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

Eighty-Third Session
April 30, 2025

The Committee on Health and Human Services was called to order by Chair Tracy Brown-May at 1:32 p.m. on Wednesday, April 30, 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 Marilyn Dondero Loop, Senate District No. 8
Senator Nicole J. Cannizzaro, Senate District No. 6
Senator John C. Steinbeck, Senate District No. 18

STAFF MEMBERS PRESENT:

Davis Florence, Committee Policy Analyst
David Nauss, Committee Counsel
Mackenzie Scruggs, Committee Manager
Annelise Dankworth, Committee Secretary
Ashley Torres, Committee Assistant

OTHERS PRESENT:

Rocky Finseth, representing A Place for Mom
Beverly Grossman, Head of Government Affairs, A Place for Mom
Tom Roberts, representing Caring, LLC
Jennifer Atlas, Private Citizen, Las Vegas, Nevada
Beau Tucker, Private Citizen, Henderson, Nevada
Crissa Markow, Private Citizen, Reno, Nevada
Anthony Markow, Private Citizen, Reno, Nevada
Robert Haynes, Private Citizen, Minden, Nevada
Jacqueline L. Nguyen, Policy Director, Nevada State Medical Association
Patrick D. Kelly, President and CEO, Nevada Hospital Association
Dan Musgrove, representing Valley Health System; and Nevada Donor Network
Allison Herzik, Director of Government Relations, Dignity Health-Saint Rose, Dominican
Chris Bosse, Chief Government Relations Officer, Administration, Renown Health
Carissa Pearce, Government Affairs Manager, Children's Advocacy Alliance
Karen Fox, Private Citizen, Carson City, Nevada
Kimberly M. Surratt, Private Citizen, Reno, Nevada
Kimberly Alexander, Private Citizen, Summerlin, Nevada
Rayne Alexander, Private Citizen, Summerlin, Nevada
Cadence Matijevich, Government Affairs Liaison, Office of the County Manager, Washoe County
Joanna Jacob, Government Affairs Manager, Department of Administrative Services, Clark County
Lorraine Oliver, Private Citizen, Las Vegas, Nevada
Alexandria Worthen, Private Citizen
John Rizzo, Private Citizen, Summerlin, Nevada
Randalynne Miller, Private Citizen
Deborah Deridder, Private Citizen
Linda Davis, Private Citizen
Gwyn Chyz, Private Citizen

Chair Brown-May:
[Roll was taken. Committee rules and protocol were reviewed.] We are going to go a little bit out of order today, as we are waiting on one of our presenters. I will open the bill hearing for Senate Bill 299 (1st Reprint) and welcome Senator Dondero Loop to the table. You may take your time and begin whenever you are ready.

Senate Bill 299 (1st Reprint): Revises provisions relating to senior living communities. (BDR 40-1039)

Senator Marilyn Dondero Loop, Senate District No. 8:
I am honored to present Senate Bill 299 (1st Reprint), which revises provisions relating to senior living communities. Existing law requires a senior living community referral agency to obtain a license from the State Board of Health, Department of Health and Human Services, pursuant to *Nevada Revised Statutes* (NRS). Senate Bill 299 (1st Reprint) shifts the regulation of senior living community referral agencies from the State Board of Health to the Division of Public and Behavioral Health (DPBH) within the Department of Health and Human Services (DHHS). This bill was amended in the first house to remove a two-thirds majority vote requirement.

I will briefly walk you through the sections of this bill. Section 2 requires a senior living community referral agency to register with DPBH and sets forth the requirements for obtaining and renewing registration. This section also provides the registration fee submitted to DPBH must not exceed $2,708 and the renewal fee must not exceed $1,354, as currently prescribed in the proposed regulation.

Section 3 requires DHHS to adopt regulations to carry out the provisions of the bill. Section 4 removes the requirement for a senior living community referral agency to obtain a license from the Board. Section 7 provides that regardless of whether a senior living community referral agency has obtained a license from the State Board, [it may operate] without a license or registration until 120 days after the regulations are adopted. With that, Madam Chair, I would like to turn it over to my copresenters, but I will start with Mr. Rocky Finseth.

Rocky Finseth, representing A Place for Mom:
Joining me at the table is my copresenter, Beverly Grossman, with A Place for Mom. First, let me thank Senator Dondero Loop for bringing forward this measure. We greatly appreciate it. She is and continues to be a strong and fierce advocate in this building for our seniors. Senate Bill 299 (1st Reprint) is another example of her strong advocacy for that important community. On a side note, both of us had the pleasure of taking care of our aging moms as they aged into senior citizen status. This, in many ways, is an issue that is personal for both of us.

In many respects, many members of this Committee may recall last session when members of my team sat before this Committee and brought forward a bill, Senate Bill 260 of the 82nd Session, which created a pathway for organizations like A Place for Mom and Caring to operate in Nevada and charge a referral fee. Following the bill's passage, we worked

diligently with the Department to promulgate regulations to implement the newly adopted legislation. However, several months into the process, we quickly realized what we had passed in 2023 needed to be tweaked, and thus, S.B. 299 (R1) is before you today.

As we sit here today, two years later, there is still no regulations that implemented S.B. 260 of the 82nd Session, through no fault of the Department. We are hoping for passage of S.B. 299 (R1) so we can go through the regulatory process with the Department. Beverly Grossman will provide the Committee with a brief explanation of A Place for Mom's business model and the importance of passage of this particular measure. Madam Chair, with your indulgence, I will turn it over to Ms. Grossman.

Beverly Grossman, Head of Government Affairs, A Place for Mom:
A Place for Mom is a senior living community referral agency. We would like to express our support for Senate Bill 299 (1st Reprint), which would require senior living referral agencies to register with the Nevada Division of Public and Behavioral Health. A Place for Mom senior living advisors have helped millions of families to navigate the overwhelming process of finding appropriate senior living for their loved ones. In 2024, over 27,000 families reached out to A Place for Mom looking for advice on senior living options in Nevada. A Place for Mom provides family, caregivers, and aging adults with information, resources, and personalized referrals to senior living communities based on individual preference, personal care needs, and budget. We do not collect HIPAA [Health Insurance Probability and Accountability Act] or medical protected data from families or provide medical assessments.

If passed, this bill will create a rational and transparent process for senior living community referral agencies to register with the State of Nevada without disrupting the services for families that rely on us for this advice. The bill does not change existing consumer protections or disclosure requirements. Families will continue to receive the same level of transparency and support they have come to expect. Ultimately, the registration ensures families have access to reliable and accountable referral services, empowering them with information and guidance to make the best choices for their loved one's well-being.

When a family uses A Place for Mom services, families receive referrals only after requesting them and sharing their contact information. They receive them at no charge and with no contracts or requirements to use them. We clearly disclose we are paid by senior living communities, including in our television ads and on our websites. On average, we provide four recommendations out of a network of over 13,000 senior living providers with over 55 in Nevada. Our advisors are not paid on the cost to communities chosen by families, and communities cannot charge higher rates to families using our services compared to those who find them other ways. I respectfully urge your support for this legislation. Thank you for your time and consideration. We will welcome the opportunity if there are any questions.

Senator Dondero Loop:
As Mr. Finseth said, we both took care of mothers, and I know countless people who have come to Nevada or have loved ones outside of Nevada who really need help placing their loved ones for lots of reasons. My own brother had a wife who had a severe stroke and had to find someplace quickly to help him. With that being said, this is an important group of people who help others with secure living arrangements for their loved ones.

Chair Brown-May:
Members, do you have any questions?

Assemblymember Gray:
I guess my question maybe is not so much for you as it is for the Department of Health and Human Services. Why are you regulated at all? I see you more like an Angie's List—a recommendation or referral. You do not contract directly with the patient, the elderly person, or the family. I am at a loss as to why this is even being heard here and if it does need to be regulated, why would it not be in the Department of Business and Industry (B&I) or commerce?

Rocky Finseth:
At the end of the day, this is a function of oversight of a really important community: the senior citizens in Nevada. The regulatory structure is such that it flows through DHHS. As much as the client would love to be regulated by B&I, from a functionary point of view, it is through DHHS.

Chair Brown-May:
Members, are there any other questions? [There were none.] I do have a couple. In your presentation, you talked about how this is paid by senior living communities. They contract and are listed. If I get a referral for my mom to go to a specific senior living community, and I find out once my mom is there it is not the greatest quality, is there an ombudsman? Is there any kind of recourse where I can go back and deliver that information to you to help ensure we are only delivering quality referrals?

Beverly Grossman:
There are a couple of different ways we receive feedback. One of the ways is on our website; there is a way for consumers and family members to go on and leave reviews. Anyone can go on and use those services without ever using any of our referral services. That is the Yelp of senior living, in a lot of ways, and folks really rely on it. We do ensure every community we refer to or have a contract with is licensed under the requirements of state law. Then, you will also find information about how families can go check, and we encourage that. We are not paid for a referral by the community until after 30 days to ensure everybody is safe, secure, and feels good about that.

Chair Brown-May:
Is there any other clearinghouse similar to A Place For Mom? Are there other competitors in the marketplace?

Rocky Finseth:
In fact, Madam Chair, you will be hearing from a competitor. The two competitors in the marketplace see the benefit of the legislation the Senator is bringing forward.

Chair Brown-May:
Left outstanding is the regulatory piece through DHHS. Are there recommended regulations that have previously been discussed with DHHS that you are aware of?

