

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

**Seventy-Ninth Session
April 14, 2017**

The Committee on Health and Human Services was called to order by Chairman Michael C. Sprinkle at 12 p.m. on Friday, April 14, 2017, in Room 3138 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. The meeting was videoconferenced to Room 4401 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
Terry Horgan, Committee Secretary
Trinity Thom, Committee Assistant

Minutes ID: 801



OTHERS PRESENT:

James L. Wadhams, representing Nevada Hospital Association
Susan Fisher, representing Ambulatory Surgery Center Association, Alexandria, Virginia
Catherine O'Mara, Executive Director, Nevada State Medical Association
Paul Shubert, Bureau Chief, Bureau of Health Care Quality and Compliance, Division of Public and Behavioral Health, Department of Health and Human Services
Morgan Alldredge, Executive Director, Board of Psychological Examiners
John Muran, Private Citizen, Reno, Nevada
Frances Tryon, President, Hillside Cemetery Preservation Foundation, Reno, Nevada
Kevin Muran, Private Citizen, Reno, Nevada
Barrie Lynn, Private Citizen, Reno, Nevada
Jay Carter, Private Citizen, Sparks, Nevada
Lois Kelly, Private Citizen, Carson City, Nevada
Robin Rosasco, Private Citizen, Sparks, Nevada
Neil Brooks, Private Citizen, Reno, Nevada
Bradley Carlson, Private Citizen, Reno, Nevada
Donn Dalton, Private Citizen, Reno, Nevada

Chairman Sprinkle:

[Roll was taken. Committee rules and protocol were explained.] I will go ahead and open up the hearing on Assembly Bill 89.

Assembly Bill 89: Revises provisions relating to surgical centers for ambulatory patients. (BDR 40-364)

Assemblyman James Oscarson, Assembly District No. 36:

Today, I am here to present Assembly Bill 89 as the chair of the interim Legislative Committee on Health Care. The Committee was established in *Nevada Revised Statutes* (NRS) 439B.200 and has broad authority to review and evaluate the quality and effectiveness of the overall system of health care in the state. During the 2015-2016 Interim, the Committee was composed of me, Senator Joseph P. Hardy, Senator Ben Kieckhefer, Senator Pat Spearman, Assemblywoman Teresa Benitez-Thompson, and Assemblyman David Gardner. Over the course of seven day-long meetings, the Committee considered numerous issues affecting the health and health care of Nevadans. One issue raised before the Committee was related to ambulatory surgical centers. Such facilities are defined in NRS as facilities with limited medical services available for diagnosis or treatment of patients by surgery when the patient's recovery, in the opinion of the surgeon, will not require care as a patient in a facility for more than 24 hours. The Nevada Hospital Association (NHA) urged the Committee to review statutes relating to ambulatory surgical centers to ensure patient safety; however, at the time of the Committee's final meeting and work session, the NHA and the Ambulatory Surgical Center Association were working collaboratively to address these concerns and develop statutory changes agreeable to both organizations. The Committee approved the language proposed in A.B. 89, knowing that it would likely be revised once the

parties had come to an agreement. You should have a proposed amendment before you ([Exhibit C](#)). There has been a tremendous amount of work on both sides of this issue. I am grateful that the two entities that negotiated this are both here to share their thoughts about the bill. They will discuss the amendment and why the bill is necessary.

James L. Wadhams, representing Nevada Hospital Association:

I would like to thank the Chairman of this Committee for granting those of us working on this issue the extra time to bring it to what I think is a fairly straightforward and very effective solution. As your Committee members know, the use and access to ambulatory surgical centers is becoming far more effective and frequent. It occurred to the Nevada Hospital Association, who also uses ambulatory surgical centers (ASCs), that it was important that the licensing agencies made sure that all those facilities are in compliance. As a result of that, in August 2014, an agreement was entered into between the Nevada Hospital Association and the Division of Public and Behavioral Health of the Department of Health and Human Services. That should be on the Nevada Electronic Legislative Information System (NELIS) ([Exhibit D](#)). It is an iteration of a process of going forward. Also on NELIS is an example of efforts by the Division, which issues quarterly reports. The most recent one is on NELIS ([Exhibit E](#)). They have prepared these reports since the stipulation was entered into in 2014. Without belaboring the point, Committee members will see that the Division is effectively policing and beginning to ensure that there is broad compliance with the existing laws.

The amendment we are offering is intended to replace the existing language in the bill. The simplicity of the amendment is a statement of legislative intent, recognizing the efforts of the Division and continuing that by requiring that they file these quarterly reports with the Legislature itself. Then there is one public place where these reports can be accessed by all.

I want to commend the Division for their efforts over the last several quarters to bring broader and more comprehensive compliance. It is a public safety issue; it will apply equally to stand-alone ASCs as well as those that are attached to medical facilities such as hospitals. We are hoping that the Committee will support the amendment that strikes all the existing language and replaces it with a recommendation to the state agency enforcing this to continue their efforts and file those reports with the Legislature.

Susan Fisher, representing Ambulatory Surgery Center Association, Alexandria, Virginia:

We appreciate the additional time you gave us to work out the issues we had with the bill, and we also appreciate the efforts of Assemblyman Oscarson who brought us together and helped initiate the negotiations, as well as the efforts of Kathleen Conaboy who did yeoman's work on this bill. We do support the bill with the proposed amendment which amends the original bill. This is compromise language you see here. The Ambulatory Surgery Center Association is fully committed to assisting our member ambulatory surgical centers in understanding and complying with the pertinent federal and state guidelines, as well as the national accreditation standards, and also in being in compliance with all the regulatory oversight requirements. We do support the bill with the proposed amendment.

Chairman Sprinkle:

Is there anything else, Assemblyman Oscarson?

Assemblyman Oscarson:

Thank you, Mr. Chairman. I hope you are as happy as I am that this is coming to a conclusion.

