

**MINUTES OF THE
SENATE COMMITTEE ON FINANCE**

**Seventy-ninth Session
April 3, 2017**

The Senate Committee on Finance was called to order by Chair Joyce Woodhouse at 8:05 a.m. on Monday, April 3, 2017, in Room 2134 of the Legislative Building, Carson City, Nevada. The meeting was videoconferenced to Room 4412 of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. [Exhibit A](#) is the Agenda. [Exhibit B](#) is the Attendance Roster. All exhibits are available and on file in the Research Library of the Legislative Counsel Bureau.

COMMITTEE MEMBERS PRESENT:

Senator Joyce Woodhouse, Chair
Senator David R. Parks, Vice Chair
Senator Moises Denis
Senator Aaron D. Ford
Senator Ben Kieckhefer
Senator Pete Goicoechea
Senator Becky Harris

GUEST LEGISLATORS PRESENT:

Assemblywoman Robin L. Titus, Assembly District No. 38
Senator Yvanna D. Cancela, Senatorial District No. 10

STAFF MEMBERS PRESENT:

Mark Krmpotic, Senate Fiscal Analyst
Alex Haartz, Principal Deputy Fiscal Analyst
Cathy Crocket, Program Analyst
Mandi Davis, Program Analyst
Lona Domenici, Committee Manager
Cindy Clappitt, Committee Recording Secretary
Kurt Englehart, Committee Assistant

OTHERS PRESENT:

John Yacenda, Ph.D., President, Nevada Silver Haired Legislative Forum

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George Ross, HCA Sunrise Healthcare
Lisa Foster, State of Nevada Association of Providers
Connie McMullen, Personal Care Association of Nevada
Edward Guthrie, Chief Executive Officer, Opportunity Village
Jeffrey Klein, Chairman, Nevada Commission on Aging
Marta Jensen, Acting Administrator, Division of Health Care Financing and Policy, Department of Health and Human Services
Christopher A. Vito, President, Nevada Adult Day Healthcare Centers
Jennifer Frischmann, Chief, Long Term Support Services, Division of Health Care Financing and Policy, Department of Health and Human Services
Katiushka Posada, Baby Boomers Activities Club II, LLC
Marlene Lockard, Human Services Network, the Women's Lobby
Howard Chin, New Life Adult Day Healthcare Center
Janine Hansen, President, Eagle Forum
Don Nelson, Nevada Life
Mike Willden, Chief of Staff, Office of the Governor
Reba June Burton, Nevada Silver Haired Legislative Forum

CHAIR WOODHOUSE:

We will open our hearing with Senate Bill (S.B.) 28.

SENATE BILL 28: Requires an annual review of certain rates paid by Medicaid in this State. (BDR 38-373)

JOHN YACENDA, PH.D. (President, Nevada Silver Haired Legislative Forum):
I will now read from my prepared statements ([Exhibit C](#)).

Providers must make the decision to continue to provide services and receive the same pay rate that they were paid eight years ago. It does not make sense to pay providers \$10 for services that now cost \$80. The other Medicaid bills scheduled today before the Committee are based on numbers. This bill focuses on the public welfare of people.

GEORGE ROSS (HCA Sunrise Healthcare):

Sunrise Hospital is the largest Medicaid provider in the State. Sunrise averages a daily inpatient count between 510 to 615 and some days the inpatient number reaches 700. Out of the total inpatients at Sunrise, 42 percent are Medicaid patients. Medicaid patients make up 45 percent of emergency room (ER) patients while 10 percent of ER patients are uninsured.

The cost of insurance is so high because it is a disguised tax on insured individuals. If a hospital is going to continue to operate and improve the quality and access to care, it must fill financial holes. The only way to regenerate revenue and fill those financial holes is by charging insured patients. The nurses do not work for half-price for half the patients. The power company does not believe it is their responsibility as part of the community to give hospitals a break for half the patients. Our only choice is to charge more. If we do not charge more, we have to reduce services and start closing down hospitals.

Sunrise Hospital has 72 new child neonatal intensive care units which are of the highest quality in the State. There are infants who are born at 22 weeks with a prospect of living a normal live because of the new technology and the treatments we provide. Of those infants who receive such services, 75 percent of them are on Medicaid. The rate Sunrise gets reimbursed is not remotely close to the cost of treating those children.

