

**MINUTES OF THE MEETING
OF THE
ASSEMBLY COMMITTEE ON LEGISLATIVE OPERATIONS AND ELECTIONS**

**Eighty-First Session
March 18, 2021**

The Committee on Legislative Operations and Elections was called to order by Chair Brittney Miller at 4:02 p.m. on Thursday, March 18, 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 Brittney Miller, Chair
Assemblywoman Sandra Jauregui, Vice Chair
Assemblywoman Jill Dickman
Assemblywoman Cecelia González
Assemblyman Glen Leavitt
Assemblyman Andy Matthews
Assemblyman Richard McArthur
Assemblywoman Daniele Monroe-Moreno
Assemblywoman Clara Thomas
Assemblywoman Selena Torres

COMMITTEE MEMBERS ABSENT:

Assemblyman Jason Frierson (excused)

GUEST LEGISLATORS PRESENT:

Assemblywoman Natha C. Anderson, Assembly District No. 30

STAFF MEMBERS PRESENT:

Pepper Sturm, Principal Policy Analyst
Bonnie Borda Hoffecker, Committee Manager
Jordan Green, Committee Secretary
Trinity Thom, Committee Assistant



OTHERS PRESENT:

Connie Munk, Private Citizen, Las Vegas, Nevada
Sara Hunt, Ph.D., Director, Mental and Behavioral Health Coalition, University of Nevada, Las Vegas
John Packham, Ph.D., Co-Director, Nevada Health Workforce Research Center, Office of Statewide Initiatives, School of Medicine, University of Nevada, Reno
Will Pregman, Communications Director, Battle Born Progress
Robin Reedy, Executive Director, Nevada State Organization, National Alliance on Mental Illness
Lea Case, representing the Nevada Psychiatric Association
Genevieve Ramos, Private Citizen, Reno, Nevada
Tom Durante, L.C.S.W., President, Board of Directors, Nevada Chapter, National Association of Social Workers; and Chair, Rural Task Force, Nevada Chapter, National Association of Social Workers
Jesse Wadhams, representing the Nevada Hospital Association
Steve Shell, Vice President, Stacie Mathewson Behavioral Health & Addiction Institute, Renown Health; and President, Board of Directors, Nevada State Organization, National Alliance on Mental Illness
Hawah Ahmad, representing Clark County Education Association

Chair Miller:

[Roll was called. Committee rules and protocol were explained.] Today, we have two items on our agenda. We will begin with a work session and then move into a bill hearing. I would like to open the work session on Assembly Bill 1. Our committee policy analyst, Ms. Marsheilah Lyons, is not here today, so Mr. Pepper Sturm, Principal Policy Analyst, Committee and Policy Research Services, Research Division, Legislative Counsel Bureau, is filling in for her. The work session document [[Exhibit C](#)] was not delivered to Committee members, but it is available on the Nevada Electronic Legislative Information System if you would like to sign in and pull it up.

Assembly Bill 1: Revises provisions relating to training for Legislators. (BDR 17-438)

Pepper Sturm, Principal Policy Analyst, Committee and Policy Research Services, Research Division, Legislative Counsel Bureau:

The work session document [[Exhibit C](#)] is uploaded to the Nevada Electronic Legislative Information System for those listening in. The bill before you today is Assembly Bill 1, and it was first heard by the Committee on February 18, 2021. Assembly Bill 1 revises the training required for newly elected legislators to also include a discussion of local governments in Nevada. The discussion must include overviews of the structure and authority of local governments, the financial administration of local governments, and the services provided by local governments. There were no amendments proposed for this bill.

Chair Miller:

Committee members, are there any questions? [There were none.] I will accept a motion to do pass.

ASSEMBLYWOMAN JAUREGUI MADE A MOTION TO DO PASS
ASSEMBLY BILL 1.

ASSEMBLYWOMAN MONROE-MORENO SECONDED THE MOTION.

Are there any comments or questions on the motion? [There were none.]

THE MOTION PASSED. (ASSEMBLYMAN FRIERSON WAS ABSENT
FOR THE VOTE.)

I will assign the floor statement to Assemblywoman Dickman.

I will open the hearing on Assembly Concurrent Resolution 5, which is sponsored by Assemblywoman Anderson. She has some copresenters with her: Dr. Sara Hunt, Dr. John Packman, and former Assemblywoman Connie Munk. The measure that they will be presenting directs the Legislative Commission to appoint an interim committee to study the behavioral health workforce in the state of Nevada.

Assembly Concurrent Resolution 5: Directs the Legislative Commission to appoint an interim committee to study the behavioral health workforce in this State. (BDR R-105)

Assemblywoman Natha C. Anderson, Assembly District No. 30:

I have the pleasure today of presenting Assembly Concurrent Resolution 5 to all of you, and I wanted to share just a few very quick items before handing it over to my copresenters.

