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

Seventy-Seventh Session
May 8, 2013

The Committee on Health and Human Services was called to order by Chair Marilyn Dondero Loop at 1:33 p.m. on Wednesday, May 8, 2013, in Room 3138 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. The meeting was videoconferenced to Room 4406 of the Grant Sawyer State Office Building, 555 East Washington Avenue, 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 nelis.leg.state.nv.us/77th2013. In addition, copies of the audio record may be purchased through the Legislative Counsel Bureau's Publications Office (email: publications@lcb.state.nv.us; telephone: 775-684-6835).

COMMITTEE MEMBERS PRESENT:

Assemblywoman Marilyn Dondero Loop, Chair
Assemblywoman Ellen B. Spiegel, Vice Chair
Assemblywoman Teresa Benitez-Thompson
Assemblyman Wesley Duncan
Assemblyman Andy Eisen
Assemblywoman Michele Fiore
Assemblyman John Hambrick
Assemblyman Pat Hickey
Assemblyman Joseph M. Hogan
Assemblyman James Oscarson
Assemblyman Michael Sprinkle
Assemblyman Tyrone Thompson

COMMITTEE MEMBERS ABSENT:

Assemblyman Andrew Martin (excused)
Assemblywoman Peggy Pierce (excused)

GUEST LEGISLATORS PRESENT:

Senator Debbie Smith, Washoe County Senatorial District No. 13

Senator Joseph P. (Joe) Hardy, Clark County Senatorial District No. 12
Senator David R. Parks, Clark County Senatorial District No. 7

STAFF MEMBERS PRESENT:

Kirsten Bugenig, Committee Policy Analyst
Risa Lang, Committee Counsel
Janel Davis, Committee Secretary
Macy Young, Committee Assistant

OTHERS PRESENT:

Michael Hackett, representing Nevada Food Allergy Anaphylaxis Alliance
Caroline Moassessi, representing Nevada Food Allergy Anaphylaxis Alliance
Leila Moassessi, Private Citizen, Reno, Nevada
Kasey Larson, Private Citizen, Carson City, Nevada
Maria Reyes, M.D., American Board of Allergy and Immunology, Northern Nevada Allergy Clinic, Ltd.
Colin Chiles, Director, State Government Relations, Mylan, Washington, D.C.
Lindsay Anderson, representing Washoe County School District
Nicole Rourke, representing Clark County School District
Dotty Merrill, representing Nevada Association of School Boards
Mary Pierczynski, representing Nevada Association of School Superintendents
Beatrice Razor, representing Nevada Nurses Association
Duane Gordin, Private Citizen, Henderson, Nevada
Donna Miller, President, Life Guard International
Liz Augusta, Private Citizen, Los Angeles County, California
Zachary Carden, Private Citizen, Las Vegas, Nevada
Patrick David Rooney, Private Citizen, Las Vegas, Nevada
Eileen Davies, Private Citizen, Las Vegas, Nevada
Jennifer Howell, Sexual Health Program Coordinator, Washoe County Health District
Abigail Polus, Harm Reduction and Outreach Coordinator, Northern Nevada HOPES
Sharon Chamberlain, Chief Executive Officer, Northern Nevada HOPES
Tracy Shadden, Private Citizen, Las Vegas, Nevada
Spencer Headley, Treasurer, Northern Nevada Outreach Team
Jon Penfold, Private Citizen, Reno, Nevada
Kelly Penfold, Private Citizen, Reno, Nevada
Stacey Shinn, representing Progressive Leadership Alliance of Nevada

Henedina Tollerstad, Private Citizen, Reno, Nevada
Troy Hagar, Private Citizen, Reno, Nevada

Chair Dondero Loop:
[Roll was called. Rules and protocol were explained.] We have someone in the room today who is highly allergic to nut products. This room has been sterilized today. I will therefore ask you to not open any containers of food. I appreciate your assistance.

It is my pleasure to see all of the children in the audience. I was a teacher for many years. I love that part of life. We are going to take things out of order today. We will start with Senate Bill 453 (1st Reprint). I will open the hearing on Senate Bill 453 (1st Reprint). We welcome Senator Smith.

Senate Bill 453 (1st Reprint): Provides for schools to obtain and administer auto-injectable epinephrine. (BDR 40-1195)

Senator Debbie Smith, Washoe County Senatorial District No. 13:
Senate Bill 453 (1st Reprint) is a bill that requires our public schools, including charter schools, to stock epinephrine pens (EpiPen) on campus so that students who suffer from allergies have access to those pens. Our current law allows the parent or legal guardian to request that they be allowed to carry the pen themselves and to self-administer. You will hear from many people today who think that we need to take this a step further. Also, the idea of someone who is going into anaphylactic shock to self-administer is not always possible and a viable option.

Before I go through the bill, I would like to give you a history on how I got involved in this. I have a young granddaughter who has been diagnosed with tree nut allergies. My daughter came to me a couple of years ago after they had been to the allergist and told me that she had been diagnosed and that we were going to need to stock an EpiPen in our home, and I would need to carry one in my purse when we were out and about together. The allergist told me I would need to be quickly trained. It is a very quick training which you will see and hear about today. This hit home very personally. As my granddaughter went to kindergarten and I started learning more about what happens in schools as far as what they do in the cafeteria, I have become much more aware of the food allergy situation in our country and in our state.

You will also hear a lot of data coming forward about how the numbers are growing exponentially for students who are suffering from severe allergies. We need to be able to protect those students. This is an easy measure for us to require that the schools stock these EpiPens during school hours for the use of

students. This bill allows us to save lives. Anyone going into anaphylactic shock has a very limited amount of time. Calling an ambulance is not the solution; they need access to these EpiPens.

I have a constituent who I have worked with on the organ donation side of things. Her young daughter was severely allergic. On the way home from her dance rehearsal, she stopped at a smoothie shop that she was used to frequenting. They knew her and knew about her allergies, but that particular day, the container that was used to make her smoothie was not washed thoroughly enough. Even though it was washed and they knew her situation, there was a small amount of nut residue in the container and she went into anaphylactic shock. She did not recover. I met her mother on the organ donation side of their experience.

I have become a passionate advocate on these issues. Today you will hear from many parents and advocates on the issue. I was asked to consider this legislation. Usually, certain promises get made on the idea that if you consider a certain bill, someone will be there for you. Some of us have experienced the notion, "We are going to do everything we can to help you get this bill passed," and then it does not pan out. I have never worked with a group such as this one. They have done everything we asked. We have met for months with all of the different stakeholders to make sure we had all of the issues addressed. They have been to the Legislature, emailing and calling. If you take a look at the opinion poll, it is filled full of parents who are calling and writing to express their opinion. It is all on the positive side of this issue because they understand the extreme nature of this situation and they understand that this bill has the potential to save lives.

I am so honored to be representing this group and to be able to help carry their message. I think you will be very impressed with what you hear and what you see. I will quickly walk through what the bill does.

Existing law allows students to carry an EpiPen. Section 7 of the bill requires the schools to get an order from a doctor for at least two EpiPens, to acquire them, replace them when they expire, and maintain a two-dose stock. You will hear that there are two doses based on the weight of the student. Section 7, subsection 2 authorizes a school nurse or employee, who is designated and trained, to use the EpiPen. Section 7, subsection 3 says that the trained people can use the EpiPen during school hours on any pupil they reasonably believe is experiencing anaphylaxis.

Section 7, subsection 4 says that the school may accept gifts, grants, and donations to support this effort. That is an important piece of this. There is a

cost involved for the schools to acquire the EpiPens. We will hear testimony today from the manufacturer. At this point in time, they are going to donate EpiPens to stock our schools. If you think about the actual use of an EpiPen and the actual need to replace them, that part is very small. It is not like this is happening every day on school campus; this is a rare occasion. The replacement costs will be small.