We are aware that this bill will not require our staff to be paid a salary representative of our actual costs. However, this bill will be looking at the costs of treatment and the cost incurred. Every extra dollar the State generates tends to go towards education. Some of the children who go to school in Nevada get sick, and we need to begin paying for their treatments.

SENATOR KIECKHEFER:

How has the dynamic in those percentages changed since the Affordable Care Act was implemented and since the Medicaid expansion?

MR. ROSS:

Our Medicaid patient population increased from 510 to 650 during the Medicaid expansion. Approximately 20 percent of our patients were on Medicaid prior to the Medicaid expansion. Today, approximately 42 percent of our patients are on Medicaid.

To understand the cost impact we face, we need to consider the different types of patient populations. The sickest and most acute patients are on Medicaid. This population generally has chronic illnesses that have not been treated when they were uninsured. They did not go to the ER when they were uninsured until they really were ill and now they require multiple treatments. Medicaid patients are the highest-cost patients in the hospital.

SENATOR KIECKHEFER:

Has the need-to-cost shift increased or decreased?

MR. ROSS:

We receive 53 percent of the total cost of treating Medicaid patients. The portion of the population who was uninsured is now insured and that creates an offset. We are probably close to even but a little bit worse off. We would be better off if we did not have the location dynamic that greatly impacts Sunrise.

LISA FOSTER (State of Nevada Association of Providers):

The State of Nevada Association of Providers (SNAP) is in support of S.B. 28, S.B. 95 and S.B. 96. We are a Statewide organization that represents providers of supportive-living arrangements. We work in partnership with the State through the regional centers to help consumers maintain as much independence as possible. Our consumers are intellectually disabled adults and live in homes throughout the communities.

SENATE BILL 95: Requires an analysis of the adequacy of Medicaid reimbursement rates for personal care services. (BDR S-368)

SENATE BILL 96: Requires a comparative analysis of the rates of reimbursement paid by Medicaid for certain services. (BDR S-369)

Like other Medicaid providers, SNAP would appreciate a more thorough investigation of the rates and an evaluation of how far the rates match the cost of providing such services. The University of Nevada, Las Vegas conducted a study in 2014. It stated that from 2002 to 2014, the cost of operating a supportive living arrangement had increased more than 25 percent and the cost of operating jobs in day-treatment programs have increased around 20 percent. The rates have failed to increase and the gap between rates and the cost of providing services continues to widen. These three bills scheduled before your Committee will allow a comprehensive look at the issue. We encourage the Committee to support these bills.

CONNIE McMULLEN (Personal Care Association of Nevada):

We support S.B. 28, S.B. 95 and S.B. 98. The Silver Hair Legislative Forum is granted one bill draft request (BDR). Yet, they chose this issue to become S.B. 28 because they believe this to be a critical issue. It has been far too long since we have analyzed some of these rates. It is not just for a single provider,

it is clearly across the board for several providers. Medicaid has understood this because every session they take a few of the providers and bring them forth to give them an increase since they have not had one since 2002. We would like to see that evened out. This is an access to care issue. Out of the 200 and some personal care agencies Statewide that accept services for people of all ages, only half take Medicaid clients. This is because the Medicaid reinvestment rate is only \$17 an hour, which is broken down into 14 minute segments per hour which equals out to \$4.25 for some very difficult work for service providers to do. This work includes bathing, dressing, grooming, feeding, and even helping patients get out of bed. It is unreasonable to pay someone \$4 an hour to do such labor-intensive work. Assistance living providers have not had a pay increase since 2002, yet we have experienced the Medicaid expansion which has given a lot of people the availability to have health care for the first time in some cases. Yet, the provider rates have not increased to take care of them. Therefore, there is a Statewide shortage of physicians, personal care agencies and professionals in the field. The three bills on the agenda today are not asking for a significant amount of funds for what we are asking you to look at.