First, I personally believe, and I know that many others do too, that mental health is just as important as physical health. This philosophy is easily seen in numerous studies around our state, our counties, and our nation. When I started to prepare for A.C.R. 5, the number of different studies out there became overwhelming. It is very clear that the importance of mental health is something that we all can see, but the number of people entering the profession is not what it needs to be. That is why A.C.R. 5 is only about the number of people entering this profession.

I looked at the 2014 Kenny C. Guinn Center for Policy and Priorities (Guinn Center) report [[Exhibit D](#)] as kind of a baseline for our state. It allows for some different recommendations that we are working on. The hardest thing is finding data that is consistent. When I spoke with Dr. Nancy Brune, Executive Director of the Guinn Center, and Ms. Meredith Levine, Director of Economic Policy for the Guinn Center, to prepare for today, they again also recognized that the data points are all over the place. Having a group of people sit down and

look through the extensive number of studies to figure items out about what is getting in the way of us keeping professionals seems to be a priority for all of us.

The second item I wanted to highlight is a personal story. I have heard from numerous friends and family members who—before the pandemic—were attempting to get in to see psychiatrists and other mental health professionals to get necessary help. Some of my friends were literally waiting weeks or months, and this is for their children and other family members. We have to figure out a way to help each other when it comes to helping to get these mental health diagnoses.

Mental Health America publishes a 15-point study as to where exactly states rank for access to mental health professionals, affordability, and numerous other elements on this 15-point scale. In the last few years, Nevada has consistently ranked fifty-first ["The State of Mental Health in America–2021"]. I love my state. I love so many parts of it, but that number is not acceptable. It is not acceptable for my friends, family, and the other individuals who live in our state. We have to do better.

As I stated before, the study is just to concentrate on the workforce development. How do we attract and retain the professionals we need to be able to start to truly help each other? It is a workforce issue. It is not about looking at the pharmaceutical element, which is another part of many other studies that have to do with mental health. It is not about the process. It is only about the career itself. I know there are many other elements that I could talk about, but instead I want to hand it over to the individual who started this process. Assembly Concurrent Resolution 5 was initially from former Assemblywoman Connie Munk, and she was working with Dr. Sara Hunt of the University of Nevada, Las Vegas, as well as Dr. John Packham of my alma mater, the University of Nevada, Reno. I would like to have former Assemblywoman Munk continue to talk about it.

Connie Munk, Private Citizen, Las Vegas, Nevada:

I am a retired behavioral health professional. I have worked in Idaho, California, and Montana in the behavioral health field. I believe it is imperative that we improve our behavioral health status in Nevada.

As Assemblywoman Anderson stated, we are fifty-first in the nation—especially with this last year due to COVID-19 and the negative impact that it has had on Nevada's population in mental health. As we all know, there is a serious lack of services and providers in Nevada, and it has been glaring for years. A lot of it is due to a lack of funding in previous years, education, licensing requirements that take several months to license even a professional who has worked in another state and is coming here to Nevada, and, of course, the low reimbursement from Medicaid. I believe that by appointing an interim committee to study the behavioral health workforce, this committee can be in the community, evaluate existing behavioral health pipelines, and identify the efforts and opportunities to attract, recruit, and train mental health students and professionals. The committee can establish partnerships, not only in the community but at the state level in higher education, to increase the lack of treatment options that we have here in Nevada.

We need to identify the gaps in services. Most importantly, we need to identify the different types of behavioral health professionals and gaps that we have, which are demands for the services. Maybe we have a lot of mental health professionals and maybe we have a lot of social workers, but we do not have enough licensed alcohol and drug professionals that we need. By doing this interim study, we can identify the various demands for services that do not match the supply of providers that we have in Nevada.

The committee would also consider methods to attract behavioral health students and professionals—train them and retain them, which is really important here in the state. We do have five regional behavioral health policy boards [Clark, Northern, Rural, Southern, and Washoe Regional Behavioral Health Policy Boards]; however, this committee would be unique in that the sole purpose would be to study the development of the workforce in Nevada, make recommendations, strategies, and policy options, as stated earlier. I do not think we can continue to sweep mental health under the rug any longer. I ask that you please consider the critical mental health workforce in Nevada. I thank you for your time.

Assemblywoman Anderson:

I would now like to have Dr. Sara Hunt, Director of the Mental and Behavioral Health Coalition with the University of Nevada, Las Vegas, (UNLV), who I believe is an individual who brought this legislation forward originally, continue with the presentation. I had the opportunity to meet with her extensively on numerous issues; unfortunately—or fortunately, whichever way you feel—it has made me rethink how I feel towards UNLV. I have grown in respect for the school in the south because of our conversations.

