

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

**Eighty-First Session
February 17, 2021**

The Committee on Health and Human Services was called to order by Chair Rochelle T. Nguyen at 1:36 p.m. on Wednesday, February 17, 2021, Online. 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:

None

STAFF MEMBERS PRESENT:

Patrick Ashton, Committee Policy Analyst
Karly O'Krent, Committee Counsel
Abigail Lee, Committee Manager
Joan Waldock, Committee Secretary
Trinity Thom, Committee Assistant



OTHERS PRESENT:

Sara Chalhagian, Executive Director, Patient Protection Commission, Office of the Governor

Charles Daniels, Director, Department of Corrections

Harold Wickham, Deputy Director, Operations, Department of Corrections

Elizabeth Dixon-Coleman, Statewide Re-entry Administrator, Department of Corrections

Chris Franklin, Administrator, Grants and Policy, Department of Corrections

Jodi Hocking, Private Citizen, Carson City, Nevada

Nick Shepack, Program and Policy Associate, American Civil Liberties Union of Nevada

Jim Hoffman, representing Nevada Attorneys for Criminal Justice

Yarleny Roa-Dugan, Private Citizen, Las Vegas, Nevada

Chair Nguyen:

[Roll was called. Committee rules and protocol were explained.]

Today, we have a presentation from the Patient Protection Commission and a hearing on Assembly Bill 16. Most of the bills that came out of the Patient Protection Commission originated in the Senate. If all goes well in the Senate, we will hear those bills in this Committee. Many people have inquired about the Patient Protection Commission, so I welcome our first presenter.

Sara Chalhagian, Executive Director, Patient Protection Commission, Office of the Governor:

I thank Chair Nguyen for allowing me to come to give you an overview of the Commission, to highlight some of our responsibilities, to share some of the work the Commission has done, and to touch upon some of the proposed legislation the Chair mentioned.

The Patient Protection Commission (PPC) was created through passage of Senate Bill 544 of the 80th Session [page 2, [Exhibit C](#)]. It was sponsored by Governor Steve Sisolak and received bipartisan support, passing unanimously in both houses. We are in the Office of the Governor. We are dedicated to improving health care in Nevada through systematic, comprehensive review of the state's health care system and challenges and initiatives surrounding the quality, accessibility and affordability of health care in our state. The Commission is also charged with making informed recommendations to the Legislature and the Governor to improve health care for all patients.

I will share the mission, vision, and values of the Commission through the lens of our Governor [page 3]. Governor Sisolak saw this as a way to provide a forum for all stakeholders to come to the table and to work together on the critical task of improving health care access and affordability for every patient in Nevada.

Our team is composed of me, the executive director; Lezlie Mayville, the administrative assistant and policy coordinator; and the policy analyst, a vacant staff position I hope to fill later this year [page 4]. I would be remiss if I did not thank the other state agencies that were monumental in helping get the Commission up and running relatively quickly last year. I would not have been able to do this quickly enough to host our first meeting had it not been for the assistance of Barbara Richardson, Commissioner of Insurance, Division of Insurance, Department of Business and Industry; Heather Korbolic, Executive Director, Silver State Health Insurance Exchange; and Richard Whitley, Director, Department of Health and Human Services, who provided dedicated staff and additional resources to help facilitate this.

The Commission is composed of 11 members who were appointed by the Governor [page 5]. They represent experience across the health care spectrum. Our chair is Dr. Ikram Khan. Members serve in a voting capacity. We have three nonvoting members—Director Richard Whitley, Insurance Commissioner Barbara Richardson, and Heather Korbolic, Executive Director, Silver State Health Insurance Exchange.

