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

Eighty-First Session
May 27, 2021

The Committee on Health and Human Services was called to order by Chair Rochelle T. Nguyen at 2:05 p.m. on Thursday, May 27, 2021, Online and in Room 3138 of the Legislative Building, 401 South Carson Street, Carson City, 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/81st2021.

COMMITTEE MEMBERS PRESENT:

Assemblywoman Rochelle T. Nguyen, Chair
Assemblywoman Sarah Peters, Vice Chair
Assemblywoman Teresa Benitez-Thompson
Assemblywoman Annie Black
Assemblywoman Michelle Gorelow
Assemblyman Gregory T. Hafen II
Assemblywoman Lisa Krasner
Assemblyman Andy Matthews
Assemblyman David Orentlicher
Assemblywoman Shondra Summers-Armstrong
Assemblywoman Clara Thomas
Assemblywoman Robin L. Titus

COMMITTEE MEMBERS ABSENT:

None

GUEST LEGISLATORS PRESENT:

Senator Julia Ratti, Senate District No. 13
Senator Dallas Harris, Senate District No. 11

STAFF MEMBERS PRESENT:

Patrick Ashton, Committee Policy Analyst
Karly O'Krent, Committee Counsel
Nick Christie, Committee Manager
Terry Horgan, Committee Secretary
Melissa Loomis, Committee Assistant

OTHERS PRESENT:

Joanna Jacob, Government Affairs Manager, Clark County
Sean O'Donnell, Executive Director, Foundation for Recovery
Joan Hall, President, Nevada Rural Hospital Partners
Cheryl Radeloff, Ph.D., Senior Health Educator, Southern Nevada Health District
Bradley Mayer, representing Southern Nevada Health District and Washoe County Health District
Allison Genco, representing Dignity Health-St. Rose Dominican
Alex Camberos, representing Battle Born Progress
Alyssa Cortes, representing Silver State Equality
Suzanne Bierman, Administrator, Division of Health Care Financing and Policy, Department of Health and Human Services
Cody Phinney, Deputy Administrator, Division of Health Care Financing and Policy, Department of Health and Human Services

Chair Nguyen:
[Roll was taken. The Chair reminded Committee members, testifiers, and members of the audience of Committee rules, protocol, and procedures for virtual meetings.] For those of you who are waiting for today's work session, because of the length of our agenda, the length of today's floor session, and other scheduling factors, we will not be doing the work session today. Please look for an agenda over the next few days via email or on NELIS [Nevada Electronic Legislative Information System] for an update.

Senate Bill 70 (2nd Reprint): Revises provisions governing mental health. (BDR 39-418)
[This bill was not considered.]

Senate Bill 158 (1st Reprint): Revises requirements to receive assistance from the Kinship Guardianship Assistance Program. (BDR 38-504)
[This bill was not considered.]

Senate Bill 175 (1st Reprint): Enacts provisions relating to lupus. (BDR 40-8)
[This bill was not considered.]

Senate Bill 318 (1st Reprint): Makes various changes relating to improving access to governmental services for persons with limited English proficiency. (BDR 40-955)
[This bill was not considered.]

With that, I will open the hearing on Senate Bill 69 (2nd Reprint) which revises provisions governing mental health.

Senate Bill 69 (2nd Reprint): Revises provisions relating to behavioral health. (BDR 39-431)

Senator Julia Ratti, Senate District No. 13:
Today I am here with the privilege of being the President of the Washoe County Regional Behavioral Health Policy Board, and I am lucky enough to be able to share being on that board with Assemblywoman Peters. By this time in the session, I am sure you are well aware that there are five regional behavioral health policy boards. I am here today representing the coalition of folks in Washoe County who have been appointed to focus on behavioral health needs in our region. I think you all know each of the behavioral health boards gets a bill draft request (BDR), so this is the BDR coming forward on behalf of that board.

