

**MINUTES OF THE MEETING
OF THE
ASSEMBLY COMMITTEE ON WAYS AND MEANS**

**Seventy-Ninth Session
April 10, 2017**

The Committee on Ways and Means was called to order by Chair Maggie Carlton at 8:04 a.m. on Monday, April 10, 2017, in Room 3137 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. The meeting was videoconferenced to Room 4404B 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:

Assemblywoman Maggie Carlton, Chair
Assemblyman Jason Frierson, Vice Chair
Assemblyman Paul Anderson
Assemblyman Nelson Araujo
Assemblywoman Teresa Benitez-Thompson
Assemblywoman Irene Bustamante Adams
Assemblywoman Olivia Diaz
Assemblyman Chris Edwards
Assemblyman John Hambrick
Assemblyman James Oscarson
Assemblywoman Ellen B. Spiegel
Assemblyman Michael C. Sprinkle
Assemblywoman Heidi Swank
Assemblywoman Robin L. Titus

GUEST LEGISLATORS PRESENT:

Assemblyman Tyrone Thompson, Assembly District No. 17

STAFF MEMBERS PRESENT:

Cindy Jones, Assembly Fiscal Analyst
Sarah Coffman, Principal Deputy Fiscal Analyst
Carol Thomsen, Committee Secretary
Lisa McAlister, Committee Assistant



After call of the roll, Chair Carlton opened the hearing on Assembly Bill 23.

Assembly Bill 23: Authorizes the Division of Parole and Probation of the Department of Public Safety to establish and operate independent reporting facilities. (BDR 16-170)

Natalie Wood, Chief, Division of Parole and Probation, Department of Public Safety, stated that Captain Arruti would present Assembly Bill (A.B.) 23 to the Committee.

Shawn Arruti, Captain, Division of Parole and Probation, Commissioner, and Compact Administrator, Carson City, Department of Public Safety, referred to Exhibit C, a PowerPoint presentation titled, "Nevada Department of Public Safety, Division of Parole and Probation, Assembly Bill 23, Independent Reporting Facilities, (Day Reporting Centers (DRC))," updated February 21, 2017, copies of which had been presented to members of the Committee and a copy of which was available on the Nevada Electronic Legislative Information System (NELIS).

Captain Arruti said A.B. 23 was just one part of the Division's progressive, proactive changes regarding how it would operate in the years to come. The bill would adopt evidence-based practices regarding day-reporting centers (DRCs). The concept was that DRCs would provide officers with an additional tool to address offender noncompliance through the use of an intermediate sanction, which was not currently available for use by the Division.

Captain Arruti and Chair Carlton discussed the length of the PowerPoint presentation (Exhibit C). Chair Carlton asked Captain Arruti to provide a high-level review of the bill because the bill had been heard previously by a policy committee.

Captain Arruti explained that A.B. 23 would authorize the Division to establish and operate one or more independent reporting facilities for the purpose of providing daily services to certain parolees and probationers who had been referred to attend such an independent reporting facility as an intermediate sanction. The bill would authorize the Chief of the Division of Parole and Probation to contract for the services necessary to operate the independent reporting facilities.

Captain Arruti emphasized that the Division would still retain autonomy and authority, but would contract with a provider for the services of an independent reporting facility. The bill would also authorize the Division to adopt any regulations necessary to establish and operate the independent reporting facilities.

Chair Carlton asked Captain Arruti to define "provider" and explain what type of positions would be included in the contract.

Captain Arruti said the provider would be a private entity that would be contracted by the Division to provide the services. At the present time, one such provider would be Sentinel Offender Services, which was a national company that was capable of providing the type of

independent reporting facilities addressed in A.B. 23. Sentinel Offender Services helped establish the facilities, ran the facilities, and subcontracted with providers for services for the offenders. That was the type of private company the Division would contract with to provide the rehabilitative services.

Assemblyman Frierson asked whether the concept of day-reporting centers would eventually be absorbed by the state rather than pay a company like Sentinel Offender Services to operate the facilities.

Captain Arruti replied that initially, it would be a better model to contract with a company that was already established in the day-reporting center concept; however, state management was certainly something that could be considered in the future. He noted that Sentinel Offender Services had a track record of providing the services with good success rates in other states, such as the program in Butte County, California. There were many day-reporting centers in other states, and studies indicated that it was actually cost-effective to use private entities whose programs had already been established. Running such a program in-house would require hiring and training additional staff. However, over the long-term, the day-reporting centers could be managed in-house if the Legislature wanted to move in that direction. There would be costs associated with such a program. Sentinel Offender Services was an established company in the field of day-reporting services, and it could provide the services.

Assemblyman Frierson asked about at-risk offenders, who apparently were on the fence regarding whether they would successfully complete their probation or parole. He also wondered what decisions would be made by the private contractor and whether judgments would be made by individuals at the day-reporting facilities that would lead to costly consequences for both the state and the offender.

Captain Arruti explained that the at-risk offender was one who was noncompliant with the terms and conditions of his or her supervision, but the noncompliance had not risen to a level that required the officer to place the offender in custody and return him or her for revocation proceedings for public safety reasons. The at-risk offender was one the Division of Parole and Probation could work with through an intermediate sanction. The Division could throw the at-risk offender a "lifeline" and perhaps turn the situation around before the offender's supervision was revoked.

Captain Arruti said when the Division contracted with a provider for a service to offenders such as counseling, the Division mainly needed to know that the offender was complying with the terms and conditions of his or her supervision requirements and was receiving the needed assistance. The Division did not necessarily need to know about the nuts and bolts of the counseling sessions. Should the offender fail to attend the program or fail to actively engage in his or her rehabilitation with the counselor, the counselor had no authority in the determination regarding revocation. The counselor would report to the Division, and the officer would then determine whether the offender's level of noncompliance with the program requirements would trigger revocation of supervision. The independent reporting

facility, or day-reporting center, would operate no differently than the other counseling services or third-party-contracted providers that currently worked with the Division.

Assemblyman Frierson pointed out that there was a fine line between an offender failing to show up and an offender having a bad attitude; it was impossible to address every possible scenario in statute. He said his concern was that the bill was talking about objective counseling and testing rather than subjective judgment, and it appeared that the Division of Parole and Probation was aware of the difference.

Captain Arruti said the Division took its responsibilities very seriously. He pointed out that day-reporting centers would be no different from the other providers in the community that contracted with the Division; it worked with many different counseling agencies. The independent reporting facility or day-reporting center would be a structured program that the offender would be required to attend; it would be the last-ditch effort to try to prevent the offender from facing revocation proceedings. When looking at the continuum of care, the Division referred persons in the community environment for counseling services every day, and there were many offenders who had taken advantage of that service by becoming actively engaged in the program of rehabilitation.

The day-reporting centers were for the offender who, for whatever reasons, was continually noncompliant with his or her programming requirements, such as failing to attend counseling or continuing to test positive for illegal substance use. The offenders who would be sent to the day-reporting centers were those whom the Division did not necessarily want to retake into custody and return for revocation proceedings if there was an alternative available. Absent that alternative, those were the offenders who typically would be returned for revocation proceedings, because there was not a structured environment available in the community such as the day-reporting centers. The Division was looking at the day-reporting centers as being an advantage, not only for the officers who worked with the offenders, but also for the offenders themselves. It gave the Division an opportunity to save someone who might otherwise have his or her supervision revoked.

Captain Arruti referred to page 4 of [Exhibit C](#), which contained the fiscal information regarding [A.B. 23](#). For fiscal year (FY) 2018 and FY 2019, the request included the funds necessary to run the day-reporting center and also included the staffing needed by the Division to manage that population. The staffing included one sergeant position; five officer 2 positions, which would have a caseload ratio of 60:1 when working with the offenders attending the day-reporting center program; and two specialist 3 positions who would also work with the offenders.

Chair Carlton asked whether those would be new positions the positions would transfer from another area of the Division. Captain Arruti replied that the positions would be new, but could potentially be filled by existing officers. Should that occur, the positions that were vacated would then be filled by new hires.

Chair Carlton stated it appeared the request was for positions with new position control numbers (PCN). Captain Arruti replied that was correct.

Continuing his presentation, Captain Arruti said page 5 of the exhibit highlighted the cost savings to taxpayers because of the day-reporting centers. The Department of Corrections previously stated that the daily cost to institutionalize a person was \$58.15 in FY 2018, which was expected to increase to \$58.46 in FY 2019. A day-reporting center operating as an intermediate sanction for 250 offenders each month would equate to a daily cost of \$15.34 in FY 2018 and \$14.67 in FY 2019. Even more than the cost for the Department of Corrections, the cost of incarceration at various county jails and detention facilities was projected from \$80 per day to as much as \$140 per day. The cost of running a day-reporting center as an intermediate sanction and an alternative to incarceration would be approximately one-eighth the cost of incarceration.

Captain Arruti said there would be significant savings to taxpayers for the Division to continue to work with the at-risk offenders without immediately returning them for revocation. That extra "lifeline" would allow the offenders to become compliant with the terms and conditions of their supervision.

Chair Carlton said it appeared that offenders referred to community services were required to pay the cost of those services, to which Captain Arruti agreed. She asked whether the offenders would be charged for services at the day-reporting centers.

