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

Seventy-Ninth Session
May 22, 2017

The Committee on Health and Human Services was called to order by Chairman Michael C. Sprinkle at 3:20 p.m. on Monday, May 22, 2017, 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 www.leg.state.nv.us/App/NELIS/REL/79th2017.

COMMITTEE MEMBERS PRESENT:

Assemblyman Michael C. Sprinkle, Chairman
Assemblywoman Amber Joiner, Vice Chair
Assemblywoman Teresa Benitez-Thompson
Assemblyman Richard Carrillo
Assemblyman Chris Edwards
Assemblyman John Hambrick
Assemblyman William McCurdy II
Assemblywoman Brittney Miller
Assemblyman James Oscarson
Assemblyman Tyrone Thompson
Assemblywoman Robin L. Titus
Assemblyman Steve Yeager

COMMITTEE MEMBERS ABSENT:

None

GUEST LEGISLATORS PRESENT:

Senator Julia Ratti, Senate District No. 13
Senator Yvanna Cancela, Senate District No. 10

STAFF MEMBERS PRESENT:

Marsheilah Lyons, Committee Policy Analyst
Mike Morton, Committee Counsel
Terry Horgan, Committee Secretary
Melissa Loomis, Committee Assistant

OTHERS PRESENT:

Elisa Cafferata, Director of Government Relations, Nevada Advocates for Planned Parenthood Affiliates, Inc.
Chelsea Capurro, representing Health Services Coalition
Regan Comis, representing Nevada Association of Health Plans
Ryan Beaman, President, Clark County Firefighters, Union Local 1908
Elizabeth Castillo, Private Citizen, Sparks, Nevada
Caroline Mello Roberson, Nevada State Director, NARAL Pro-Choice America
Michael Hackett, representing Nevada Public Health Association; and Nevada Primary Care Association
Mendy Elliot, representing Nevada Osteopathic Medical Association
Jon Sasser, Statewide Advocacy Coordinator, Washoe Legal Services; and representing Legal Aid Center of Southern Nevada
Amy Pason, Private Citizen, Reno, Nevada
Stephen Dolan, Private Citizen, Incline Village, Nevada
Judy Zabolocky, Private Citizen, Dayton, Nevada
Melissa Clement, President, Nevada Right to Life
Janine Hansen, State President, Nevada Families for Freedom
DuAne Young, Chief, Behavioral Health and Pharmacy Services, Division of Health Care Financing and Policy, Department of Health and Human Services
Jodi Tyson, Government Affairs Director, Three Square; and representing Food Bank of Northern Nevada
Shane Piccinini, Government Relations, Food Bank of Northern Nevada

Chairman Sprinkle:
[Roll was taken. Committee rules and protocol were explained.] We will go ahead and open up the hearing on Senate Bill 233 (2nd Reprint).

Senate Bill 233 (2nd Reprint): Requires the State Plan for Medicaid and certain health insurance plans to provide certain benefits. (BDR 38-817)

Senator Julia Ratti, Senate District No. 13:
[Senator Ratti spoke from prepared text (Exhibit C).] Senate Bill 233 (2nd Reprint) is a comprehensive act ensuring that women in Nevada remain able to receive health care critical to their well-being. Nevada has made huge strides when it comes to improving access to health care for women. Many of you have been responsible for making sure that

there are many things in the *Nevada Revised Statutes* (NRS), for instance, access to contraception. We have been on the leading edge in Nevada in making sure that women have access to services.

With the expansion of Medicaid eight years ago, we have also been able to add 400,000 people who now have insurance and access to health care. The federal Patient Protection and Affordable Care Act (ACA) went a long way to assuring parity for women's preventive health services. I know we all remember the conversations about the types of medications that were covered for men and not covered for women prior to the ACA. That is why I chose to bring forward S.B. 233 (R2) that ensures that the gains that were made under the ACA for women's preventive health services remain in place. We are protecting women from copayments for cervical and breast cancer screenings, birth control, prenatal care, domestic violence screenings, hormone replacement therapy, and all other preventive services critical to women.

With an uncertain future in federal health care policies, we need to preserve access to the basic health services we want to have for our friends, neighbors, and family members. This includes a lifespan of services that could start with a human papillomavirus (HPV) vaccination at the age of 12 or 13, move through to prenatal care, and perhaps end with hormone replacement therapy needed during menopause

The important piece to remember here is that this is good for women, and it is also good for taxpayers. When we invest in prevention—and prevention is the focus of this bill—it means that a woman who was able to catch her cancer early through preventive screening will have a better health outcome. It also means that we will save taxpayer money. What we want to do is make sure we are assuring a family's overall health. We know when women have the health care they need, families are healthier and happier. We want to make more efficient utilization of health care services. Prior to the ACA, we saw so many Nevada women delaying their health care until the point at which it could not be delayed any longer. For them and for us, that means outcomes that are often tragic and unnecessary.

How does S.B. 233 (R2) solve the problem? We support healthy moms and healthy babies by giving women consistent access to birth control, which allows them to plan their families and space their children. We do this by codifying the existing services in the ACA into Nevada state law for women's preventive health and expanding 12-month birth control. That is the one service in this bill that is in addition to what is already in the ACA. We have spent a significant amount of time working with the stakeholders on the other side on this bill. We have had extensive meetings with various insurance providers with the goal of making sure that what was put into this bill is no more than what is currently asked for in the ACA. That was important to them. At the same time, we have done quite a bit of work with Medicaid to make sure that the Medicaid system had the flexibility they needed to create the State Plan.