In the Senate early in the session we had a presentation that included six individuals and all kinds of information. I suspect that is not what you are looking for at this point in the session, so I am going to do most of the presentation, but I have a whole team of subject matter experts when we get to questions. In Washoe County, our process was that we put a call out and asked the community to bring bill draft request ideas forward to us. We had wonderful participation and received five or six distinct ideas for behavioral health policy that the community would like to see us move forward. Assemblywoman Peters and I, as individuals, carried some of the bills that did not get selected, but what the board coalesced around was a bit of disappointment or frustration that, when we talk about behavioral health broadly, substance use disorder often gets left out of the conversation. Substance use disorder is clearly a part of behavioral health, so the Washoe County Regional Behavioral Health Policy Board made the decision to focus explicitly on substance use disorder for our BDR, and then we tried to shove as many ideas in that BDR as we could.

This bill includes the certification of peer support specialists and their supervisors. At the beginning of the session, I did a presentation on the crisis continuum of care which would have the call line, mobile crisis teams, and crisis stabilization centers. As part of that presentation, I also talked about a specific workforce that would be important to that. That would be what we call "peer recovery support specialists." This is a workforce of peers with lived experience. These are individuals who have experienced a behavioral health diagnosis, have experienced a substance use disorder, and they become a very critical component as part of our health care teams. We are getting tremendous evidence that if you have a behavioral health professional—psychologist, clinical social worker, psychiatrist, APRN [advanced practice registered nurse] with a psychiatric endorsement—and a peer, someone

with lived experience, that a pair of folks working with a person who is experiencing either a substance use disorder or a diagnosis of a mental health issue—those individuals can be very powerful in terms of supporting and helping as part of the care team.

Because that is becoming more and more recognized, we need to professionalize that workforce. This is not a licensing process, this is not a burdensome, expensive, highly credentialled licensing process; rather, it is a credentialling process that goes through a third-party agency that already does credentialling for many similar types of individuals. The credentialling process becomes important because these peer support specialists get good training around ethics and boundaries, but they also are better positioned for the agencies who want to hire them to be able to bill Medicaid for their services. That becomes a more sustainable model in terms of being able to provide care in our community.

It is really important that we get peers into the mix. When you do get peers into the mix, you get a much better diversity of providers who are working with folks. If you think about the mobile outreach teams, for example, that are going to be meeting people in their living rooms or on a street corner, having that peer makes all the difference in the world; the same in the crisis stabilization centers where there are folks with lived experience in that living room model helping people recover. That is the first part of the bill.

The second part of the bill is focused on substance use prevention. It has three components. First, it is seeking to do a better job of having evidence-based, substance use prevention in our school settings. We already have substance use prevention requirements in our school curriculum standards, but in the field, not all of the substance use prevention curriculum that is being delivered is actually evidence-based. So the bill asks the Department of Education to publish a list of substance use curriculum that is evidence-based. From a superintendent on down to a classroom teacher, if you are interested in making sure that the substance use prevention curriculum you are doing in your classroom is going to be effective, you can look at this list and look for the evidence-based curriculum.

The bill makes some technical changes to the youth risk behavior surveillance system (YRBSS). The YRBSS is a survey we do regularly in schools that gives us the data we need to know we are targeting our prevention and intervention programs to the right areas. Last, it provides for some updated language on the certification of our substance use coalitions. There are ten coalitions across the state, and the language in the *Nevada Revised Statutes* (NRS) did not provide clarity for what their critical role was in the community, so it clarifies that language.

Those are the four things: certified peer recovery support specialists; make sure we have evidence-based programming on substance use disorder in schools; some tweaks to the YRBSS survey; and memorializing in statute the role of the substance use coalitions in our communities. Again, those are community-based organizations in ten jurisdictions across the county. It is a long bill, and the Washoe County Regional Behavioral Health Policy Board apologizes for being ambitious and putting four things in one bill, but we felt they were all worth bringing forward.

Chair Nguyen:
Do we have any questions from Committee members?