Sara Hunt, Ph.D., Director, Mental and Behavioral Health Coalition, University of Nevada, Las Vegas:

I will note that I am not representing UNLV as an institution in my remarks. I thank you for the opportunity to come before you today.

I have studied Nevada's behavioral health workforce since 2015. Over the course of that time, I have attended a number of legislative, regional, and community meetings and forums where barriers to accessing mental health care across the state have been discussed. One issue that consistently comes up is that Nevada does not have enough mental and behavioral health professionals to meet the growing needs of our communities. You will see in Dr. Packham's presentation that this shortage exists across the state and across multiple behavioral health disciplines. These significant shortages are not unique to Nevada, and other states are working to address recruitment and retention of behavioral health professionals in their states through multistakeholder approaches.

As a state, there have been many initiatives in Nevada to improve and increase the health care workforce; however, few have focused solely on the behavioral health workforce. A study that explores the continuum of workforce development from promotion of behavioral health careers, to education and training, licensure, employment, insurance paneling, and hopefully all points in between, would be a significant, comprehensive step forward to provide better access to behavioral health care in our state.

Finally, it is important to understand the impact of the current pandemic on the behavioral health workforce. The National Council for Behavioral Health released the results of a national study of behavioral health providers in September that indicates that, while a majority of providers saw an increased demand for behavioral health services during the pandemic, this industry also experienced layoffs, furloughs, and some reduction in revenue ["Member Survey: National Council for Behavioral Health Polling Presentation," dated September 2020, conducted by Morning Consult].

Additionally, there was a substantial shift to providing behavioral health services to telehealth platforms. An interim study would also be helpful to gauge how Nevada's behavioral health workforce has weathered the pandemic.

Now I will turn it over to my colleague, Dr. John Packham with the Office of Statewide Initiatives in the School of Medicine at the University of Nevada, Reno, to provide data on our current workforce.

John Packham, Ph.D., Co-Director, Nevada Health Workforce Research Center, Office of Statewide Initiatives, School of Medicine, University of Nevada, Reno:

I am going to give you the shortest PowerPoint presentation [[Exhibit E](#)] that I have ever made in my professional life. It only has three informational slides because I think a greater analysis awaits if A.C.R. 5 is passed. I really am thrilled that the attention is being drawn to workforce issues because, just to echo what has been said before, you can have an insurance card in your back pocket, we can have reimbursement parity, we can have a reduction in the stigma of mental illness and getting that mental illness treated, but if we do not have a workforce ready and able to provide those services, all of those efforts are moot. The attention to health workforce is important.

For a little bit of data, the map here [page 1] is from a recently published report from my office, which is also one of the meeting attachments [[Exhibit F](#)] that has been added to the Nevada Electronic Legislative Information System (NELIS). It is the *Nevada Rural and Frontier Health Data Book – 10th Edition*, which we just released this month. This map [page 1, [Exhibit E](#)] highlights mental health workforce shortages. My maps tend to be color-coded, so the shaded areas are the ones in shortage. This map reveals that essentially the entire state is a mental health professional shortage area, including all of Clark County and all 14 rural and frontier counties of the state. What that translates to is that close to 95 percent of our state's population resides in an area in which psychiatrists and other mental health professionals are in short supply.

I also wanted to share a little bit of data—kind of a good news, bad news story—on changes in the number of licensees in the state. I arbitrarily picked five here [page 2], but there are many other types of behavioral health workers in the state. A kind of good news story is that we have seen a growth in the number of licensees across most categories of health workers. However—and it is particularly acute in southern Nevada in Clark County—that licensee growth has not necessarily kept pace with population growth in areas of the state where we

see population growth, such as Las Vegas and elsewhere. Again, if you adjust for population growth, that increase has not been very great. This is mirrored in other health care occupations.

The final data slide [page 3], and the one that I use more and more in presentations to discuss health workforce shortages, shows what it takes to be average. Now, I want to state at the outset that I want us to be more aspirational than to just be average, but this data is important in highlighting what being ranked forty-ninth or fiftieth in the given health care occupation means for the state. For Nevada, what we have tried to do here is compare the number of health professionals to national metrics or national averages. For example, in the case of psychiatry, we have statewide about 9 psychiatrists for every 100,000 residents of the state. Whereas the national average is 15 psychiatrists. Likewise, for clinical psychologists, we have about 15 psychologists for every 100,000 population, whereas the national average is about twice that amount. What that means is, were Nevada to rise to that national average, we would need close to 500 additional psychologists, in the ballpark of 200 additional psychiatrists, and so on. For the clinical professional counselors, I checked, double-checked, and triple-checked that number—we would need another 1,000 counselors.

