

**MINUTES OF THE MEETING
OF THE
ASSEMBLY COMMITTEE ON WAYS AND MEANS**

**Eighty-First Session
May 11, 2021**

The Committee on Ways and Means was called to order by Chair Maggie Carlton at 6:04 p.m. on Tuesday, May 11, 2021, Online and in Room 3137 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. Copies of the minutes, including the Agenda ([Exhibit A](#)), the Attendance Roster ([Exhibit B](#)), and other substantive exhibits, are available and on file in the Research Library of the Legislative Counsel Bureau and on the Nevada Legislature's website at www.leg.state.nv.us/App/NELIS/REL/81st2021.

COMMITTEE MEMBERS PRESENT:

Assemblywoman Maggie Carlton, Chair
Assemblywoman Daniele Monroe-Moreno, Vice Chair
Assemblywoman Teresa Benitez-Thompson
Assemblyman Jason Frierson
Assemblywoman Michelle Gorelow
Assemblyman Gregory T. Hafen II
Assemblyman Glen Leavitt
Assemblywoman Brittney Miller
Assemblywoman Sarah Peters
Assemblyman Tom Roberts
Assemblywoman Robin L. Titus
Assemblywoman Jill Tolles
Assemblyman Howard Watts

COMMITTEE MEMBERS ABSENT:

Assemblywoman Sandra Jauregui [excused]

GUEST LEGISLATORS PRESENT:

Assemblywoman Shondra Summers-Armstrong, Assembly District No. 6
Assemblyman David Orentlicher, Assembly District No. 20
Assemblywoman Rochelle T. Nguyen, Assembly District No. 10



STAFF MEMBERS PRESENT:

Sarah Coffman, Assembly Fiscal Analyst
Brody Leiser, Principal Deputy Fiscal Analyst
Mary O'Hair, Committee Manager
Adam Cates, Committee Secretary

OTHERS PRESENT:

Jessica Adair, Chief of Staff, Office of the Attorney General
Lisa Lucas, Chief Information Technology Manager, Department of Corrections
Adrienne Monroe, Administrative Services Officer 3, Department of Corrections
Kacey KC, State Forester Firewarden, Division of Forestry, Department of Conservation and Natural Resources
DuAne Young, Deputy Administrator, Division of Health Care Financing and Policy, Department of Health and Human Services
Tessyn Opferman, representing Nevada Women's Lobby and Retired Public Employees of Nevada
Misty Grimmer, representing SilverSummit Healthplan and the Nevada Alzheimer's Association
Tiffany Tyler-Garner, Private Citizen, Las Vegas, Nevada
Quentin Savvoir, Deputy Director, Make It Work Nevada
Steve Messinger, representing Nevada Primary Care Association
Elizabeth Dixon-Coleman, Statewide Re-Entry Administrator, Department of Corrections
Joe Garcia, Chief of Program Operations Support and Training, Division of Welfare and Supportive Services, Department of Health and Human Services
Eric Spratley, representing Nevada Sheriffs' and Chiefs' Association

Chair Carlton:

[The meeting was called to order. Roll was taken and protocol was discussed.] We will begin with the Bill Draft Request introductions.

BDR 1-1076—Revises provisions governing legal services for indigent defendants. (Later introduced as [Assembly Bill 480](#).)

BDR 16-1143—Establishes a statewide center for the provision of services to victims of crime. (Later introduced as [Assembly Bill 481](#).)

Sarah Coffman, Assembly Fiscal Analyst:

Bill Draft Request (BDR) 1-1076 is an act relating to crime defense; revising various provisions relating to the appointment of attorneys; removing limitations on fees earned by certain attorneys; revising provisions relating to claims for compensation and expenses made by certain attorneys; creating the Special Account for the Support of Indigent Defense Services; revising certain deadlines for requirements placed on boards of county

commissioners relating to the transfer of responsibility for the provision of indigent defense services to the State Public Defender; and providing other matters properly relating thereto.

Next is BDR 16-1143. This is an act relating to crime; requiring the Division of Child and Family Services of the Department of Health and Human Services, to the extent that money is available for this purpose, to designate a statewide center to provide assistance to certain victims; authorizing the Administrator of the Division to accept any gift, grant, donation, bequest, or other source of money for the purpose of carrying out duties related to the center; and providing other matters properly relating thereto.

Chair Carlton:

Are there any questions or comments on the two BDRs? [There were none.] I will take a motion.

ASSEMBLYWOMAN MONROE-MORENO MOVED TO APPROVE THE
INTRODUCTION OF BDR 1-1076 AND BDR 16-1143.

ASSEMBLYWOMAN BENITEZ-THOMPSON SECONDED THE
MOTION.

Chair Carlton:

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

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

Chair Carlton:

The first bill we will be talking about is Assembly Bill 461.

Assembly Bill 461: Makes an appropriation to the Office of the Attorney General for the cost of replacing standard glass windows and doors with ballistic glass and frames at the Carson City office. (BDR S-1060)

Chair Carlton:

Assembly Bill 461 makes an appropriation to the Office of the Attorney General for the cost of replacing standard glass windows and doors with ballistic glass and frames at the Carson City office. Ms. Adair, it is nice to see you, and I am sorry we have to talk about a bill like this. I guess that day has come. Please give us a high-level overview of the bill, and then we will ask some questions.

Jessica Adair, Chief of Staff, Office of the Attorney General:

Those are my feelings exactly. I am also joined by Jessica Hoban, Chief Financial Officer, Office of the Attorney General. This bill is for a very limited replacement of this glass. It is just for the two windows for the Attorney General's personal office here in the Carson City office, as well as the window that faces Carson Street in the Attorney General's executive

conference room. We received a quote and have been working with the Division of Buildings and Grounds to find an appropriate vendor to make that replacement. I am happy to answer further questions about that quote or the location where we are proposing to replace the glass.

Chair Carlton:

How did you decide which windows need to be replaced? We know a lot of people work on the first floor, and we want to make sure everyone is safe. What were the discussion points, and did you consider more or less? How did you settle upon this particular amount of renovation?

Jessica Adair:

We made this decision based upon some specific threats to the Attorney General himself. I agree with you that, ideally, we would like to replace all of the glass, but doing that for the office as a whole seemed to be cost prohibitive, particularly for this building. It is an historic building, so they have to replace the glass in a specific way; however, there are not many staff members whose office windows are on the ground floor and face Carson Street. It is mainly the Attorney General's office and the executive conference room. That was another factor in our decision.

Chair Carlton:

Thank you for putting that on the record. We want to make sure that we understand it fully. A number of years ago, there was a proposal to build in all types of interior barriers, and I remember seeing the diagrams. When you were to walk into the Attorney General's Office, it was going to look like you were going through the airport. We said no, we did not think that was the perception we want. I am glad you are considering the outside glass and trying to maintain the historic components. I am going to channel Assemblywoman Heidi Swank for a moment. I think she would approve of ballistic glass. She would understand replacing those windows. Committee members, are there any questions for Ms. Adair in the Attorney General's Office?

Assemblywoman Miller:

You mentioned getting estimates which consider this is an historic building, and that we want to keep the historic look and structure. Because the actual renovations will be different based upon the age of the building, is this total the final estimate? For any type of renovation, especially one that tries to keep something structurally sound like this, there is a possibility that the actual cost could increase and be more expensive than anticipated. If that happens, what would the process look like at that point?

Jessica Adair:

We worked with an approved vendor, and with the Division of Buildings and Grounds, to ensure the vendor is appropriate, understands how to replace glass in an historic building, and that there will be no damage or change to the appearance of the building. The glass would just be replaced. I do not believe we will go over that estimated cost because that is the quote that we received. I suppose anything is possible when working with a vendor who may see

that their initial quote was not accurate. We do not anticipate that happening, however, because that number is from the vendor itself.

Assemblywoman Titus:

Are there any other buildings or offices in the state that are looking to have this type of renovation in the future?

Jessica Adair:

There are none that I know of; I can only speak to the Attorney General's Office. The Attorney General has three offices in our three main buildings in Reno, Las Vegas, and Carson City. In Las Vegas, his office is located in a place that we believe is more secure and less of an obvious threat. I hate to talk about this; it makes me so sad. His office is not located immediately off of a busy street. For the Reno office, we lease from a private office building. It has no window access that we need to be concerned about. I cannot speak to the other agencies or what they might be interested in doing based upon their security. I do not believe we have any other intention to make any changes to our office based upon the information we have at this time.

Assemblywoman Titus:

I realize that this bill has not been in another committee and those type of questions have not been asked. I wonder if this is a perceived threat or an actual threat. It is a crazy world we live in. Like the Chair, I too am sorry we have to have a discussion to protect our people, but if we have to have it, then we have to have it. There are other departments that have certainly been under a lot of stress in this past election cycle. I want to make sure that we are keeping all elected Nevadans safe. I just want to know if there are future plans to expand this.

Jessica Adair:

We, unfortunately, have been in receipt of information, due to our position, that would indicate that Attorney General Ford is not the only recipient of these kinds of threats. I cannot speak to the plans of other state agencies to fortify, for lack of a better word, their buildings.