I will now highlight some of the Commission's activities of the past year [page 6]. The Commission held its first meeting on February 3, 2020, and met once more on March 2, before Governor Sisolak made his Declaration of Emergency for COVID-19 for the state to address, contain, and mitigate the effects of COVID-19. Several meetings were postponed as the Commission followed his directives and guidelines for hosting public meetings. On May 19, he requested the Commission to prioritize its work to best serve Nevada in this time of state and national emergency, asking for assistance with recommendations concerning long-term recovery for our state. On June 9, 2020, the Commission held its first virtual meeting and agreed to refocus the Commission's priorities. In that meeting, the Commission also decided to meet every other Monday through August 31, due to the September 1 deadline for submitting bill draft requests to the Legislature.

On June 22, the Commission met to start identifying issues that negatively impact the quality, accessibility, or affordability of health care under the Commission's new focus. It held four more meetings before it acted on the recommendations for bill drafts. During those meetings, topics discussed included transparency measures, sustaining available health care options, addressing affordability for vulnerable populations, improving public health coordination efforts, improving data collection and analysis for evidence-based policy making and planning, workforce development, and telehealth—which is part of one of the Commission's bill draft requests.

On August 31, the Commission voted to request two pieces of legislation to address access and affordability of health care. I will touch upon that in our next slide. Following the Commission's work that led up to August, we decided to pause, reflect, and solicit the Commission's feedback on its remaining work for the rest of the year. We received feedback on topics of recommendations, requests for meetings, and developed a priority list of topics

for the Commission to rank. On November 9, the Commission discussed the summary of the priority indication worksheet. Through that exercise, the Commission identified four priority topic areas which remain the current focus of the Commission for its ongoing work plan.

The current priorities, in no particular order, are a continued review and examination of the cost of health care and the primary factors impacting those costs; a review of health care workforce issues in Nevada and recommendations to improve access and delivery of health care; a review of the effects of changes to Medicaid, including the cost and availability of health care and health insurance in the state; and a review of the role of the PPC in improving coordination and collaboration efforts. I am proud of the work the Commission has done so far, especially given the inability to meet in person. We were able to host 11 public meetings in the middle of a pandemic. Prior to the pandemic, I did not know how to use Zoom, let alone how to use it in compliance with Nevada Open Meeting Law. I remain optimistic about the work we are doing for the betterment of Nevada patients. I continue to look to member engagement and continued discussion of their priorities. Our next meeting is scheduled for March 15.

I will touch on our proposed legislation [page 7]. As Chair Nguyen indicated, both of the patient protection bills will first be heard in the Senate. I hope to be speaking to this Committee relatively soon to have a deeper discussion on the proposed legislation.

Senate Bill 5 is a measure that relates to increasing access for telehealth services and also focuses on equitable access. Senate Bill 40 is a transparency measure aimed at enhancing patients' health experiences and improving outcomes by implementing measures that help understand data trends. I will now answer any questions members may have about the Commission.

Assemblywoman Peters:

My question is about the scope of effort related to the variety of insurance offered in the state. At the state level, we have Medicaid and the Public Employees Benefits Program, and there are group policies and others. Would you describe how the Patient Protection Commission reviews those? Does it compare them? Is there a process in place to do that?

Sara Chalhagian:

There is no established procedure for having that discussion take place in front of the Commission. There have been some limited discussions about the topic of various insurance options. One commissioner attempted a deeper discussion about public options and health care reform that was included in a range of options for the Commission to consider as a top priority. Our agendas are built around presentations or deliberations from Commission members focusing on the four priority areas. That topic fits under our second priority, the Commission's desire to review the effects of changes to Medicaid, including the cost and availability of health care and health insurance in the state. I solicit feedback from

commissioners to recommend presentations or provide information that I can share for their deliberation at our meetings. I foresee discussing that at the Commission but only at the request of Commission members as an agenda item.

Assemblywoman Peters:

I appreciate the context. We have quite a scene of insurance to grapple with and a variety of alternatives people can access. Long-term, I would love to see the Commission dive into what equity looks like in the variety of insurance plans and how much of what the state is responsible for helps to balance or increase equity so all people have access to the coverage they need.