Assemblywoman Peters:
I am excited for this bill. I know the work that went into it and the ideas around it are familiar to me from our board experience. I have a question about the five-year lookback for professionals working with children. I would like to ask about the rationale about a five-year lookback rather than a broader period of time. I think it is pulled from another section, so it is a continuation of that policy, but I want to clarify that.

Senator Ratti:
I am going to ask Joanna Jacob from Clark County to speak to that. Assemblywoman Peters, you may not recognize that because this evolved during the session and came as a request. It is very important that we have peers with lived experience working with individuals. It is also very important that we are protecting children. This was a request from the county, so I will let the county speak to it.

Joanna Jacob, Government Affairs Manager, Clark County:
It is true; we worked on this bill with the Washoe County Regional Behavioral Health Policy Board and Senator Ratti. Assemblywoman Peters, that is pulled from similar provisions in law right now around the child care and abuse registry—the state registry that we have in place [Statewide Central Registry for the Collection of Information Concerning the Abuse or Neglect of a Child]. We modeled these provisions after similar regulations we have for people who work in child care facilities working with small children—licensed child care facilities. It is a five-year lookback for records in that registry, so it is modeled after similar, already existing protections for people who are working with children on a regular basis. The reason we did that is the original language of the bill had registration for people having to do with elder abuse, and we wanted to incorporate similar protections for child abuse and neglect.

I will also point out why Clark County got involved in this. We believe in this model and it has an application in child welfare, which is something we worked on with Senator Ratti as well, especially with some of the federal laws coming in, so we also wrote in a waiver process because of the shared experience we have here. You will see that in section 15.6 there is a waiver process that we will work on with the state and with the child welfare agencies because the model is shared and lived experience. When you are working in a child welfare setting they might have a child abuse or neglect complaint, but that is what makes the shared experience more valuable, so we would be able to set a regulatory process to provide that waiver. That is how we worked with Senator Ratti on that provision.

Assemblywoman Peters:
Thank you. I appreciate your taking the time to put that on the record for us.

Assemblywoman Thomas:
Thank you, Senator Ratti, for bringing S.B. 69 (R2) forward. It sounds like a really good program, but my question has to do with the peer recovery support specialist. I know that is lived experience, but what type of training would they go through?

Senator Ratti:
I believe Sean O'Donnell is available to answer that question. Sean is representing the Foundation for Recovery, which the organization that does training for peers to help them achieve certification.

Sean O'Donnell, Executive Director, Foundation for Recovery:
The training that is currently required, and this is pretty standard across the nation, is a 46-hour training typically delivered in person. It covers topics such as ethics and confidentiality—HIPAA [Health Insurance Portability and Accountability Act] and 42 CFR [*Code of Federal Regulations*] Part 2 [confidentiality of substance use disorder patient records]. It also covers how to provide different types of training on tools to use when providing peer recovery support services such as motivational interviewing and active listening—those types of things—so it is a 46-hour curriculum. If one seeks certification, there is a state examination you would sit for as well. Prior to sitting for that examination, in addition to completing the 46-hour classroom component, there are 500 hours of practical experience which you can get by volunteering or working for an agency to get that experience providing peer support. Then there is a requirement for an additional 25 hours of supervision where you are being supervised by a peer recovery support specialist supervisor while you are providing services.

Assemblywoman Thomas:
Would that include the spectrum from children to youth who are involved in drugs?

Senator Ratti:
It is a great question, and I think this is a place for some clarity. There are some youth peer-to-peer programs where you have a child who is experiencing substance use disorder and has those experiences working with another child who may be at risk of or who is also experiencing substance use disorder. Because of liability and any other number of reasons, we would not be certifying people who are under the age of 18 to be health care professionals working in peer recovery support specialist roles. They are specifically excluded. A youth-to-youth program is a very different thing; however, you could have adult peer recovery support specialists working in a setting where there are some youth involved. I will give you an example. In our community we have a family shelter for our homeless services, so there is a mix of adults and children there, and a peer recovery support specialist could be working in that environment and be working both with the adults in that setting and with the young people in that setting. I hope that adds some clarity, but we really want to be clear that we are not trying to capture the youth peer-to-peer in this. That is something very different, more like a mentoring program than a professional health care workforce.