Rocky Finseth:
We did have pretty extensive conversations over the interim with the Department. Again, through no fault of their own, I think we both worked really diligently to try to find a landing point. I think both parties realized we were not going to find a landing point. I suggested to them that the client was going to come back and try to see if we could get legislative intent clarified.

Chair Brown-May:
This is specific to residential living facilities for seniors. Would hospice care providers or other providers be included in this type of clearinghouse information you have or is it specific to living?

Beverly Grossman:
I need to get through the definition specifically. We primarily do residential. We do have some personal home care we work on with some families. We want to make sure we are giving families as many options for what they are looking for as possible.

Chair Brown-May:
I also needed A Place for Mom, which was a little bit different than a residential care facility. Building out those systems, I think it is helpful for families who are looking to be connected with services. Members, last call for questions. [There were none.] We will now open testimony in support of this measure. If you are here in support, please come forward in Carson City and Las Vegas. We will ask you to stay at two minutes. You may begin when you are ready.

Tom Roberts, representing Caring, LLC:
Caring, a competitor of A Place for Mom, is a nationally respected company with a mission of promoting expert guidance to seniors and caregivers. We are the competitor, as we said. Our business model is almost identical to A Place for Mom. We collect fees from the provider. We also assign a counselor to the family to provide feedback and counseling even before they choose to go with anybody. Our setup is similar, and we are here in support of S.B. 299 (R1). We would like to thank Senator Dondero Loop for bringing this bill forward. We urge your support.

Chair Brown-May:
Not seeing anyone else in support in Carson City or Las Vegas, is there anyone on the phone line? [There was no one.]

At this time, we will move to opposition testimony. Is there anyone in Carson City, Las Vegas, or on the phone who would like to give testimony in opposition to Senate Bill 299 (1st Reprint)? [There was no one.] We will move to neutral testimony. Is there anyone in Carson City, Las Vegas, or on the phone who would like to give testimony in neutral on Senate Bill 299 (1st Reprint)? [There was no one.] We will call our bill sponsor back to give closing comments.

Senator Dondero Loop:
Thank you very much for hearing the bill and for your time today.

Chair Brown-May:
Thank you so much, Senator, for being here, and your team and for presenting the bill. With that, we will officially close the bill hearing for Senate Bill 299 (1st Reprint). We will stand in a brief recess until our next bill presenter arrives.

[The Committee recessed at 1:51 p.m. and reconvened at 1:54 p.m.]

Chair Brown-May:
We will now come back to order. We will officially open the bill hearing for Senate Bill 138 (1st Reprint). We will welcome Senator Cannizzaro and her team. You may begin whenever you are ready.

Senate Bill 138 (1st Reprint): Makes revisions governing health care for pregnant women and newborn children. (BDR 40-580)

Senator Nicole J. Cannizzaro, Senate District No. 6:
I am very proud today to be bringing you Senate Bill 138 (1st Reprint), which makes various revisions regarding health care for pregnant patients in so many of our hospitals. I have with me today, Jennifer Atlas, and her awesome son, Beau, who I would like to turn the presentation over to once I have made a few introductory remarks and talked a little bit about some of the language in S.B. 138 (R1).

Senate Bill 138 (1st Reprint), in its first reprint, strengthens health care access for pregnant individuals and newborns in Nevada by ensuring all hospitals providing birthing services enroll with Medicaid as a provider of presumptive eligibility services. Under federal law, hospitals have the option to screen patients for presumptive eligibility for Medicaid. However, not all hospitals currently participate in that process. By requiring participation as a condition of licensure, we ensure all eligible patients who are pregnant and show up to our health care facilities receive timely health care coverage, reducing barriers to essential maternal and infant care.

Under this legislation, hospitals will be required to have qualified hospital staff screen all pregnant patients for presumptive eligibility coverage in accordance with federal law. If a patient is determined eligible, they will receive written notification outlining their benefits, the coverage period, and instructions for applying for full Medicaid benefits in Nevada. If a patient is determined ineligible, they will receive notice explaining the denial and guidance on submitting a full Medicaid application.

Additionally, this bill includes provisions to support families of newborns with special medical needs. If a newborn is born prematurely with low birth weight or with any condition that would otherwise qualify them for Supplemental Security Income (SSI), hospital staff must provide notice to the parents or the caregivers that the newborn may be eligible for SSI and, by extension, Medicaid presumptive eligibility coverage.

Finally, this legislation establishes a Neonatal Intensive Care Unit (NICU) Parent's Bill of Rights to provide critical protections and assurances for families navigating neonatal intensive care. The bill of rights affirms parents have the right to receive clear, timely medical updates, be involved in decision-making, provide skin-to-skin contact with their babies when available, access to breastfeeding support, and receive mental health resources, among some other important protections. By enshrining these rights, we promote transparency, family-centered care, and improved health outcomes for vulnerable infants.

Additionally, Madam Chair and members of the Committee, we have submitted a small conceptual amendment [Exhibit C], which members of the Committee should have a copy of, and it should be available to all of you. This amendment was brought to us in conjunction with some of the hospital partners here in Nevada. It allows for hospitals that utilize vendors to do screening for presumptive eligibility to enroll as a qualified provider in the same fashion the hospital would, to ensure there is still coverage and screening going on even if they are using that vendor.

The amendment will also provide that hospital staff may provide information regarding SSI and Medicaid to a patient if written material is unavailable in the primary language of the patient with documentation in the patient's record that the information was provided verbally. We believe that is also consistent with standard practice in many of our hospital facilities, and that is why it is included in this particular conceptual amendment.

After I allow my copresenters to present, we have a short video [Exhibit D]. This bill is very heartfelt-ly called—we have been referring to it as Beau and Bennett's Bill because of our strong NICU warrior babies who we are fighting so hard for with this bill. With your permission, Madam Chair, I would like to pass the presentation over to Jennifer Atlas and Beau to share their personal experience and the motivation that brought us here with this particular bill and then move on to the video.

Chair Brown-May:
We did get the video uploaded and it has been shared with members. It is six minutes. If you are okay with it, we have referred our members to review that online and we will hear a little bit of testimony as we hear from Ms. Atlas and Beau as we go forward. Is that all right?

Jennifer Atlas, Private Citizen, Las Vegas, Nevada:
As most of you are aware, professionally, I work with the American Cancer Society Cancer Action Network, but today I sit before you as a mother who was granted a miracle. My son, Beau, was born after 56 hours of labor through an emergency C-section. I barely remember his birth. I was septic and struggling to stay awake, but I remember the silence—no cry from my baby.

In that instant, Beau was taken away to the Neonatal Intensive Care Unit. The world as I knew it turned into a living nightmare. The NICU is a place of paradox, a sanctuary where fragile lives are saved, but also a battleground where parents stand powerless and unarmed. There, I watched my son, his tiny body entwined with tubes, surrounded by machines, and the rhythmic beeping a haunting reminder of how fragile his existence was. For five agonizing days, Beau laid in an induced coma, suspended between hope and uncertainty.

After 20 days in the NICU, we finally brought Beau home—though not without a constant reminder of how fragile he still was. He came home on oxygen, a tether to the battle he was still fighting. It is both inconceivable and heroic that so many families endure this journey for even longer. As we left the uncertainty of the NICU behind us, what came next was nearly as cruel—a hospital bill so staggering, it seemed beyond comprehension, totaling nearly half a million dollars. While our insurance covered the majority, we were left with overwhelming out-of-pocket costs that only grew as Beau required ongoing medical care in his early years.

During those exhausting days in the hospital, I was handed a Medicaid application. Overwhelmed, emotionally drained, and naive to the complexities of the system, I pushed it aside, assuming that we would not qualify. I did not understand that Beau qualified for Medicaid because of the circumstances of his birth. I had insurance through my employer and assumed we would not be eligible because the expenses would be covered. I was wrong.

I remember holding Beau in my arms—finally home—while on the phone with the insurance company, desperately trying to prove that he was sick enough to deserve coverage, as if surviving a stroke, spending weeks in the NICU, and coming home on oxygen were not proof enough. I had survived, my baby had survived, but my financial stability was destroyed.

I share this with you because I know my story is not unique. You will hear from parents whose babies fought for their lives while the medical bills stacked higher than they could ever afford. They sat in the NICU rooms just like I did—terrified, helpless—and then were handed a stack of paperwork alongside their grief. Some were forced into debt they will never escape. Some lost their babies and still had to pay the bill.

Right now, in Nevada, when a baby is born into crisis, when they are taken from their mother's arms and rushed to the NICU, their parents are expected to navigate an insurance system that was never designed for them—paperwork, approvals, and delays—all while their child is fighting for life. One missed signature, one processing error, and one bureaucratic delay could mean a lapse in coverage when it is needed most.

Senate Bill 138 (1st Reprint) does something so simple, so obvious, that it should have been done already: it gives Medicaid presumptive eligibility to NICU babies if they already qualify. The Parent's Bill of Rights guarantees that every NICU parent will be treated with respect, honesty, and the compassion they deserve. No more confusion and being left in the dark during the hardest moments of their lives. Parents will now have clear, protected rights to advocate for their newborns. With presumptive eligibility for NICU babies, we are ending the nightmare of families losing their homes, their savings, and everything just because their babies needed critical care.

This bill is not expanding the universe of children who qualify, rather it is a promise no family will be left to navigate a financial crisis while their baby is fighting to live. It is a fiscally responsible approach that ensures hospitals and providers receive payment while preventing families from falling into medical bankruptcy.

