

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

**Eighty-First Session
April 9, 2021**

The Committee on Health and Human Services was called to order by Chair Rochelle T. Nguyen at 3:13 p.m. on Friday, April 9, 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
Nick Christie, Committee Manager
Joan Waldock, Committee Secretary
Trinity Thom, Committee Assistant



OTHERS PRESENT:

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

Chair Nguyen:

[Roll was taken. Committee rules and protocol were reviewed.] Today, we have a work session.

Assembly Bill 345: Revises provisions relating to substance use disorders. (BDR 40-978)

Patrick Ashton, Committee Policy Analyst:

Assembly Bill 345 was heard on March 26, 2021 [[Exhibit C](#)]. It authorizes the establishment of a program for the prevention of overdoses and disease by a board of county commissioners of a county whose population is 100,000 or more (currently Clark and Washoe Counties). The bill authorizes the State Board of Health to allow the board of county commissioners of a county whose population is less than 100,000 (currently all counties other than Clark and Washoe Counties) to authorize the establishment of a program for the prevention of overdoses and diseases. Assembly Bill 345 prohibits certain health care practitioners from prescribing an opioid to a patient who is also being prescribed or has been recently prescribed a benzodiazepine or has a history of opioid use disorder or opioid overdose, unless the prescription is medically necessary.

I will go to the amendment section. Dr. Stephanie Woodard, Division of Public and Behavioral Health of the Department of Health and Human Services, proposes the following amendments:

1. Delete all the existing provisions of A.B. 345.
2. Provide instead that the term "drug paraphernalia," set forth in *Nevada Revised Statutes* 453.554, does not include any type of fentanyl strip. The amendment would also make conforming changes to ensure that a person who delivers, sells, or possesses a fentanyl strip is not guilty of any crime.

See also the conceptual amendment attached to the work session document [pages 3 and 4, [Exhibit C](#)].

I would like to emphasize that the amendment completely replaces the provisions of the introduced version of the bill. None of the bill as introduced will appear in the amended version. To my knowledge, Dr. Woodard is present and can answer any questions members may have.

Chair Nguyen:

Dr. Woodard, there is reference in the work session document to "fentanyl strips." Would you describe what that means?

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

To clarify language, we are talking about fentanyl test strips. Fentanyl test strips have been established to assist individuals in the community, including law enforcement, to be able to detect if a specific substance contains fentanyl.

Chair Nguyen:

I do not know if it needs clarification in the proposed amendment. Are there any other questions from Committee members? [There were none.] It looks like that has been clarified. I will entertain a motion to amend and do pass Assembly Bill 345 to include both the amendment and the language to include a "fentanyl testing strip."

ASSEMBLYWOMAN PETERS MOVED TO AMEND AND DO PASS
ASSEMBLY BILL 345.

ASSEMBLYMAN HAFEN SECONDED THE MOTION.

Chair Nguyen:

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

THE MOTION PASSED UNANIMOUSLY.

I will assign the floor statement to Assemblyman Orentlicher. Thank you for working on that with the Department of Health and Human Services. I will move to the next bill on work session, Assembly Bill 347.

Assembly Bill 347: Revises provisions related to health care. (BDR 38-541)

Patrick Ashton, Committee Policy Analyst:

Assembly Bill 347 was heard on April 2, 2021 [[Exhibit D](#)]. Assembly Bill 347 increases the Medicaid reimbursement rates through the imposition of assessments on certain groups of health care providers upon the affirmative vote of at least 67 percent of the affected providers. It establishes procedures for fixing the rates charged by certain health care providers for services that are reimbursable through Medicare when provided to a patient who is not indigent and is not covered by Medicare or Medicaid, and generally prohibits such a health care provider from charging different rates. I will also go straight to the amendment section of the document. Assemblyman Orentlicher proposes the following amendments:

1. Delete all the existing provisions of A.B. 347.

2. Replace the deleted provisions of the bill with the attached conceptual amendment [page 2, [Exhibit D](#)].

I will review the conceptual amendment now. The first amendment would require that during the 2021-2022 Interim, the Legislative Committee on Health Care shall study and examine:

- The economics of setting reimbursement rates for health care services in Nevada by private and public health insurance providers, including Medicaid, and a comparison of this system with those in other states.
- The impact of the current reimbursement rates for health care services for patients in Nevada, including, without limitation, the costs of health care-related services and health insurance rates.
- Opportunities and options to fix rates at a certain level which would allow health care providers to cover reasonable costs, earn a fair and reasonable profit, and reduce administrative costs related to health care billing for all stakeholders.
- Incentives for health care providers to provide services to Medicaid patients throughout the state, including, without limitation, by increasing Medicaid reimbursement rates through the imposition of assessments on certain groups of health care providers, and through the reduction of administrative burdens.

The Legislative Committee on Health Care shall submit its findings and any recommendations for legislation to the 82nd Session of the Nevada Legislature.