Section 8 lays out the details of setting a policy for storage and handling of the EpiPens. Keep in mind that the school districts, especially the larger school districts, have done a lot in the world of food allergies. They have big detailed policies on all of this already. Much of this has already been done in the districts.

Section 9 talks about the training aspect regarding food allergies and what you do if an EpiPen is required and what you do after it is administered. I want to point out that the school nurses are the ones who get to make the decision on who gets trained and who has access. This way it is not anybody and everybody; it is up to the professional to make that designation.

Section 12 simply relates to private schools. It gives them enabling language, but does not make requirements, which is what we generally do with private schools. It does talk about training for people who have allergies and handling of food if they have a comprehensive plan.

Section 14 allows the doctor to issue an order for schools to obtain EpiPens. The rest of the bill is basically definitions, enabling language, and details about whether the doctor is a Medical Doctor (MD) or a Doctor of Osteopathy (DO) in giving the school nurses the statutory authority. We have representatives from the parent group, doctors, and the pharmaceutical company, who will discuss the EpiPens and the ability for them to make the donations. I am happy to answer any questions.

Chair Dondero Loop:
Thank you, Senator Smith. I think we will have your guest present next. I see Assemblyman Sprinkle has a question. We will hear that first.

Assemblyman Sprinkle:
Let me start by saying this is something I am very supportive of. I am the person who gets called when these things happen. This is very good legislation; however, the one concern I have—and it has pretty much been alleviated—is under section 9. When we talk about the individuals who will be administering the EpiPen, training on how to administer it is one thing, but when we are talking about developing a comprehensive action plan concerning

anaphylaxis, and all the things underneath that, I want to make sure that just developing the action plan is not the only thing occurring, but that we are actually training what that action plan is to the individuals. That is the intent of this language, correct?

Senator Smith:
It is, yes. I think I saw an email exchange between you and the school district representative on this issue. One of the things I want to reiterate is that there is already a lot of training on much of this in the schools now. The training to use the EpiPen is a few minutes. Everything that I have been able to gather and everything we have worked on with having a doctor in our working group is that the reality is you cannot go wrong. I hope Dr. Eisen would weigh in on this if I am not speaking correctly. When anaphylaxis is involved, the EpiPen is very easy to use.

There is not a problem created if it is given and the child is not in specific need at that moment. We will let the professionals weigh in on that, but it is important to know that much of this training is already in place because of the nature of what schools are already dealing with. The short answer to your question, Assemblyman Sprinkle, is yes.

Michael Hackett, representing Nevada Food Allergy Anaphylaxis Alliance:
I am joined at the table by Caroline Moassessi and her daughter, Leila Moassessi. Leila will demonstrate how an EpiPen is administered. Caroline has been the driving force behind the Nevada Food Allergy Anaphylaxis Alliance (NFAAA) and this bill. I often indicated to her that, even though I am volunteering my time for this effort, I am along for the ride. It is Caroline and the parent advocates who are driving this legislation. I cannot tell you enough how much I appreciate their efforts.

I would also like to thank Senator Smith for spearheading this effort and for her continued support of this particular bill. As Senator Smith alluded to, this has been a collaborative effort among all of the stakeholders involved. Those include: school districts, school nurses, other organizations related to education such as charter schools, the Board of Pharmacy, and Mylan, the manufacturer of EpiPens.

Caroline Moassessi, representing Nevada Food Allergy Anaphylaxis Alliance:
[Caroline Moassessi submitted written testimony in support of S.B. 453 (R1) (Exhibit C).]

Our group is comprised of the two major food allergy parent education groups in Las Vegas and Reno. Our membership also includes some very passionate

allergists. We are absolutely thrilled that Michael Hackett volunteered his time with us because this process is new to us.

We wanted to share a few things with you from the parent viewpoint. In the last two years, we have seen many young people die in this country from allergic reactions. They have died in school, at home, in shopping centers, restaurants, and on college campuses. It is heartbreaking. The one common thread that we have noticed in every single death in the last two years is the lack of immediate access to epinephrine. Unfortunately, these children have died waiting for emergency medical services (EMS), or EMS has arrived and they have died en route to the hospital. This is preventable, and that is why we are asking you to support this bill.

Interestingly, nationally, the prevalence of food allergies is about 6 to 8 percent in the pediatric population. A recent study showed that our prevalence rate in Nevada is 9.8 percent. That is extremely high. When I read that, I called the main researcher, Dr. Ruchi S. Gupta, and asked her, "What is going on in Nevada?" She said, "I do not know." I then proceeded to ask her if there was anything she could recommend to us. She recommended that we get EpiPens in schools. The Committee should have received an email yesterday from me with a letter from Dr. Ruchi Gupta (Exhibit D) in support of this bill. She wants to protect the children.

As our group is so passionate about this, we very respectfully ask that you support this bill. I would like to now introduce my daughter, Leila Moassessi, who will demonstrate how to administer an EpiPen. You will be hearing from some more parents in our group.

Leila Moassessi, Private Citizen, Reno, Nevada:
I am nine years old and I go to Elizabeth Lenz Elementary School. I have food allergies to all tree nuts and I have been carrying an EpiPen since I was five years old. I will now demonstrate the EpiPen. [Leila Moassessi administered epinephrine through her EpiPen while counting to 10.]

Chair Dondero Loop:
Thank you very much. Earlier I shared with Leila that I have a younger brother who is allergic to nuts. It was all new because the other four of us did not have allergies. It was a learning process for all of us. Of course, back then, nobody else had the allergy, so there were many visits to the emergency room, which we continue to this day. This is an important subject for me personally as well.

Does the Committee have any questions? [There were none.] We will hear more testimony in support.

Kasey Larson, Private Citizen, Carson City, Nevada:
I am a registered nurse and a parent of a beautiful three-year-old daughter who has severe food allergies. My daughter was diagnosed with a severe peanut and egg allergy when she was four months old. Her first reaction happened when a family member held her just after eating peanuts. [Kasey Larson continued to read from prepared testimony (Exhibit E).]

Maria Reyes, M.D., American Board of Allergy and Immunology, Northern Nevada Allergy Clinic, Ltd.:
I have been practicing for eight years, four of which have been at the Northern Nevada Allergy Clinic with locations in Reno and Carson City. I respectfully request that you approve S.B. 453 (R1) which would allow schools to stock self-injectable epinephrine devices to treat anaphylaxis. [Continued to read from prepared testimony (Exhibit F).]

Colin Chiles, Director, State Government Relations, Mylan, Washington, D.C.:
We are the marketer of EpiPen, which is the most synonymous with auto-injectors. There are other auto-injector products on the market besides ours. We acquired EpiPen approximately six years ago. I want to explain the program we have come up with to help schools across the country address the anaphylaxis crisis that is going on.

Over the past years, this has become a much larger issue. Beginning two years ago, we started to see states address this within the schools. This year alone we have had 26 states introduce legislation on this particular issue. Four bills have already been signed into law by governors. We have four more bills awaiting governors' signatures. It has been a busy, but exciting, year for us.

As this issue has grown, we started to address it by creating a public pricing program for schools. The public pricing program has been in effect for almost the entire time that we have owned the brand of EpiPen. It provides the pens at half price to schools. The pens come in a 2-pack and that half-price cost is $112. As we have been in these discussions throughout the states, it became very clear to us, in these lean financial times with tight budgets, that our company needed to do more. We needed to come up with a program to help schools get these products into their environments.