Assemblywoman Titus:

We certainly did it in this building, so I want to make sure it is across the board. All Nevadans should feel safe.

Chair Carlton:

Are there any other questions? [There were none.] This is the hearing for A.B. 461. I will open it to those in support. [There were none.] Is there anyone in opposition? [There were none.] Is there anyone to testify as neutral? [There were none.] I will close the hearing on A.B. 461 and open the hearing on Assembly Bill 462.

Assembly Bill 462: Makes appropriations to the Department of Corrections for an upgrade to and reintegration of certain management systems and for replacement cameras, storage area networks and ovens. (BDR S-1126)

Chair Carlton:

Assembly Bill 462 makes an appropriation to the Department of Corrections for an upgrade to and reintegration of certain management systems, and for replacement cameras, storage area networks, and ovens. This is the one I have been waiting for. I want to hear about this oven. We have had conversations previously about replacement cameras and the network. If a representative from the Department would first give us a brief overview of what we are looking at here, I will then open it up for questions.

Lisa Lucas, Chief Information Technology Manager, Department of Corrections:

The reintegration to the Nevada Offender Tracking System (NOTIS) and the replacements are in two parts. The NOTIS is our offender management system that we implemented in 2007. At the time, we purchased and implemented the module to do our offender sentence management. Legislation came down that we had to do aggregation, so in-house, we pulled that out of NOTIS and built an application. As time has gone on, that position is vacant, so we no longer have an employee in-house to work on the back end of the application and the codes. It is mission-critical, so if this were to fail, we would be out of compliance with the laws for the State of Nevada. We have the ability to put it back into NOTIS, and they have the ability to do real-time calculations. We would have real-time reports for the various offices that use this, and whom we also report to.

The other part is that the whole NOTIS system would be upgraded to the next generation version. Right now, this stand-alone application uses Internet Explorer, which is reaching its end-of-life for support. The replacement would be web-based and current. We would not have to rely on a lot of these things that are moving toward end-of-life and will eventually cost us more money to maintain.

Chair Carlton:

Tell me about the oven. We have been very curious. We do not see this often, so we are easily thrilled.

Adrienne Monroe, Administrative Services Officer 3, Department of Corrections:

I am glad we can entertain you. The combi ovens are very versatile, but very expensive ovens. It is called a "combi" because it is a combination oven. It can cook with steam, dry airlock convection, or a combination of both. High Desert State Prison had five combi ovens, which were original to the institution in the year 2000. The expected asset lifecycle of this piece of equipment is 15 to 20 years, if you take good care of it, so ours have definitely reached their end-of-life. We had a health inspection in October 2019. At that time, three out of the five ovens were not operational. Since that time, another oven went down, so we used extraordinary maintenance funds to get a new combi oven this fiscal year. The only other one in operation is an old one—it is not operating well and takes a lot of effort. These ovens are so old that we can no longer get parts for them, and we need to make sure we have

a sufficient number of ovens to feed the 3,500 inmates daily. This funding request of \$102,747 will afford us the purchase of three base model combi ovens with the minimal packages that are required for prisons. They have safe door locks and some other things on them. I am happy to answer any questions.

Chair Carlton:

My curiosity has been dealt with. Committee members, are there any questions? [There were none.] This is the hearing on A.B. 462, and I will open it to those in support. [There were none.] Is there anyone to testify in opposition? [There were none.] Is there anyone to testify as neutral? [There were none.] I will close the hearing on A.B. 462 and open the hearing on Assembly Bill 463.

Assembly Bill 463: Makes a supplemental appropriation to the State Department of Conservation and Natural Resources for an unanticipated shortfall in the Forest Fire Suppression budget account. (BDR S-1058)

Chair Carlton:

Assembly Bill 463 makes a supplemental appropriation to the State Department of Conservation and Natural Resources for an unanticipated shortfall in the Forest Fire Suppression budget account. We have seen this one a number of times before. Kacey KC will give us a brief overview of A.B. 463, and then we will go to questions.

Kacey KC, State Forester Firewarden, Division of Forestry, Department of Conservation and Natural Resources:

Assembly Bill 463 is a supplemental appropriation request for the Nevada Division of Forestry (NDF) that covers projected shortfalls in the Forest Fire Suppression budget account in the amount of \$2.36 million. This supplemental appropriation will be used to fund current and past year wildland fire suppression expenses that have already been incurred. The Division's incident billing staff have worked hard over the last three years to expedite and make more accurate the wildland fire billing system and process on behalf of the Division as well as counties and fire protection districts participating in the Wildland Fire Protection Program. The NDF incident billing unit is caught up to fiscal year 2021 fire bills, excluding cost share and fire management assistance grants fires which take much longer to finalize. The billing process will be further expedited and made more accurate with the new automated fire billing system, approved in the 2019 Legislative Session. The NDF has received the new fire billing system and is currently training our federal and local government partners on inputting their data into the system so they can begin to use it. All users will begin using this automated billing system on July 1, 2021. I am happy to answer any questions you may have.

Chair Carlton:

We have one number in the bill, and then we have an amendment proposed. Would you please repeat the number to make sure I have the most accurate data?

Kacey KC:

The number is \$2.36 million.

Chair Carlton:

I have confirmed that in my amendment. I like to do that when there is a change. Committee members, are there any questions?

Assemblywoman Titus:

I saw that the City of Laughlin supports this bill. You mentioned the new billing system. I appreciate that because I have been critical in the past when you have submitted requests for additional funds for bills that you received for fires which happened years ago. Hopefully, it is now current. I do not see anything about this particular \$2.36 million expense. What was the expense associated with this particular amount?

Kacey KC:

The expenditures associated with this \$2.36 million are for past and current year fires. These include the cooperators or agency staff who showed up to fight the fires, the contractors, and everything else that we are required to pay for past fire years. There should have been backup in the spreadsheet that showed all of the expenses which have been incurred to date. We did try to put into the supplemental amount the things we know we need to pay currently, and not project future needs, as we know we will start a new budget July 1st.

Chair Carlton:

One of the things that has been pointed out concerns the \$5 million that was allocated to the agency through the Interim Finance Committee (IFC) over the summer, and the conversations we had around that. Apparently, there was no reversion date for unspent funds put into that allocation. If there should happen to be some odd amount left over, the money would just sit there without any direction on where to go. We are contemplating the establishment of a reversion date of June 30, 2025. That would give you plenty of time to use the funds. We want to make sure that money does not sit in an account, never clearing out as things change. That will be one of the points of consideration we address when we process the bill. I want to make you aware and ask if you have any thoughts on that.

Kacey KC:

I talked to the Legislative Counsel Bureau (LCB) Fiscal staff today, and I am aware of that change. We actually appreciate that change. That is a lot of money for us. It is tied to a large program that we have with NV Energy, which is matching those funds. We have allocated a good portion of those funds to local government fire districts in order to get a lot of work done. We appreciate the extension in order to complete that work.

Chair Carlton:

Committee members, are there any other questions? [There were none.] This is the hearing on A.B. 463. I will open it to those speaking in support. [There were none.] Is there anyone to speak in opposition? [There were none.] Is there anyone to testify as neutral? [There were none.] I will close the hearing on A.B. 463. At the end of the meeting, we will come

back to these three bills. [Additional meeting protocol was discussed.] I will open the hearing on Assembly Bill 189 (1st Reprint) to be presented by Assemblywoman Gorelow.

Assembly Bill 189 (1st Reprint): Expands Medicaid coverage for postpartum care and other services for pregnant women. (BDR 38-130)

Assemblywoman Michelle Gorelow, Assembly District No. 35:

I am here to present Assembly Bill 189 (1st Reprint), which was also amended to include the interim Health and Human Services bill, Assembly Bill 193.

Assembly Bill 193: Expands Medicaid coverage of postpartum and other services for pregnant women. (BDR 38-452)

Assemblywoman Gorelow:

Assembly Bill 189 (1st Reprint) aims to reduce pregnancy and birth complications. There are four parts to this bill: presumptive eligibility, expanding Medicaid eligibility from 165 percent to 200 percent of the federal poverty level, eliminating the 5-year residency requirement for legal residents, and providing postpartum care from 60 days to 1 year [[Exhibit C](#)].

Presumptive eligibility is a process in which a pregnant woman, who would normally qualify for Medicaid, is able to receive prenatal care while her Medicaid application is being processed [page 10, [Exhibit C](#)]. This will allow more women to access early prenatal care. It is estimated that 396 women in 2022 and 2,504 women in 2023 would benefit from this program.

The expansion of eligibility for pregnant women to 200 percent of the federal poverty level will provide insurance to more women. The estimated number of pregnant women between the ages of 12 and 44 is 3,640 in fiscal year (FY) 2022, and 3,749 in FY 2023 [page 5].

Eliminating the 5-year residency requirement for legal residents would also provide health coverage to more women. It is estimated that this program would serve approximately 52 women in FY 2022 and 97 in FY 2023 [page 8].

