

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

**Eighty-First Session
April 5, 2021**

The Committee on Health and Human Services was called to order by Chair Rochelle T. Nguyen at 1:36 p.m. on Monday, April 5, 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:

Assemblywoman Maggie Carlton, Assembly District No. 14
Assemblywoman Jill Tolles, Assembly District No. 25

STAFF MEMBERS PRESENT:

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

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OTHERS PRESENT:

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

Maya Holmes, Healthcare Research Manager, Culinary Health Fund

Stacie Sasso, Executive Director, Health Services Coalition

Jesse Wadhams, representing Nevada Hospital Association

Tom Clark, representing Nevada Association of Health Plans

Sandie Ruybalid, Chief IT Manager, Division of Health Care Financing and Policy, Department of Health and Human Services

Jaron Hildebrand, Executive Director, Nevada State Medical Association

Stephanie Woodard, Psy.D., Senior Advisor on Behavioral Health, Division of Public and Behavioral Health, Department of Health and Human Services

Courtney Hunter, Vice President, State Policy, Shatterproof

Kelsey Matthews, Ambassador, Shatterproof

Sean O'Donnell, Executive Director, Foundation for Recovery

Joanna Jacob, Government Affairs Manager, Clark County

Vinson Guthreau, Deputy Director, Nevada Association of Counties

Christine Jones Brady, Second Assistant Attorney General, Office of the Attorney General

Chair Nguyen:

[Roll was taken.] Today we have a work session and two bill hearings. I will start off with the work session. Let us begin with Assembly Bill 205. Mr. Ashton, can you please present the bill with the amendments?

Assembly Bill 205: Makes various changes concerning the acquisition, possession, provision or administration of auto-injectable epinephrine and opioid antagonists by schools. (BDR 40-98)

Patrick Ashton, Committee Policy Analyst:

As a reminder, as nonpartisan staff I cannot advocate nor oppose any measures that you will consider today.

[Patrick Ashton presented the work session document, Exhibit C.] Assembly Bill 205 was heard on March 31, 2021. This bill authorizes certain health care professionals to issue an order for opioid antagonists to a public or private school for the treatment of an opioid-related drug overdose that may be experienced by a person at the school. This bill also authorizes a school nurse or other designated employee of a school who is properly trained to administer an opioid antagonist to any person on the premises of the school who is reasonably believed to be experiencing an opioid-related drug overdose. Additionally, A.B. 205:

- Establishes certain storage, handling, and transportation requirements related to opioid antagonists;

- Requires a school that obtains an order for an opioid antagonist to provide certain training relating to the storage and administration of opioid antagonists to designated employees of the school;
- Requires each school district and charter school to report to the Division of Public and Behavioral Health of the Department of Health and Human Services certain information relating to the administration of opioid antagonists at public schools in this state;
- Requires the board of trustees of each school district and the governing body of each charter or private school that obtains an order for an opioid antagonist to establish certain policies to ensure that emergency assistance is sought each time a person experiences a drug overdose at a school, and the parent or guardian of a pupil to whom an opioid antagonist is administered is notified of the administration as soon as practicable.

Finally, this bill provides that a health care professional is not subject to disciplinary action for issuing an order for opioid antagonists to a school, and exempts a school, school district, employee of a school, registered pharmacist, health care professional and certain other persons from liability for certain damages relating to the acquisition, possession, provision or administration of auto-injectable epinephrine or an opioid antagonist under certain circumstances.

Assemblywoman Cohen proposes to amend the bill to limit the exemptions prescribed in sections 5 and 8 of the bill to only exempt from liability a school, school district, employee of a school, and certain other persons affiliated with a school for any error or omission concerning the acquisition, possession, provision, or administration of epinephrine or an opioid antagonist if: (1) the administration occurs during an emergency; and (2) the error or omission is not a result of gross negligence or reckless, willful, or wanton conduct.

Chair Nguyen:

Are there any questions? [There were none.] Do I have a motion to amend and do pass A.B. 205?

ASSEMBLYMAN HAFEN MADE A MOTION TO AMEND AND DO PASS ASSEMBLY BILL 205.

ASSEMBLYWOMAN TITUS SECONDED THE MOTION.

THE MOTION PASSED. (ASSEMBLYWOMAN PETERS WAS ABSENT FOR THE VOTE.)

I will assign the floor statement to Assemblyman Matthews.

Next, we will go to Assembly Bill 343. There were some substantial amendments, and Patrick Ashton will go over them as well as the bill.

Assembly Bill 343: Provides for walking audits of urbanized areas. (BDR 40-742)

Patrick Ashton, Committee Policy Analyst:

[Patrick Ashton presented the work session document, [Exhibit D](#).] Assembly Bill 343 was heard on March 29, 2021. The bill requires a district health department and the Division of Public and Behavioral Health of the Department of Health and Human Services to conduct a triennial walking audit of each census tract in certain urbanized areas to determine the degree to which the physical environment of the area audited contributes to or detracts from public health. The bill also requires the health department or Division, as applicable, to: (1) submit the results of the audit to the governing body of the city or county and the planning commission having jurisdiction over the census tract; and (2) post the results of the audit on the Internet.

Assemblywoman Thomas proposes the following amendments to the bill, and you may also see the attached conceptual amendment:

Delete subsection 1 of section 1 and instead:

- 1) Require certain local government entities within the urbanized areas of each Clark and Washoe County to collaborate during the 2021-2022 Legislative Interim and develop a proposed plan for each county for conducting walking audits within urbanized areas of the respective county. The proposed plans shall consider the following items:
 - a) Identification of agency responsibilities for the audits;
 - b) Use of geographic information systems (GIS) technology to collect and display data;
 - c) Identification of the priorities to be used in identifying areas to be audited;
 - d) Identification of the area size to be audited, such as by census tract or other;
 - e) Inclusion of additional parameters or information in the audits;
 - f) Involvement of other entities (profit, nonprofit, or governmental);
 - g) Ways to engage the community in the audits;
 - h) A regular schedule for walking audits;
 - i) The number of audits to be conducted annually; and
 - j) Formats for displaying and publicizing the audit results.
- 2) Require the Nevada Department of Transportation (NDOT) to participate in the development of these proposed plans, to the extent feasible and appropriate based on NDOT's jurisdiction.
- 3) Require the Southern Nevada Health District for Clark County and the Washoe County Health District for Washoe County to assist in the development of the respective proposals and to publish the results of any walking audit conducted on their respective Internet websites.