Captain Arruti explained that the services would be provided to the offenders at no cost. The services would be included as part of the cost of operating the day-reporting centers. The day-reporting centers were for the offenders who were not in compliance with the terms and conditions of their probation or parole. Those offenders were struggling, and the day-reporting center would be a last-ditch effort to work with the offender and provide an intermediate sanction that would allow the officer to work with the offender rather than return him or her for revocation proceedings. The day-reporting center would be a much more structured setting and would provide services to the at-risk offenders. The day-reporting center programs reviewed by the Division included a variety of counseling modules; he reiterated that there would be no cost to the offender.

Assemblywoman Titus asked whether 250 offenders was the maximum number of participants in the day-reporting center. Captain Arruti stated that was correct.

Assemblywoman Titus noted that section 1 of A.B. 23 included language that indicated services provided by the independent reporting facility could include health-care services. She wondered about the fixed cost in the bill because there was no way to predict the cost of health-care services.

Captain Arruti explained that other than counselors, there were no other health-care providers included in the bill.

Assemblywoman Titus said the language in the bill included health-care services, and she asked whether the only health-care services would be counseling. Captain Arruti said it would be in line with mental health counseling.

Chair Carlton said her concern was that the state was providing assistance to one group of offenders and asking another group to pay for services. She surmised that when an offender could not afford to pay the required fees, that offender would end up in the day-reporting center facility. The Chair said she had always been concerned about asking offenders to pay for services that they were mandated to attend, particularly those who had no resources. She was concerned about the legality of providing services to one select group and not the other and how that might be perceived. She asked whether there were any concerns that offenders who could not afford to pay for services, and who failed that aspect of their supervision, might end up in the day-reporting center program.

Captain Arruti explained that the Division of Parole and Probation enjoyed a high success rate for offenders completing the terms and conditions of their parole and/or probation. The majority of those offenders were employed, which was a requirement of most supervision, and counseling was also part of the supervision for those offenders mandated to do so. The majority of offenders also paid for those services. The day-reporting center program would target the offender who was not in compliance and was struggling to become compliant. An offender's inability to pay for counseling would not trigger entrance into the day-reporting center program initially, because officers worked with offenders to help them become employed.

In most cases, the Division had time to work with offenders and help them become involved in counseling services. The day-reporting center program was for offenders who were on the last leg of probation or parole, and absent some type of program, those offenders would face revocation proceedings. The day-reporting center program was not appropriate for every offender and was truly a structured environment that dealt with offenders who had compliance problems but who were not creating a public safety concern or committing new offenses. Those were the offenders who continued to test positive for drug abuse or failed to attend counseling, even though they had the financial means to do so. Those offenders needed the structured environment that would give them a last opportunity to comply with supervision by working in tandem with the day-reporting center staff and the officer, who would have a caseload of 60.

Captain Arruti said there was additional information included in [Exhibit C](#) that indicated the day-reporting center programs worked and reduced recidivism, and a reduction in recidivism was a reduction in future victimization. The program contained evidence-based practices that were capable of reducing recidivism. He stated the expectation was that offenders would pay for their services. Those offenders who were complying with their program requirements, were paying for services, and were attending counseling were not the offenders who would be referred to the day-reporting center program.

Chair Carlton said offenders in the day-reporting center would possibly have the ability to pay, but would not be required to do so. However, other offenders who were unable to pay had to figure out how to pay for the services and not violate the terms and conditions of probation or parole. Her concern was that the state would be spending money on offenders who might have the ability to pay. She had always had concerns about asking persons to pay for a service that they could not afford because they were poor and consequently having their probation violated. The Chair said she understood the concept of day-reporting centers, but if offenders had the ability to pay for services, she believed they should do so.

Chair Carlton said she would like to have the statistics about the number of offenders who successfully completed their supervision. The performance measures that needed to be created for the day-reporting centers would consider where the Division was today, and what had been achieved with the differences in the numbers reviewed going forward, including the day-reporting center numbers. She asked for information about the number of offenders whose supervision was violated because they could not afford to pay for services. The other component was that even though offenders were referred to services, there were not that many providers available in the community who would provide services to offenders. The state was asking offenders to do something that provided no options to succeed. Chair Carlton said she wanted to ensure that the Legislature had the correct data going forward to be able to develop the performance measures and be able to evaluate the program in the future. Captain Arruti said he would provide those statistics.

Continuing his presentation, Captain Arruti referred to page 6 of [Exhibit C](#), which contained the statistics that showed the success of various day-reporting centers. The recidivism rate for offenders who otherwise would have been returned for revocations, but instead completed the program, depicted the success of the day-reporting center programs.

Looking beyond the statistics, Captain Arruti said page 7 of the exhibit depicted statements on the Yolo County, California, day-reporting center website from offenders who had been saved through the services of that day-reporting center. Those offenders were ones who, absent those services, might have been returned for revocation and sentenced to serve time in either prisons or county jails. He wanted the Committee to see some of the posts those offenders had shared on that website that showed how the day-reporting center had influenced their lives.

That completed his high-level overview of day-reporting centers, and Captain Arruti said he would be happy to answer any questions regarding the fiscal note attached to the bill.

Chair Carlton commented that the cost was included in the Division's budget, and [A.B. 23](#) was a budget-implementation bill that the Committee needed to review. She asked whether the Division would submit a request for proposal (RFP) prior to awarding the contract to a provider or whether a certain company was already under review.

Robin Hager, Administrative Services Officer 3, Division of Parole and Probation, Department of Public Safety, explained that the Division had a "good-of-the-state" contract, or a Western States Contracting Alliance (WSCA) contract, through the State of Washington with Sentinel Offender Services, which could provide the day-reporting center services to Nevada. Ms. Hager stated that the Division could also issue an RFP through the Purchasing Division, Department of Administration.

Chair Carlton asked what the Division of Parole and Probation would prefer. Ms. Hager said that depended on timing, because the budget was built with the day-reporting center opening on October 1, 2017. Issuance of an RFP would push back the opening date because of the bidding and review process involved, whereas contracting with Sentinel Computer Services would allow the center to open as scheduled because of Sentinel's expertise in operating those centers. Sentinel Computer Services already existed in Nevada, and in fact, the Division of Parole and Probation already used its services for global positioning satellite (GPS) monitoring.

Chair Carlton said the Committee would need to discuss the matter, but personally, she leaned more toward opening the bidding process through an RFP to allow other businesses to bid for the contract. She did not believe the program should be set up to fit only one provider, because there were many good community service providers in Nevada that had been working with the state for many years. Those providers were already working with offenders and understood the problems facing them. Chair Carlton said she would be more comfortable with the RFP process to ensure that the state was getting the best contract possible.

Chair Carlton asked whether there were further questions from the Committee regarding A.B. 23, and there were no further questions.

The Chair thanked Captain Arruti and Ms. Hager for their presentation and asked them to contact her regarding the statistics she had requested because, depending on how the day-reporting center project moved forward, the Committee would need to develop performance measures.

The Chair closed the hearing on A.B. 23 and opened the hearing on Assembly Bill 108.

**Assembly Bill 108: Provides for the periodic review of Medicaid reimbursement rates.
(BDR 38-209)**

Assemblyman James Oscarson, Assembly District No. 36, stated that in 2016, approximately 632,641 Nevadans had access to health care through the Medicaid program. Unfortunately, health-care professional shortages in Nevada, along with concerns about the adequacy of reimbursement to providers, threatened patients' ability to receive care. Currently, the Division of Health Care Financing and Policy (DHCFP), Department of Health and Human Services (DHHS), reviewed reimbursement rates on a five-year cycle; however, there

was no Centers for Medicare and Medicaid Services (CMS), U.S. Department of Health and Human Services, or statutory requirement for that review.

Assemblyman Oscarson stated that DHCFP had developed a process for review of provider rate reimbursement. That process considered the current reimbursement rate for Medicare for the same covered services, rates in surrounding states for the same covered services, and rates in like states with similar demographic populations. The DHCFP followed the CMS nationally recognized methodology for rate-setting. That methodology included assigned values as part of the rate calculation, which took the type of work, practice expenses, malpractice expenses, and geographic locations into consideration.

Additionally, Medicaid was held to the upper payment limit pursuant to federal regulations. That provision prohibited Medicaid from exceeding what Medicare would reimburse for the same services in aggregate. Assembly Bill (A.B.) 108 would require DHCFP to conduct a review of Medicaid reimbursement rates every four years. If DHCFP found that the rate of reimbursement for services or items did not reflect the actual cost, the bill required DHCFP to calculate the rate of reimbursement that actually reflected the cost and to recommend that rate to the Director of DHHS for possible inclusion in the State Plan for Medicaid.

Assemblyman Oscarson said that concluded his presentation, and he urged the Committee to consider passage of A.B. 108.

Chair Carlton said A.B. 108 came about through the work of the Southern Nevada Forum, in which Assemblyman Oscarson and she had participated. The concern was that Nevada did not have a forward-moving view of Medicaid rates: once established, those rates were in effect for a very long time before review, and reimbursements got "out of whack." The bill would smooth the rates, address how those rates were constantly changing, and provide a more current view of the rates. She asked whether she was remembering the concept correctly.

Assemblyman Oscarson said Chair Carlton was absolutely correct. There had also been much discussion by the interim Legislative Committee on Health Care regarding the Medicaid reimbursement rates. He noted that A.B. 108 would statutorily require review of the reimbursement rates every four years, and he believed that it would be prudent for the bill to move forward.

