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

Eighty-Third Session
April 28, 2025

The Committee on Health and Human Services was called to order by Chair Tracy Brown-May at 1:30 p.m. on Monday, April 28, 2025, in Room 3138 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. The meeting was videoconferenced to Room 3 of the Nevada Legislature Hearing Rooms, 7120 Amigo Street, Las Vegas, Nevada. 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/83rd2025.

COMMITTEE MEMBERS PRESENT:

Assemblymember Tracy Brown-May, Chair
Assemblymember Duy Nguyen, Vice Chair
Assemblymember Joe Dalia
Assemblymember Rebecca Edgeworth
Assemblymember Cecelia González
Assemblymember Heather Goulding
Assemblymember Ken Gray
Assemblymember Gregory T. Hafen II
Assemblymember Brian Hibbetts
Assemblymember Linda F. Hunt
Assemblymember Jovan A. Jackson
Assemblymember Gregory S. Koenig
Assemblymember Hanadi Nadeem
Assemblymember David Orentlicher

COMMITTEE MEMBERS ABSENT:

None

GUEST LEGISLATORS PRESENT:

Senator Fabian Doñate, Senate District No. 10
Senator Melanie Scheible, Senate District No. 9

STAFF MEMBERS PRESENT:

Davis Florence, Committee Policy Analyst
David Nauss, Committee Counsel
Mackenzie Scruggs, Committee Manager
Jo Lynn Smith, Committee Secretary
Ashley Torres, Committee Assistant

OTHERS PRESENT:

Leticia Delgado, Intern for Senator Doñate
Lorraine Oliver, Private Citizen, Las Vegas, Nevada
Bridgette Choi, Private Citizen, Las Vegas, Nevada
Sara Evans, Executive Board Member, SEIU Local 1107; and Private Citizen, Las Vegas, Nevada
Alexis Esparza, Private Citizen
David Cherry, Government Affairs Manager, Government and Public Affairs, City of Henderson
Jacqueline Nguyen, Policy Director, Nevada State Medical Association
Soraia Bohner, Intern for Senator Scheible
Rhonda Martines, Private Citizen, Las Vegas, Nevada
Heather Richardson, Private Citizen, Las Vegas, Nevada
Donna Smith, Private Citizen, Las Vegas, Nevada
Carlos Hernandez, Chief of Staff, Nevada State AFL-CIO
Marc Ellis, President, Communications Workers of America Local 9413
A'Esha Goins, representing SEIU Local 1107
Mathilda Miller, Government Relations Director, Native Voters Alliance Nevada
Carissa Pearce, Government Affairs Manager, Children's Advocacy Alliance
Robin Franklin, Private Citizen, Las Vegas, Nevada
Sha'Londa Adams, Private Citizen, Las Vegas, Nevada
Cyrus Hojjaty, Private Citizen, Las Vegas, Nevada
Bobbie Sullivan, Program Manager, Emergency Medical Systems, Division of Public and Behavioral Health, Department of Health and Human Services
Andrew LePeilbet, Nevada Chairman, United Veterans Legislative Council
Ryan Beaman, District Vice President, Fire Fighters of Nevada
Fred Wagar, Southern Nevada State Legislative Chair, Veterans of Foreign Wars; and Benefits Protection Team Lead, Nevada Department of the Disabled American Veterans

Chair Brown-May:
[Roll was taken. Committee rules and protocol were explained.] We have three bills on our agenda today. We are going to take them out of order. Thank you to our distinguished senators for being with us in the room today. We will start with Senate Bill 188 (1st Reprint),

then we will move to Senate Bill 183 (1st Reprint), and end with Senate Bill 24. I will officially open the hearing for Senate Bill 188 (1st Reprint). We will welcome Senator Doñate and his team to the table.

Senate Bill 188 (1st Reprint): Establishes procedures to assist certain persons with limited English proficiency in accessing health care in certain circumstances. (BDR 40-41)

Senator Fabian Doñate, Senate District No. 10:
Today, I come before you to speak on Senate Bill 188 (1st Reprint), a bill that will ensure meaningful access to language services and safeguarding Nevada children from being asked to facilitate conversations beyond their maturity level. I am joined by my intern, Leticia, from UNLV [University of Nevada, Las Vegas] to present on this bill.

Leticia Delgado, Intern for Senator Doñate:
We are going to cover the bill language, the background, national trends, and solutions relating to S.B. 188 (R1). Senate Bill 188 (1st Reprint) is an act relating to health care, [Exhibit C]. It requires certain health care facilities and providers of health care to take reasonable steps to provide a person with limited English proficiency with language assistance under certain circumstances. It prescribes requirements governing the use of interpreters and translators to comply with that requirement. It authorizes the discipline of certain health care facilities and providers of health care for certain violations.

I want to begin by contextualizing the current state of representation in the health care workforce. Nevada is home to a diverse range of ethnicities and languages, with 29.3 percent of residents speaking a language other than English at home. However, our health care workforce does not always reflect the significant ethnic diversity. The most notable gaps are found within the Latino community, where only 1 percent of medical graduates are Latino, despite this group making up 29.9 percent of the population. These disparities are even more apparent for the deaf community at a national level, where data indicates 3 percent of physicians have a disability and only 12 of those disabilities are deaf or hard of hearing.

A number of children are tasked with interpreting legal and medical documents for their parents. In some families, the ability to translate for your parents is viewed as a rite of passage or a source of pride. However, the reality is children lack the life experience necessary to convey such important information. Children are unable to preserve tone and nuance in translation, but trained professionals are equipped to do so effectively.

The federal government acknowledges this challenge and has addressed it through Section 1557 of the Affordable Care Act. This section prohibits children from serving as interpreters or providing language assistance to individuals with limited English proficiency. It applies to health programs or activities that receive direct or indirect federal financial assistance from the U.S. Department of Health and Human Services, including, but not limited to, state Medicaid agencies, Medicare, health insurance plans, and most hospital and health care providers.

While many states have largely overlooked this provision, some, such as Alabama and Maine, have codified the protection of underage interpreters into their state laws. Nevada, despite being the third most diverse state in the country, has only 12 provisions related to effective communication and health care. None of these provisions actually offer protection for children in these situations. With the background of the bill in mind, I will now hand it over to Senator Doñate to provide an explanation of the bill.

