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

Eightieth Session
March 8, 2019

The Committee on Health and Human Services was called to order by Chair Michael C. Sprinkle at 1:37 p.m. on Friday, March 8, 2019, in Room 3138 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. The meeting was videoconferenced to Room 4406 of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. Copies of the minutes, including the Agenda (Exhibit A), the Attendance Roster (Exhibit B), and other substantive exhibits, are available and on file in the Research Library of the Legislative Counsel Bureau and on the Nevada Legislature's website at www.leg.state.nv.us/App/NELIS/REL/80th2019.

COMMITTEE MEMBERS PRESENT:

Assemblyman Michael C. Sprinkle, Chair
Assemblyman Alex Assefa
Assemblywoman Bea Duran
Assemblywoman Michelle Gorelow
Assemblyman Gregory T. Hafen II
Assemblywoman Lisa Krasner
Assemblywoman Connie Munk
Assemblywoman Rochelle T. Nguyen
Assemblyman Tyrone Thompson
Assemblywoman Robin L. Titus

COMMITTEE MEMBERS ABSENT:

Assemblyman Richard Carrillo, Vice Chair (excused)
Assemblyman John Hambrick (excused)

GUEST LEGISLATORS PRESENT:

Assemblywoman Dina Neal, Assembly District No. 7

STAFF MEMBERS PRESENT:

Marsheilah D. Lyons, Committee Policy Analyst
Karly O'Krent, Committee Counsel
Christian Thauer, Committee Manager and Secretary
Terry Horgan, Committee Secretary
Alejandra Medina, Committee Assistant

OTHERS PRESENT:

Antonina Capurro, D.M.D., State Dental Health Officer, Bureau of Health Care Quality and Compliance, Division of Public and Behavioral Health, Department of Health and Human Services
Cody L. Phinney, M.P.H., Deputy Administrator, Division of Health Care Financing and Policy, Department of Health and Human Services
Jose Rivera, Private Citizen, Las Vegas, Nevada
Joanna Jacob, representing the Nevada Dental Association
Catherine M. O'Mara, Executive Director, Nevada State Medical Association
Barbara K. Paulsen, representing Nevadans for the Common Good
Joseph P. Iser, M.D., Chief Health Officer, Southern Nevada Health District
Michael Hackett, representing the Nevada Primary Care Association; Community Health Alliance; and Nevada Public Health Association
Edward Draper, representing Liberty Dental Plan

Chair Sprinkle:
[Roll was called. Committee policies were explained.] We will change the order of the agenda and begin with the work session. Since this is our first work session, let me clarify some general rules. This is the time for the Committee to deliberate on measures that have already been heard, consider any proposed amendments, and vote. Additional testimony will not be taken at this time. However, if the need arises I may ask a witness to answer questions raised by Committee members.

As per the agenda of today's meeting, we will be dealing with three bills during our work session. I will open the work session with Assembly Bill 116.

Assembly Bill 116: Provides for an actuarial study to determine the cost of revising certain Medicaid reimbursement rates. (BDR S-702)

Marsheilah D. Lyons, Committee Policy Analyst:
The work session document (Exhibit C) has been made available to the Committee and the public in copy and electronic form on the Nevada Electronic Legislative Information System (NELIS). The first bill in the work session document is Assembly Bill 116, which requires the Division of Health Care Financing and Policy of the Department of Health and Human Services to conduct an actuarial study to determine the annual cost for Nevada to establish reimbursement rates under the State Plan for Medicaid that is equal to 90 percent of the reimbursement rates paid under Medicare. In addition, the Division is required to prepare a report of the study's findings and submit recommendations for legislation to the Legislature.

An amendment is proposed for that measure. The amendment proposes to authorize the Division of Health Care Financing and Policy of the Department of Health and Human Services to apply for any available grants and accept any gifts, grants or donations; and to use any such gifts, grants, or donations to aid the Division in carrying out the actuarial study

and preparation of a report concerning the results of the study as required pursuant to A.B. 116.

Chair Sprinkle:
Are there any questions? [There were none.] I will accept a motion to amend and do pass.