Chair Carlton said it was her understanding that when the bill was submitted, a fiscal note had been included that indicated the possibility of adding two management analyst positions to perform the work associated with the required review. However, the Division of Health Care Financing and Policy had since submitted a revised fiscal note that removed those positions. She asked about the discussions that had occurred surrounding the two positions and why they were no longer necessary. The Chair wanted to ensure that the fiscal note was no longer needed and there would be no further requests for staff.

Marta Jensen, Acting Administrator, Division of Health Care Financing and Policy, Department of Health and Human Services, stated that Chair Carlton was correct. When DHCFP first reviewed the bill, it believed that additional positions would be necessary to handle the reviews. The reimbursement rate was currently reviewed on a five-year cycle, and the bill would reduce that to a four-year cycle. However, DHCFP had recently restructured and integrated staff within the Division, and because of the efficiencies created by that shift, it believed it could absorb the requirements of A.B. 108 without additional staff.

Assemblywoman Titus asked about the number of different rates there were for Medicaid because she would like that number to be part of the record.

Ms. Jensen replied that there were currently 258,000 individual rates set for Medicaid. Those rates varied from a service down to a supply. Currently, DHCFP reviewed those rates on a five-year cycle. Ms. Jensen said there had been much discussion over the past year regarding how the Division reviewed those rates. Each time the Division reviewed a rate, information including the individual rate, the date of review, and the date the rate was last increased was posted on the DHCFP website. There might be rates that were reviewed in 2015, but the last time a rate increase was initiated would have been 2007. The DHCFP was attempting to put as much information as possible on its website so that people could understand the process.

Assemblywoman Spiegel said she frequently heard from providers that the reimbursement rates often did not cover the actual costs. When DHCFP reviewed the rates, she wondered whether that included an assessment of how the reimbursements compared with the costs.

Ms. Jensen said that comparison was not done in all cases. The DHCFP used the Medicare rate, rates used by neighboring states, and rates in other states that had the same demographics to calculate the reimbursement rates. Not all rate reviews included actual cost added to the providers.

Chair Carlton asked whether there was testimony to come before the Committee in support of A.B. 108.

Constance McMullen, representing the Personal Care Association of Nevada, stated the Association would like to go on record in support of A.B. 108.

Jeanne Bishop Parise, Vice President and Secretary, Nevada Assisted Living Association, stated that the Association was in support of the bill. She pointed out that the reimbursement rate for assisted-care living in neighboring states was much higher than the rate in Nevada, which only reimbursed between \$30 to \$60 per day. The savings would be in allowing the higher rate for assisted-care living, and changing the allowances for the care within the assisted-living communities for diabetic patients and Alzheimer's secure-unit care. That would actually result in a savings in the expenditure portion for those particular rates.

Ed Guthrie, CEO Emeritus, representing Opportunity Village, stated he had submitted written testimony for review by the Committee ([Exhibit D](#)), and wanted to speak in support of [A.B. 108](#). Mr. Guthrie noted that Assemblywoman Spiegel had asked whether the Medicaid rates took into consideration the actual provider costs. Opportunity Village was able to have Jeremy Aguero, Principal, Applied Analysis, conduct a rate study regarding the rates for employment and day-training services. Applied Analysis used the formula that was used by the Division of Health Care Financing and Policy (DHCFP) to develop rates for autism services and also used information from Opportunity Village regarding employment and day-training services. The analysis showed that the current rates only covered approximately 80 percent of the costs of providing employment and day-training services to the population that was served by Opportunity Village. For that reason, Mr. Guthrie said Opportunity Village was very much in favor of [A.B. 108](#).

Brian McAnallen, Government Affairs Manager, Office of Administrative Services, City of Las Vegas, thanked Assemblyman Oscarson for sponsoring [A.B. 108](#). As the Committee was aware, Medicaid reimbursement rates were one of the Southern Nevada Forum's priorities, and the rates had also been discussed extensively by the interim Legislative Committee on Health Care. The rates were also a priority for the City of Las Vegas, and a personal priority of Mayor Carolyn G. Goodman, who would like to ensure that Nevada stayed on top of Medicaid rates and, when possible, increased those rates. Mayor Goodman believed the Medicaid rates were a significant problem in attracting physicians to the Las Vegas area and improving the quality of health care in Southern Nevada.

Chair Carlton asked whether there was further testimony to come before the Committee in support of, neutral on, or in opposition to [A.B. 108](#), and there being no further testimony, the Chair closed the hearing on [A.B. 108](#).

[Assembly Bill 23](#): Authorizes the Division of Parole and Probation of the Department of Public Safety to establish and operate independent reporting facilities. (BDR 16-170)

Chair Carlton reopened the hearing on [Assembly Bill \(A.B.\) 23](#) and asked whether there was any testimony to come before the Committee in support of, neutral on, or in opposition to the bill, and there being no further testimony, the hearing was closed.

The Chair opened the hearing on [Assembly Bill 139](#).

[Assembly Bill 139](#): Provides for the voluntary establishment of a program of dual language immersion in certain public elementary schools. (BDR 34-442)

Assemblywoman Heidi Swank, Assembly District No. 16, said [Assembly Bill \(A.B.\) 139](#) would create dual language immersion in elementary schools in Nevada. She believed there might be some opposition to the bill, and she wanted to be very clear that in no way would the bill eliminate English from Nevada's schools or diminish anyone's ability to speak English: it had absolutely nothing to do with getting rid of English.

Assemblywoman Swank stated that during the past interim, the Legislative Committee on Education received a presentation from Gregg Roberts, who was the Dual Language Immersion Specialist for the Utah State Office of Education. The interim committee learned how the program was provided to elementary schools in Utah, how all subjects were taught half in English and half in a foreign language chosen by the school community, and how the program had a positive effect on student achievement, behavior, and attendance. The interim committee was also interested to hear that the program was relatively inexpensive and that it expanded the pool of available teachers beyond U.S. borders because it required teachers whose native language was not English. Given the statewide teacher shortage in Nevada, that was a significant benefit.

Assemblywoman Swank said everyone understood the economic benefits that came with speaking multiple languages. Students in Utah who completed a full, dual language immersion program, including supplementary secondary classes, could graduate high school just a few credits short of a college minor in a foreign language. Utah currently offered five language options for its dual language immersion schools. There was also a growing body of research that showed substantial positive benefits for young children who received bilingual education.

Immersion students typically developed greater cognitive flexibility and demonstrated increased attention, better memory, and superior problem-solving skills, as well as gained an enhanced understanding of their primary language. Immersion students also demonstrated increased cultural sensitivity because they were more aware and showed a positive attitude toward other cultures and people. The English language learners possessed skills that many of their peers were pursuing and could serve as mentors in that regard. Assemblywoman Swank said it appeared that the dual language immersion model should be an option, especially at Nevada's Zoom schools.

Assemblywoman Swank said A.B. 139 would require that the State Board of Education prescribe by regulation guides for the establishment of an optional program for dual language immersion in public elementary schools. The regulations would require 50 percent of all course work in each participating grade be taught in a language other than English, establish a list of foreign languages that might be selected, and require the Department of Education to explore the feasibility of including American Sign Language as one of the options. That was the source of the \$50,000 fiscal note attached to the bill by the Department of Education.

The regulations would establish the process by which a school might select a language for its dual language immersion program. The intent of that regulation was to try to get involvement from the community and staff about what other languages they thought should be taught in their schools. The regulations would also require an elementary school to establish a program to provide an option of English-only instruction for families who did not wish to participate in the immersion program, which would allow parents to determine whether their child would participate in the dual language program.

Assemblywoman Swank explained that A.B. 139 would also require the Department of Education to create a competitive grant program to enable up to 30 schools to start a dual language immersion program—20 in Clark County, 7 in Washoe County, and 3 in the balance of the state. The Department of Education would also be required to develop performance and outcome indicators to measure the effectiveness of the programs, and to submit an annual report to the Governor and the Legislature.

Finally, A.B. 139 would appropriate sufficient funding for the Department of Education to hire two part-time staff to manage the program and provide \$300,000 in funding for competitive grants of approximately \$10,000 each to participating schools, as well as an additional \$300,000 for program support services such as teacher recruitment, professional development, and other technical assistance.

Assemblywoman Swank said dual language immersion programs had emerged as a low-cost, high-impact option for elementary schools, and Utah had been leading the way. Utah had only 3 percent of the K-12 students in the United States, but 80 percent of those students spoke Chinese because of the dual language immersion programs in that state.

Chair Carlton stated that the Committee was interested in the sections of the bill that contained funding, and she referred to section 4, which included the funding for two part-time positions. She asked how the number of positions had been determined.

Assemblywoman Swank replied that the bill was very conservative regarding the number of staff who would be needed to manage the program, and two part-time positions was the minimum. The recommendation was from the interim Legislative Committee on Education, of which Assemblywoman Swank was not a member, but she would provide additional information regarding the number of staff if the Committee required that information.

Chair Carlton wondered whether there was anyone in the audience who could assist Assemblywoman Swank in answering the Committee's questions regarding sections 5 and 6, which each contained appropriations of \$300,000. The amount for the actual grants and the amount for supporting initiation of the programs were the same, and Chair Carlton wanted to know how those amounts had been determined. Usually the initiation costs were less than the actual grants, and she wanted to ensure that the bill contained the correct numbers and that the dollars were being placed in the appropriate categories.