Assemblywoman Gorelow:
There are 25 hours of supervision, and then I missed the rest.

Sean O'Donnell:
There are 500 hours of practical in-person experience, 25 hours of supervision, and 46 hours of classroom learning.

Assemblywoman Gorelow:
So there are 500 hours and not 15. That is a big difference. Thank you for that clarification. Is this based on a national guideline or is this Nevada-specific?

Sean O'Donnell:
It is based off national standards from the International Certification & Reciprocity Consortium which handles certification for peer recovery support specialists in almost every state.

Chair Nguyen:
I am looking around to see if there are any other questions from Committee members. Seeing none, we will begin testimony in support of S.B. 69 (R2).

Joanna Jacob:
I just wanted to say that we are in support of this bill and the many amendments Senator Ratti worked on with us in the other house. As I stated before, the reason we got involved in this is because of the advent of new federal changes—the Family First Prevention Services Act—we are doing a fundamental shift in foster care as that comes online. Peer support recovery specialists are an evidence-based practice that we can build into the implementation of that act. It will really focus on moving child welfare into prevention activities, so the shared living model is going to be one we plan to pursue in Clark County, and we want to thank Senator Ratti and the whole village of people who worked on this bill. I also want to say thank you to Sean O'Donnell and Ms. Edwards for working with Clark County on this, and we are in support.

Joan Hall, President, Nevada Rural Hospital Partners:
We are supportive of all the components of this bill but specifically the peer recovery support services as they are a vital component in providing care to patients and their families with substance use disorders, behavioral health issues, and co-occurring disorders. Certification provides public protection in demonstrating training, education, and standardization. As we move through the Crisis Now standard in Nevada, and we have just passed the crisis stabilization units, these peer recovery support people will be very important in those units as they are in our MOST [Mobile Outreach Safety Team] teams. We urge your support.

Chair Nguyen:
Is there anyone else who wishes to testify in support of S.B. 69 (R2)? [There was no one.] At this time, we will begin opposition testimony of S.B. 69 (R2). [There was none.] Next,

we will go to neutral testimony. [There was none.] Senator Ratti, would you like to make any closing remarks?

Senator Ratti:
I would like to point out the fact that this is a two-thirds bill, and the section that makes it need that two-thirds vote is section 9 which establishes the fee for certification and allows the board to establish the fee for certification. I want to make it very clear that the Washoe board did not ask that the peers be certified. The peers themselves and the organizations that work with and represent peers came to us and asked. This will be the third legislative session where they have tried to get peer certification across the finish line. It is the peer organizations themselves that are asking for this certification process.

Sean O'Donnell:
Senator Ratti is correct. We brought this after listening to the community and holding many different platforms for peer recovery support specialists in the state of Nevada to voice their opinions on this. We have been working on this for the last three legislative sessions. This is going to do great things for peers and the peer recovery support specialist workforce in our state, so thank you.

Chair Nguyen:
We have several new legislative members, so Senator Ratti, could you briefly describe how that regulatory process would work and how the Legislative Commission would approve those regulations as they work their way through the process if this bill were to pass?

Senator Ratti:
Certainly. Generally, when we call for regulations in statute, the appropriate regulatory body promulgates those regulations. Once those regulations are promulgated, they have to come back to the Legislative Commission—which is rather like the executive committee of the Legislature, for lack of a better description. They meet during the interim and have to sign off on all regulations. It is sort of a check-and-balance situation to make certain the Executive Branch, which promulgates the regulations, does not get too far afield from the Legislature's intent, so it comes back to the Legislative Commission, which signs off on it. Those regulations then become part of the *Nevada Administrative Code* (NAC). They are not in the NRS, they are in the NAC, which still has the full force of law.