> ASSEMBLYWOMAN NGUYEN MOVED TO AMEND AND DO PASS ASSEMBLY BILL 116.
>
> ASSEMBLYWOMAN GORELOW SECONDED THE MOTION.

Chair Sprinkle:
Is there any discussion on the motion?

Assemblywoman Titus:
For clarification, did you say amend and do pass? That is, with the amendment at the time of introduction, which we heard—is that correct?

Chair Sprinkle:
Yes, that is correct. I see no other discussion on the motion.

> THE MOTION PASSED. (ASSEMBLYMEN CARRILLO AND HAMBRICK WERE ABSENT FOR THE VOTE.)

I will take the floor statement.

We will move on to Assembly Bill 130.

Assembly Bill 130: Places the Nevada ABLE Savings Program entirely under the authority of the State Treasurer. (BDR 38-177)

Marsheilah D. Lyons, Committee Policy Analyst:
[Marsheilah Lyons read from the work session document (Exhibit D)]. Assembly Bill 130 transfers all duties and authority relating to the Nevada Achieving a Better Life Experience (ABLE) Savings Program from the Aging and Disability Services Division of the Department of Health and Human Services to the State Treasurer. In addition, the measure provides the State Treasurer with exclusive responsibility for administering the Nevada ABLE Savings Program. There are no amendments to this measure.

Chair Sprinkle:
Are there any questions or comments on A.B. 130? [There were none.] I will accept a motion for do pass.

ASSEMBLYMAN THOMPSON MADE A MOTION TO DO PASS ASSEMBLY BILL 130.

ASSEMBLYMAN ASSEFA SECONDED THE MOTION.

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

THE MOTION PASSED. (ASSEMBLYMEN CARRILLO AND HAMBRICK WERE ABSENT FOR THE VOTE.)

I will give the floor statement to Assemblywoman Lesley E. Cohen, Assembly District No. 29.

We will move on to Assembly Bill 131.

Assembly Bill 131: Revises provisions governing facilities and services for adults with special needs. (BDR 40-170)

Marsheilah D. Lyons, Committee Policy Analyst:
[Marsheilah Lyons read from the work session document (Exhibit E)]. Assembly Bill 131 repeals provisions governing community-based living arrangement (CBLA) services and instead requires a provider of CBLA to be licensed and regulated as a facility for the dependent. The measure maintains the requirement that providers, employees, and contractors of CBLA services receive criminal background checks and prohibits a person from serving in any of these capacities if convicted of certain crimes. The measure also makes it a misdemeanor to provide CBLA services without a license or to provide false information in relation to the requisite background check.

The measure requires certain inspections of a provider of CBLA services. The bill requires a provider to notify a person receiving services, his or her parent or guardian, or another designated person of a deficiency affecting the health and safety of a patient. A recipient of CBLA services is given the same rights as recipients of services from other facilities for the dependent.

The measure clarifies that an employment agency that contracts to provide nonmedical personal care services in a client's home is required to obtain a license from the State Board of Health [Division of Public and Behavioral Health, Department of Health and Human Services], regardless of where the employment agency is located, if the services are provided in Nevada.

The bill requires the current system that provides nonemergency information and referrals to the general public to include information concerning the licensing status of any medical facility or facility for the dependent and certain other entities. In addition, the Department of

Health and Human Services is required to review and update such information at least quarterly.

Finally, the measure requires the Legislative Interim Committee on Senior Citizens, Veterans and Adults with Special Needs to conduct a study regarding nonmedical personal care providers. The study must: (1) compare standards of training required by different entities; and (2) determine whether employees and contractors of such entities should be required to complete training concerning a minimum set of competencies or complete a minimum amount of training.

An amendment is proposed for the measure. The amendment authorizes the state fire marshal or a designee to enter and inspect facilities where CBLA services are provided.

More specifically, it proposes to amend section 7 of *Nevada Revised Statutes* (NRS) 449.131, subsection 2 [which is section 7, subsection 2 of A.B. 131], as follows:

> The State Fire Marshal or a designee of the State Fire Marshal shall, upon receiving a request from the Division or written complaint concerning compliance with the plans and requirements to respond to an emergency adopted pursuant to subsection 9 of NRS 449.0302:
>
> (a) Enter and inspect a residential facility for groups and community-based living arrangement services; and

Chair Sprinkle:
Any questions or comments on A.B. 131?