Senator Doñate:
Senate Bill 188 (1st Reprint) is something that codifies what the Affordable Care Act (ACA) requires federally. Essentially, we are looking at making people, when they come to the doctor's office, have adequate services to be able to receive the care they need for whatever situation they come for. The most important discussion with this is—personally, I think I have talked to many of you before about my personal circumstances. I was the one who had to translate for my father when he was diagnosed with type 2 diabetes. I think, ultimately, the health care system should never have put me in that situation. There are many more situations that are probably more severe than what I had. Fortunately, and unfortunately, the condition I translated for my dad was his type 2 diabetes diagnosis. But if I were the one who had to deliver to him the news he had cancer or was terminally ill, I could not explain the level of trauma someone like me would have or other children who are doing this every day.

This is codifying already what is required via federal law. I want to make that clear. It looks at making sure we are closing the disparities people may receive when they come into the doctor's office. As a disclosure, before taking any questions, we are looking specifically at facilities based. I know there are other parts of the health care system we often look at, particularly with EMS [emergency medical services] and so forth, but we are only looking at when people come into the health care system, specifically with facilities and their communication with doctors and providers of care. This concludes our presentation, and we are happy to answer any questions.

Chair Brown-May:
Members, are there any questions?

Assemblymember Hibbetts:
Section 8 and section 19, says interpreters/translators qualified to provide interpretation and then it lists certain criteria. Who makes the determination whether or not they are proficient in and understanding spoken or written English, at least one other language, and has demonstrated proficiency? Who is the agency or entity that is going to determine whether or not that situation exists?

Senator Doñate:
For everyone's questions we are going to be receiving today, this was copied verbatim based on what the Affordable Care Act currently requires. We are just codifying what is already required in federal law. For that specific section, it is the health facility that would be the one responsible for determining whether or not that person has the ability to essentially provide that level of service. We want the law to be as flexible as possible because technology is

changing, as we know. When we did the hearing on the Senate side, we had the live transcription, which we have seen throughout this session. I did not want this bill to be prohibitive in terms of what technology is already doing, whether it is Google Translate, all the way to the services we use in the state.

In terms of the staffing that would be able to be qualified, that is more of a health facility structure. What we are trying to prevent is the malfeasance of folks, essentially, for example, utilizing a child, to be able to translate. The bill goes into specifics of certain situations where that would be permissive—if it were an emergency and so forth—but it is more at the facility level versus macroscopically.

Assemblymember Nadeem:
I just want to make it clear, does the bill represent the board, the hospitals, and the clinic facilities covered under that?

Senator Doñate:
Yes. Section 3 of the bill defines a health facility and, as defined, it would be referenced based on who oversees them. If you are a physician, an MD [Doctor of Medicine], it would enable the Board of Medical Examiners to investigate such claims. It just depends on who the authority is. The provisions of this bill, as it was drafted for the Affordable Care Act, is looking at health facilities specifically. It depends on what type of provider of care you are.

Assemblymember Goulding:
Are any languages required to be translated? Is there some limit on how many languages or what percentage of the population needs to be represented in the translation services? I am not asking very succinctly but, by your nodding, it sounds like you know what I am asking.

Senator Doñate:
Correct. Part of the amendments, the tweaks we made from the Senate to the Assembly, were the hospital or the clinician would do their best to the extent possible. The most prevalent language we are going to be seeing in Nevada is probably those who are speaking Spanish or Tagalog. Would we be able to cover all of them? No. I do not think that is feasible, but it is to the extent practical. There are flexibilities in the bill that were drafted as part of the Affordable Care provisions that allow us to, to the best extent we can. I would not necessarily say if you did not meet every single language, you would be punished under this law; that is not the intent of this. It is providing the flexibility as much as we can when we can do it.

Another example that came up is if you are in the rurals and, obviously, we know bandwidth technology or broadband is not as equipped in the rurals as it is in the urban areas. What happens if there is a lag of time or so forth? The amendments we put in the bill allow for that flexibility, as long as you are using the best you can at that current moment.

Assemblymember Gray:
If this is already codified in federal law into the ACA, why do we need to add it to the *Nevada Revised Statutes*?

Senator Doñate:
I would approach it in two ways: (1) oftentimes, what we see with federal law is there is not compliance with the individuals here locally. We have seen very similar instances where the federal government says, Through CMS [Centers for Medicare and Medicaid Services], you have to follow such guidelines. We all have to follow them because it is part of federal law, but there is no punitive measure or enforcement mechanism at the local level to ensure folks are complying with it; (2) the reason why it is important to codify into state law when it is already federal, is it ensures our providers understand there is a continuation of whatever federal policy changes to. At least there is a guideline if the federal government were to say, We are not going to do this anymore, or We are going to do something more conducive to what we are doing statewide. This at least establishes a baseline as to what we require for our patients.

Obviously, we are seeing a lot of changes federally with each administration. This is just to make sure, at the bare minimum, we should not be putting children in this situation, and we can all agree to that. That is more of the rationale for codifying it.

Assemblymember Gray:
If the ACA is repealed or the requirements of this portion of the ACA are repealed, would there be a trigger to repeal this portion in NRS as well or is your intent to keep it in indefinitely?

Senator Doñate:
By passing this bill, we now have this portion of the Affordable Care Act now codified into state law. Whatever happens federally, this still exists. Children would not have to be put in these situations, regardless of what happens nationally.

Chair Brown-May:
There was a late comment received. I am curious to know if you will look at section 20, which is on page 11, it identifies that "a provider of health care who violates any provision of sections 15 to 20, inclusive, of this act is guilty of unprofessional conduct . . . ." What is the definition of unprofessional conduct? I am curious to know where this language comes from.

Senator Doñate:
My understanding of this section of the bill is, traditionally, this is how we draft when it comes to punitive measures for individuals who are found for negligence and malfeasance. We have talked to NSMA [Nevada State Medical Association] about potentially taking out the unprofessional conduct language in the bill. Striking that, but that—for example, if you

are a physician and you put a child into a circumstance, the Board of Medical Examiners could determine how they can discipline you if there were an effort to do so. But it would not be considered unprofessional conduct. That is the amendment, I think, if there was one—it is a friendly amendment brought to me this morning. I would be amenable to changing that.

