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

Seventy-Ninth Session
April 12, 2017

The Committee on Health and Human Services was called to order by Chairman Michael C. Sprinkle at 12:53 p.m. on Wednesday, April 12, 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:

Assemblywoman Lesley E. Cohen, Assembly District No. 29

STAFF MEMBERS PRESENT:

Marsheilah Lyons, Committee Policy Analyst
Mike Morton, Committee Counsel
Kailey Taylor, Committee Secretary
Trinity Thom, Committee Assistant

OTHERS PRESENT:

Barry Gold, Director, Government Relations, AARP Nevada
Jeanne Bishop Parise, Executive Director, Nevada Assisted Living Association
Michael DiAsio, Board Member, Personal Care Association of Nevada
Eva Medina, Program Manager, Consumer Direct Nevada
Connie McMullen, representing Personal Care Association of Nevada
Michael Hillerby, representing the Nevada State Board of Nursing
Cara Paoli, Deputy Administrator, Aging and Disabilities Services Division, Department of Health and Human Services
Wendy Stolyarov, Legislative Director, Libertarian Party of Nevada
Marta Jensen, Acting Administrator, Division of Health Care Financing and Policy, Department of Health and Human Services

Chairman Sprinkle:
[Roll was called. Committee rules and protocol were explained.] Thank you for being here. We will go straight to work session, starting with Assembly Bill 307.

Assembly Bill 307: Revises provisions governing emergency medical services at special events. (BDR 40-928)

Marsheilah Lyons, Committee Policy Analyst:
The Committee should have copies of the work session document (Exhibit C). Assembly Bill 307 requires a host organization in a county whose population is 700,000 or more to obtain from the applicable local government before the special event an approval at the reserve transport services that are to be provided by the host organization at the special event and other additional related items. The attached mock-up includes amendments proposed by Assemblyman Oscarson at the hearing and from MGM Grand Hotel and the City of Henderson.

Chairman Sprinkle:
Are there any questions on Assembly Bill 307? I will say I certainly appreciate everyone's coming together with the amendments and the different changes. I really appreciate my staff for working with us on the multiple changes.

Assemblyman Oscarson:
I echo your comments. This was an interesting process and took us to a place we did not anticipate. I think it is a really good protection for the people who attend these large events. I appreciate them as well and, most importantly, the staff for working tirelessly to get this done.

Chairman Sprinkle:
I will entertain a motion for amend and do pass.

ASSEMBLYMAN CARRILLO MOVED TO AMEND AND DO PASS ASSEMBLY BILL 307.

ASSEMBLYWOMAN TITUS SECONDED THE MOTION.

THE MOTION PASSED UNANIMOUSLY.

Assemblyman Oscarson will take the floor statement. We will move on to Assembly Bill 340.

Assembly Bill 340: Requires the Department of Health and Human Services to take certain actions to improve access to diapers and diapering supplies for recipients of public assistance. (BDR 38-871)

Marsheilah Lyons, Committee Policy Analyst:
Assembly Bill 340 requires the Director of the Department of Health and Human Services (DHHS) to appoint a committee to research opportunities to use federal money to increase the availably of diapers and diapering supplies to certain recipients of public assistance. Assemblywoman Diaz has proposed an amendment to this measure, which is attached to the work session document (Exhibit D).

Chairman Sprinkle:
Are there any questions on Assembly Bill 340?

Assemblyman Oscarson:
Originally, I thought this was a pretty stinky bill, but I have changed my mind, and I have been assured by the Director of DHHS that there will be no General Fund money used for this. I wanted to make that clear on the record. I will be supporting the bill.

Assemblyman Edwards:
I will resist the temptation to say that this really stinks. I really did not like the bill when it first came to us; I thought it was something that was unneeded and would hold up progress on the initiative. The revisions make it a lot better. I will vote yes to this, but I reserve my right to change my vote on the floor.

Chairman Sprinkle:
I will take a motion for amend and do pass.

ASSEMBLYMAN THOMPSON MOVED TO AMEND AND DO PASS ASSEMBLY BILL 340.

ASSEMBLYWOMAN TITUS SECONDED THE MOTION.

THE MOTION PASSED UNANIMOUSLY.

Assemblyman Thompson will take the floor statement. We will move to Assembly Bill 408.

Assembly Bill 408: Revises provisions relating to Medicaid and health insurance. (BDR 38-957)

Marsheilah Lyons, Committee Policy Analyst:
Assembly Bill 408 aligns Nevada law with certain provisions of the Patient Protection and Affordable Care Act (ACA) and requires all insurers to offer health insurance coverage regardless of a person's health status and prohibits an insurer from denying, limiting, or excluding a benefit or requiring an insured to pay a higher premium, deductible, coinsurance, or copay based on their health status or a covered spouse or dependent. Also in accordance with the ACA, the measure requires several additional things for insurers. Assemblywoman Joiner proposed an amendment for this measure, which is attached to the work session document (Exhibit E).

Chairman Sprinkle:
Are there any comments?

Assemblywoman Joiner:
I wanted to remark once again that the intent of this bill is only to preserve the status quo, the things that are currently covered. The reason that I mention that is, in addition to these amendments that I presented during the hearing, there have been a couple of technical things pointed out to me in the bill that may make the list broader. I commit to still working with those groups. For example, there was a small thing about immunizations and another one about the coverage for dependents and retiree plans. I want to let the Committee know that I will continue to work with those groups and make sure those technical changes are fixed in the Senate side if this were to go through. The intent really is just the current list of insured items.

Assemblywoman Titus:
Unfortunately, I will have to be a no on this bill. I am really concerned that the ACA is a moving target currently. We have no real direction from our federal government, which is not uncommon, but I think it is premature for us to pass this bill. I would like to see what happens from the federal level before we do so.