- 4) Require both Clark and Washoe Counties to report their respective plans outlining their proposals for implementation of walking audits to the Legislative Committee on Health Care no later than June 1, 2022.

Other amendments:

- 5) Revise subsection 2 of section 1 to retain the parameters related to walking audits as optional parameters in the respective proposed plans, to the extent possible.
- 6) Delete section 2, thereby removing the unfunded mandate provision in the bill.
- 7) Make this bill effective upon passage and approval.

Finally, I want to state on the record that the stakeholders of this bill will work with the Legal Division of the Legislative Counsel Bureau to clarify the requirements regarding the reporting and publication of any walking audits as outlined in the conceptual amendment.

Chair Nguyen:

Thank you for that clarification, Mr. Ashton. Assemblywoman Thomas is here to answer any questions. I know she reached out to many of the stakeholders who had concerns during the hearing, and I believe her conceptual amendment takes those into consideration. Are there any members of the Committee who have questions based on that amendment?

Assemblyman Hafen:

I wanted to thank Assemblywoman Thomas for working with the stakeholders. I will be voting no today on this bill but would like to reserve my right to change my vote after I see the actual amended language. I know a lot of work has gone into this, and after seeing the language, I may want to change my vote.

Chair Nguyen:

Seeing no further questions regarding this bill, do I have a motion to amend and do pass A.B. 343?

ASSEMBLYWOMAN BENITEZ-THOMPSON MADE A MOTION TO AMEND AND DO PASS ASSEMBLY BILL 343.

ASSEMBLYWOMAN GORELOW SECONDED THE MOTION.

Are there any questions or comments regarding the bill? [There were none.]

THE MOTION PASSED. (ASSEMBLYMEN BLACK, HAFEN, MATTHEWS, AND TITUS VOTED NO. ASSEMBLYWOMAN PETERS WAS ABSENT FOR THE VOTE.)

I will assign the floor statement to Assemblywoman Thomas.

We will now go to our next bill on work session which is Assembly Bill 344.

Assembly Bill 344: Authorizes the establishment of a program to facilitate transition of the care of older persons and vulnerable persons. (BDR 38-743)

Patrick Ashton, Committee Policy Analyst:

[Patrick Ashton presented the work session document, [Exhibit E](#).] On March 29, 2021, we heard Assembly Bill 344. The bill authorizes the Aging and Disability Services Division of the Department of Health and Human Services to establish a program to facilitate the transition of older persons and vulnerable persons from a hospital to their places of residence. Assembly Bill 344 requires such a program to: (1) provide for collaboration between hospital staff responsible for a discharge, the older or vulnerable person being discharged, and his or her caregivers; and (2) facilitate the coordination of health care and social services for an older or vulnerable person. Assemblywoman Thomas proposes the following amendments, and there is also a conceptual amendment attached to the work session document. The amendments are as follows:

1. Change "vulnerable person" to "person with a disability" throughout the bill, thereby authorizing the Division to establish a program to facilitate the transition of older persons and persons with disabilities, rather than older persons and vulnerable persons;
2. For purposes of the provisions of this bill, define "person with a disability" to have the meaning ascribed to it in section 1 of Assembly Bill 35, which defines the term to include a person with a physical disability, a person with certain related conditions, and a person with an intellectual disability;
3. Clarify in subsection 2, paragraph (c) of section 1 that the Division may fund the program by billing third parties for the services provided by the program for current plan members only; and
4. Assemblywoman Thomas wants to correct this amendment and have Assemblywoman Lisa Krasner instead of Assemblywoman Heidi Kasama added as a cosponsor to the bill.

Chair Nguyen:

Are there any questions about the bill at this time?

Assemblywoman Benitez-Thompson:

I appreciate the amendment and the work from the bill's sponsor. From my reading, I do not think there is anything in the bill that would absolve the hospital from its normal due diligence for providing for a safe discharge. I want to be sure we are not shifting burden. An ancillary program by the county would be wonderful, we absolutely need it, but even if that becomes effective, I do not see anything touching the hospitals' obligation for safe discharge.

Assemblywoman Thomas:

That is a true statement.

Chair Nguyen:

Thank you. Do we have any other questions regarding this? [There were none.] At this time, I will seek a motion to amend and do pass A.B. 344.

ASSMEMBLYWOMAN BENITEZ-THOMPSON MADE A MOTION TO AMEND AND DO PASS ASSEMBLY BILL 344.

ASSEMBLYWOMAN SUMMERS-ARMSTRONG SECONDED THE MOTION.

Chair Nguyen:

I will take any comments on the motion at this time.

Assemblywoman Titus:

Unfortunately, although the concept is well-meaning, I cannot support this bill as written even with the amendments. It goes along with the question Assemblywoman Benitez-Thompson asked. Right now, we have to have a safe discharge. This bill may actually create some problems when enacted and delay some of those discharges because we are not able to do some of the things the bill is asking us to do. I think the hospitals are already obligated to do this; they already have programs and certain places that can handle such a program. There is nothing that limits them from starting, so I will be voting no.

THE MOTION PASSED. (ASSEMBLYMEN BLACK, HAFEN, MATTHEWS, AND TITUS VOTED NO. ASSEMBLYWOMAN PETERS WAS ABSENT FOR THE VOTE.)

Chair Nguyen:

At this time, we are moving to our next bill on work session, Assembly Bill 426.

Assembly Bill 426: Makes various changes relating to the protection of children. (BDR 38-516)

Patrick Ashton, Committee Policy Analyst:

[Patrick Ashton presented the work session document, [Exhibit F](#).] Assembly Bill 426, which we heard on March 31, 2021, authorizes an agency that provides child welfare services or its designee to request that the court issue a warrant to place a child in protective custody if there is reasonable cause to believe that the child needs protection from injury, abuse, or neglect but the threat is not imminent in the time it would take to obtain a warrant. The bill also sets forth certain requirements for such a warrant.