I was granted a miracle. My NICU warrior, Beau, is here today—10 years old, strong, smart, and full of life—because of doctors and nurses who fought for him, because of modern medicine. In the end, sheer luck was on our side, and that miracle will always outweigh the burden of medical bills. No family should have to carry that burden in the first place.

There is no reason to allow others to endure such unnecessary hardship when we have the power to change it. I am asking you to pass this bill for parents who at this very moment are sitting beside an incubator watching over their fragile newborn, praying their NICU warrior will survive. Pass it for the infants who cannot speak for themselves, whose futures depend on the care they receive today and pass it so no family in Nevada has to endure the fear and the financial devastation that mine did.

This is our chance to ensure that when a child's life hangs in the balance, their family's financial security does not have to. This is not controversial, it is not political, it is compassionate, and it should have always been this way. Thank you very much for your time. I would like to introduce you to my son Beau who has some comments as well.

Beau Tucker, Private Citizen, Henderson, Nevada:
When I was born, I was really sick and had to spend time in the NICU. It was very scary for my family. Even though my mom had health insurance, she still got hit with really big medical bills. That does not seem right. Parents should not have to worry about money or paperwork when their newborn needs special NICU care. They should be able to give all their attention to their baby.

My mom calls this Beau's Bill. It stands for Babies Enrolled Automatically. The idea is simple: if a baby ends up in the NICU, they should automatically be enrolled in Medicaid if they already qualify. That way, families do not have to go through so much to get help. This bill would mean a lot to families like mine. I hope you will support it and help other babies and parents have one less thing to worry about.

Senator Cannizzaro:
Madam Chair, I understand the video is probably a little bit more lengthy. I would encourage all the members of the Committee to watch the video. The Markow family was so brave in sharing their testimony when we were on the Senate side and—

Chair Brown-May:
Senator, we took a straw poll and we are going to let it rule.

Senator Cannizzaro:
Yes, I will defer to you, Madam Chair.

Crissa Markow, Private Citizen, Reno, Nevada:
[Testimony was provided by video, Exhibit D.] I also submitted a letter as an exhibit [Exhibit E]. We are recording this today because, unfortunately, we had a previously planned trip we were unable to change. I am here because of my son, Bennett, and the endless lessons he taught us in his eight months of life. He was a feisty little man, and I am trying to channel his spirit here today. I am in support of passing S.B. 138 (R1) so future parents of babies in the NICU can spend every available minute focused on the love and medical care of their baby, not on navigating a complex system to access benefits their baby qualifies for. Senate Bill 138 (1st Reprint) aims to eliminate barriers that currently result in NICU parents facing unnecessary medical debt, a challenge we personally experienced with understanding Bennett was eligible, then with obtaining backdated coverage.

In 2020, I learned I was pregnant, a very welcome surprise. At 22 weeks, I was admitted into Renown [Renown Health] and had an emergency C-section at 24 weeks. Bennett was not even a pound, weighing in at 15.5 ounces. He was immediately intubated and admitted into the NICU. Little did we imagine the next eight months—his entire life—would be encased within the walls of the Renown NICU, UC [University of California] Davis NICU, back to the Renown Pediatric Intensive Care Unit (PICU), and then the UC Davis PICU.

The NICU is a unique, harrowing experience. I could not hold Bennett until he was almost two months old because he was so medically fragile. Alarms are constantly going off. You rely on your NICU nurse to explain even the slightest changes with your baby. Why is his oxygen so low and his heart rate so high? Is he dying? No, he is just upset, his lung collapsed, or he pulled out his vent tube, and they have to call in the respiratory therapist—all things that happened to Bennett.

You learn a medical dictionary of terminology, medications, diagnoses, how to read X-rays, the potential long-term effects on intellectual and physical development, and how precarious every moment is. I cannot tell you how many times we heard Bennett was not going to make it through the hour, the day, or the night. Outside the NICU, you try to keep some normalcy for your family. When the NICU social worker told me she was leaving us a packet for Medicaid, I wrote it off as unnecessary. I did not think we would qualify based on our income and with my health insurance coverage. I cannot recall if the social worker explained Bennett qualified because of his birth weight, but Medicaid coverage should not depend on the right person saying the right thing at the right time so that you hear it.

In January 2021, Bennett needed an emergency flight to the UC Davis NICU to preserve his eyesight. I even asked if it was covered by my insurance and was assured it would be, as it was a medically necessary emergency. However, we received a bill for over $70,000, as the air ambulance company was out of network on my insurance. Having Medicaid to supplement my insurance would have covered the bill. In the end, the Medicaid process was insurmountable, despite the resources available to us.

This is unacceptable. I implore you to make a commonsense, compassionate, and fiscally sound vote in support of S.B. 138 (R1) to improve a broken system that leaves families in unnecessary medical debt and robs them of time spent with their baby in the NICU.

Anthony Markow, Private Citizen, Reno, Nevada:
[Testimony was provided by video, Exhibit D.] My full remarks have been submitted as a letter [Exhibit E]. Senate Bill 138 (1st Reprint) means meaningful change to NICU babies' access to Medicaid. Many do not know the criteria and do not realize their baby qualifies. Senate Bill 138 (1st Reprint) makes the path to coverage easier. Our baby, Bennett, was born weighing under a pound. Given our income, we never considered he would be eligible for Medicaid or that we would even need it since we had insurance.

Our focus was on his immediate and constantly changing needs. While under this kind of stress and trauma, you cannot predict what is next and how much Medicaid could help. Reading the paperwork and learning his low birth weight would qualify him based on SSI disability criteria was far from our minds. We spent our time trying to be with him and love him.

When Bennett needed an emergency flight to UC Davis, we were assured it would be covered. It was not. The bill was over $70,000. We did not know how we would pay, but our only focus was on his health and the potential bad outcome. Having Medicaid prior to this would have covered it, and a huge stressor would have been gone. At UC Davis, he got Medicaid, and we learned it could be backdated. Despite months of calls and emails, it never happened. We lost Bennett after just eight months. The entire time he was hospitalized, even after his death, we fought and stressed to get Medicaid backdated to no avail. That time was

so precious. It could have been spent caring for and loving on Bennett. It could have been spent taking care of each other as we grieved. Senate Bill 138 (1st Reprint) will prevent this from being one more trauma families face and prevent that time from being stolen. Please pass Senate Bill 138 (1st Reprint).

Senator Cannizzaro:
Thank you, Madam Chair, for allowing us to share the Markow's story. Beau and Bennett's Bill is an extremely important piece of legislation that does the very least we can do, I believe, for NICU parents. Having a child is already such a stressful, wonderful, and scary thing to do. To end that with a baby in the NICU and be overwhelmed by the medical debt pieces of it when there is coverage available—making sure we are screening patients for that, I think, is the very least we can do. It is an essential thing we should be doing.

For anybody who has ever walked into a medical facility, talking about going to have a baby, they screen you for all kinds of things. You have to fill out all kinds of paperwork, you have to have all kinds of things explained to you—how you want to have the baby, what it is you want to have happen—and what happens after you have the baby? To add one more thing to that, to make sure if a baby is in the NICU, those parents can focus on taking care of their child as opposed to the overwhelming medical debt they will incur as a result is just such a critical piece.

For so many of these families, as you have heard, they have insurance, they are covered elsewhere. They do not think they qualify under Medicaid because most babies are going to qualify under their parents' health insurance. When a baby is born and immediately is transferred to the NICU, there are many instances where that baby itself will qualify for Medicaid, and we should be allowing for that coverage to take place. That is the very simplest thing we are doing with this bill. I do believe it will make a very meaningful difference. I want to thank you for allowing us the time to present and for Jennifer and Beau and the Markows to share their stories. We would be happy to take any questions you or the members of the Committee may have.

Chair Brown-May:
We do have a couple of questions.

Assemblymember Nadeem:
It is a wonderful topic, wonderful information, and Beau, you really made it fantastic. We love it. So impressive, and we love to have you in front of us. My question is, the babies who go to the NICU, are they automatically enrolled in Medicaid? Is it just the information is not given to the parents or are they not aware of the fact they can have the Medicaid benefit out of it?

Senator Cannizzaro:
Babies who go into the NICU—as the bill mentions, for example, low birth weight or born prematurely and end up in the NICU—may have different coverage options if they qualify under SSI or they qualify under Medicaid. Most babies, for example, if you have insurance

and you have a child, that baby is generally covered under whatever the mother's insurance coverage or the family's insurance coverage may be. Sometimes when a baby ends up in a precarious situation like the NICU, they will qualify under Medicaid for Medicaid coverage as the baby themselves. It does not expand that definition from a federal perspective. It does not increase the people who would already qualify. It is saying, when a person is in the hospital having a baby or coming in to prepare to have a baby, as part of the process while they are in the hospital—having a child in a birthing hospital—they are screened to fill out documents so if that baby does qualify, Medicaid coverage would kick in.

I think there are very similar lines presented with both of the stories today, where you have parents who are there with their baby, who end up in the NICU, they are unaware the baby individually would qualify under Medicaid, and paperwork does not get filled out, and they are not appropriately screened. On the back end, if that is not done, then whatever those NICU bills are, are theirs to carry and to pay off in some form or fashion after the fact for anything not covered by the parents' own health insurance. This does not expand the Medicaid coverage; it just makes sure we are getting those families signed up for it so if the baby does meet those already existing qualifications, that insurance coverage will kick in and we will cover those expenses in the NICU.