Assemblywoman Titus:
I am absolutely supportive of the bill as concerns the policy part, but will potentially be hesitant to support its fiscal impact in another committee.

Chair Sprinkle:
Just for clarification, we are only voting on policy today; we are not voting on the fiscal impacts this policy may have. Any questions or comments on A.B. 131?

Assemblyman Hafen:
I support the policy. However, I reserve the right to change my vote on the floor after the fiscal implications have been determined.

Chair Sprinkle:
Any other questions or comments? [There were none.] I will accept a motion to amend and do pass.

ASSEMBLYWOMAN NGUYEN MOVED TO AMEND AND DO PASS ASSEMBLY BILL 131.

ASSEMBLYWOMAN GORELOW SECONDED THE MOTION.

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

THE MOTION PASSED. (ASSEMBLYMEN CARRILLO AND HAMBRICK WERE ABSENT FOR THE VOTE.)

I will give the floor statement to Assemblywoman Lesley E. Cohen, Assembly District No. 29.

I am closing the work session and will open the hearing on Assembly Bill 223.

Assembly Bill 223: Requires the Department of Health and Human Services to seek a federal waiver to allow certain dental care for persons with diabetes to be included in the State Plan for Medicaid. (BDR 38-544)

Assemblywoman Dina Neal, Assembly District No. 7:
I will begin by giving you some background on Assembly Bill 223 (Exhibit F). Why do I bring a bill forward that is trying to cover dental care for persons suffering from diabetes? Diabetes is the seventh leading cause of death in the United States, and the eighth leading cause of death in Nevada according to the Centers for Disease Control and Prevention and the Nevada Electronic Death Registry, Division of Public and Behavioral Health, Department of Health and Human Services. Fourteen percent of Nevada's Medicaid adult population have received a diagnosis of type 1 or type 2 diabetes. There is a large body of research on the biological link between diabetes and periodontal disease. This research confirms that chronic hyperglycemia—high blood sugar—which co-occurs with diabetes, leads to an exaggerated immune inflammatory response resulting in oral pathogens causing a rapid and severe destruction of the periodontal tissues. In fact, bone and tissue loss surrounding the teeth is commonly referred to as the sixth complication of diabetes for both type 1 and type 2 diabetes.

There are five other complications, among them retinopathy, which refers to black spots on the eyes; neuropathy; nephropathy; cardiovascular disease; and peripheral vascular disease. The current limitations on dental services offered through Medicaid for adults are detrimental. To gradually change this, we are proposing a policy measure that will authorize a demonstration waiver to allow certain dental services for persons with diabetes.

I would like to cite two more statistics that illustrate why the bill is so important. Firstly, adults with diabetes are twice as likely to develop periodontal disease when compared with adults without diabetes. They are three times more likely to develop severe periodontitis. Secondly, in 2017 the total costs of diagnosed diabetes was $327 billion; direct medical costs

amounted to $237 billion; reduced productivity resulted in a $90 billion loss due to patients not being able to work. According to the Behavioral Risk Factor Surveillance System, in 2012 to 2014, Nevada adults with diabetes had a higher incident of tooth extraction due to gum disease. I wanted to put this data on the record, as dental care is a long-standing battle throughout the legislative process. However, it is a battle worth fighting, as I believe that the establishment of dental care for persons with diabetes is an important policy issue for Nevada. The bill is a small but important step in the right direction.

Dr. Capurro will now explain the provisions of the bill.