Assembly Bill 426 also:

- Clarifies that a court may, upon the initiative of the court or a special master, find that a person has a special interest in a child, and, therefore, must be involved in and notified of certain plans and proceedings relating to the placement of the child;
- Clarifies that a finding that a person has a special interest in a child may be reviewed or modified at any time by the court or special master;
- Revises provisions relating to the notice given to a parent or other person responsible for the child's welfare before certain hearings related to the placement of a child in protective custody;
- Clarifies that certain determinations by a court relating to the placement of a child must be made based on a preponderance of the evidence;
- Allows the attorney general to sign a petition alleging that a child is in need of protections; and
- Authorizes the court to dispose of a case if the court finds by a preponderance of the evidence that the child needed protection at the time of the completion of the investigation by the agency which provides child welfare services, if the child was not removed from the home.

There were no amendments.

Chair Nguyen:

Are there any questions? I will note that there was a pretty substantial explanation document on the Nevada Electronic Legislative Information System provided as part of the work session document that this working group of 45 attorneys, judges, court administrators, public defenders, and district attorneys all agreed on [pages 2-4, [Exhibit F](#)].

Assemblywoman Benitez-Thompson:

I appreciate the walk-through and more intent explanation on these bills. It was a large working group. I wanted to make sure the thought and intent was captured and living somewhere in a public space. When we refer back to the legislative record, groups of people can change, they do not remain static; so there is something for future legislators, future parents caught in the system, and future people who are part of the system, to refer back to. I know some of this was coming from case law as well, and so we are codifying pieces of that. I appreciate the fact that is in the work session.

Chair Nguyen:

I agree. I appreciate the work that went into putting that into a working document that will become a part of the legislative history. Are there any other questions regarding this bill? [There were none.] May I have a motion to do pass A.B. 426?

ASSEMBLYWOMAN GORELOW MADE A MOTION TO DO PASS
ASSEMBLY BILL 426.

ASSEMBLYWOMAN TITUS SECONDED THE MOTION.

Are there any comments on the motion at this time? [There were none.]

THE MOTION PASSED. (ASSEMBLYWOMAN PETERS WAS ABSENT
FOR THE VOTE.)

I will assign the floor statement to Assemblywoman Krasner.

Next, we will go to Assembly Bill 430.

Assembly Bill 430: Revises provisions relating to disabilities. (BDR 39-1048)

Patrick Ashton, Committee Policy Analyst:

[Patrick Ashton presented the work session document, [Exhibit G.](#)] Assembly Bill 430 was heard on April 2, 2021, and it revises or removes certain obsolete terms used to describe the provision of certain services to persons with intellectual disabilities and persons with developmental disabilities in Chapter 435 of *Nevada Revised Statutes*. There were no amendments.

Chair Nguyen:

Are there any questions regarding Assembly Bill 430? [There were none.] May I have a motion to do pass A.B. 430?

ASSEMBLYWOMAN TITUS MADE A MOTION TO DO PASS
ASSEMBLY BILL 430.

ASSEMBLYWOMAN SUMMERS-ARMSTRONG SECONDED THE
MOTION.

Are there any comments on the bill? [There were none.]

THE MOTION PASSED. (ASSEMBLYWOMAN PETERS WAS ABSENT
FOR THE VOTE.)

I will assign that floor statement to Assemblywoman Brown-May, with Assemblywoman Black as backup.

That concludes our work session for today, and we will move into our bill hearing. We are going to start by opening the hearing on Assembly Bill 348. Assemblywoman Carlton, begin when you are ready.

**Assembly Bill 348: Revises provisions relating to the Patient Protection Commission.
(BDR 40-497)**

Assemblywoman Maggie Carlton, Assembly District No. 14:

I want to thank your wonderful staff who helped me with Assembly Bill 348. This was one of those bills where you give all the descriptions and walk people through, you receive the bill, and you wonder where the miscommunication might have happened. Your staff were very helpful getting me through the bill and getting back to the place I wanted to be.

I would like to draw your attention to the conceptual amendment on the Nevada Electronic Legislative Information System [[Exhibit H](#)]. As I said, this bill did not quite come out the way we planned it. I will be working from the conceptual amendment.

During the 2019 Session, the Legislature passed Senate Bill 544 of the 80th Session which had been proposed by Governor Sisolak. That bill created a Patient Protection Commission—an independent body tasked with reviewing issues related to Nevadans' health care needs as well as health care accessibility, affordability, and quality. However, legislation can be iterative—it is constantly evolving. After the Commission got up and running, we recognized the need to make some adjustments to it. I would like to thank Dr. Ikram Khan, who did an excellent job leading the Commission, and Executive Director Sara Cholahagian. They were just getting up and going and then the pandemic happened. I would like to thank them for all the hard work they did on the Commission and for the "deliverables" that have come out of the Commission.

The goals of A.B. 348 are to move the Patient Protection Commission (PPC) from the Office of the Governor to the Department of Health and Human Services (DHHS), revise the Commission membership, ensure members are held accountable, address issues related to conflicts of interest, and give the Commission tools to operate more effectively. If you turn to the bill and proposed amendment, I would like to walk you through them.

The first issue is the removal of the advisory committee. It was never my intent to create a Patient Protection Commission Advisory Committee, so the first item in the conceptual amendment [[Exhibit H](#)] proposes to delete section 1. Item 3 in the amendment also restores the Commission's existing duties which were deleted in the bill as introduced. The amendment does not change section 2 of the bill, which moves the Commission under the Office of the Director of DHHS, revises Commission membership, and increases the number of voting members from 11 to 12. Specifically, section 2 revises the membership as is listed in the bill to include:

- A registered nurse who practices primarily at a nonprofit hospital;
- A physician or registered nurse who practices primarily at a Federally Qualified Health Center;
- A pharmacist at a pharmacy not affiliated with any chain of pharmacies or a person who has expertise and experience in advocating on behalf of patients;

- A nonprofit public hospital located in the county that spends the largest amount of money on hospital care for indigent individuals;
- A representative of the private nonprofit health insurer with the highest percentage of insured people who are adversely affected by social determinants of health;
- A person who has expertise and experience advocating for the uninsured;
- A person who has expertise and experience advocating for people with special health care needs; and
- A DHHS employee with expertise in health information technology and patient access to medical records.

