

**MINUTES OF THE
SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES**

**Eighty-first Session
May 13, 2021**

The Senate Committee on Health and Human Services was called to order by Chair Julia Ratti at 3:37 p.m. on Thursday, May 13, 2021, Online and in Room 2134 of the Legislative Building, Carson City, Nevada. [Exhibit A](#) is the Agenda. All exhibits are available and on file in the Research Library of the Legislative Counsel Bureau.

COMMITTEE MEMBERS PRESENT:

Senator Julia Ratti, Chair
Senator Pat Spearman, Vice Chair
Senator Dallas Harris
Senator Joseph P. Hardy

COMMITTEE MEMBERS ABSENT:

Senator Ben Kieckhefer (Excused)

STAFF MEMBERS PRESENT:

Megan Comlossy, Policy Analyst
Eric Robbins, Counsel
Vickie Polzien, Committee Secretary

OTHERS PRESENT:

Heather Korbolic, Policy Director, Office of the Governor
Caleb Cage, Covid-19 Response Director, Office of the Governor
Julia Peek, M.H.A., C.P.M, Deputy Administrator, Community Health Services,
Division of Public and Behavioral Health, Department of Health and
Human Services
Connor Cain, Hospital Corporation of America; Sunrise Hospital and Medical
Center; Sunrise Children's Hospital; Southern Hills Hospital and Medical
Center, Mountain View Hospital
Bradley Mayer, Southern Nevada Health District; Washoe County Health District
Allison Genco, Dignity Health - St. Rose Dominican
Emily Mimnaugh, Pacific Justice Institute

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CHAIR RATTI:

I will open the work session on Senate Bill (S.B.) 438.

SENATE BILL 438: Revises provisions related to agriculture. (BDR 51-1100)

MEGAN COMLOSSY (Policy Analyst):

I will read the summary of the bill from the work session document ([Exhibit B](#)).

CHAIR RATTI:

I will entertain a motion on S.B. 438.

SENATOR HARRIS MOVED TO DO PASS S.B. 438.

SENATOR HARDY SECONDED THE MOTION.

THE MOTION CARRIED. (SENATOR SPEARMAN WAS EXCUSED FOR THE VOTE.)

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CHAIR RATTI:

I will open the work session on Assembly Bill (A.B.) 178.

ASSEMBLY BILL 178: Revises provisions relating to prescription drugs.
(BDR 57-71)

Ms. COMLOSSY:

I will read the summary of the bill from the work session document ([Exhibit C](#)).

CHAIR RATTI:

I will entertain a motion on A.B. 178.

SENATOR HARDY MOVED TO DO PASS A.B. 178.

SENATOR HARRIS SECONDED THE MOTION.

THE MOTION CARRIED. (SENATOR SPEARMAN WAS EXCUSED FOR THE VOTE.)

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CHAIR RATTI:

I will open the work session on A.B. 197.

ASSEMBLY BILL 197 (1st Reprint): Revises provisions relating to persons experiencing homelessness. (BDR 11-682)

Ms. COMLOSSY:

I will read the summary of the bill from the work session document ([Exhibit D](#)).

CHAIR RATTI:

I will entertain a motion on A.B. 197.

SENATOR HARRIS MOVED TO DO PASS A.B. 197.

SENATOR SPEARMAN SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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CHAIR RATTI:

I will open the work session on A.B. 205.

ASSEMBLY BILL 205 (1st Reprint): Makes various changes concerning the acquisition, possession, provision or administration of auto-injectable epinephrine and opioid antagonists by schools. (BDR 40-98)

Ms. COMLOSSY:

I will read the summary of the bill from the work session document ([Exhibit E](#)).

CHAIR RATTI:

I will entertain a motion on A.B. 205.

SENATOR HARRIS MOVED TO DO PASS A.B. 205.

SENATOR SPEARMAN SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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CHAIR RATTI:

I will open the work session on A.B. 228.

ASSEMBLY BILL 228 (1st Reprint): Establishes provisions relating to children's advocacy centers. (BDR 38-358)

Ms. COMLOSSY:

I will read the summary of the bill from the work session document ([Exhibit F](#)).

CHAIR RATTI:

I will entertain a motion on A.B. 228.

SENATOR SPEARMAN MOVED TO DO PASS A.B. 228.

SENATOR HARDY SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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CHAIR RATTI:

I will open the work session on A.B. 278.

ASSEMBLY BILL 278 (1st Reprint): Provides for the collection of certain information from physicians. (BDR 54-771)

Ms. COMLOSSY:

I will read the summary of the bill from the work session document ([Exhibit G](#)).

CHAIR RATTI:

I will entertain a motion on A.B. 278.

SENATOR HARDY MOVED TO DO PASS A.B. 278.

SENATOR SPEARMAN SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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CHAIR RATTI:

I will open the work session on A.B. 287.

ASSEMBLY BILL 287 (1st Reprint): Providing for the licensing and regulating of freestanding birthing centers. (BDR 40-799)

Ms. COMLOSSY:

I will read the summary of the bill and amendment from the work session document ([Exhibit H](#)).

SENATOR HARDY:

I have issues with the bill and how it has been amended. It is a disservice to change the word mother. Looking at birthing centers has merit, particularly in Black, Indigenous and People of Color (BIPOC) communities. I will be voting no on this bill.

CHAIR RATTI:

I will entertain a motion on A.B. 287.