Antonina Capurro, D.M.D., State Dental Health Officer, Bureau of Health Care Quality and Compliance, Division of Public and Behavioral Health, Department of Health and Human Services:

I would like to begin setting a framework for understanding the oral-systemic relationship and state that oral health is essential and integral to overall health. It is much more than just healthy teeth. Oral health does not only mean being free of tooth decay and gum disease, but it also means being free of chronic oral pain or cancer and other conditions that affect the mouth and throat. Oral health is intimately related to the health of the rest of the body. Changes in the mouth are often the first signs of problems elsewhere in the body, such as infectious diseases, nutritional deficiencies, cancers, and immune disorders. Poor oral health and untreated oral diseases also have a significant impact on a number of systemic diseases, such as cardiovascular disease, bacterial pneumonia, low birth weight, and diabetes. According to the Partnership to Fight Chronic Disease, in 2015, 1.7 million Nevadans had at least one chronic disease and 690,000 had two or more chronic diseases. The projected overall costs of chronic diseases in the years 2016 to 2030 is estimated to be $401 billion. Many minority groups have higher prevalence rates for heart diseases, cancer, stroke and diabetes, leading to an increased rate of disability and death.

Under the current Medicaid system, non-pregnant adults are provided with dental extractions and removable prostheses—partials and full dentures. As Assemblywoman Neal presented, there is a large body of research surrounding the biological link between diabetes and periodontal disease. Periodontal disease is the loss of bone and tissue surrounding the teeth. The data supports that chronic hyperglycemia—the long-term elevation of glucose levels—occurs in diabetics and leads to an exaggerated immune inflammatory response to the oral pathogens that are present in the mouth. This response leads to a rapid and severe destruction of the tissues in the mouth, resulting in multiple extractions, associated oral infections, and eventually the loss of teeth. This is not only costly to the system but has far-reaching implications as the nutritional status, mental health, and chronic disease conditions of patients diminish, resulting in higher incidences of hospitalization and medical expenditures.

As we have heard, periodontitis is often called the sixth complication of diabetes for both type 1 and 2. Diabetic patients, because of changes in glycemic levels, are more susceptible to relatively common oral bacteria and inflammation which, however, in their case often leads to an aggressive and negative change in their oral tissues and surrounding bone levels.

Across the country states are implementing legislation to integrate dental services as part of the interdisciplinary approach to the continuum of care for chronic diseases, specifically of those such as diabetes, which are comorbid with poor oral health.

Assembly Bill 223 seeks to expand Medicaid dental services for Medicaid adults over 21 years of age who have been diagnosed with diabetes type 1 or 2 to improve their oral health, overall health, and quality of life. I will introduce the bill as amended (Exhibit F).

Section 1, lines 58 to 63 [section 1, subsection 1] of the amended bill (Exhibit F) states that the Department of Health and Human Services "shall apply to the Secretary of Health and Human Services for a waiver . . . to authorize the Department . . . to provide certain services for the dental care" for adults—those 21 years of age and over—who have been diagnosed with diabetes type 1 or 2.

Section 1115 [and Title 42, section 1315 of the U.S. Code] of the Social Security Act allows the Department of Health and Human Services to apply for a section 1115 demonstration waiver. This would be based on the hypothesis that by expanding Medicaid dental services, and specifically by including dental prophylaxis benefits for adults with diabetes, the oral and systemic health of this population will improve, and medical expenditures associated with the condition will decrease. Under this section, all diabetic adult patients in the Medicaid system would be provided with an initial oral evaluation and associated radiographic services to determine whether or not they have periodontal disease as defined by the American Academy of Periodontology.

Lines 68 to 90 (Exhibit F) divide the pool of patients into two different categories. Treatment option (a), as defined in lines 68 to 75, is for patients with well-controlled glycemic levels and good oral hygiene. Treatment option (b), defined in lines 76 to 90, is for patients with long-standing diabetic conditions, with poor glycemic control, and compromised oral hygiene.

Line 68 begins with those patients that would not have been diagnosed with periodontal disease according to the criteria specified by the American Academy of Periodontology. These patients would receive one adult dental prophylaxis—a dental cleaning—every 180 days. That is a six-month interval of care, which is the standard of care. They would also receive an oral evaluation at the same interval of 180 days and in-office chairside glycosylated hemoglobin tracking and monitoring. Furthermore, these treatment group (a) patients would be entitled to one comprehensive periodontal evaluation every year and amalgam and composite fillings of cavities, as necessary.