The last provision is the providing of postpartum care from 60 days to 1 year [page 3]. Giving birth can be difficult on a woman's body, especially if there are already complications such as gestational diabetes, preeclampsia, or cesarean sections, which account for over 30 percent of the deliveries in Nevada. In addition, women can suffer from postpartum depression, and in severe cases, psychosis. The American College of Obstetrics and Gynecology (ACOG) now refers to postpartum care as the fourth trimester, and recommends that care should be a continuous process as a way of setting the stage for long-term health and wellness for both the mother and baby.

The fiscal note provided by the Division of Health Care Financing and Policy of the Department of Health and Human Services (DHHS) has been calculated to a State General

Fund appropriation of \$1.63 million for presumptive eligibility. The expansion of Medicaid eligibility to 200 percent of the federal level is calculated at \$10.2 million; however, if we add the addition of the postpartum coverage, that will add an additional \$3.77 million. Coverage for legally residing pregnant women would be \$75,169, and the additional impact for the postpartum care coverage would be an additional \$112,209. The 12-month postpartum coverage would be \$8.1 million. The grand total of State General Fund appropriations is \$42.79 million for the biennium.

Chair Carlton:

In the document that I have with the summary, there are different numbers. Please be sure that the document you are reading from is made available to the Committee members. I will go to Mr. Young to help walk us through the numbers to make sure that what I have on my chart, what you have, and what they have all come together. Committee members, are there any questions of Assemblywoman Gorelow on the multiple components that are in A.B. 189 (R1)? [There were none.] Mr. Young, can you help us go through this? We see the original fiscal note, but we realize it was amended. I want to make sure we understand how you arrived at some of these numbers.

**DuAne Young, Deputy Administrator, Division of Health Care Financing and Policy,
Department of Health and Human Services:**

With me tonight is Dr. Ellen Crecelius, Actuarial Economist, Division of Health Care Financing and Policy, DHHS; as well as Lisa Swearingen, Chief of Eligibility and Payments, Division of Welfare and Supportive Services, DHHS. I am the Deputy Administrator of Programs.

The document that Assemblywoman Gorelow was walking through is something we provided to her to help prepare for this presentation [[Exhibit C](#)]. We can go through a couple pieces. The easiest one to understand is the coverage for lawfully residing pregnant women. These are women who are lawfully residing in the United States but have not yet met their 5-year requirement for residency. During the 2017 Legislative Session, there was a bill that expanded this for children. It is allowable to also receive matched funds to expand this for the mothers, but we did not do that at the time. This is that component, which estimates funding to the amount Assemblywoman Gorelow pointed out. The total amount is approximately \$108,000. The State General Fund portion would be roughly \$37,000.

Chair Carlton:

Are you referring to any particular budget category? I am trying to track where these numbers belong. Is it in one of the fiscal notes? I know they amended one bill into the other.

DuAne Young:

We are in medical.

Chair Carlton:

Is that Medicaid budget account (BA) 3243?

DuAne Young:

Yes, BA 3243. These are demonstrated medical costs within BA 3243 for this fiscal note. The figure that Assemblywoman Gorelow quoted is the addition. We tried to break this out piecemeal because of the myriad of options, but if the Committee does pass the additional portion, which says, "for 12 months postpartum coverage," the State General Fund obligation in BA 3243 would jump from roughly \$37,000 to around \$55,000. That would also increase the total amount from approximately \$108,000 to about \$161,000. There is no county obligation for this aid category, so these are only state and federal funds that we are discussing.

Chair Carlton:

You may move on to the next item.

DuAne Young:

Next is the presumptive eligibility portion. This category is also in BA 3243 because it speaks to our portion. Our portion speaks to the expanded categories of coverage, which is the expanded months of coverage. As we know, many of these women would be newly eligible in the parent and child category and fall within managed care, particularly because they live in the urban areas. Some with them are fee-for-service, so there is a calculation of the additional fee-for-service expenditures, as well as the managed care capitation months; that is in BA 3243. This totals about \$454,000, with a State General Fund obligation of around \$155,000. There are no county-matched funds for this, so we are speaking solely about state and federal funding. This calculation is not impacted by the additional postpartum months—this figure is only dealing with the extra months of eligibility in those three trimesters and catching those individuals early.

Chair Carlton:

I am trying to find the numbers you are talking about, and they are not tracking in the fiscal note that we have. Was another document submitted that we do not have right now, or are we just working from your testimony?

DuAne Young:

I believe we did update and resubmit the fiscal note. I just checked NELIS to see what you are seeing, and I do not see the amendments appearing in A.B. 189 (R1) that capture all of these fiscal notes. I see only the presumptive eligibility piece that we have just discussed. These numbers should track to be the same.

Chair Carlton:

On the presumptive eligibility, I believe we are good. It is the amended version with the information you are citing that we do not have.

DuAne Young:

That information is all contained within the fiscal note for A.B. 193.

Chair Carlton:

We do not have the fiscal note for A.B. 193. I have a document that refers to A.B. 193, but I do not believe we have a fiscal note for A.B. 193. Now that we know where to look, we can figure it out. I want to make sure we are working off the same document. I ask that you put all of this together in a more comprehensive package for us. Send it to Assemblywoman Gorelow and me, so we can go over it to make sure we are all on the same page. Then, I will forward it to Fiscal staff. It should be a document that gives us a real picture of this to make it easier, rather than a fiscal note for A.B. 189 (R1) and a fiscal note for A.B. 193 that we have to merge. I ask you to merge them for us, and then we can move forward. Please proceed with your testimony.

DuAne Young:

Most certainly, and please accept my apologies. We will find out what the disconnect was between the Governor's Finance Office and the Committee. We will provide the combined fiscal note, as well as the document that we provided Assemblywoman Gorelow [[Exhibit C](#)].

Regarding the last two components, the first is the expansion of eligibility to 200 percent of the federal poverty level. As mentioned, 32 states, including Nevada, have expanded that eligibility, and the Centers for Medicare and Medicaid Services (CMS) allows that expansion up to 200 percent. This would move the eligibility for expecting mothers in Nevada to that allowance. The fiscal note is for the additional impact of covering those capitated member months within managed care, as well as the additional fee-for-service claims for the 1-year postpartum period coverage for those additional women who are covered up to 200 percent. There are two components of this total amount. One is the fiscal note of approximately \$8 million in the first year and approximately \$10 million in the second year of State General Fund appropriations. There is an additional enhancement of roughly \$3 million in each fiscal year. If this Committee were to pass the additional point of 12 months postpartum coverage, that would cover those women in this period up to that additional federal medical assistance percentage (FMAP) rate because they would be covered with traditional coverage as well as that extended portion.

The last component is the 12 months of additional postpartum coverage. Currently, we cover up to 60 days postpartum, and then the women are out of the market. This fiscal note looks at what it takes to expand coverage for those additional 10 months. These would be fee-for-service claims as well as managed care capitation. In the first year, we are looking at about an additional \$7 million, and then about \$8 million in the second year of the biennium, for a total of roughly \$15.3 million in State General Fund appropriations. We know that this has an impact on the previous categories I mentioned, including the eligibility up to 200 percent, as well as the lawfully residing women. There is no impact regarding the presumptive eligibility component.

Chair Carlton:

I apologize for any of the confusion. Committee members, we will make sure we get all these documents put together. Everyone will get them, and we will work through them. I will work with Assemblywoman Gorelow on it, and Mr. Young, we will have a

conversation in the future just to make sure we have this lined up. I never thought I would see a Medicaid Christmas tree, but here is one, right in front of us. It is an unusual situation. Are there any questions from Committee Members?

Assemblywoman Benitez-Thompson:

I know we will make sure the numbers match up. As I read the bill, I love the idea. We have had a few conversations in this building about presumptive eligibility for Medicaid. We have made at least one or two attempts in the past to try to make it work. It would be great to say that we are going to do this. Moving forward, should we take section 1 as a complete package, or if we figured out that, in terms of affordability, we could do one piece over another, do you have a priority of preference you want us to keep in mind?

Assemblywoman Gorelow:

If we had to take portions, I would say presumptive eligibility would be my first selection. That will allow us to improve early access to prenatal care. Many times, women find out they are pregnant when they are 6 to 8 weeks along. It takes an average of 45 days to enroll if they have the paperwork together. Many times, there is an incorrect or missing document, and that adds more time before they are eligible for Medicaid, thus taking them out of early prenatal care. Presumptive eligibility would be my first preference. My next preference would be to eliminate the 5-year residency requirement for legal residents, followed by expanding Medicaid eligibility up to 200 percent of the federal poverty level, and then providing the postpartum care.

Assemblywoman Benitez-Thompson:

That is helpful.

Assemblywoman Titus:

Thank you, Assemblywoman Gorelow, for asking me to be a primary cosponsor on this bill. I am excited to do so. This is a conversation that we have had for multiple years, especially about the presumptive eligibility. I signed on because, not only is this good health care, it is good fiscal health care policy. I know that early intervention with health care for these mothers means we have better babies. We have seen the cost of what this will be, but the other argument is about the savings, for which a hard number is difficult to project. You gave a hard number on the cost, but is there a ballpark figure or goal as far as how much money we are going to save? Even if we save on one baby, what are the potential costs and savings from good outcomes?