Chair Nguyen:
Thank you, Senator Ratti, and thank you for your presentation of S.B. 69 (R2). At this time, I will close the hearing on S.B. 69 (R2) and open the hearing on Senate Bill 211 (2nd Reprint).

Senate Bill 211 (2nd Reprint): Establishes requirements relating to testing for sexually transmitted diseases. (BDR 40-563)

Senator Dallas Harris, Senate District No. 11:
Thank you for the opportunity to present Senate Bill 211 (2nd Reprint) to you today. In the simplest of terms, S.B. 211 (R2) requires primary care providers to ask their patients aged 15 and older if they would like a test for a sexually transmitted disease or HIV. That recommendation about which one a person should be tested for should be based upon medical history. There is no requirement here that you get tested for everything under the sun, but if the coronavirus has taught us anything, knowing your status is key. Unfortunately, the state of Nevada has unbelievably high rates of syphilis and other sexually transmitted diseases (STDs). This recommendation comes from the CDC [Centers for Disease Control and Prevention]. It is best medical practice and we are putting it into law as a tool to try and address some of those rates.

Ms. Cheryl Radeloff has a wonderful presentation [Exhibit C] available to you all that is posted on the Nevada Electronic Legislative Information System (NELIS). She is here today to answer questions unless, Chair Nguyen, you would like her to walk through all the details.

Chair Nguyen:
If she would like to do a high-level overview, that would be good for the record. Most of our Committee members were provided with this information last week.

Cheryl Radeloff, Ph.D., Senior Health Educator, Southern Nevada Health District:
As was mentioned, Nevada consistently has had some of the highest rates of HIV and STDs or sexually transmitted infections (STIs) in the United States [page 2, Exhibit C]. As of 2019, we were number one in the nation for rates of primary and secondary syphilis. We had over 800 cases. We were also number four in congenital syphilis. In 2019, we went to number four from being number two in 2018. We are ranked number 17 for rates of chlamydia [page 16] and number 15 for rates of gonorrhea [page 18]. To give you an idea for congenital syphilis, I just gave a presentation to some UNLV [University of Nevada, Las Vegas] School of Nursing students. From 2014 to 2020 we increased 1,300 percent in congenital syphilis. We went from 3 cases in 2014 to 43 cases in 2019.

The majority of HIV cases in Nevada are diagnosed in inpatient and outpatient hospitals and private physician offices. Patients with a diagnosis of STIs are similar to HIV. Patients do want their routine sexual histories, access to pain-free, low-cost, confidential and convenient testing for HIV and STIs [unintelligible]. Providers are only providing testing based on [unintelligible] so it is dependent on patients to report presenting symptoms. There is a lack of [unintelligible] STI testing, a lack of awareness of HIV and STI [unintelligible].

Chair Nguyen:
I am going to ask you to stop. Unfortunately, we have a really poor quality of audio. We are hearing every third word. Senator Harris, would you mind if we went to you? I know the bill is not very long and that a lot of the information just spoken to is in the exhibits which are on NELIS [Exhibit C and Exhibit D]. Would you be ready for questions at this time or are there things you would like to highlight?

Senator Harris:
In summation, the numbers Cheryl Radeloff mentioned are not good. This bill is a tool to help us get those numbers down. One thing she said that was important but difficult to hear is that often right now, this is not a routine part of primary care. We rely on patients to present symptoms, as opposed to getting them tested as part of their regular primary care. An important piece to that is reducing the stigma behind HIV and STDs. We would like to normalize the idea that you should get tested as part of your regular medical care, and that is what the bill does, in the hope of addressing a very serious issue. Ms. Radeloff, thank you so much. She put together that presentation, your exhibit, along with Jennifer Howell, and she has also done a lot of great work on this bill.

Chair Nguyen:
Thank you. I know sometimes we have technical difficulties, and I am glad we have the Senator here to clarify any concerns. I encourage all Committee members to look at the documents that were on NELIS, as I am sure you already have. Do we have any questions?