Again, to underscore what shortages mean is fewer providers per population. In a state where I think we need to not only aspire to be average, given the mental health needs that have been mentioned in testimony so far today, I think we need to move above that national average. Again, that data was just to provide a real quick highlight of shortages in the state. If you would like additional information, feel free to reach out to me as A.C.R. 5 proceeds during the session. [Dr. Packham's contact information was shared on page 4 of [Exhibit E](#).] Also, feel free to take a look at some of the workforce information that is contained in the *Data Book* [\[Exhibit F\]](#).

Assemblywoman Anderson:

I am not going to read to you the exact information and where the information should come from, but before I go into being prepared for questions, I did want to explain to you why the nonvoting individuals were being asked to be part of this task force, including discussing the conceptual amendment [\[Exhibit G\]](#).

I think you all can figure out why the Division of Public and Behavioral Health of the Department of Health and Human Services would be involved [page 2, lines 11 through 13 of A.C.R. 5]—and, actually, I do want to clarify that I have not reached out to Director Richard Whitley or a member of his Department regarding this. I want to make sure you know that, and if anyone from the Department does call in, I had plans to contact the Department. It was my fault that I did not do so, and I will be contacting them.

I think another one you will understand is the behavioral health professional [page 2, lines 18 through 20 of A.C.R. 5].

The inclusion of the Nevada School Counseling Association, and that is in the conceptual amendment [\[Exhibit G\]](#) to clarify that it was the Nevada "School" Counseling Association, is

because, as an educator, I believe we need to start talking about this profession earlier. We should not be waiting for students to start thinking about entering this profession when they are in college. It is a possibility for us to start talking about the need for it at an earlier level, and many of our counselors are aware of these items as well, whether it is social work or other areas. This way, they can possibly start coming up with some ideas with how we can advertise and enhance what this profession does at an earlier age for our students.

The second item that is part of our conceptual amendment is adding a member of the insurance industry to the committee. That has nothing to do with the development of the workforce. I am just going to put that out there. More than anything else, it has to do with the questions that sometimes arise when it comes to licensing people in this area. The insurance industry is an incredibly important part of our medical profession, whether it is mental health or physical health. Many times, there are questions that, unless you are in the insurance industry, you are not going to understand. This will allow somebody who is from the insurance industry to be able to discuss why there should be some other classes taken or why there are some other elements that need to be discussed in a further, stronger fashion. That way, if we are successful in getting this to be an interim study, the insurance industry will already be aware of it and be a part of the solution. We can truly have the necessary discussions during a time frame when we are not on a 120-day deadline.

In closing, I would like to thank you for this time, and I would like to quote something from one of the studies. It is from the 2015 Department of Health and Human Services' report, *Nevada's Behavioral Health Gaps, Priorities and Recommendations: A Meta-analysis Summary Report*. "Hope is the catalyst of the recovery process." That line, for whatever reason, really stood out for me. It is about hope. It is about helping people find that hope. We have to have individuals who are in the profession that believe in getting the hope to others. We need to figure out how to get this out there. Again, we have got to help our mental health illness patients, and the best way to do so is to have a strong workforce. Thank you so much for your consideration. I look forward to our discussion today and in the future.

Chair Miller:

I know you are open to questions. We have a few members who have already requested to ask questions.

Assemblywoman Torres:

I really do appreciate this piece of legislation and the effort that it has to study a workforce for behavioral health professionals in our state. Something I do not talk a lot about is the fact that my father, when I was growing up, struggled with post-traumatic stress disorder (PTSD)—I guess you could say he still continues to struggle with PTSD today—as a survivor from the Salvadorian Civil War. Access to mental health professionals and behavioral health professionals has been difficult to come by in our community. One of the gaps that we see is access to professionals who can help in diverse speaking languages. If a person prefers to communicate in Spanish or a different language, that has been one gap

in access to care in our communities. We additionally see it is harder to have access to these professionals in low-income communities and communities of color.

I am looking at page 3, lines 15 through 18 of A.C.R. 5, and I do see that we are collecting information related to demographics and geographic distribution, but I do not see that we are looking at identifying those issues. We are not considering methods of attracting professionals from diverse communities in the legislation as it stands. I think that would be a great addition to this legislation. I have been working with a lot of our local mental health professionals throughout the state of Nevada, and I know that this has been a greater conversation of how we increase access to these professionals in diverse communities. I think the study should really help focus on some of those barriers that we have as well.

Assemblywoman Anderson:

I agree one hundred percent, and I did not even think about having that as a separate section. Mental health does not know what community you are from, but the access and ability to have the proper language, that is part of it.

I keep referring back to the Guinn Center report from 2014 [[Exhibit D](#)] as that is what I use as my baseline for some things. Although it is mentioned a little bit in there, maybe we need to consider, and I am just thinking off the top of my head, adding a little bit more to that to make it a little bit clearer. However, I am going to hand it over to Dr. Hunt and Dr. Packham as well as former Assemblywoman Munk to see if they have some other ideas as to why that is not in A.C.R. 5 at this time.