This conceptual amendment will replace all the provisions of the introduced version of the bill.

Chair Nguyen:

Do we have any questions regarding the bill and the proposed amendment? [There were none.] I will entertain a motion to amend and do pass at this time.

ASSEMBLYWOMAN PETERS MOVED TO AMEND AND DO PASS
ASSEMBLY BILL 347.

ASSEMBLYWOMAN TITUS SECONDED THE MOTION.

Do we have any comments on the motion? [There were none.]

THE MOTION PASSED UNANIMOUSLY.

I will assign that floor statement to Assemblyman Orentlicher. Thank you for your hard work on such difficult policy topics. I look forward to the continued conversation in the interim on those topics. At this time, we will move to Assembly Bill 351.

Assembly Bill 351: Establishes provisions governing the prescribing, dispensing and administering of medication designed to end the life of a patient. (BDR 40-882)

Patrick Ashton, Committee Policy Analyst:

Assembly Bill 351 was heard on April 7, 2021 [[Exhibit E](#)]. It authorizes a patient, under certain circumstances, to self-administer a medication that is designed to end the life of the patient and authorizes a physician to prescribe such a medication if the patient meets certain criteria. The bill outlines certain requirements concerning the manner in which a patient may request, and a physician may prescribe and dispense, a medication designed to end the life of the patient. Among other things, the bill requires an attending physician who prescribes such a controlled substance to include certain information in the patient's medical record and must provide certain information to the Division of Public and Behavioral Health of the Department of Health and Human Services. The bill requires the Division to annually review these reports and compile a report that includes certain data concerning the implementation of the provisions of this bill.

Assembly Bill 351 also exempts certain health care providers from professional discipline, provides immunity from civil and criminal liability, and clarifies that they do not violate any applicable standard of care for taking certain actions associated with assisting a patient with acquiring a medication designed to end his or her life. The bill provides that a physician is not required to prescribe, and a pharmacist is not required to fill, a prescription for such medication. The bill also provides that the owner or operator of a health care facility may prohibit an employee, independent contractor, or other person who provides services relating to prescribing such a medication from providing these services while on the premises of the facility.

Furthermore, A.B. 351 provides that a death resulting from the self-administration of a medication designed to end the life of a patient does not constitute suicide or homicide when done in accordance with the bill, and a patient's death certificate must list his or her terminal condition as the cause of death.

Finally, the bill prohibits insurers from: (1) refusing to sell, provide, or issue a policy of life insurance or annuity contract or from charging a higher rate because a person makes or revokes a request for a medication designed to end the life of the person or self-administers such a medication; and (2) conditioning life insurance benefits or the payment of claims based on any of these actions.

This is the end of the summary of this bill.

Chair Nguyen:

Are there any questions about the bill or the amendment? [There were none.] Do I have a motion to refer without recommendation?

ASSEMBLYWOMAN PETERS MADE A MOTION TO REFER
ASSEMBLY BILL 351 WITHOUT RECOMMENDATION.

ASSEMBLYWOMAN BENITEZ-THOMPSON SECONDED THE
MOTION.

The motion on the floor is to recommend this bill out of Committee without recommendation to the full floor of the Assembly for a vote on the policy. Is there any discussion on the motion?

Assemblywoman Titus:

Will the vote be on whether to move the bill out of Committee without a vote? Are we not voting on the bill itself?

Chair Nguyen:

We are not voting on the bill itself. We are voting to move this bill to the Assembly floor without recommendation from this Committee. Is there any further discussion on the motion?

THE MOTION PASSED. (ASSEMBLYMEN BLACK, HAFEN,
KRASNER, MATTHEWS, AND TITUS VOTED NO.)

We will finish up our work session agenda. I do not anticipate we will have anything further to do as a Committee, but I will have the Committee stand in recess until the call of the Chair. I would encourage everyone to check your emails. If we are able to adjourn and do not have to come back for additional Committee business, I will have Committee staff notify that we are being adjourned. At this time, we will stand in recess [at 3:27 p.m.].

[The meeting resumed at 4:10 p.m.]

Chair Nguyen:

I realized that, at the conclusion of our work session, I did not go to public comment. I was told there was no one on the line but did not put that on the record. Out of an abundance of caution I will ask if there is public comment. I remind public commenters to please limit

your comments to two minutes. Is there anyone on the line for public comment? [There was no one.] We will not be meeting on Monday [April 12, 2021] and likely will not meet next week. Please pay attention to your emails to see if that changes. We will stand in recess [at 4:11 p.m.].

The meeting is adjourned [at 5:22 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 the Work Session Document for [Assembly Bill 345](#), presented by Patrick Ashton, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

[Exhibit D](#) is the Work Session Document for [Assembly Bill 347](#), presented by Patrick Ashton, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

[Exhibit E](#) is the Work Session Document for [Assembly Bill 351](#), presented by Patrick Ashton, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.