EDWARD GUTHRIE (Chief Executive Officer, Opportunity Village):

Opportunity Village feels strongly about the need to do a better job of analyzing rates on a more frequent basis. The \$369,000 in this bill is a significant amount of money except when you look at the potential for decreased visits to the ER and decreased hospital admissions. The types of services that are provided by personal care attendants, by day-training programs and by adult day-care programs reduce the stress for individuals with disabilities and senior citizens. It also reduces the stress of the caregiver, which I believe means you will pay less in terms of ER visits and hospital admissions. Therefore, you are actually going to make money rather than losing money on this bill. We strongly support S.B. 28 and hope that the Committee will as well. I have also submitted more thorough statements to the Committee ([Exhibit D](#)) and a preliminary rate analysis ([Exhibit E](#)).

JEFFREY KLEIN (Chairman, Nevada Commission on Aging):

The Nevada Commission on Aging strongly endorses S.B. 28, S.B. 95 and S.B. 96. The fabric of care in Nevada has been shredded over time as our population ages and increasingly needs greater and greater services. Our ability to effectively reimburse our network providers has gone down with the lack of

any significant adjustments since 2002. Between 2008 to 2014, 15 new adult day-care licenses were granted and 32 adult day-care centers closed.

A number of studies have shown that the return of investment in this area exceeds four to one. For every dollar spent on long-term services and support, we save three to four dollars in other more expensive health-care services that would be delivered. These bills would be a great investment, and we encourage your support.

MARTA JENSEN (Acting Administrator, Division of Health Care Financing and Policy Department of Health and Human Services):

The Division of Health Care Financing and Policy is neutral on this bill, but I will provide information to the Committee for your consideration. This bill does not limit the review to just senior services. It includes all of our rates in Medicaid. We do a rolling review of our rates in a five-year calendar. Every two years we look at our rates as needed. From session to session we receive input from our stakeholders, provider groups associations and we take that information into consideration. We currently have six management analyst III positions that do this in our rates unit. We are asking this review to be a one-year review. We will need four additional staff members. Two of them have been requested in our existing budget and the additional two positions have been requested in this bill as a fiscal note.

This does not include any changes from the review. We assume there will be discrepancies in what we currently pay versus what the market is calling for. This bill does not include any of those rate increases or system changes. This is just the administrative cost for doing those reviews on a yearly basis.

SENATOR KIECKHEFER:

How many different billing codes do you have?

MS. JENSEN:

We have 58 provider types, 160 specialty types underneath those providers and approximately 258,000 individual rate codes.

SENATOR KIECKHEFER:

Do you think you will have to look at each of those 258,000 rate codes under this bill? How do you bifurcate what you are reviewing and what you are not?

MS. JENSEN:

We will probably have to break it down by service. The bill is looking at the Medicaid rates at the delivery perspective which includes personal care, physician services and hospital rates. It is the actual service itself. This includes everything, but we will have to prioritize services first followed by the supply portion.

SENATOR KIECKHEFER:

You mentioned you will also review your cost of providing service. How do you go about determining that? That is different than what you get billed or what other insurance companies get billed. How do you determine the cost of providing service when you review your rates?

MS. JENSEN:

Staff would have to request that information from the individual providers. That is where it gets tricky. In some cases the individual providers will not provide that information for various reasons. Right now, not all of our reviews do the cost of actually doing business. Sometimes we are looking at other states with similar demographics, geographic regions and rates of our sister states. The analysis can be done in a variation of ways. We will probably have to look to one of our contractors to give us guidance on the best way to approach this.

SENATOR KIECKHEFER:

There is a \$50,000 fiscal note for a year in contract. Is that correct?

MS. JENSEN:

If we determine that a rate is to be increased, and if it does not happen on January 1 of the calendar year, we would have to pay an additional \$50,000 to Milliman, Inc. to do the actuary rate setting for capitation for our managed care organizations (MCO). That is on top of the system changes. Every time we do a capitation adjustment, it costs approximately \$50,000.

SENATOR KIECKHEFER:

Is that per service?

MS. JENSEN:

We can bundle it into one service package if we have the funding to support the rate increase.

SENATOR KIECKHEFER:

You are signatory to our State plan. Do you anticipate making changes based on these rate reviews outside of Legislative approval? That has happened before; you have approved some rate changes between sessions based on these reviews. Do you anticipate making such changes?