Lines 76 to 90 (Exhibit F) feature services for patients with periodontal disease according to the criteria specified by the American Academy of Periodontology. These patients would receive a periodontal scaling and root planing—a deep cleaning—every 36 months, or they would be eligible for one adult dental prophylaxis—a simple cleaning—if they have already suffered from bone loss. They would also receive one periodontal maintenance procedure

every 91 days, in-office chairside glycosylated hemoglobin tracking and monitoring, and amalgam and composite fillings of cavities, as necessary.

Section 2 of the amended bill makes a conforming change in lines 116 to 117. Sections 3 and 4 require the health maintenance organizations or managed care organizations that provide health care services through managed care to provide written notice to recipients diagnosed with diabetes of their eligibility to receive dental services. This is to ensure that newly diagnosed patients utilize the available dental services. The health maintenance organizations or managed care organizations would also have to coordinate with any entity necessary to ensure eligible Medicaid recipients receive their dental benefits.

Section 5 of the amended bill appropriates funding from the State General Fund for the Department of Health and Human Services to carry out the waiver. Section 6 requires the Department of Health and Human Services to use effective purchasing methods, including collaborating with other public and nonprofit entities that provide health coverage to negotiate lower prices for services. It also requires the Division of Health Care Financing and Policy and the Division of Public and Behavioral Health, which would be working collaboratively on this project, to submit to the Director of the Legislative Counsel Bureau, on or before January 1, 2021, a report concerning the implementation of the waiver for transmittal for the next regular session of the Legislature.

Assemblywoman Neal:
Thank you, Dr. Capurro, I appreciate your help, partnership, and advice on the bill during the 2017-2018 Interim. We are ready to answer any questions on A.B. 223.

Assemblywoman Titus:
Thank you for bringing this bill forward. I agree with you—diabetes hugely increases the risk of dental diseases, and dental diseases by themselves can dramatically worsen the condition of patients susceptible to diabetes. My question concerns a passage in the bill itself, which I had brought to your attention before, and on which I need clarification. I appreciate that we have Dr. Capurro, the State Dental Health Officer, here with us. She may be able to help answer my question. I am right now not looking at the amendment you submitted (Exhibit F) but the actual bill. In section 1, subsection 1, paragraph (b), subparagraph (3) it says that, what I would call a hemoglobin A1c test—which is a test for the overall three-to-four-month average of your blood glucose levels—is included in the services that are being provided. Do you recommend that all dentists should have a glucometer in their office to be able to do that? And what will the dentist be required to do with the information deriving from the test?

As a primary care doctor, one certainly looks at the hemoglobin A1c to determine whether someone has good control of their blood sugars or not. Typically, we as primary care doctors do that every three months in the event of a patient with a bad diabetes, and maybe every six months for someone who is in pretty good control of her or his blood sugar levels. But when I test my patients as a primary care doctor, I do so to be able to respond to the test result, and

I respond by adjusting medication. What would the dentist do with the information resulting from the test?

Antonina Capurro:
The testing would not be comprised of a hemoglobin A1c laboratory test, but a chairside screening with the dentist. The test would thus be similar to those patients can order through a drugstore, which allows them to test and monitor their A1c levels in between physician visits. During the dental visit, the dentist will gather the medical and dental history of the patient, and review her or his medical information. Typically, dentists will take the patient's blood pressure, temperature, and their blood glucose level. This is a new code from the American Dental Association for this in-office testing, which was added in 2018. This screening is just another procedure for disease monitoring and will aid in designing a system of patient care. The result may have an effect on the treatment plan that is made by the dentist. Ultimately, by gathering information on the patients' blood glucose levels, the dentist will be able to tailor the treatment plan according to the needs of patients and, for example, account for decreased healing abilities in the event of high blood glucose level test results. The American Dental Association recommends that dentists performing the screening document the results and refer patients to their physicians for advice on adjustments to their diabetes management plans.

Assemblywoman Titus:
I was curious about what the dentist would do with the test results, and if the dentist would be mandated to respond and reach out to the respective primary care physician. Could you tell me how many dentist offices are able to do this type of testing? Is this type of testing the standard of care for dentists now, and will most dentists be able to provide chairside testing?