There is one small change I would like to propose in this section. It was brought to my attention that there may not always be an employee available and that it might be best to get a consultant, depending upon how health information technology (HIT) actually works. I would like to add in the option of an employee or consultant, depending upon who would be the best fit for HIT. The section also adds the executive officer of the Public Employees' Benefits Program as an ex officio member.

Section 23 staggers the terms of the new members to ensure that not all term out at the same time. We understand how important the historical perspective and continuity in the Commission needs to be. This is our standard way when we change membership of commissions—to be able to allow people through attrition to move out and the new positions to move in.

In dealing with conflicts of interest, section 2 provides that members of the Commission must comply with the requirements of *Nevada Revised Statutes* 281A.420 regarding disclosure of conflicts of interest and abstention on voting because of conflicts.

Item 5 is the accountability issue, and the conceptual amendment requires that the Commission adopt bylaws to provide an operational framework of duties. In addition, the amendment provides that members serve at the pleasure of the Governor and this change will allow the Governor to remove any member at will.

The all-payer claims database was never intended to be in this bill. By removing the all-payer claims database, it removes the two-thirds notation on the bill. Section 3, subsection 1(b), sections 5 to 21, and sections 25 and 26 all deal with the establishment of the all-payer claims database. Senate Bill 40 is the Commission's bill and deals with this issue.

Sections 3, subsections 1(a) and (c), require the Commission to establish a plan to increase patients' access to their medical records and provide for the interoperability of medical records between providers of health care in accordance with HIPAA [Health Insurance Portability and Accountability Act] and other confidentiality laws and regulations. It also makes certain recommendations to the director and Legislature concerning the analysis, availability, and use of health care data.

In establishing subcommittees or working groups, item 4 of the conceptual amendment [[Exhibit H](#)] authorizes the Commission to establish any committees or working groups as necessary, with the intent of providing a tool to take a deeper dive into certain policy areas. There have been some questions about whether this is necessary and whether the Commission already has this authority or whether we need to give this to the Commission. I would leave that to your staff to make sure this is addressed. If it is not clear in the original language that established the Commission, we would like to make sure it is clear so if they establish these working groups, that they have the authority to do the work they need to do.

Section 24 of Assembly Bill 348 designates the Commission as the state entity for the Peterson-Milbank Program for Sustainable Health Care Costs. This Program advances state-based efforts to make health care more affordable for residents, employers, and states.

I have been working on health care issues for a very long time. I came to it from the perspective of having really good health care and having to explain to my coworkers how health care actually works, how they should access their health care, and that it is a really great benefit to be able to have. In this building for a number of years, we have debated a lot of bills on health care, and we have done that with a lot of anecdotes. We need to have the data. The PPC and the data components that are involved in this bill will give this Legislature and future legislators the opportunity to analyze the real data, what is really happening in health care in our state, and how we address the issues to make sure we have good quality, affordable, safe health care for the citizens in this state. I have met with the Governor's staff and we have gone over a number of components in this bill. This is not to say the Commission did not do a good job. I believe they did an excellent job for what was in front of them, but I also believe there were some missing pieces in the original bill. We all know these commissions are constantly evolving, so I hope A.B. 348 gives the Commission the tools they need to continue to do the work they are doing.

Chair Nguyen:

Do you think this bill with the amendment will give this Commission more flexibility? You talked about how it is a dynamic process. Are we going to be here in two years expanding the responsibilities of this Commission, or do you think this allows for some of that flexibility?

Assemblywoman Carlton:

With the changes in the membership of this Commission and with a lot of other things going on in the state as far as being able to collect more data about health care, I believe this gives this Commission the opportunity to dig in and do some really great work and move forward. If there are other issues in the future, there is always an opportunity to reach out to the administration and/or the Legislature to have a conversation about any other needs they might have.

Assemblywoman Titus:

I appreciate all the hard work you have done looking into the cost of health care in Nevada. Looking at your amendment [[Exhibit H](#)], I am glad you removed the section concerning the

all-payer claims database. Under section 2 you list the membership, and you are changing from two representatives of providers to one member who is a provider of health care. What is the definition of "provider of health care"? Could it be a podiatrist, a masseuse, a social worker?

Assemblywoman Carlton:

Section 2, the membership section, lists a physician or registered nurse who practices primarily at a Federally Qualified Health Center (FQHC). Are you asking about that or are you referring to a registered nurse primarily practicing at a nonprofit hospital? We are taking "provider of health care" and putting more parameters into it, trying to get to providers who work in the nonprofit world or the FQHC world—folks who deal a lot with indigent care. Under section 2, it has a listing of the different folks we would like to see in the categories as members on the Commission. Within that category, that person would fit in there.

If it is a nonprofit public hospital located in a county that spends the largest amount of money on hospital care for indigent persons, I believe that is very clearly the University Medical Center of Southern Nevada (UMC). There is a representative from UMC now on the Commission. That person's term is up on July 1 of this year, I believe. If they want to be reappointed and resubmit their name again, or their designee, I believe they would fit into this category moving forward. We would have attrition from one set of members to the next. That way, that person would still have an opportunity to participate on this Commission and provide expertise when it comes to hospital care for indigent individuals.

Assemblywoman Titus:

I appreciate that explanation, but it still does not appear clear under subparagraphs (1) and (2) of section 2, subsection 1, paragraph (a), because that picks up the nurse who practices primarily at a nonprofit hospital, but you still have not defined the first one. You have defined a nurse, but you also have "one member who is a provider of health care."