MS. JENSEN:

It depends on what we have in the budget authority. I anticipate a big discrepancy between what Medicaid pays and the actual cost of doing business. Because we will be required to submit the report to the Legislature on a yearly basis, at that point we will have to see what our budget authority is and what the rate increase will call for. We analyze all the time and in a lot of cases we cannot implement a rate increase. We know there is a difference, we are aware there is a discrepancy but the funding is not available.

CHAIR WOODHOUSE:

Seeing no further comments, I will now close the hearing on S.B. 28, and we will move onto S.B. 95.

ASSEMBLYWOMAN ROBIN L. TITUS (Assembly District No. 38):

I will read from my prepared statement ([Exhibit F](#)).

SENATOR KIECKHEFER:

Is this a one-time review?

ASSEMBLYWOMAN TITUS:

This is a one-time review.

MS. McMULLEN:

Personal care agencies have not received an increase since 2002. They briefly had an increase that was recommended in the Governor's Task Force on rates and then it was quickly rolled back when we hit a recession. Personal care agencies are called upon to do difficult tasks and they have also been asked to increase their business taxes since 2015. The Modified Business Tax, the Sunset Tax, the Affordable Care Act and the minimum wage has increase twice since 2002. Now there are three bills that are attempting to increase the minimum wage this Legislative Session. One of those bills would increase the minimum wage to \$15 an hour, which is what personal care agencies get reimbursed for homemaker services. They would break even or suffer the losses

of traveling to rural areas, which is federally mandated. These additional costs have created a burden for many of these personal care agencies, especially those who have to travel to rural areas. We support S.B. 95. Home and community base services that keep people living in their community to avoid premature institutionalization is a concept that has been adapted Statewide and nationwide. We have endorsed this concept in Nevada since 2003 when Governor Kenny Guinn commissioned the strategic plan for seniors which was approved by the Legislature in 2003. Personal care is one of those things that allows the consumers to stay in the community. There are professional and nonprofessional caregivers, but they do help people living at home. That is why we support and advocate for S.B. 95 and S.B. 96.

DR. YACENDA:

The Silver Haired Legislative Forum supports S.B. 95. It has been a topic of our discussions on several occasions.

CHRISTOPHER A. VITO (President, Nevada Adult Day Healthcare Centers):

Through the 15 years that adult day care rates have not been adjusted, things like milk, gasoline and utilities have increased since 2002. I urge all of you to hear our concerns because we feel that it is a cost savings.

MS. JENSEN:

We are neutral on this bill and would like to provide the Committee with additional information in regard to S.B. 95. We have two provider types that we would look at with this bill. We have 142 individual providers within that group. We review our rates in a rolling five-year calendar. One contractor staff will do the analysis. It would include getting the providers cost data and analyzing that data with existing rates. We believe we can accomplish that with one contractor: a management analyst III level for six months which equates to the \$51,308 fiscal note. This fiscal note does not include any of the system changes or rate increases. This is just an administrative piece of the work.

SENATOR KIECKHEFER:

You recently did a rate review. What did your rate review indicate?

MS. JENSEN

The rate review was \$50 million per year.

SENATOR KIECKHEFER:

Is the \$50 million per year the cost of the Medicaid reimbursement rates?

Ms. JENSEN:

Yes.

JENNIFER FRISCHMANN (Chief, Long Term Support Services, Division of Health Care Financing and Policy, Department of Health and Human Services):
Currently our rate is \$17 an hour. That breaks down to \$4.25 per 15 minutes. We are looking to increase that rate to \$21 an hour.

SENATOR KIECKHEFER:

How did you come up with that?

Ms. FRISCHMANN:

We asked the industry what would be sustainable for business, and we looked at states with similar demographics.

SENATOR KIECKHEFER:

When you do a rate review, is it generally all or nothing? If you cannot afford the full cost of implementing, what is considered to be appropriate in the rate reviews? Do you implement nothing, or consider going to maybe \$19 an hour?