Today, you have before you a conceptual amendment (Exhibit D) as a result of one last conversation with Medicaid. This amendment takes out some specificity in a couple of places in this last iteration to be sure the staff at Medicaid have the flexibility they need to create the State Plan appropriate for Nevadans. In addition to that amendment, we ask that Assemblyman Jason Frierson be included as a primary sponsor of the bill. With that, I will turn this over to Elisa Cafferata who will take you through the bill.

Elisa Cafferata, Director of Government Relations, Nevada Advocates for Planned Parenthood Affiliates, Inc.:

We start with marrying the women's preventive health care provisions in the ACA with the State Plan for Medicaid and then go to specific types of insurance. Sections 1 through 5 of the bill affect the State Plan for Medicaid. In section 2, it outlines that the State Plan must cover access to and management of contraception. That benefit includes a 12-month supply of any type of drug or contraceptive or its therapeutic equivalent. These are all Federal Drug Administration (FDA)-approved contraceptive devices, insertion or removal of birth control devices, and education, counseling, and management of side effects relating to contraception and voluntary sterilization. That benefit has to be available without cost sharing or waiting periods—what we will call "barriers"—as we go throughout the bill.

In the Medicaid section, we allowed that they can use the Drug Use Review Board to ensure that the state Medicaid program can get all the rebates possible on drugs that are covered in this section. Plans can require cost sharing if a patient chooses not to use the one version of each of the 18 methods that are available without cost sharing. There needs to be at least 1 of each of the 18 types available without cost sharing. That is the balancing act of management techniques, so we ensure that patients have at least one avenue that does not require cost sharing for contraception. After that, plans can require copays or deductibles if the patient does not choose the one no-cost version. Therapeutic equivalent for contraception is defined here and matches the FDA definition of therapeutic equivalent. That is in section 2. When we talk about the contraceptive benefit throughout the other plans, that is generally what we are going to be talking about.

Section 3 requires that the Medicaid plan cover women's preventive health without barriers. That covers breastfeeding, counseling for interpersonal and domestic violence, sexually transmitted diseases (STDs) and HIV/AIDs, blood pressure and diabetes screenings, testing for cervical cancer, screening for depression, smoking cessation, all recommended vaccines, and well-women's preventive benefits.

Section 4 also includes coverage of a mammogram. In one case, as you will see in the amendment, Medicaid proposed they can allow cost sharing for that. Section 4.5 is permissive. These are things Medicaid does not currently cover which are breastfeeding supplies and prenatal screenings as recommended by the American College of Gynecologists and Obstetricians. Those can be covered in the State Plan to the extent that funds are available. So, when we talk about women's preventive health, those will generally be the benefits we are talking about.

Section 5 covers testing for HPV and the HPV vaccine. Again, we mention the Drug Use Review Board in section 5 to make sure we can keep the mandates and not have a fiscal note from Medicaid. Finally, the language in section 5.7 is not in any of the other sections. In section 5.7, Medicaid can adopt regulations and enter into contracts to carry out this portion of the law.

Section 7 covers insurance products for local governments. They need to cover the contraceptive and women's preventive health benefits. They cannot penalize people for using these benefits or incentivize them not to use these benefits. When we get to sections 20 and 21, which are referenced here, you will again see the balancing act about medical management techniques. You have to provide one version of the 18 forms of contraception without cost sharing; then you can require cost sharing after that.

Section 8 covers the same benefits for state employees—contraception, women's preventive health, and the reproductive health screenings which are the cervical cancer and mammogram screenings. Sections 8 and 9 specifically cover pharmacists. When we talk about the 12-month dispensing, the rules for that are referenced here, and all the other sections refer back to section 8.5. When you do a 12-month dispense with a valid prescription for contraception or its therapeutic equivalent, or what we would call generic, the first time a woman can get up to 3 months. The second time she gets it she can get up to 9 months or the balance of the plan year, whichever is shorter. The third time dispensing it, she can get up to 12 months or the balance of the plan year, whichever is shorter, as long as the prescription is for the same drug and the patient is covered by the same insurance plan. If the health care provider writes a prescription that limits it to a shorter dispense—such as there being a medical reason to dispense less—the pharmacist must dispense according to the quantity on the prescription. There are also definitions of health care plan, plan year, and therapeutic equivalent. Section 9 exempts this particular benefit from the limitation on dispensing no more than a 90-day supply of a prescription.

Section 10 was deleted by amendment. Sections 11 through 18 cover individual health insurance. Again, you have to cover contraception, and this is the first time you see the 18 FDA-approved methods of contraception listed specifically. This is the limit of what we are covering—the 18 methods approved right now.

Section 12 is the first time you will see the religious exemption for religiously-affiliated insurance companies back in. They do not have to provide this coverage if they object on religious grounds, and you will see that exemption in every insurance product going forward. So, you have contraception; you have the 18 methods; you have the balancing act of medical management techniques; and there is women's preventive health, which includes mammograms; and then there is some redundancy here. If individual plans cover prescription drugs, they have to cover hormone replacement therapy. If they cover outpatient care, they have to cover hormone replacement therapy, HPV tests, and vaccines. It is pretty redundant, but the redundancy is to work with existing state law and match the ACA.

Sections 19 through 25 provide all those same coverages and balancing acts and religious exemptions for group and blanket health insurance policies. Sections 26 through 31 cover all the same balancing acts for health insurance for small employers. Sections 32 through 36 cover the same benefits and balancing acts for fraternal benefit societies. Sections 37 through 43 include the same benefits, balancing acts, and the religious exemption.