Assemblymember Gray:
Having met Bennett's parents last session and going through the whole thing with them, I have suffered a lot of disappointments in this building. That was a huge one; especially given the fact this body throws so much money at so many different things. I really hope this time it passes.

I do have a couple of quick questions. First one is for Beau. Why do you need these other two to help present with you? You would have done just fine on your own. On a serious note, how many families do you think would have been affected by this between now and last session? I am not a big fan of big government spending because it is all taxpayers' money, but like I said, we throw a lot of money at things in this building, and nothing to me is more precious and valuable than the little ones. How many opportunities did we lose between this session and last session? If you are looking for a cosponsor, sign me up.

Senator Cannizzaro:
I met the Markows in the process of bringing forward this bill and obviously learned about this issue working alongside Jennifer in the interim. When it came time for session, I very much wanted to find a way to be helpful. I think, much like you, we are motivated by the idea that there would have been coverage for things like emergency flights or for a medical intervention in the NICU for babies who are in precarious situations; and rather than making sure coverage exists—which by the way, already exists as long as they qualify, we are not changing any of those parameters—instead, we are going to saddle parents with that burden on top of already being so worried about their poor baby, to me seemed like a very worthy cause. I, of course, would welcome the support and would love to have you as a cosponsor. I do not know how many families—we can certainly try to dig into those numbers. What I do know is, if it was one family, if it was the Markows, if it was Ms. Atlas and Beau, or if it was

Bennett, any of those babies, one would be sufficient for this legislation to make sense. If we can help one family focus on the health of their child, make sure they are going to get the medical intervention necessary to save their baby's life or to keep their baby alive and hope and pray and work for as much of that as we can, then I think we owe it to Nevada families to do this.

We will definitely dig into some of those numbers. I do not have those offhand of how many families may have been faced with medical debt they unreasonably did not need to have. I think we should be doing a better job of making sure we let people know about it, so it is one less thing they have to worry about when their babies are in the NICU.

Assemblymember Gray:
This is more of a statement with a request. How would any of us like to be the parent, not only of a child who was in the situation, but a child who did not make it through the situation, and then to be saddled with those debts afterward and be reminded every time the phone rings from a bill collector? It is gut-wrenching, and I do not think there is anything more valuable we could be spending our money on than these little ones.

Assemblymember González:
As a new, first-time mom, it is so scary, and my daughter had to stay a night in the hospital. Although it was not the NICU, it is terrifying. I remember just immediately bursting into tears when the doctor said, You are dismissed, but your baby is not.

When babies qualify for Medicaid—when they are meeting these qualifications—does it mean they have Medicaid for a year? Is it just for their NICU stay?

Senator Cannizzaro:
In case anybody has not heard me say this enough, all of you moms out there are so brave, tough, strong, and I admire everything you are doing. It is incredibly scary to have your child in the hospital regardless of the circumstance. With respect to the presumptive eligibility piece, what this would do is they would fill out all of the necessary documentation. If their baby then qualifies for Medicaid, they are presumptively eligible based on whatever those parameters are—low birth weight, premature, whatever that may be—and whatever medical services they are receiving while they are in the NICU and being treated would apply during that period. If a baby then would otherwise qualify for Medicaid, that is a separate application period.

This is a situation where they qualify on their own because of their status, and it would kick in for that period of time. I saw Stacie Weeks in here, so if I am speaking incorrectly on any of this, I am sure she will correct me on those pieces. My understanding is, it would be during the qualifying period where they fit into that definition for Medicaid coverage while being treated, and then any other additional coverage for Medicaid generally would have to be applied for afterward.

Assemblymember González:
I was also wondering if they had any follow-up appointments post discharge. Would those also be covered under Medicaid?

Senator Cannizzaro:
That would be depending upon if they are being discharged from the NICU and they still meet those parameters for that presumptive eligibility portion of their coverage, or then you would be covered for whatever your—if you are on a parent's insurance or if you otherwise qualify for Medicaid. You will notice in the bill, if they do not meet the presumptive eligibility requirements, the hospital is required to provide information on Medicaid, much like they would if they did not meet that anyway.

Assemblymember Nguyen:
This is a difficult bill for me to listen to because, as I shared with you when you met with me yesterday in my office, Ms. Atlas, even though my firstborn is now 11 years old and thriving, I went through a similar experience like you did. He did get hospitalized within the first three months for a similar incident. As a spare parent—because, of course, the mom has all the priority; us, we are just kind of the spare one—it was difficult for us to look at it and see that we were so helpless. We did not know what to do. That bill was staggering. I remember it very vividly.

Yesterday, we talked about a timeline. I did not see it in the bill. I want to make sure we put it on the record that it is still possible you have 30 days to fill this out, if you find out, even through the process, that in the 30-day window, you are still eligible to apply for the status. If for some reason you miss it in the beginning, you still have time to do that within the 30-day limit.

Jennifer Atlas:
My understanding is, because of the information, this would actually all get filled out prior to the birth actually happening. The forms would be filled out, and the baby would fall under that presumptive eligibility so you would not have to worry about the 30 days. The paperwork would already be filled out and ready to go, and the child would already be covered.

Assemblymember Nguyen:
To clarify, even for some reason, with everything going on, sometimes they may miss it. Do they have a grace period to fill that out should the occurrence of the paperwork happen after the birth of the child?

Senator Cannizzaro:
The whole purpose of Senate Bill 138 (1st Reprint) is to make sure eligibility and screening is done up front at the earliest possible moment, where you are having an interaction with the parent who is going to have that child. You recognize from the testimony of the Markow family, they tried to go back retroactively, but Medicaid was not going to come back and cover those expenses if it was not done up front.

That is where the pitfall is where the current law stands. While this is not an expansion of Medicaid coverage, it does now mandate that we are going to do this process ahead of time so it does not happen, the paperwork is not missed in the 30-day window, and the baby can be covered if they qualify. The whole reason and purpose behind and why this bill is so important is because in situations like that, there are no guarantees Medicaid is going to come back and retroactively apply coverage for services received if they were not properly enrolled. We are trying to cut that off at the front end.

Assemblymember Nguyen:
I really appreciate the bill intention to include languages and culture competency because I represent, and am an immigrant myself, we have challenges with language barriers. My last question would be, would you accept me as a cosponsor as well?

Chair Brown-May:
Do you like how the entire Committee has put you on the spot and requested cosponsorship? You can say no, it is okay. My question is for Mr. Tucker. I have also had children who have experienced the NICU for extended periods of time and did not get to come home with me right away. Their very first baby pictures are with cool hoods on their heads or some stick-on sunglasses while they were under some really bright lamps. Do you have any cool baby pictures you get to look back on that reflect that time in your life?

Beau Tucker:
I believe so. Every time I go through my camera roll, my last photos are me in a stroller or a car seat, and I have like an oxygen mask or I have tubes around me.

Chair Brown-May:
My follow-up, Mr. Tucker, is, does that make you feel a little bit like a superhero? Do you have a superpower now as a result?

Beau Tucker:
It is cool to think that. I believe I am a superhero. Like my mom said, I am a miracle. I do think I am a superhero for surviving something like that because families do not have the same experience. Some families, their babies are not with us anymore when it happens, so I am proud to be here.

Chair Brown-May:
Members, are there any other questions? [There were none.] We will open testimony in support of Senate Bill 138 (1st Reprint). Is there anyone in Carson City who would like to give testimony in support of S.B. 138 (1st Reprint)?

Robert Haynes, Private Citizen, Minden, Nevada:
I am Bennett Markow's grandfather, and my wife Cheryl and I had the privilege of visiting Bennett several times in the NICU. I have to say the two families, the Markows and Beau's family, presented their cases so beautifully. I really do not have a lot to add. I want to

talk about the grandparent's perspective. Visiting Bennett in the NICU was a real eye-opener. Nothing really prepared us for what we were going to see. The all-consuming tasks, time, and challenges the parents had, the alarms and the machines, and the doctors and the nurses, and the crisis decisions that went on 24/7 was really absolutely amazing.

What the parents did for their son was heroic. Through it all, they were not aware of the Medicaid benefits. The last thing on their minds was to think about, What policy should we examine and review? They were so consumed by everything that was going on in the war zone of preserving their son's life, it just was not on the agenda for them. My wife and I support Senate Bill 138 (1st Reprint), and we think this will make information readily available to parents and to families in the NICU. We recommend your full consideration of this bill.

[Exhibit F was submitted but not discussed and will become part of the record.]

Jacqueline L. Nguyen, Policy Director, Nevada State Medical Association:
The Nevada State Medical Association is the oldest and largest organization representing physicians in our state. We want to thank Majority Leader Cannizzaro for bringing forth this very important bill and commend Ms. Atlas and Mr. Tucker, who did a wonderful job presenting today. Medicaid coverage is essential for babies in the NICU. We support this bill because we understand the high cost of medical care, the need for access to specialized care, and the importance of ensuring everyone—particularly this vulnerable population—has access to equitable health care.

I am a mom of twin NICU babies. Looking back at the time, I thought I knew the system pretty well. During that time, my husband had privileges at the hospital my babies were born in. The idea of going through all that paperwork and even remembering those first few weeks seems impossible. We had the privilege of speaking the language and knowing the system. That is why we think this bill is really important. On behalf of our Nevada State Medical Association President, Dr. Joseph Adashek, who himself is a high-risk ob-gyn, and all our physician members, we are in full support of S.B. 138 (R1).