Ms. JENSEN:

We look at all of those areas. This time we chose to go with the adult day-care services, assistant living and nursing facilities. We chose those because, like this industry, they have also not received a rate increase since 2002. In some cases, we might have to notch it down 1 percent or 2 percent. We have done it in years past where we cannot afford a 10 percent increase, so we look at a 5 percent or 2.5 percent increase instead. We try to work as best as we can with funding we have available.

SENATOR KIECKHEFER:

Do you feel the review you just did coming into this Legislative Session will be duplicated by passing this legislation?

MS. JENSEN:

I am not sure that we received the actual providers' cost data when we came up with that figure. I will look that up and submit that information to the Committee.

CHAIR WOODHOUSE:

Seeing no further questions, we will close the hearing on S.B. 95 and open the hearing on S.B. 96.

ASSEMBLYWOMAN TITUS:

I will continue reading from [Exhibit F](#) regarding S.B. 96.

This bill is different than what we heard on S.B. 28, which is the reimbursement rate for all Medicaid providers. It is also different from S.B. 95, which looked at one provider set.

Medicaid providers are providing similar services that require the same training and background in costs, but they are listed differently under the Medicaid providers, so they are reimbursed at different rates for the same services. This bill hopes to look at different providers and determine if they are providing similar services, and if so, determine if they should be reimbursed at the same rate.

KATIUSHKA POSADA (Baby Boomers Activities Club II, LLC):

There is a lot of support for personal care, but I do not see as much support for adult day-care. We offer the most effective cost service. Please consider increasing our rates to reflect a more equal pay.

MS. McMULLEN:

I agree with the comments made by Assemblywoman Titus in regard to the difference in rates. Personal care for Medicaid State Plan services gets paid a completely different rate than the Personal Care Agency does for the Aging and Disability Service Division Waiver Plan. They often say they do not understand why it is like that. It is very confusing for the industry itself.

MARLENE LOCKARD (Human Services Network, The Nevada Women's Lobby):

We support all three bills that are on your calendar this morning.

HOWARD CHIN (New Life Adult Day Healthcare Center):

I have been in the adult day health care business since 1999 and I have not seen a rate increase for the past 13 years. We are providing an abundance of services with a tight budget.

MS. JENSEN:

We are neutral on S.B. 96, and we are here to provide additional information for your consideration. For this bill, there are 11 provider types that we would review with 559 individual providers. This is a comparative analysis to the market and to each other. This can be accomplished with two contractors over a six-month period. The fiscal impact is approximately \$100,016. This number applies simply to the administrative cost and does not include any system changes, rate increases or capitation payment for our MCOs.

CHAIR WOODHOUSE:

Seeing no further comments or questions, I will close the hearing on S.B. 96 and open the hearing for S.B. 122.

SENATE BILL 122: Establishes a program to provide grants for family planning services. (BDR 40-630)

SENATOR YVANNA D. CANCELA (Senatorial District No. 10):

I will read from my prepared statements ([Exhibit G](#)). The fiscal note that was originally included with this bill is no longer attached to the bill.

SENATOR KIECKHEFER:

Where do you expect most of the money to come from?

SENATOR CANCELA:

The idea is to apply as broadly as possible for grants. In the past, majority of the funding for these programs came from the Title X Family Planning Program, which we have seen slowly get eroded at the federal level. More grant outlets are opening at the National level for entities that provide this kind of care, so I suspect the bulk of the funding will come from the federal government. I may not be an expert on the alternative outlets, but I am aware that they are out there.

SENATOR KIECKHEFER:

We have a grants management office within the Department of Administration. Is there language included in the bill that would preclude working with that office?

SENATOR CANCELA:

To my knowledge there is nothing in the bill that would preclude that.

MS. LOCKARD:

The Nevada Women's Lobby is in strong support of this measure for the reasons Senator Cancela outlined.

JANINE HANSEN (President, Eagle Forum):

The Eagle Forum opposes S.B. 122. Our issue is not with providing grants to government agencies but to providing grants to nonprofits. We do not have a State law that prevents federal money from being used on abortions. We continue to be concerned, especially knowing that the nonprofit organizations will be in particular, Planned Parenthood.

We are concerned about lack of parental consent and parental notification for abortions in the State. Grant money can help one part of an organization that would free up money for other things in that particular organization. We are concerned about money going to Planned Parenthood, which is the largest abortion provider in the Nation.