Assemblywoman Swank believed that the \$300,000 was an estimate at the present time based on the Utah model and the cost of initiating that program. She stated she would provide additional details regarding the figures to the members of the Committee.

Chair Carlton stated that would be very helpful. She asked Assemblywoman Swank to address the inclusion of American Sign Language in A.B. 139 because she did not envision the bill applying to American Sign Language, which was already being taught in some schools.

Assemblywoman Swank said there had been many discussions in foreign language studies across the nation regarding whether American Sign Language should be included as a foreign language. The syntax of American Sign Language included many of the same characteristics as a foreign language, and it did have a writing system, which was usually a requirement for a foreign language.

The fiscal note of \$50,000 was because American Sign Language was not established in Nevada. Approximately 10 years ago, the University of Nevada, Las Vegas (UNLV) had considered American Sign Language but did not reach a decision about whether it counted as a foreign language. Therefore, a study would be necessary to establish whether American Sign Language would count as a foreign language. Assemblywoman Swank believed that it met all the requirements of a language, but it was her understanding that the Department of Education wanted to conduct a feasibility study.

Assemblywoman Titus stated that she had not been a member of the interim Legislative Committee on Education, but she had reviewed the testimony regarding the dual language immersion program. She asked for clarification of language in the bill that the State Board of Education would prescribe guidelines for the initiation of a dual language immersion program, which apparently would be voluntary on the part of the public elementary schools.

Assemblywoman Swank stated that was correct. The State Board of Education must establish the program, but the funding would be approved through a competitive grant process that consisted of schools applying for the funding.

Chair Carlton asked whether there was further testimony to come before the Committee in support of A.B. 139.

Lindsay Anderson, Government Affairs Director, Washoe County School District, stated she was present in support of A.B. 139. She supported the bill for two reasons, the first of which was that the program would be optional and schools could opt into the program. That would allow interested schools to make the decision regarding whether the dual immersion program would be a good fit for their students. The bill also contained an appropriation to fund the program, which was not common in many education bills. There were a couple of schools in the Washoe County School District (WCSD) that currently had dual language immersion programs, and WCSD believed it could build off the successful programs at those schools.

Nicole Rourke, Executive Director of Government Affairs, Clark County School District, stated that Clark County School District (CCSD) appreciated the appropriation contained in A.B. 139. The CCSD had conducted dual language immersion programs in the past, and those programs required additional support in professional development and curriculum planning. The CCSD also appreciated the opportunity to apply for grant funding to initiate such a program. Ms. Rourke stated there were schools in Clark County that might be interested in such programs after conducting planning meetings with the school organizational teams to determine whether it would be a valuable program. She stated that CCSD looked forward to participating in the dual language immersion program process.

Ruben Murillo, President of the Nevada State Education Association, stated that the Association represented over 40,000 educators across the state. He voiced support for A.B. 139 and thanked Assemblywoman Swank for bringing the bill forward. To better prepare students for a global society and a work-ready workforce, speaking a second language would be very beneficial. Mr. Murillo said he grew up in a dual immersion program at his home with English the dominant language and Spanish as the second language. He believed that offering such an opportunity for students, even though it was optional, was a way for educators to better prepare students to be more productive in society.

Carmen Andrews said she was present today to speak as a parent in support of A.B. 139. She stated she had been fortunate that her two children had participated in the dual immersion program in the Clark County School District at Estes M. McDoniel Elementary School. She received a zone variance for her children so they could participate in the program, and her older child had benefited greatly from the program. However, the program began to fall apart because of lack of support, and her younger child was not able to participate and receive the same enriched experience as her older child.

Ms. Andrews said her older son now spoke Spanish and English and went on to study Russian in high school. She commented that she continued to see the benefits that dual immersion programs could provide to students as they moved forward into college and the workforce. Her older child was also in the Emergency Medical Technician (EMT) program at Rancho High School in the Clark County School District, and he used his Spanish language skills to talk to people who needed assistance. He recently participated in an EMT ride-along program and was able to converse with people whom he would not have been able to communicate with if he did not have Spanish language skills. Ms. Andrews urged the Committee to support A.B. 139.

Chair Carlton thanked everyone for their testimony and stated that the Committee would like to receive further information regarding the appropriations as the bill moved forward.

Chair Carlton asked whether there was further testimony to come before the Committee in support of, neutral on, or in opposition to A.B. 139. There being no further testimony, the Chair closed the hearing on A.B. 139 and opened the hearing on Assembly Bill 388.

Assembly Bill 388: Making an appropriation for the Women's Health Connection Program. (BDR S-915)

Assemblywoman Teresa Benitez-Thompson, Assembly District No. 27, stated Assembly Bill (A.B.) 388 requested funding appropriated to the Division of Public and Behavioral Health (DPBH), Department of Health and Human Services (DHHS), for the Women's Health Connection Program.

Assemblywoman Benitez-Thompson explained that DPBH oversaw the Women's Health Connection Program for the state. The DPBH partnered with the Access to Healthcare Network to administer the program. The Women's Health Connection Program was a breast

and cervical cancer early detection program dedicated to serving low-income, high-risk, uninsured, and underinsured women living in Nevada. The goal of the Program was to reduce the burden of breast and cervical cancer through education, early screening and diagnostics, care coordination, case management, and improved accessibility to treatment.

The Women's Health Connection Program was presently 100 percent federally funded through the National Breast and Cervical Cancer Early Detection Program from the Centers for Disease Control and Prevention (CDC) with a required 3-to-1 match. The match was an in-kind contribution from the Access to Healthcare Network and was the difference between the billable rate and the negotiated rate. For example, if the Access to Healthcare Network could bill a patient \$1,000 for services, but only billed \$600, that difference of \$400 was considered the in-kind donation for the 3-to-1 match requirement.

Assemblywoman Benitez-Thompson said the Women's Health Connection Program had provided breast and cervical cancer screening services to more than 57,000 women in Nevada; had provided more than 137,000 mammogram examinations and cervical cancer screening tests; and had diagnosed more than 679 cases of breast cancer and 967 cases of cervical cancer or premalignant cervical lesions. The criteria for eligibility for the program included being female, either biological or transgender; over the age of 40; a resident of Nevada; and at or below 250 percent of the federal poverty level. There were also insurance criteria that the woman be either uninsured or underinsured to qualify.

Assemblywoman Benitez-Thompson explained that the Women's Health Connection Program was the payer of last resort, and if a woman had access to other payer sources, she would not qualify for the program. The program was for those women who had no other resources available, with the exception of the U.S. Indian Health Service program.

The specific programs that were covered under breast and cervical cancer screening for women who were ages 40 to 49 consisted of an annual pelvic examination; an annual clinical breast examination, which was a hands-on breast examination performed by a clinician; a Pap test every three years, or a Pap test with HPV cotesting every five years; and diagnostic services following an examination with abnormal results. For women 50 years and older, the screening included an annual pelvic examination and annual clinical breast examination with hands-on breast examination, a Pap test in accordance with established screening schedule and guidelines, and annual mammogram screening.

Assemblywoman Benitez-Thompson said that since the Affordable Care Act (ACA) had been put into place, there had been a reduction in the number of women who needed the services of the Women's Health Connection Program because of the additional payer sources. However, there were not enough funds presently to cover the screening costs for the remaining women who were eligible for the program. Should the Committee be supportive of the appropriation requested in A.B. 388, an additional 3,636 women could receive screening services for cervical and breast cancer every year at the rate of \$275 per screening. Additional funding would be completely dedicated to increasing the provisions of early detection services. With the funding, the Women's Health Connection Program could focus

more resources on locating and serving hard-to-reach populations, such as those residing in rural and frontier counties.

The Women's Health Connection Program could increase screening capacity statewide and add to program sustainability with diversified funding that included State General Fund dollars. Basically, the federal government contributed funds to the program, the Access to Healthcare Network contributed with the difference of the write-off, and Assemblywoman Benitez-Thompson would ask that the state of Nevada step up in a meaningful way to be a supportive partner in the program. Nevada was one of only a handful of states that allocated no State General Fund dollars to the Women's Health Connection Program, and there was a need within the state.

Chair Carlton said it appeared that the Women's Health Connection Program was located within a nonprofit.

Assemblywoman Benitez-Thompson explained that the program was housed within the Division of Public and Behavioral Health (DPBH), Department of Health and Human Services, and the Division partnered with the Access to Healthcare Network, which actually provided the services.

Chair Carlton asked whether the funding was appropriated to the Division and then passed to the Access to Healthcare Network. Assemblywoman Benitez-Thompson replied that was correct, at a cost of \$275 per screening.

Chair Carlton asked about the administrative costs associated with the program charged by the Access to Healthcare Network. Assemblywoman Benitez-Thompson replied that the Women's Health Connection Program had sufficient state infrastructure to administer the program. The state provided the operational and fiscal oversight for the program, and the Access to Healthcare Network maintained the screening provider network, collected and reported the medical and claim data to the state administrative database, and provided case-management services. The additional funding requested in A.B. 388 would fund the cost of additional screenings at \$275 per screening, which amounted to screening for an additional 3,636 women. She emphasized that the funding would not be absorbed by administrative costs.