Patrick D. Kelly, President and CEO, Nevada Hospital Association:
We have been long supporters in our efforts to expand access to care, and we have been a consistent advocate for Medicaid presumptive eligibility in hospitals. We would like to thank the bill's sponsor and her staff for their thoughtful collaboration and for considering our recommendations. We look forward to continuing to work together on this bill as it moves through the legislative process.

Dan Musgrove, representing Valley Health System:
We appreciate the bill. There are a lot of things in this bill we felt we were already doing when it comes to a patient's bill of rights. We think it is very important they have that and receive it. We are one of the first hospitals that tried to work with the state on presumptive eligibility and are very big fans of it. Again, we support this bill.

Allison Herzik, Director of Government Relations, Dignity Health-Saint Rose, Dominican:
I will keep it short and sweet. We are in support.

Chris Bosse, Chief Government Relations Officer, Administration, Renown Health:
Ditto.

Chair Brown-May:
Is there anybody else in Carson City who would like to offer testimony in support of this measure? [There was no one.] Is there anyone in Las Vegas who would like to give testimony in support of S.B. 138 (R1)? [There was no one.] Is there anyone on the phone who would like to give testimony for this measure?

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. We are in strong support of S.B. 138 (R1). We know this will have a major implication for our families who are going through devastating circumstances, and we are in full support of making sure they are able to have some of the stress alleviated through this bill. We know early medical intervention leads to better long-term outcomes, reducing disability rates, future hospitalizations, and long-term health care costs. We would urge your support for this bill and ditto to all the other support testimony. [Written testimony was submitted, Exhibit G.]

Karen Fox, Private Citizen, Carson City, Nevada:
I am the grandmother of six. Three of my grandchildren have spent some very significant amount of time in the NICU. I am so excited about this bill. Thank you so much for presenting this bill. I feel not only are the hospital costs very much a burden to the family, but also when these moms have these babies early, of course, a lot of them have to go back to work right away, which is unexpected. That makes a huge impact on their income—not only the stressfulness of having your child in the NICU, but also now you have to deal with the loss of income because you were not planning on having your child in the NICU for that long.

Thank you so very much for this bill. I am very grateful for it. I want to say I am grateful for the grandfather of Bennett because it does affect everyone in the family, including us grandparents. Thank you so very much and I totally support S.B. 138 (R1).

[Exhibit H was submitted but not discussed and will become part of the record.]

Chair Brown-May:
At this time, we will move into opposition testimony. Is there anyone in Carson City, Las Vegas, or on the phone who would like to give testimony in opposition to S.B. 138 (R1)? [There was no one.] At this time, we will move into neutral testimony. Is there anyone in

Carson City, Las Vegas, or on the phone who would like to give testimony in neutral on S.B. 138 (R1)? [There was no one.] We will call the bill sponsor back to make any closing comments.

Beau Tucker:
I hope you will support this bill.

Chair Brown-May:
We will officially close the bill hearing for Senate Bill 138 (1st Reprint).

That leads us to the third bill on our agenda. Thank you so much for your patience, Senator Steinbeck. We will now officially open the bill hearing for Senate Bill 372. You may begin whenever you are ready.

Senate Bill 372: Revises provisions relating to the care of children. (BDR 38-662)

Senator John C. Steinbeck, Senate District No. 18:
Senate Bill 372 aims to assist parents and guardians of children with behavioral health issues. This is inspired by Arizona's Jacob's Law, in which legislation provides a much-needed framework for supporting families navigating complex behavioral health challenges while safeguarding the welfare of children. With me today to present S.B. 372 is Kimberly Surratt, an attorney specializing in adoption law. We will also be joined by Kimberly and Rayne Alexander in Las Vegas, my constituents who brought this issue to me. I would like to go ahead and turn it over to Ms. Surratt.

Kimberly M. Surratt, Private Citizen, Reno, Nevada:
I am a family law attorney out of Reno, Nevada. I have been practicing for 23 years—22 of that as an unpaid lobbyist in this building and still trudging on and on and on. For a little bit of color into my background—but I do not speak on behalf of these organizations—I am also a trustee on the board for the Academy of Adoption and Assisted Reproduction Attorneys. I am also a hearing officer for Washoe County for the abuse and neglect appeals hearings. I have been doing that since 2007. I am also the past president of the Family Law Section [State Bar of Nevada].

To summarize the language of this bill, before I go into examples, there are two sections repeated within the bill. The two sections are that we will not have a finding of neglect for the sole purpose of parents seeking therapy for their child. Sounds simplified, but we will give examples as to why we seek that. The second part is, there will not be a finding of neglect or abuse when you are forced to bring that child back into your home because you cannot obtain continued therapy and services for that child.

Unfortunately, I have become a go-to person for these cases. I am one of the few attorneys in northern Nevada who is known to actually speak to these parents because, not that I have the magic bullet or the answer for them—there is no answer—it is because I am willing to try. I am willing to talk to them. I am willing to hold their hand and seek services and push forward with them. I have had a lot of vicarious trauma from these cases, to be really blunt.

I have had cases where children are burying butcher knives in the backyard to kill their families. I have had children who have run away from facilities in Las Vegas barefoot and appear in Reno with human traffickers. I have had families wipe their identities from the Internet in order to relocate because of the homicide list the children are holding and creating. I have had government entities who say the children no longer need care when all of the providers who have been working with the child say they need continued care. I have had these families have social workers stand on their doorsteps and tell them that, while the child is dangerous and absolutely a physical risk to the other children in the home, and the fact they cannot get another care facility for the child, they still must take that child home. If they do not, it is going to be neglect of that child.

The stories are ongoing. They are devastating and painful to listen to. This bill is not the complete answer to what I am talking about. Obviously, every single example I just gave has a tremendous number of levels of complexities and problems we need to solve in our system, including additional services for these children. The one thing these parents should not be dealing with is the allegations of neglect when they are doing the best they can for these children.

What this bill has done is strike a chord with all the different organizations and entities who interact with these children. We had a joint meeting on Monday which has resulted in at least part of what is in front of you as an amendment coming forth from Clark County and Washoe County [Exhibit I]. There is still an objection because we are still working on the language. We are trying to make sure we do not have a fiscal note.

We breached this issue in a prior session, which is the legislation that is mentioned in the amendment, but nothing came of it. Some reports were done, some numbers were gathered, and what happens is the pushing and pushing on these families results in one of two things: either they relinquish their rights to the child just to seek services for their child, or the entities are unwilling to allow them to relinquish their rights and they are found to be negligent and their rights are terminated just so they can continue to seek services for these children.

It is not a perfect bill. This is one small element of it, that no parent should be punished for the sole purpose of seeking help for the child or protecting the other children or other individuals in the home from that child. It is a problem we need to address. I get emotional about it because I get frustrated with our system, that we talk about doing things, like in the prior legislation, and then we do nothing about it. It gets to the point where a family law attorney, like me, does not want to recommend adoption anymore from the system; that I say, Maybe it is a bad option. Because if the government is going to say, You adopted, we wipe

our hands clean of this child, and now it is your problem, and it is neglect if you cannot take care of the child. We, as the government, could not take care of the child either. What are we doing to our families in the state? We have got a lot of work to do. We have a significant amount, and do not get me wrong, this is not just a Nevada problem; this is a nationwide problem.

The academy I mentioned, this morning there was another email from another attorney across the country saying, I have got another family facing this exact scenario. What do I do with them? How do I get them help? How do I keep them from being terminated and keep their parental rights? Relinquishing their rights or being terminated should be the last thing that happens for families who are actually trying to help these children.

Senator Steinbeck
Madam Chair, if I may now go to my constituents, Kim and Rayne Alexander in Las Vegas.

Kimberly Alexander, Private Citizen, Summerlin, Nevada:
Thank you for giving us the opportunity to share our story with you. This is regarding an urgent need for legal protection for parents seeking mental health treatment for severely mentally ill children. We want to bring to your attention a deeply distressing and unjust situation my husband and I currently face and many other families across our state have faced when trying to protect our children, ourselves, and our community. Our child has been suffering from severe mental health challenges, including homicidal ideation towards family members, which has posed a serious threat to the safety of our household, including multiple physical altercations with family members, which included butcher knives, a stolen BB gun held to the face, destroyed property, and multiple elopements.

After exhausting every available outpatient and community-based option, including years of therapy sessions, psychiatrist appointments, and medication, we made the heart-wrenching but necessary decision to seek inpatient psychiatric treatment to protect our child and our family. While in treatment facilities, peers and staff members have been assaulted by our son, and property destroyed in excess of thousands of dollars, which they have billed us for. The assaults led to either arrest, elopements, or forced discharges. One hundred and fifty treatment facilities across the country and in Nevada have denied treatment due to his violence, with over 1,100 pages of medically documented mental health incidents, behaviors, et cetera.

Child Protective Services (CPS) still forced us to take him home, although it was an unsafe discharge, or we would be charged with neglect and abandonment even after one facility discharged him after assaulting a staff member, and after being a runaway for more than 14 hours. He then eloped from our home two weeks later after CPS brought him back to us. He was arrested four days later for assaulting a woman and attempting to steal a vehicle. He was placed in another facility and assaulted peers; and the next one, a staff member; and then was arrested for kicking a staff member in the face and pulling her dreadlocks out.

The most recent facility he was in was court-ordered by the judge. In his 11 weeks there, he assaulted two staff members and peers and showed aggressive behavior toward teachers. Probation called CPS to open a case a couple of weeks after the assaults and prior to his discharge, accusing us of neglect and abandonment, even though two other facilities denied his transfer due to violence. We asked, How can this be a safe discharge? We are not equipped to take him home after he just assaulted staff members, and has been violent for years and has medical, documented homicidal ideation toward us. They stated, because we refused to take him home, we will need to go to court.