DON NELSON (Nevada Life):

Nevada Life opposes S.B. 122 as currently written. We are concerned with State money being used to fund organizations that perform abortions. The bill needs to be abortion neutral by excluding abortion as a method of family planning. We also oppose the bill because it would likely include abortion drugs such as Plan B. We are concerned that federal money will go to drugs that can cause an early chemical abortion.

CHAIR WOODHOUSE:

Seeing no further comments, Senator Cancela, can you reiterate that the fiscal note has been removed and provide us with your concluding remarks?

SENATOR CANCELA:

The fiscal note for administration cost has been removed. This is a public health bill designed to make sure families across the State and uninsured areas are able to access the care they need to have healthy pregnancies and lead healthy lives. The intention of S.B. 122 is to promote public health and minimize unintended pregnancies by making sure people have access to the care they need both before and during pregnancies.

SENATOR FORD:

It is worth noting that we received a letter of support from the Washoe County Health District ([Exhibit H](#)) on this matter. The letter mentions Title X and the federal government are looking for ways to reduce funding for Title X services. Rural areas will see a detrimental impact on these services under that particular approach. We are going to need money and Title X will likely be less available under the current Administration. Senate Bill 122 will allow us to provide different opportunities and alternatives for funding in this important area.

SENATOR KIECKHEFER:

Are nonprofit entities eligible for grants under this bill?

SENATOR CANCELA:

I believe so, but I will follow up with a definitive answer.

CHAIR WOODHOUSE:

Seeing no further comments or questions, we will close the hearing for S.B. 122 and begin our closing budget process. We will proceed with budget account (B/A) 101-1000.

ELECTED OFFICIALS

Office of the Governor — Budget Page ELECTED-6 (Volume I)
Budget Account 101-1000

CATHY CROCKET (Program Analyst):

The first budget is the Office of the Governor and there are no major closing issues in this budget. Staff recommends the budget be closed as recommended by the Governor and requests the authority to make technical adjustments as necessary.

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SENATOR DENIS MOVED TO APPROVE B/A 101-1000 AS
RECOMMENDED BY THE GOVERNOR AND GRANT FISCAL STAFF THE
AUTHORITY TO MAKE TECHNICAL ADJUSTMENTS AS NECESSARY.

SENATOR FORD SECONDED THE MOTION.

CHAIR WOODHOUSE:
Is there any discussion?

SENATOR KIECKHEFER:
In future Sessions, the Legislature is going to have to consider increasing the
budget for the Office of the Governor. The Chief Executive can accomplish a lot
more if he had the staff dedicated to planning ahead instead of dealing with
what is in front of them in a daily business

CHAIR WOODHOUSE:
I agree with you.

THE MOTION CARRIED UNANIMOUSLY.

BUDGET CLOSED.

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CHAIR WOODHOUSE:
Let us move on to the Governor's Mansion Maintenance.

Governor's Mansion Maintenance — Budget Page ELECTED-10 (Volume I)
Budget Account 101-1001

Ms. CROCKET:
This budget contains funding for staffing, operation and maintenance of the
Governor's Mansion in Carson City. There are no major closing issues. Staff
recommends the budget be closed as recommended by the Governor with the
authority to make technical adjustments, as necessary.

SENATOR DENIS MOVED TO APPROVE B/A 101-1001 AS
RECOMMENDED BY THE GOVERNOR AND GRANT FISCAL STAFF

AUTHORITY TO MAKE OTHER TECHNICAL ADJUSTMENTS AS NECESSARY.

SENATOR FORD SECONDED THE MOTION .

THE MOTION CARRIED UNANIMOUSLY.

BUDGET CLOSED.

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CHAIR WOODHOUSE:

We will move on to the Governor's Washington Office.

Governor's Washington Office — Budget Page ELECTED-14 (Volume I)
Budget Account 101-1011

Ms. CROCKET:

The Washington Office monitors and provides information on federal issues of high priority to the State. The budget is funded by transfers from the Governor's Office of Economic Development, which is General Fund dollars; the Commission on Tourism, which is room tax funding, and the Department of Transportation, which is Highway Funds. There are no major closing or other items in this budget. Staff recommends the budget be closed as recommended by the Governor with authority for technical adjustments as necessary.