Chair Carlton asked how much federal funding would be received for the Women's Health Connection Program. Assemblywoman Benitez-Thompson replied that the most recent federal appropriation was approximately \$2.5 million.

Chair Carlton asked about the period of time covered by the federal funding.

Assemblywoman Benitez-Thompson replied that funding was for fiscal year (FY) 2017.

Julia Peek, M.H.A., Deputy Administrator of Community Services, Division of Public and Behavioral Health, Department of Health and Human Services, explained that the federal funding was for the period from June 30, 2016, to June 29, 2017.

Assemblywoman Titus asked whether the Access to Healthcare Network provided the Mammovan program. Assemblywoman Benitez-Thompson replied that was one of the services provided.

Assemblywoman Titus asked whether the payment was for the actual Pap test or whether it was for a complete physical examination. Ms. Peek replied that the \$275 covered a full screening, which consisted of a physical examination, a Pap test, and a mammogram.

Assemblywoman Titus asked whether any of the funding was used for treatment or care following the screening. Ms. Peek replied that the Division of Public and Behavioral Health (DPBH) would work with the patient to locate a payer source such as Medicaid for treatment.

Assemblywoman Bustamante Adams asked whether there were statistics that showed how many women had been served in rural areas, in Northern Nevada, and in Southern Nevada; she wondered how the numbers were reported.

Ms. Peek stated that DPBH maintained an in-depth spreadsheet that she would provide to the Committee regarding the women served.

Assemblyman Anderson said it appeared A.B. 388 requested an appropriation to DPBH, and the funds would then be issued as a pay-for-service model to the Access to Healthcare Network. Ms. Peek replied that DPBH paid directly for the screening for breast and cervical cancer. Assemblyman Anderson said it appeared the service provider would be paid the amount of \$275 for each screening, and Ms. Peek stated that was correct.

Assemblyman Anderson noted that Assemblywoman Benitez-Thompson stated over 3,000 additional women could receive services with the appropriation contained in the bill, and he wondered whether there was a backlog of women waiting for screening services.

Assemblywoman Benitez-Thompson commented that throughout the history of the Women's Health Connection Program, one thing had been learned, and that was that it took a lot of work to encourage women to participate and that the program was a safe organization from which to receive the services. A review of different populations indicated that significant outreach had been done to help women understand the health benefits of the very personal screening examinations.

Assemblywoman Benitez-Thompson reported that a significant number of women went unscreened, which had been brought to light by the many late diagnoses of female breast cancer. The statistics for late diagnoses indicated that breast cancer occurred in 35.8 percent of Caucasian women, 45.1 percent of African American women, 34.1 percent of Native American women, 42.1 percent of Asian women, and 45.9 percent of

Hispanic women. There had been many late diagnoses in Nevada, particularly among women of color, and DPBH was doing everything possible to get women to use the Mammovan for screening. Assemblywoman Benitez-Thompson emphasized that additional screening capacity was very important.

Chair Carlton commented that outreach was sometimes difficult, and DPBH needed to have the necessary funding before reaching out to women to participate in the screening program. However, when funding was available, DPBH had to ensure that it was used for outreach and screening. It was often difficult to balance, but funds should be available first before reaching out to participants.

Chair Carlton said it appeared there would be no changes to the Women's Health Connection Program, and there would simply be an expansion of services with outreach offered through the Access to Healthcare Network.

Assemblywoman Benitez-Thompson said that was correct: there would be no change in the program. The bill simply requested an appropriation to conduct additional screenings.

Chair Carlton asked whether there was testimony to come before the Committee in support of A.B. 388.

Thomas McCoy, JD, Nevada Government Relations Director, American Cancer Society, Cancer Action Network, stated he was also the Chairman of the Advisory Council on the State Program for Wellness and the Prevention of Chronic Disease. He said he simply wanted to voice support for A.B. 388. He noted that early detection equaled 99 percent survival rate for breast cancer, and Nevada was one of only two states that had provided no funding for the Women's Health Connection Program.

Chair Carlton asked whether there was further testimony to come before the Committee in support of, neutral on, or in opposition to A.B. 388, and there being no further testimony, the Chair closed the hearing and opened the hearing on Assembly Bill 397.

Assembly Bill 397: Makes an appropriation for grants to local governmental entities and nonprofit organizations for family planning services. (BDR S-856)

Elisa Cafferata, Director of Government Relations, Nevada Advocates for Planned Parenthood Affiliates, Inc., stated she would present Assembly Bill (A.B.) 397, which was an appropriation for family planning services. Ms. Cafferata submitted Exhibit E, a PowerPoint presentation titled, "AB 397 - Appropriation for family planning services, Assembly Ways & Means," dated April 10, 2017. She also submitted Exhibit F, which was her written presentation, for the Committee's review.

Ms. Cafferata stated that the bill was necessary because the need for a family planning safety net in Nevada was critical. The Executive Budget recommendation for the upcoming biennium reduced funding for family planning grants to 83 percent below the funding level

for the 2010-2011 biennium, when funding was at its highest point; however, the budget included a one-shot appropriation that would replace 22 percent of the funding. The challenge facing Nevada was that federal family planning grant funds had also been greatly reduced for the 2017-2019 biennium, as depicted on page 2 of [Exhibit E](#).

At the same time Nevada was losing the federal family planning grant funds, the number of women who needed publicly supported family planning had grown from approximately 100,000 in 2001 to almost 200,000 in 2014, which was the last year statistics were available, as depicted on page 3 of [Exhibit E](#).

Page 4 of the exhibit depicted the number of women who were receiving publicly supported family planning services, either through Medicaid family planning services or Title X family planning. Ms. Cafferata noted that Nevada served far fewer women every year.

Page 5 of the exhibit depicted the women who needed publicly supported contraception but were unable to access those services versus the women who were receiving services. The chart indicated that Nevada was falling farther behind every year.

Ms. Cafferata said page 6 of the exhibit depicted eroding federal family planning grant funding, which had served only 10 percent of the women in need in Nevada during the 2015-2017 biennium, when there was approximately \$600,000 in federal grant funding available. The loss of Title X family planning grant funding would make the situation incredibly dire for women over the upcoming biennium.

In 2001, 43 percent of women in need were served with federal grant funding of \$1.2 million over the biennium. By 2014, only 10 percent of the women in need were being served. The recommendation for the 2017-2019 biennium would reduce the amount of revenue by half, and only approximately 5 percent of women would be served. Ms. Cafferata said persons who would testify in support of [A.B. 397](#) would explain the need in rural Nevada for family planning services.

Page 8 of the exhibit indicated that federal guidance currently favored a medical model for family planning, while the previous model in Nevada had focused on public health. The medical model might not be a good fit, particularly in rural Nevada. Ms. Cafferata explained that because of the sensitive nature of family planning services, a person might not want to visit a major community health provider in a rural area because everyone might know that he or she had received an STD [sexually transmitted disease] test or screening.

Ms. Cafferata said even if Planned Parenthood received the same amount of funding as it had in 2001—\$1.2 million over the biennium—it would still serve fewer than 10 percent of the women in need. The request included in [A.B. 397](#) was for \$4 million over four years, which would help about 25 percent of the women in need in Nevada.

Ms. Cafferata pointed out that there were significant benefits to family planning, as depicted on page 11 of [Exhibit E](#). In 2010, Nevada spent \$5.8 million in total between Medicaid and Title X funding, and the calculations showed that family planning netted \$30.6 million in benefits from the avoidance of unplanned births, maternity coverage that was averted, miscarriage costs that were avoided, STDs avoided because of treatment, and Pap smears and STD checks.

Page 12 depicted information about family planning in Texas. That state cut its family planning program by 66 percent, at which time 82 of the family planning centers closed. The outcome was that IUD use was down by 36 percent, injections were down by 31 percent, and births increased by 27 percent in counties where Planned Parenthood health centers were closed.

Ms. Cafferata said that [A.B. 397](#) was for healthy mothers, babies, families, and budgets. That concluded her presentation, and she stated she would be happy to answer any questions.

Assemblywoman Titus said she was curious about the figures regarding the percent of women in need and she wondered how need was determined. She also asked whether there was a waiting list at Planned Parenthood.

Ms. Cafferata stated that the figures included in [Exhibit E](#) had been calculated by the Guttmacher Institute and reflected the number of women who would qualify for Medicaid and who met the income level requirement. She advised that there was no waiting list at Planned Parenthood.

Assemblywoman Titus said it appeared the number of women in need depicted a conceptual need rather than a documented need because the numbers were created by using financial data.

Ms. Cafferata said that was the number of women in need of services based on income level. Planned Parenthood had determined that some women were able to afford birth control at times, but they were not able to access birth control consistently. Therefore, those women had a much higher rate of unintended pregnancies.

Assemblywoman Titus asked whether there was an actual waiting list at Planned Parenthood.

Ms. Cafferata clarified that [A.B. 397](#) had not been requested by Planned Parenthood: it was a family planning program request. She was not aware of waiting lists at any Planned Parenthood health center because services were provided to women on a sliding-fee scale. When women came to Planned Parenthood, it worked diligently to provide the needed care for those persons. There were different experiences throughout the state because of the loss of funding. Planned Parenthood found that many women would not go to a health center if they did not have the means to pay, and at times women might afford one prescription for birth control but not have the means to refill the prescription.

Assemblywoman Titus asked whether Planned Parenthood would be eligible for any portion of the funding requested in [A.B. 397](#).