Chairman Sprinkle:

I want to applaud everyone for coming together, because we started negotiating this at the start of session. Are there any questions from the Committee?

Assemblywoman Titus:

I am curious regarding the new section X, subsection 3, that the "Division of Public and Behavioral Health . . . file a . . . quarterly report with the Legislature." What documentation will they be gathering in those quarterly reports? Is it going to be usage, patients, and compliance? Does every center get evaluated quarterly?

Jim Wadhams:

To a certain extent, the report speaks for itself, but the important piece revolves around two components that are important for all medical facilities. One is data reporting generally. That will allow the state to collect data about the utilization of those facilities. That is a piece of the data referenced in the quarterly report. The second element is monitoring not only the safety, sanitation, and hygiene of the facilities, but also the procedures. The quarterly report contains sections that identify those elements so they can verify that proper admissions and proper discharges are being conducted. This would be at a topical level first. If they see aberrations, they could go deeper, but it is characteristic of the licensing and auditing processes for all medical facilities. They will all be under equal observation.

Assemblywoman Titus:

When you say report to the Legislature, are you going to report to an interim committee? What component of the Legislature are you reporting to?

Jim Wadhams:

The answer to that question is in the hands of the Legislature. It would be sent to the Legislative Counsel Bureau. Presumably, it would be referred to the interim legislative health care committee, but that is an internal decision. It would probably be "as directed by the Legislature" to be rereferred.

Chairman Sprinkle:

Are there any other questions from the Committee? [There were none.] If there is anyone here who is in support of A.B. 89, please come forward.

Catherine O'Mara, Executive Director, Nevada State Medical Association:

The Nevada State Medical Association does support the compromise language in the amendment, and we appreciate the leadership of Assemblyman Oscarson and the work of Ms. Conaboy and Mr. Wadhams to get this in a position where everyone can agree to it.

Chairman Sprinkle:

Is there anyone else in support? [There was no one.] Is there anyone in opposition to A.B. 89? [There was no one.] Is there anyone who is neutral?

Paul Shubert, Bureau Chief, Bureau of Health Care Quality and Compliance, Division of Public and Behavioral Health, Department of Health and Human Services:

We are testifying neutrally with regard to the amended language, and we appreciate that the two parties came together and worked out something we can live with.

Chairman Sprinkle:

Is there anyone else neutral to this bill? [There was no one.] Do you have any closing comments, Assemblyman Oscarson?

Assemblyman Oscarson:

Thank you for your time and indulgence. I look forward to this important piece of legislation moving forward.

Chairman Sprinkle:

We will close the hearing on A.B. 89 and open up the hearing on Assembly Bill 429.

Assembly Bill 429: Enacts provisions governing the interstate provision of emergency medical services and the interstate practice of psychology. (BDR 40-351)

Assemblyman James Oscarson, Assembly District No. 36:

Assembly Bill 429 is another bill proposed by the interim Legislative Committee on Health Care. The Committee heard much testimony relating to access to mental and behavioral health care, the severe shortage of providers of such services in the state, and the challenges individuals face in applying to become behavioral health care professionals in Nevada. Compared to other states, Nevada ranks at the back of the pack in terms of numbers of mental and behavioral health care professionals per 100,000 residents. We rank 38th in psychologists, 45th in mental health and substance abuse counselors, and 47th in psychiatrists. Every county, other than Clark County, is designated by the federal government as having a shortage of mental health professionals; and even in Clark County, one-third of the population lives in an area where there are not enough mental health providers.

Assembly Bill 429 represents one way we can help qualify licensed health care professionals to practice in Nevada and take steps toward improving access to behavioral health care for all Nevadans. Before I turn this over to Ms. Alldredge, I would like you to turn your attention to the conceptual amendment proposed for this bill ([Exhibit F](#)). The first amendment eliminates

sections of the bill related to the Recognition of Emergency Medical Services Personnel Licensure Interstate Compact, which means the bill, as amended, addresses only the Psychology Interjurisdictional Compact. The second conceptual amendment ensures that the final bill reflects the most recent version of the Psychology Interjurisdictional Compact. At this point, I would like to turn this over to Morgan Alldredge, Executive Director of the Board of Psychological Examiners. Ms. Alldredge requested this bill of the interim legislative health care committee and will walk us through it.

Morgan Alldredge, Executive Director, Board of Psychological Examiners:

[Morgan Alldredge spoke from prepared text ([Exhibit G](#)).] I am here today to speak on behalf of the Board to support the Psychology Interjurisdictional Compact, PSYPACT for short. The goal of the PSYPACT is to improve access to mental health services by facilitating competent practice of telehealth by licensed psychologists across state lines.

The Board requested the interim legislative health care committee to sponsor the compact, and it passed unanimously out of the committee this past summer. Compacts are used in multiple forms to answer a multitude of issues. The PSYPACT was developed in response to the changing environment and workforce shortage across the country. The compact allows for accessible and manageable regulatory structure for the practice of telepsychology and temporary, in-person, face-to-face practice. The PSYPACT does not require independent licensure in each state as the medical compact does. The PSYPACT does require that a psychologist be licensed in his or her home state, but allows a psychologist to practice telepsychology in a receiving state or conduct temporary, in-person, face-to-face practice in a distant state. This allows the home state to continue to regulate, and also allows the receiving states and distant states to know who is practicing in their states and in what capacity, without requiring a psychologist to obtain and maintain a license in every PSYPACT state.

The PSYPACT promotes public protection where none currently exists for the interstate practice of telehealth, and can ensure that licensed psychologists have met acceptable standards of practice. The compact allows psychologists to provide services in other states where they may not currently hold a license. The national organization, the Association of State and Provincial Psychology Boards, will be providing the appropriate certificate for each type of practice—an E-Passport for telepsychological practice and an Interjurisdictional Practice Certificate (IPC) for the temporary, in-person, face-to-face practice. Each certificate would be required for participation in the compact and would guarantee review and evaluation of education and training.