Many states have addressed this in a slightly different way than Nevada is currently addressing it. We commend you for actually considering mandating that schools have these instead of just making it permissible as we have seen elsewhere. To that end, we created a program that allows schools, each school year, to present doctors' orders or prescriptions and receive four EpiPens. They come in a 2-pack, so it is two 2-packs per school, K-12, across the country.

We have had over 20,000 schools participate so far; that is over 40,000 pens that have been distributed. It has been wildly successful, and we expect it to continue to grow as more states address this issue.

To give you additional information on where we are with the program, we have a commitment from the company to run the program through the end of the 2014 school year. We have already requested that the program be extended beyond the 2014 and 2015 school year based on the conversations we have been having around the country in state legislatures. Those conversations are continuing with the manufacturer of the product. We hope that we will be able to make an announcement, one way or the other soon, but I wanted you to have all of that information.

Chair Dondero Loop:
Are there any questions?

Assemblywoman Spiegel:
My question is for Dr. Reyes. Does the dosage that the child would take from the EpiPen vary by age or weight?

Maria Reyes:
It is based on weight. I understand that the schools would have available both of the weight denominations. It comes either as a 0.15 or 0.30. The schools will have that available.

Assemblywoman Spiegel:
Would they be trained in which one to administer and at what point to administer?

Maria Reyes:
Yes.

Chair Dondero Loop:
Would you also tell us how long an EpiPen is good for?

Maria Reyes:
That really depends on when it gets stocked. Most patients, when they receive it from the pharmacy, can have up to a year before the expiration date. It is either 25 kilos or below for the 0.15.

Colin Chiles:
On average, we find that it is 12 to 18 months when the pen is distributed. That was part of our concept of designing a program that will allow schools to

apply for each school year because we hope that there will be overlap for those pens so that expiration does not become a problem.

Lindsay Anderson, representing Washoe County School District:
We are here in support of S.B. 453 (R1). We were one of the stakeholders who have been working with Senator Smith and her group of advocates throughout the interim. We made a lot of adjustments to this legislation so that we were comfortable with it.

Nicole Rourke, representing Clark County School District:
We also come in support of this bill and appreciate the work in the interim. We also appreciate the recognition of our work on training our employees on anaphylaxis and allergic reactions. We currently have a three-tier process and we see that as a model for other districts and ongoing work in this area.

Dotty Merrill, representing Nevada Association of School Boards:
As Ms. Anderson mentioned in her comments, we, too, appreciate being involved in the discussion during the interim and having an opportunity to ask a number of questions on behalf of school boards and get those answers. We would like to thank Senator Smith for her work on this. She used some information that was developed by the National Association of School Boards. There is an interesting piece of research in those materials that say 16 to 18 percent of children with food allergies have had or will have a reaction at school. When our school board members heard about that, their level of concern was raised.

Someone previously testified: "We do not know when, or where, or which child." That is certainly true. On behalf of the Nevada Association of School Boards, we support this bill because we cannot have the answers to those questions in advance and we need to be prepared.

Chair Dondero Loop:
Thank you. Are there any questions?

Assemblyman Thompson:
Section 14, subsection 1 says: "A physician may issue to a public or private school an order to allow the school to obtain and maintain auto-injectable epinephrine at the school . . . . " I think that could be quite a task with a larger school district. Is there a possibility that there could be a memorandum of understanding (MOU) and the physician could sign on behalf of all the schools, like a blanket MOU? This would be labor intensive with all of the schools that we have. We would not want to miss out on any of the schools.

Nicole Rourke:
Yes. Our intent is to work with the Health District and a physician to write one for the District as a whole. Right now, there is nothing that a district can get. A prescription is written solely to an individual. If we have an incident on campus, we are in a situation where we may have another student's EpiPen and not one for the student who is having the reaction. This bill will allow us to get a prescription that the school can maintain and have one on campus.

Assemblyman Hambrick:
Looking at the bill and all aspects of input from both Clark and Washoe Counties, there could be a challenge. I do not want to say the word. I think you know where I am going. Can you address that?

Chair Dondero Loop:
This Committee is a policy committee and we are referring to fiscal. Right now, Mylan has graciously made those arrangements. I think when we move forward on this, that might be a discussion, but it probably would not be a discussion for today.

Mary Pierczynski, representing Nevada Association of School Superintendents:
We are also in support of this bill and would like to thank Senator Smith for bringing it forward.

Beatrice Razor, representing Nevada Nurses Association:
We have been in strong support of sponsoring this original bill that has emerged into a wonderful bill that we very much support.

Chair Dondero Loop:
I think we need to know what happens if the wrong dosage is administered or someone uses the wrong pen?

Maria Reyes:
The pens are very clearly designated in terms of the dose, whether it is a junior or full adult dose. Typically, EpiPens are fairly well tolerated even if a patient is not having a reaction. In practice, I have had family members of patients who have food allergies who accidentally injected themselves, and they tolerated it. They could get restlessness anxiety, but there is no real serious adverse outcome.

Assemblyman Hambrick:
I appreciate that there is no potential harm, but if someone is going into anaphylactic shock and they are given too small a dose—should have received

an adult dose but received a junior dose—would it still be enough to give some relief or alleviate the situation?

Maria Reyes:
The schools are going to have two devices per weight designation. The instructions typically include that if the patient is not responding to the first injection of epinephrine, an additional one can be administered within a certain period of time.

Assemblyman Oscarson:
Back in my pharmaceutical days, I had the opportunity to be involved in respiratory medications. One of the demonstrations that we did—and I put a coffee stirrer in front of each member of the Committee—was to try and breathe through this coffee stirrer for about 30 seconds. That demonstrates, very clearly, the dilemma that children with anaphylaxis face.

I would encourage all of you to try and do that because it is an eye-opening experience to see what people go through when these kinds of things happen. I have had the opportunity to visit with Leila and her mother and several of the other parents who are involved in this. Being a parent of an asthmatic child and having a grandson and a daughter who are allergic to shellfish, I fully support this bill and wish it to come to fruition in legislation.

Maria Reyes:
If I may comment, many of the autopsies on patients who have died from anaphylaxis show that many of them died from asphyxiation, or closure of their airway. Epinephrine is the most effective medication to open up that airway and relieve the histamines.

Duane Gordin, Private Citizen, Henderson, Nevada:
I am representing my food-allergic sons, Scott and Matthew. I am also here representing the volunteer director of the Food Allergy Research and Education (FARE) charity walk in Nevada. I am in favor of and support this bill. [Mr. Gordin continued to read from prepared testimony (Exhibit G).]

Chair Dondero Loop:
Thank you for joining us today. You are absolutely right. I would note that what happens, and I have seen it happen with my own family, is that when it happens, it happens very fast. You need to have an unbelievable reaction time. We appreciate your making that point. Put us all on your walk list. Are there any other questions? [There were none.]

Senator Smith:
I want to point out that this group was so great to work with. They all turned out to help, but they did not all feel like they had to come to the table. They want you to know how much they care, and they are asking you to save lives based on this bill. I just wanted to note that this room is full of parents and children who are asking for support of this bill. If everyone will raise their hands to show their support. [Those parents and children in the room raised their hands in support.] I am so appreciative of all of their efforts.

I want to wrap up by saying that you have absolutely heard the need for this bill and that it has been worked on in a very collaborative manner. We have addressed everything that came forward before the session and after the session started. This bill will save lives in two ways: it will provide the EpiPen for those who need it but cannot have it at school maybe for lack of the financial resources to have a pen or because it is just not there on that day; and it will provide a resource for those who we do not even know about yet. I look forward to working with you and ask for your support on this bill.