Assemblyman Edwards:
I will also have to be a no on this. I do not see how Nevada will be able to make a program work that the national government could not. I do not think this is where we need to go. I think we need to rework a lot of this stuff and this bill will not get us there.

Assemblyman Hambrick:
I will be following in the examples of my colleagues and will be voting no on this issue.

Chairman Sprinkle:
I will take a motion for amend and do pass.

ASSEMBLYMAN YEAGER MOVED TO AMEND AND DO PASS ASSEMBLY BILL 408.

ASSEMBLYMAN CARRILLO SECONDED THE MOTION.

THE MOTION PASSED. (ASSEMBLYMEN EDWARDS, HAMBRICK, OSCARSON, AND TITUS VOTED NO.)

Assemblywoman Joiner will take the floor statement. We will move to Assembly Bill 422.

[(Exhibit F) was submitted regarding Assembly Bill 408 but not discussed.]

Assembly Bill 422: Revises provisions relating to the medical use of marijuana. (BDR 40-983)

Marsheilah Lyons, Committee Policy Analyst:
Assembly Bill 422 revises provisions relating to the medical use of marijuana. Two amendments are proposed for this measure: the first from Assemblyman Araujo and the second from Riana Durrett, the Executive Director of the Nevada Dispensary Association. Both are attached to the work session document (Exhibit G).

Chairman Sprinkle:
Are there any comments on Assembly Bill 422? I will take a point of privilege here as a Chair and say I do and will continue to have a lot of concern associated with this bill. I have been a strong supporter of medical marijuana. I think it is necessary and an important part of treatment. Far more importantly, I think by promoting that program, it opens up the doors for research and development to see just how efficacious it is. I do have concern that, by moving this budget, it will move to a different arena and, ultimately, may succumb to recreational marijuana. It is just a gut feeling, and there is nothing I have been able to find that would indicate that would or could happen. With that, I am certainly in favor of moving this bill forward.

Assemblywoman Titus:
I just want to say that I, too, will be voting for this bill and wanted to acknowledge the sponsors' reaching out to me after I expressed my significant concern regarding a two-year document from a physician as opposed to a one-year document, and if it is truly a medical issue, it needed a closer purview. I appreciate their reaching out to me, so I will be voting yes. Thank you.

Chairman Sprinkle:
I will take a motion for amend and do pass.

ASSEMBLYMAN THOMPSON MOVED TO AMEND AND DO PASS ASSEMBLY BILL 422.

ASSEMBLYMAN YEAGER SECONDED THE MOTION.

THE MOTION PASSED UNANIMOUSLY.

Assemblyman Araujo will take the floor statement. We will move on to Assembly Bill 424.

Assembly Bill 424: Revises provisions governing the determination of death. (BDR 40-1025)

Marsheilah Lyons, Committee Policy Analyst:
Assembly Bill 424 revises provisions governing the determination of death. A mock-up is attached to the work session document (Exhibit H) that includes the amendments that were proposed by Assemblyman Sprinkle, the Nevada Donor Network, and Dan Musgrove.

Chairman Sprinkle:
Are there any questions or comments on Assembly Bill 424?

Assemblywoman Titus:
I want to acknowledge that the bill sponsor and other proponents of this bill really heard us when we were worried about the 24-hour limitation for all of the reasons noted in the hearing. I think the amendments have made this what it was always intended to do—be an excellent bill for not only providers, but patients, insurers, and hospitals. It is an excellent step in the right direction, and I appreciate everyone's going forward with it.

Assemblyman Oscarson:
In echoing the comments of my colleague, it was a great concern and I heard many concerns for the rural areas about the time frame, so thank you to those who worked to amend that out. I will be supporting the bill.

Chairman Sprinkle:
I will take a motion for amend and do pass.

ASSEMBLYWOMAN TITUS MOVED TO AMEND AND DO PASS ASSEMBLY BILL 424.

ASSEMBLYMAN EDWARDS SECONDED THE MOTION.

THE MOTION PASSED UNANIMOUSLY.

I will take the floor statement. We will move on to Assembly Bill 474.

Assembly Bill 474: Makes various changes relating to drug overdoses and prescribing and using drugs. (BDR 40-1102)

Marsheilah Lyons, Committee Policy Analyst:

Assembly Bill 474 makes various changes related to drug overdoses, prescribing, and using drugs. Elyse Monroy from the Office of the Governor has submitted an amendment in the work session document (Exhibit I). In addition to the amendments that are proposed there, the Office of the Governor wishes to clarify that it was not their intent to capture veterinarians in the term "practitioners" in the bill. They are asking that it only apply to prescribers who prescribe for human consumption.

Chairman Sprinkle:
I will once again echo the comments I made at the end of the bill hearing. I cannot state enough how open and honest the conversations have been with the Governor's Office on this. They have tried to put together an outstanding bill. I think they have done that, and they have certainly listened to everyone's points of view and concerns. I applaud them for that and everyone who came together to work on this bill. Are there any other comments? [There were none.] I will take a motion to amend and do pass.

> ASSEMBLYWOMAN JOINER MOVED TO AMEND AND DO PASS ASSEMBLY BILL 474.
>
> ASSEMBLYWOMAN BENITEZ-THOMPSON SECONDED THE MOTION.

Chairman Sprinkle:
Is there any discussion on the motion?

Assemblywoman Titus:
I need to make sure that paramedics have been removed.

Chairman Sprinkle:
That is correct.

Assemblywoman Titus:
With that amendment, I will be in support.

> THE MOTION PASSED UNANIMOUSLY.

I will take the floor statement. We will move to Assembly Bill 95.

Assembly Bill 95: Revises provisions governing child support. (BDR 38-197)

Marsheilah Lyons, Committee Policy Analyst:
Assembly Bill 95 revises provisions governing child support. The Committee has two amendments not included in the work session document (Exhibit J), provided by

Assemblywoman Benitez-Thompson regarding the measure. One is Amendment 3064 (Exhibit K) and the other is a conceptual amendment (Exhibit L) that adds additional language to Amendment 3064.