Assemblywoman Gorelow:

The average preterm birth is around 34 weeks, and costs between \$65,000 and \$75,000. If we take an average of \$70,000 per preterm birth, it will take us less than 100 births to reach about \$6 million. There are greater costs for 28-week preterm babies, which average \$250,000. If we can take a 28-week preterm baby and bring it to 30 or 32 weeks, that is going to cut down on neonatal intensive care unit (NICU) costs tremendously, not to mention the long-term costs of early intervention, tutoring, physical therapy, and

developmental delays. There is more to that. Currently, we do about 3,800 preterm babies per year, so less than 100 babies would get us to around \$6 million in savings.

Assemblywoman Titus:

I wanted that on the record, knowing that this is really going to help outcomes in the long run to save money. It saves lives and saves dollars.

Chair Carlton:

I remember sitting with former Assemblywoman Sheila Leslie in a Joint Health Committee meeting back in the early 2000s, trying to convince people what presumptive eligibility really meant. It was hard for people to wrap their brains around it. I am glad we are able to have this conversation again, in a serious manner, and put dollars to the conversation to see where we can go with it. Are there any other questions? [There were none.] We will work on getting a more comprehensive document that reflects the bill in its first reprint, so we have one document to work from. Once we do that, we will bring it back in front of the Committee to have an additional conversation. With that, this is the hearing for A.B. 189 (R1). I will open it up to those testifying in support of A.B. 189 (R1).

Tessyn Opferman, representing Nevada Women's Lobby:

We realize this is the money committee, so I will keep my comments brief, but we want to put our support on the record. Thank you for making time for this hearing. We are in support of anything that is preventative care and can help women and family health.

Misty Grimmer, representing SilverSummit Healthplan:

We are one of the state's three Medicaid managed care organizations (MCO). We want to testify in support.

Tiffany Tyler-Garner, Private Citizen, Las Vegas, Nevada:

I am here to affirm a supportive endorsement of A.B. 189 (R1), particularly the commitment to presumptive eligibility, and the ways in which it broadens health care access. For many residents, it is of critical importance. I want to affirm my support for it.

Chair Carlton:

Is there anyone in opposition? [There were none.] Is there anyone to testify as neutral? [There were none.] Assemblywoman Gorelow, you have some homework in front of you. Once you take care of that, we will have future conversations. I will close the hearing on A.B. 189 (R1) and open the hearing on Assembly Bill 216 (1st Reprint). Assemblywoman Gorelow, please give us a high-level overview, and we will open it up for questions.

Assembly Bill 216 (1st Reprint): Requires Medicaid to cover certain services for persons with cognitive impairments. (BDR 38-385)

Assemblywoman Michelle Gorelow, Assembly District No. 35:

Assembly Bill 216 (1st Reprint) requires the Director to include in the State Plan for Medicaid payment for cognitive assessments and care planning for persons experiencing

signs or symptoms of cognitive impairment. A fiscal note was submitted in the amount of approximately \$900,000; however, I did receive an email from Deputy Administrator, DuAne Young, on April 15, 2021 that the fiscal note was reevaluated, and it has been removed.

Chair Carlton:

Committee members, are there any questions?

Assemblywoman Miller:

When you say cognitive impairment, would this include anything that is related to Alzheimer's, dementia, or accidents? Is there a standard for that definition?

Assemblywoman Gorelow:

Yes, it does mean Alzheimer's, dementia, and those type of impairments; however, it is not for someone who has a concussion. It is meant for long-term.

Assemblywoman Benitez-Thompson:

Since the provisions of the fiscal note have been removed, has the intent or scope around the bill been changed? Was this bill originally envisioned in one way, but a coming together of minds realized a path to move forward that does not cost money?

Assemblywoman Gorelow:

It is my understanding that the cost was first viewed as what it would cost to put someone in a facility versus the actual treatment. The treatment costs less than the facility, and that is why the fiscal note was removed. Mr. Young may be able to provide more information on that.

**DuAne Young, Deputy Administrator, Division of Health Care Financing and Policy,
Department of Health and Human Services:**

That is correct. I want to thank Assemblywoman Titus who helped us work on this as well. We examined individuals who are age 55 to 65. Those 65 and older would be dual eligible and paid for by Medicare. When we examined the percentage of individuals that we would test and assign this code—the less than 8 percent who are actually in cognitive decline in this state in that age range—we found there would be savings if we provided other services such as home health and personal care services. Just by providing those services and delaying their entry into a facility by 6 months, we would more than cover the cost of allowing this code to be open for those between the age of 55 and 65.

Assemblywoman Benitez-Thompson:

I understand the dual eligibility and that the State Plan for Medicaid will pay the nonfederal shares. Are you saying there are no upfront costs, or just that the savings will cover the costs? I understand the Medicare programs, using home health, and doing the assessments, but is there an assumption that the population has other care paths to walk into? Would there still be a portion of people who do not have a path and who Medicaid would then cover?

DuAne Young:

You will hear me speak later about how we achieved savings in different budget categories. All of this would be in budget account 3243. We applied no system cost because this bill is not creating a new provider type or developing some lift. It is opening codes that already exist within Medicaid to providers who provide these assessments. From our research, we know that roughly 7 percent of the adults tested in this age group ended up going into cognitive decline. We based this savings solely off that 7 percent. We get to test the other 93 percent—even though they may not be in cognitive decline, they have the peace of mind and the insurance. The savings is achieved from those whose symptoms are caught early. Even if they were only to stay in a nursing home for 6 months, we thought this was a reasonable way to calculate savings. Our idea is based on peer-reviewed articles which focus on the cognitive engagement piece and the delay of someone entering into a long-term care facility by 6 months. This thinking is backed up by a North Carolina study, as well as some additional studies that we looked at. We applied that across the spectrum, but it does not mean that every person tested will be in cognitive decline nor that we will achieve savings off of every person. We estimated the savings off of what our current population is now.

Chair Carlton:

Thank you, Assemblywomen Gorelow and Titus, for your work on this. Committee members, are there any other questions? [There were none.] This is the hearing for A.B. 216 (R1). The fiscal note has been removed. Is there anyone wishing to testify in support?

Misty Grimmer, representing Nevada Alzheimer's Association:

I know this is not a policy committee, so I will not go into the details. I want to say thank you to the Committee for processing this bill. It is a very important piece of legislation. Thank you Assemblywoman Gorelow for carrying the bill. We appreciate it.

Tessyn Opferman, representing Retired Public Employees of Nevada:

We realize this is not a policy committee, but we do want to be on the record in support. Thank you for time, and we urge your support on this measure.

Chair Carlton:

We will go to those who wish to speak in opposition. [There were none.] Is there anyone to testify as neutral? [There were none.] I do not believe there is anything to wrap up, so I will close the hearing on A.B. 216 (R1). Committee members, you may see this bill again in the very near future, so be prepared for that. We have Assemblywoman Summers-Armstrong here to present Assembly Bill 256 (1st Reprint), so I will open the hearing on it. Please give us a high-level overview.

Assembly Bill 256 (1st Reprint): Provides for Medicaid coverage of doula services.
(BDR 38-849)

Assemblywoman Shondra Summers-Armstrong, Assembly District No. 6:

I am here to discuss Assembly Bill 256 (1st Reprint), affectionately known as the "doula bill." This has a simple purpose—to allow doula services to be covered by Medicaid. Having babies is a dangerous undertaking for women. We know that Black women have an exorbitantly high rate of mortality during childbirth. We are hopeful you all understand the important role that doulas play in the birthing process. These people are nonmedical support. Their job is to provide emotional and educational information for the mother and to be her advocate during the birthing process. We believe that this will lead to cost savings, as we know from national statistics that when doulas are present, births go better. When that happens, and women are able to have healthy babies, we save money. We have Quentin Savvoir, from Make It Work Nevada, to amplify some of the things I have said, and then DuAne Young from the Department of Health and Human Services (DHHS) will break down the cost savings.

Chair Carlton:

Please keep in mind this is not the policy committee. A brief statement will be fine, and then we will go to Mr. Young for any follow up.

Quentin Savvoir, Deputy Director, Make It Work Nevada:

We work alongside Black women and Black families to build power for economic, racial, and reproductive justice. I understand this is not the policy committee, but I do want to outline that this is community-driven policy. We have posted a litany of what we call "kitchen table conversations." These are one-on-one conversations with community members about what their health care experiences have been and what their experiences with their doctors have been. What we found was especially devastating, but also motivating. We learned that there is something we can do about this. We researched expansion of Medicaid for doula services in other states, and not only was there a cost savings to the state, it got the child off to a fresh, healthy, whole start and improved the birth outcome for the birth parent [[Exhibit D](#)]. At its core, this bill is about Nevada's children, giving them a fresh start, and thinking about the mothers who are going to be birthing these children, making sure they have successful birth outcomes as well. We can do something about this, and I hope that we do. I will defer to Mr. Young.