Chair Brown-May:
Thank you for that clarification. Members, are there any more questions?

Assemblymember Gray:
I am not sure if the Affordable Care Act adds penalties for violations. If it does, would they be subject to the penalties of both if there were a problem? Say, on one of the inspections, they came up and said, Hey, the provider is not abiding by this portion. Would the state then levy sanctions as well?

Senator Doñate:
That might be a question for the Legal Division if they are able to answer. From my understanding, this is the application of how we would enforce it via state law. I am not entirely sure of the duplication of what would exist federally.

David Nauss, Committee Counsel:
Without being an expert on the ACA and knowing exactly what penalties, if any, there are, if there were, certainly the state and the federal government could each take actions.

Chair Brown-May:
Thank you for that clarification. Seeing no other questions, I will ask you to step back at this time, and we will open testimony in support. Is there anyone in Carson City or Las Vegas wanting to provide testimony in support of S.B. 188 (R1)?

Lorraine Oliver, Private Citizen, Las Vegas, Nevada:
I am a retired community health nurse. I am in full support of the aspects of the bill Senator Doñate presented. I also believe sometimes we have to consider whether the person we are using as an interpreter is not a perpetrator of violence against a client. I also think those rules regarding children are very, very strong and should be such. In some cases, I believe we also need to consider the cultural sensitivities. For example, I had a client who culturally needed a female OB/GYN [obstetrics & gynecology] to attend to her. The husband got freaked out when a man came in, and they had to change that, but it was still workable. I suspect this may not be as easily accomplished in the rurals, but it will certainly be accomplished in cities. It was in that case.

Chair Brown-May:
Is there anyone else in Las Vegas who would like to offer testimony in support of S.B. 188 (R1)?

Bridgette Choi, Private Citizen, Las Vegas, Nevada:
I am a nursing student and Korean community organizer with One APIA Nevada. Earlier this year, I took my grandma to a local imaging center to get a DEXA [Dual Energy X-ray Absorptiometry] scan. Although she has received the same procedure on her own in Korea, the language barrier in the States made the ordeal a bit of a challenge. It was difficult for her to completely understand both the intake form and the questions the technicians asked regarding her medical history. I have been fortunate enough to spend many years with my grandma, but I am far from familiar with her medical history in its entirety. At the time, I was concerned my hodgepodge explanations were inadequate for her or I may have misrepresented her history on the form.

Medical terminology can be difficult even for native English speakers; language barriers make an already daunting task seem impossible. This responsibility should fall onto the shoulders of trained professionals who are familiar with medical terminology in both languages. The Asian American, Native Hawaiian, and Pacific Islander community is one of the fastest-growing populations in Nevada. Nearly a quarter of Asian Americans and 5 percent of Native Hawaiian Pacific Islanders are limited English proficient, accounting for the vast diversity in the state.

It is critical our health care system reflects and serves the needs of all communities. This bill will ensure individuals with limited English proficiency will receive professional language assistance rather than relying on their children to carry the burden of interpretation. Children should never be placed in the position of translating complex medical information, especially when it concerns serious health decisions. Nevadans deserve translation services that not only deliver accurate information but also provide reassurance during what is often a sensitive moment in their lives. Senate Bill 188 (1st Reprint) will move Nevada toward a more accessible and culturally competent health care system and ensure language is not a barrier to receiving proper care.

Chair Brown-May:
Seeing no one else in Las Vegas, is there anyone on the telephone wanting to provide testimony in support of S.B. 188 (R1)?

Sara Evans, Executive Board Member, SEIU Local 1107:
For all the reasons already stated, I ditto in support of this.

Alexis Esparza, Private Citizen:
[Testimony provided in Spanish.]

Chair Brown-May:
Since there are no other callers wishing to testify in support at this time, we will move into opposition testimony. Is there anyone in Carson City, Las Vegas, or on the telephone wanting to provide testimony in opposition to S.B. 188 (R1)? [There was no one]. At this time, we will move to neutral testimony. Is there anyone in Carson City or Las Vegas wanting to provide testimony in neutral on S.B. 188 (R1)?

David Cherry, Government Affairs Manager, Government and Public Affairs, City of Henderson:
I want to thank Senator Doñate for making it clear the bill's intent was to capture the services provided in facilities and not necessarily with our EMS providers. The City of Henderson provides EMT [emergency medical technician] care with our emergency medical technicians and paramedic firefighters. We just want to make sure that in an emergency situation we would recognize that we would be able to do what was available to us at the time, but we would not want it to be an impediment for our ability to care for members of the community who need our emergency services.

Jacqueline Nguyen, Policy Director, Nevada State Medical Association:
We would like to thank Senator Doñate for working with us on S.B. 188 (R1) and appreciate him accepting our friendly amendment today on section 20. We understand the bill's goal is to codify federal provisions. We think the comprehensive amendments that have been offered help maximize tools available to medical facilities and to physician practices that help contain costs while providing patient accessibility to translation resources.

Chair Brown-May:
Seeing no one else here, is there anyone on the telephone wanting to provide testimony in neutral on S.B. 188 (R1)? [There was no one.] Would the bill sponsors like to provide closing comments? [They did not.] We will officially close the bill hearing for S.B. 188 (R1).

We will open the bill hearing for Senate Bill 183 (1st Reprint). We will welcome Senator Scheible and her team.

Senate Bill 183 (1st Reprint): Revises provisions relating to caseworkers of agencies which provide child welfare services. (BDR 38-710)

Senator Melanie Scheible, Senate District No 9:
I think we do have a couple of presenters joining us by Zoom, and it looks like we have at least one of them up on the screen now. I am very pleased to turn this presentation over to my incredibly competent and knowledgeable intern, Soraia Bohner.

Soraia Bohner, Intern for Senator Scheible:
I will be presenting Senate Bill 183 (1st Reprint), which revises provisions relating to caseworkers of agencies that provide child welfare services, specifically foster care services. I am also joined by experts in this field in Las Vegas who will share more of their personal and professional experience with child welfare services in our state.