This should not be neglect and abandonment when we fear for our lives and fear what he will do in the community. Even at a so-called "lockdown facility," he still managed to assault two staff members, peers, and even a peer on the day of his discharge. Upon the facility discharging him with the judge's permission to another facility that required a GPS monitor, he cut the monitor off and eloped two times in less than 36 hours and has since assaulted other children daily being there, per CPS, which was exactly our concern if they discharged him. Rather than receiving support, we have been subjected to multiple allegations of child neglect and abandonment, even while participating in weekly family therapy sessions, treatment team calls and visitation, phone calls, and simply for attempting to secure lifesaving care we as parents are not equipped to provide alone without mental health professionals. We have had to appear in court and discuss these allegations with our individual attorneys.

We respectfully ask you to consider the following: seeking and providing mental health treatment is not neglect; parents should never be punished for trying to get professional help when their child poses a risk to themselves and others. Our legal system and Child Protective Services must distinguish between true abandonment and parents' responsible efforts to obtain emergency mental health services. Mental health care access is already in crisis. Parents should not be faced with added trauma of child welfare or custody loss when making medically necessary decisions for their children, nor have abandonment and neglect charges on our records.

This is not just our story. It is an ongoing crisis in our state. Without clear legal protections, more families will be forced to choose between personal and community safety or legal ramifications, and we would have fewer families willing to adopt and foster children in need. We are urging you to support this bill, which would prevent families from being charged with neglect and abandonment for seeking or providing inpatient mental care for a child. We would like to encourage cross-agency collaboration between mental health services and child welfare to ensure children receive treatment while families remain intact, provide training and guidelines for CPS and law enforcement to recognize legitimate mental health crisis care as a protective act—not a criminal act. Mental illness is at an all-time high, and we have a responsibility to make a change. Nature versus nurture. If only love was enough.

Rayne Alexander, Private Citizen, Summerlin, Nevada:
Thank you for allowing me the time to address all of you and provide a perspective from a husband and father. Call me traditional or old school, but my duty as the man of the house is to protect my family. You cannot imagine the emotional conflict and duress that comes with having to protect your family and yourself from your own son whom you love. More times than I can count, our son has physically attacked me because I scolded him for being rude and disrespectful to his mother, behavior that is simply not tolerated in my home. Even more alarming is the attacks came after I had disciplined him verbally. He chose to attack me when I was vulnerable from behind while walking away from him so I could not defend myself, or way after the fact with a sucker punch I was not expecting. Each and every time, I merely held him down until he calmed down because I did not want to hurt my son or reinforce to him that violence is okay.

He was 14 years old when we had to send him away for RTC [residential treatment center] treatment, as the violence and threats in our home became unlivable. Since then, he has only gotten more aggressive and violent, particularly to women. That component of his behavior started when he attacked his 16-year-old sister in 2022. He held the sharpest knife we had in the house to her face and then pointed a loaded BB gun to her temple. She was able to break free, but there were holes where knives had been thrown into her bedroom door and where he had tried to kick the door in as he tried to continue his brutal assault.

There have been multiple incidents of violence toward females since then, some of which were touched upon already by Kimberly. I have asked this question often to facilities pushing to send him home. Just because a murderer is not killing someone daily, does that make him any less dangerous or miraculously no longer a murderer? Does he not belong in jail? No, it does not. It is Hayden's unpredictability and massive mood swings that result in violence that make him all the more dangerous. You never know when he will attack or what will trigger a blind rage. Yet they still push us to bring him home.

The situation with our son is fluid and ever-changing. Currently, he is at Child Haven because the last facility he was at wanted to discharge him into our care after only 11 weeks in their program. During that time, he showed violence and aggressive behavior, and we did not feel this was a safe discharge for him, us, nor the community, so the facility got CPS involved.

Yesterday, we were on a Zoom meeting with the treatment team for his court-ordered partial hospitalization program. The CPS worker assigned to our case let the staff know that he has threatened several female staff members at Child Haven, has been in daily fights with the other children there, and he has only been there 12 days as of today. She has also told us that he has been extremely disrespectful to her on phone calls when he does not like what she has to say. Very reminiscent of his behavior toward his mother.

Hayden is about 17 now, so he is not a little boy anymore. It is unimaginable to think if I were not home and my wife asked or told our son to do something, her safety would be most certainly in jeopardy. How would I be able to work knowing she was home alone with him

and very vulnerable to an attack? Even if I was home, or he came after me again, would it be okay to truly defend myself if necessary? Even at 14 years old, while he was in a blind rage, he was hard to just hold down. Now at 17, holding him down would most likely be ineffective, if even possible. No parent should have to choose to act as self-defense and all the conflicting emotions that come with that or allow a child to assault family.

Let me tie this all together for you. With the laws that are currently written, we are now facing abandonment and neglect charges because we literally fear for our lives if we were to bring him back into our home. I ask all of you, given the same circumstances as we have described, to put yourselves in our shoes for a moment and see if you would not feel the same way about not bringing him home again. We have sought treatment since he was a little boy, and it was obvious there were some behavior issues that needed to be addressed. We have been in family therapy sessions, treatment team calls, calls from him from whatever facility he is in, responding to emails and questions from providers and facilities. You name it, we are there handling his care and trying to support him on a daily basis. We have always been there and taken responsibility for our child, but we can no longer put ourselves, our lives, at risk, no matter how much it hurts. He is not home with us. He is way out of our scope of care.

As of yesterday, the CPS worker informed the treatment team he has been denied at every placement opportunity they have tried due to his violence. How do they expect us to manage him when every foster family group home and mental facility in our state will not take him due to his violence? He is a threat to himself, our family, and the community at-large. He truly has no regard for others nor authority unless things go the way he wants.

I urge you all to see the big picture and understand that like other families, we have exhausted all of our options. We families are scared. We families are emotionally, soulfully, and physically exhausted. There is nowhere to turn. My wife and I are not the parents who have neglected our child and not participated in his care. We have done everything we can, but sadly, to protect our safety and the safety of others, as the law stands today, we are willing to accept a charge that is outrageous, and we are not the only ones.

You all have the power to make a healthy change so families do not have to accept a charge like this. By approving this bill, you recognize families who are truly trying to do the right thing by their child, their family, and the community. It is the responsible course of action to take. Sometimes love and patience just is not enough, and it is truly heartbreaking. Thank you once again for your time and consideration.

Senator Steinbeck:
That concludes our presentation. We are ready for questions when you are.

Chair Brown-May:
First, I want to say thank you for sharing what you go through and the trauma you experience just in care. Then I want to say thank you to your family. Thank you for sharing your vulnerable story. Senator, we appreciate that you brought this piece of legislation for our consideration. We do have a couple of questions.

Assemblymember Nadeem:
It is very heartbreaking, what I heard, and it is very touching. It really brings out the pain in all of us. My question is, why are the families being blamed for the mental health of a child? What is the reason?

Kimberly Surratt:
I am shaky because I get so emotional in these cases. Why are they being blamed? Well, part of it is the structure of our abuse and neglect chapter. That chapter is drafted in a way where a parent has a duty to take their child home and care for them. In the big picture, that makes sense. You cannot just leave them on the street. You are supposed to take them into your home, feed them, put a roof over their head. So, when the child needs that much care and you are struggling to get care and there are these interim periods where facilities will not take the child or you cannot figure out what next to do with them, if you do not take them home, you are going to be accused of neglect. There are some severe and extreme numbers of mental health conditions we are talking about here.

One of the key ones I interact with a lot is reactive attachment disorder, which is a very misunderstood diagnosis. What happens with a lot of these children is, they are very convincing a lot of times to the social workers. They are angels and they can manipulate rather well. Social workers get put into this position where they start to think and believe the parents are being ridiculous in seeking more and more treatment, but the reality is, the child needs it, and to convince them, my job as an attorney is to get that point across that the butcher knives are buried in the backyard, there are homicidal lists, they are dangerous. The reality is, if they do not take them home or they continue to seek treatment and express a desire to not take them home, they start to bring a cloud over them in the system that looks like they are to blame for not taking that child home.

I want to be really careful with this, because a lot of this testimony has started to focus on blame of the child. These are children with mental health issues. They are not to blame for their mental health issues. The parents are not blamed for it either. Do we have circumstances in cases where the parents are to be blamed, and they are negligent of their children? Yes. Is it because they sought treatment? No. They have done other things to neglect their children. There are a lot of different cases and a lot of different circumstances, and this legislation is drafted very narrowly because we have to be very careful to not make changes in the abuse and neglect chapter that opens a gaping hole for actual abusers to use it as an excuse to abuse. We are in a tight spot where this is a tiny little fix to it.

Assemblymember Nadeem:
If the parents are not taking the child back and the facility is not taking the child, where is the child going to go?

Kimberly Surratt:
That is part of the issue. Sometimes within services, it is just getting the facilities to continue to keep the child. It is the fact they are seeking the next treatment opportunity to decide what to do with the child that is sometimes used against them. You are asking a question that is, unfortunately, on a case-by-case basis. I have to look at the child and where they are. I do not know the answer because it is 100 different answers.

Assemblymember Hibbetts:
Can you tell me how widespread of a problem it is for parents being charged or being threatened to be charged for neglect or abandonment?