Assemblywoman Titus:
Thank you, Senator, for bringing this bill. I think this is a good bill, and I am as appalled as you are when we find out Nevada is number one in congenital syphilis and in some of these other issues. I think it is important. There have been many changes in health care. When I would do the recommended pelvic exam and Pap test on a young woman for the first time prior to prescribing birth control, we would do some of these tests—although not necessarily for HIV. That was just part of the process. Now we have learned that we do not do routine pelvic exams, so we are not doing these tests routinely anymore. When you have that patient in front of you, you would hate to miss an opportunity. My question is, This is mandating certain things a provider should be doing, but where is the information about payment? Who pays for these tests? I am concerned that the providers are being mandated to ask if the patient wants to have a test done, but there are always concerns about the costs of these tests. Some of these are blood tests, others are not; so I am wondering about that process.

Senator Harris:
The bill does not mandate that the testing occur; it only mandates that you ask. What you will see, and the reason the bill is coming to you so late, is that we got an appropriation for those folks whose tests are covered by our Medicaid. That is the state cost. Otherwise, this bill would operate in the same way it would today if you asked your doctor for a test. Your insurance would cover it or, if you had Medicaid, they would cover it. Nothing would change. The bill is just about requiring a provider to ask.

Chair Nguyen:
Is this something practitioners are already asking? Is this a problem?

Senator Harris:
I am not here to disparage any providers. There are some who do it as a regular course of practice. I think it is more common for the STDs than it is for the HIV, but we have a fairly significant HIV transmission issue here in the state as well, so I am trying to make sure that

practice is also normalized. I can say that it is best practice to talk to your patients about getting tested. It is my hope that we will bring in some more doctors who are doing it regularly. One thing that is new in this bill is that it does speak to emergency care providers. As this Committee knows, there are some people who get their primary care through the emergency room, so I anticipate we will see a lot of growth in that arena.

Assemblyman Orentlicher:
I was curious about the cutoff at age 15. As I look at the presentation from Ms. Radeloff and Ms. Howell, it says the CDC recommends HIV testing starting at age 13.

Senator Harris:
Please note that the 15-year cutoff is when the provider "shall" ask. I would encourage them to ask any of their clients who they feel may especially be at risk for HIV or who may be sexually active, at any age. The bill does not prevent providers from asking anyone younger than 15, but that is the age we came to when trying to put this bill together—about when it should become a regular practice.

Assemblywoman Gorelow:
Thank you for bringing this. I think it is really important because so many people have a sexually transmitted disease and do not even realize it because they do not have symptoms. Now that it is going to be mandated, what happens if a doctor is not asking?

Senator Harris:
I thought a lot about that. Originally in this *Nevada Revised Statutes* chapter there is a misdemeanor for anyone who does not comply with the chapter. I was not looking to create a new misdemeanor, so this bill will be enforced by the licensing boards of the providers. There is no criminal penalty attached at all. That will have to be dealt with by the proper licensing board, as I think it should.

Assemblywoman Benitez-Thompson:
This is a good bill. We absolutely need to make sure people are getting tested. Practicably, as you would want this to look, you would want the primary care physician to be asking. However, if someone saw his or her primary care physician three times within the year, if the physician sees in the chart that there is a recent test, would that physician acknowledge the test or talk with the patient about the test and whether the patient wanted to be retested? Alternatively, if the physician looked at the patient's chart and saw there had been no recent testing, would the physician ask about testing? For multiple visits, what would be a reasonable expectation?

Senator Harris:
That would likely vary depending upon possibly how sexually active a client is. My estimation is that once a year is more than sufficient to make this a regular practice. What I want to make sure does not happen is that someone goes for a substantial amount of time without being asked for a test. If they are asked three times in a year, that would also be

great if that is what they choose to do. However, that is a discussion they will have with their doctor—how often is appropriate?