Chairman Sprinkle:
Does the Committee have any questions or comments on the bill or the amendments? [There were no questions or comments.] I will take a motion for amend and do pass.

> ASSEMBLYWOMAN BENITEZ-THOMPSON MOVED TO AMEND AND DO PASS ASSEMBLY BILL 95.
>
> ASSEMBLYMAN YEAGER SECONDED THE MOTION.
>
> THE MOTION PASSED UNANIMOUSLY.

Assemblywoman Benitez-Thompson will take the floor statement. That will end our work session. I will open the hearing on Assembly Bill 299.

Assembly Bill 299: Requires certain persons to receive training concerning the provision of care. (BDR 40-985)

Assemblywoman Lesley E. Cohen, Assembly District No. 29:
I will discuss A.B. 299 and then answer any questions the Committee may have. Knowing that you have a very tight schedule, I will try to keep it brief. Assembly Bill 299 requires a person who is not a provider of health care, and who will provide care to a person through employment or a contractual agreement with such a facility, to receive training concerning the provision of care and to successfully complete a competency evaluation. As you know, many states have taken legislative action to protect senior and other vulnerable populations from physical abuse, financial exploitation, and negligent care.

Nevada is no exception to that. The goal in this bill is to assure that individuals that are hired and employed to provide care have the pertinent training to assist these populations. Despite differences in training across facilities, it is important that we have a basic standard of care in our statutes. The idea for this bill is derived from House file (HF) 1233, a 2013 Omnibus Bill from Minnesota. That bill establishes requirements for instructors, training content, and competency evaluations for unlicensed personnel. That training includes the prevention of falls for providers working with elderly or individuals at risk of falls, amongst other essential training.

What I would like to do is highlight some things about A.B. 299. First, A.B. 299 does not apply to licensed professionals listed in *Nevada Revised Statutes* (NRS) 629.031. That statute includes, but is not limited to, some of the following licensed or certified professionals in Nevada: physician assistants, licensed nurses, emergency medical technicians (EMT) and paramedics, registered physical therapists, chiropractors, and licensed

dietitians. It does not apply to those professionals. What A.B. 299 does require is basic training for those who work in or for health care facilities, but who are not licensed or certified.

These individuals typically do not have health care or medical backgrounds, and they are often referred to as paraprofessionals. These paraprofessional positions are sometimes entry level, depending on the hiring at the facilities. While training can be conducted upon hiring, what A.B. 299 does is set basic requirements critical to care for these populations. What paraprofessionals are doing is helping patients as far as bathing, eating, getting dressed, and assisting with examinations and therapy with other health care professionals. We have worked diligently with numerous stakeholders to make necessary amendments to A.B. 299. Our conversations have examined federal regulations, state standards, and surveyed facilities and variances between city and rural facility care.

With the help of these stakeholders, we have drafted conceptual amendments, so the bill is aligned with the care provided in our care facilities. Each of you should have a copy of the conceptual amendments (Exhibit M). The first conceptual amendment modifies the facilities that will be affected. We will not include all of the facilities listed in the bill. We are going to reassess the need for training for the individuals specifically in the following agencies: those that provide personal care in the home, facilities for the care of adults during the day, and homes for individual residential care. Others to be considered are supportive living arrangements (SLA), and community-based living arrangements (CBLA). Regulations and surveys for these facilities differ considerably compared to the initial list, and we will further review these guidelines at each type of facility. We were able to acquire data on a number of these facilities that could be affected by this bill. There are 203 agencies that provide personal care services in the home, there are 22 adult day care facilities, and there are 129 homes for individual residential care. We do not have the numbers for the SLAs and the CBLAs.

Under section 1, subsection 2 of the bill it says, "The training required by subsection 1 must be conducted by a registered nurse." We are going to amend that out to expand the training requirement to include other professionals who are not necessarily registered nurses (RN), so we can include a certified trainer as approved by the body who regulates the agency or facility. We just do not want to put a burden on registered nurses or the facilities. That would be counterproductive for the facilities to accomplish what we would like to accomplish. There might not be an in-house registered nurse available. This allows the facility to identify an appropriate trainer.

The requirements in A.B. 299 apply to a range of facilities that provide differing levels of care and services. Given the broad range of these care services and the levels of training provided, the final amendment will revise the list of necessary training requirements for the individuals within each of the facilities. In section 1, subsection 2, the necessary training is extensive and ranges from requirements for documenting care to safety techniques. After many conversations with stakeholders, we will also adjust the guidelines to what is deemed suitable for these facilities.

While these amendments noticeably alter the initial bill, we are confident that with the continued collaboration with the stakeholders, we will craft a piece of legislation that will work for everyone. Again, the sole intention of the bill is to protect persons who are aged, infirm, or have physical or intellectual disabilities. We want to make every effort to insure that the purpose comes to fruition for our family members, our elderly, and our friends and family that are in facilities.

Assemblyman Thompson:
Thank you for bringing this forth. How do we ensure that this is practical, and they actually have to practice it and it will not be learning it out of a book? They will be doing these practices with the trainer, correct?

Assemblywoman Cohen:
I think that is why we brought the amendment. The stakeholders had concerns about the training. I think bringing them in will ensure that the training is done properly. Because there will be people in the facilities doing the training, they will be making sure that is covered. These are people already working. They have already hired them, so they want to make sure they are doing the best they can do.

Assemblyman Thompson:
I just do not want this to be all lectures. They have to role-play and be evaluated from there.

Assemblywoman Cohen:
The stakeholders may be able to address that more thoroughly. Again, these are people who have already been hired, and they are already doing these things. We just want to make sure they are getting that training.