Assemblyman Eisen:
I would echo the comments of Dr. Reyes in terms of the risk here. I know that is always a worry, but the risk associated with the auto-injectable epinephrine is extremely low provided it is not injected into somebody's fingertip. If it is put into the thigh as it is supposed to be, as Leila demonstrated so well, the risk is incredibly low. I think it is important we consider that in the context of the alternative. The alternative could be another child who dies. That risk is not worth continuing to take. I appreciate your bringing this forward.

Senator Smith:
When I first started meeting with the group and learning more about this, of course it was my first concern if the pen was given by mistake. I quickly learned that is absolutely the truth—the alternative is so much worse.

My plan today was to come and inject myself. I was going to have Leila train me, then inject myself to show that first, it is easy, and second, it does not hurt you if you receive it even though you do not need it. The Legislative Counsel Bureau Director said, "Oh, please, no."

I have so much faith that this is the right thing to do and that we will save lives doing this. Again, we do not know when or where, but it will happen.

Chair Dondero Loop:
Is there anyone in opposition to S.B. 453 (R1)? [There was no one.] Is there anyone in the neutral position? [There was no one.] I will close the hearing on S.B. 453 (R1). I would like to come down and say hello to the children.

I would now like to open the hearing on Senate Bill 285. We will welcome Senator Hardy.

Senate Bill 285: Revises provisions relating to emergency medical services. (BDR 40-833)

Senator Joseph P. (Joe) Hardy, Clark County Senatorial District No. 12:
I will not take time to do anything other than to introduce Donna Miller who runs an air ambulance business and has knowledge more than mine. This is designed to make sure that everybody is on a level playing field 30,000 feet in the air and that everybody has inspections of what the medical part of air ambulances are, not what the Federal Aviation Administration (FAA) portion of it is.

Donna Miller, President, Life Guard International:
I am a Nevada citizen. I am also a flight nurse with 15 years of critical care experience and 12 years of air medical experience. I am here today to support Senate Bill 285 which protects patients by requiring all air ambulances providing care to Nevada citizens to be licensed without discrimination. [Ms. Miller continued to read from prepared testimony (Exhibit H).]

Senate Bill 285 will require all ambulances providing services in Nevada to Nevada citizens to obey the same regulations, in order to be able to provide the same level of care and the same protection to all Nevada air ambulance patients.

Chair Dondero Loop:
Are there any questions at the moment?

Assemblyman Sprinkle:
I have a question in regard to insurance. We have a lot of visitors who come to the state of Nevada. Oftentimes, their insurance plans designate exactly what type of service or company they can request to come and pick them up should something happen. How does this affect that when that patient is now originating within the state of Nevada yet the service might be coming from out of state? Will this now prevent them from being able to use a preferred provider within their insurance policy?

Donna Miller:
Insurance carries no liability for the patient's care during the transport. It would be up to the hospital to allow the air ambulance provider what the insurance dictates to transport a patient. In the past, I have seen the hospital speak to the air ambulance provider that is recommended where, in some cases, the provider is dictated by the insurance. Hospitals ask for their license and, if they are providers who do not have a license, they are usually denied.

Assemblyman Oscarson:
Could you give us some background on your company for the Committee's information. For example, how many aircraft do you operate? How many people do you employ? And how many flights, approximately, do you do in a year's time?

Donna Miller:
Life Guard International was incorporated in 2002. I was one of two nurses who started the company. In 2002, our company started with two full-time nurses and three part-time nurses and a few paramedics. We did not have an aircraft at the time; we were leasing the aircraft from other providers. In 2007, we reorganized and purchased our first airplane. In 2009, we purchased the second airplane and started our Tonopah base. In 2010, we came to Reno and purchased our third airplane. Currently, we have three airplanes and employ about 50 nurses and medics.

Chair Dondero Loop:
Are there additional questions?

Assemblyman Eisen:
I know the bulk of the bill addresses the separation between flight operations and medical operations of these air ambulances. I want to focus on section 11 of the bill. It is written sort of as a double negative, and I want to make sure we are clear about what is said here. It seems it is written as air ambulances are not subject to this regulation oversight if they do not pick up patients in Nevada. It is any air ambulance that would pick up a patient in Nevada, whether it is a Nevada-based air ambulance or an out-of-state based ambulance that would be subject to this. The only exemption would be an out-of-state air ambulance that does not pick anyone up in Nevada; they could bring someone here, but they do not pick anyone up. Is that interpretation correct?

Donna Miller:
We cannot control out-of-state air ambulances. That is why we cannot expect an ambulance that is from out of state that drops off a patient in Nevada to be licensed. However, we have control of picking up patients from Nevada. You

are correct. If they are not picking up patients from here, they do not have to follow Nevada rules. If they are picking up patients from Nevada, they are Nevada citizens, and are supposed to follow the rules.

Chair Dondero Loop:
If I am a tourist and I come to Nevada and something happens to me, but I want to go back to my home base, would I need to use your service, or could I call my hospital and ask them to send somebody?

Donna Miller:
It would depend. If it was an emergency transport, most likely, you would not have that choice. If you choose to return home, then you would probably look at all of your options, including those providers from home to come and transport you. It is very simple to ask for somebody's license and know that they have medical oversight in their hometown.

Chair Dondero Loop:
Thank you. Are there any additional questions from the Committee? [There were none.] We will ask those in support of S.B. 285 to come forward.

Liz Augusta, Private Citizen, Los Angeles County, California:
I am the Clinical Risk Manager for the Department of Health Services in Los Angeles County. I am a registered nurse with almost 20 years' experience in patient safety, quality improvement, and risk management. My background is in emergency medicine and trauma nursing. I am here today in support of S.B. 285 which ensures the safety and well-being of any visitor or citizen in the state of Nevada who requires critical care transport via aviation. [Ms. Augusta continued to read from prepared testimony (Exhibit I).]

Zachary Carden, Private Citizen, Las Vegas, Nevada:
I am a registered nurse with 13 years of critical care experience in Nevada. Three of those years, I have been a flight nurse. I support S.B. 285 and I am urging the members of this Committee to do so as well. [Mr. Carden continued to read from prepared testimony (Exhibit J).]

Chair Dondero Loop:
Are there any questions for Ms. Augusta or Mr. Carden? [There were none.]

Beatrice Razor, representing Nevada Nurses Association:
I ask for your consideration for the need for this legislation that will require air ambulances to maintain high-quality critical care and the equipment that is appropriate for transporting our patients between sites.

Patrick David Rooney, Private Citizen, Las Vegas, Nevada:
I am a detective with the Las Vegas Metropolitan Police Department. Currently, I am assigned to the accident and investigation section. I am a veteran of 22 years. My story is about me as a patient. In March of 2009, I woke up one morning, fell out of my bed and landed on the floor. That is where my wife and two sons found me. I was transported to the hospital. I immediately went into a coma and was in a coma for about three weeks. They pronounced me dead several times and the doctors told my wife that I had a 3 percent chance of survival. [Continued to read from prepared testimony (Exhibit K).]

I was astounded when I sat down with Donna Miller and she told me about the criteria of other companies and other locations that they did not have to follow the same guidelines that the Nevada-based air ambulances do. As a citizen, I was shocked because I made the assumption that everybody should receive the same amount of care.

Chair Dondero Loop:
Thank you. Dr. Eisen, do you have a question?

Assemblyman Eisen:
I had a question for Ms. Miller. I appreciate the effort to ensure that we are setting good standards for anyone who is picking up a patient in Nevada. I am trying to get a sense of how big a problem this is. Do we have statistics on how many patients are transported by air ambulance in Nevada each year? Of that number, how many of them are picked up in Nevada by out-of-state companies?