The requirements of the certificate will greatly reduce the time and expense for each practitioner instead of applying to each individual state. The PSYPACT has many benefits for Nevada. A few advantages to the consumers are increased access to care, an avenue for complaints, and a greater degree of public protection. For the licensed psychologists in Nevada, the compact would allow the ability for professionals to deliver mental health services through telehealth, which will greatly increase the access to care for people in rural

and underserved areas, to people who may avoid accessing psychological interventions due to stigma or shame, to people who have special or complicated mental health needs and require access to specialized services, as well as many others.

The language in the initial bill was provided by the Board to the interim committee, and in the past week, it was noted that the language was out of date. To align with the language of the states that have ratified the compact already, I have provided you with a document noting where the changes were made ([Exhibit H](#)). The most substantive language change was made after conversation with the Arizona Legislature. The change makes sure that all persons providing services across state lines must be aware they will be held to the standards and scope of practice of the jurisdiction where the patient is located.

The compact was introduced in 2015 and has been ratified in two states as of today—Arizona last May and Utah this past March. The language is currently in the legislatures of five other states, including Nevada. With the joining of seven states, the compact is enacted. Being a member of one of the first states guarantees a seat at the table for Nevada, with the assurance that the compact remains in line with the Nevada requirements and high expectations for our professionals.

It is important to remember when reviewing the PSYPACT that many mental health services are conducive for the use of telecommunication modalities since they are most frequently conducted through verbal communications without the need of expensive and elaborate medical equipment or physical intervention. Thank you for your time, and thank you for allowing this compact to be a possible answer to the mental health crisis in Nevada.

Chairman Sprinkle:

I will open this up to questions from the Committee. I have one question, and it is one I always have with compacts. If there is an ethical or legal issue, especially if we are talking about telepsychology, who has jurisdiction over that? Would it be the home state? Does it depend on where it actually occurred? How does that work?

Morgan Alldredge:

In my understanding of the compact, it can be either. The discipline is very clear that the receiving and distance states can act if a person is acting inappropriately against their scope, and the home state can also act. The patients are allowed to go to whichever state is easiest to access to file the complaint. The commission that oversees this compact will pass on the discipline to the necessary states. There is an agreement within the compact that you report discipline issues as soon as possible.

Chairman Sprinkle:

That helps. I know the compact is already in place and already in statute for Nevada, but who exactly sits on the board or whoever oversees the entire compact?

Morgan Alldredge:

When the compact is enacted, it will be overseen by what they are calling the commission. There is one actor from each compact state. It can be an executive director, board member, or a member of the Legislature as appointed by the board. It can be an actor who would make the decisions to change law. Once it is enacted, it is a law of Nevada. The changes would have to come back to the Legislature anyway.

Chairman Sprinkle:

So we will be hearing more about this two years from now?

Morgan Alldredge:

Yes.

Chairman Sprinkle:

Are there any questions from the Committee?

Assemblywoman Titus:

We will only start if we get seven states, correct? And I understand five states currently have the law in review. Do you feel that critical seven-state mark will be reached in the next couple of years or this year? When do you think we might reach that bar?

Morgan Alldredge:

It could be this year—by the end of these legislative sessions.

Assemblywoman Titus:

In this session, we have heard issues regarding out-of-network providers. In this day and age of managed care and having to be in a network to be reimbursed, how will the providers in these various states become network providers for purposes of reimbursement?

Morgan Alldredge:

I am very lame about insurance requirements. I would imagine that they can petition to be a member, but as a Board, we just worry about the legislation.

Assemblyman Oscarson:

Currently, the telehealth legislation we passed requires insurance companies to treat telehealth the same as other visits, and it may be included in their plan to have access to care. It would be incumbent on the individual, if he or she was out of state or doing something of that nature, to contract with a plan, and that would be a responsibility of theirs.

Assemblywoman Titus:

I do not know if these states have any excess mental health providers any more than we do, so there is that issue. But if a provider was interested in being a telehealth provider, then the process would be that he or she would reach out to the managed care organizations and get on their list of providers in order to be reimbursed. Is that the path we are thinking?

Or would you say that perhaps they could get a website and offer counseling over the Internet. Conceptually, I am concerned about that. I am concerned about that process and legitimizing who this vulnerable mental health patient is speaking to.

Morgan Alldredge:

I acknowledge that could be a risky situation. In theory, the conceptual idea for this compact is to continue treatment for people who are closer to providers that might be across state lines. People in Ely often go to Salt Lake City instead of going to Las Vegas or Reno. They already have their psychologist in Salt Lake City, but when they go home, if they call that psychologist, that is practicing unlicensed. This would be somewhat of an answer to that issue. It could be something the compact opens itself to—defining how to handle that in the future.

Assemblyman Oscarson:

The information from PSYPACT ([Exhibit I](#)) points out some significant benefits to Assemblywoman Titus' questions: "increases client/patient access to care; facilitates continuity of care . . . ; certifies that psychologists have met acceptable standards of practice; promotes cooperation between PSYPACT states in the areas of licensure and regulation; offers a higher degree of consumer protection across state lines." I think this is a tool in the toolbox to try to negate those instances just mentioned, and I think it goes a long way toward protecting the public from situations and instances that were just described.

Chairman Sprinkle:

Are there other questions from Committee members on this bill? [There were none.] Anyone in support of Assembly Bill 429, please come forward. [There was no one.] Anyone in opposition to A.B. 429, please come forward. [There was no one.] Is there anyone neutral to A.B. 429? [There was no one.] Assemblyman Oscarson, do you have any closing remarks?