Assemblywoman Carlton:

Madam Chair, I am not tracking with Assemblywoman Titus. I am working from the conceptual amendment.

Assemblywoman Titus:

That is in the bill itself. You did not change that section.

Assemblywoman Carlton:

Right. I am trying to understand exactly what the question is. If you look at the conceptual amendment [[Exhibit H](#)], it lists all the folks. If I go to the actual bill, on page 4, line 4, "One member who is a registered nurse who practices" If Assemblywoman Titus would like to point out between lines 4 and 27 what the question is.

Assemblywoman Titus:

I am looking at the actual bill. I want to make sure there are members on this Commission who have their own small business in health care; maybe they are for profit. They do

administer health care and we still have some folks in health care who do this privately. Maybe it is a physical therapist who is a provider of health care with a physical therapy practice. That is what I am getting at. I am looking at the small provider of health care not associated with a huge nonprofit, a huge hospital. These people still have a lot to do with offering health care but from a different viewpoint. I was wondering if a person like that would fill in that spot—someone in the industry, privately, who has a business in health care.

Assemblywoman Carlton:

We did not actually change that. The way the appointments happen, anyone could put their name in for that. I believe the PPC has a definition for that. We have a registered nurse, we also have anyone with experience advocating for the uninsured, so I am not sure about getting that specific.

Chair Nguyen:

Sara Chalhagian is on the line, and we might be able to ask her or Ms. O'Krent with the Legislative Counsel Bureau's Legal Division to clarify the existing membership of the PPC if that would be helpful.

Assemblywoman Carlton:

My original confusion was trying to figure out exactly what the question is. I do not believe there is any significant change to the definition of "provider of health care." I believe we are trying to aim at folks with different experience levels.

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

Nevada Revised Statutes 439.908 currently provides for the Commission's membership outline. Now, there are two providers of health care, one academic or person in public health, two hospital representatives, two health insurers, one prescription drug representative, one member of the general public, and two patient representatives.

Assemblywoman Titus:

I still have concerns and want to go on the record recognizing that perhaps that small businessperson in health care is not represented. When you presented the bill, you stated that removal of the all-payer claims database had removed the two-thirds requirement. Did it remove the \$7 million fiscal note?

Assemblywoman Carlton:

Oh, yes. That fiscal note was tied to the all-payer claims database.

Chair Nguyen:

Are there other questions from Committee members? [There were none.] Seeing none, I will begin testimony in support. Assemblywoman Carlton, did you have anyone who will be testifying in support?

Assemblywoman Carlton:

No, I did not line up anyone in particular. I tried to be cognizant of the fact that I did not want to put the current commissioners in an awkward position because of some of the changes we are making. I have had numerous conversations with folks about the bill and explaining that there was a big conceptual amendment coming to especially address the all-payer claims database. I did get a number of calls from folks who were in neutral.

Chair Nguyen:

I will now take testimony in support of A.B. 348.

Maya Holmes, Healthcare Research Manager, Culinary Health Fund:

Governor Sisolak's 2019 decision and the Legislature's support to create the PPC was truly an essential step to improve our health care system for all Nevadans. Health care costs are rising at a staggering rate and are increasingly unsustainable for already strained patient, employer, and public- and private-payer budgets. The PPC's primary goal is examining and proposing solutions to address access, quality, and affordability in our health care system. All of the issues are shaped by health care costs. We support A.B. 348 and Assemblywoman Carlton's amended proposal to ensure diversity of critical stakeholders in our health care system are represented on the Commission. They will bring specific and much-needed expertise that is so crucial to this Commission's work. We also support the effort to address any conflicts of interest, adopt needed bylaws, and place the PPC within DHHS, which will provide it with additional tools and structure to achieve its goals. We also support Governor Sisolak's decision to join the multistate Peterson-Milbank Program for Sustainable Health Care Costs to advance state efforts to address health care cost growth. The Governor wants public policy solutions to increase access to affordable quality health care in Nevada. He is also deeply concerned and committed to addressing the issue that over 50 percent of Nevadans, by population, are at risk of poor health outcomes. Governor Sisolak asked the PPC to assist its Executive Director's work and for recommendations to develop a statewide health care cost growth benchmark, which other states are doing, to analyze cost growth and evaluate cost drivers. Assembly Bill 348 and Assemblywoman Carlton's proposed amendment will ensure that the PPC has the breadth of expertise, structure, and tools at its disposal to address these critical issues.

Stacie Sasso, Executive Director, Health Services Coalition:

We represent 25 employer- and union-sponsored health plans in southern Nevada. While cost was a key pillar of the PPC, the Coalition is disappointed that one of its two bills is focused on increasing telehealth reimbursement to doctors with no indication this would increase access. We are in support of A.B. 348. When the Governor formed the PPC, it was with the intention of protecting the patient with price focus being one of those topics. The proposed nonprofit focus of the proposed changes supports the need to put the patients first in the Commission. The Health Services Coalition is thankful for the PPC for the work they have done thus far and are looking forward to continuing to watch and participate in the future.

Chair Nguyen:

Can we go to our next caller in support of A.B. 348? [There was no one.] Let us go to any callers in opposition to A.B. 348.

Jesse Wadhams, representing Nevada Hospital Association:

We have spoken with Assemblywoman Carlton, and she walked us through both her rationale for the bill and the amendment. The Nevada Hospital Association was very supportive of the creation of the PPC in 2019, and we agree with Assemblywoman Carlton's conceptual amendment. Our opposition today is focused on the change of representation in section 2 of the bill. We believe these changes could actually be additive to the current makeup and breadth of Commission members and continuing to add important voices to the conversation. We appreciate the opportunity to work with Assemblywoman Carlton going forward on this language and look forward to the future processing of the bill.

Chair Nguyen:

Do we have any other callers in opposition to A.B. 348? [There were none.] Do we have any callers in neutral to A.B. 348?

Tom Clark, representing Nevada Association of Health Plans:

We recognize the hard work the PPC did in the interim. Our concern is under section 2. We appreciate the bill recognizing health insurance representation, but as drafted, the bill changes the health insurance representation from two folks to one.