Donna Miller:
I do not believe that there are such statistics. I am not aware of any. There is no certain pathway by which hospitals or air ambulances are being selected. To my knowledge, there is also no entity that is monitoring how many transports are being done from each facility and who the providers are for those transfers.

Assemblyman Eisen:
Now I am confused. Again, I am trying to get a sense of how big a problem this is. If we do not have a mechanism to monitor who is picking up patients in Nevada, how are we going to know, in the future, whether companies that come in from out of state to pick up a patient in Nevada are, in fact, following the standards that we are attempting to set?

Donna Miller:
For example, there is a company that currently holds the contract to service all of the air ambulance needs for the Nevada Veterans Affairs (VA) patients. This

company has had this contract for at least one term before. This very company does not have any medical oversight. That is one way that I learned about the Nevada regulations. I went to the Health District with concern because I am familiar with that particular company. I felt, in order for them to perform at the levels expected by all air ambulances here and the level that would be safe for patients going to higher level of care, I would expect them to be licensed in Las Vegas, especially since the number of transports done yearly was pretty significant. The answer I received is, because they are not based in Las Vegas and regardless of the number of transports they perform, they do not have to follow the rules.

Assemblyman Eisen:
I am still perplexed as to the lack of data and hope we can identify what the numbers are. They must be somewhere. You just mentioned that there is a substantial number for this one particular company. So, somebody is counting, and I think we need to find a way to add those numbers up. In terms of getting a sense of what is driving the need for the bill, we have heard a number of stories today from folks who were transported from Nevada out of state and, thankfully, had good outcomes, but I have not heard about the problem that seems implicit in the bill, which would be someone who is transported by a service that provided substandard care. Is that something that we are actually seeing? Is this something that is being proposed essentially prophylactically that would ensure that does not happen? Do we have that data from Nevada or elsewhere in the country that there is a problem with companies that are transporting patients and not providing sufficient care?

Donna Miller:
In 2006, there were at least 26 states in the United States that were asking the out-of-state providers to be licensed and follow their regulations within the state in order to pick up patients from their state. You are correct. The air ambulances coming in and providing care to the patients in Nevada have negative outcomes. There is very little data or ways to find out about the outcomes; however, I will give you an example. This is one of the reasons why we got involved in this venture.

There was a six-year-old child who was in trauma. The child had no past medical history and was transported by one of the nonlicensed companies. In flight, the child coded and, once they arrived at the airport in Las Vegas, instead of having an ambulance waiting for them, there was a coroner. As a physician, medical providers know that a child receiving aggressive resuscitation efforts, most children come back and live a normal life. For a team to choose to quit working on the child and call off the code—that is not possible for anybody other than a physician to pronounce a person dead.

Assemblyman Sprinkle:
It is sometimes difficult for me to hear individual stories because, not being present, it is obviously very one-sided hearing your interpretation of what happened that day.

If your company has a patient who is not happy with the care that they received, is there a process for them to either register a complaint with you or the state? If so, I would think that these numbers and statistics exist, which would then quantify the problem as opposed to just anecdotally providing the stories we are hearing today.

Donna Miller:
I am not aware of such a process. In regard to the story that I just described, the family was basically told that the child was badly injured in the accident and they did their best in their efforts to save the child's life. At that point, I do not think that the family went and filed a complaint because they believed that all of the efforts were made; however, the company was not licensed. We are not aware of the capability of the team that was transporting the child nor the equipment that was carried on board. I do know that we never call off the ambulance and call the coroner.

Assemblyman Oscarson:
In response to my colleague, I think if there was an act by a nurse that was done in a transport situation that there is a nursing board process for them to file a complaint. I also believe that some of our ambulance companies, and I believe yours as well, are accredited and inspected on a regular basis. I suspect that they keep some kind of documentation as to the number of successful flights that you do. That data could probably be accessed somewhere. I do not know.

I would suspect that the hospitals or the hospital associations may have some data that talks about transports out. We have to keep a log at the hospital I work at of where they go and how many actually occur. I think there is some data that could be accessed if necessary to do. Maybe the accrediting agency could provide some of that data. Could you also give us some information on the accreditations?

Donna Miller:
The Commission on Accreditation of Medical Transport Systems (CAMTS) is to air ambulances what the Joint Commission on Accreditation of Hospital Organizations (JCAHO) would be to hospitals. We are CAMTS accredited. If a family would be suspicious of the care being mismanaged, I would assume they would file a complaint that a nurse mismanaged the patient whether it is within

CAMTS accreditation or the Health District. That kind of data is not being shared with us.

In the future, I know that we will be working as a state and everyone is going to electronic charting. There is reporting to the State that will be mandatory for all the agencies, including air ambulances. I believe that just because we are going to be reporting on every single patient that is being transported, whether interfacility or prehospital, I think that would be a way to monitor. As of now, I am not aware of that database being available to us.

Assemblywoman Benitez-Thompson:
I would like some clarification between the language that we currently have in *Nevada Revised Statutes* (NRS) Chapter 450B and what that language compels the Health Division to do and the language changes we have proposed here.

Right now in the status quo, this language states that an air ambulance cannot operate without a permit. There must be regulations and minimum standards for setting that permit. Would it be your opinion that the Health Division is not meeting the current requirements for the permitting process for their ambulances?

Donna Miller:
I am not sure I understand the question.

Assemblywoman Benitez-Thompson:
I will use the example you referenced about air ambulances operating and having a contract to move folks from the VA. As I read the language, because they are operating an air ambulance within the state of Nevada, it says they must have a permit. That permit must be issued by the Health Division. The Health Division must also come up with minimum standards for that permit. It seems like there is a process for permitting an air ambulance.

In your example, you said that the Health Division office directed you outside the state. Even though they are licensed, we do not have any type of permitting or regulatory oversight over them. I read our current statutes to be different. I am wondering if this is not more of an issue of the Health Division not enforcing language that we have on the books.

Donna Miller:
The Health Division has a good system for regulating air ambulances in Nevada. All the rules and regulations that are established in NRS Chapter 450B are being enforced by the Division. The reason we are here today concerns

NRS 450B.830 subsections 4 and 5, which state, if you are an air ambulance or attendant based outside of Nevada, you are exempt from all of the regulations.

Assemblywoman Benitez-Thompson:
Can you please give me that reference one more time?

Donna Miller:
It is NRS 450B.830, subsections 4 and 5.

Assemblywoman Benitez-Thompson:
So, right now, anyone who operates any type of air service has to be permitted? But you are saying that the Health Division interprets this chapter to mean that the permitting process can be forgone with the language of section 11?

Donna Miller:
Correct.

Assemblywoman Benitez-Thompson:
I almost read it as a conflict of language between sections 1 and 11.

Donna Miller:
The entire NRS Chapter 450B describes all of the air ambulances that are based in Nevada. It does not refer to it as such; it just speaks to air ambulances or, better said, ambulances in general. At the end, NRS Chapter 450B lists all the exceptions. The way it has been interpreted to us by people, including the Legislative Counsel Bureau (LCB), is if you are not based in Nevada and you do not have an aircraft that is stationed in Nevada, none of those rules and regulations apply.

Assemblywoman Benitez-Thompson:
I think we need some clarification somewhere. I am glad Mr. Hardy is begging the question. Although we do not see it here in this section—because it starts with NRS 450B.130—NRS 450B.100 talks about the permitting process and that anyone who operates any kind of air ambulance in the state should be covered. I get why you are wanting that clarification.