**DuAne Young, Deputy Administrator, Division of Health Care Financing and Policy,
Department of Health and Human Services:**

The work that we did with Mr. Savvoir, Make It Work Nevada, and community organizations over the last year, and the work with Assemblywoman Summers-Armstrong shortly after her election, allowed us time to do some peer-reviewed research. We based this fiscal note on the immediate savings, and like Assemblywoman Gorelow's bills, the savings also applies to babies in neonatal intensive care units (NICU). You will hear me break that percentage down. We will always have some babies in the NICU, but we know we will have better outcomes, so we applied some of the savings across each bill. The most immediate

savings is a direct outcome from Medicaid's different reimbursement rates for vaginal and cesarean births. The peer-reviewed research, on which our projection is based, looked at other states' specific Medicaid outcomes when they decreased the number of cesarean births and increased the number of vaginal births because the women had doula coaches. As demonstrated in the fiscal note, we estimated a very modest 6 percent.

We knew not everyone will embrace these services or have the availability to access these services, but we hope to increase utilization of these services by 6 percent. That percentage is also based on the number of doulas who already exist in the Nevada, but we could see better outcomes of women engaging with practitioners in urban and even rural areas. We have had discussions about how the quality of care plays into the experience of the mother. We estimate that if 6 percent of women use these services, the state will see an immediate savings of about \$400,000 in the first year of the biennium, and about \$800,000 in the second year.

Though the savings comes out of budget account (BA) 3243, there is one direct cost in BA 3158, which has system costs of around \$58,000. We have included that in the fiscal note. That is the cost to create a new provider type because we want this to be its own provider type. That will allow us to track data for research purposes, so that we too can publish articles on savings. There will be a Division need to transfer medical savings from BA 3243 to BA 3158 as part of funding system hours. If you approve our administrative budget account 3158, some system hours are maintained in it. In order to do some of these extra things, we need to get more system hours from our vendor. If we are allowed to transfer, or front, those funds to our administrative budget and cover them later, we know that we will see an immediate savings of impact from getting this service out because of that savings between the cesarean and vaginal birth rates.

Chair Carlton:

That is where my line of questioning is going to go. We appreciate the fact that this will now be billable, and that there are prospective savings in the future. We also realize that there is a cost to actually implement this, and that the state portion of the cost would be \$14,500. You are proposing to pay that out of your administration budget moving forward. Is that what I heard?

DuAne Young:

Anything that is a system cost or expense, we always pay out of our administrative budget. As this Committee knows, we have had to transfer funds from other budget categories to the administrative budget when we have had unforeseen system costs. These are bills that are unaccounted for in our current budget. That budget will be closed tomorrow, and this will not be discussed, so we want to have the ability to reflect the costs within the fiscal note, but know that we could cover them through the savings in BA 3243.

Chair Carlton:

Thank you for putting that on the record. Committee members, are there questions?

Assemblywoman Benitez-Thompson:

I want to make sure I am understanding the methodology in the fiscal note. I am looking at the methodology with regard to the estimated number of births a doula would support, which is then multiplied by \$350 [page 1, [Exhibit E](#)]. This is a comparable rate to Oregon. Does this mean the number is going to be capped? Is \$350 the total rate for the doula and birthing event from beginning to end?

Assemblywoman Summers-Armstrong:

The example is for a total of five visits—two visits prebirth, the birthing event, and then two visits post birth. That is where the \$350 comes in.

Assemblywoman Benitez-Thompson:

Perfect—the \$350 is for the five visits. The assumed savings are \$986 per birth when supported by a doula. I see the reference to a cost-effectiveness study. I also heard the reference to savings from avoiding cesarean sections. Is that \$986 savings because there are more vaginal deliveries, or is it a savings due to support?

DuAne Young:

Yes, that savings is based on the difference between the vaginal and cesarean births and calculated from the overall outcomes. We looked at a very small percentage of NICU babies and birthing outcomes; however, that number largely reflects the difference between the vaginal and cesarean births, and those direct studies which focused on the differences within Medicaid programs.

Assemblywoman Benitez-Thompson:

Is the 2016 study on the cost-effectiveness for doulas telling us there is a stark difference between those who deliver with a doula versus those who deliver without, which affects the modality of the birth?

DuAne Young:

Yes, that is correct. During last year's Medicaid budget work session in this Committee, there was a discussion regarding data that we quoted about the experience of women in Nevada and their lack of a favorable experience leading to bad outcomes. I know we are not here to discuss the merits of the policy, but what cannot be discounted is that advocacy on behalf of these women—to be a voice, to speak up to their provider, to help their experience—has a direct impact on the fiscal cost and their abilities to have successful vaginal births.

Chair Carlton:

In discussing with staff the proposal from Mr. Young on being able to use and transfer dollars, I thought we might need some transfer language in the bill; however, we are investigating just adding some back language to the bill to make sure that Medicaid has the authority to do what it needs to do. In this room, we call it a technical adjustment. We will make sure there is some language to ensure that you can accomplish what you are trying to get done over the interim.

Assemblywoman Titus:

For clarification, earlier in the testimony it was stated that this is for nonmedical services. We are paying for a nonmedical service. Are there other services that Medicaid pays for that are defined as nonmedical?

DuAne Young:

For Medicaid, the service must meet a level of medical necessity. We want to make it clear that it is nonmedical because it is being added under the medical category and contained in physician services. Medicaid pays for services that allow for advocacy all the time. We pay for targeted case management and support through the waivers. Just last year, we approved attendancy supports, and we have support through specialized foster care. "Medical advocacy" would be a better phrase than "nonmedical service," but Medicaid certainly has a history and does pay for these services. It sees outcomes from those services as well as outcomes from someone helping a recipient advocate on behalf of themselves.

Assemblywoman Titus:

Excellent. That is exactly what I wanted to get on the record.

Chair Carlton:

Are there any other questions or comments from the Committee members at this time? [There were none.] This is the hearing for A.B. 256 (R1), and I will open it to those in support. [There was no one.] Is there anyone to speak in opposition? [There was no one.] Is there anyone to testify as neutral? [There was no one.] We will investigate what we need to do next and proceed from here. I will close the hearing on A.B. 256 (R1) and open the hearing on Assembly Bill 191. We have Assemblyman Orentlicher to present.

Assembly Bill 191: Requires the State Plan for Medicaid to include coverage for the services of a community health worker under certain circumstances. (BDR 38-449)

Assemblyman David Orentlicher, Assembly District No. 20:

I am here to present Assembly Bill 191 on behalf of the Legislative Committee on Health Care. This bill would require Medicaid to reimburse services provided by community health workers. The idea is to increase the health system capacity for prevention and early intervention, and as a result, realize cost savings. Community health workers do valuable work such as educating patients, screening, risk identification for serious diseases, and chronic disease management. As a result, we see a reduction in emergency room visits and hospitalizations, hence the fiscal note that DuAne Young will walk us through.

Chair Carlton:

Mr. Young, please give us a brief walk through, and then we need to have the same conversation about the Medicaid Management Information System (MMIS) that we had on the previous bill.

**DuAne Young, Deputy Administrator, Division of Health Care Financing and Policy,
Department of Health and Human Services:**

This fiscal note on the support that community health workers provide is, again, classified as a nonmedical service that is advocacy support and educational service. This service focuses on helping the recipients and the providers manage the recipient's chronic conditions. We have provided testimony throughout the years on the role of community health workers, which has been highlighted by the COVID-19 pandemic. We are not here to discuss the merits of that policy, but I want to set that up because it is similar to the last service we discussed.

This fiscal note is in budget account (BA) 3243. We built this note off a rate of what the costs would be in managed care and fee-for-service. The note is actually higher in the fee-for-service costs because we have higher instances of chronic disease, and the populations using fee-for-service do not have as much support. These are the rural populations and those traditionally found in the medically aged, blind, and disabled categories. We would see a 2 percent reduction in services as a result of those who utilize a community health worker. With just that modest 2 percent reduction, we estimate a savings of approximately \$342,000 in the first year of the biennium and about \$837,000 within the second year of the biennium.

The system cost exhibited in BA 3158 is roughly \$50,000. To demonstrate, if we were to pay upfront the system costs in our administrative budget, but have the ability to transfer funds to cover the work that was done, within the first year of getting this off the ground, we would see that savings back, plus an additional \$300,000. We have been having this discussion at the Legislature for several years, and we have always brought this issue as a zero impact.

Because of our work with the Interim Health Care Committee and various stakeholder groups, we were able to apply specific peer-reviewed articles which focus on Medicaid and the impacts that community health workers have. This does not even touch how the COVID-19 pandemic has magnified the importance of community health workers, which was not even accounted for in our research. We do not want to over project, but we do want to give this Committee an accurate projection of what the savings would look like.