Kimberly Surratt:
That is a good question. Part of the legislation the amendment is focused around was trying to get down to some of the numbers and reporting. The problem with the legislation is, it is only reporting the parents who get all the way to relinquishment of their rights as the last-case resort. You still have a lot of parents who are in the interim, still struggling to get therapy, still trying to get their child to the next place, still scared to take them home or they do take them home and suffer the consequences of the wrath of the physical violence, et cetera, in their home.

We do not know the extent of the numbers. I can tell you, I am one single attorney in Reno, Nevada, and I have had around 25 cases total myself. That is a lot in my perspective. That is a lot. Those are parents who finally could seek help, could afford to come and ask me for some help, who got to me.

As just one attorney, I do not know the full extent. The point of that prior legislation was to try to get the numbers. The numbers look skewed though. There will be some testimony about the numbers they found from some of that reporting in the opposition. The numbers are inaccurate because (1) it is all the way to relinquishment, and (2) we have had a judge in Washoe County who started to take a perspective that relinquishments were not okay and they need to quit taking them. It is happening in Las Vegas when it is not happening in Washoe County, and it is a viable option so we can continue to get services for the child. Not a great one—I am not in favor of people relinquishing their parental rights just to get to numbers. It is much more extreme than we realize.

Assemblymember Hibbetts:
What kind of stakeholder engagement have you had with this bill? Who have you been working with?

Senator Steinbeck:
When this was first brought to me, it was just constituents. This was not my area, by any means, and then I started to seek out additional information. I went to Clark County Family Services and the people in social services in Clark County, originally. Then, thankfully, I found Kimberly Surratt, and she is a wonderful person who has been dealing with this for a long time, has this area of expertise, and she has guided me since then.

The previous legislation called for a task force that never really occurred. We started to put some of those people together recently and that included the Division of Child and Family Services from Clark County, Clark County Juvenile Justice Services, Clark County Department of Family Services, Washoe County Human Services Agency, and the district attorneys from both of those as well. Ms. Surratt, anything else I could be missing?

Kimberly Surratt:
The task force happened. It had a few meetings, it did some reports, the reports are still happening, and then it voted to dissolve itself. Nothing came of it, none of the proposed regulations, nothing else further from it. Juvenile Delinquency [*sic*] was involved in our call on Monday, along with DCFS [Division of Child and Family Services, Department of Health and Human Services], Clark County, Washoe County, and Medicaid because a lot of the treatment facilities, that is what we are dealing with there. I have had problems with Medicaid on these cases too. It was a good meeting, and it is all a good partnership.

I think there is a fire right now to continue the discussions in the interim now, which I am so thankful for, as the result of the Senator bringing this bill. I think they will continue the conversations. What I know was missing from the task force is there was no private attorney voice, there was no private family voice, or a family that had been through it. There were only government entities, and that is not sufficient to solve this problem at the multilevel problems we have with it.

Assemblymember Nguyen:
When I am looking at the language of the bill, I just want to get my head wrapped around this, and I know it sounds like today is ask-a-lawyer day around this topic. Thank you for having an expert here, so we do not have to phone another friend.

My curiosity is in terms of the definition—because we want to make sure we protect both sides of this situation, the parents as well as the kids involved. How do you measure, what metrics do you use, for example, in the extreme case of the Alexanders, where they had repeated incidents versus maybe a parent who only dealt with one situation? How does the language equalize the urgency to determine—it did not say in there you have to have been kicked out three times, the three-strike law, before you consider not neglecting. There may be cases where it just happened once. Do they qualify? Do they have to meet so many metrics before this type of language would kick in and give them a pass, if you will?

Kimberly Surratt:
This language is very, very, very basic. It is the fact that a parent who seeks therapy for their child, that it should not be neglect. I do not care if it is 1 or 100 times. If you are seeking therapy, I cannot think, in any circumstance, of a time where that rises or should rise to the level of the definition of neglect under *Nevada Revised Statutes* (NRS) Chapter 432B, which is our chapter on abuse and neglect.

There are occasions of that and harassment around that with social workers, and probably a lack of education there, because what the district attorneys will tell you and what the other testimony would tell you is, they would never substantiate neglect based on a parent seeking therapy. Now, the testimony you heard from the constituents, it is much further and deeper, and this is not going to resolve everything for them because it is not just that they sought therapy—it is not taking them home.

If you notice, the language regarding not taking them home is not necessarily here. What do you do when you have exhausted all forms of therapy and you have nowhere else for the child to go? All our remaining chapter on abuse and neglect is still intact, and we still have a problem on our hands. We still have children who need care and resources surrounding them and enveloping them. This bill is only a very narrow window.

The second paragraph is the part about bringing the child into the home whose behavioral needs pose a risk of safety and welfare to the family. You still have to have a finding that there is a risk of safety and welfare to the family. If you are not taking the child home and there is no risk of safety or risk to the welfare of the family, it is still abuse and neglect, potentially, to not take that child home. Mind you, I say potentially because there are a million stories. I am a family law attorney. I have to box myself into the facts depending on the situation.

Assemblymember Nguyen:
Thank you for the explanation. I need to understand a little bit more. I will take you offline, if possible, to clarify some of my follow-up questions.

Chair Brown-May:
Staff did send over the report issued from the Department of Health and Human Services to the Legislative Counsel Bureau. The report identifies, in February 2025, 101 children were relinquished to the agency or institution in 2023. At the very end of the report, it states that 85 children successfully had their relinquishment prevented as a result of the services. So almost 200 children were directly affected in this report we have. Members, we will share the report so you have access and can see exactly what is happening in the report being done. Are there any other questions?

Assemblymember Hibbetts:
This is a question for the Legal Division. Sorry to put you on the spot. I am looking at the proposed amendment, and it talks about the task force created under NRS 433B.3393. We were testified to that they decided to have a vote and disband themselves. I am not seeing anything in NRS 433B.3393 that says they can do that. Can you possibly take a look at that and advise?

David Nauss, Committee Counsel:
That is correct. There is nothing in there stating authority to disband, and "shall" is defined in the preliminary chapter of the NRS to mean "a requirement." That could be my interpretation, that the task force is required to exist under law.

Assemblymember Hibbetts:
Thank you very much. I appreciate the clarification.

Chair Brown-May:
Members, are there any other questions? [There were none.] I do have one. We do have Clark County and Washoe County in the room. I am curious to know if you would be interested in sharing a little bit of what you know relative to this. If you do not mind, I will invite you to the table. I appreciate your knowledge and your expertise in these areas. I know you have relevant facts, if you would not mind taking a couple of minutes to share the things you have learned throughout this process.

Cadence Matijevich, Government Affairs Liaison, Office of the County Manager, Washoe County:
If I may, Madam Chair, I want to start by saying we, too, thank the Alexander family for sharing their story. We are very troubled by it. We thank Senator Steinbeck for bringing this bill because we see the plight this family has, and frankly, it is the reason we brought this amendment. We have learned from your legal counsel there may be some problems with our amendment because you cannot make a law to tell a department to follow a law that is already a law. It probably needs a little more work. We see this and we thank Senator Steinbeck for being open to perhaps his bill being an avenue to bring what we see is the underlying issue back to the forefront.

The Legislature, in 2019, passed Assembly Bill 387 of the 80th Session, which told the Department of Health and Human Services to work on fixing this problem. Unfortunately, it is not yet fixed. For us, I think it is important, if I may, Madam Chair, to convey to the Committee, from our perspective, while we see the need for the pieces proposed in the bill in NRS Chapter 432B, we do not see the solution to the underlying problem being in Chapter 432B. Chapter 432B addresses abuse and neglect, and child welfare agencies exist to protect kids from adults, not families from kids. That is children's behavioral health. This is addressed in NRS Chapter 433B.

As this Committee has heard throughout the course of the session so far and before, in our state, we have a real shortage of children's behavioral health, and that is the underlying issue we as the child welfare agencies need to get fixed. As you heard from these families, when the private facilities are not willing to take them, there needs to be a place in this state for them to go to so they do not end up in a place like what you have heard the terrible circumstances the Alexanders find themselves in.

We clearly have a very imperfect amendment here, but we are committed to continuing to work on it. Our numbers in Washoe County are different—proportionate. In 2024, we had 4 instances of relinquishment. We also had 23 instances where relinquishment was prevented. We see the underlying problem and are absolutely willing and able to participate in the solution, but we do not think the solution lies with the child welfare agencies.

If in our county there were a family in a similar situation to the Alexanders, and we had to bring that child into Kids Kottage, which is our emergency shelter, the other kids there are already in a very traumatic situation; they have been removed from their parents. We have not yet found a foster placement for them or an adoptive family for them. To bring the kids who have the kind of behavioral health problems we are talking about in these kinds of circumstances into the emergency shelter for kids who are in different circumstances is also not the answer here. We thank you for being open to hearing our perspective on this, and we are committed to working with the state on finding a solution.

Joanna Jacob, Government Affairs Manager, Department of Administrative Services, Clark County:

I will concur with the comments from my colleague in Washoe County, and you will see that often. We were before the Senate Committee on Health and Human Services the first half of this legislative session talking about the pressures on the child welfare system and the challenges we face as counties trying to address these issues. I will concur and will speak hypothetically because, with respect to open child welfare cases, if there is a case where you have a family who is participating with the Department, who is advocating for the needs of their child, has contacted over 100 facilities trying to attempt to get care for their child, that does not fall within the definition of neglect as we see it in Clark County.