Antonina Capurro:
Under this bill, this procedure and Code on Dental Procedures and Nomenclature (CDT Code) would be added for reimbursement under the Medicaid system. Other states have already included this into their Medicaid system, depending on how each state determines the scope of practice for dentists. According to the Board of Dental Examiners of Nevada, this is within the scope of practice for dentists under *Nevada Revised Statues* (NRS) 631.215. Dentists should have the equipment necessary to complete this screening-type of procedure. They would notify the physician if there were abnormal findings in the same manner that they would if they took the blood pressure and found it elevated, or found other medical complications.

Assemblywoman Gorelow:
The bill includes persons diagnosed with diabetes 21 years of age and older. I was wondering, why is the pediatric population not included?

Antonina Capurro:
Under the Medicaid system children are currently defined as persons under 21 years of age. They are provided with comprehensive dental services. It is really the non-pregnant adult population—those over 21 years of age—that do not have expanded services.

Assemblywoman Neal:
I would like to add clarification. What spurred the impetus for this bill was that I had discovered that there is no comprehensive care for you if you are over 21 years of age and have diabetes. You can get an X-ray, cleaning, wisdom teeth pulled—but no treatment for cavities. The idea therefore was—expensive as it would be—to cover everyone diagnosed with diabetes dental care, which would be 650,000 Nevadans. I had to pick a niche and make a decision about who would most need it.

Chair Sprinkle:
My first question is, if this is a pilot program, are we really required to get a waiver in the State Plan for Medicaid?

Cody L. Phinney, M.P.H, Deputy Administrator, Division of Health Care Financing and Policy, Department of Health and Human Services:
The mechanism to run a pilot within the Medicaid program and draw down those federal funds is a waiver.

Chair Sprinkle:
If the pilot would then prove to be unsuccessful, would it term out? Or would we have to go back and change the State Plan?

Cody L. Phinney:
The amendment that Assemblywoman Neal and the Division of Health Care Financing and Policy have been discussing concerns the removal of reference to the State Plan. In fact, the waiver would allow us to take the suggested steps without amending the State Plan. The waiver would essentially be an experiment demonstrating that we can improve the overall health through the proposed measures at no additional costs.

Chair Sprinkle:
Have you reached out to the Centers for Medicare and Medicaid (CMS) to explore whether they could be supportive of this?

Cody L. Phinney:
Yes, we have reached out to CMS. We have also reviewed projects that have been done in other states. There is precedent for what we plan to do. Centers for Medicare & Medicaid also did confirm that the mechanism for what we plan to do would be getting a waiver, and that we would not have to have the State Plan amended—yet.

Assemblyman Hafen:
Regarding the waiver, would the federal portion of Medicaid cover this? Or will the state have to pick it up?

Assemblywoman Neal:
Do you mean in terms of costs?

Assemblyman Hafen:
Yes, I do.

Assemblywoman Neal:
There is a federal portion and a state portion. I believe the state portion will end up being $3.2 million. That is a significant reduction to what was calculated before the amendment.

Assemblyman Hafen:
I am trying to understand the mechanism. If we are granted a waiver, does that mean that the federal government will pay for what the bill suggests?

Assemblywoman Neal:
It means that the federal government will pay for a significant portion.

Chair Sprinkle:
Committee members, do you have any more questions? [There were none.] Is there anyone wishing to come forward in support of A.B. 223?

Jose Rivera, Private Citizen, Las Vegas, Nevada:
I am here on behalf of the Nevada Hispanic Legislative Caucus to express full support of the bill. It is essential for patients with diabetes to gain this coverage under Medicaid. There are numerous troubles Medicaid patients face, and they often cannot afford dental care, in particular cavities and open wounds. Many people with diabetes develop wounds that are slow to heal or that will never heal.

Joanna Jacob, representing the Nevada Dental Association:
[The Nevada Dental Association also submitted written testimony (Exhibit G)]. The Nevada Dental Association wishes to express support for this measure, and thank Assemblywoman Neal for advocating for increased access to dental care in the state. We also appreciate Dr. Capurro and Assemblywoman Neal looking at who needs access to dental care most. We have had a collaborative relationship with the Division of Public and Behavioral Health, the Division of Health Care Financing and Policy, and Medicaid, to try and increase access to dental care in the state. This is just another way to do this. We are going to help in these efforts to get the word out to our dental members. We are all in support of this bill, and look forward to working with you on the passage of this measure.