Chair Carlton:

There is one other item I would like you to address. With the effective date of 2021, this would be a change in midyear certification for the managed care. Would this have an impact on that? I know it has to meet a certain threshold before it would impact that midyear certification. Where do you stand with this particular effective date, and is this the appropriate date?

DuAne Young:

We did not include capitation adjustments because of the small size of this service, so it does not trip the threshold that you see demonstrated in our other fiscal notes. Many of our managed care organizations have already been using community health workers, and many

grants have supported community health workers. When we talk about creating new provider types, there is often difficulty within Medicaid, but this is not difficult because community health workers already have certain certifications and meet requirements. There are many entities already using them. This would be a simple, easy creation of the system to prepare community health workers for a simple, easy enrollment into Medicaid.

Chair Carlton:

I wanted to make sure we have that on the record. I know we can bump up against thresholds at times. I believe the same issue would apply to A.B. 191 that applied to A.B. 256, Assemblywoman Summers-Armstrong's bill, about the state's portion that would be needed and the transferability that you would need within your budget accounts. We double checked the back language, and there is a provision we can use that will not slow the bills down. They will not need to be amended, but we can make sure we give you that transfer authority as we move forward, if the bills get processed. Are there any other questions? [There were none.] This is the hearing for A.B. 191. I will open it to those in support.

Steve Messinger, representing Nevada Primary Care Association:

Nevada Primary Care Association represents the state's community health centers. We enthusiastically support A.B. 191. Health centers have seen firsthand the savings to insurers from community health workers when a patient connects to a specialist, completes a test or screening, or is able to access transportation vouchers to reach their appointment. We submitted further comments to the Committee [[Exhibit F](#)]. I would like to thank Mr. Young and the Division for the years of work to find a path for financing community health workers, and we are also grateful to members of the Committee, and to you, Madam Chair. Please pass A.B. 191.

Chair Carlton:

Is there anyone else in support? [There were none.] Is there anyone in opposition? [There were none.] Is there anyone testifying as neutral? [There were none.] We can close the hearing on A.B. 191. Our last bill listed this evening is Assembly Bill 358. Assemblyman Frierson's name is on it, but he is not presenting it.

Assemblyman Frierson:

Assemblywoman Nguyen will be presenting and handling this bill. [A short break was taken to allow for Assemblywoman Nguyen to arrive.]

Chair Carlton:

We also have people from the Department of Corrections. Someone will give us a brief overview and then walk us through the fiscal note.

Assembly Bill 358: Enacts provisions to improve access to Medicaid for persons released from incarceration. (BDR 38-919)

Assemblywoman Rochelle T. Nguyen, Assembly District No. 10:

This topic is interesting because it was brought by three different members of the legislative body into this legislative session. The bill we are hearing today is Assembly Bill 358, which enacts provisions that improve access to Medicaid for persons released from incarceration. Currently, we are not signing up eligible members for Medicaid prior to their release from incarceration at Nevada Department of Corrections (NDOC) or other facilities. Everything, from their medication to treatment, is coming from State General Fund appropriations in the NDOC budget. This bill would actually alleviate extra costs that are incurred in the prisons because, instead of paying 30 days cash for medical care and medicine, persons released from incarceration would be covered under Medicaid. It would also help with the continuity of care because they would be set up with providers that we would be able to work with. If they are on parole, they would be able to work with their parole officers. They can have that continuity of care which is required for them to be successful once they are released after the expiration of their sentence or on parole. That is the basic overview of what this bill intends to do. I see that there are fiscal notes on here, but I will allow those parties to present and walk through them.

Chair Carlton:

If someone was already on Medicaid before, this bill would allow their coverage to go on pause, rather than have it terminated and requiring them to reapply. If they went into the institution with Medicaid, as they prepare to leave the institution, that Medicaid could be reactivated. Therefore, as they leave, there would not be 45 to 60 days of waiting to get the medications they need to succeed, or any other health care needs.

We have had a lot of conversations about people leaving prison without having a form of identification. By doing this, these people would have a Medicaid card, which would be another form of identification. Was that discussed in the Committee? People having a form of identification when they leave has been an overarching issue for years. Was that a part of the conversation as the bill has moved forward?

Assemblywoman Nguyen:

I believe we passed some legislation during the 2019 Legislative Session that did allow for individuals who were incarcerated to get a form of identification. I know that NDOC brought a bill that has already made its way through the Senate. It allows all individuals who are incarcerated to get their birth certificates, whereas prior, it took a month or two before or after their release. Assembly Bill 16 allows for them to get their birth certificates to facilitate not only with having a form of identification, but also obtaining these resources.

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

Chair Carlton:

That helps, but in addition to that other documentation, they would still have a Medicaid card upon leaving. Instead of needing to apply all over, they could just get the card back and move forward from there. I will go to the Department of Corrections for a conversation about the submitted fiscal note and the reason behind the fiscal note.

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

We attached the fiscal note. We have been running a pilot program based on Assembly Bill 236 of the 80th Session and legislation going forward. We are working with the Division of Welfare and Supportive Services (DWSS) and the Department of Health and Human Services (DHHS) to make sure that we capture Medicaid, based upon the laws that are already in place, within 60 to 90 days of release. We have been doing this in pilot fashion since July to make sure, even during COVID-19, that we reach into those components to ensure they have the identification and pieces in place. We have been utilizing program officers funded through the Department and the State General Fund to ensure that we go forward with statistics to build that out. We release approximately 6,000 individuals per year. Based upon the numbers we have collected between July 2020 and now, we came up with a formula to present the program officers and other support pieces we will need to back up DHHS and DWSS and make sure this is successful.

Chair Carlton:

You already have program officers who process people as they leave the institutions now. This would be one more component of processing someone who is getting out. I am trying to understand why we would need so many extra people. I can understand it taking a bit of time for each person, but it is hard for me to imagine that for 6,000 people, you need this many more employees to handle one function for an inmate leaving the institution. How did you come up with one program officer 2 and the program officer 1 positions in the fiscal note for this bill?

Elizabeth Dixon-Coleman:

Program officers perform a dual role by doing evidence-based actions as well as any identification for inmates leaving. Assembly Bill 236 of the 80th Session put additional caveats on those pieces, one of which is Medicaid. Up to this point, Medicaid was only processed if it was requested by the inmates themselves. It was not mandated that we process it for all. Under A.B. 358, we would process a determination of eligibility for anybody who is leaving based upon the qualifications from DWSS and DHHS going forward.

The application itself is approximately 14 pages long, and the time frame to process that for every person exiting, as the bill states, and making sure we can get it over to the respective departments, was taken into consideration. We would need someone who is solely in charge

of making sure this goes forward with each of these people based upon the needs of each institution. Our numbers for processing are small when this is "by request" only. The 60 to 90 days would open a window so that we could start at any time and put eligibility into suspension. It would remain in suspension for up to a year once they are approved, and that would leave us the ability to go forward with these components. The processing time is affected by the way we have to process—we do not have an electronic processing component to this, nor do we have the infrastructure or the supporting abilities to do this.

By taking that data into consideration, we are asking for a program officer 2 to do the supervisory component and make sure that all of those pieces in each of our respective institutions are included. That is why we put forward this fiscal note.

Chair Carlton:

Thank you for the explanation, but I am going to make a suggestion. Is there an opportunity for the Department of Corrections (NDOC) to partner with DHHS to set up a phone line for the inmate to do his or her own application remotely? The DHHS does eligibility—that is their life; that is what they do. It seems to me that we are recreating the wheel here by creating program officer positions to do eligibility when DHHS currently does eligibility. Is there a way within the Medicaid eligibility regime to allow these inmates to access this in a safe and secure way while also protecting those in Medicaid; make sure that we have the right protocols in the institution for this to happen; take NDOC out of the middle for a portion of this; and have DHHS do the thing that they do so well? Mr. Young, I am throwing you a softball here.

**DuAne Young, Deputy Administrator, Division of Health Care Financing and Policy,
Department of Health and Human Services:**

The eligibility portion is handled by the Division of Welfare and Supportive Services (DWSS). My colleague, Joe Garcia, will walk you through the eligibility portion.

Assemblywoman Nguyen:

Just so you know, this is also something that was brought up during the Committee hearing. Director Richard Whitley of the Department of Health and Human Services indicated that he has tried for years to work with NDOC to be able to do this. I am sure that Mr. Garcia can go through it in greater detail.

Chair Carlton:

That is who I learned it from, and that is why it is in my brain. Mr. Garcia, please proceed.

**Joe Garcia, Chief of Program Operations Support and Training, Division of Welfare
and Supportive Services, Department of Health and Human Services:**

We have been working with the NDOC since July 2020. We started a pilot project providing applications to the NDOC so that we could determine inmate eligibility and put them on suspended Medicaid, which is basically our way of saying this person is eligible but we are going to put them in suspense. We use a certain code and they show up as suspended. When we are notified by the NDOC that the inmate is released, we then go into our system, change

the code, and make them eligible. Unfortunately, they do not receive their Medicaid card until we change the code to show them as being released and eligible. That card gets mailed to the address listed on the application. There is an opportunity for them to call once they are released, or maybe even prior to release, depending upon what the NDOC is allowing. They can change their address, and the card will go to that address.