Eileen Davies, Private Citizen, Las Vegas, Nevada:
I live and work in the state of Nevada. I have been a registered nurse for 32 years. I have been a flight nurse for 16 of those years, transporting patients in Alaska and Nevada. I am supporting S.B. 285 which provides protection to the critically ill and injured Nevada patients by requiring out-of-state air ambulance companies to comply with the same high safety standards required

of Nevada air ambulance companies. [Continued to read from prepared testimony (Exhibit L).]

Chair Dondero Loop:
Are there any questions?

Assemblyman Hogan:
Unless I am missing something, I have a feeling that we have uncovered a very serious problem in our oversight of this important service. We have not provided a true, complete, and reliable solution. I do not necessarily want to call upon the bill sponsors to explain to us how this bill takes care of all the loopholes.

It seems as though we may have stopped short of a much more daring law that we might have asked for that would simply require anyone who operates this kind of service or who is permitted to come into the state and offer that service in a full, proper, and safe way would be required to adhere to our protocols. I do not know why we stopped short of that. It seems to me that we have left our people largely unprotected from the kinds of potentially disastrous outcomes that we have been hearing about.

I am always pleased to see us craft careful resolutions to the problems we identify. I think perhaps we have more work to do to make sure that we have done everything we can to protect anyone who receives transport service here in Nevada or wherever the airplane comes from.

Chair Dondero Loop:
Is there anyone in opposition? [There was no one.] Is there anyone in the neutral position? [There was no one.] Ms. Miller, do you have any closing comments?

Donna Miller:
The air ambulance industry is a fairly young industry. The regulations of air ambulances are being developed as we speak. The issues that we have come across in this state are not happening just in Nevada; they are happening nationwide. There are similar bills that are being seen or heard in Washington, D.C. There are air medical associations that are putting together databases and doing specific research in order to support this kind of proposal at the Washington level.

One of them I would like to mention is an air medical service future development as an integrated component of emergency medical service systems. It was a paper that was issued by an air medical task force that was

put together by the National Association of the State Emergency Medical Services Officials and the National Association of Emergency Medical Services Physicians, Air Medical Committee. This is not just happening in Nevada. The reason there are states that are not regulating air ambulances or the medical aspects of their ambulances is because there is a federal law called the Airline Deregulation Act. The Airline Deregulation Act states that airlines and air ambulances, which are considered an airline, can only be regulated at the federal level. The state has no business regulating airlines. This Act was put together in 1978 when there were no such air ambulances. There are multiple letters and documents issued by the Federal Aviation Association (FAA) or signed by the Department of Defense (DOD) where it has been clearly identified that the intention of the Act had to do with regulating the aviation aspect. There is no mention of any intention of the FAA, at any given time, that they were going to regulate the medical side of it.

One of the reasons why some states choose not to regulate is because the boundaries between the federal and state regulations are not always well defined. There have been many lawsuits in different states that ended up in favor of the states regulating the medical aspects of the air ambulances. There were also lawsuits that ended in the favor of the federal regulations, basically, regulating the air ambulances and not allowing the states to intervene on the medical side. We have done a lot of research and made a list of items that the FAA cannot regulate; we also made lists of items that the states are okay to regulate. I would be happy to provide you with those.

Chair Dondero Loop:
Are there any questions?

Assemblyman Hogan:
I think Ms. Miller has given us the answer to the question I had. We are potentially the victims of a dispute between the federal officials and the more sensible local officials who realize we need more protection with respect to the medical aspects, not just the flying aspects of this service. I will suggest that this Committee, and those who were working hard to develop a solution to the problem, consider the fact that we are all represented by two senators and roughly half a dozen or so members of Congress. Each one of them has ways of bringing up a more sensible approach to that federal regulation. If it is not adequate to protect people here, our representatives will have to be pointing that out and trying to solve the problem in Washington, D.C. I think communication from this Committee might be a way to attempt to get better attention to that than we apparently have in the past.

Chair Dondero Loop:
I will close the hearing on S.B. 285. I will now open the hearing on Senate Bill 410 (1st Reprint). We welcome Senator Parks.

Senate Bill 410 (1st Reprint): Revises provisions governing hypodermic devices. (BDR 40-451)

Senator David R. Parks, Clark County Senatorial District No. 7:
Today I appear before you with Senate Bill 410 (1st Reprint) which deals with the deregulation of hypodermic devices from a list of paraphernalia that is prohibited from sale or possession in Nevada without a prescription.

I am currently the acting chair of the Nevada State AIDS Advisory Task Force. I have served on this advisory board since 1987 when I was appointed by then-Governor Richard Bryan. A predecessor bill, Senate Bill No. 335 of the 76th Session was requested by the ad hoc Policy Committee to the Task Force with the goal to reduce the infection-related transmission of HIV, hepatitis C, and other blood-borne infections.

Syringe exchange programs have been instrumental in reducing HIV rates, hepatitis C infections, and other blood-borne infections in many parts of the country. These programs enjoy broad support from state and local health departments, as well as the communities that they serve. There have been more than two decades of syringe exchange experience in a number of major cities backed by volumes of research to establish the fact that these programs are vital to protecting public health and addressing addiction and drug use. It is estimated that there are more than 200 known syringe access programs in roughly two-thirds of the states throughout the country, and at least a dozen states have deregulated the sale or possession of syringes. To date, no state has passed deregulation legislation and rescinded that legislation.

There are a number of people here who would like to speak to you. They are the experts in this area of public health. I would be happy to answer any questions.

Jennifer Howell, Sexual Program Health Coordinator, Washoe County Health District:
I am here to discuss some of the issues related to the reuse of syringes, needles, and the equipment, as well as to provide some of the medical and scientific evidence on the efficacy on syringe exchange. [Continued to read from prepared testimony (Exhibit M).]

Chair Dondero Loop:
Are there any questions from the Committee?

Assemblyman Duncan:
In terms of other drug use, I am curious about the incidence of heroin use since we have seen more proliferation of these types of exchanges. Has heroin use gone down or remained static? Can you say if the incidence of HIV has gone up or down since these exchange programs have been in place?

Jennifer Howell:
The data surrounding drug use is not really captured anywhere in a standardized format. Numerous drug use studies show that the infection rates are going down. People seek admission treatment far more often if they have access to a syringe access program. It is because they build up a rapport with an access point in the community. To the people who are connected with treatment facilities, they have those with that rapport and connection. If they are not connected to a syringe access program, they are more likely to not have connection to anybody in the community that would be able to facilitate that admission.

Abigail Polus, Harm Reduction and Outreach Coordinator, Northern Nevada HOPES:
I may be able to help answer that question. I am also part of a coalition group in Washoe County called Join Together Northern Nevada. It works closely with the Reno Police Department, as well as the Nevada Drug Enforcement Agency. My testimony (Exhibit N) is going to speak on behalf of the syringe portion of the prescription pill and syringe roundups that we do on a weekly basis with the Reno Drug Enforcement Statistician. Regardless of the access, which is nonexistent to syringe access services in Reno right now, both heroin seizures, as well as drug seizures, are at an all-time high and continually escalating independently of syringe programs at this time. That is the data I have received on a monthly basis from those groups.

Chair Dondero Loop:
Are there any questions from the Committee?

Assemblyman Thompson:
Senator Parks, I am looking at the various exhibits, and I think the majority of the testimony is from northern Nevada residents. I want to make sure that we have support from some of the organizations in the south being that this will be statewide.

Senator Parks:
Yes, we do. We had a task force of individuals who have worked throughout the interim since the last session when we had Senate Bill No. 335 of the 76th Session. It involved numerous organizations in southern Nevada, including the Southern Nevada Health District, who have participated in this piece of legislation.