Sara Hunt:

Assemblywoman Torres, you raise excellent points. Absolutely, I think that would be a great addition to this study and is a necessary part of the study of our state and how we can best meet the needs of our communities, which are very diverse.

I would just note that in some other states, there are some unique opportunities to do some recruitment into the behavioral health professions by going into those different diverse communities. What I have seen before is they will go into a high school setting and do some presentations on some general mental health topics and say, "Here is what depression is." Then they would say, "If you like learning about that, did you know that you can go into this, this, or this profession and stay within the state and do that?"

What I have seen after that is once those high school students identify that they want to go into a mental health career and they get into the state higher education system, then there is a great mentoring piece that can also happen. You would then go into that community and find mental health professionals and say, "Hey, would you mind being a mentor to students that are coming from your communities and want to study this, and act as kind of a support

system, an anchor system, while the students are then going through the higher education system?" Hopefully, it also serves as a way to recruit those students back into their communities to practice and serve the members of their communities.

I think that is a great recommendation for an addition to A.C.R. 5.

Assemblywoman Torres:

Thank you, I appreciate that. Feel free to reach out, so we can work together on a possible amendment to this legislation.

Assemblywoman Dickman:

I really wanted to say how important this study is. It is so needed, and I love the fact that it focuses on behavioral health workforce development. My question is actually for Assemblywoman Anderson. Would you consider an amendment to let me be a sponsor of this resolution?

Assemblywoman Anderson:

I would be honored. I am very happy to do so.

Assemblywoman Dickman:

Thank you so much.

Assemblyman Leavitt:

My question is kind of logistic about the bill. Is this committee seeking to find out where the gaps are or find out where we need to include professionals? Because in your presentation, it sounds like you already have that information; you just presented it to us. Is there something deeper that we need to know as far as that goes? Also, is this committee going to do something beyond that? If you could just go into a little bit more detail.

Assemblywoman Anderson:

Absolutely. We do have data, but we have so many different elements of data. What exactly is the issue here in Nevada I think is the largest thing. That is what this group is trying to do. The goal would be to have some actual legislation proposed so that if there are elements getting in the way of licensing, we can clean that up.

The other element is to figure out ways that we can attract people to this profession. Is it the pay? Is it some of the torts? Is it other elements? I think Dr. Hunt and Dr. Packham touched on the Medicare reimbursement. Is that a process that we, as a state, need to look at—the systems that we are using to try to get those elements in there?

You touched upon the exact problem. We have a ton of different items, but what do we do with the items? That is what this group would be doing—looking through some different data points that, again, are all over the place—but more importantly, what do we do with it next? I think that is probably one of the biggest problems. We all see that there is this huge

elephant in the room that we need to eat, and none of us know how to take the first bite. This is a way to start that process. That is the main goal that I have for A.C.R. 5. I do not know if Dr. Hunt, Dr. Packham, or Ms. Munk want to add anything to that.

John Packham:

I would add that one of the things this report could do is also trace the impact of some of the policy recommendations that were contained in that Guinn Center report [[Exhibit D](#)] to see if, over the last eight to ten years, they have had any difference on affecting the supply of health professionals, particularly in behavioral health.

I think the study could also take a look at recent measures undertaken by Governor Sisolak and others under the public health emergency [Declaration of Emergency Directive No. 011, dated April 1, 2020]. Over the past year, we have relaxed licensure requirements and increased the ease in which an individual from another state can get licensed in Nevada. What we have seen is a steady growth in the number of licensees in medicine, nursing, and so forth. I think this would be an opportunity for that study to assess whether those could address issues in the long term. Do we make some of those relaxation of licensure requirements permanent? If quality of care is not harmed and patient safety is maintained, maybe we need to take a look at some of those proposals that are, again, temporary until the emergency expires.

Assemblyman Leavitt:

Thank you so much for that clarification. I just wanted you to tout a little bit on what the committee would do. You gave me a very good answer.

Assemblywoman Anderson:

Thank you for the question. I think it was a really important question to get out there.

Assemblywoman González:

Thank you so much for bringing this very important piece of legislation. I agree with a lot of what you and your presenters said about how important mental health is. I just had a question because the resolution did not really distinguish—maybe I missed it or did not read it. Is this classified, or will the study look at private and public mental health professions? Will it include the private sector, and does the data that you provided include the private sector?

Assemblywoman Anderson:

I do not think we ever sat down and discussed whether it was public or private and where that information was coming from. Because there is the use of the insurance individual, I am sure that person would be bringing in some of that private company information. I do think that that is a very large bit of information. As a quick follow-up, do you mean the data that we currently have, or do you mean where we are moving into?