Under current Nevada law, there is no statutory limit on the number of children who may be assigned to a caseworker providing permanency services within an agency that provides child welfare services. Agencies have the discretion to manage caseloads internally, and while practice standards and best practices exist, there is no formal, enforceable cap in statute.

Senate Bill 183 (1st Reprint) seeks to change that through amending *Nevada Revised Statutes* (NRS) 432.020 to prohibit an agency from assigning more than 30 children in custody to a single caseworker who is providing permanency services. This creates a clear statutory caseload limit for permanency workers. By capping active caseloads at 30, the bill aims to improve caseworker effectiveness through ensuring they do not become overwhelmed by unmanageable caseloads, enhancing the monitoring and support of children in custody, and promoting faster, safer achievement of permanency goals such as reunification, guardianship, or adoption.

Senate Bill 183 (1st Reprint) also includes two key exceptions to the 30-child-per-caseworker limit. Those being that sibling groups may be assigned together to a caseworker, even if that results in more than 30 children on the caseload, and emergency circumstances defined by an agency's formal policy may allow a caseworker to temporarily exceed 30 children, but only for 30 days. The limitations in this bill do not apply to any investigations caseworkers might conduct regarding the need for protective custody of a child. The implementation of this bill will occur in stages, as agencies should begin preparation for caseload limitation upon the passage of this bill. However, in order to ensure welfare agencies have ample time to adjust caseloads and make sure no child is assigned a new caseworker, the full implementation of this bill will not begin until July 1, 2026.

In short, S.B. 183 (R1) addresses a significant issue in existing law by formally limiting caseloads for permanency caseworkers in foster care. I will now pass it over to the experts joining us in Las Vegas.

Rhonda Martines, Private Citizen, Las Vegas, Nevada:
I have been a foster parent for over two years. I was also a previous Clark County Department of Family Services caseworker for six and a half years. I took part in getting this bill started. I am happy to see it has successfully gotten to this point. I have had the opportunity to observe firsthand the challenges around child welfare. I am here to express my strong support for S.B. 183 (R1) and its potential to improve outcomes for our children in foster care, our foster families, and the caseworkers who tirelessly oversee these cases.

As a Clark County worker, I have had the opportunity to hold positions of not only a caseworker in permanency but also a kinship placement worker. I had the opportunity to be a part of these true successes regarding reunification, as well as the unfortunate side of casework where reunification is unsuccessful. Personally, I have been a foster parent of two amazing boys who have gone through challenging child welfare cases that involve reunification attempts, special needs referrals, and criminal justice involvement. I have witnessed firsthand overloaded caseworkers and the negative impact it presents to both the child, biological parents, and the foster parents involved.

When caseworkers are stretched too thin, human error is increased and, in turn, leads to failures in the true safety of children and care. If caseworkers are unable to receive those extra supports for their case, caregivers like me and biological parents struggle to receive the true, needed, full support required. Routine child-foster family contacts are rushed, communication can be minimal, and furthermore, a higher caseload limits that caseworker actually having to connect with the children and the foster parents and biological families.

After leaving Clark County Family Services last year, I knew I wanted to continue to improve challenges I saw where caseworkers were overloaded; too many failed reunifications attempts and too much caseworker turnover. The great thing about my experience as a caseworker was seeing the people I worked with around me have that same passion and love for children and care. By no means was the experience of the majority bad experiences. It involved many successes within Clark County Family Services as well. With that being said, I sit here before you today with the most impactful cases in my head and know there is always something we could have done better for a child as a whole.

Last year, I reached out to many foster parents in the community to ask about their experiences and how they think they could improve child welfare safety. I was shocked at the amount of feedback I received, but it also validated my own concerns and experiences. After several meetings and sessions, I knew we could make a difference, and I took it upon myself to reach out to Senator Melanie Scheible for the insight on making that change. I was honored she listened to the community's voice and dedicated herself to us in regard to this topic. So many other foster parents were passionate about this as well.

A case that comes to mind is my own adoptive child. His name is Rowan, and he is two and a half years old. He is pretty much the coolest kid in his class. He wears Vans shoes and loves wearing his favorite hat backwards. He is not shy about singing his ABCs or expressing his love for mac cheese—and yes, he is excited and there is no time for the "and" with mac and cheese. Rowan will show you nice hands, he hugs you so tight, he melts your heart with his please and thank yous. Rowan is one of my foster boys I took in at six months old.

Unfortunately, Rowan was physically abused only after being on an in-home safety plan with his biological parents during his five weeks at home. During that time, he had sustained bruising over the majority of his body to include down his spine, both sides of his head, and in his cheeks where someone was squeezing his mouth so tight it ripped the frenulum part of his mouth. These injuries were documented as multiple stages of bruising, with some up to ten days old, if not longer. These injuries were done by people who will face the criminal justice system, but Rowan deserves better from us sitting here and standing here today in regard to this bill.

I cannot help but think Rowan's case could have gone differently. I do sit here and think even if we do everything right, we could have done something better to stop him from having to go through that. It is a guarantee decreased caseload and increased casework experience and training will help the goal to eliminate situations like Rowan's from happening to a child

again in care. Rowan is home safe with us, his adoptive family, at this time, but there are so many who are not. Again, human error and thorough work product are decreased by stress reduction. Human error and good casework are reduced by training and experience in child welfare careers. If you reduced a little human error, I do not think Rowan would have gone through what he did.

I do sit here in front of you as a foster parent, adoptive parent, previous caseworker, and a loving mother here in the state of Nevada. With our children's safety, permanency, and well-being at the forefront of all of our hearts, I urge you to continue to support S.B. 183 (R1) and move this bill forward.

Heather Richardson, Private Citizen, Las Vegas, Nevada:
Thank you for the opportunity to speak today on a matter of critical importance; the urgent need to reduce child welfare caseloads in Nevada's foster care system. The safety, permanency, and well-being of our most vulnerable children depend on it. I have dedicated 20 years to working in foster care in Nevada. In 2021, I left Clark County Family Services in foster care and child fatalities after 16 years as a dedicated caseworker and supervisor, including 5 years doing child fatalities and legislation. I left Clark County Family Services due to the crushing caseload demand in Nevada and its impact on children and families. Unfortunately, my story is not unique.