Sections 44 through 52 include the same benefits, religious exemption, and balancing act for health maintenance organizations. Sections 53 through 57 include the same coverage and religious exemptions for managed care organizations. Section 58 says that the requirement that legislation requiring local governments to spend more also specifies a revenue source to cover the additional spending does not apply to this bill. Since there is not a fiscal note, that does not apply in any case; and section 59 says that the effective date of the legislation is January 1, 2018.

Senator Ratti:
That was an awful lot of detail to basically say what we did was codify what was already in the ACA. The way the ACA works is it is not necessarily in the law, but the Centers for Medicare and Medicaid Services (CMS) then does regulations. We needed to work with our stakeholders in Nevada to make sure we were doing that in a way that what is currently in the ACA is being covered, but we were not expanding that or putting some of our insurers in an uncomfortable place of doing more. The vast majority of plans that have been alluded to in this bill are already covering all these things because most of them have come into compliance with the ACA already. Medicaid is already covering all these things, which is why you will not see a fiscal note and why we made these slight technical amendments to make sure that was true. The only piece that is in addition to what folks are covering now is the 12-month contraception. There is really good data that shows when women delay obtaining contraception they have unintended pregnancies. That does not serve anyone. That is how the bill codifies the ACA, does what people are already doing today, and adds the 12-month contraception.

Chairman Sprinkle:
Committee, are there any questions?

Assemblyman Thompson:
I want to commend you, Senator, for bringing this bill forward. I support it, but I do have a question. Are there any reciprocal things for men? For instance, I am looking at section 2, subsection 1, paragraph (f), "Voluntary sterilization for women." When you are talking about a healthy relationship, the man might do some things; the woman might do some things such as voluntary sterilization. Were there any considerations for that?

Senator Ratti:
We actually started with this version of the bill including male sterilization and including the HPV vaccine for boys, which is what is called for. However, those are not in the ACA, so that would have been an expansion to what insurance providers are currently doing. That is not to say that some of them are not covering those things now. It would be a mandate, so

the compromise position we landed on was that this bill would focus on what was currently in the ACA, with the exception of 12-month contraception, and that was how we would move forward in this legislative session. I personally would love to see those in there. We had some good dialogue in the other house that, for many families, male sterilization is the healthiest form of birth control. It really came down to how many more mandates did we want to put in the law, so we did not go there this time.

Assemblywoman Titus:
I have two questions. You mentioned there are currently no copays for this medication, treatments, or interventions, but if the individual chooses to use a different type of pill not included, that the individual could still receive that medication. At that point, the individual could be charged a copay. Is that what you said?

Senator Ratti:
In the original version of the bill, we went big, and all contraception in any form was covered with no copay or coinsurance. Again, being sensitive to the realities and need for cost management, primarily for the private insurers, we did dial it back to one in each of the FDA-approved categories; and then, yes, there can be either copayment or coinsurance, the medical management tools that insurers use to help manage costs.

Assemblywoman Titus:
That leads me to my second question—the cost of this. There is no fiscal note, and the reason there is no fiscal note, if I am correct, is because the state has already been covering this. Covering these has been part of the ACA. That also applied to private insurance, so for this coverage, not only is there no increase to Medicaid, there should be no increased cost to private insurers because they have already been mandated to do this insurance. Is that correct?

Senator Ratti:
The answer is yes, but with two caveats. The first caveat being that the 12-month contraception is a new concept not in the ACA, so that would be one area where they could incur more costs, though I would argue that prevention is typically cheaper than the alternative. The other place is the nuance of codifying the ACA and CMS guidance in NRS. We have agreed to language that the insurance companies are comfortable with. Can everyone stand up here and say today that there will not be some cost shifts—a little bit higher; a little bit lower—in some places in the bill? I do not know that we can absolutely say that because you cannot just take a photocopy of the ACA and insert it into Nevada law. I want to be transparent about that. I think you will hear from the insurance companies that they are comfortable; they can afford it; and there will not be significant increases in costs.

Assemblywoman Titus:
This goes back to my first question. As regards to screening tests, for instance, a screening mammogram versus a digital diagnostic magnetic resonance imaging (MRI) mammogram—which is a hugely different test—would someone be allowed to do the next step? I would hate to limit a woman's options and just get the screening test. What if she is told she may

have something, but the insurance company says, "We paid for the screening, but now . . . ." I want to make sure we are not just paying for the screening and not the more diagnostic testing.

Elisa Cafferata:
Currently, Medicaid has certain coverages. They did ask us to take out the "no copay" part for the screening test, so I do not know if they charge or do some kind of cost sharing for the screening mammogram. We did not amend the part of the Medicaid plan statute that dealt with diagnostic and treatment beyond that. Certainly, Medicaid does cover those things, and there are folks here from Medicaid who could give you more detail, and I think what the private insurance company folks can tell you is the same thing.

The women's preventive care benefit was to get preventive care without cost sharing, so women could get the basic care and stay as healthy as possible. From there, I am confident that all these insurance products cover diagnostic screening and treatment plans, but there is some cost sharing involved, and they can give you the details. We are not leaving women out; we are just trying to get them the basic health care covered with the best access. Then the management techniques of cost sharing and coinsurance come into play.

Senator Ratti:
I would say that the focus of this bill is prevention. Once you go to diagnostic, then you are talking about treatment at a certain level. Trying to take what was already a big concept and keep it in a manageable space, we focused on prevention.