They can also walk into an office and request a card or change their address, and we will get one mailed out as soon as possible. They will not have the card, but we can issue their Medicaid billing number because we get that right away when we put them into our system. With that number, they can go see a doctor. Mr. Young can correct me, but it takes 24 to 48 hours for the system to show them as eligible. If they walk into a pharmacy the day they walk out of prison, more than likely, they are not going to show as eligible. It is going to take 24 to 48 hours for them to actually show as eligible. That is something that we have not been able to change. I do not know that we can change it.

The other thing that Ms. Dixon-Coleman mentioned was the application. The application is 14 pages, but it is double-sided, so it is actually 28 pages. We are working on trying to get another application through the Centers for Medicare and for Medicaid Services (CMS), but we have not had any luck with that yet. I do not know if we will. We do understand that shortening the application would benefit the NDOC, especially because inmates are single households, one person, and we do not need a lot of the questions that are on our basic application.

There was another question about phones. We do have a call center where we take applications over the phone. We could set that up with the NDOC, but I believe the NDOC may speak to some security issues around the inmates using the phone and if they could be provided a phone. I will let Ms. Dixon-Coleman answer that. We can certainly work something out if they are allowed to use the phone.

I will say that we have offered a couple different options, but during the COVID-19 pandemic, the lockdowns and staffing situation the NDOC was facing both interfered with and hindered our progress. It is not that the NDOC was not trying—they were trying. They are doing the best they can with what they have. We have been receiving applications on a monthly basis from them. Would we like larger numbers? Yes, but we totally understand what is happening at the NDOC. There is nothing we can do about the lockdown. We were assured by the NDOC that coming out of the COVID-19 pandemic, we would see some larger numbers of applications, and we have. They are trying—I will say that.

We will do whatever we can to make it more convenient for the inmates to apply for Medicaid. We can do it over the phone, however, there will be some work involved because that call center is for the entire state. There are times, as I am sure you have heard, where callers are waiting for 30 to 40 minutes. It depends on what time of the month it is and our staffing at the time. We do try to staff it. We have backup staff who come in if we get past a threshold, but we can certainly work with the NDOC to get some kind of phone set up.

Again, it is the NDOC's call as to whether or not security protocol would allow for inmates to have access to a phone before they leave.

Assemblyman Frierson:

I want to point out that this is done elsewhere without a cost associated with it and with, I would imagine, significantly higher volume and frequency. The Clark County Detention Center can do it without an additional cost. In my career, I know that whether it is the NDOC or the local jail, inmates have to be accommodated to talk to their lawyers, so there are phones. It is not as though they are sending homing pigeons out. They have to be able to talk to their attorneys, and they have to be able to do it in private. This would seem to be an opportunity to defray the cost of medical expenses as people are transitioning out. I am surprised at the reluctance, especially recognizing that there have been efforts to address this for some time now. An effort to partner up with insurance companies, any other entity, or Medicaid directly to make this happen should be a priority. It feels like there are excuses, quite frankly.

Chair Carlton:

I would like to go back to the NDOC after hearing this conversation and see if they have any observations or comments. I would ask you to look into working with DWSS Medicaid Eligibility to figure out a way to move forward. I understand the numbers you are talking about, but it seems as though there might be a system out there that may work better for you. Have you investigated any of these possibilities? Where do you think you are going from here, so that we know what we are looking at?

Elizabeth Dixon-Coleman:

Yes, in the pilot program we have looked at some of these things. Because we are looking at a larger release number, several things have come into play. As Assemblyman Frierson brought forward, Clark County Detention Center (CCDC), and some of the other facilities, have actually had an individual from DWSS and DHHS come in to help gather those applications. The CCDC is one facility working with one release coordinator. We have 18 facilities scattered statewide, primarily with clusters in the northern and southern areas; however, we also have rural facilities doing releases depending on how we go forward with this. The accessibility to the telephone is one of the things that has come up in our working group. We meet monthly with both agencies to make sure that we move forward seeing the best ways to tackle this, and honor not only A.B. 236 of the 80th Session, but any current legislation going forward. In these monthly meetings, one of the pieces discussed was the security compliance with HIPAA [Health Insurance Portability and Accountability Act of 1996], and other security components, regarding transfer and sharing of data between the agencies, and also the telephone accessibility. If we were to utilize telephones in this way, would we have dedicated lines and dedicated services? Neither of those agencies have the staffing ability to do that.

One of our largest pieces was the decision to move forward with the paper application, which we are transferring back and forth between the agencies and ensuring the accessibility to that. When going through some of the components in the paper application, many of the residents

need time to think and understand. They need to walk through it with someone assisting them on a one-to-one basis with time for questions. Health care is complicated for most of us in general, but for those who may have had a more varied life and who may not have been involved with the health care component in any way, many of these questions can often be confusing.

We opted to do the paper application during the COVID-19 pandemic timeframe. We have asked if DWSS and DHHS will have the accessibility to send actual workers to come assist with our pieces, numbers, and questions that need to be answered. They are looking into some of those things, but to ensure that we can continue forward with this, we opted for the paper application for that component. The small numbers whom we have been applying for are by request and are within 60 to 90 days of release for those eligible. We do get back a component, but we are also making sure we monitor, track, and record that data. We are sharing that data between DWSS, DHHS, and our own Department so that their website matches the data from the NDOC and paints that varied, deep picture so that we are not constantly coming back and asking the Interim Finance Committee more than once as we build onto these components. The assurance that we can do this with the best quality going forward is the reason why we presented the fiscal note as we did.

Chair Carlton:

This has a lot of moving pieces and parts, but I have more concerns about the paper document and security than I do about a phone call. I hope you will take that into consideration, as well as Speaker Frierson's comment about a secure line and confidentiality when inmates speak to their legal representatives.

With that, Committee members, I think we have asked enough questions. Thank you, Assemblywoman Nguyen. We are going to keep digging into this one and see where we can go with it. This is the hearing for A.B. 358, and I will open it to those in support.

Eric Spratley, representing Nevada Sheriffs' and Chiefs' Association:

Our membership supports A.B. 358. Our membership operates the county and local jails. The greatest hinderance to people being successful coming out of prison is us, the government, the bureaucracy. Can we help these individuals to be successful? Can we help them move from the pattern of incarceration to a new pattern of freedom? Assembly Bill 358 is vitally important to the people being released from incarceration so that they have the safety net of support available to them to close the door on recidivism—the door that happens to be the entrance to the county and local jails when people fall away from treatment. Having a continuity of care after incarceration is very beneficial to that person and our county and city jails. We appreciate Assemblywoman Nguyen stepping up to present this bill and the testimony from the professionals you heard. We appreciate the technology to connect us and Speaker Frierson for bringing A.B. 358 forward. Please support this bill.

Chair Carlton:

Is there anyone else in support? [There were none.] Do we have anyone in opposition? [There were none.] Is there anyone to testify as neutral? [There were none.] I will close the hearing on A.B. 358. Thank you, Assemblywoman Nguyen, for being the pinch hitter. There is a little more work to be done on this. We will follow up with the appropriate people and see where we can go. I am sure you will follow up with them also.

Committee members, there are some bills that we can move. We can get them reported out, and keep things rolling towards the Senate. There are two that we will not be moving. For Assembly Bill 189, Assemblywoman Gorelow is still going to work with DuAne Young to combine the fiscal notes so we have one comprehensive fiscal note to look at. Assembly Bill 358, which we just discussed, needs some more discussion. I am comfortable in moving the other bills heard this evening. Do any Committee members have any concerns on any of those bills at this time? [There were none.] I will turn it over to Ms. Coffman, and we will go through the bills in order, beginning with Assembly Bill 191.

Assembly Bill 191: Requires the State Plan for Medicaid to include coverage for the services of a community health worker under certain circumstances. (BDR 38-449)

Sarah Coffman, Assembly Fiscal Analyst:

Assembly Bill 191 requires the State Plan for Medicaid to include coverage for the services of community health workers under certain circumstances. There was a discussion related to a savings that was provided in fiscal year 2022 of \$342,446 and in fiscal year 2023 of \$837,243. There was also discussion related to expenses that would be incurred through the Medicaid Management Information System (MMIS) and would require expenditures of \$49,500. DuAne Young, Deputy Administrator, Division of Health Care Financing and Policy, testified that his Division would be able to transfer some of the savings that would be provided in budget account 3243, which is the Medicaid account, to the administrative account to support these expenditures. Assemblyman Orentlicher was the presenter for this bill, and there were two individuals who testified in support for it.

Chair Carlton:

We want to include a provision in the back language that adds the transfer authority for Medicaid. This would allow them to be able to transfer that money from one account to another to deal with the administrative fees of the MMIS system. Is that correct?

Sarah Coffman:

That is correct. That language can be added to the Appropriations Act.