The crisis in child welfare caseloads—Nevada's child welfare system is overwhelmed. Caseworkers are burdened with unmanageable caseloads far exceeding national averages and recommendations. The Child Welfare League of America recommends no more than 12 to 15 children per worker for ongoing services. Yet, Nevada's caseworkers routinely handle double or even triple that number. This is not just a problem of capacity; it is a crisis of safety. This bill recommends a cap of 30 children per caseworker, bringing Nevada in line with national averages.

Research shows high caseloads correlate directly with negative outcomes for children, including increased placement, instability, longer stays in foster care, and a higher likelihood of recidivism. When caseworkers are stretched too thin, children suffer; they do not receive timely and adequate visits, necessary services for children and parents are delayed, and critical warning signs of abuse and neglect may be missed. In states with reduced caseloads, child safety improves. For example, in Illinois, after implementing caseload reform, the state saw a 28 percent decrease in child fatalities and maltreatment reoccurrence. This is a life and death issue, and Nevada cannot afford to wait.

Reducing caseloads saves money. Beyond the moral imperative, reducing caseloads is also a fiscally responsible decision. High caseloads lead to high turnover, which is one of the costliest inefficiencies in child welfare. The national average annual turnover rate for caseworkers is 30 to 40 percent. Nevada is losing millions of dollars each year due to turnover. The cost of replacing a single caseworker, including recruitment, training, and lost

productivity, can be as high as $70,000 to $200,000 per caseworker. Turnover leads to case delays, more children languishing in foster care, and higher rates of reentry, all of which costs the state millions of dollars annually. A stable, well-supported workforce reduces these costs. When workers stay, children move more quickly through to permanency, whether through reunification or adoption, which ultimately reduces the financial burden on the State. For example, Missouri saw a 50 percent reduction in turnover after lowering caseloads, leading to millions of dollars in savings and improved child outcomes. Nevada can and must follow suit.

Foster parents also leave the system due to caseload sizes. The cost of losing quality foster parents can be substantial to a state. It costs $6,000 to recruit and train a new foster parent for each one who leaves. In addition to the expenses is a congregate care for a child to be placed at a facility like Child Haven. Clark County indicated in another bill before this Committee the cost of congregate care exceeds the cost of placing a child in a private foster home. Children who are placed with better-matched foster families due to proper caseworker attention experience fewer placement disruptions. Iowa experienced a 50 percent decrease in placement disruption when caseloads were capped at recommended levels. Fewer placement moves result in better emotional and behavioral stability, making permanent reunification or adoption more successful.

Lower caseloads allow caseworkers to connect families to therapy, parenting classes, and substance abuse treatment faster, preventing crises that lead to reentry. For each child in foster care, it costs taxpayers between $25,000 to $50,000 annually. Studies show reducing time and care by just one month per child could save states millions of dollars annually. Further, just a 1 percent decrease in recidivism has been shown to save millions. States like Illinois and Alabama saw recidivism rates drop by 15 to 20 percent when they invested in lower caseloads. Missouri reduced caseloads and saw a 40 percent drop over five years. New Jersey reported a significant increase in foster care reentries within 12 months of reunification when they reduced the number of children assigned to a caseworker.

Commonsense legislation for a stronger Nevada. This is not just about compliance, it is about protecting children and making smart financial choices. Reducing caseloads will: (1) ensure child safety by allowing caseworkers to provide the attention each child deserves; (2) lower caseworker turnover, reducing costly recruitment, hiring, and training cycles; (3) improve permanency outcomes, decreasing the time children spend in costly foster placements; (4) improve retention of seasoned foster parents; (5) save taxpayer dollars by preventing crises, reducing legal costs, and increasing system efficiency; (6) improve access to services for families; and (7) lower recidivism of children being re-traumatized by subsequent removal from their families.

I urge this Legislature to invest in the future of Nevada's children. Reducing caseloads allows caseworkers to move children towards permanency faster, saving the state millions of unnecessary costs while improving child outcomes. We cannot continue to ask caseworkers to do the impossible while expecting better outcomes. Reducing caseloads is not just common sense, it is lifesaving legislation that will ensure the safety and success of our children.

Donna Smith, Private Citizen, Las Vegas, Nevada:
I am an adoptive parent of four. I served as a foster parent and fictive kin caregiver for 11 years. I am a cofounder and board member of Foster Change, and I am a Clark County Commission appointee to the Citizens Advisory Committee for Clark County Family Services, where I have served since 2011. I know well the frustrations of a slow response from a caseworker. I want to be clear: slow responses have less to do with a caseworker's competency than with their workload. A manageable caseload means calls get returned on time, referrals get processed so the needs of children can be addressed early, and it means kinship placements are identified early. It also means more time can be spent identifying services needed for families of origin for better support of successful reunification. It means permanency comes faster for children.

I had a conversation with the CCFS [Clark County Family Services] manager the other day about foster parents often feeling like second-class citizens. The response to me, as it always is, was caseworkers just need more training on how to communicate with and think about foster parents. Maybe that is true, but it is more likely the concerns foster parents encounter come from a caseworker's lack of time than it does from a lack of training. When consistently your best is never enough, good people will leave, taking with them their years of experience and institutional and child-family knowledge. Services get delayed. Foster parents get frustrated. Caseworkers resent their efforts do not matter. We all just throw up our hands again and complain that nothing ever changes.

Senate Bill 183 (1st Reprint) changes that dynamic. It breaks the cycle, and that is what the foster care system is supposed to do—break the cycle. Senate Bill 183 (1st Reprint) means caseworkers have an opportunity to feel successful in their jobs, and they have time to get to know the children in their care and their caregivers. It means we all do better. We all feel better, and we all act better. No one, not one partner, not one service provider, will be worse off because of limited child loads. Everyone thrives, especially the children. I ask again, please vote in support of S.B. 183 (R1).

Chair Brown-May:
Senator Scheible, does that conclude your presentation?