SENATOR DENIS:

Are there additional things the Washington Office has to do with today's environment in Washington D.C.? Is this budget realistic, or is it going to cost more?

MIKE WILLDEN (Chief of Staff, Office of the Governor):

The budget is realistic. It has been a flat budget. We stay in daily contact with the two staffers we have in our Washington D.C. Office. There is a lot of stuff going on with President Donald J. Trump's budget that we are following. They stay busy every day and provide staffing to the Governor for the National Governors Association. They follow him to all those events and make sure he is staffed at those events. The budget is adequate and under contract to run two more years.

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SENATOR DENIS:

Do you expect additional costs to increase because of the extra work they are having to do?

MR. WILLDEN:

I do not expect an additional cost increase.

SENATOR DENIS:

Do you expect anything to be reduced because the staff has to do additional things in other areas?

MR. WILLDEN:

No.

SENATOR GOICOECHEA:

It seems to me that the \$259,434 figure is a contracted amount. That does not give you many mechanisms to expand. You have to do the job, and that is the amount you are going to get paid.

SENATOR PARKS MOVED TO APPROVE B/A 101-1011 AS
RECOMMENDED BY THE GOVERNOR AND GRANT FISCAL STAFF
AUTHORITY TO MAKE TECHNICAL ADJUSTMENTS AS NECESSARY.

SENATOR KIECKHEFER SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

BUDGET CLOSED.

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CHAIR WOODHOUSE:

We will now do public comment.

REBA JUNE BURTON (Nevada Silver Haired Legislative Forum):

The Nevada Silver Haired Legislative Forum worked two years on S.B. 28. I am here to ask for your support on S.B. 28 on behalf of the Forum and to personally ask for your support on S.B. 95, S.B. 96 and S.B. 122.

CHAIR WOODHOUSE:

We have two BDRs. They have come from the Governor's Office of Finance for General Fund appropriations that were not included in the Governor's Recommended Budget.

The first BDR requests an appropriation of \$100,000 in fiscal year (FY) 2017-2018 and a similar number for FY 2018-2019 for the fund for aviation. These appropriations are for the enlargement, improvement or maintenance of rural airports, landing areas or air navigation facilities that will be matched with Federal Aviation Administration (FAA) grants. The Governor's Finance Office indicates that a \$100,000 appropriation will result in the State receiving approximately \$1.5 million in FAA grants.

SENATOR KEICKHEFER MOVED TO DRAFT THE BDR.

SENATOR GOICOECHEA SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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CHAIR WOODHOUSE:

The second request is for a supplemental General Fund appropriation of \$7,600,885 for the Division of Forestry Fire Suppression Account. This appropriation would cover higher anticipated fire suppression and emergency responses in calendar year 2017.

SENATOR GOICOECHEA MOVED TO DRAFT THE BDR.

SENATOR PARKS SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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CHAIR WOODHOUSE:
This meeting is adjourned at 9:31 a.m.

RESPECTFULLY SUBMITTED:

Edgar Cervantes,
Transcribing Secretary

APPROVED BY:

Senator Joyce Woodhouse, Chair

DATE: _____

| EXHIBIT SUMMARY | | | | |
|------------------------|---------------------------------|---|---|---------------------------|
| Bill | Exhibit / # of pages | | Witness / Entity | Description |
| | A | 1 | | Agenda |
| | B | 7 | | Attendance Roster |
| S.B. 28 | C | 3 | John Yacenda / Nevada Silver Haired Legislative Forum | Presentation |
| S.B. 28 & S.B. 95 | D | 2 | Edward Guthrie / Opportunity Village | Testimony in Support |
| S.B. 28 & S.B. 95 | E | 4 | Edward Guthrie / Opportunity Village | Preliminary Rate Analysis |
| S.B. 95 & S.B. 96 | F | 1 | Assemblywoman Robin Titus | Presentation |
| S.B. 122 | G | 2 | Senator Yvanna D Cancela | Presentation |
| S.B. 122 | H | 1 | Kevin Dick / Washoe County Health District | Testimony in Support |