Assemblyman Oscarson:

I think it is important to recognize, and I know this Committee takes that message to heart, many of the bills and things we are doing this session are to address Nevada's mental health crisis and problems. This is an opportunity to get in on the ground floor of a great operation and a great compact that will truly help and serve Nevadans. I appreciate your time and effort.

Chairman Sprinkle:

With that, I will close the hearing on A.B. 429.

I want the Committee to know that the most accurate work session documents are up on the Nevada Electronic Legislative Information System (NELIS). At this point, I am going to give you time to look at those documents before we open up the work session.

Committee, I am having the same problems you are having looking for the amendments. We are going to recess [at 12:36 p.m.] until we can get hard copies of the work session documents to everyone, so we all know exactly what it is we are voting on.

I am going to reconvene the meeting [at 12:51 p.m.]. We are still waiting for the documents; however, it was pointed out that I have not taken public comment. Since we are sitting here waiting, I will take some limited public comment right now.

John Muran, Private Citizen, Reno, Nevada:

I am here in support of Assembly Bill 203. Please do the right thing and pass A.B. 203.

Frances Tryon, President, Hillside Cemetery Preservation Foundation, Reno, Nevada:

I am a resident of Washoe County and President of Hillside Cemetery Preservation Foundation. I am here in support of A.B. 203 relating to the cemeteries and disinterments. Find A Grave, an Internet site dedicated to recording cemeteries across the world, has 437 recorded cemeteries in the state of Nevada. Clark County claims 108 of those cemeteries and has done an outstanding job protecting its cemeteries. Your most prominent historic cemetery, Woodlawn Cemetery, is owned by the City of Las Vegas, is on the National Register of Historic Places, and is protected from dismantling. Washoe County has 34 recorded historic cemeteries—none of which are publicly owned. I am calling on our southern brothers and sisters to help our county protect our history in northern Nevada and our pioneer families.

We are threatened with the possibility of having families lose their property and burial rights in Hillside Cemetery. When Wiltshire Saunders sold plots to the families from 1878 to 1903, it stated in the deed that the property would belong to the families and their heirs for burial purposes forever. Assembly Bill 203 is an important bill. When it becomes law, it will protect the 250 families and their rights. Please, the families are asking for your help as their lawmakers to protect their ancestors, their property, and their burial rights.

Kevin Muran, Private Citizen, Reno, Nevada:

I am also here to voice my support of A.B. 203 passing.

Barrie Lynn, Private Citizen, Reno, Nevada:

In weeks past, you heard testimony from people who stated that they did not want their ancestors dug up. You have also heard from the lobbyists and lawyers who are trying to kill A.B. 203 for the financial gain of their clients who want to dig these people's family members up. If these people who do not want their family members disinterred do not have as much power as the people who want to dig them up, there is something wrong with the laws in this state.

My father is buried in a cemetery on Las Vegas Boulevard, one-and-a-half miles from Fremont Street and one mile from the Neon Museum. Under current law, should the cemetery authority of that cemetery decide that the land is so valuable they want to sell it, all they have to do is claim that their cemetery is blighted. They do not have to get approval

from any other entity to prove that the cemetery is blighted. That should be fairly easy to accomplish if you just topple a few headstones, stop watering the lawn, and leave the fence open. This is perfectly legal right now. We have a scenario that has been happening in Washoe County for the past two decades. An individual bought the common areas of Hillside Cemetery in 1996. He did not buy the entire cemetery, only the walkways between the privately-owned burial plots. No doubt, the cemetery had been vandalized before he bought it, but he made it worse by not maintaining it once it fell under his care. He bought it as a real estate investment, and immediately set out to sell this valuable five-acre parcel.

A 2003 *Reno Gazette-Journal* article related that in 1997, an eyewitness took a photograph after the cemetery authority dragged a piece of chain link fence through the cemetery and knocked over all the headstones. In 2001, this so-called cemetery authority enlisted the help of former Assemblywoman Vivian Freeman to pass legislation that allowed a cemetery authority to disinter remains at its own discretion [Assembly Bill 402 of the 71st Session]. According to the same 2003 article, the purpose of this new law was to get rid of the problem of the privately-owned parcels. Assembly Bill 203 is extremely important. It has been 20 years since this began to happen, and it is time to clarify the statutes and make the cemetery law equitable for the families.

Jay Carter, Private Citizen, Sparks, Nevada:

I am here in support of A.B. 203. I have talked to many of you in the last couple of days, and I ask for your support for all cemeteries in the state of Nevada. This provides oversight over the cemetery authority, and we appreciate your vote.

Lois Kelly, Private Citizen, Carson City, Nevada:

I have family buried in the cemetery in Reno. I ask for your support for A.B. 203.

Robin Rosasco, Private Citizen, Sparks, Nevada:

I am here in support of A.B. 203. I am a lifelong resident of Reno and Sparks. I feel this is a gift to everyone here and a free pass to do the right thing and pass this bill so as not to destroy a historical cemetery where Reno's founding fathers, an Indian chief, Christians, and Jews are buried.

Neil Brooks, Private Citizen, Reno, Nevada:

I am here in support of A.B. 203. Particularly as it affects Hillside Cemetery, I think it is very important that this bill be passed as it is. My ancestors came here in April of 1864, when Nevada was still a territory. My great-great-grandmother is buried there, as well as my great-grandfather and great-grandmother. I hope you see that this is a very historic place, and we would like to see it preserved.

Bradley Carlson, Private Citizen, Reno, Nevada:

I am a resident of Reno. I was born in Reno, and my family has been in Reno and in Nevada since 1868. My third-great-grandmother is buried in Hillside Cemetery, and I urge you to vote for A.B. 203. Hillside Cemetery is a good example of situations that currently exist, but this bill affects all the cemeteries—some 400-plus in the state. Passage of A.B. 203 is

needed to really clarify some oversight issues with the current statutes. It deserves to move forward, be debated and read, and I urge you to vote yes.