Senator Scheible:
It does. We are happy to answer questions.

Chair Brown-May:
We do have a couple.

Assemblymember Orentlicher:
This is an important need. I am glad you have proposed it. I am curious about section 1, subsection 4, regarding the exceptions. You have made a great case for why we need to limit caseloads, but the exceptions for people who are subject to an investigation or who are not in the custody of the agency, those strike me as potentially very time-consuming cases. Does the exception in section 1, subsection 4, undermine the goal of the bill too much, or why do you think it does not?

Senator Scheible:
Section 1, subsection 4 is a clarifying section because we use the term caseworker to apply to people with multiple different jobs. Generally, I do not know of anywhere in Nevada where the same person is assigned to investigating a case where a child may be removed from the custody of their parents or the persons' custody they are currently in, and the same person would be assigned to that child as they navigate the foster system and possible reunification. The purpose here is to ensure we are delineating between the caseworkers who have foster kids assigned to their caseload versus the caseworkers who are actually in an investigative role, who might be investigating a different number of families or children and their families to determine whether or not a child should be taken into the custody of the agency that provides services.

Assemblymember Orentlicher:
From your answer, it sounds like you have a caseworker with 30 cases who is not going to be doing investigations on other kids at the same time. That is a different class of caseworker.

Senator Scheible:
Yes.

Assemblymember Nadeem:
This is such an important topic. I am worried there is so much load on the caseworkers. Why did nobody ever think about limiting it before? Do we have a shortage of caseworkers, or what is the reason?

Senator Scheible:
Probably Ms. Richardson or Ms. Martines could speak to this better. I think the short answer is a lot of burnout. We burn out caseworkers really quickly. Hopefully, by reducing the number of cases they have, we can retain some of them longer. I will let those other presenters speak to that.

Heather Richardson:
To give you some background or context, these conversations have been occurring between Clark County management and the Labor Management Committee for SEIU [Service Employees International Union], which represents the caseworkers for at least the past ten years. Overburdened caseloads have been a subject of conversation for a really long time.

Unfortunately, there have not been any changes made. That is why this bill is so incredibly important, because those of us who have interfaced with the system realize how valuable our caseworkers are—and they cannot assess safety accurately if they are just overburdened. They are just one person, and they cannot return those calls.

I think one of the arguments made, I have heard, is because of budgetary reasons. That is why, during my presentation, I wanted to address those front and center with you to explain it is less than 3 percent of the entire budget of Clark County DFS [Department of Family Services] to staff all permanency positions at caseloads of 30. It is really not a large increase in the current budgeting, but we also have an issue with turnover. By the time you hire a new caseworker, another caseworker is leaving because of the caseload sizes. I think it is a perpetual problem that continues to exist, and until we cap caseloads, we are just not going to get turnover under control.

[Assemblymember Nguyen assumed the Chair.]

Assemblymember Koenig:
My question dovetails on my fellow Assemblymembers' previous question. I think the concept is great. The more questions on implementation, and—the answer was not quite exactly what I was looking for. She talked a little bit about budget and things, but by limiting it to 30, say we need 25 percent more caseworkers to take up all those kids who were over 30. Do we have enough caseworkers in the state to be able to pick up that slack? It sounds great, but it is just like having a class size of 20 in the schools. If we are 1,000 teachers short, now we are 1,500 teachers short, and we still do not have it. Do we have the caseworkers in the state to pick up that load?

Senator Scheible:
I think some of the counties may come up to testify in the neutral position and may be better suited to answer that. But the short answer is, I think we do. There are three basic entities that employ caseworkers for this purpose. You have Washoe County, Clark County, and the state-level DHHS [Department of Health and Human Services]. At the state-level DHHS, they are already below 30 children per caseworker. That leaves Washoe, which is also below 30 cases per caseworker. Clark County is the one where the caseworkers are hovering right around that 30 number. I think the last time I met with Clark County, they had about 3,000 children in care and about 100 caseworkers. That would be exactly 30 children per case worker. That is also part of the reason we included the emergency provision to allow for those extended caps if there is an emergency where they are not able to hire people, if there is a hiring freeze, or something like that.

I will also be honest; we would have loved to have a lower ratio. There is a national organization—the acronym for which I am forgetting right now—that recommends caseloads closer to about 15 children per caseworker. We chose 30 because it is an attainable number.

Assemblymember Hibbetts:
I think you pretty much answered my question, but is there a statewide average ratio of caseworkers to children right now we are talking about? I know you said Clark County is about 30 to 1, Washoe is under that, the state itself is under that. Is there an average number you have handy? If not, I would be more than willing to get that number later.

Senator Scheible:
I do not have that number. I will also point out there is some flexibility built in here because not every case is equally difficult. Some agencies may have particular caseworkers who are assigned, for example, high-medical-need foster kids who are hospitalized, and that might be more difficult than taking on a sibling set of two who are in school and do not have the same medical needs. Even across the state, to get a ratio, I am not sure we would be comparing apples to apples.

Assemblymember Hafen:
A lot of my questions have been answered today. What I am hearing is it is the chicken and the egg scenario. Obviously, we have burnout. We need more caseworkers to address this. One of my questions is, do you have the data showing what other states are doing at the different levels you could provide to the Committee later?

Senator Scheible:
Yes, we do.

Vice Chair Nguyen:
Members, do we have any more questions? [There were none.] I will ask you to step back, and we will move to testimony in support. Is there anyone in Carson City or Las Vegas wanting to provide testimony in support of S.B. 183 (R1)?

Carlos Hernandez, Chief of Staff, Nevada State AFL-CIO:
We are in full support of the bill.

Marc Ellis, President, Communications Workers of America Local 9413:
Ditto.

A'Esha Goins, representing SEIU Local 1107:
I just have to put some numbers on record. There are members of SEIU who will be testifying. Every time a caseworker leaves the workforce, the cost to the agency is approximately 70 percent to 200 percent of the exiting employee's annual salary. When this was recorded last, Texas said the agency cost was estimated at $54,000 per departing staff member. I just want to put that on the record, and there will be other SEIU members who will be testifying. We are in support, and I want to thank the sponsor for this bill and the importance of it.