Assemblywoman Benitez-Thompson:
I think once a year is good, especially when people have chronic health conditions or such. There are lots of chart audits, so the intent would be, was the question asked once a year? Hopefully there is testing once a year, but somewhere there should be a notation in a patient chart that the question has been asked.

Senator Harris:
I think that is correct.

Assemblywoman Peters:
I had a similar question about the mechanism—the way the question is asked. Does it have to be verbal—because I do not see that in the bill—or can it be in the paperwork? There could be a line item reading, "Would you like to be tested for STDs or HIV?" and have it be just a regular thing that happens in the initial paperwork as a patient comes into the office. That way you do not have doctors asking every time, creating an uncomfortable situation when a person is just in an office for, say, removal of stitches. Would that be a possibility under this bill?

Senator Harris:
Absolutely, it is. I did not want to be overly prescriptive or require a verbal question each time. There are a lot of ways that doctors today comply with notice requirements to their patients, and there is plenty of flexibility for that in this bill.

Assemblywoman Summers-Armstrong:
Fifteen: that is a minor, and often that child would be going to a pediatrician for an annual exam. What kind of discussion have you had around that fact? I do not know about anyone else, but I have three sons, and I accompanied them and stayed in the room for all their exams. Have you thought about how you will manage that?

Senator Harris:
That is always a really tough issue. I know doctors have plenty of experience figuring out when would be the right time to allow a parent in or when they may need to ask a parent to leave in order to deal with their patient and possibly get honest answers to some of these sensitive issues. I imagine this will be a discussion between a doctor and the patient and in appropriate circumstances based upon the child's age and the parent as well.

Chair Nguyen:
Do we have any other questions from Committee members at this time? Seeing none, I will begin testimony in support of S.B. 211 (R2).

Bradley Mayer, representing Southern Nevada Health District and Washoe County Health District:
This is an important bill because Nevada has some of the highest STI rates in the country and, especially as it relates to HIV, the highest infection rate in the West. We know that in order to stop the spread of HIV, people need to know their status. In recent years, almost 40 percent of new transmissions came from those who did not know they had HIV. If we can identify those cases and get people into treatment more quickly, get their viral loads suppressed, then they will not be transmitting at the same rate. So this bill, as was mentioned, and similar legislation moving along such as Assembly Bill 192 which deals with syphilis testing, are really important to making sure we are staying ahead of this. Making this part of the standard of care is what is most important. We thank Senator Harris for her work this session. We really appreciate her for engaging with us and urge your support.

Allison Genco, representing Dignity Health-St. Rose Dominican:
We are here in support of S.B. 211 (R2) and want to thank Senator Harris for her work on this bill.

Chair Nguyen:
Is there anyone else in support?

Alex Camberos, representing Battle Born Progress:
We are in support of S.B. 211 (R2). Creating a standard of care for routine, confidential, and convenient STI testing will destigmatize sexual health and reduce the spread of STIs and HIV by promoting access to testing and treatment. I want to echo the comments of the others in support, and I want to thank Senator Harris for bringing this critical legislation. We ask the members of the Committee for their support as well.

Alyssa Cortes, representing Silver State Equality:
I would like to thank Senator Dallas Harris for bringing this really important legislation up for a hearing. We are very supportive of S.B. 211 (R2) and I represent Silver State Equality as a program associate. Thank you so much.

Chair Nguyen:
Do we have any other callers on the line in support? [There were none.] Is there anyone in opposition to S.B. 211 (R2)? [There was no one.] Is there anyone who would like to testify in neutral to S.B. 211 (R2)? I see Ms. Erin Lynch, from the Division of Health Care Financing and Policy [Department of Health and Human Services] on Zoom, but she is unable to unmute. I believe Ms. Lynch is neutral, is that correct? [She nodded yes.] Is there anyone else who wishes to testify in neutral? [There was no one.] Senator Harris, do you have any closing remarks?

Senator Harris:
I want to thank the Committee for your time and thoughtful questions today as well as thanking Ms. Radeloff and Ms. Howell, who have been instrumental in helping me draft this legislation.