Donn Dalton, Private Citizen, Reno, Nevada:

I am a fourth-generation Nevadan from Reno. I am a volunteer for Hillside Cemetery, and very proud to be up there working and trying to maintain that cemetery and the history of Reno. I beg and implore you to vote for A.B. 203.

Chairman Sprinkle:

Is there anyone else wishing to come forward under public comment? [There was no one.] We will close public comment for now. There will be a second opportunity at the end of our work session. We are still waiting for those documents, so we will once again sit in recess [at 1:00 p.m.].

We will go ahead and reconvene the Assembly Health and Human Services Committee meeting [at 1:13 p.m.]. At this point, all we have left is our work session. Ms. Lyons, will start us off with Assembly Bill 203.

Assembly Bill 203: Revises provisions governing cemeteries. (BDR 40-723)

Marsheilah Lyons, Committee Policy Analyst:

The Committee members should have before them the work session document ([Exhibit J](#)), and it is also uploaded onto the Nevada Electronic Legislative Information System (NELIS). Assembly Bill 203 clarifies that a cemetery authority may not: (1) order the disinterment and removal of remains from a burial plot that is owned in fee simple by a person other than the cemetery authority; or (2) sell, mortgage, encumber, or order the same, mortgage, or encumbrance of such a burial plot. The measure removes the authority of a cemetery authority to determine unilaterally that the further maintenance of all or any part of the cemetery as a burial place is not in accordance with the health, safety, comfort, or welfare of the public. Before the cemetery authority may order the disinterment and removal of human remains, the bill requires the governmental authority to determine, in addition, that: (1) the cemetery authority cannot restore the cemetery to a proper operating condition; and (2) the cemetery authority cannot sell or lease the cemetery to or enter into a contract with another cemetery authority that will properly maintain the cemetery.

The measure clarifies that the statutory period begins when the cemetery authority orders disinterment and that, after the expiration of that period, the cemetery authority may proceed to remove and reinter or deposit the remains. Further, the bill clarifies that these provisions apply if the cemetery authority plans to reinter the remains in another portion of the existing cemetery. The bill requires remains to be reinterred within one year after the date on which they are disinterred. In addition, the measure also deems a receptacle to be suitable if it meets certain conditions. The bill authorizes the district attorney of the county in which the cemetery is located or a relative of any person interred in the cemetery to maintain an action in a court of competent jurisdiction to enforce that requirement. A court is authorized, upon finding that the owner of a cemetery has not complied with that requirement, to: (1) order

the owner to take any action necessary to bring the cemetery into an orderly condition; or (2) if the court also determines that continued ownership of the cemetery by the owner is not in accordance with the health, safety, comfort, or welfare of the public, transfer title to the cemetery to the city or county in which the cemetery is located. Finally, a city or county to which title to a cemetery is transferred is required to operate or provide for the operation of the cemetery.

Assemblywoman Joiner submitted an amendment for this measure that relates to the transfer of title of property and makes some additional changes that were requested by various interested parties.

Chairman Sprinkle:

Are there any comments or questions from the Committee on A.B. 203?

Assemblyman Hambrick:

I will be supporting this measure, but I understand that the citizens of Reno and Washoe County had this matter before them more than once, and, for some reason, could not come to a satisfactory conclusion. So the bill then came to this house. I truly believe this should have been a local issue, but we now have to face it and solve it. It is really unfortunate that the citizens of Washoe County and Reno did not address this head-on, but had to bring it to the Legislature.

Assemblyman Edwards:

I greatly appreciate all the emails, input, phone calls, and visits I received on this issue. I thought about it long and hard. I struggled with the contending interests of protecting private property and yet also trying to work out questions of this nature. The biggest thing that weighs on my mind is the fact that this is a local issue. It should be handled at the local government level. If it cannot be handled through the city council or county commission, then it needs to go to court. I do not believe that the state Legislature is the appropriate place to resolve this, so I will, unfortunately, have to vote no.

Chairman Sprinkle:

Is there anyone else? [There was no one.] Seeing no one, I will take a motion to amend and do pass.

ASSEMBLYMAN THOMPSON MOVED TO AMEND AND DO PASS
ASSEMBLY BILL 203.

ASSEMBLYMAN HAMBRICK SECONDED THE MOTION.

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

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

Assemblywoman Joiner, will take the floor statement. Next is Assembly Bill 249.

Assembly Bill 249: Requires the State Plan for Medicaid and all health insurance plans to provide certain benefits relating to contraception. (BDR 38-858)

Marsheilah Lyons, Committee Policy Analyst:

[Marsheilah Lyons read from the work session document ([Exhibit K](#)).] Assembly Bill 249 aligns Nevada law with federal law, requiring all public and private health insurance plans made available in this state to provide coverage for certain benefits relating to contraception without any copay, coinsurance, or a higher deductible. The measure requires certain additional forms of contraceptive drugs, devices, and services to be covered by a health insurance plan, including, without limitation, up to a 12-month supply of contraceptives or its therapeutic equivalent, insertion or removal of a contraceptive device, education and counseling relating to contraception management of side effects relating to contraception, and voluntary sterilization for men and women. In addition to other provisions, the bill prohibits the use of a program of step therapy or prior authorization requirements relating to the contraceptive drugs, devices, and services required by the bill. The bill removes the religious exemption and requires all insurers to provide coverage for the contraceptive drugs, devices, and services required by this bill. The State Plan for Medicaid is required to include certain benefits relating to contraception currently required to be covered by private health insurance plans pursuant to existing Nevada law and the Patient Protection and Affordable Care Act, Pub. L. 111-148, as amended, as well as the additional benefits related to contraception without any copay, coinsurance, or deductible. The measure prohibits the use of a program of step therapy and any requirement to obtain prior authorization relating to such benefits, which are covered under the State Plan for Medicaid. The bill requires a pharmacist to dispense up to a 12-month supply of contraceptives or a therapeutic equivalent upon the request of a patient and pursuant to a valid prescription.