Ms. Cafferata replied that the appropriation would be used for family planning at the state level. A companion bill, [Senate Bill \(S.B.\) 122](#), was working its way through the legislative process, and it would establish a state family planning grant program. The way that bill was written, Planned Parenthood, nonprofit health centers, local governments, and community health nurses would be eligible to request grant funding. Regulations for that grant program had not been established, and eligibility for grant funding would be finalized through that process. Ms. Cafferata said if the grant program failed to materialize and the funding was controlled at the state level, she believed it would be distributed through the existing Title X program and would comply with that program's existing rules and regulations.

Assemblywoman Spiegel said there were some nonprofit groups that claimed to be family planning centers, but did not necessarily provide all family planning services because of religious beliefs. She asked whether such organizations would be eligible to apply for grant funding under the mandates of [A.B. 397](#).

Ms. Cafferata explained that the bill did not specifically list all services involved in family planning. The specifics of the grant program had not been outlined, but she believed that the grant program would specifically outline the services for which the funding could be used. The definition of family planning from the Centers for Disease Control and Prevention (CDC) included contraceptives, pregnancy testing and counseling, assistance to achieve pregnancy and fertility services, STD services, and preconception health. Under that criteria, if a family planning center offered natural family planning, which was one of the options, that center could submit a grant request for providing those specific services. She explained that natural family planning had fairly low costs because it consisted of education about natural birth control measures.

Assemblyman Edwards said the bill did not include a comprehensive list of the services for which the funding could be used, and he asked whether any restrictions would be applied, and if there would be a way to supplant money so that other monies could fund other Planned Parenthood services.

Chair Carlton commented that it appeared to be time to discuss [Exhibit G](#), a conceptual amendment draft for [A.B. 397](#), dated April 8, 2017, which would clarify what the funds could be used for.

Ms. Cafferata explained that [Exhibit G](#) clarified that the grant funding would be used for family planning services, specifically those contraceptive methods approved by the U.S. Food and Drug Administration (FDA), which were listed in the amendment.

Many health-care providers were losing money on Medicaid reimbursement because that reimbursement did not cover the actual cost of services. Medicaid family planning also did not cover the cost of services, and many insurance contracts covered at the same rate as Medicaid. The only time Planned Parenthood received the actual cost of a service was from self-paying clients. There would not be much extra funding to move to other programs after covering the allowed services. The way the grant was envisioned was that health-care providers would be reimbursed for the actual cost of the services.

Assemblyman Edwards stated that the benefits listed on page 11 of [Exhibit E](#) indicated that there had been \$35 million in savings through birth and maternity avoidance costs. He asked whether that included abortive services, either through regular abortions or through the issuance of "morning-after pills."

Ms. Cafferata replied that the calculations on page 10 included zero savings from abortions. She explained that the Hyde Amendment blocked Medicaid funding from being used for abortion services, and Title X also prohibited funding for abortion costs; therefore, there were no savings to be realized. The definition of FDA-approved contraception methods as depicted in the exhibit was contraception that prevented pregnancy. Ms. Cafferata reiterated that the list contained no abortive drugs, because that would not be covered under [A.B. 397](#).

Chair Carlton commented that it appeared there was a significant effect on rural areas of the state because that was where most of the need was located. She asked for additional information about that effect.

Ms. Cafferata stated that Title X was the federal program that funded family planning services in Nevada. The graph on page 6 of [Exhibit E](#) indicated that in the past, Nevada had received almost \$1 million over the biennium for family planning services. There would be a severe drop in funding for each year of the 2017-2019 biennium, which reflected the loss of Title X grants that were used specifically for services in rural Nevada.

The rural areas would suffer a loss of approximately \$500,000 in each year of the biennium. There were persons present who would testify about how that loss of funding was affecting rural Nevada. Rural areas did not have other resources or funding sources to provide the needed services, and several community health nurse positions had been lost. There were no other providers for those services in rural Nevada, unlike in the urban areas where the district health departments continued to receive funding.

Chair Carlton said she would like additional data regarding the funding in rural areas.

Assemblywoman Swank stated she would like the bill to include a preference for organizations that provided a suite of services rather than focusing only on oral contraceptives. She believed that one option would not fit every woman who frequented the health-care facilities, and she was hesitant to provide state funding to an organization that would only fund one approach to family planning. Assemblywoman Swank commented

that perhaps the amendment ([Exhibit G](#)) could include a strong preference for funding any organization that provided a suite of services for women.

Chair Carlton asked whether there was testimony to come before the Committee in support of A.B. 397.

Shaun Griffin, Executive Director, Community Chest in Virginia City, stated that as part of his work in Northern Nevada, he led a coalition in Tonopah. The community health nurse in Tonopah had lost half of her funding, and her colleague in Pahrump had given her money so she could continue to provide public health services. The pace in areas such as Carson City was different from that in rural Nevada, and in places like Tonopah, there was a very specific pace. The public health nurse in Tonopah was not going to be able to provide family planning, contraceptives, mammogram services, or supportive services for the clients in her community because of the loss of funding.

Mr. Griffin said it was through no fault of the public health nurse that the state did not provide funding, and there was no grant funding available, which created a loss of nearly \$400,000. He had personally written a grant to Kinross Gold Corporation so the public health nurse in Tonopah would have \$35,000 to continue providing services during the current fiscal year. Had her colleague in Pahrump not given the public health nurse funds, there would only be a half-time public nurse in Tonopah.

Mr. Griffin pointed out that the hospital in Tonopah had closed, and all that was available was an outpatient care center four days a week, manned by a nurse—not a public health nurse. He constantly heard that people could use their insurance for services, but the question was where they could go because there were no services available in Tonopah. People could drive 100 miles either north or south, but they could not obtain services in Tonopah. Managed care and fee-for-service were not real in rural Nevada where the people lived.

Mr. Griffin said he was recently in Tonopah, and persons in need of services were real and had faces, and that was true of every rural community he worked in throughout Nevada. The people needed the support; the Title X money that supported family planning was a lifesaver. He noted that services were based upon relationships in rural areas. When people trusted the public health nurse, they would seek services, but they would stay away if the nurse was not trusted.

Six rural community health nurses had lost Title X funding today, and those were largely in areas where there was no hospital access. The rural hospital support system in Nevada was on life support at the present time, and Mr. Griffin commented that it was a farce. There were volunteers who drove an ambulance halfway to the nearest community to serve patients when there had been a serious accident in Tonopah because that was where Care Flight could meet the ambulance to pick up the patient.

Mr. Griffin stated that the talk about the "highfalutin" health-care system in rural Nevada was an absolute farce. If Nevada let its women down, the talk in two years would be about increased pregnancy rates in every community in rural Nevada. Mr. Griffin opined that it was not rocket science; the state could do something about the situation and it should. It was imperative that the correct decision be made.

Shane Piccinini, representing the Food Bank of Northern Nevada and the Three Square Food Bank in Southern Nevada, stated that about 43 percent of both food banks' clients had no health insurance whatsoever, including Medicaid. About 68 percent of the clients had shared with staff the decisions they had to make between buying food or paying for medication or other health-care needs. He also noted that 24 percent of the clients had to make those choices every month of the year, and 93 percent of the households served by the food banks had incomes that were equal to or less than 185 percent of the poverty rate. Mr. Piccinini said the food banks believed that the family planning services addressed in A.B. 397 were a critical need for their clients.

Michael Hackett, Principal, Alrus Consulting, stated he was present on behalf of the Nevada Primary Care Association and the Nevada Public Health Association. Both organizations had been on record in support of the policy of establishing a state program for family planning services, and both wanted to be on record in support of the appropriation for such a program. The Nevada Public Health Association had submitted a letter ([Exhibit H](#)) in support of A.B. 397.

Mr. Hackett said according to a 2015 report, 60 percent of publicly funded births in Nevada were unintended. The cost to the state to pay for those births was approximately \$37 million. The Nevada Primary Care Association and the Nevada Public Health Association believed that an up-front investment of \$4 million, as proposed in A.B. 397, should pay for itself by helping to reduce downstream costs that the state was currently paying.

Bradley Mayer of Argentum Partners, stated he would speak on behalf of the Southern Nevada Health District. He pointed out that family planning services were an important part of the Southern Nevada Health District's mission. Over the past year, the Health District had seen almost 5,000 patients for family planning. Mr. Mayer stated that the Health District relied on Title X funding, which had been decreasing while Nevada's population continued to grow. There was a great social, economic, and health cost to society with unintended pregnancies, and the state replacement of the Title X funds would be the right thing to do. Mr. Mayer pointed out that the Washoe County Health District and the Carson City Health District both strongly supported A.B. 397. He urged the Committee's support of the bill.

Natalie Sanchez, licensed marriage and family therapist, stated that she had been the clinical director for several mental health agencies throughout Nevada. Additionally, she was a supervisor for marriage and family therapist interns and clinical professional counselor interns through the Board of Examiners for Marriage and Family Therapists and Clinical

Professional Counselors. In that capacity, Ms. Sanchez stated she had supervised persons in Elko, Silver Springs, Reno, and the Carson City area over the past year.