I have a family of five on a single income. My husband is a veteran with Veterans Administration benefits. We are in a unique position, but it is not the same as a single person who works for the state or for one of our school districts, for example, or for a retiree who does not meet the Medicare threshold. I look forward to your future work in that area.

Sara Chalhagian:

I agree with you. I do not think your experience is unique to the patients in Nevada. The Commission would like to hear from you about how you think we could look into that. If you agree, I could set up a meeting with you to see if we can take a deeper dive into that on a future agenda.

Chair Nguyen:

Are there any questions from other Committee members? [There were none.] I have one. Senate Bill 5 focuses on telehealth. Would you talk about discussions that went into that? Our rural members are familiar with it, as we have had some provisions in place that allow for better access.

Sara Chalhagian:

The Commission's intent for the proposal was aimed at increasing access to telehealth for all patients. In looking at long-term recovery from COVID-19, we have seen patients using telehealth to access service. Several federal waivers were granted through the Public Health Emergency Declaration. The Commission wanted to codify some of the waivers into Nevada law to allow for the expanded service to continue. In addition, the Commission discussed equitable access and vulnerable populations, but recognized we need to be mindful of the state's budget and economic recovery. Even though there were discussions about increased broadband access that could help facilitate greater access for vulnerable populations in rural areas, we needed to look at policies without a huge fiscal impact. With inequitable access, one provision in the Commission's measure related to creating a data dashboard highlighting different telehealth access and making sure it was posted somewhere so consumers were aware. We have data to start discussions about informed policy decisions for the future.

Recognizing we needed to start somewhere, but absent data, the Commission wanted to utilize what the state already has. There are provisions that tie the data dashboard to the review of the Commission and require the data be reviewed by our Regional Behavioral Health Policy Boards. The intent was to foster collaboration but recognized discussions about vulnerable populations and health equity need to be at the forefront when you are talking about future policy recommendations.

Chair Nguyen:

Are there other questions from members? [There were none.] I am sure we will see more of you in the future as these bills come to the Assembly. I would encourage Committee members to review the PPC meetings online. They met often during the health pandemic. I appreciate the fact they were able to hold 11 meetings during that time.

I will now open the hearing on Assembly Bill 16.

Assembly Bill 16: Revises provisions related to the issuance of copies of certificates and records of birth. (BDR 40-329)

Charles Daniels, Director, Department of Corrections:

We are presenting Assembly Bill 16. What is A.B. 16, and why is it needed? The Nevada Department of Corrections (NDOC) is requesting the ability to process birth certificates prior to the 90-day post release time. Assembly Bill 16 incurs no cost to the state. Implementation does not increase or reduce the overall number of requests. And, although the processing timeline is extended prior to the immediate 90 days post release, the extension will not have any impact on our stakeholders. To discuss this further, I will turn this over to Deputy Director Harold Wickham in our northern office.

Harold Wickham, Deputy Director, Operations, Department of Corrections:

We collaborated with the Office of Vital Records. In accordance with *Nevada Revised Statutes* (NRS) 440.175, section 3: "A person or governmental organization which issues certified or official copies pursuant to paragraph (a) of subsection 2 shall: (a) Not charge a fee for issuing a certified or official copy of a certificate of birth to . . . (2) A person who submits documentation from the Department of Corrections verifying that the person was released from prison within the immediately preceding 90 days." This limits our ability to provide offenders the necessary documents upon release, allowing them to be productive citizens in our communities. Sometimes, offenders receive merit credits for school courses or vocational training they take, or they have an early release, so our time is made even shorter. We need to find a way to provide these documents sooner. We would like to provide them upon intake. When offenders come in, we can do the needs assessment and get the documents started. Even within our facilities, offenders must have these documents to work for our prison industry.