Chairman Sprinkle:
Are there other questions? [There were none.] Did you have anyone else you wanted to bring up for your presentation?

Senator Ratti:
I think there are a number of folks here who would like to present in support. I would note for the record that we had some wonderful obstetrician/gynecologists (OB/GYNs) who testified on the other side who, because of scheduling, could not be here. They wanted to pass on their support (Exhibit E), and their testimony is in the record from the Senate hearing.

Chairman Sprinkle:
Thank you for bringing the bill forward. We will now open up testimony in support of Senate Bill 233 (R2).

Chelsea Capurro, representing Health Services Coalition:
We would like to thank Senator Ratti for all of her hard work. When she says she worked with us, she worked hours with us. This was a lot of work on her side and for all of the stakeholders involved. We are at a point where we can support this.

Regan Comis, representing Nevada Association of Health Plans:
I echo the comments of Ms. Capurro and thank Senator Ratti and all the stakeholders for working with us. We are in support.

Ryan Beaman, President, Clark County Firefighters, Union Local 1908:
We appreciate Senator Ratti working with us on a very complex issue. We represent some of the self-insured, nonprofit-type plans. I would also like to thank the Legislative Counsel Bureau (LCB) and the time they put into trying to understand our plans and how they work. We are here in support of the bill.

Elizabeth Castillo, Private Citizen, Sparks, Nevada:
I came here to voice my support for S.B. 233 (R2). I want to highlight that this bill means a lot to people with medical conditions. I, along with about one out of every ten women in the nation, have polycystic ovarian syndrome (PCOS), which, if untreated, could lead to loss of future fertility and endometrial cancer. Birth control helps with that. I urge you to support S.B. 233 (R2) and continue to help save lives, prevent cancer, and ensure future fertility for women with PCOS.

Caroline Mello Roberson, Nevada State Director, NARAL Pro-Choice America:
[Caroline Roberson spoke from prepared text (Exhibit F) and supplied additional material (Exhibit G).] I am here to express our support for S.B. 233 (R2) and thank Senator Ratti for bringing forward this important proposal. I submitted formal comments into the legislative record, so I will be brief here.

As you all know, NARAL Pro-Choice America is a nonprofit advocacy organization dedicated to advancing reproductive freedom for all through legislative, political, and community organizing. I would like to note that we are a grassroots, member-driven organization. We have 23,000 members statewide, 19,000 of whom signed up in the last year, primarily through door-to-door outreach. I know many of you have met these folks who are very passionate, and many are in the room today to show their support for this proposal. They have been very dedicated throughout this entire legislative process, sitting through many hearings. I would really like to shout out to the members who have really driven this proposal home because they believe so strongly that this is such an important proposal. We at NARAL feel good about where we have come to. The legislative process is about compromise, and we know that is a part of what we have come to with this bill, and we have come to a good place.

I would like to point out and get into the record some of the ACA guidance around medical management techniques for insurance companies. We know they need to do them, but we also know that our goal in this was to make sure that women have choices and can get the medically-prescribed birth control that is best for them. That is something we will continue to fight for. If this bill goes forward, we really are advocates for Nevadans to be able to access the care that, hopefully, you all will approve today.

Michael Hackett, representing Nevada Public Health Association; and Nevada Primary Care Association:
We are here in support of S.B. 233 (R2). Both organizations support policy and programs such as those identified in S.B. 233 (R2) that address tobacco prevention and cessation; promote and protect maternal, child, and adolescent health; improve access to clinical and preventive health care services; promote evidence-based injury and violence prevention; advocate for policy measures that address social determinants of health; and advocate for investments in public health and health care infrastructure and programs by safeguarding health insurance coverage and essential health benefits.

Mendy Elliot, representing Nevada Osteopathic Medical Association:
We are in support of this bill; in fact, we want to thank Senator Ratti for bringing this bill forward. As one of our members recognizes, this bill will save money in the long run. It is an excellent approach to women's health care, and we very much appreciate your support of the bill.

Jon Sasser, Statewide Advocacy Coordinator, Washoe Legal Services; and representing Legal Aid Center of Southern Nevada:
These services are very important for our low-income clients, and we are in full support.

Amy Pason, Private Citizen, Reno, Nevada:
[Amy Pason spoke from prepared text (Exhibit H).] I just wanted to voice my support of the bill because I know what happens when these types of preventive care are not covered under insurance. My mother was a public school teacher in Elko County, and women's health was not covered in the school district's insurance; therefore, she did not get cancer screenings. Four teachers in the elementary school she worked in had cancer diagnoses—some at advanced stages—because that was not covered under their insurance. Now, with the ACA, they are all getting their preventive checks. Having this in law is important to ensure that our insurance covers the things we need.

Stephen Dolan, Private Citizen, Incline Village, Nevada:
I am here in support of S.B. 233 (R2). I would like to thank Senator Ratti for presenting this. Assemblyman Thompson, I would like to address one of your questions, which I think is important. What is good for women's health is good for men. I come from the end of the "dark ages," which is 1873 to 1972 when contraceptives were illegal. My sisters are around my age and, without easy access to contraceptives, experienced problems that lasted throughout their lives. Twenty years later, my wife and I, with access that allowed us to plan our family, moved to Incline Village and have a daughter and a son. My daughter uses contraceptives and constantly complains about not having full access and not being able to get them when she is going places out of the country, et cetera. I think this is a good plan for her. It is a good plan for my son because he is a healthy young man going to college. It is really good for all of us—men, women, and children—so I urge you to support S.B. 233 (R2).