Chairman Sprinkle:
We are talking about how they show competence. You said they must complete a competency evaluation. What is that evaluation? Is maintaining their job going to be based on whether or not they pass this competency evaluation?

Assemblywoman Cohen:
That is something we are still working on fine-tuning—the competency evaluations. Again, they are people who are already in the facilities; we are trying to make sure they are getting that training. I can certainly talk with the facilities to get more of a feeling of if that is necessary because a lot of facilities do already have training going on as a result of federal regulations and existing state regulations. We are just trying to set a baseline for these other people who are working with them.

Chairman Sprinkle:
I would like to know what your thoughts are as far as whether or not job performance or even maintaining the job will be dependent upon passing this. It does say "successfully complete," and we are putting that in statute. That is a hard hammer. I am wondering what your thoughts are as far as where you think that is going to go.

Assemblywoman Cohen:
Certainly, we do need people to be able to complete these tasks properly. If someone cannot properly get a tenant—someone who is living in a facility—out of a bathtub and cannot understand how to do that without possibly causing a fall—that could be an issue. That is something where someone could lose a job—if after proper training, there is still a chance of someone being hurt because a paraprofessional is not able to learn how to do this. Then yes, someone could lose his or her job because of that.

Chairman Sprinkle:
Along the lines of the training, I do have a few questions. I recognize in your amendment that you expanded who can do the training because requiring just RNs to do it would be very limiting. Even under the expansion of the amendment, you are still talking about other certified or licensed individuals. Your list of everything that is to be taught is comprehensive, and it is rather broad-based. I am wondering how a person will be taught all of this by a single trainer if that person certified to do the training is not necessarily competent in one of these skills. Why is the assumption there that any of these individuals would have all of the knowledge necessary to be able to teach someone else everything that is on the list?

Assemblywoman Cohen:
I can discuss that with the stakeholders and make sure that they do believe there is the competence to do all of the training. The concern with the RNs was that there is not necessarily an RN at all of the facilities. We want people to get the training, but we do not want the facilities burdened so that they cannot provide the training. We are trying to walk a tightrope and ensure that it is done to a level of providing safety for people while still being able to be provided to the different facilities. That is why we are looking for someone who is certified, so we know they can provide the proper training.

Chairman Sprinkle:
What if this happens: If they find the appropriate person working under a license or certification and they train an individual who passes the competency exam then subsequently, the next day, that individual drops someone as they are moving them from a wheelchair to a bed. Where does the liability lie with that? We are asking people who have a certification or a license to do their job in the facility as a nurse or occupational therapist now being asked to do something else that may or may not be within the scope of their license. If someone is injured in the process, who is liable? Is it the individual who passed the competency evaluation, the trainer, or the facility?

Assemblywoman Cohen:
I do not want to answer a legal question, but as far as the bill goes, we did take out some provisions that did have some liability for the trainer. That has come out. Already in the facilities, there is training going on. This is not something new; we are just adding some training for paraprofessionals. I do not want to answer a legal question and give a legal opinion, but it will not be with the trainer. The facilities do have legal responsibility to care for the people they are providing care to.

Assemblywoman Titus:
When I am reading the description of the education and the requirements, it sounds very similar to what a certified nursing assistant (CNA) does. There is already an existing professional there. I started as a certified nursing assistant, but I was wondering where the difference is and why would they do this when they could hire a certified nursing assistant? Is there anything different in this that is not covered by certified nursing assistants?

Assemblywoman Cohen:
I believe a certified nursing assistant is different. I am going through the list in NRS 629.031, but it is an extensive list. Several people are not certified nursing assistants that are hired by facilities. They do many different things within facilities. Again, this is to make sure there is extra care given at the facilities. You could be helping a resident and not be a certified nursing assistant but still be helping with bathing, feeding, and exams. We just want to make sure paraprofessionals are getting that training, so they know what to do to help their patient, so that they do not slip and fall.

Assemblywoman Benitez-Thompson:
As I was reading the bill, I was actually thinking that it got to a place where it was a lot more clean and precise. I like the amendments, but as I look at the training and the things that are mentioned, for me, the experience is set. You can tell when you walk into a care setting, for example, residential living facilities, who are the ones who have had training and the ones who have not. The gold standard is to have all of those people be licensed CNAs. Unfortunately, that is probably cost-prohibitive as a business model. While you might have a medical director or an RN overseeing everything, they are not in there every day doing the day-to-day tasks. The goal is that those people who are not otherwise licensed, who do not have CNA training or any other licensed training, would at least know the basics of how to properly clean someone when you are changing out a brief, or how to properly dress and undress them. Sometimes it is so easy to tell the person who has had what essentially ends up being a fairly quick training on how to transfer a patient versus someone who has not been trained to do a safe transfer.

While it looks like an exhaustive list, to me this is something I think could be covered in an hour or two. I do not think we need an eight-hour course for each one of these; a lot of them are about the hands-on approach and the physical approach. Once you talk about how to properly do a transfer and how to dress and undress, you are already talking about grooming and bathing. It all ends up flowing together.

The Health Insurance Portability and Accountability Act (HIPAA) regulations are important because some of the individuals who are in these facilities have not had to be trained on HIPAA, but they are the ones who family members are talking to the most. They might not realize that having a conversation in a room full of people about a person's care is probably not the most compliant way to have a conversation when they could move into a separate room. I am thinking that is who you are trying to capture.

Assemblywoman Cohen:
Thank you, you said that better than I did. There are many uncertified people in facilities that have their hands on patients, and while there are a lot of very good facilities that are giving training, and we know they are giving training, we just want to make sure there is a floor within the state and that everyone is getting that training.