Why do we need the change? It basically provides a better continuum of care for the offenders when they leave us. Formerly incarcerated persons, just like any citizen in our community, need two forms of ID to attain housing, health care, education, employment, vocational training, or a driver's license. Unfortunately, if they do not have these documents within the first few days after being released, it causes problems as offenders cannot get the services and support they need. This is when they tend to revert to old models and mentalities and ultimately return to our facilities. Our job is to help reduce recidivism, reduce victimization in the community, and provide a better continuum of care for Nevadans.

I received communication from the Washoe County Public Defender's Office. They asked me to tell you that they are in support as they were unable to testify today due to a conflict in their schedule.

Chair Nguyen:

Are there any questions?

Assemblywoman Summers-Armstrong:

Thank you for your explanation of this bill. Will you go acquire inmate information and reach out to vital statistics to get the document for them, or are you recreating something? Would you explain the process?

Harold Wickham:

We do not anticipate changing the process; we want to move it up so we can get the documents from vital records earlier. That way, they are in the offenders' hands upon release.

Elizabeth Dixon-Coleman, Statewide Re-entry Administrator, Department of Corrections:

We obtain birth certificates for inmates who are incarcerated by using the state system for records of birth. We print out the application for Nevada, a state, or a county, depending on what they need. We send them to the vital records departments. If we begin the process at intake, which we have done over the past year, we get the birth certificates back in a timely fashion. We have found that most states return those birth certificates quickly, while Nevada's vital records department has had us wait for the post release. Though we have collaborated closely with our state agencies, we do a lot of calling back and forth when the release dates change or if inmates are involved in programming. We are not recreating a process; we are using a federal statute process for retrieving birth certificate documentation.

Chair Nguyen:

Several members have asked what "post release" is.

Elizabeth Dixon-Coleman:

"Post release" is the time after an offender has left the Department of Corrections facility. The way it is put in NRS, there is an option for us to get the birth certificate to a released inmate up to 90 days after they are released to home, the street, Division of Parole and

Probation, Nevada Department of Public Safety, or however they are released back into our communities. At the Department of Corrections, we have found this needs to be done pre-release. As Deputy Director Wickham stated, inmates can obtain jobs inside. They need to complete an Employment Eligibility Verification Form I-9 and other paperwork in order to be hired for that. They need a birth certificate component for that. We have also found that when offenders reenter our communities, the more documentation they have in their possession to gain services or anything that will reconnect them to the community, the better it is to have it when they walk out of the gate and not give up to 90 days after release. We have found if they do not have housing, wraparound services for obtaining a job, and continuum of care services, they will go back to reoffending within 48 hours. This agrees with federal statistics.

Assemblywoman Titus:

I would like to circle back to the bill itself. Under section 1, subsection 3, paragraph (a), subparagraph (2), this bill adds the words, "is imprisoned or." Currently, the statute says we do not charge a fee for somebody who was just released on parole or someone who is homeless. Is that correct?

Elizabeth Dixon-Coleman:

You are correct. In reviewing NRS 440.175, under subsection 3, the change in wording is taking away the word "post release." It incurs no extra fee now.

Assemblywoman Titus:

This only stops Nevada from charging a fee; it does not stop another state from charging a fee for documents. If another state charges a fee, who pays it?

Elizabeth Dixon-Coleman:

Correct. This is only updating NRS to say the timeline has changed. Nevada currently does not charge a fee for incarcerated people who want a copy of their birth certificate. As the law stands today, prior to that 90-day post release, our inmates have the option of paying or having family members pay for that ahead of time. Some inmates have chosen to do that. It does not prevent other states from charging for the documents.

Assemblywoman Titus:

Nothing currently stops an inmate or family member from applying at any time, but many may not be able to afford to do so. Having ID is critical. I am supportive of this. It does not prevent an inmate or a family member with permission to apply for the document at any time.

Elizabeth Dixon-Coleman:

That is correct. They can apply at any time and pay for the birth certificate. It does not prevent them from that action.

Assemblywoman Titus:

You talked about IDs. It is critical for them to have ID when they get out if they need to apply for a job or a home. I wonder about Medicaid enrollment and health insurance. Does this have an implication on access to care?