Unfortunately, there are occasions, and I will, again, speak hypothetically, where we have other divisions and agencies calling Clark County Child Protective Services with these allegations, and we are required under law to take that report. We cannot ignore that report. In fact, we get tens of thousands of suspected cases of child abuse and neglect, and we substantiate very few, but we have to investigate all of them. That is the situation we are in.

You also heard the question from Assemblymember Nadeem about what happens to these children, and that was our question. When we looked at this bill with Senator Steinbeck, we absolutely agree with the premise that if a family is actively advocating for their child to obtain care for their child, it should not be considered neglect. If you are advocating for appropriate and safe discharge for that child, we do not think it is neglect. However, if the hospital facility is maintaining they have to leave, and the parents do not feel it is safe to

come home for whatever reason, then the only opportunity we have is we have to take the child into custody. You have heard the child may end up at a facility known as Child Haven. If you are not familiar with Child Haven, it is our emergency shelter where we have to take a child into custody to protect them. We will do that 24 hours a day, 7 days a week. We have teams working 24 hours a day, 7 days a week to find placements for those kids.

Last week, you heard a bill about caseload ratios brought by Service Employees International Union members. Those are Clark County employees, and those Clark County employees work at Child Haven. Their jobs are extremely difficult, and I have been working on this for many, many years; have been at the Interim Finance Committee; and have said I one hundred percent do not agree with the premise in this state that in order to access mental health services you need to enter the child welfare system in order to obtain services. That is not the purpose, as Ms. Matijevich said, for the child welfare service. This is, unfortunately, what we have seen.

The report that was sent to you by the legal counsel includes data from Clark County. In 2024, we had 99 children voluntarily relinquished. As Ms. Surratt noted, that is voluntary relinquishment. So, you are already in the court system and are agreeing to relinquish your child. When you do that, there is an opportunity for the county to come in with wraparound services. We started with the premise that if we are going to do that with those 99 children, in 2024, we actually were able to reunify 74 of those children, which meant they went home to their family. How did we do that? It involved access to a higher level of care. If the child needed therapy, we would refer them to community-based services to develop a plan for care.

The bill in 2019 had some important elements that were included in that bill, including a clinical team who was supposed to review each case of a child who was admitted to a health care facility and was at risk of potential relinquishment to a child welfare agency. Included in that was a 90-day period where the child should be stabilized and the needs met for 90 days while we work on the cross-agency collaboration you heard discussed today, wrapping around a plan for care.

We think that is an incredibly, incredibly important task to do in this state. I would like to say an encouragement to the legislators. This is a problem we can solve. This is not all 3,000 kids in Clark County foster care. This is our most vulnerable and the ones we do not want to fall between the cracks. I will keep working on this, and I will still be here. We will probably be here next week still talking to you about our advocacy on behalf of our child welfare system.

We are really thankful for this opportunity and the collaboration with Kimberly Surratt, Senator Steinbeck, and also with the family, who has really taken an unprecedented task here of actually coming to the legislative building to advocate for change on behalf of their son. We are very thankful for families who do that. We appreciate our foster families and adoptive families because we could not do it without them. I am happy to answer questions and send you our report so you can see what we were able to do.

Chair Brown-May:
I appreciate it. This is a very important topic for many of us. As a young child, my family was a foster family who took in a child who was neglected by his birth family and then had violent tendencies. My family has gone through this. As a child, I was the kid in the house who was at risk of physical harm. When my family sought help for the young man, they were able to get it. I completely understand and appreciate that you are here answering the complexity of each one of our individual families and what that unique case looks like, because each person is uniquely different. I am going to ask you all to step back, and I do know we have members who will follow up with you all offline as we work through this very complicated issue.

We will now move into testimony in support. Is there is anyone in Carson City who would like to offer support for Senate Bill 372? [There was no one.] Is there is anyone in Las Vegas who would like to offer support for Senate Bill 372?

Lorraine Oliver, Private Citizen, Las Vegas, Nevada:
I am a local public health nurse, and anything we can do to support the care of our children is what I stand for and will always do. These particular circumstances, and the testimonies you have heard, are much more powerful and meaningful than anything I could ever do as a person trying to help support and have these people get a more stabilized life. These testimonies are unbelievably heart-wrenching when you hear about them. It is that difficult, too, sometimes, when you are in their homes trying to support them with limited means to do so. Anything this bill can do to help the care of our children is what we would like to do. Please support S.B. 372.

Chair Brown-May:
Seeing no one else, is there anyone on the phone who would like to give testimony in support of S.B. 372?

Alexandria Worthen, Private Citizen:
I am here in support of S.B. 372.

John Rizzo, Private Citizen, Summerlin, Nevada:
I am calling in support of this bill and just to comment on the character of the Alexanders. I am very lucky to be in the local Rotary club here in Summerlin with this family. I can tell you they are the most unselfish and genuine people we have dealing with youth services for our club almost every day, hundreds of hours. To the Committee, as Rotarians, we live by a four-way test. That four-way test is simple. It states, Is it the truth? Is it fair to all concerned? Will it build goodwill and better friendships? Will it be beneficial to all concerned? I ask you to please consider that in your decision-making here in supporting this bill. I believe it is in the best interests of not just the Alexander family, but many of us here in the community.

Randalynne Miller, Private Citizen:
I, like the Alexanders, have experienced mental health illnesses and similar situations with my biological, foster, and adopted children. I absolutely support Senate Bill 372.

Deborah Deridder, Private Citizen:
I want you to know I support Senate Bill 372. I find it hard to believe these parents can be charged with neglect or anything when they are actually being very responsible. They have a child who is dangerous to the neighborhood, themselves, society in general, and it would be irresponsible to bring this child home. I support the bill.

Linda Davis, Private Citizen:
I am in support of S.B. 372. I personally witnessed what it can do to families and the children involved. I think it is vital we address this issue.

Gwyn Chyz, Private Citizen:
I am in support of S.B. 372. I also concur about the character of the Alexanders and the dire need of help for these children with mental health issues. I have helped to plant a church in downtown Las Vegas and saw firsthand when we have nowhere to go with children who were needing help. I am in support of S.B. 372.

Chair Brown-May:
We will now move into testimony in opposition. Is there anyone in Carson City, Las Vegas, or on the phone who would like to give testimony in opposition to S.B. 372? [There was no one.] We will now move into neutral testimony. Is there anyone in Carson City, Las Vegas, or on the phone who would like to give testimony in neutral on S.B. 372? [There was no one.] We will now invite our bill sponsor back to give closing comments.

Senator Steinbeck:
I will be brief. I am grateful for all the testimony in support. Obviously, you heard from the counties that we still have a lot of work to do. We have no delusions this bill is going to fix all of the problems. We believe it is a step in the right direction and there is a lot of work still to be done. We really appreciate your support, and we are going to continue to work on amendments that can address it as far as possible.

Chair Brown-May:
We will officially close the bill hearing on Senate Bill 372. We will move into the last item on our agenda, public comment. Is there anyone in Carson City who would like to provide public comment?

Dan Musgrove, representing Nevada Donor Network:
At the suggestion of Assemblymember Gray, I want to share a story about something you all did. Last session, Senate Bill 109 of the 82nd Session was a bit controversial, but I want to cut to the chase. The passage of that bill has allowed us, through an extended ability, to look for next of kin to identify 20 people who would not have been identified otherwise and were able to donate. About 80 lives were saved because of that bill.

More importantly, one of the unintended consequences of that bill was, there was a 15-year-old young man who left his house in Las Vegas after having a fight with his parents, got on his bike, took off with no ID, cell phone, or anything, and was hit by a car and was put on life support. We did our due diligence with the coroner's office, we were able to identify his parents, and she had the opportunity to come and say goodbye to her son in the hospital rather than finding him in the morgue. I want you to know your bills have amazing and wonderful consequences sometimes.

Chair Brown-May:
Seeing no one else in Carson City or Las Vegas, is there anyone on the phone who would like to provide public comment? [There was no one.]

Members, that officially concludes our business for today. We do not have a meeting scheduled on Friday. We will reconvene Health and Human Services in the Nevada Assembly on Monday. We do have a full schedule next week, just so you are aware. Enjoy your Friday.

This meeting is adjourned [at 3:41 p.m.].

RESPECTFULLY SUBMITTED:

_____
Annelise Dankworth
Committee Secretary

APPROVED BY:

_____
Assemblymember Tracy Brown-May, Chair

DATE: _____

EXHIBITS

Bill	Exhibit	Witness / Agency	Description
	A		Agenda
	B		Attendance Roster
S.B. 138 (R1)	C	Senator Nicole J. Cannizzaro, Senate District No. 6	Proposed conceptual amendment
S.B. 138 (R1)	D	Crissa Markow, Private Citizen, Reno, Nevada; and Anthony Markow, Private Citizen, Reno, Nevada	Video testimony
S.B. 138 (R1)	E	Crissa Markow, Private Citizen, Reno, Nevada; and Anthony Markow, Private Citizen, Reno, Nevada	Letters in support
S.B. 138 (R1)	F	Robert Haynes, Private Citizen, Minden, Nevada	Letter in support
S.B. 138 (R1)	G	Carissa Pearce, Government Affairs Manager, Children's Advocacy Alliance	Letter in support
S.B. 138 (R1)	H	Various Individuals	Letters in support
S.B. 372	I	Presented by Senator John C. Steinbeck, Senate District No. 18; submitted by Clark and Washoe Counties Jointly	Proposed amendment