An amendment is proposed by Assemblyman Frierson, Amendment 3867. In addition to that amendment, they would like to retain the religious exemptions currently in statute, so the proposal is to amend the bill with Amendment 3867 with the exception of retaining the current religious exemptions.

Chairman Sprinkle:

Are there any comments? Did that explanation cover all the amendments on this bill?

Marsheilah Lyons:

Yes, Mr. Chairman.

Assemblyman Edwards:

I appreciate the work that was done to amend this bill, so I will be voting yes.

Assemblywoman Titus:

Ditto.

Chairman Sprinkle:

Are there any other comments or questions? Seeing none, I will take a motion to amend and do pass.

ASSEMBLYWOMAN BENITEZ-THOMPSON MOVED TO AMEND AND
DO PASS ASSEMBLY BILL 249

ASSEMBLYMAN YEAGER SECONDED THE MOTION.

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

THE MOTION PASSED UNANIMOUSLY.

Assemblywoman Benitez-Thompson will take the floor statement on A.B. 249.

We will move on to Assembly Bill 299.

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

Marsheilah Lyons, Committee Policy Analyst:

[Marsheilah Lyons read from the work session document ([Exhibit L](#)).] 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 a: (1) facility for intermediate care; (2) facility for skilled nursing; (3) agency to provide personal care services in the home; (4) facility for the care of adults during the day; (5) residential facility for groups; or (6) home for individual residential care to receive training concerning the provision of care and successfully complete a competency evaluation. The remaining sections of this bill make conforming changes.

Assemblywoman Cohen proposes amending the measure to direct the Legislative Committee on Seniors, Veterans and Adults with Special Needs to study training requirements of unlicensed personnel in select facilities during the upcoming interim.

Chairman Sprinkle:

Assemblywoman Cohen, did you want to come up and add anything further so that we all are clear as far as the amendment you are proposing? I know this is very much last minute.

Assemblywoman Lesley E. Cohen, Assembly District No. 29:

I very much want to thank you and your staff for assisting with this in the last few days. There is agreement that there needs to be something done to be sure everyone working with people who are elderly or who have special needs living in facilities at different locations are getting proper training. We are proposing letting the Legislative Committee on Senior

Citizens, Veterans and Adults with Special Needs analyze and study this during the interim. We are looking for a consensus from all the different stakeholders so we can keep our Nevada citizens safe.

Chairman Sprinkle:

Committee, are there any questions or comments on this amended version of A.B. 299? [There were none.] Seeing none, I will take a motion to amend and do pass.

ASSEMBLYWOMAN TITUS MOVED TO AMEND AND DO PASS
ASSEMBLY BILL 299.

ASSEMBLYWOMAN BENITEZ-THOMPSON SECONDED THE
MOTION.

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

THE MOTION PASSED UNANIMOUSLY.

Assemblywoman Cohen, would you like the floor statement? [Assemblywoman Cohen nodded yes.]

Let us move on to Assembly Bill 382.

Assembly Bill 382: Establishes provisions governing payment for the provision of emergency services and care to patients. (BDR 40-570)

Marsheilah Lyons, Committee Policy Analyst:

[Marsheilah Lyons read from the work session document ([Exhibit M](#)).] Assembly Bill 382 requires certain hospitals, independent centers for emergency medical care, and physicians to accept certain rates as payment in full for the provision of emergency services and care to certain patients. The measure provides an exception under certain circumstances and requires the submission of certain reports relating to policies of health insurance and similar contractual agreements by certain third parties who issue those policies and agreements. In addition to other provisions, the bill requires certain hospitals and independent centers for emergency medical care to submit reports to the Department of Health and Human Services concerning patient debt and rate increases. The Governor's Consumer Health Advocate is required to adopt certain regulations and the Commissioner of Insurance is required to consider certain information when determining the adequacy of a network plan.

An amendment is proposed by Assemblywoman Carlton that is included in the work session document for the Committee's consideration.

Chairman Sprinkle:

Are there any comments on this bill?

Assemblyman Edwards:

I hoped that the issues in this bill could be resolved, but I understand that, in its current form, the issues are not quite resolved in a satisfactory manner. However, I am hopeful that continued negotiations will get the stakeholders where they need to be. For now, I will be voting no on this, but if the negotiations work out and a good settlement or compromise is reached, then I will look forward to supporting it.

Assemblyman Oscarson:

I am going to support this only for the purpose of further negotiations. I think we need to move forward and discuss this. It has been an issue on the Legislature's plate for ten years that I know of, so I look forward to those continued negotiations in good faith on behalf of all those who are participating in them.

Chairman Sprinkle:

Are there any other comments on this bill? [There were none.] Seeing none, I will take a motion to amend and do pass.

ASSEMBLYMAN HAMBRICK MOVED TO AMEND AND DO PASS
ASSEMBLY BILL 382.

ASSEMBLYWOMAN BENITEZ-THOMPSON SECONDED THE
MOTION.

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

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

Assembly Bill 427: Revises provisions governing eligibility of certain convicted persons for public assistance. (BDR 38-1054)

Marsheilah Lyons, Committee Policy Analyst:

[Marsheilah Lyons read from the work session document ([Exhibit N](#)).] Assembly Bill 427 removes the requirement that a person who has been convicted of certain felony drug offenses complete a drug treatment program before becoming eligible for Temporary Assistance for Needy Families (TANF) or Supplemental Nutrition Assistance Program (SNAP) benefits and provides that, to be eligible for TANF or SNAP benefits, such a convicted person must demonstrate that he or she is not currently possessing, using or distributing controlled substances. There are no amendments in the work session document for this measure.