Catherine M. O'Mara, Executive Director, Nevada State Medical Association:
The Nevada State Medical Association supports this policy and thanks Assemblywoman Neal for bringing it forward. There is a connection between dental care and diabetes and heart health. Any concerns my members might have had were addressed by Dr. Capurro's comments. In essence, diabetes management is still left up to the physician under this model. The dentist will be looking at the suggested tests to determine the necessary further dental care, which we think is entirely appropriate. We would not want the same tests to impact other medical coverage. But the amended bill does not imply that. I wanted to state this for the record and thank the sponsors for bringing the bill forward.

Chair Sprinkle:
We now move to southern Nevada to hear testimonies in support of A.B. 223.

Barbara K. Paulsen, representing Nevadans for the Common Good:
We thank the sponsors for bringing this bill forward. We have had adult members in our institutions on Medicaid, and some of the stories they have told us about their difficulties with dental services are very upsetting. We are very happy to see this bill coming forward and are fully in support. I am also a registered dietitian and would like to add to what was said about the medical implications of poor dental health—if you have cavities, missing teeth, and oral pain it also impacts your daily eating and the nutrition you are getting. Especially for persons with diabetes, we know how important nutrition is for the management and control of their disease.

Joseph P. Iser, M.D., Chief Health Officer, Southern Nevada Health District:
I would like to thank Assemblywoman Neal and Dr. Capurro for bringing this bill forward. I have also submitted some written comments laying out my support in detail (Exhibit H). The Southern Nevada Health District is offering preventative dental care now and we are trying to include restorative dental care in the relatively near future. Dr. Capurro has been a great partner for us, also in our rural outreach. Just this week, we met with the School of Dental Medicine at the University of Nevada, Las Vegas to push forward our plan to go into restorative types of care for oral health here in the Southern Nevada Health District. The bill will be helpful to us in trying to find a way to make sure that we can get appropriate reimbursement for that type of dental care. We are exceptionally supportive of this measure and recognize the great benefits it will bring throughout the state of Nevada.

Chair Sprinkle:
Is there anyone else in southern Nevada wishing to come up in support of A.B. 223? [There was no one.] We are going back to Carson City.

Michael Hackett, representing the Nevada Primary Care Association; Community Health Alliance; and Nevada Public Health Association:
I will submit two letters after the meeting [which will become part of the record as (Exhibit I and Exhibit J)]. One is on behalf of the Nevada Primary Care Association and one is from Community Health Alliance. Let me cite a couple of passages of these letters [Michael Hackett starts reading from (Exhibit I)]:

> The Nevada Primary Care Association is the statewide membership organization of Federally Qualified Health Centers (FQHCs) which provide primary, behavioral, and dental health services to Medicaid and uninsured populations. In 2017, the state's FQHCs served 12,627 dental patients across more than 39,000 visits. In the same year, we saw 9,049 patients with diabetes across more than 25,000 visits.
>
> Because FQHCs operate an integrated care model that includes both dental services and chronic disease management, we know first-hand how much oral

> health can affect physical health and vice versa. Dental programs in our health centers regularly identify patients likely to have diabetes and refer them to in-house primary care providers for diagnosis and initiation of treatment. Diabetic patients often have a weak immune system that leaves their teeth and gums vulnerable to decay and infection.

The Nevada Primary Care Association and our FQHCs would like to thank Assemblywoman Neal for bringing this bill forward and we recognize this is an important step forward in serving our Medicaid patients' oral health needs.

Mr. Chairman, I mentioned that the CEO of the Community Health Alliance, Charles Duarte, also submitted a letter. Let me very briefly point out how the bill is impacting them. [Michael Hackett starts reading from (Exhibit J)].