Mathilda Miller, Government Relations Director Native Voters Alliance Nevada:
We are in strong support of Senate Bill 183 (1st Reprint). At its heart, this bill is about giving Nevada's most vulnerable children stability. This bill is a critical step toward ensuring every child gets the time, the attention, and the consistency they deserve. When caseworkers are stretched too thin, children are not just numbers on the list. There are lives put on hold, milestones missed, and opportunities lost. Every overloaded caseworker means another child is waiting too long for the stability and support that should never be out of reach.

Senate Bill 183 (1st Reprint) is about building a system where caseworkers can do the job they were called to do: to help children heal, to grow, and to help them find permanent homes. It is about making sure Nevada stands up for the futures of kids who have already had too much taken from them. We urge your support. [Written testimony was also submitted, Exhibit D].

Vice Chair Nguyen:
Is there anyone else in Carson City wanting to testify in support of S.B. 183 (R1)? Seeing no one come to the table, we will go to Las Vegas.

Lorraine Oliver, Private Citizen, Las Vegas, Nevada:
I am a local public health nurse. I am in full support of this. It is amazing they are not even asking for all they could get; they are asking for less than the recommended amount, but the recommended amount is less than 30. Could we just at least add to 30, which is the minimum we could do for our little ones who, for various reasons, are in such dire circumstances. I am particularly in full support of the foster moms and everybody who is working in that circumstance.

As a nurse, I was on the other side of children who were in the system being worked on. I am 100 percent in support of those who are actually the face-to-face. The work of a case manager is such that the work you do face-to-face with your customer is much less than the work you do around that to get what you need to do. That is very important to think about.

Vice Chair Nguyen:
Is there anyone else in Las Vegas who would like to offer testimony in support of S.B. 183 (R1)? [There was no one]. Is there anyone on the telephone wanting to provide testimony in support of S.B. 183 (R1)?

Carissa Pearce, Government Affairs Manager, Children's Advocacy Alliance:
Children's Advocacy Alliance is an independent voice for Nevada's children with a mission to ensure every child in Nevada thrives. Senate Bill 183 (1st Reprint) is a supportive bill to both families and caseworkers. As we heard today, for caseworkers, this bill is particularly addressing concerns for burnout. Burnout is about more than numbers. Caseworkers are witnessing significant trauma, and without proper support, they are experiencing secondary traumatic stress, impacting both their well-being and their effectiveness in supporting children. We see S.B. 183 (R1) as an opportunity to help begin preventing and alleviating burnout.

We also hope this policy prompts the exploring of other mechanisms to uplift caseworkers, including mental health supports, reflective supervision, and trauma-informed workplace policies. By investing in caseworkers' well-being, we ensure stronger, more stable relationships for children navigating the foster care system. We increase the likelihood of permanent placement for our kids and support children by ensuring caseworkers can spend adequate time with foster families to make sure that child is receiving every resource they need. Thank you for your continued efforts to build comprehensive solutions that strengthen the child welfare workforce. We are in strong support of this bill.

Robin Franklin, Private Citizen, Las Vegas, Nevada:
I am a supervisor for Child Protective Services. I have worked for the Department of Family Services for almost 20 years. I can tell you I am in full support of S.B. 183 (R1). It not only will support our children and our families we are serving every single day, but it supports the worker. As a previous worker who had over 50 kids on her caseload, I can tell you it is impossible. The job is impossible to do when you have that many children on your caseload. However, I believe, at the detriment of my own family. I made sure the kids were seen. I made sure the kids were being taken care of. We should also be thinking of those individuals who are doing the work, and this is one of those bills that would help us do that. I am in full support of S.B. 183 (R1), and I hope you are too.

Sha'Londa Adams, Private Citizen, Las Vegas, Nevada:
I am a supervisor with Clark County Family Services. I currently have three of my six staff with over 30 children on their caseload. I have witnessed them cry. They go into the bathroom in a stall so they can cry and come back out and do their job. I have witnessed them be exposed to secondary trauma. I have witnessed them working overtime. When we talk about the fiscal impact, it is not just about the recidivism, it is also about the amount of overtime. I know for the past year, one of my team members has done about 20 hours of overtime each pay period in order to be able to do her job sufficiently; not necessarily efficiently, but sufficiently. This bill would support those workers who give tirelessly of themselves to ensure we have safe children in our community.

It is very overwhelming as a supervisor when you see people who you are in leadership over, who you cannot support any further than trying to help them out with one or two documents. But that does little to nothing to suffice for the amount of work they do have. Again, my name is Sha'Londa Adams, and I am in full support of Senate Bill 183 (1st Reprint).

Alexis Esparza, Private Citizen:
[Testimony provided in Spanish.]

Sara Evans, Private Citizen, Las Vegas, Nevada:
I am a 16-year SEIU member who works at Clark County Family Services. I am here today testifying in support of S.B. 183 (R1). In January 2023, the agency had a new training academy with 27 people; 13 people have left from this academy. Nine of those were

voluntary. That is a 51 percent survival rate. I was a supervisor of permanency at that time. I lost Ebony, Stacey, Barco, Dustin, Ty, Carey, Holly, and Britney all within a two and a half-year span. Mind you, I only have six people in my unit assigned to me.

A great quote from a foster youth who aged out of the system: My worker will always be late, disheveled, and really quite strange, but he loved me and that made all the difference. Those workers who left truly love their kids, and their kids loved them. When workers leave, it creates more traumatic events for a child who has already had to endure challenges most of us could not even comprehend. These children will grow up not having the ability to form attachments or thinking they do not have a place in this world. We can do better for our children. By making sure the children come first, we create a better future for all.

The agency has the capability to ensure there are reasonable caseload sizes. What they do not want is the accountability. Again, caseloads can be equally distributed fairly amongst these different zones. Unfortunately, we need a law in place to hold leadership accountable to reach their staffing ratios because this has been such an ongoing problem. I leave you with this data: a child with a single caseworker achieves permanency 74 percent within a year. If you have a caseload with two caseworkers, the permanency achievement falls to 17 percent. That is very dramatic.