Chair Nguyen:

We are taking testimony in neutral, but this sounds like it is opposition testimony. I am going to let you continue your testimony regarding the bill as amended, but I am going to reclassify it.

Tom Clark:

I am looking at section 2, subsection 1, paragraph (a), subparagraph (7) of the legislation that defines the representative from a "private nonprofit health insurer with the highest percentage of insureds in this State who are adversely impacted by social determinants of health." We respectfully request that we retain the two health insurance representatives, and that at least one of those private insurers be regulated by Nevada's Division of Insurance in the Department of Business and Industry under Title 57. I apologize for any confusion.

Chair Nguyen:

I will again remind callers in neutral that you are neutral on the bill and you are not making suggestions about changes or problems you have with the bill and the conceptual amendment as proposed today by Assemblywoman Carlton. Can we now go to our next caller in neutral?

**Sandie Ruybalid, Chief IT Manager, Division of Health Care Financing and Policy,
Department of Health and Human Services:**

We are neutral on the bill and want to reiterate that the fiscal note will be removed with the all-payer claims database provisions being removed.

Jaron Hildebrand, Executive Director, Nevada State Medical Association:

I apologize to Assemblywoman Carlton that I have not had a chance to speak with her, as I just received the conceptual amendment this morning. I would like to say ditto to what Tom Clark said. We would like to see an additional provider added, keep our two positions currently on the PPC, and see if we could add the member who works for the FQHC. We look forward to reaching out to Assemblywoman Carlton to discuss this.

Chair Nguyen:

Again, I will remind lobbyists what neutral testimony is; I will reclassify that as opposition testimony. Are there any more callers in neutral? [There were none.] I will turn this over to Assemblywoman Carlton for any closing remarks.

Assemblywoman Carlton:

I guess neutral is in the eye of the beholder. I understand that the conceptual amendment just came out today, so I can understand some of the confusion. I did make numerous phone calls to folks to give them a heads-up, so I was a bit surprised by the opposition, as I did not get a return call saying that they were going to be opposed. We will address that as we move forward.

As far as the gentleman from the medical association, these are still doctors; they just happen to be doctors in an area with an FQHC that has patients who are impacted more by some of the health care issues that I believe the Commission is trying to get to. I understand that everyone wants to have their seat at the table, and I am grateful that they all want to participate. Sometimes it is very hard to get folks to show up. I truly believe that in going through the membership of this and the evolution of this, we are addressing the voices the Commission needs to be able to get good quality data and really look at the social determinants in our health care system that affect Nevadans as they try to stay healthy and move forward.

I am more than happy to have a conversation with them as we move forward. We will keep working on this and go from there. Thank you for the hearing today, and I appreciate all the hard work your Committee does.

Chair Nguyen:

With that, we will close the hearing on A.B. 348 and open the hearing on Assembly Bill 374. There were substantial amendments, and I believe you all received that document. Welcome, Assemblywoman Tolles. Please begin when you are ready.

Assembly Bill 374: Establishes requirements governing the expenditure of proceeds of litigation relating to opioids. (BDR 40-991)

Assemblywoman Jill Tolles, Assembly District No. 25:

I am here to present Assembly Bill 374. As Chair Nguyen mentioned, there is a proposed conceptual amendment [[Exhibit I](#)] on the Nevada Electronic Legislative Information System,

and I also emailed you a copy last evening. Hopefully you have that as a reference, because that conceptual amendment replaces the original text of the bill as introduced.

In November 2020, the National Drug Helpline placed Nevada as one of 28 states on red alert status for increased risk of death from overdoses from opioids and other drugs. The COVID-19 pandemic has amplified the existing opioid crisis. According to the Department of Health and Human Services, Nevada has seen a 50 percent increase in opioid- and fentanyl-related overdose deaths since the onset of the pandemic. The National Safety Council reports that overdoses kill more of us than breast cancer, guns, and car crashes combined.

Like so many in Nevada, and likely in this Committee, our family, too, has been impacted by this crisis. One of our family members developed a dependency on pain meds after an accident at work. That eventually turned into an addiction to other substances and tragically ended with a drug overdose just days before Christmas in December 2007. In 2017, 626 Nevadans lost their lives, impacting countless brothers and sisters, mothers and fathers, children, spouses, and friends.

Addiction is treatable and it is a preventable disease. There are 23 million people in recovery in the United States today. Recovery is not only possible, it is probable if one receives the right type of treatment and access to support services. Assembly Bill 374 seeks to establish a statewide substance use response working group under the Office of the Attorney General. I would like to direct your attention back to the conceptual amendment. As you know, the Attorney General announced that the state of Nevada received a \$45 million settlement from an opioid-related case. There are many other settlements currently pending at both the state and county levels. Originally, this bill set up an advisory committee to help with the oversight and distribution. After this bill was introduced, I was made aware of another bill that is being presented by the Committee on Health and Human Services in the Senate. After speaking with the chair of the Senate committee, and realizing that bill had been a collaborative effort with the Department of Health and Human Services to administer those settlement funds for specific programs, we reached out to other stakeholders in both the Attorney General's Office and the Department of Health and Human Services, as well as stakeholders in the recovery, treatment, and prevention community. We received feedback that there was a very strong cry for creating a sustainable statewide working group, collaborating to identify gaps, and employing evidence-based best practices to tackle issues of substance use disorder, behavioral health, and other co-occurring disorders in communities across every county in the state.

This document before you is based on direct input from the Attorney General's Office, the Department of Health and Human Services, the Nevada Association of Counties, Shatterproof, and representatives of the mental health and recovery prevention and treatment community. I would be remiss not to say a resounding "thank you" to all the stakeholders for the input that went into the document before you today.