Chair Carlton:

In that particular section of the Appropriations Act, Committee, when we get it, you will find it has a number of bill numbers in it. We do not give blanket authority to do this, but we give the authority for individual bills to make those changes. Are there any questions or

comments on A.B. 191 at this time? [There were none.] I will accept a motion to do pass A.B. 191.

ASSEMBLYWOMAN BENITEZ-THOMPSON MOVED TO DO PASS
ASSEMBLY BILL 191.

ASSEMBLYWOMAN TITUS SECONDED THE MOTION.

Chair Carlton:

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

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

Chair Carlton:

Assemblywoman Monroe-Moreno, will you take A.B. 191 on the floor, please? We will move on to Assembly Bill 216 (1st Reprint).

Assembly Bill 216 (1st Reprint): Requires Medicaid to cover certain services for persons with cognitive impairments. (BDR 38-385)

Sarah Coffman, Assembly Fiscal Analyst:

Assembly Bill 216 (1st Reprint), as amended, requires Medicaid to cover cognitive assessments and care planning services for persons who experience signs and symptoms of cognitive impairment. There was a fiscal note on this budget, but the Division of Health Care Financing and Policy of the Department of Health and Human Services provided an email on April 16, 2021 indicating that the fiscal impact had been removed. The presenter of this bill was Assemblywoman Gorelow, and there were two individuals who testified in support.

Chair Carlton:

Are there any questions or comments on A.B. 216 (R1)? [There were none.] I will take a motion to do pass A.B. 216 (R1) as amended.

ASSEMBLYWOMAN BENITEZ-THOMPSON MOVED TO DO PASS
ASSEMBLY BILL 216 (1ST REPRINT) AS AMENDED.

ASSEMBLYWOMAN MONROE-MORENO SECONDED THE MOTION.

Chair Carlton:

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

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

Chair Carlton:

Assemblywoman Gorelow, I will hand the bill right back to you. Next is Assembly Bill 256 (1st Reprint).

Assembly Bill 256 (1st Reprint): Provides for Medicaid coverage of doula services. (BDR 38-849)

Sarah Coffman, Assembly Fiscal Analyst:

Assembly Bill 256 (1st Reprint), as amended, requires the State Plan for Medicaid to provide coverage of doula services to the extent authorized by federal law, and requires the Department of Health and Human Services to apply for a waiver or State Plan amendment to receive federal funding for coverage of the doula services. The Division of Health Care Financing and Policy testified that there would be savings resulting from this bill of \$414,210 in fiscal year 2022 and \$848,600 in fiscal year 2023 in their Medicaid account; however, the administrative account would have expenditures of \$58,000 related to the Medicaid Management Information System (MMIS) upgrades that they would need to do as a result of this bill. DuAne Young, Deputy Administrator, Division of Health Care Financing and Policy, testified that the savings generated in budget account 3243 could be transferred to their administrative budget in order to cover these expenditures. This bill would also be required to have back language in the Appropriations Act in order to provide for that transfer. Assemblywoman Summers-Armstrong testified on this bill, and there were no individuals who testified in support, opposition, or neutral.

Chair Carlton:

Are there any questions or comments on A.B. 256 (R1)? [There were none.] I will take a motion to do pass A.B. 256 (R1) as amended.

ASSEMBLYWOMAN BENITEZ-THOMPSON MOVED TO DO PASS
ASSEMBLY BILL 256 (1ST REPRINT) AS AMENDED.

ASSEMBLYWOMAN MONROE-MORENO SECONDED THE MOTION.

Chair Carlton:

Are there any questions or comments on the motion?

Assemblywoman Titus:

I was a "no" when I first heard this bill, but I am going to support this bill and vote "yes" on it. Anything that improves health care outcomes and saves state Medicaid funds, which I am convinced this bill will do, I am going to support.

Chair Carlton:

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

THE MOTION PASSED. (ASSEMBLYWOMAN JAUREGUI WAS
ABSENT FOR THE VOTE.

Chair Carlton:

We will give the bill back to Assemblywoman Summers-Armstrong, but Assemblywoman Monroe-Moreno, will be the backup in case there is a fiscal question. It is always good to have a Committee member as a backup. Next is Assembly Bill 461.

Assembly Bill 461: Makes an appropriation to the Office of the Attorney General for the cost of replacing standard glass windows and doors with ballistic glass and frames at the Carson City office. (BDR S-1060)

Sarah Coffman, Assembly Fiscal Analyst:

Assembly Bill 461 makes a \$96,000 appropriation to the Office of the Attorney General for the cost of replacing standard glass windows and doors with ballistic glass and frames at the Carson City office. Jessica Adair from the Attorney General's Office testified on this bill. There are no amendments recommended and no individuals who testified in support, opposition, or neutral.

Chair Carlton:

Are there any questions or comments on A.B. 461? [There were none.] I will take a motion to do pass A.B. 461.

ASSEMBLYWOMAN BENITEZ-THOMPSON MOVED TO DO PASS
ASSEMBLY BILL 461.

ASSEMBLYWOMAN MONROE-MORENO SECONDED THE MOTION.

Chair Carlton:

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

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

Chair Carlton:

Assemblyman Watts, will you handle this bill on the floor, please? Next is Assembly Bill 462.

Assembly Bill 462: Makes appropriations to the Department of Corrections for an upgrade to and reintegration of certain management systems and for replacement cameras, storage area networks and ovens. (BDR S-1126)

Sarah Coffman, Assembly Fiscal Analyst:

Assembly Bill 462 makes various appropriations to the Department of Corrections for upgrades to and the reintegration of certain management systems, and for the replacement of cameras, storage area networks, and ovens. Lisa Lucas from the Nevada Department of Corrections testified on this bill. There were no individuals who testified in support, opposition, or neutral for this bill.

Chair Carlton:

Are there any questions or comments on A.B. 462? [There were none.] I will take a motion to do pass A.B. 462.

ASSEMBLYWOMAN BENITEZ-THOMPSON MOVED TO DO PASS
ASSEMBLY BILL 462.

ASSEMBLYWOMAN TITUS SECONDED THE MOTION.

Chair Carlton:

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

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

Chair Carlton:

I will assign this bill to Assemblyman Watts as well. The next bill is Assembly Bill 463.

Assembly Bill 463: Makes a supplemental appropriation to the State Department of Conservation and Natural Resources for an unanticipated shortfall in the Forest Fire Suppression budget account. (BDR S-1058)

Sarah Coffman, Assembly Fiscal Analyst:

Assembly Bill 463 makes a supplemental appropriation of \$2.96 million to the State Department of Conservation and Natural Resources for an unanticipated shortfall in the Forest Fire Suppression budget account. Kacey KC, State Forester Firewarden, Division of Forestry, provided testimony on this bill and identified an amendment to the bill, so the amount would be reduced to \$2.36 million. There was discussion of providing language in this bill related to Senate Bill 508 of the 80th Session which provided funds of \$5 million to the Interim Finance Committee for the support of wildfire prevention restorations; however, that particular bill did not have reversionary language. The amendment would provide for a reversion on June 30, 2025 for that particular funding source.

Chair Carlton:

We need to make this an amend and do pass in order to amend in that particular language, correct?

Sarah Coffman:

That is correct.

Chair Carlton:

Are there any questions or comments on A.B. 463? [There were none.] I will take a motion to amend and do pass A.B. 463.

ASSEMBLYWOMAN BENITEZ-THOMPSON MOVED TO AMEND AND
DO PASS ASSEMBLY BILL 463.

ASSEMBLYWOMAN MONROE-MORENO SECONDED THE MOTION.

Chair Carlton:

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

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

Chair Carlton:

Assemblyman Watts, I will also assign this to you.

There are two bills left to work on in the future. Committee, thank you for your hard work.
We got a lot done. The last thing on the agenda is public comment. [There was none.]

Committee members, there are subcommittee meetings tomorrow. I am not sure what the
rest of the week looks like, but plan on being here a lot through the end of this week. This
meeting is adjourned [at 8:23 p.m.].

RESPECTFULLY SUBMITTED:

Adam Cates
Committee Secretary

APPROVED BY:

Assemblywoman Maggie Carlton, Chair

DATE: _____

EXHIBITS

[Exhibit A](#) is the Agenda.

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

[Exhibit C](#) is a document titled "Talking Points: Summary of Methodology Eligibility Expansion for Pregnant Women, AB189 as Amended," created and submitted by DuAne Young, Deputy Administrator, Division of Health Care Financing and Policy, Department of Health and Human Services.

[Exhibit D](#) is a power point document titled "The Case for Expanding Medicaid to Include Doula Coverage," dated March 2021, created by Lauren Kalogridis and submitted by Quentin Savvoir, Deputy Director, Make It Work Nevada.

[Exhibit E](#) is a document titled "Summary of Methods for State Savings Doulas, AB 256," created and submitted by DuAne Young, Deputy Administrator, Division of Health Care Financing and Policy, Department of Health and Human Services.

[Exhibit F](#) is a letter in support of [Assembly Bill 191](#) from Nancy J. Bowen, Chief Executive Officer, Nevada Primary Care Association, submitted by Steve Messinger.