Assemblywoman González:

I guess both. Does the data that we have include both public and private and, in this study, will it distinguish between public and private mental health professionals? Is that missing? Do we not know that information?

Assemblywoman Anderson:

I am going to let Dr. Packham and Dr. Hunt answer that. From what I understand, I do believe it is both, but I am going to let the two doctors be the ones who answer that question.

John Packham:

It would be inclusive of mental health professionals employed in all types of settings. Mental health is somewhat unique in that states in particular, state mental hospitals for example, are key providers of behavioral health services. To be comprehensive, you would want to look at the range of professions that practice in a range of settings, both inpatient and outpatient.

Sara Hunt:

I agree with Dr. Packham.

Chair Miller:

Committee members, do we have any additional questions? [There were none.] I will ask just a quick, clarifying one.

Assemblywoman Anderson, as the members are listed—who the committee members would be and by whom they would be appointed—at the beginning of the resolution, I see and really appreciate that at least one of the committee members from the majority caucuses of each house will be someone from the Assembly and Senate Committees on Health and Human Services, respectively [page 2, lines 2 through 6]. I think that is important because those members already have that background, experience, and knowledge and will also, of course, be there in the regular session to carry over the work done during the interim. I noticed it is not the same with our minority caucuses.

Is it because of the reduced numbers that we want to give the minority caucuses more flexibility to appoint its members? Because if not, would not the same thing be that we would want a member with that same experience from the Assembly or Senate Health and Human Services Committee? If you could just clarify that if you have the answer for that.

Assemblywoman Anderson:

I believe it is because there is only one each from the two minority leaders: one member from the Minority Leader of the Senate and one member from the Minority Leader of the Assembly. However, I am more than happy to clarify that and say that it is recommended the member be an individual from the Assembly or Senate Health and Human Services Committee. I believe there are many elements that sometimes getting dropped into this or jumping into this into the deep end—wow, there are a lot of things. Unless you have been on the Assembly or Senate Health and Human Services Committee, you are lost. I would be

more than happy to add that it is recommended the members be from the Health and Human Services Committees. However, I believe it was because there is only one member appointed from those two areas.

Chair Miller:

Right. Again, for me it is about knowing that it is such a robust topic and then being able to be part of it to carry it through during the session.

Committee members, are there any additional questions? [There were none.] I would like to open it up for testimony in support of A.C.R. 5.

Will Pregman, Communications Director, Battle Born Progress:

We rise in support of A.C.R. 5. With the extremely challenging year that all of us experienced, access to mental health services is more vital than ever. This resolution to study the gaps in behavioral and mental health professionals available in Nevada is important to ensuring our state has adequate access to these services. We need to get to the bottom of why we are falling short in our state and make policy that improves Nevada's mental health workforce and system.

I have recently begun going to therapy to start mental health work through depression that I have struggled with for a long time and that has intensified over this last tumultuous year. I am lucky that I had health insurance and could find a great provider available in my network, but I know that that is not the case for everyone. I have already seen the benefit of seeing a professional, and I want these services to be available to every Nevadan who needs them.

Please support A.C.R. 5 to study the disparities of the services available and to come up with solutions to our state's lack of available professionals. Thank you for your time.

Robin Reedy, Executive Director, Nevada State Organization, National Alliance on Mental Illness:

On behalf of the National Alliance on Mental Illness (NAMI), I would like to offer our support for A.C.R. 5. I am sure the statistics that were mentioned earlier from Dr. Packham are no surprise to anyone here. [Ms. Reedy read an excerpt from her prepared testimony, [Exhibit H](#).]

None of this is a surprise to the people of this committee. I have spent the past three years Zooming around the State; whether in a car or on teleconference services. I have heard about the workforce shortage from every side of the equation. Various reasons are given by each area. Providers say its Medicaid reimbursement, Educators and old-timers cite the lack of internships and they both blame insurance for not treating mental health services with the same access for service below the neck. Many point the finger at various licensing boards dragging their feet on approving qualifications or providing reciprocity or interstate contracts. Lastly, I have

even heard of therapists being hired as social workers within the education systems so providers can't find staff or compete with those salaries. The people of Nevada deserve the opportunity to experience health and productivity. In support of this goal, NAMI Nevada urges public policies, based on data, that ensure that all people have access to the right treatments at the right time.

Thank you for bringing forth this resolution.

Lea Case, representing the Nevada Psychiatric Association:

We are in support of A.C.R. 5 and have submitted a letter in support [[Exhibit I](#)], which has been uploaded to NELIS. I just wanted to give our thanks on the record to Assemblywomen Anderson and Peters, as well as former Assemblywoman Munk, for bringing this legislation. Also, thank you to Drs. Hunt and Packham for their work in the behavioral health workforce shortage area. We urge your support and offer the members of the Nevada Psychiatric Association as a resource for this study.