Chairman Sprinkle:

Is there any discussion on A.B. 427? [There was none.] Seeing none, I will take a motion to do pass.

ASSEMBLYMAN EDWARDS MADE A MOTION TO DO PASS
ASSEMBLY BILL 427.

ASSEMBLYWOMAN BENITEZ-THOMPSON SECONDED THE
MOTION.

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

THE MOTION PASSED UNANIMOUSLY.

Assemblywoman Benitez-Thompson, would you like the floor statement? [Assemblywoman Benitez-Thompson agreed.]

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

Marsheilah Lyons, Committee Policy Analyst:

[Marsheilah Lyons read from the work session document ([Exhibit O](#)).] Assembly Bill 428 authorizes certain health care professionals to issue an order for an opioid antagonist to a public or private school. In addition to other provisions, the measure authorizes a pharmacist to furnish an opioid antagonist without a prescription under certain circumstances. The bill provides for public and private schools to obtain and maintain opioid antagonists under certain conditions and provides immunity to certain persons for acts or omissions relating to the acquisition, possession, or administration of opioid antagonists in certain circumstances.

Assemblyman Sprinkle proposed an amendment to this measure that is attached. The amendment deletes all provisions related to public and private schools obtaining and maintaining opioid antagonists.

Chairman Sprinkle:

Is there any discussion on A.B. 428? [There was none.]

ASSEMBLYWOMAN TITUS MOVED TO AMEND AND DO PASS
ASSEMBLY BILL 428.

ASSEMBLYWOMAN BENITEZ-THOMPSON SECONDED THE
MOTION.

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

THE MOTION PASSED UNANIMOUSLY.

I will take the floor statement on this bill.

**Assembly Bill 440: Revises provisions governing involuntary commitment proceedings.
(BDR 39-997)**

Marsheilah Lyons, Committee Policy Analyst:

[Marsheilah Lyons read from the work session document ([Exhibit P](#)).] Assembly Bill 440 authorizes a proceeding for the involuntary court-ordered admission of a person who is the defendant in a criminal proceeding in the district court, to a program of community-based or outpatient services to be commenced by the district court, on its own motion, or by motion of the defendant or district attorney. The measure provides that, if the Chief Judge of a district court has designated a district court judge or hearing master to preside over involuntary commitment hearings, that district court judge or hearing master must preside over such hearings. The bill provides that if the Chief Judge has assigned a judge or hearing master who is not a judge or hearing master of the family court to hear such cases, the family court does not have original, exclusive jurisdiction over such cases. Upon the filing of a petition to commence involuntary commitment proceedings, existing law requires a district court to: (1) cause two or more physicians or psychologists, one of whom must always be a physician, to examine the person alleged to be a person with mental illness; or (2) request an evaluation by an evaluation team, from the Division of Public and Behavioral Health of the Department of Health and Human Services, of that person. The district court is required to request an evaluation by such an evaluation team if the person who is the subject of proceedings for involuntary court-ordered admission to a program of community-based or outpatient services is also a criminal defendant.

Assemblyman Yeager proposed an amendment for this measure in section 1, which is attached. He proposes to further amend the measure by eliminating section 5 of the bill and including the following amendment:

NRS 3.0105 Establishment of family court in county whose population is 100,000 or more; assignment of judges; required instruction.

1. There is hereby established, in each judicial district that includes a county whose population is 100,000 or more, a family court as a division of the district court.
2. If the caseload of the family court so requires, the Chief Judge may assign one or more district judges of the judicial district to act temporarily as judges of the family court.
3. If for any reason a judge of the family court is unable to act, any other district judge of the judicial district may be assigned as provided in subsection 2 to act temporarily as judge of the family court.
4. A district judge assigned to the family court pursuant to subsection 2 or 3 for a period of 90 or more days must attend the instruction required pursuant to subsection 1 of NRS 3.028, **except for a district judge or hearing master assigned to hear proceedings brought pursuant to NRS 433A.200 to 433A.330**. District judges must not be assigned to the family court pursuant to subsections 2 and 3 on a rotating basis.

Chairman Sprinkle:

Is there any discussion or questions on A.B. 440? [There were none.] Not seeing any, I will take a motion to amend and do pass.

ASSEMBLYMAN EDWARDS MOVED TO AMEND AND DO PASS
ASSEMBLY BILL 440.

ASSEMBLYMAN YEAGER SECONDED THE MOTION.

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

THE MOTION PASSED UNANIMOUSLY.

Assemblyman Yeager, you can have that floor statement.

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)

Marsheilah Lyons, Committee Policy Analyst:

[Marsheilah Lyons read from the work session document ([Exhibit Q](#)).] Assembly Bill 473 revises provisions governing exclusions from the list of preferred prescription drugs for the Medicaid program. Specifically, A.B. 473 removes the prospective expiration of June 30, 2017, and as a result, makes antipsychotic, anticonvulsant, and antidiabetic medications subject to the restrictions that are imposed on drugs which are on the list of preferred prescription drugs.

Assemblyman Sprinkle worked with the Division of Health Care Financing and Policy to prepare an amendment for this measure, which extends the suspension that was in place until June 30, 2019.

Chairman Sprinkle:

Are there any questions or comments on Assembly Bill 473? [There were none.] Seeing none, I will take a motion to amend and do pass.

ASSEMBLYMAN EDWARDS MOVED TO AMEND AND DO PASS
ASSEMBLY BILL 473.

ASSEMBLYWOMAN BENITEZ-THOMPSON SECONDED THE
MOTION.

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

THE MOTION PASSED UNANIMOUSLY.

I will take the floor statement on that bill also. Let us go to Assembly Bill 89, which we just heard.

