Bill 228](#).

[Exhibit O](#) is written testimony dated March 17, 2021, submitted by Arash Ghafoori, Executive Director, Nevada Partnership for Homeless Youth, regarding [Assembly Bill 197](#).

[Exhibit P](#) is written testimony dated March 17, 2021, submitted by Tayvon Jenkins, Private Citizen, Las Vegas, Nevada, regarding [Assembly Bill 197](#).

[Exhibit Q](#) is written testimony dated March 17, 2021, presented and submitted by Gwen Migita, Vice President, Social Impact, Sustainability, Diversity, Equity, and Inclusion, Caesars Entertainment, in support of [Assembly Bill 197](#).

[Exhibit R](#) is a proposed amendment to [Assembly Bill 197](#), dated March 17, 2021, presented and submitted by Joanna Jacob, Manager, Government Affairs, Clark County.

[Exhibit S](#) is written testimony dated March 17, 2021, presented and submitted by Patricia Julianelle, Senior Strategist, Program Advancement and Legal Affairs, SchoolHouse Connection, in support of [Assembly Bill 197](#).

[Exhibit T](#) is a letter, dated March 3, 2021, submitted by Emily Paulsen, M.S.W., Executive Director, Nevada Homeless Alliance, in support of [Assembly Bill 197](#).

[Exhibit U](#) is an issue brief submitted by Arash Ghafoori, Executive Director, Nevada Partnership for Homeless Youth, in support of [Assembly Bill 197](#).

[Exhibit V](#) is a letter, dated March 18, 2021, submitted by Young Adults in Charge, in support of [Assembly Bill 197](#).

[Exhibit W](#) is a proposed conceptual amendment to [Assembly Bill 96](#), presented and submitted by Assemblywoman Lesley E. Cohen, Assembly District No. 29.