Barry Gold, Director, Government Relations, AARP Nevada:
AARP was very glad to be brought into this discussion. When the bill came out, there was a lot of concern from many of the providers and facilities about what this was going to do and what this was not going to do. AARP was glad to be part of the discussion because the providers represent the industries and the facilities and the paid staff. AARP represents the people—the families and the individuals that walk through the door who "have stuff done to them." Some of the facilities that are being talked about do not use CNAs; they do not have licensed certified staff almost at all. They have paraprofessionals.

At best, we fingerprint, background check, and require they have a tuberculosis (TB) test by law. I think there are a lot of things we need to look at, so that when an individual considers going to one of these facilities for care and when they walk through the door, they want to be sure they are getting appropriate or good care. We can all agree on that. They need to be sure that the staff who are being paid to provide the care know what they are doing, and they have received this training.

Right now, some of these facilities choose to do whatever they want, and there is not a lot of oversight. As I said before, we need more than just fingerprints, background checks, and TB tests for those who care for our elders and for people with disabilities or emotional difficulties. We will know that the people who are being paid to take care of the most frail and vulnerable are being trained in some way or another. I mentioned that a lot of facilities do not have these people, so it is important we consider that training.

In terms of the list of skills that needs to be trained on, it is certainly something the industry can work with. It is not something AARP gets involved in. Hopefully, we will work with the industry and talk with them to come up with what makes sense and what they need to do and who in the facility needs to know those things. If it was your family member there, you would want to know that the person who is taking care of them know what they were doing. Because of that, on behalf of the more than 330,000 AARP members in Nevada, which is more than 10 percent of the population, we urge you to pass this bill. We understand that it is a work in progress with the conceptual amendment. AARP was glad to be brought in to work with the facilities and providers and to represent that voice of the individual in the facility.

Assemblyman Yeager:
I just had a question about the conceptual amendment. Item 3 talks about training. Is it your intent to figure out who needs the training and then train all of those people in a similar fashion? Or is the training intended to be more specialized depending on what duties the person is performing?

Jeanne Bishop Parise, Executive Director, Nevada Assisted Living Association:
I was on the Governor's Advisory Task Force in 1987 when we had to roll in the training requirements for certification of certified nursing assistants within the nursing facilities. You will find those training parameters and rules within the Nurse Practice Act in NRS Chapter 632. Those are a lot of what Assemblywoman Titus was referencing. That is why in the conceptual amendment we are going to exempt the skilled nursing facilities, because the certified nursing assistants are already cleared through the State Board of Nursing. It allows for reciprocity from other states; it also allows for people such as myself when I was training in administration and became a certified nursing assistant. My instructor exceeded the Nevada requirement of 75 hours, 60 hours of which was in classroom, 15 hours of which was in lab. I also had competency testing. However, my trainer was an LPN staff developer. You have people in the facilities.

I would encourage that the skilled nursing facilities and the residential facilities for groups with the more trained parameters by statute and certification be excluded from this. Then look at NRS Chapter 632 and develop the training the Committee wants to see for the personal caregivers in the home that go in without someone supervising them and very often give one-to-one care. That is much needed. We support that.

Assemblyman Yeager:
Thank you, I appreciate that. In terms of the amendment, once we figure out which group of people need the new training, is it going to be the same training for all of those people or will it be individualized based on what their tasks are?

Jeanne Bishop Parise:
I would think within NRS Chapter 632 there are some generalized curriculum requirements such as Assemblywoman Benitez-Thompson mentioned. We run all of ours through compliance training for abuse, neglect, and exploitation as well as HIPAA. Then there is what Assemblywoman Cohen mentioned about falls and other similar things. You could use a broad base that would apply to these settings in the home, SLAs, and CBLAs, but not be so specific that you have no way of telling if someone had that curriculum and competency testing in those areas. Most of the regulations that come forth with certification and training requirements within settings like this allow for a pass rate of maybe 70 percent and allow the certified or trained instructor to develop their own testing.

Chairman Sprinkle:
Thank you very much. We will open up for testimony in support of A.B. 299. [There was no one in support.] Is there anyone in opposition? We will begin in the south.

Michael DiAsio, Board Member, Personal Care Association of Nevada:
We are against A.B. 299. Our industry is a non-medical industry. Our caregivers perform care in the homes, and they are trained. Our training is not done by nurses. We do not have nurses on staff; we are not required to. I believe it would be very difficult for us to employ and hire nurses for essentially a two-day training course. We go over and above the state requirements on the training. We also sit on an advisory committee to the Bureau of Health

Care Quality and Compliance. They have never told us there are any issues with our training, falls, or the previous things mentioned. I am not sure why we are included in this legislation. I understand where you are coming from; I just do not know why we are included, and that is why we are against it. It will eventually just drive up the cost to seniors and the disabled who receive our service. [Submitted written testimony (Exhibit N).]

Chairman Sprinkle:
We will bring it back to the north.

Eva Medina, Program Manager, Consumer Direct Nevada:
We are a licensed personal care agency providing self-directed services statewide. The philosophy of self-directed care is that the client is the managing employer. They are responsible for training their caregivers with our support. Under the design of our program, requiring a certified trainer to deliver the training would affect the flexibility and control of the client. We generate 95 percent of our revenue in Nevada Medicaid funds; we could not bear the additional regulatory cost if this bill were to pass. [Written testimony was submitted (Exhibit O).]

Connie McMullen, representing Personal Care Association of Nevada:
I appreciate the fact that some of my colleagues that own or work for a personal care business gave testimony before me, because I am a businessperson. To me, this is a matter of business. I think training is absolutely necessary, but personal care agencies are required by the Department of Health and Human Services to have 16 hours of regulation training. We made sure that was in there in 2002 when personal care was not even licensed. We are always concerned that someone in a home does get the care they need, and they are not dropped while being transferred from a bed to a wheelchair. I agree this is very important. However, throughout time, Medicaid has condensed the time element of care divided into four fifteen-minute segments. They are reimbursed $17 per hour, so it is $4.25 per 15 minutes. In that time, I have heard throughout the years that it is difficult to do that job. Especially if you have to go to rural areas and are on a timeline. That is not to say they should not be trained to do this, but what you are asking is for them to pay someone to provide training that is more extensive than what they are able to give.