Starting with section 1 of the amendment [page 1, [Exhibit I](#)], the first section establishes the Nevada Statewide Substance Use Response Working Group. The second section outlines the membership of the group under the Office of the Attorney General. Sections 3 through 6 pertain to the service requirements and other functions of the working group. Section 7 [pages 2-4] outlines the duties of the working group, including:

- Coordination of substance use prevention and reduction efforts.
- Recommendations to be presented for a statewide plan.
- Assessing treatment and recovery options.
- Reviewing Nevada's existing law enforcement programs.
- Examining qualitative and quantitative data on risk factors and rates within certain populations and geographic regions.
- Developing strategies for implementation among local, state, and federal levels.
- Studying the efficacy of certain programs.
- Receiving annual reports from the Department of Health and Human Services on the use of any settlement funds money received from a judgment of civil actions, state and local funds, and any grants or gifts received.

Section 7 also stipulates that the working group will submit a report to the Governor, the Attorney General, the Advisory Commission on the Administration of Justice, and the Director of the Legislative Counsel Bureau.

The final point in section 8 makes this bill effective upon passage and approval. I acknowledge that this is a conceptual amendment and predict that our Legislative Counsel Bureau will help refine the language as we put it into the appropriate statutes.

Chair Nguyen:

I know you based this on a former advisory commission or committee under former Governor Sandoval. It looks as though you are proposing 16 members in this working group. How many members were part of the prior commission/committee?

Assemblywoman Tolles:

I appreciate your referencing a committee that was very similar in the past. I know the stakeholders were very appreciative of the work that was done. That was part of the motivation for creating this sustaining, ongoing working group. You will see some similarities between some of the members of that committee, but it is not a direct replication. That is based on input regarding being sure we had stakeholders—not only at the agency level but also at the community level—with a personal stake in these issues, including members of the recovery community who provide services related to treatment of substance use disorders, members of the SAPTA [Substance Abuse Prevention and Treatment Agency] team, as well as someone in recovery and victims of substance use or family members who were victims. We felt it was important to make sure we had that diverse community input into this work to give us a hands-on view. If Stephanie Woodard is available to answer questions, she can provide more of a comparison between the two.

Stephanie Woodard, Psy.D., Senior Advisor on Behavioral Health, Division of Public and Behavioral Health, Department of Health and Human Services:

There are some pretty big lessons learned from having the Governor's opioid accountability task force meeting, as you mentioned, and the makeup of that meeting, and the tasks undertaken with that group along with the previous substance abuse working group under the Attorney General's Office, in which I was able to participate the last two years prior to that committee sunset.

What you see represented in this proposed legislation is representation we have identified as key in supporting the activities this group would be tasked with: knowing what we need for our state as it comes to collaboration and coordination—not just across grants but across programs—and really understanding the data and what the data is telling us around what the greatest areas of needs are in the state. This group will then make informed proposals and recommendations for an overall comprehensive state plan to address prevention, substance abuse treatment, and recovery support services. How that impacts all the systems that substance abuse prevention, treatment, and recovery touch is a vitally important role for this committee to hold. In the absence of a formal convening committee over the last couple of years, it has been increasingly difficult for us to do this type of work. Having a formal body to convene all the members—not only on this committee but additional stakeholders we also identified as key—to engage in these conversations will help to take our plans for Nevada much further into the future.

Chair Nguyen:

Are there further questions from Committee members? [There were none.] Seeing none, I will take testimony in support of A.B. 374.

Courtney Hunter, Vice President, State Policy, Shatterproof:

I am from the national nonprofit group Shatterproof, which is dedicated to reversing the addiction crisis. We want to thank Assemblywoman Tolles, the Attorney General's Office, and Dr. Stephanie Woodard for putting this thoughtful task force together. Assemblywoman Tolles stated some of the research and statistics around fentanyl overdose deaths and what is happening in the state of Nevada, and we want to be responsive to that. We know what works and we need a statewide response to help implement that.

I want to introduce for testimony one of our Shatterproof ambassadors from the state, Kelsey Matthews. She is the reigning Miss Las Vegas Volunteer 2021, and also the former Miss Battle Born 2019. She is going to speak about her personal experience and why there is such a need for this bill.

Kelsey Matthews, Ambassador, Shatterproof:

I am 22 years old and I am an ambassador for Shatterproof, a national nonprofit dedicated to reversing the addiction crisis. I am also the founder of Treasuring Tracey, an addiction and overdose awareness platform created in memory of my mother, Tracey Matthews, who passed away of an accidental drug overdose in 2016. I have been blessed to have been able to put my platform to use here in the Las Vegas community, working with organizations like

Teen Challenge, the Walter Hoving Home, Foundation for Recovery, and as a licensed volunteer for Child Haven and Clark County Department of Family Services. Currently, I serve on the board of directors for Hope Compassionate Healthcare, a 501(c)(3) nonprofit organization founded to provide comprehensive integrated health care and fill in the gaps found in our health care system. It is my life experience that has not only moved me to join the fight against the addiction and opioid crisis but also inspired me to pursue both social work and law degrees so that I can go on to make an even greater impact in the lives of others.

Addiction is a family disease. It is not just the person who is directly affected and who is impacted, but the entire family unit suffers, and I can attest to that firsthand. As a child, I watched over my mother in her struggle with addiction, and I functioned as one of her primary caretakers alongside my grandparents. This continued until her death when I was 17. I have seen things no child should see. I have witnessed my mother overdose repeatedly, saved her life numerous times, and found myself at the hands of drug dealers, along with countless other unimaginable events which ended with finding her dead in 2016. The reality is this: people are dying, families are broken, children are losing their parents, and parents are burying their children. This crisis is a pandemic in and of itself, and we need to start getting to the root of the problem in all forms.

I was just a kid when my mother was struggling. There was so much I did not know and understand, but now looking back, I can see there were clear issues and gaps in the system and those things still exist today. In the times that my mother did look for help, there was a severe lack of resources—whether it was receiving inadequate treatment from medical and mental health professionals, being stigmatized, being denied care due to insurance and financial reasons, or treatment facilities and/or providers being understaffed or unprepared. This is the reality right here in our own communities. The passing of this legislation is crucial. The creation of the statewide task force being proposed is a necessary action in the fight against the crisis. In order to be successful, it is going to be a team effort. Government officials cannot do this alone. We need a diverse team of people from different backgrounds, walks of life, and parts of the state who possess real-life experiences with substance abuse. This is not a black or white issue with one easy fix or solution. Getting to the root of this problem is going to consist of many different things, including but not limited to:

- Promoting and providing adequate and specialized behavioral health treatment and counseling so that people can deal with the types of issues that often lead to addiction like trauma, abuse, neglect, or other mental health issues.
- Making sure we educate our medical providers properly to make sure that patients receive quality treatment and to avoid misuse of prescription medication by providers.
- Having resources available to assist and support family and loved ones who are directly impacted by addiction.