Judy Zabolocky, Private Citizen, Dayton, Nevada:
I want to thank everyone who has been involved with S.B. 233 (R2) for two main reasons. My mother, sadly, succumbed to breast cancer. Mammograms are so vitally important, as is the ability to be able to get them. I used birth control, so my husband and I could plan our family, live a good life, and provide for our children. It was an enormous benefit, but it was such a struggle back then. So, thank you all, and I do hope you support S.B. 233 (R2).

Chairman Sprinkle:
Thank you for being here. Is there anyone else in support of S.B. 233 (R2) either here or in southern Nevada? [There was no one.] Is there anyone in opposition to S.B. 233 (R2) wishing to come forward?

Melissa Clement, President, Nevada Right to Life:
We are here today to register our concerns that several of the listed contraceptive methods are abortifacients—most specifically at section 12, subsection 8, paragraph (r), the "Antiprogestin-based drugs for emergency contraception." The definition of antiprogestins says that it is used to terminate pregnancy. That is our concern, that this is a medical abortion that the state would then cover.

Most women with an unwanted pregnancy of up through 70 days gestation can use the mifepristone misoprostol regimen, which is the antiprogestin, so we would just like to register our concern that we would rather the contraceptives be limited to nonabortifacient contraceptives.

Janine Hansen, State President, Nevada Families for Freedom:
I am also from a large grassroots organization—Nevada Families for Freedom. We appreciate the opportunity to be here, and I want to mention a couple of our concerns about this. On page 12, there are many different contraceptives mentioned. Some of them on that page are abortifacients. They include section 12, subsection 8, paragraphs (c), (d), (e), (h), (q), and (r), with paragraph (r) being the one we have the most concerns about—RU-486 which can have an abortion up to 70 days of gestation. We are very concerned about that.

However, I am much more concerned about the far-reaching issues concerned in this bill, and I do not think they have been talked about today: What are the future costs going to be in Medicaid? Although they say there is no cost right now, we know that under this bill we will be locking into Nevada law the ACA mandates. That removes the flexibility that is currently available to Medicaid in addressing issues of Medicaid. This is an important issue, and information from the Division of Health Care Financing and Policy says that the increased federal medical assistance percentage was 100 percent originally under Medicaid for those newly-eligible mandatory individuals. In 2017, it is just 95 percent for those individuals. By 2020, it will be 90 percent, so there will be additional costs for the state of Nevada.

In addition to that, if any parts of the ACA are changed in Congress—which could happen—then Nevada could be responsible for paying up to 100 percent of those Medicaid costs for

the things included in here. Although the initial fiscal note has been removed, in speaking to other Senators about this, that concern was expressed—that we are placing Nevada in a situation where we will not know what the costs could be in the future. That is a huge concern to taxpayers. We understand these things are mandated under Medicaid, but we do not want them locked into the state law. We do not want locked into state law costs that we have no way of determining what they will be in the future. We also object to the fact that it locks in an abortifacient, which works up to ten weeks after conception. We are very concerned about these issues, and we do not want taxpayers paying for abortions.

Chairman Sprinkle:
Is there anyone else in opposition to S.B. 233 (R2) either in northern or southern Nevada? [There was no one.] Is there anyone neutral to S.B. 233 (R2)?

DuAne Young, Chief, Behavioral Health and Pharmacy Services, Division of Health Care Financing and Policy, Department of Health and Human Services:
The second reprint of this bill did include language in section 3, subsection 1, paragraph (h), section 4, subsection 1, and section 5, that were a bit more prescriptive than the normal scope of state plans that are approved by CMS and did risk federal approval. We have worked with the sponsor up to the eleventh hour and with the Legislative Counsel Bureau (LCB)—and we are grateful for that—to give us the flexibility in the State Plan that would allow us to reduce the prescriptive language and keep those provisions Medicaid is already covering. Therefore, there is no fiscal note on this.

Chairman Sprinkle:
Is there anyone else neutral to S.B. 233 (R2)? [There was no one.] Senator, would you like to make any closing comments?

Senator Ratti:
Again, thank you, Chairman Sprinkle and members of the Assembly Health and Human Services Committee. You heard in our opening testimony that this bill, with regard to the ACA, is narrowly focused on women's preventive health because of the compelling stories we have heard over the last eight years—specifically with regard to delayed care. I wish the OB/GYNs could have been here today because what they will tell you is that once the ACA passed, they had a flood of patients who had delayed care for a significant amount of time. When we do that, it makes the cost of health care more expensive for everyone.

I understand some of the concerns that were presented about potential future costs, but this is something that perhaps we have been a little penny wise and pound foolish about in the state of Nevada. If you do not invest in prevention, that does not mean you are saving money; it just means it gets more expensive down the road. What this focuses on is investing in those critical preventative services that not only will improve women's health, but will also save all of us money moving down the road.

I would like to also focus on some of the concerns about abortifacients. Everything in Medicaid is covered by the Hyde Amendment. The Hyde Amendment precludes taxpayer

dollars being spent on abortions. Also, the 18 forms of contraception listed in this bill are all FDA-approved for contraception—and this bill speaks specifically to their use for contraception, so I do not think those concerns are cause to not support this bill. I urge your support because I do not think any of us want to go back to where we were eight years ago when women were delaying preventative care or ending up with unintended pregnancies, or breast and cervical cancers that could have been caught earlier. We could have saved lives, improved outcomes, and we did not do it. This makes sure that we will.