Assemblyman Sprinkle:
As a practitioner in the field for over 20 years, I am highly supportive of this bill and the concept behind it. I just want to say that people who use syringes and hypodermic needles, especially when using them for illicit reasons, are going to have them no matter what. For those of us who are working in the field and are in a position where we must treat them, it is a level of security and safety for us to know that these exchanges take place and to know that, potentially, the needle in their pocket is a sterile one. It is extremely important and needs to be said.

Assemblywoman Benitez-Thompson:
I have a question on section 2 about the distribution of the needles and a question on section 5 about the collection disposal process. You guys were so kind to talk with me in my office. You talked about different kinds of models throughout the United States for distribution and collection. Can you talk to me about how this will work?

I know that there is kind of a gamut or spectrum between signing in, getting a needle, then bringing it back to get another one. That is different than just having distributions and a separate collection where you might have volunteers go out and pick up needles in the community. Can you tell me how you envision this?

Sharon Chamberlain, Chief Executive Officer, Northern Nevada HOPES:
[Ms. Chamberlain submitted written testimony (Exhibit O).] Northern Nevada HOPES is prepared and has the support of the Board of Directors to move forward with a syringe services program when this legislation passes. We have already received some funding from the Comer Foundation to do outreach to injection drug users and their families, which is what we are doing now.

The model that we will use would be a storefront model. Northern Nevada HOPES is a medical center. We have a clinic, pharmacy, behavioral health services, outpatient substance treatment, psychiatry, psychology, and social services all in one location. By adding a syringe access program, we will be able to link some of these more disenfranchised people directly into care when

they are ready. We will be able to address some of those medical issues that are coming up for them.

In addition, we have a street outreach team that is currently out on the street. Those folks go out into areas that injection drug users are known to frequent. The team provides outreach and education to them on the street. We would propose that we would be offering some services on the street to also get people to come back into Northern Nevada HOPES and begin to establish that relationship. We would also offer disposal right then and there.

Assemblywoman Benitez-Thompson:
In one of your visits, we talked about one of my constituents in Sun Valley. I was talking about my concern with how the program would look. It is equally important to me that the needles come back in as they go out. There are some models where there are needle-for-needle exchange and that is one that interested me the most.

In some of the unpaved roads out in Sun Valley, there would be stashes where people throw out their needles on the ground. My constituent was talking about how hard it is to even have a needle collection group go out there and pick them up. For me, the question is, how do we ensure that needles going out are coming back in and coming off the community streets if it is not a needle-for-needle exchange?

Sharon Chamberlain:
There have been a lot of studies done around needle-for-needle exchange and a more open exchange. Those studies have shown that the exchange rate is not necessarily impacted by whether you are doing one for one, or if you are doing a more open exchange.

I have worked with needle exchanges for over 15 years. In those programs and through my experience working with law enforcement, hospital providers, and substance providers, I have found that it is important to track and really see what the impact is. Similar to the scientific and national studies that have been done by the American Medical Association (AMA) and the Centers for Disease Control and Prevention (CDC), we found, even with the open exchange, we had almost a 98-percent exchange rate. So, 98 percent of those needles that were handed out, came back in when we performed the counts. What is remarkable about that is there are a lot of reasons other than somebody throwing his needle away that it would not come back.

For example, someone could end up in the hospital or leaving the area. Someone could end up going into drug treatment. With injection drug users, we

found that there was an interest in the community and an interest in taking care of their health that oftentimes, we imagine, is nonexistent. When they had access to sterile syringes and programs to impact their health and the lives of their loved ones, they utilized it. We found that exchange programs have been very successful.

[Chair Dondero Loop stepped out of the room; Vice Chair Spiegel assumed the position of the Chair.]

Vice Chair Spiegel:
Are there any questions?

Assemblyman Thompson:
I have a follow-up question on your outreach. Do you go out into homeless encampments? I appreciate that you go out into the community because a lot of times people will not come to a building because there is stigma attached, et cetera.

Abigail Polus:
Currently, our outreach program goes to the homeless shelters, weekly motels, substance abuse programs, and methadone clinics. We are also finding that there is a large lack in public knowledge on how to dispose of needles safely just amongst average individuals. We have been having syringe roundups as part of the prescription pill efforts to get old prescriptions, which people abuse, off the streets.

Veterinarian offices do not know how to dispose of syringes properly. Physicians do not tell people how to dispose of syringes properly. The state head of pharmacy put out a newsletter that we created on the things you can do to get rid of syringes properly. To the best of our ability, we are trying to go into every avenue on how to educate people not only on how blood-borne pathogens are contaminated, but also how to get those dirty syringes off the streets.

Assemblyman Thompson:
Even though it could be controversial, but we have to be realistic about it, what about the homeless youth population? Our younger people and the incidence of infection is alarming. Are you encountering many of our homeless youth in the community? If so, are they allowed to participate in a syringe exchange program?

Abigail Polus:
There are a couple of individuals who can speak to this in addition to me, but I know that the Nevada Public Health Alliance For Syringe Access was speaking at the Nevada Youth Empowerment Project. We were educating them on syringe access services and what they can do for you and what that possibility would mean for them and their communities.

Moreover, we have an outreach team that is a coalition in northern Nevada. They will be coming up and talking about how they are reaching people on the river path in Reno and encountering those youths directly. I was going to defer to Tracy Shadden who has a personal story involving a youth close to her and her life that will better speak to that.

Tracy Shadden, Private Citizen, Las Vegas, Nevada:
[Ms. Shadden submitted prepared testimony (Exhibit P).] I am here in regard to my son as a personal story. My son is now 21 years old. He started using heroin when he was 15 years old. He found it in school and bought it from the janitor. I am here to eliminate the stereotype of what a person who uses heroin is. A lot of people think it is some old bum on the street. My son is a middle-class boy who went to Reno High School. All of his friends also used.

My son has recently been diagnosed with hepatitis C. If there had been a needle exchange program, perhaps this would not have happened. You have to understand that these children have not made up their mind about what they are doing and they get involved in this. In my mind, as a mother, we can give them time to make the right decision. My son is clean now. He made the right choice, but it took time. This does not happen overnight. I ask you to keep in mind who these people are; a lot of them are children at this point.

Vice Chair Spiegel:
Thank you so much for sharing your personal story with us. I know it is difficult. Everyone on the Committee hopes that your son continues to do well. Does anyone have any questions? [There were none.]

Spencer Headley, Treasurer, Northern Nevada Outreach Team:
I also conduct outreach on a regular basis with a couple of colleagues. I usually go on Fridays and have been doing so for eight or nine months now. What I have seen has been an eye-opener. We have been going to Record Street in Reno every Tuesday and Friday. We have also been doing our summertime river walks. We encounter several homeless youth. We mainly hand out condoms and bleach kits that have the legalized packets of bleach, water, and a little something that can keep them safe if they are injecting drugs. We offer hygiene kits as well.

I got into this because I was trying to get into the Peace Corps. They wanted to keep my resume very competitive to get in, but since then, I have become very passionate about the issue because I have seen what can happen and the effects of what we can do if we rally together. We can bring about some positive change in the homeless shelters and youth. I am 25 now, and had several friends in high school who I have personally seen go down that road and not recover.

I will now read my personal prepared testimony (Exhibit Q).

I cannot express enough how eye-opening it has been to work with some individuals on Record Street in Reno. They are used to a submarginalized approach to their way of life. It always amazes me at how looking someone in the eye when you talk to them, it is clear to me that this is something they are not used to. I feel like that might be important to notice when attempting to set something up like this; they are not 100 percent represented in the way that they can be.