Genevieve Ramos, Private Citizen, Reno, Nevada:

I am calling on behalf of myself. I am a licensed marriage and family therapist and a licensed clinical alcohol and drug counselor. I am currently the Clinical Director at JC Lighthouse. I was the Director of Operations at Serenity Mental Health for eight years. I no longer work for them, so I am not representing them at this time. However, during my time within that role, I gained so much experience in the field representing at least 30 students and assisting them through the process of student practicum, internship, and licensure. I definitely wanted to voice my support of A.C.R. 5.

Being in the mental health field for 12 years, I have a lot of perspective, both from the south and the north, starting in Las Vegas where I began my practice and moving up north to Reno and Carson City. I feel that the topics and statistics that were discussed in today's meeting were absolutely accurate in my experience. I guess my main goal for this committee would not only be, of course, to identify the deficits but to hopefully put together plans moving forward to increase the number of providers in the state of Nevada.

I also had just one question. How can I, as just a regular Nevadan who works in the mental health field, participate more and assist the committee—or perhaps even be a part of the committee—in identifying the further needs or sharing more of my vast experience with this particular topic. Thank you so much.

Tom Durante, L.C.S.W., President, Board of Directors, Nevada Chapter, National Association of Social Workers; and Chair, Rural Task Force, Nevada Chapter, National Association of Social Workers:

I am a licensed clinical social worker with over 30 years of experience working in behavioral health services in the state of Nevada. My experience has provided me with the opportunity to witness firsthand, and in a number of settings, the critical shortage of behavioral health care providers in our state.

As noted earlier, the entire state of Nevada is considered to be experiencing shortages of behavioral health professionals. Also, as we heard earlier, Nevada ranks at the bottom of the states for access to mental health care and one of the highest rates of suicide. Although there are, of course, many factors contributing to these statistics, the workforce issue is a critical factor. These figures are bound to only worsen in the wake of the COVID-19 and economic crises we find ourselves in.

A comprehensive behavioral health workforce study is crucial as we plan for our future. The contributing factors to our behavioral health care professional shortage are many, including salary issues, de-professionalization, student debt issues, inaccessibility to higher education, and the lack of a pipeline from high school to college to the workforce. A study with a solid follow-up plan is needed. This is why I support A.C.R. 5. Thank you very much.

Jesse Wadhams, representing the Nevada Hospital Association:

We are pleased to support A.C.R. 5 in examining the behavioral health workforce in Nevada. Obviously, understanding the behavioral health workforce itself is a key component to all of Nevada's health care delivery system. We thank Assemblywoman Anderson for this resolution and look forward to working with her in the interim.

Steve Shell, Vice President, Stacie Mathewson Behavioral Health & Addiction Institute, Renown Health; and President, Board of Directors, Nevada State Organization, National Alliance on Mental Illness:

Thank you for giving me the opportunity to speak to you today in support of A.C.R. 5. In the last ten years that I have lived in Nevada, I have opened the state's two newest behavioral health hospitals, in Las Vegas and Reno, that were built from the ground up to provide both inpatient and outpatient mental health and addiction programs for all ages. I have seen firsthand how Nevada is severely lacking in the number of mental health providers to sufficiently meet the mental health and addiction needs in our state. We simply do not have enough psychiatrists, psychologists, social workers, therapists, and particularly, psychiatric nurses in the entire state to adequately care for our growing population.

Many individuals who need medication management or talk therapy have to wait several weeks to be seen by a provider. There are also often patients in emergency rooms across the state waiting for extended periods to be transferred to behavioral health hospitals because there may not be available beds due to staffing shortages. Telehealth has certainly improved access to health for some people, but we are still in dire need of more providers in order to expand both telehealth and in-person services.

Recruitment and retention of mental health professionals is more critical for Nevada than ever. We need to help our colleges and universities expand to accept more students for these professions, and we need to increase the promotion of these career options to attract

individuals who are interested and passionate in the field. We have a large number of residents in our state who are not able to receive the treatment they need and deserve.

I strongly urge that A.C.R. 5 be passed so that we can continue to identify creative solutions for our state. Thank you for your time.

[There were no more callers in support. [Exhibit J](#), [Exhibit K](#), and [Exhibit L](#) were submitted in support of A.C.R. 5 but not discussed.]

Chair Miller:

Is there anyone in opposition? [There was no one.] Do we have anyone who wishes to testify as neutral?

Hawah Ahmad, representing Clark County Education Association:

The Clark County Education Association engages in bipartisan advocacy for the advancement of public education in the state of Nevada and is testifying in neutral on A.C.R. 5.