Chair Nguyen:
At this time, I will close the hearing on Senate Bill 211 (2nd Reprint) and open the hearing on Senate Bill 456.

Senate Bill 456: Revises provisions relating to the State Dental Health Officer. (BDR 40-1159)

Suzanne Bierman, Administrator, Division of Health Care Financing and Policy, Department of Health and Human Services:
I am here today to present Senate Bill 456. The Division's budget included a transfer of appointing authority for the State Dental Health Officer from the Division of Public and Behavioral Health (DPBH), Department of Health and Human Services, to Medicaid. This bill implements the Division's budget. Transferring this position results in State General Fund savings because the Division can receive a greater federal share of 75 percent for funding of this position with the transfer as approved in our budget.

Chair Nguyen:
Does anyone have questions regarding the bill?

Assemblywoman Peters:
I am curious about the move of the State Dental Health Officer and the state dental hygienist. If they are not under the same division umbrella, can you explain why that difference is okay?

Cody Phinney, Deputy Administrator, Division of Health Care Financing and Policy, Department of Health and Human Services:
The oral health program was started in the Division of Public and Behavioral Health several years ago. The State Public Health Dental Hygienist and the State Program for Oral Health will remain at DPBH, while Dr. Antonina Capurro, the current incumbent State Dental Health Officer, will come over and continue working on Medicaid policy with us officially and in the budget. The collaboration with the Oral Health Program and the state dental hygienist will continue within the overarching umbrella of the Department of Health and Human Services. From our perspective, it is not an enormous difference, but it allows us to collect that additional federal participation.

Chair Nguyen:
Do we have any other questions from Committee members?

Assemblywoman Summers-Armstrong:
Is Ms. Capurro the hygienist?

Cody Phinney:
No, Dr. Capurro is the State Dental Health Officer. She is a dentist. There is a different incumbent who is currently the interim State Public Health Dental Hygienist and her position does not move.

Assemblywoman Summers-Armstrong:
We had another bill, S.B. 391, and when I read this one, I got confused, but now I am clear. Thank you very much; I appreciate it.

Chair Nguyen:
Do we have any other questions from Committee members at this time? Seeing none, I will begin testimony in support of S.B. 456. [There was none.] Is there any testimony in opposition to S.B. 456? [There was none.] Next we will go to testimony in neutral. [There was none.] Do you have any closing remarks, Ms. Bierman, or would you like me to close this hearing?

Suzanne Bierman:
Thank you.

Chair Nguyen:
With that, I will close the hearing on S.B. 456. At this time, we will go to the last item on our agenda for today, public comment. Is there anyone on the line for public comment? [There was no one.] With that, I will close public comment. Are there any comments from Committee members before we adjourn for the day? Seeing none, I will give you the lay of the land for the next couple of days. You will probably see an agenda at the call of the Chair scheduled to keep things open and flexible as we move through this process to close out the session. With that, the meeting is adjourned [at 3:05 p.m.].

RESPECTFULLY SUBMITTED:

_____
Terry Horgan
Committee Secretary

APPROVED BY:

_____
Assemblywoman Rochelle T. Nguyen, Chair

DATE: _____

EXHIBITS

Exhibit A is the Agenda.

Exhibit B is the Attendance Roster.

Exhibit C is a document titled "SB 211 Establishes Requirements Relating to Testing for Sexually Transmitted Diseases HIV & STD," authored by Cheryl Radeloff, Ph.D., Senior Health Educator, Southern Nevada Health District, and Jennifer Howell, M.P.H., Sexual Health Program Coordinator, Washoe County Health District, presented by Cheryl Radeloff, in support of Senate Bill 211 (2nd Reprint).

Exhibit D is a letter dated May 25, 2021, submitted by Jennifer Howell, M.P.H., and other members of Northern and Southern Nevada HIV Prevention Planning Groups, in support of Senate Bill 211 (2nd Reprint).