Chairman Sprinkle:
Thank you, Senator, for bringing this forward. With that, I am going to close the hearing on S.B. 233 (R2).

[(Exhibit I) was submitted but not discussed and is included as an exhibit for the meeting.]

We will now open up the hearing on Senate Bill 323 (2nd Reprint).

Senate Bill 323 (2nd Reprint): Revises provisions governing the Supplemental Nutrition Assistance Program. (BDR 38-627)

Senator Yvanna Cancela, Senate District No. 10:
If it is all right with you, Mr. Chairman, I would like to turn it over to Ms. Tyson to walk through the need for this bill, and then I can walk through the specific sections of the bill.

Chairman Sprinkle:
That is fine.

Jodi Tyson, Government Affairs Director, Three Square; and representing Food Bank of Northern Nevada:
[Jodi Tyson augmented her explanation with a PowerPoint presentation (Exhibit J).] I would like to express our appreciation to Senator Cancela for sponsoring this bill and to members of the Committee today for hearing about the Supplemental Nutrition Assistance Program (SNAP) and about the return of able-bodied adults without dependents (ABAWDs). As you can see, and as you have probably heard in other presentations, the Division of Welfare and Supportive Services of the Department of Health and Human Services (DHHS) is expecting to see continued growth for a while in our SNAP enrollment [page 2, (Exhibit J).] By December 2017, the expectation is that the number of households participating in SNAP at some point in the year—not for the entire year—will number 224,000.

About 80 percent of households nationwide on SNAP include children, seniors, and/or the disabled. These are the groups we are not going to be talking about in this bill. This bill will focus on the 20 percent who do not have children, are not seniors, and are not disabled—the ABAWDs. This provision about limiting of SNAP benefits for people for only 3 months out of a 3-year period relates only to those who do not have children, who are adults between the ages of 18 and 49, who are working or going to school less than 20 hours a week throughout the entire year, and who are not enrolled in a qualified work-training program like the

Workforce Innovation and Opportunity Act (WIOA) or SNAP Employment and Training [page 3, (Exhibit J)].

As a reminder, the folks we are not going to be talking about are seniors—anyone 50 and over, recipients who have dependents or children, or people who have regular employment of over 20 hours a week. Also exempted from this provision are people who are on Supplemental Security Income (SSI) or who have a pending disability case, individuals who have severe mental illness, or the homeless.

In 2016, more than 25 states have reinstituted SNAP time limits [page 4, (Exhibit J)]. Time limits come back because of lower unemployment, which is good for all states including Nevada, but there are times when the U.S. Department of Agriculture says that the geographic waivers for either a portion of a state or for the entire state can make that state eligible for an exemption of ABAWDs. We have had that in place since 2009. Next year, in 2018, we will be looking at reinstatement of ABAWDs based on the fact that our unemployment rate is low, so we do not have a labor surplus. About 25 other states have preceded Nevada in this, and our reinstatement of ABAWDs is expected to hit on January 1, 2018.

Reinstating the time limits on SNAP will result in sudden drops in enrollment in SNAP among the 20 percent that are ABAWDs households [page 5. (Exhibit J)]. We are talking about 20 percent of the folks, so it is not as though there will be a significant drop-off in all SNAP enrollment, but of those within that 20 percent, there is a significant drop-off. This drop-off is particularly important to food banks since without nutrition benefits the demand for food bank services and food pantries will actually greatly increase [page 6, (Exhibit J)]. Nevada will reinstate its ABAWDs time restrictions on January 1, 2018. This will start the 3-month time clock for SNAP recipients. Recipients would start to lose their benefits on April 1, 2018. Early estimates from the federal Center on Budget and Policy Priorities suggest that about 59,000 SNAP recipients will be subjected to ABAWDs. States have the ability to temporarily exempt certain persons from work requirements, so about 15 percent of the total caseload can be exempted for shorter periods of time.

What we have done in this bill is to work toward a priority list of those life circumstances that lead to significant barriers in employment that we would use to prioritize for that 15 percent. Within that, we have talked about seasonal workers—people who have three or even four months of lower than 20-hours-per-week employment but at other times of the year work higher numbers of hours. We also are talking about unpaid caregivers of family members. My mother was 45 and took care of her 65-year-old mother who lived in an assisted living program but did not have enough money to pay for all the care she needed. My mother was there every day making sure things were going the way they needed to be. So for a temporary amount of time, someone could be exempted from work requirements and credited for the work they are doing and be able to maintain their benefit.

We are also talking about military personnel who have been recently discharged as well as noncustodial parents. If we have noncustodial parents who are required to provide child

support, but whose children do not live in that person's home, the more we restrict the discretionary money available for their food budget, the less goes to child support. So we want to make sure we maintain nutritional benefits, so they can continue child support requirements as much as possible.

These determinations have been made on a case-by-case basis in the past and were very specific to each welfare office. There was no priority list for the state for these types of life circumstances, so what we are trying to do here is really prioritize where those exemptions would fall. Tens of thousands of people may need to be screened for possible exemptions, and it would be helpful to the Division of Welfare and Supportive Services (DWSS) to have the opportunity to engage with agencies like the food banks that are already doing SNAP outreach to help make recommendations about possible exemptions to people who fall into this category.