Ms. Sanchez stated that unfortunately, many persons did not think about the association between mental health and general health care and the family planning safety net. Without clinics and options for family planning services, both women and children would be at the mercy of their circumstances, which could be more dire than many persons imagined. In her role in mental health services, Ms. Sanchez said it was not unusual to hear about a woman or adolescent remaining in an abusive situation because she did not know about, or have access to, options regarding family planning. That woman or adolescent might not have control over her own body and thus was often forced to bring more children into an abusive situation.

Ms. Sanchez stated that research and clinical experience were well informed in that area, and both indicated that once a woman, let alone a child, grew up in an environment of abuse, she suffered from long-lasting trauma. Those long-lasting traumas could include everything from chronic illness to severe financial difficulties. Family planning clinics were crucial, because it was often during a health-care visit that a woman disclosed sexual abuse or assault for the first time. It was that disclosure that was paramount, because it was the first step for a woman to seek further treatment for her trauma.

Having a local clinic where women could seek treatment had a profound effect when a woman was seeking a provider in an unfamiliar location. Ms. Sanchez said when healthcare was not readily available, research and her own clinical practice had shown that the barrier would prevent people from seeking support. Her current clinic treated individuals daily who had experienced traumatic life circumstances that could have been positively affected by family planning services.

Ms. Sanchez believed the Committee had a unique opportunity to support A.B. 397, which would have a long-lasting positive effect for women throughout Nevada.

Heidi S. Parker, M.A., Executive Director, Immunize Nevada, stated she had submitted a written statement ([Exhibit I](#)) for the Committee's review. Ms. Parker echoed the previous testimony regarding the effects of funding on rural health; there was a domino effect when funding was lost. Community health nurses not only provided family planning services, but in some rural communities, they also provided immunizations. The previous comments about Tonopah described the inability of the public health nurse to serve her community after funding was cut, and that affected basic services such as vaccinations.

Ms. Parker stated that Immunize Nevada had worked to raise funds and had brought in the Remote Area Medical Volunteer Corps to Tonopah, but those were Band-Aid efforts and were not sustainable. She noted that Nevada had one of the lowest public health per-capita spending rates in the country. The bill was an excellent step toward trying to alleviate some of the federal dependence that Nevada had created for itself. Ms. Parker thanked the Committee for its consideration of A.B. 397.

Chair Carlton stated that on a personal note, when she started at the Legislature, family planning was considered a "woman's issue," and the men would whisper to her that if they promised to vote yes, whether they could leave because they did not want to sit through the hearing. That situation had really changed, especially with the gentlemen who had testified today before the Committee and the sponsors of the bill. Chair Carlton said she was very happy that the Legislature had evolved to the point where family planning really was "family" planning and was about the couple, the children, and the universal look at family planning. It was no longer just a "woman's issue" in Nevada.

Chair Carlton asked whether there was testimony in opposition to [A.B. 397](#).

Lynn Chapman, State Vice President, Nevada Families for Freedom, State Affiliate National Eagle Forum, stated that the Committee had heard [A.B. 388](#), which would provide funding for women's mammograms and Pap smears, and now it was hearing [A.B. 397](#), but the language of the bill did not delineate how the money would be allocated. The bill stated the funds would go to local government entities and nonprofit organizations. However, a representative from Planned Parenthood had presented the information regarding the bill and indicated that it would not include all entities. Ms. Chapman said she was rather confused. The amendment to the bill, [Exhibit G](#), listed the services that would be covered by the funding.

Ms. Chapman said she knew that there was both a doctor and a nurse living and working in Tonopah. She believed that taxpayers should be informed regarding where the money would be going, and whether it would only go to Planned Parenthood. There was mention of smaller entities that were religious based, but she questioned whether crisis pregnancy centers should be included. There were also church entities, such as Casa de Vida in Reno, which did not provide medical services, but did refer clients. Ms. Chapman wondered why that entity was not included because, after all, women should have choices.

Janine Hansen, State President, Nevada Families for Freedom, State Affiliate National Eagle Forum, asked that the record reflect that Melissa Clement, President, Nevada Right to Life, had to leave the meeting but wished that her opposition to [A.B. 397](#) become part of the record. She opposed the bill because of funding that might go to organizations that referred for abortions or paid for abortifacients or provided abortifacients.

Ms. Hansen stated that the reason Elisa Cafferata from Planned Parenthood presented the bill was because Planned Parenthood would be a major beneficiary of the funding. Nevada Families for Freedom did not oppose public health agencies, such as public health nurses, receiving assistance. However, it did oppose Planned Parenthood receiving assistance. One of the reasons for that was displayed in [Exhibit J](#), which was a document depicting the abortion services of a Planned Parenthood health center in Las Vegas. Those services included chemical or drug abortions, and the Planned Parenthood clinic in Reno made referrals for abortions.

Ms. Hansen noted that the Hyde Amendment prevented federal funding from being used for abortions, but there was no Hyde Amendment in Nevada. Nevada Families for Freedom could not be sure that the funding provided by A.B. 397 would not be used for abortions. The definition of family planning included abortion. The amendment to the bill ([Exhibit G](#)) included what was considered the "morning-after pill" or abortifacients.

Ms. Hansen commented that there had been a long discussion in the Senate regarding Senate Bill (S.B.) 122 and the fact that the bill included abortifacients. At that hearing, Senator Joseph (Joe) P. Hardy, M.D., Senate District No. 12, had voiced concern about including abortifacients in the program. Ms. Hansen said Nevada Families for Freedom was also concerned, because the Las Vegas Planned Parenthood clinic provided chemical abortions. The concern was about tax dollars going to fund any type of organization that promoted abortion.

Ms. Hansen said one of the things that bothered her the most was that Planned Parenthood had been very active politically in opposing any type of parental notification and/or parental rights, particularly regarding abortions. She believed that was a violation of the rights of parents. Nevada Families for Freedom continued to oppose any dollars from the state going to fund an organization that was the largest abortion purveyor in the United States.

Chair Carlton said there appeared to be some confusion. The funding would be used to backfill the Title X funding that had been removed, and Title X did not allow funding for abortion services. She thought there still might be some confusion, and she suggested that Ms. Hansen reach out for answers to her questions. The Chair said she wanted to ensure that the record reflected that Title X funding could not be used for abortions, because that funding was a very important component for family planning.

Ms. Hansen stated reiterated a long discussion had been held when S.B. 122 was heard by the Senate. Chair Carlton commented that the Committee was not considering that bill.

Ms. Hansen said it was the companion to A.B. 397. Chair Carlton stated that A.B. 397 was an appropriations bill, and the Committee could not discuss S.B. 122.

Ms. Hansen said that the amendment ([Exhibit G](#)) to A.B. 397 listed items 1 through 18 and numbers 17 and 18 would certainly provide abortifacients. Chair Carlton said those two items would be used for emergency contraception. Ms. Hansen said that was considered abortifacients. Chair Carlton said they would have to "agree to disagree" about the language of the amendment.

Chair Carlton asked whether there was further testimony to come before the Committee that was neutral on A.B. 397.

Amy Roukie, Deputy Administrator for Clinical Services, Division of Public and Behavioral Health, Department of Health and Human Services, stated she provided oversight of rural clinics and the community health nursing program. She was present to testify neutral on behalf of A.B. 397 and to assure the Committee that the Division would follow the rules of the State Purchasing Division, Department of Administration, if, in fact, the Division of Public and Behavioral Health (DPBH) was granted some of the funding as part of the Appropriations Bill. The Division would submit a request for proposal (RFP) that stipulated what services would be allowed under Title X in Nevada. The Division would also go through a rigorous screening process when choosing the recipients of the funding.

Ms. Roukie said the Division was hopeful that the Appropriations Bill would allow it to fund the community health nurse budget, because that was an internal budget. She pointed out that the Division could not fund itself when it received appropriations that were slotted for local governments and nonprofits, and the Division hoped to receive funding through the Appropriations Bill. The concerns regarding the Division's community health nursing budget was that the community could provide the staff but had no money for supplies. The communities were willing to provide the services, but because there was no funding for supplies, they could not provide family planning services. Ms. Roukie said she would be happy to work with the sponsors of A.B. 397.

There was no further testimony regarding A.B. 397, and Chair Carlton asked Ms. Cafferata to clarify the mandates regarding Title X funding.

Ms. Cafferata explained that the intention of the bill was to replace and amplify the Title X services that had been decreasing over the years. The state had not even come close to providing the needed services for women in Nevada, particularly in rural areas where services had always been very sparse. The funding included in A.B. 397 would help to provide reliable services for women in rural Nevada.

Ms. Cafferata emphasized that Title X funding was subject to specific prohibitions against use for abortions, and the Hyde Amendment prohibited Medicaid dollars from being spent for abortions. The funding in the bill would not be used for abortion services. She stated that it was the intention of the bill that funding be available for community health nurses for services and supplies to help rural Nevadans.

Chair Carlton asked that Fiscal Analysis Division, Legislative Counsel Bureau, staff provide Title X documents to members of the Committee. Rather than receiving information from a proponent or opponent of the bill, staff would provide objective information. Committee members would then review the same list of prohibitions of funding use of Title X dollars.

There being no further testimony to come before the Committee on A.B. 397, the Chair closed the hearing on A.B. 397 and opened the hearing on Assembly Bill 141.