- Implementing and utilizing nonprofit organizations and private sector funding alongside government agencies to better use these resources and find better results.
- And over all, providing people with quality care, treatment, and resources by creating a statewide task force on this issue.

Chair Nguyen:

Ms. Matthews, will you please wrap up? I see you have a written statement. You may provide that to the Committee.

Kelsey Matthews:

By creating a statewide task force on this issue, we are giving people a chance to be a part of the solution. Before they closed the casket on my mom, I told her this, "We are not done here." I made her a promise that I would not allow her death to be in vain and that one day I would use her story, our story, to make a difference. Thank you for having me here today and allowing me to do so.

Chair Nguyen:

We will now go to the phone lines for testimony in support.

Sean O'Donnell, Executive Director, Foundation for Recovery:

The Foundation for Recovery is a Nevada statewide recovery community organization—a charitable nonprofit which is staffed, governed, and led by people in recovery from substance use disorders from local communities across our state. I am a person in recovery from substance use disorder who has lost close loved ones to opioid overdoses. We are in support of A.B. 374, and I want to thank Assemblywoman Tolles for this piece of legislation. It is crucial that allocation of these funds be determined by a nonpartisan group of experts, victims, and legislators. I would, however, like to encourage the Committee to consider ensuring a fair and balanced representation on the working group that should include additional seats for the victims themselves who have been impacted by the opioid crisis. These may be people in recovery, bereaved parents, and family members. Those who have been directly impacted and lost loved ones or their quality of life from these drugs should comprise more than two seats. Their lived experience provides a wealth of knowledge on the solutions to help those in our community who are currently struggling.

Chair Nguyen:

Let us go to our next caller on the line.

Joanna Jacob, Government Affairs Manager, Clark County:

I want to go on record in support of this bill with Assemblywoman Tolles' conceptual amendment. I want to thank Assemblywoman Tolles, the bill proponents, and everyone who came together to recreate this substance abuse response working group. The conceptual amendment allows counties to be at the table as part of the critical work that is going to be done by this group. We believe that is going to benefit Clark County. I appreciate Assemblywoman Tolles making sure we are at the table to partner with the state and

everyone involved in this important work. Thank you for your work on this and thank you to the Committee for allowing me to speak. We are in support.

Vinson Guthreau, Deputy Director, Nevada Association of Counties:

The Nevada Association of Counties supports A.B. 374 with the presented amendment, and we want to thank the sponsor for including counties in this conversation and as members of the response group. All counties in Nevada have felt the impacts from the opioid epidemic in their communities and also in the services they provide to support the most vulnerable. I just wanted to put that on the record and thank you for the opportunity to testify in support of A.B. 374.

Christine Jones Brady, Second Assistant Attorney General, Office of the Attorney General:

I want to thank Assemblywoman Tolles for reaching out to us and all the stakeholders. One area I work with at the Attorney General's Office is the Bureau of Consumer Protection, as well as our investigative staff, our Medicaid Fraud Control Unit, and our criminal prosecution unit. In that work in the community, I have had many requests over the last two years to have a committee such as this. It is very important. This committee is like railroad builders. They are building a railroad track across our entire state. They are going to be well positioned with the people on it, as well as the people they will be consulting with, in order to put together a plan, analyze a plan, and give recommendations on a plan to combat substance use in our state. They will be able to bring together areas across the state—the rural areas that currently do not have access, urban areas, and other underserved communities—African-American populations that have been hard hit by this as well as Hispanic, LGBTQ, and other communities. This is an important committee that will be working hand in hand with the Department of Health and Human Services to combat a very aggressive problem we have in our state. The Attorney General's Office is proud to support it.

Chair Nguyen:

At this time, I will go to testimony in opposition to A.B. 374. [There was none.] Do we have any callers in neutral to A.B. 374? [There were none.] I will turn this back over to Assemblywoman Tolles for any closing remarks.

Assemblywoman Tolles:

This means a lot to so many of us who have been impacted personally by this, and I am truly grateful. Thank you for having this hearing today, thank you for your interest in these issues, and for trying to find statewide collaborative solutions that truly do impact people's lives and families.

I appreciate that a few members have asked to join on as cosponsors, including the Chair of this Committee as well as the Chair of the Senate Committee on Health and Human Services, Senator Julia Ratti. I would be honored to have any of you join on as cosponsors for this legislation. If you would like to, please contact my office or email me directly. Thank you so much, and I urge your support.

Chair Nguyen:

I will close the hearing on A.B. 374 and begin public comment. Is there anyone waiting to make public comment? [There was no one.] Are there any comments from Committee members? [There were none.] We are adjourned [at 3:04 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 the Work Session Document for [Assembly Bill 205](#), presented by Patrick Ashton, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

[Exhibit D](#) is the Work Session Document for [Assembly Bill 343](#), presented by Patrick Ashton, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

[Exhibit E](#) is the Work Session Document for [Assembly Bill 344](#), presented by Patrick Ashton, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

[Exhibit F](#) is the Work Session Document for [Assembly Bill 426](#), presented by Patrick Ashton, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

[Exhibit G](#) is the Work Session Document for [Assembly Bill 430](#), presented by Patrick Ashton, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

[Exhibit H](#) is a proposed conceptual amendment to [Assembly Bill 348](#), dated April 5, 2021, submitted and presented by Assemblywoman Maggie Carlton, Assembly District No. 14.

[Exhibit I](#) is a proposed conceptual amendment to [Assembly Bill 374](#), submitted and presented by Assemblywoman Jill Tolles, Assembly District No. 25.