Elizabeth Dixon-Coleman:

Yes, it does. The more ID they have, whether a birth certificate or a social security card, when they apply for Medicaid, health services, or housing, the better it is for the continuum of care for those wraparound services. It is NDOC's mission, and has been over the past three years, to connect returning citizens with those documents so there is no delay or break in care. We use those documents in applying for Medicaid services to make sure those services are connected for each of the reentering citizens. We want to see those benefits reconstituted before release so they can be initiated immediately upon release with no break in service.

Assemblywoman Titus:

I appreciate the Department of Corrections acting as advocates for those who are incarcerated from Day One of their incarceration because you need to anticipate their release from the moment they are incarcerated. How are you going to help these folks moving forward? Thank you for all you are doing.

Assemblywoman Summers-Armstrong:

I would like some clarification. What happens if someone from Minnesota who is incarcerated and does not have family or money on the books is coming close to the 90 days and needs these vital statistics documents? What do you do if they do not have resources?

Elizabeth Dixon-Coleman:

The applications are processed. Should they earn funds that are put onto their incarceration funding sources, on their books, they would be charged for the documents upon release. But each person who is incarcerated is provided with that documentation.

Assemblywoman Summers-Armstrong:

Is there a sum of money given at release that this can be charged back to so the person can leave with the needed documents? If so, does that leave the person in a vulnerable position when leaving if the documents cost a certain amount of money and it is deducted from the funds that they receive walking out the door?

Elizabeth Dixon-Coleman:

Yes, it would be deducted from the funds they receive upon release. Depending on the fee charged by the state, fees for birth certificates range from \$15 to \$43. It could incur a deficit or a burden upon the reentering citizen.

Assemblywoman Summers-Armstrong:

The reason I am asking this is because I am in Assembly District No. 6. I have worked with and had numerous conversations with those who are helping the homeless in my district. The Las Vegas Rescue Mission and many of the services for the homeless are in Assembly District No. 6. What ends up happening is the municipality ends up incurring the cost of helping people who cannot afford to have this deducted from their bank when you release them. Has there been any discussion with the municipalities about this issue? Is there a way to set up a reserve so we are not releasing people without documents who have asked for them, or deducting the fees from the small amount of money they receive when they leave incarceration? This is of real concern. We do not want to see recidivism in our communities. We do not want people not asking for these documents because they know they are only going to have \$150 when they come out, and they need to have a room for the night or get some food. We also do not want to leave local municipalities with the strain of holding the bag to make sure people are not homeless on our streets. In Las Vegas, people cannot sleep on the streets. It creates a cycle if there is not a holistic approach, including communication with the municipalities to come up with a solution.

Chris Franklin, Administrator, Grants and Policy, Department of Corrections:

Right now, we have not reached out to municipalities individually. As you may know, the Nevada Department of Corrections participates with many of our stakeholders in the community through our Re-Entry Task Force. They are the first to admit that identification is their biggest problem in being able to provide services to those in need. As previously stated, this process starts at intake for us. Most offenders coming in from the county do not have money in their inmate accounts. The Inmate Welfare Account fronts that money to them so they can get their birth certificate, and it is in their files for later use and upon release. If upon release they do not have funds, the dollar amount we have been holding is written off. We are doing everything within our power to try to provide them with the identification or birth certificate they need. There may be a family member who wants to get the documents to them sooner, or there may be a cost involved with getting the birth certificate. Sometimes, the cost is transferred to the one who needs the documentation.

Elizabeth Dixon-Coleman:

We have a continuum of care with many of our managed care organizations (MCOs) and community partners. Should subsidies be needed for obtaining documentation, wraparound services, or housing, we try to connect those being released to the MCOs and other state-supported community partners that can assist with the deficit. So, if someone comes out with less money for housing, we try to connect him with those agencies. If there is a fee or they need to connect with medical resources, we work with our managed care organizations to help ensure no one is left without those resources.