Senate Bill 323 (R2) also creates the first workfare program in Nevada [page 7, (Exhibit J)]. Workfare is volunteering in the community at DWSS-approved nonprofits. The ABAWDs recipients learn important office and customer service skills they can use to secure regular employment. Nonprofits provide recipients with weekly or biweekly printouts of their hours for them to submit to demonstrate continued eligibility. The DWSS credits volunteer hours at minimum wage, and the number of hours worked per month would be equal to or greater than the SNAP benefit they receive. As a caveat to that, the U.S. Department of Agriculture (USDA) says it is the state prevailing wage—so it would be our state minimum wage and not the federal minimum wage.

Organizations like food banks and food pantries have the capacity to support workfare. For example, Three Square Food Bank plans to increase distribution by 8 million pounds in 2018, and the requirement to do this means more volunteer hours will be needed, and we estimate that this will open up 1,500 six-hour work slots. Plus, we also have current volunteer opportunities open Monday through Friday. Like many organizations, beyond just Three Square Food Bank and the Food Bank of Northern Nevada, many of our other pantry programs have said to us that they have opportunities to include workfare recipients as part of their credited work.

Senator Cancela:
I will quickly walk through the sections of the bill. In section 2, subsection 1, paragraph (a), it calculates the 36-month time period to begin and end on fixed, definite dates that are the same for all SNAP recipients. That means if a person begins receiving benefits at some point in the middle of the 36-month period, they do not have to wait a full 33 months after the 3-month time limit to receive benefits again.

In section 2, subsection 1, paragraph (b), the bill requires DHHS to seek certain waivers allowing a person otherwise subject to the 3-month limit to receive SNAP benefits without meeting the federal requirements. If the Department obtains a waiver, the Division of Welfare and Supportive Services may prioritize certain individuals for continued receipt of benefits past the 3-month limit. This speaks to the 15 percent Ms. Tyson told us about.

The priority groups are listed in the bill, and they include a person who is the subject of a pending case to determine eligibility for Social Security Disability benefits, a person discharged from the armed services, a person without custody of their child, and a person who resides in a county whose unemployment rate is at least 10 percent.

In section 2, subsection 1, paragraph (c), the Department establishes a voluntary workfare program, which we heard about; and finally, the bill authorizes the Department to contract with appropriate persons or entities to assist in determining whether a person is eligible to receive benefits under a waiver and requires the Department to consult with the appropriate persons and entities to comply with certain requirements. While this is a short bill, it really stands to make a tremendous difference in the lives of some of our most vulnerable Nevadans.

Chairman Sprinkle:
Thank you for presenting the bill today. Are there any questions, Committee?

Assemblyman Thompson:
I have a question about the workfare program. I understand the concept, but do you have a forecast about the number of people and whether there will be some connections to the workforce? This bill looks as though you have to do this in order to get that, but the bottom line with ABAWDs is that we want to be able to give them employment. Are there any workforce connections or workforce experience opportunities employers?

Jodi Tyson:
This would be connections determined on an organization-by-organization level. The Division of Welfare and Supportive Services has committed to working with all organizations that are a part of the process of bringing ABAWDs back, including workfare programs, so that we can share those kinds of resources together. One of the things that never went away for those who receive SNAP benefits and Temporary Assistance for Needy Families (TANF) benefits is a program called the New Employees of Nevada (NEON). We have NEON volunteers who come to the food bank. We have had at least six individuals who volunteer for a certain number of hours at the food bank. If they volunteer a certain amount of hours, our SNAP manager gives them a letter of recommendation stating these are the types of services they provided to the food bank, here are the types of programs they have been working in, and some of the skills they have learned. They can take that letter on their job searches, and we have helped connect people to employment.

Assemblyman Thompson:
This is just a suggestion, but I think we need to get more of a commitment from the nonprofits. You can look at it any way you want to, but it is free labor for them. It is filling a need and a gap that they have in their organization, but then they are allowing people to just go on their merry way. There really should be some type of connection if you commit to the workfare program. The goal is that you are going to hire a percentage should funding be available, et cetera. That way we are going to be able to build up that workforce. Otherwise,

people are just coming and going. If they are only getting three months of assistance, there is a different definition now for that ABAWD because that person is able-bodied but not reaching his or her full potential.

Jodi Tyson:
That is a great suggestion. We would be more than happy to use that and to continue to work with you on some ideas. Also, someone is here from the Division of Welfare and Supportive Services and can take that back to the Administrator as well.

Chairman Sprinkle:
Are there other questions from the Committee? [There were none.] Is there anyone here who wishes to come up in support of S.B. 323 (R2)?

Shane Piccinini, Government Relations, Food Bank of Northern Nevada:
We wholeheartedly and enthusiastically support S.B. 323 (R2).

Jon Sasser, Statewide Advocacy Coordinator, Washoe Legal Services; and representing Legal Aid Center of Southern Nevada:
As a quick reminder, the average SNAP benefit per month for an individual is $126. That $126 is all federal funds; it does not cost Nevada anything. It is money in our economy, nutrition for our folks, and it eases the burden on our local food banks. I ask for your support of this.

Chairman Sprinkle:
Is there anyone else in support of S.B. 323 (R2)? [There was no one.] Is there anyone wishing to come forward in opposition to S.B. 323 (R2)? [There was no one.] Is there anyone who is neutral to S.B. 323 (R2)? [There was no one.] Senator, do you have any last comments? [Senator Cancela shook her head.] With that, we will close the hearing on S.B. 323 (R2).

We will move into our work session now, beginning with Senate Bill 136 (1st Reprint).