We would like to thank the sponsors of this resolution for their efforts in addressing the shortage of behavioral health professionals in the state of Nevada. If the COVID-19 pandemic has shown us anything, it is that a lack of attention in the development of the workforce related to behavioral health has been alarmingly exacerbated and negatively impacted our students. With the formation of a legislative committee, issues relating to the development of the workforce for behavioral health professionals to improve access to behavioral health care in the state can finally be examined with a close lens. Specifically, the addition of a school counselor will help to ensure that we do not forget that the behavioral health care workforce in K-12 must also be examined, retained, and further developed for more manageable student-to-specialist ratios, to make their services more impactful.

We would like to request that the Committee and Assemblywoman Anderson consider adding an additional position for school social workers to ensure that the development of the behavioral health workforce includes individuals who understand how to create, implement, and follow individualized education plans. In addition to a social worker from K-12, we ask that this Committee ensure that programs currently being implemented in school districts are included in the approach this committee takes to strengthening behavioral health professional development.

Overall, we are very excited about A.C.R. 5 and look forward to supporting this legislative committee in any way possible to ensure that the behavioral health workforce is developed to help every Nevadan who needs it. Thank you to Assemblywoman Anderson and the sponsors of this resolution.

[There were no more callers in neutral.]

Chair Miller:

I would like to thank Assemblywoman Anderson for bringing forth this legislation and, of course, Dr. Hunt, Dr. Packham, and former Assemblywoman Connie Munk for joining the presentation of the legislation as well. With that, I will close the hearing on Assembly Concurrent Resolution 5 and move to our next agenda item, which is public comment.

We will give callers a moment to call in. While we are doing that, I want to remind everyone that you will have two minutes to make public comment on something that is under the purview of this Committee. We will have up to 30 minutes of public comment. [There was no one.] We will wait another moment to ensure we capture anyone who may be attempting to call in. Do we have anyone who has called in? [There was no one.] We will close the agenda item on public comment.

Our next meeting will be posted and agendized when scheduled. Thank you, everyone. I adjourn today's meeting [at 5:03 p.m.].

RESPECTFULLY SUBMITTED:

Jordan Green
Committee Secretary

APPROVED BY:

Assemblywoman Brittney Miller, Chair

DATE: _____

EXHIBITS

[Exhibit A](#) is the Agenda.

[Exhibit B](#) is the Attendance Roster.

[Exhibit C](#) is the Work Session Document for [Assembly Bill 1](#), presented by Pepper Sturm, Principal Policy Analyst, Committee and Policy Research Services, Research Division, Legislative Counsel Bureau.

[Exhibit D](#) is a copyrighted policy brief published by the Kenny C. Guinn Center for Policy Priorities, titled "Nevada's Mental Health Workforce: Shortages and Opportunities," dated October 2014, submitted by Assemblywoman Natha C. Anderson, Assembly District No. 30.

[Exhibit E](#) is a copy of a PowerPoint presentation presented by John Packham, Ph.D., Co-Director, Nevada Health Workforce Research Center, Office of Statewide Initiatives, School of Medicine, University of Nevada, Reno.

[Exhibit F](#) is a document titled "Nevada Rural and Frontier Health Data Book – 10th Edition," dated February 2021, published by the Nevada Health Workforce Research Center, Office of Statewide Initiatives, School of Medicine, University of Nevada, Reno, submitted by John Packham, Ph.D., Co-Director, Nevada Health Workforce Research Center, Office of Statewide Initiatives, School of Medicine, University of Nevada, Reno.

[Exhibit G](#) is a proposed conceptual amendment to [Assembly Concurrent Resolution 5](#), presented by Assemblywoman Natha C. Anderson, Assembly District No. 30.

[Exhibit H](#) is written testimony dated March 18, 2021, submitted by Robin Reedy, Executive Director, Nevada State Organization, National Alliance on Mental Illness, in support of [Assembly Concurrent Resolution 5](#).

[Exhibit I](#) is a letter to the Assembly Committee on Legislative Operations and Elections, dated March 17, 2021, signed by Lesley Dickson, M.D., State Legislative Representative, National Psychiatric Association, presented by Lea Case, representing the Nevada Psychiatric Association, in support of [Assembly Concurrent Resolution 5](#).

[Exhibit J](#) is a letter to the Assembly Committee on Legislative Operations and Elections, dated March 17, 2021, signed and submitted by Sarah Adler, representing Vitality Unlimited and New Frontier Treatment Center, in support of [Assembly Concurrent Resolution 5](#).

[Exhibit K](#) is written testimony dated March 18, 2021, submitted by Jeanne Nelson, Private Citizen, Gardnerville, Nevada, in support of [Assembly Concurrent Resolution 5](#).

[Exhibit L](#) is a letter to the members of the Nevada State Assembly, dated March 18, 2021, signed and submitted by Shane Piccinini, Government Relations, Food Bank of Northern Nevada, in support of Assembly Concurrent Resolution 5.