Assembly Bill 141: Revises the organizational structure and purposes of the Office of Minority Health. (BDR 18-214)

Assemblyman Tyrone Thompson, Assembly District No. 17, stated that he represented a diverse and growing community in North Las Vegas and Clark County. He stated he was excited to share Assembly Bill (A.B.) 141, which had come about through the collaborative efforts of many stakeholders in the community.

Assemblyman Thompson explained that in 2005, the Legislature approved Assembly Bill 580 of the 73rd Session (2005), which created the Office of Minority Health within the Office for Consumer Health Assistance, Department of Health and Human Services (DHHS). The mission was to improve the quality of health-care services for members of minority groups and to educate and disseminate information to the public on matters regarding health concerns for members of minority groups because of the disparity.

What had been learned throughout the years since 2005 was that the Office simply did not have the sustainability it needed. The Office was dormant at the moment because grant funding was not available. Assemblyman Thompson indicated that the original legislation stated the Office would function "should money be available." Because of the plethora of health concerns and disparities within communities of color, A.B. 141 would change the name of the Office of Minority Health to the "Office of Minority Health and Equity." There was a need, and there was an opportunity now for Nevada to ensure that minority health concerns were met.

Assemblyman Thompson stated the organizational structure of the Office of Minority Health was also problematic, and A.B. 141 would allow the manager to report directly to the Director of DHHS, who had been working with him to bring the bill forward. To ensure the continuation of the manager position, DHHS had invested tobacco settlement funding to create the Nevada Minority Health and Equity Coalition. That Coalition had been extremely busy, and there were currently over 40 service providers who would meet the diverse needs of minority communities; the Coalition had also developed policies and additional resources.

Chair Carlton stated A.B. 141 had no real fiscal effect because the funding would be relocated from one budget account to another. The funding relocation would be addressed when the DHHS budgets were closed. Should that fail to occur, the relocation of funding would be brought before the Interim Finance Committee as a work program.

Chair Carlton asked about the benefits of actually moving the Office of Minority Health from within the Office for Consumer Health Assistance and making it an office within DHHS. She wondered whether that would provide more outreach within communities, and she also wondered about the long-term goals of the Office after the move.

Assemblyman Thompson stated there would be many benefits. While previous managers had done a good job, there was always the cloud hanging over their heads regarding funding and whether there would be sufficient funding to continue the work. He had worked with Richard Whitley, Director, Department of Health and Human Services, and Dena Schmidt, Deputy Director, Programs, Department of Health and Human Services, to bring the Office into the DHHS family, which would provide sustainability. The move would also ensure that the Office was policy-driven because the Office was not a "program." Rather, it would drive the policy for communities of color, which included the lesbian, gay, bisexual, transgender, and queer (LGBTQ) community, and people with disabilities. Research indicated that in 2017, the Office needed to be even more inclusive, and therefore, the name would be changed to the Office of Minority Health and Equity. Assemblyman Thompson acknowledged that much work needed to be completed; discussions had been held regarding the location and functionality of the Office, the resources, and best practices.

Assemblyman Thompson said he would like to commend José Luis Melendrez, Executive Director of Community Partnerships, School of Community Health Sciences, University of Nevada, Las Vegas (UNLV), who had spearheaded the aforementioned Coalition, which had been meeting once or twice a month and was waiting for the bill to be heard.

Chair Carlton asked whether there was testimony to come before the Committee in support of A.B. 141.

Thomas McCoy, JD, Nevada Government Relations Director, American Cancer Society, Cancer Action Network, stated he was a member of the Nevada Minority Health and Equity Coalition. He commented that the month of April was minority health month, which was started by Booker T. Washington over a century ago. The theme for 2017 was bridging health equity across communities, and Mr. McCoy stated that was what A.B. 141 would accomplish. Health equity was defined as providing opportunities for each person to be as healthy as possible, which was also the goal of the Coalition.

José Luis Melendrez, Executive Director of Community Partnerships, School of Community Health Sciences, UNLV, thanked Assemblyman Thompson and his cosponsors for their work on A.B. 141. There had been a great deal of work behind the bill. He noted that at a recent meeting of the Nevada Minority Health and Equity Coalition, over 50 persons were being trained in community-based participation. Those persons would work within the community to spread the word about programming and promote educational awareness about the needs of minorities pertaining to health throughout Nevada. There were also persons being trained to work with UNLV in development of resource grants to support the Office of Minority Health and Equity when it came back into existence. Those persons would help create awareness programs and promote education throughout Nevada to serve those diverse populations.

Mr. Melendrez said the Coalition now had over 90 members who represented different organizations: the Coalition was gaining a great deal of momentum. He thanked those who had worked on A.B. 141 and hoped the Committee would support the bill.

Sherry Suggs stated she was a member of the Nevada Minority Health and Equity Coalition. She had been successfully working with the minority community regarding health care for over 20 years. She voiced support for A.B. 141.

Chair Carlton asked whether there was further testimony to come before the Committee neutral on or in opposition to A.B. 141.

Dena Schmidt, Deputy Director, Programs, Department of Health and Human Services, stated the Department of Health and Human Services (DHHS) was neutral regarding the bill. She confirmed that the funding for the manager position within the proposed Office of Minority Health and Equity had been included in The Executive Budget for DHHS.

Chair Carlton asked whether there was further testimony to come before the Committee on A.B. 141 and there being none, the Chair closed the hearing on A.B. 141 and opened the hearing on Assembly Bill 488.

Assembly Bill 488: Revises provisions relating to the system modernization project of the Department of Motor Vehicles. (BDR S-910)

Amy McKinney, Deputy Director, Department of Motor Vehicles, submitted written testimony ([Exhibit K](#)) for review by the Committee. Ms. McKinney stated that during the 2015 Session, the system modernization project for the Department of Motor Vehicles (DMV) had been approved by the Legislature. Since that time, DMV had issued a request for proposal (RFP), had selected Tech Mahindra as its systems integrator, and had launched the project.

Ms. McKinney stated that during contract negotiations, DMV had been successful in securing a 10 percent holdback on deliverable payments associated with each of the three phases of the project. Only after successful initiation of each phase would the 10 percent holdbacks be payable to the vendor. Because of that, Assembly Bill (A.B.) 488 would provide the ability to balance forward encumbered funds for holdback payments at the end of fiscal year (FY) 2017 and into the 2017-2019 biennium. Ms. McKinney said that would ensure that DMV had sufficient authority for timely payments in the upcoming biennium.

Chair Carlton asked whether there was testimony to come before the Committee in support of, neutral on, or in opposition to A.B. 488, and there was none. The Chair closed the hearing on A.B. 488 and opened public comment.

Tamara Luz stated she was an educator at Lied Middle School in Southern Nevada, and she indicated that over 90 educators were present at the Legislature today in support of Senate Bill 178.

Chair Carlton thanked Ms. Luz, and asked whether there was further public comment to come before the Committee, and there being none, Chair Carlton adjourned the hearing at 10:15 a.m.

RESPECTFULLY SUBMITTED:

Carol Thomsen
Committee Secretary

APPROVED BY:

Assemblywoman Maggie Carlton, Chair

DATE: _____

EXHIBITS

[Exhibit A](#) is the Agenda.

[Exhibit B](#) is the Attendance Roster.

[Exhibit C](#) is a copy of a PowerPoint presentation titled "Nevada Department of Public Safety, Division of Parole and Probation, Assembly Bill 23, Independent Reporting Facilities, (Day Reporting Centers (DRC))" updated February 21, 2017, presented by Shawn Arruti, Captain, Division of Parole Probation, Commissioner, and Compact Administrator, Carson City, Department of Public Safety.

[Exhibit D](#) is written testimony submitted by Ed Guthrie, CEO Emeritus, representing Opportunity Village, regarding Assembly Bill 108.

[Exhibit E](#) is a copy of a PowerPoint presentation titled "AB 397 - Appropriation for family planning services, Assembly Ways & Means," dated April 10, 2017, presented by Elisa Cafferata, Director of Government Relations, Nevada Advocates for Planned Parenthood Affiliates, Incorporated.

[Exhibit F](#) is a document titled "The Need is Urgent: Nevada has Almost Completely Eliminated its Family Planning Safety Net," submitted by Elisa Cafferata, Director of Government Relations, Nevada Advocates for Planned Parenthood Affiliates, Incorporated.

[Exhibit G](#) is a conceptual amendment draft to Assembly Bill 397 dated April 8, 2017, presented by Elisa Cafferata, Director of Government Relations, Nevada Advocates for Planned Parenthood Affiliates, Incorporated.

[Exhibit H](#) is a letter dated April 7, 2017, in support of Assembly Bill 397 to Chair Carlton and members of the Assembly Committee on Ways and Means, authored by John Packham, Ph.D., Chair, Advocacy and Policy Committee, Nevada Public Health Association.

[Exhibit I](#) is a letter dated April 10, 2017, in support of Assembly Bill 397 to Chair Carlton, Vice Chair Frierson, and members of the Assembly Committee on Ways and Means, authored and presented by Heidi S. Parker, MA, Executive Director, Immunize Nevada.

[Exhibit J](#) is a copy of an online document listing the abortion services of a Planned Parenthood health center in Las Vegas, submitted by Janine Hansen, State President, Nevada Families for Freedom, State Affiliate National Eagle Forum.

[Exhibit K](#) is written testimony authored and presented by Amy McKinney, Deputy Director, Department of Motor Vehicles, dated April 10, 2017, regarding Assembly Bill 488.