Senate Bill 136 (1st Reprint): Makes various changes concerning health care. (BDR 18-143)

Marsheilah Lyons, Committee Policy Analyst:
Senate Bill 136 (1st Reprint) establishes within the Department of Health and Human Services the Palliative Care and Quality of Life Consumer and Professional Information and Education Program. The bill also creates within the Department the Advisory Council on Palliative Care and Quality of Life for the purpose of consulting with and advising the Department on matters related to the establishment, maintenance, operation, and outcomes of palliative care programs and initiatives in this state; and to advise and assist in the creation and carrying out of the Program.

The Department is required to maintain an Internet website with links to appropriate external Internet websites offering information concerning: (1) the delivery of palliative care in the home and in primary, secondary, and tertiary environments; (2) best practices for the delivery of palliative care; and (3) education materials and referral information for palliative and hospice care.

On or before January 1, 2018, the Department shall encourage all hospitals, assisted living facilities, and facilities for skilled nursing within this state with 100 beds or more to educate their physicians, nurses, and staff members regarding palliative care and provide information to patients or residents regarding palliative care.

There are no amendments in the work session document (Exhibit K) for this measure.

Chairman Sprinkle:
Are there any questions or comments on this bill? [There were none.] Seeing none, I will entertain a motion to do pass S.B. 136 (R1).

> ASSEMBLYWOMAN TITUS MOVED TO DO PASS SENATE BILL 136 (1ST REPRINT).
>
> ASSEMBLYMAN McCURDY SECONDED THE MOTION.

Is there any discussion on the motion? [There was none.]

> THE MOTION PASSED UNANIMOUSLY.

Marsheilah Lyons, Committee Policy Analyst:
The next measure before the Committee is Senate Bill 233 (2nd Reprint).

Senate Bill 233 (2nd Reprint): Requires the State Plan for Medicaid and certain health insurance plans to provide certain benefits. (BDR 38-817)

This bill requires the State Plan for Medicaid and certain health insurance plans to provide certain benefits. The amendments to the measure (Exhibit D) were presented today by Senator Ratti and are listed on the Nevada Electronic Legislative Information System (NELIS). A copy has also been provided on each Committee member's desk. Six different amendments are being proposed. In addition to those listed amendments, Senator Ratti also requested the bill be further amended to add Assemblyman Jason Frierson as a primary sponsor.

Chairman Sprinkle:
Committee, we just heard this bill. Are there any questions or comments on the bill?

Assemblywoman Titus:
I will be supporting this bill to get it out of Committee, but may not be able to support it on the floor.

Assemblyman Edwards:
Ditto.

Chairman Sprinkle:
Are there any other questions or comments? [There were none.] I will take a motion of amend and do pass.

ASSEMBLYWOMAN BENITEZ-THOMPSON MOVED TO AMEND AND DO PASS SENATE BILL 233 (2nd REPRINT).

ASSEMBLYMAN McCURDY SECONDED THE MOTION.

Is there any discussion on the motion? [There was none.]

THE MOTION PASSED UNANIMOUSLY.

Assemblywoman Joiner will take the floor statement on that bill.

Committee, we will close the work session for today. Does anyone wish to come forward under public comment? [There was no one.] Thank you very much. This meeting is adjourned [at 4:27 p.m.].

RESPECTFULLY SUBMITTED:

_____
Terry Horgan
Committee Secretary

APPROVED BY:

_____
Assemblyman Michael C. Sprinkle, Chairman

DATE: _____

EXHIBITS

Exhibit A is the Agenda.

Exhibit B is the Attendance Roster.

Exhibit C is written testimony dated May 22, 2017, presented by Senator Julia Ratti, Senate District No. 13, regarding Senate Bill 233 (R2).

Exhibit D is a one-page document, dated May 22, 2017, consisting of six conceptual amendments to Senate Bill 233 (R2), submitted by Senator Julia Ratti, Senate District No. 13.

Exhibit E is a copy of a letter addressed to Assemblyman Michael Sprinkle, Chair, Assembly Health and Human Services Committee, dated May 21, 2017, submitted by Keith R. Brill, M.D., Chair and Legislative Chair, Nevada Section, American Congress of Obstetricians and Gynecologists, in support of Senate Bill 233 (R2).

Exhibit F is written testimony dated May 22, 2017, presented by Caroline Mello Roberson, Nevada State Director, NARAL Pro-Choice America, in support of Senate Bill 233 (R2).

Exhibit G is a document titled "FAQS About Affordable Care Act Implementation (Part XXVI)," dated May 11, 2015, submitted by Caroline Mello Roberson, Nevada State Director, NARAL Pro-Choice America, in support of Senate Bill 233 (R2).

Exhibit H is written testimony dated May 21, 2017, addressed to the Health and Human Services Committee presented by Amy Pason, Private Citizen, Reno, Nevada, in support of Senate Bill 233 (R2).

Exhibit I is a copy of a letter addressed to Michael Sprinkle, Chair, Assembly Committee on Health and Human Services, dated May 20, 2017, submitted by Ryan Day, Director of Advocacy and Government Affairs, March of Dimes Foundation Nevada, in support of Senate Bill 233 (R2).

Exhibit J is a copy of a PowerPoint presentation titled "SB323 Supplemental Nutrition Assistance Program," dated May 22, 2017, presented by Jodi Tyson, Government Affairs Director, Three Square; and representing Food Bank of Northern Nevada, in support of Senate Bill 323 (R2).

Exhibit K is the Work Session Document for Senate Bill 136 (R1) presented by Marsheilah Lyons, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.