Jon Penfold, Private Citizen, Reno, Nevada:
I am a recovered drug addict of 18 years. I lived in a different state and was able to use syringe access programs. Almost 23 years ago, I found out that I was HIV positive. I started using injection drugs after I found out that information. [Continued to read from prepared testimony (Exhibit R).]

I would like to tell a story that is not in my submitted testimony. My co-director has a 9-year-old daughter. He was on his way to count supplies and his daughter was in flip-flops and almost stepped on a needle. Luckily, he was paying attention and caught it before she stepped on it. Who knows what that needle could have contained.

Kelly Penfold, Private Citizen, Reno, Nevada:
[Kelly Penfold submitted written testimony (Exhibit S).] I almost lost my brother. He was beaten almost to death. The woman who beat him left him, laughing. She and her ex-husband beat him with a baseball bat. It was so bad that nobody could recognize him. This bill is so important so others do not have to suffer. I cannot tell you how much this means to me.

Stacey Shinn, representing Progressive Leadership Alliance of Nevada:
I am representing the statewide Lesbian Gay Bisexual and Transgender Coalition (LGBT), as well as myself as a licensed social worker in the state of Nevada. I would also like to let the Committee know that the American Civil Liberties Union (ACLU) is also in support of this bill. We are in support of this bill for public health, protection from HIV, hepatitis C rates, for the protection of our

first responders, such as Assemblyman Sprinkle, the emergency medical technician teams, and our police officers, as well as the many other reasons you have heard today.

Henedina Tollerstad, Private Citizen, Reno, Nevada:
I am the counselor for the Latino Pride New Generation in Reno, Nevada. I say counselor because this is a new generation. This bill is very important, and I support S.B. 410 (R1) because it promotes health and safety issues in a way that many people have not seen it. I am from Puerto Rico and in Puerto Rico we do the needle exchange program on account of the situation that it is empowering that special environment. I have been a resident of Nevada for the last 24 years. For me, it is very important in dealing with the Hispanic community to make sure that I am able to promote and educate this issue on account of the rising effect that is happening in the youth because of the gangs. We have to come from a place for the safety of youth and adults. This bill can prevent HIV situations and everything that might be permanent to the health of each person. [Ms. Tollerstad submitted written testimony in support of the bill (Exhibit T).]

Troy Hagar, Private Citizen, Reno, Nevada:
[Mr. Hagar submitted written testimony (Exhibit U).] I support S.B. 410 (R1). I work with Northern Nevada Outreach Team. I caught hepatitis C because I did not have access to any needles the night I decided to shoot up dope. The hepatitis C is beating me down. I have no energy. I see people all day long who are looking for a needle—and they would use a clean one if they had access to a safe place where they were not stressed out.

If people have a safe place to get a needle, they will get it and they will use it and maybe they will educate. We need to educate people. People are scared of me. My family will not drink out of the same cup as me. I am an outcast. The children are starting heroin at a younger age. I will help educate and talk to the children. It is probably the best thing we could do for downtown Reno. This is not promoting drug use; it is helping people not get affected by the diseases you can catch by using a dirty needle.

Vice Chair Spiegel:
I am glad you were feeling well enough to join us today. Is there anyone who would like to testify in opposition to S.B. 410 (R1)? [There was no one.] Is there anyone who would like to testify in the neutral position? [There was no one.] Senator Parks, do you have any closing statements?

Senator Parks:
I did want to follow up with one issue that was brought up. It dealt with the item that Assemblywoman Benitez-Thompson commented on in section 5 of the bill. Section 5 stipulates guidelines that would be established by a county board of health or district board of health for counties who wish the program operated. The issue came up, and we did discuss it in the Senate, as to what kind of liability there might be. It is the intent that we are not putting any liability on any of the health departments, whether it is Washoe Health District or the Southern Nevada Health District. The whole point is that there are going to be guidelines, but they are not assuming the liability, and there is no intent that they should take on such a liability.

This is a good program. It has been proven throughout the country to have great benefits, whether it is in a dollar cost or the personal impact it has. I would be happy to answer questions.

Assemblyman Eisen:
I wanted to thank you for bringing this bill forward. It is incredibly important, and I appreciate the mention that these kinds of programs have been successful and have shown to not increase drug use rates, but have been shown to decrease the rates of blood-borne diseases.

It is a valuable thing and I wanted to express my appreciation for what I believe is a bill that demonstrates an unconditional positive regard for Nevadans and people who are in need of being helped and not being judged for decisions they may have made.

Assemblywoman Fiore:
How many other states has this been implemented in already?

Senator Parks:
I would like to refer that question to someone else who works in the area. I know that there are more than a dozen states that have decriminalized possession.

Assemblywoman Fiore:
The answer is 37 states.

Vice Chair Spiegel:
I will close the hearing on S.B. 410 (R1). Is there any public comment? [There was none.] This meeting is adjourned [at 4:12 p.m.].

[The Chair asked that three additional letters in support of Senate Bill 410 (1st Reprint) be included: a letter from Joseph P. Iser (Exhibit V), a letter from Daniel S. Shapiro (Exhibit W), and a letter from Doug Hodges (Exhibit X) are on the Nevada Electronic Legislative Information System (NELIS).]

[The Chair asked that four additional letters in support of Senate Bill 285 be included: a letter from Michael Bako (Exhibit Y), a letter from Jeffrey A. Davidson (Exhibit Z), a letter from Vincent F. Scoccia (Exhibit AA), and a letter from Monty Gallegos (Exhibit BB) are on NELIS.]

RESPECTFULLY SUBMITTED:

_____
Janel Davis
Committee Secretary

APPROVED BY:

_____
Assemblywoman Marilyn Dondero Loop, Chair

DATE: _____

EXHIBITS

Committee Name: Committee on Health and Human Services

Date: May 8, 2013 **Time of Meeting: 1:33 p.m.**

Bill	Exhibit	Witness / Agency	Description
	A		Agenda
	B		Attendance Roster
S.B. 453 (R1)	C	Caroline Moassessi	Written Testimony
S.B. 453 (R1)	D	Dr. Ruchi Gupta	Letter
S.B. 453 (R1)	E	Kacey Larson	Written Testimony
S.B. 453 (R1)	F	Dr. Maria R. Reyes	Testimony and References
S.B. 453 (R1)	G	Duane Gordin	Written Testimony
S.B. 285	H	Donna Miller	Prepared Testimony
S.B. 285	I	Liz Augusta	Written Testimony
S.B. 285	J	Zachary Carden	Written Testimony
S.B. 285	K	Patrick David Rooney	Written Testimony
S.B. 285	L	Eileen Davies	Written Testimony
S.B. 410 (R1)	M	Jennifer Howell	Written Testimony
S.B. 410 (R1)	N	Abigail Polus	Written Testimony
S.B. 410 (R1)	O	Sharon Chamberlain	Written Testimony
S.B. 410 (R1)	P	Tracy Shadden	Written Testimony
S.B. 410 (R1)	Q	Spencer Headley	Written Testimony
S.B. 410 (R1)	R	Jon Penfold	Written Testimony
S.B. 410 (R1)	S	Kelly Penfold	Written Testimony
S.B. 410 (R1)	T	Henedina Tollerstad	Written Testimony
S.B. 410 (R1)	U	Troy Hagar	Written Testimony
S.B. 410 (R1)	V	Joseph P. Iser	Letter
S.B. 410 (R1)	W	Daniel S. Shapiro	Letter
S.B. 410 (R1)	X	Doug Hodges	Letter
S.B. 285	Y	Michael Bako	Letter
S.B. 285	Z	Jeffrey A. Davidson	Letter
S.B. 285	AA	Vincent F. Scoccia	Letter
S.B. 285	BB	Monty Gallegos	Letter