> CHA [Community Health Alliance] providers see the profound impact of the lack of preventative and restorative dental coverage on adult Medicaid patients every day. In addition, CHA serves more than 1,800 patients with diabetes. The lack of Medicaid adult dental benefits is particularly significant in patients with chronic conditions like diabetes. Many of these patients have weakened immune systems. High blood sugars make them more susceptible to infection, including dental infections and abscesses. Dental care, along with appropriate medical care and monitoring, can help to reduce the total cost of care of these patients, including emergency department and hospital costs.

Lastly, Mr. Chair, I also represent Nevada Public Health Association, which would like to be on the record in support of this bill too.

Edward Draper, representing Liberty Dental Plan:
Liberty Dental Plan is a state provider of Medicaid dental benefits. We started working with the state of Nevada on January 1, 2018. Not long after that, Assemblywoman Neal reached out to us with concerns not specific to this bill, but about the dental health of her community and that of the state in general. We would very much like to applaud her; we appreciate her efforts to improve the overall oral health in the state of Nevada. With our resources and our experience, we are prepared to do whatever we can to help implement the bill effectively and efficiently, should the state move forward with it, to improve oral health in Nevada.

Chair Sprinkle:
Is there anyone else wishing to come forward in support in northern or southern Nevada? [There was no one.] Is there anyone wishing to come forward under opposition? [There was no one.] Is there anyone wishing to come forward as neutral? [There was no one.]

Assemblywoman Neal:
This bill represents my first doorway into the field of oral health, and it probably will not be my last. I am very passionate about oral health and this bill. It was not until I realized and saw what was happening in my district—that people had access to Medicaid but would still

get these high dental bills—that I became engaged in oral health. I have had the benefit of having insurance forever and being able to go to the dentist since I was a small child. When I realized that there are individuals that could not even get cavities covered, it really bothered me. The bill makes a significant step to fix this. I hope the Committee considers this bill favorably and allows the authority to seek a waiver so that we can impact oral health positively.

Chair Sprinkle:
Thank you for bringing this good bill forward. I will close the hearing on A.B. 223. I will open it up for public comment. Is there anyone wanting to come forward in northern or southern Nevada?

Barbara K. Paulsen, representing Nevadans for the Common Good:
I would like to commend the Division of Public and Behavioral Health, Department of Health and Human Services, for all the work they have done on Assembly Bill 131. It is a great move forward for people that are using the community-based living arrangements facilities. Thank you.

Chair Sprinkle:
Is there anyone else wanting to come forward and make a public comment in northern or southern Nevada? [There was no one.] The meeting is adjourned [at 2:20 p.m.].

RESPECTFULLY SUBMITTED:

_____
Christian Thauer
Committee Secretary

APPROVED BY:

_____
Assemblyman Richard Carrillo, Vice Chair

DATE: _____

EXHIBITS

Exhibit A is the Agenda.

Exhibit B is the Attendance Roster.

Exhibit C is the Work Session Document for Assembly Bill 116, dated March 8, 2019, presented by Marsheilah Lyons, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

Exhibit D is the Work Session Document for Assembly Bill 130, dated March 8, 2019, presented by Marsheilah Lyons, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

Exhibit E is the Work Session Document for Assembly Bill 131, dated March 8, 2019, presented by Marsheilah Lyons, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

Exhibit F is the proposed amendment to Assembly Bill 223, dated February 21, 2019, submitted by Assemblywoman Dina Neal, Assembly District No. 7.

Exhibit G is written testimony in support of Assembly Bill 223, dated February 6, 2019, submitted by Robert H. Talley, Executive Director, Nevada Dental Association.

Exhibit H is written testimony in support of Assembly Bill 223, dated March 8, 2019, submitted by Joseph P. Iser, M.D., Chief Health Officer, Southern Nevada Health District.

Exhibit I is written testimony in support of Assembly Bill 223, dated March 8, 2019, authored by Nancy J. Bowen, Executive Director, Nevada Primary Care Association and presented by Michael Hackett, Nevada Primary Care Association; Community Health Alliance; and Nevada Public Health Association.

Exhibit J is written testimony in support of Assembly Bill 223, dated March 8, 2019, authored by Charles Duarte, CEO, Community Health Alliance and presented by Michael Hackett, Nevada Primary Care Association; Community Health Alliance; and Nevada Public Health Association.