Maybe that belongs in the home health agency that does this and has certified nurses. Some of the personal care agencies that do not take Medicaid do have a health nurse on staff. When I first read this, I thought this is unreasonable for an industry that is really suffering as it is with the reimbursement to take Medicaid patients.

When I was first hired by the Personal Care Association of Nevada to do this, there were 232 personal care agencies statewide. Today I heard there are 203 agencies. I did not know it had declined that fast since last year. A lot of it has to do with some of the constraints that are on them. We have three minimum wage bills this session, three sick time bills, a provider tax bill for the business to draw Medicaid from the states, and there is a rating system that is currently in place for assisted living and nursing homes that they want to apply to all facilities. They are rated from A to D and are forced to pay to resolve issues if they get a

poor survey. The industry is not saying they will not do the training. Collectively, it is all of these things coming together all at once. We all want to take care of people. If they are not in the nursing home, they are home receiving care—that is exactly where they want to be, and they are receiving the care exactly how they want to get it.

When you start talking about additional training and competency training for staff that is often part-time and paid very little to work very hard, it is a little much. To put this in NRS instead of regulation is really far-reaching. My recommendation would be to look to the Division of Public and Behavioral Health to develop a set of criteria. This is not one size fits all. We are talking about facilities, and in personal care, there is no brick-and-mortar building—we go out to the home. The criteria could be developed by the agency itself. That might be more reasonable.

Chairman Sprinkle:
Is there anyone else in opposition? [There was no one.] Is there anyone neutral to A.B. 299?

Michael Hillerby, representing the Nevada State Board of Nursing:
I would like to start by acknowledging Assemblywoman Cohen and apologizing. Because we were not involved in the formation of the bill, and it did not open our chapter, it was not something the State Board of Nursing looked at very closely. We realize that as the bill is currently written it has registered nurses doing the instruction. The Board has prepared another amendment. If you look at the provisions on page 2, in subsection 2, paragraph (a) through (o) of the various things, it looks an awful lot like the curriculum and requirements for a certified nursing assistant. We have some concerns and some confusion we need to work through. We are happy to do that with the sponsor of the bill and the Committee as it moves forward.

Are you having a registered nurse that is competent in that field do the instruction? You would not necessarily take a nurse out of a telehealth setting or a school nurse, and in their off time provide instruction because their education and core competencies are not in this population of people. There are also some limitations on what activities a nurse can assign to non-licensed persons. I am not sure which facilities will be included in the bill. That would be easier for those that have registered nurses on staff working full time. Those nurses would have the core competencies in these areas. For the smaller facilities that do not have RNs on staff, who they brought in would need to work through that in order to make sure the people they instruct are competent. We need to work through what it means to have this. Much of the curriculum for a certified nursing assistant is being offered, but those people are not going to be certified.

I hope that that does not generate complaints to the Board for people engaging in the unlicensed practice of nursing. We want to be sure that the people that work in these facilities are able to care for those they are asked to care for, but not put them in potential harm or waste the time of facilities, caregivers, and the Board.

Cara Paoli, Deputy Administrator, Aging and Disabilities Services Division, Department of Health and Human Services:
One of the concerns that we had is the ability to recruit nurses. I know there is a conceptual amendment that addresses that, but that would be a big burden to our providers under NRS Chapter 435 for developmental services. We also would need to require additional quality assurance staff through the state to provide the oversight required for this regulation and the competency evaluations. Some of these areas outlined here do not apply to our supportive living arrangements. We do not have patients; we have people that we serve and provide support to. They have habilitation plans where they are learning how to do some of these things such as grooming, hygiene, and bathing. They have specific plans that outline exactly what is expected. This would be duplicative in a lot of different areas. We also are not able to record vitals. Our direct care staff is not allowed to do that by law. Some areas would come into conflict.

Chairman Sprinkle:
Is there anyone else neutral? [There was no one.] Assemblywoman Cohen, you may come back up.

Assemblywoman Cohen:
Thank you for all of your questions and the conversation. We have been working very hard on this for the last few weeks, and there is still work to be done. I just want to address briefly a bit of what was stated in the opposition. To reiterate, nurses are not required to do the training. The training will be done by certified trainers approved by the bodies who regulate the facilities or the agencies. That does open up who can do the training. These paraprofessionals are currently not required to be trained. If facilities are doing training, that is wonderful. We want that, but they are not required by the state to be trained. They are not licensed or certified; we want to make sure they are getting training because they are taking care of people in very vulnerable positions. As Assemblywoman Benitez-Thompson pointed out, there are other things involved with HIPAA going on. We are not looking for a one-size-fits-all; we are working toward coming to some sort of resolution. I hope that anyone who had concerns about the bill will reach out to me as we come to some sort of agreement. Thank you.

Chairman Sprinkle:
I will close the hearing on Assembly Bill 299 and turn the meeting over to my Vice Chair.

[Assemblywoman Joiner assumed the Chair.]

Vice Chair Joiner:
I will open the hearing on Assembly Bill 428.

Assembly Bill 428: Revises provisions governing the acquisition and use of opioid antagonists. (BDR 40-620)

Assemblyman Michael Sprinkle, Assembly District No. 30:
I am here to present Assembly Bill 428. The vast majority of the bill in front of you is no longer being presented; it has all been struck out through an amendment (Exhibit P). I want to take us back to two years ago where a rather comprehensive bill was passed that dealt with many aspects of opioid abuse and overdose [Senate Bill 459 of the 78th Session]. One of the significant things that came out of that bill from two years ago was an ability for certain individuals, including first responders, family members of people who had addictions to opioids, and some others to access an opioid reversal drug called NARCAN. They did this through a prescription for this drug, going to a pharmacy with an appropriate consultation, and they were able to get this drug.