Assembly Bill 89: Revises provisions relating to surgical centers for ambulatory patients. (BDR 40-364)

Marsheilah Lyons, Committee Policy Analyst:

The Committee has before it an amendment that was presented by the Nevada Hospital Association ([Exhibit C](#)). The contact listed at the top of the page is Fennemore Craig. It is for the Committee to consider if it wants to amend A.B. 89 in this manner.

Chairman Sprinkle:

Again, this was the bill we just heard earlier today. With the rules suspended, we are going to vote this out today before the deadline. Are there any comments or questions on A.B. 89? [There were none.] Seeing none, I will take a motion to amend and do pass.

ASSEMBLYMAN THOMPSON MOVED TO AMEND AND DO PASS
ASSEMBLY BILL 89.

ASSEMBLYMAN EDWARDS SECONDED THE MOTION.

Is there any discussion on the motion?

Assemblywoman Benitez-Thompson:

Just to make sure I am reading this right, in section 10 it talks about legislative intent. Is that just for us, or is that language in the preamble to the chapter?

Marsheilah Lyons:

I cannot really speak to whether they intended that just to be language on the record, or if they had some other expectation of where that language would live.

Assemblywoman Benitez-Thompson:

I will look for the mock-up, or I can speak offline, but it will not hold up the vote at all.

Chairman Sprinkle:

Are there any other comments on the motion? [There were none.]

THE MOTION PASSED. (ASSEMBLYWOMAN TITUS VOTED NO.)

We are also going to vote on Assembly Bill 429.

Assembly Bill 429: Enacts provisions governing the interstate provision of emergency medical services and the interstate practice of psychology. (BDR 40-351)

Marsheilah Lyons, Committee Policy Analyst:

Again, the Committee heard the bill earlier during today's hearing. You have a proposed amendment from Assemblyman Oscarson who was chair of the Legislative Committee on Health Care, which eliminates all sections of the bill related to the recognition of Emergency Medical Services Personnel Licensure Interstate Compact and retains sections related to the Psychological Interjurisdictional Compact, and revises sections implementing the Psychological Interjurisdictional Compact to reflect the most recent version of the compact as proposed by the Association of State and Provincial Psychology Boards.

Chairman Sprinkle:

Are there any questions or comments on Assembly Bill 429? [There were none.] Seeing none, I will take a motion to amend and do pass.

ASSEMBLYWOMAN JOINER MOVED TO AMEND AND DO PASS
ASSEMBLY BILL 429.

ASSEMBLYMAN McCURDY SECONDED THE MOTION.

Are there any questions on the motion? [There were none.]

THE MOTION PASSED UNANIMOUSLY.

Assemblyman Oscarson, would you like the floor statements on A.B. 89 and A.B. 429? [Assemblyman Oscarson agreed that he would.] Thank you, everyone, and Committee, for all your hard work. I will take public comment at this time. Does anyone wish to come forward under public comment? I do not see anyone. I do not anticipate having another Committee meeting, but at this point, we will stand in recess [at 1:29 p.m.].

[This meeting was adjourned behind the bar of the Assembly at 5:33 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 an amendment to [Assembly Bill 89](#) proposed by Nevada Hospital Association and presented by James L. Wadhams, representing Nevada Hospital Association.

[Exhibit D](#) is a copy of "Ambulatory Surgical Center (ASC) Stipulation" dated 8/21/14 and date stamped Sep. 05, 2014, signed by Richard Whitley, Administrator, Division of Public and Behavioral Health, Department of Health and Human Services and Bill M. Welch, President/CEO, Nevada Hospital Association regarding [Assembly Bill 89](#).

[Exhibit E](#) is a copy of a memorandum dated February 27, 2017 to Cody Phinney, Administrator, Division of Public and Behavioral Health, Department of Health and Human Services, et al, from Paul Shubert, Bureau Chief, Bureau of Health Care Quality and Compliance, Division of Public and Behavioral Health, Department of Health and Human Services, in regard to "NHA - DPBH Stipulation Agreement Progress Report for February 2017," regarding [Assembly Bill 89](#).

[Exhibit F](#) is a copy of conceptual amendments to [Assembly Bill 429](#) proposed by Assemblyman James Oscarson, Chair, Legislative Committee on Health Care.

[Exhibit G](#) is written testimony presented by Morgan Alldredge, Executive Director, Board of Psychological Examiners in support of [Assembly Bill 429](#).

[Exhibit H](#) is a copy of proposed changes to Chapter 641 of *Nevada Revised Statutes* (NRS) that would include a new section, the Psychology Interjurisdictional Compact, submitted by Morgan Alldredge, Executive Director, Board of Psychological Examiners, regarding [Assembly Bill 429](#).

[Exhibit I](#) is a copy of written testimony and other information about Psychology Interjurisdictional Compact (PSYPACT) submitted by Morgan Alldredge, Executive Director, Board of Psychological Examiners, regarding [Assembly Bill 429](#).

[Exhibit J](#) is the Work Session Document for [Assembly Bill 203](#) presented by Marsheilah Lyons, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

[Exhibit K](#) is the Work Session Document for [Assembly Bill 249](#) presented by Marsheilah Lyons, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

[Exhibit L](#) is the Work Session Document for [Assembly Bill 299](#) presented by Marsheilah Lyons, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

[Exhibit M](#) is the Work Session Document for [Assembly Bill 382](#) presented by Marsheilah Lyons, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

[Exhibit N](#) is the Work Session Document for [Assembly Bill 427](#) presented by Marsheilah Lyons, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

[Exhibit O](#) is the Work Session Document for [Assembly Bill 428](#) presented by Marsheilah Lyons, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

[Exhibit P](#) is the Work Session Document for [Assembly Bill 440](#) presented by Marsheilah Lyons, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

[Exhibit Q](#) is the Work Session Document for [Assembly Bill 473](#) presented by Marsheilah Lyons, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.