Assemblywoman Summers-Armstrong:

Not everyone who is incarcerated has family with extra resources to put money on people's books. If fees are taken out of an inmate's bank during incarceration and the inmate is left with very little, are we setting up that person to fail? I am concerned about this because

it directly impacts my community. There is 15 percent unemployment in a large swath of Assembly District No. 6. The highest homeless population in Clark County is centered in my district. We need solutions to help people succeed, not to set them up for failure. It is hard to believe that it is a financial burden for us to make sure that, at the very least, we give people IDs so they can get these services as they are leaving. If people have a hard time paying for bail, where will they get money to put on people's books? I think it is connected financially, and I think we must be cognizant of this so we do not set people up for failure. I do not want to see recidivism because people are desperate. Desperation is what makes people do desperate things.

Chair Nguyen:

I appreciate your clarification that when people do not have the funds to pay for this, their fees are written off. I know we have a problem that people who have been granted parole are unable to obtain services—housing or other wraparound services—so they are still incarcerated. Do you anticipate getting their identification earlier on will help alleviate some of that?

Elizabeth Dixon-Coleman:

As they are exiting, we collaborate with Parole and Probation and other state agencies, so this is not a preventative measure. Having documentation ahead of time will enable those who are released to obtain needed wraparound services. It would give them time when they are paroled or exiting prison without family supports, if they have those documents ahead of time, they can get the services they need. It would not be a preventative act to not release them because they do not have a birth certificate.

Harold Wickham:

I think Ms. Dixon-Coleman covered it well. The Inmate Welfare Account also provides for birth certificates as needed. At NDOC, our mission has changed dramatically. Our goal is to release offenders as productive citizens. We are going to do everything we can, and we want to do it as soon as we can, to get offenders the identification, the necessary documents, training, and vocational skills to return to the communities successful. Our ultimate goal is to protect the community.

Chair Nguyen:

Are there further questions? [There were none.] At this time, I will hear testimony in support, opposition, and neutral on A.B. 16. Mr. Wickham indicated the Washoe County Public Defender's Office was in support. Is there testimony in support of A.B. 16?

Jodi Hocking, Private Citizen, Carson City, Nevada:

I am both part of an impacted family—my loved one is incarcerated at Southern Desert Correctional Center—and I am the founder of Return Strong: Families United for Justice for the Incarcerated. I appreciate your time today.

I want to share on a personal level my support for A.B. 16 and providing birth certificates for incarcerated people prior to their release from prison. My partner was released in

October 2018, after 19 years of incarceration. He got a voucher to waive the fees for his birth certificate, which was a help, but it disregarded many of the barriers to transitioning into society. Prior to incarceration, he did not live a life that necessarily followed the rules that many of us follow, so he never had a copy of his birth certificate or social security card; he never had a driver's license. But, when he was released, he had all the best intentions to live what he called a "square life"—family and home, working, staying out of the way and out of trouble—a life that followed the rules. Unfortunately, every corner we turned created more problems. It took us four months to actually get his birth certificate because the ID that was given to him by the prison was under the alias he used when he was arrested. It was not his true name, so getting a birth certificate became a barrier to identification, which created a dilemma in finding work and getting health insurance to deal with his post-traumatic stress disorder, in attending school. He was accepted into a union apprenticeship program, but he could not provide the correct identification because he did not have a birth certificate. The crazy thing is he spent a year asking his caseworker to help him address the problem without being able to get that resolved before he was released.

Honestly, the frustration and anger created a cycle of depression and hopelessness. It is hard to describe how deeply it impacted him, so deeply that we started to see him slip away. He would always say that he was lost, but it was devastating to him to want so desperately to do the right thing by all of us and not be able to do it through no fault of his own. Now, as Mr. Wickham and Director Daniels have said happens so many times, he is back in prison on a violation.