The importance of this cannot be understated because an opioid overdose leads almost immediately to respiratory arrest. You know what my other profession is—I have seen this many times. One of the drugs we can give as paramedics is naloxone or NARCAN. It stops the effects of the opioid and allows them to start breathing again. It is the wonder drug; people sit around and start to clap because they were not responsive and the next second they were asking what is going on. It really does work that quickly.

What this bill proposes to do is to take it to the next step. It allows any of us to obtain NARCAN over the counter. You would still need to talk to the pharmacist and receive a consultation to the individual requesting the drug, similar to what we built into the law two years ago. One of the most important things that we came to find over the interim sessions was that a lot of the information that went along with the Good Samaritan aspects of giving this drug was not being portrayed adequately and was not getting out to society as a whole. Even if you are using with the person next to you, if they overdosed and you gave them the NARCAN, if you give it you will not be held criminally responsible by calling 9-1-1.

The reality is any opioid drug stays in your system a lot longer than the NARCAN does. It is vitally important that they have this consultation with the pharmacist, so that the pharmacist can explain they still must call 9-1-1 and have a paramedic show up to get them to the hospital, so they stay alive. However, this drug is vitally important in saving people's lives, and I do believe at this point that we need to make it accessible to all. What we did amend out were many of the requirements in the original bill that had to do with the school districts. That was not the intent of this bill. It was not what I and others were trying to get at. This was simply a means to allow the public as a whole to obtain NARCAN through a pharmacy. That is the whole extent of the bill.

Assemblywoman Miller:
The intention is not to put it on the schools, and that will be stricken out. I just want to make sure, because we do not see any documents on the Nevada Electronic Legislative Information System (NELIS) yet.

Assemblyman Sprinkle:
Yes, it should be up any minute. I will make sure you all get it. That amendment strikes out about 80 percent of this bill. The rest is what I just described. The schools have all been

struck out of this bill. The whole intent of this bill was to make it an over-the-counter medication, so anyone who had the desire to obtain it could go to a pharmacy and get it with the caveat of the consultation with the pharmacist.

Assemblywoman Miller:
Could you help me picture what this looks like? I would still suggest the number one thing to do is call 9-1-1. I understand that some people do not want to because they are afraid they will get in trouble. Help me understand. If I need a prescription to have it on standby, how do I say I want this just in case? Is this something I keep in my home or I carry with me? We should always call 9-1-1 first.

Assemblyman Sprinkle:
The fundamental difference, compared to what you just said, is that this is not going to be a prescription anymore. You can walk in as if it were aspirin or Tylenol with the caveat that you must have that consultation with the pharmacist. That is existing language from the bill two years ago. The intention behind that is to explain what the Good Samaritan laws are that we passed two years ago, so you are protected if you call 9-1-1, regardless of if you have an illicit drug on you. At the moment, you are considered trying to save someone's life, so you are protected at that time for calling 9-1-1. There is no intention to get away from calling 9-1-1 because the NARCAN will be consumed by the body and be excreted sooner, and its effects will wear off before the opioid does. Even though they woke up, if you do not call the paramedics, it is very likely they will go back into that comatose state, or even stop breathing again. That is the relevance and importance of calling 9-1-1, regardless of whether you have given NARCAN.

It is important to say there is no requirement that any of us has to carry NARCAN. The way I envision it is that it will typically be those individuals where this is their lifestyle. I am not making a judgment—it is simply stating that this is a drug with minimal to no side effects, and there is absolutely no reason not to give it in a time of need other than the fact that it wears off quickly.

Assemblywoman Miller:
It sounds more as if a family member of someone with addiction issues would use this. I appreciate that people are dealing with these family members and friends who have addiction issues. Is there any concern about the addicted person using it too often, similar to benders in regards to alcohol?

Assemblyman Sprinkle:
I understand your question. I have never heard that specific concern brought up other than to the extent they would be doing this in a group. An individual would never give NARCAN to themselves because they will be unconscious. It would come down to if others in the group had it to give. That is the point I am making. Would it lead to greater use of opioids? In my personal, if not professional opinion, at that point we are talking about someone that has overdosed and is not breathing. Regardless of the reason why, the mere fact that drug is

accessible and available and it will keep someone alive. With the call to 9-1-1, we will get them to the hospital and hopefully social services will get involved, so we can start getting them the help they need.

Vice Chair Joiner:
I just want to let the Committee know that we do have your amendment now.

Assemblyman Yeager:
I am not too familiar with NARCAN. I just wondered if you could explain how it is administered. Is there a standardized cost for NARCAN?

Assemblyman Sprinkle:
I do not know what the actual cost would be. In the old days, it was only delivered through injection, which is why only specific people who were taught to give injections could give it. Since then, there have been technological changes and differences. Now, there is the auto-injectable form, which we see with epinephrine, but now you can also give it through a nasal spray similar to flu vaccinations. They are very simple, easy ways to administer it now without something as invasive as a needle injection.

Assemblywoman Titus:
Having been part of the lengthy conversations last session, we heard testimony from several folks who had actually overdosed and used this repeatedly, but they did not intentionally overdose knowing that their friend or significant other was there with the antidote. We were concerned so we asked that question too, but we got past that. As Assemblyman Sprinkle said, regardless of whether they push the envelope, it is still important that we have this because it does save lives. All reference to schools has been struck. I am trying to figure out what this does differently than last session. It only allows a person with or without a prescription to obtain NARCAN. If they approach the pharmacist for NARCAN, the pharmacist is to give them instruction on the proper use of NARCAN. Is that the sole purpose of this bill?