Vice Chair Nguyen:
Is there anyone else on the telephone wanting to testify in support? [There was no one.] At this time, we will move to testimony in opposition to S.B. 183 (R1). Is there anyone in Carson City, Las Vegas, or on the telephone wanting to provide testimony in opposition to S.B. 183 (R1)? [There was no one.] We will move to testimony in neutral on S.B. 183 (R1). Is there anyone in Carson City or Las Vegas wanting to provide testimony in neutral on S.B. 183 (R1)? [There was no one.] Is there anyone on the telephone wanting to provide testimony in neutral on S.B. 183 (R1)?

Cyrus Hojjaty, Private Citizen, Las Vegas, Nevada:
I wanted to testify in support. Thank you so much. Ditto.

Vice Chair Nguyen:
Is there anyone else on the telephone wanting to provide testimony in neutral on S.B. 183 (R1)? [There was no one.] Senator, would you like to come back for closing comments? [There were no closing comments.] We are going to close the hearing on S.B. 183 (R1).

The last bill on the agenda for today's hearing is Senate Bill 24. We will invite Ms. Sullivan to present the bill.

Senate Bill 24: Provides for the certification and regulation of emergency medical responders. (BDR 40-292)

Bobbie Sullivan, Program Manager, Emergency Medical Systems, Division of Public and Behavioral Health, Department of Health and Human Services:
Senate Bill 24 is a cleanup bill. It adds "emergency medical responder" as a recognized prehospital provider into statutes, which was previously called a first responder. When previous legislation changed, the name of "emergency medical responder" changed to be consistent with the national standards. Emergency medical responders were omitted from the language. The state currently recognizes the certification of emergency medical responders in state regulations. However, the Southern Nevada Health District does not. This bill establishes the emergency medical responder in statutes, allowing for statewide consistency, which greatly supports our rural communities. I am happy to answer any questions.

Vice Chair Nguyen:
Members, are there any questions? [There were none.] We will go ahead and have you step back, Ms. Sullivan, and we will take testimony in support of S.B. 24. Is there anyone in Carson City or Las Vegas wanting to provide testimony in support of S.B. 24?

Andrew LePeilbet, Nevada Chairman, United Veterans Legislative Council:
We represent nearly 250,000 veterans. This was such a difficult bill of 34 pages, but they were all with the new addition and clarification of emergency medical responder, was the new part. That is what the whole bill has through it. Our interest here is it has an impact on *Nevada Revised Statutes* (NRS) Chapter 417, which is the Department of Veterans Services. This is in part of the bill, and that is why we are here. We are in support of the bill.

Ryan Beaman, District Vice President, Fire Fighters of Nevada:
Senate Bill 24 is a critical step to strengthen our emergency response and workplace protection across Nevada, particularly in our rural areas. We have had a few bills this session, trying to look at our rural areas and improve our areas out there. Down in Clark County, we have ten different rural departments, and we are finding more and more of a shortage of volunteers. In Clark County, we have just about 100 volunteers for our ten rural departments. With this new language, it would help out with our rurals, because they have to do continuing education with an EMT [emergency medical technician]. This would allow them to be in the EMRs [emergency medical response], which would lessen the hours of the certifications, which would help out with them in the rural areas.

We have to find different ways to try to help out the rural areas. If not, we see ourselves throughout the state right now with the professional services, or your suburban areas, covering those areas for long responses. We urge your support for the bill.

Fred Wagar, Southern Nevada State Legislative Chair, Veterans of Foreign Wars; and Benefits Protection Team Lead, Nevada Department of the Disabled American Veterans:
I want to thank you for the opportunity to present testimony in support of Nevada's S.B. 24. I want to thank the Division of Public and Behavioral Health, Department of Health and Human Services, for bringing this issue forward. The legislation does provide provisions to address the unique circumstances and challenges veterans face when seeking certification as

emergency medical responders. By mandating the collection and reporting of key data regarding veterans in this process, Senate Bill 24 champions transparency, accountability, and the continued support of those who have dedicated themselves to service. We urge you to support S.B. 24. The legislation includes an investment not only in the welfare of our veterans but also in the safety, efficiency, and resilience of Nevada's emergency medical systems. [Written testimony was submitted [Exhibit E].

[Exhibit F was submitted but not discussed and was included as an exhibit for the hearing.]

Vice Chair Nguyen:
Seeing no one else wanting to provide testimony in Carson City or Las Vegas, we will go to the telephone. Is there anyone on the telephone wanting to provide testimony in support of S.B. 24? [There was no one.] Is there anyone in Carson City, Las Vegas, or on the telephone wanting to provide testimony in opposition to S.B. 24? We will move to testimony in neutral. Is there anyone in Carson City, Las Vegas, or on the telephone wanting to provide testimony in neutral on S.B. 24? [There was no one.] We will ask the presenter to come up for closing remarks.

Bobbie Sullivan:
I appreciate this Committee offering the opportunity to present this. I think it will standardize and make things efficient across the state.

Vice Chair Nguyen:
We will close the hearing on S.B. 24 and go to the last business item for the afternoon, which is public comment. Is there anyone in Carson City, Las Vegas, or on the telephone who would like to provide public comment? [There was no one.] We will go ahead and adjourn [at 2:45 p.m.].

RESPECTFULLY SUBMITTED:

_____
Jo Lynn Smith
Committee Secretary

APPROVED BY:

_____
Assemblymember Tracy Brown-May, Chair

DATE: _____

EXHIBITS

Bill	Exhibit	Witness / Agency	Description
	A		Agenda
	B		Attendance Roster
S.B. 188 (R1)	C	Senator Fabian Doñate, Senate District No. 10	PowerPoint titled "Senate Bill 188 Language Translation in Healthcare"
S.B. 183 (R1)	D	Mathilda Miller, Government Relations Director, Native Voters Alliance Nevada	Written testimony in support
S.B. 24	E	Fred Wagar, Southern Nevada State Legislative Chair, Veterans of Foreign Wars; and Benefits Protection Team Lead, Nevada Department of the Disabled American Veterans	Written testimony in support
S.B. 24	F	Christine Johnson, representing City of Caliente	Letter in support