Do I completely blame the difficulty in getting a birth certificate as the only reason that happened? No, it is not that simple. But I frequently wonder, if the system had set him up for success, would the result have been different? I definitely think it could have been. If we want to provide people a chance at getting it right, we have to set them up for success outside of prison. A birth certificate and identification in their true name would be the bare minimum they could expect. I am here today in support of A.B. 16.

I want to make an additional comment. While you were asking questions, I did some research. There are many states that have waivers—even if you live out of state, they provide waivers for your birth certificate if you are incarcerated. I agree we need to think about people who are from other states, but it looks like there is a potential solution to that problem if we work together.

Nick Shepack, Program and Policy Associate, American Civil Liberties Union of Nevada:

I am very happy to be in support of a Nevada Department of Corrections bill, something I do not get to do every day. Leaving prison and starting life is hard for even the most well-supported, formerly incarcerated individual. Obtaining important documents, such as licenses, birth certificates, and social security cards, can be a confusing and daunting task for the average person. Imagine how hard it is for someone who has spent 20 years or more incarcerated. The world is different than they remember it. Simple daily tasks, such as shopping for food, can be overwhelming. While we are very happy the Department of

Corrections has decided to try to make this change, if we truly want a system that works to ensure successful reentry, we must provide incarcerated people with the tools to succeed. This includes important personal documents. These documents need to be in the possession of their rightful owner upon release. We urge the Nevada Department of Corrections to work with us and families on their legislation this session so that we may continue to show up in support. While this bill needs no amendment, we believe we can find common ground on most of the proposed legislation. We urge this Committee to pass this simple and meaningful legislation and continue to work on any effort that will make reentry into society easier for our soon-to-be neighbors.

Jim Hoffman, representing Nevada Attorneys for Criminal Justice:

We think this is a good bill; we support this for the reasons everyone else has given. In response to Assemblywoman Summers-Armstrong's concern, we would note there is another step that could be taken. This bill just applies to Nevada Department of Corrections; it applies to people who are in prison, but a lot of people who are incarcerated for misdemeanors in county jails also have this kind of problem, and there is nothing in the bill that helps them. There is nothing in existing law that helps with it. We think that would be one opportunity to strengthen it, but as previously stated, even without amendment, this is a good bill, and we support it.

Chair Nguyen:

We have no more testifiers in support. Is there anyone in opposition? [There was no one.] Is there anyone neutral? [There was no one.] Are there any closing remarks?

Charles Daniels:

Thank you for allowing us to present this bill. We think this is a win/win for everyone. We look forward to presenting legislation of this nature before you because we genuinely believe it is impactful and meaningful; there is no downside to this.

Chair Nguyen:

I will close the hearing on A.B. 16. At this time, I will take public comment.

Yarleny Roa-Dugan, Private Citizen, Las Vegas, Nevada:

I am a registered nurse in Las Vegas. I am a member of the Patient Protection Commission, and I am an executive board member of the Service Employees International Union Local 1107. At this time, I would like to testify on my personal opinion.

I am here today because this Committee heard an overview of the Patient Protection Commission from the executive director. I feel compelled to speak from my personal experience sitting on the Commission as one of the two patient advocates. I have experienced that having only two patient advocates does not sufficiently represent Nevada patients' views, opinions, and concerns. Also, there is a lack of patient participation during

meetings, and the Commission hears mostly from health care organizations. If given the opportunity, I would encourage this body to consider my testimony and increase patient advocates in the commission.

Thank you for hearing my testimony. I welcome the opportunity to further discuss this with you at any time or answer any questions you may have.

Chair Nguyen:

There is no further public comment. Are there any comments from members? [There were none.] Our next meeting will be next Monday, February 22, at 1:30 p.m. The meeting is adjourned [at 2:37 p.m.]

RESPECTFULLY SUBMITTED:

Joan Waldock
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 copy of a PowerPoint presentation titled "Patient Protection Commission," dated February 17, 2021, presented by Sara Chalhagian, Executive Director, Patient Protection Commission, Office of the Governor.