Assemblyman Sprinkle:
If you do recall from last session, the caveat was that it was still a prescription. Family members or others that were expanded to have access still had to show to a physician or prescriber the need. This bill makes it accessible to all. In addition to your first statement, you were correct, that part of the discussion did occur as far as using it and always having NARCAN there in case someone did overdose. My answer to that was that an individual would not choose to overdose knowing they had the NARCAN because they would be unconscious. I do appreciate your bringing that up.

Assemblywoman Titus:
I really appreciate your bringing this and taking out the schools. Looking at the bill as written and the amendment, I think that this is the critical component that we did not succeed

in last session that brings this forward. I think this is what the intent was last time to help prevent these horrible and unnecessary overdoses that we see so much of. I appreciate your clarification.

Assemblyman Sprinkle:
In the amended version, section 2, subsection 3, it talks specifically about what that consultation will be. As I said, this is existing language. We found this information was not getting out. This is one more way for people that are in this lifestyle to now get this information.

Vice Chair Joiner:
Are there any other questions from the Committee? [There were none.] We will move to testimony in support of the bill.

Wendy Stolyarov, Legislative Director, Libertarian Party of Nevada:
The opioid epidemic is incredibly deadly. Opioid drug overdoses have killed more than 560,000 Americans since 1999. We can prevent some of these overdoses by reducing prescription drug controls around the antagonists that are used to treat them. The Libertarian Party of Nevada believes that A.B. 428 is a commonsense, compassionate, life-saving measure. We applaud Assemblyman Sprinkle for bringing this forward and endorse it wholeheartedly. We encourage you to do the same. Thank you.

Vice Chair Joiner:
Is there anyone else in support? [There was no one.] Is there anyone in opposition? [There was no one.] Is there anyone neutral to the measure? [There was no one.] Are there closing remarks? [There were none.] I will close the hearing on A.B. 428.

[Assemblyman Sprinkle reassumed the Chair.]

Chairman Sprinkle:
Thank you, Madam Vice Chair. I will open the hearing on Assembly Bill 473.

Assembly Bill 473: Provides for the continued inclusion of certain drugs on the list of preferred prescription drugs to be used for the Medicaid program. (BDR 38-977)

Marta Jensen, Acting Administrator, Division of Health Care Financing and Policy, Department of Health and Human Services:
I am here to present our bill, Assembly Bill 473. As written, this bill would eliminate the sunset language of *Nevada Revised Statutes* (NRS) 422.4025, which would allow the Nevada Medicaid fee-for-service program to continue to manage atypical and typical antipsychotic, anticonvulsant, and antidiabetic medications on the preferred drug list. However, after discussions with the Chairman, we have agreed to extend the sunset date to June 30, 2019. An amendment will be submitted for this bill. During the interim, we agreed that we will establish a work group of stakeholders to work diligently towards a resolution, and we intend to report to the Legislature our progress and the outcome.

Chairman Sprinkle:
Thank you for that quick overview. I do appreciate the conversations I have had with you and others. I am certainly in agreement with the amendment. Are there any questions from the Committee? [There were none.] Is there anyone in support of A.B. 473? [There was no one.] Is there anyone in opposition to A.B. 473? [There was no one.] Is there anyone neutral to A.B. 473? [There was no one.] I am hesitant to say that was the easiest one this session, but I will. I will close the hearing on A.B. 473.

Marsheilah Lyons, Committee Policy Analyst:
Recognizing Friday's deadline date, I wanted to remind those whose bills were heard today, or which have not been work-sessioned, we need to get amendments in no later than 10 a.m. tomorrow [April 13] for Friday's work session.

Chairman Sprinkle:
I will open public comment.

Barry Gold, Director, Government Relations, AARP Nevada:
I apologize. I was in another meeting, but AARP is in support of A.B. 473. I realize the hearing has been closed, but it is very important that these people on Medicaid have access to these drugs. We have been pleased to weigh in on this subject many sessions now, so we are in support.

Chairman Sprinkle:
Is there any other public comment? [There was none.] I will close public comment. This meeting is adjourned [at 2:16 p.m.].

RESPECTFULLY SUBMITTED:

_____
Kailey Taylor
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 the Work Session Document for Assembly Bill 307, presented by Marsheilah Lyons, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

Exhibit D is the Work Session Document for Assembly Bill 340, presented by Marsheilah Lyons, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

Exhibit E is the Work Session Document for Assembly Bill 408, presented by Marsheilah Lyons, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

Exhibit F is written testimony in support of Assembly Bill 408, submitted by Heidi Parker, Executive Director, Immunize Nevada, dated April 6, 2017.

Exhibit G is the Work Session Document for Assembly Bill 422, presented by Marsheilah Lyons, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

Exhibit H is the Work Session Document for Assembly Bill 424, presented by Marsheilah Lyons, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

Exhibit I is the Work Session Document for Assembly Bill 474, presented by Marsheilah Lyons, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

Exhibit J is the Work Session Document for Assembly Bill 95, presented by Marsheilah Lyons, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

Exhibit K is a proposed amendment to Assembly Bill 95, submitted by Assemblywoman Teresa Benitez-Thompson, Assembly District No. 27.

Exhibit L is a proposed amendment to Assembly Bill 95, submitted by Assemblywoman Teresa Benitez-Thompson, Assembly District No. 27.

Exhibit M is a proposed amendment to Assembly Bill 299, presented by Assemblywoman Lesley Cohen, Assembly District No. 29.

Exhibit N is written testimony in opposition to Assembly Bill 175 and Assembly Bill 299, submitted by Michael DiAsio, Board Member, Personal Care Association of Nevada.

Exhibit O is written testimony in opposition to Assembly Bill 299, submitted by Eva Medina, Program Manager, Consumer Direct Nevada, dated April 12, 2017.

Exhibit P is a proposed amendment to Assembly Bill 428, presented by Assemblyman Michael Sprinkle, Assembly District No. 30.