SENATOR HARRIS MOVED TO AMEND AND DO PASS AS AMENDED A.B. 287.

SENATOR SPEARMAN SECONDED THE MOTION.

THE MOTION CARRIED. (SENATOR HARDY VOTED NO.)

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CHAIR RATTI:

I will open the work session on A.B. 326.

ASSEMBLY BILL 326 (2nd Reprint): Revises provisions governing cannabis. (BDR 56-641)

Ms. COMLOSSY:

I will read the summary of the bill and amendment from the work session document ([Exhibit I](#)).

CHAIR RATTI:

I will entertain a motion on A.B. 326.

SENATOR HARRIS MOVED TO AMEND AND DO PASS AS AMENDED
A.B. 326.

SENATOR SPEARMAN SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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CHAIR RATTI:

I will open the work session on A.B. 343.

ASSEMBLY BILL 343 (1st Reprint): Provides for the development of plans for
conducting walking audits of urbanized areas in certain counties.
(BDR S-742)

Ms. COMLOSSY:

I will read the summary of the bill and amendment from the work session document ([Exhibit J](#)).

SENATOR SPEARMAN:

Most sidewalks are not accessible to disabled persons. I have seen people with wheelchairs on the sidewalk and another person is in the street or walking behind the disabled person because the sidewalk is not properly accessible. This is a bill long overdue.

CHAIR RATTI:

I will entertain a motion on A.B. 343.

SENATOR SPEARMAN MOVED TO AMEND AND DO PASS AS
AMENDED A.B. 343.

SENATOR HARDY SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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CHAIR RATTI:

I will open the work session on A.B. 344.

ASSEMBLY BILL 344 (1st Reprint): Authorizes the establishment of a program to facilitate transition of the care of older persons and persons with disabilities. (BDR 38-743)

Ms. COMLOSSY:

I will read the summary of the bill from the work session document ([Exhibit K](#)).

CHAIR RATTI:

I will entertain a motion on A.B. 344.

SENATOR HARDY MOVED TO DO PASS A.B. 344.

SENATOR HARRIS SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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CHAIR RATTI:

I will open the work session on A.B. 345.

ASSEMBLY BILL 345 (1st Reprint): Revises provisions relating to drug paraphernalia. (BDR 40-978)

Ms. COMLOSSY:

I will read the summary of the bill and amendment from the work session document ([Exhibit L](#)).

CHAIR RATTI:

I will entertain a motion on A.B. 345.

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SENATOR HARDY MOVED TO AMEND AND DO PASS AS AMENDED
A.B. 345.

SENATOR HARRIS SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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CHAIR RATTI:
I will open the work session on A.B. 374.

ASSEMBLY BILL 374 (1st Reprint): Establishes the Statewide Substance Use
Response Working Group. (BDR 40-991)

Ms. COMLOSSY:
I will read the summary of the bill and amendment from the work session
document ([Exhibit M](#)).

CHAIR RATTI:
I will entertain a motion on A.B. 374.

SENATOR HARDY MOVED TO AMEND AND DO PASS AS AMENDED
A.B. 374.

SENATOR HARRIS SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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CHAIR RATTI:
I will open the work session on A.B. 430.

ASSEMBLY BILL 430: Revises provisions relating to disabilities. (BDR 39-1048)

Ms. COMLOSSY:
I will read the summary of the bill from the work session document ([Exhibit N](#)).

CHAIR RATTI:

I will entertain a motion on A.B. 430.

SENATOR SPEARMAN MOVED TO DO PASS A.B. 430.

SENATOR HARDY SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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CHAIR RATTI:

I will open the hearing on S.B. 424.

SENATE BILL 424: Creates the Public Health Resource Office. (BDR 40-1107)

HEATHER KORBULIC (Policy Director, Office of the Governor):

I am here today representing Governor Steven Sisolak as his Policy Director. Witnessing the Statewide collaboration in response to this historic pandemic has been enlightening and inspiring. If not for the dedication and sincere commitment from public and private partnerships, State and local public health workforces, nurses, doctors, medical teams, hospitals, first responders, the Department of Health and Human Services (DHHS), Department of Emergency Management (DEM), the Nevada National Guard, the Nevada State Public Health Laboratory, and so many others, we may not have been able to realize the level of success we can look back on with pride.

Over this past year, in many ways, Nevada did what they always do. They showed up for one another, and in the darkest hours, Nevada's battle born grit and practiced resilience provided much needed light.

Covid-19 has exposed many of our State's strengths and weaknesses. While we have demonstrated the ability to respond to a public health crisis of significant magnitude, we have done it with a frail, and in some cases, nonexistent essential public health infrastructure.

While we have been able to respond effectively to this prolonged crisis, we have exhausted nearly every aspect of the Statewide public health system. From the beginning of the Covid-19 impact on the State, Governor Sisolak has been

committed to examining the data and listening to scientific experts as he made decisions to balance the State's public health and economic needs. This commitment led to impossibly hard decisions with significant consequences and ultimately highlighted the State public health workforce needs.

Public health touches every single thing from DHHS to DEM to the Department of Motor Vehicles. Every service of the State plays a part in public health response.

In April 2020, Governor Sisolak released a guidance called the *Nevada United: Roadmap to Recovery* plan where he outlined the State's goals to recovery. One of those goals was to turn this unprecedented challenge into a rare opportunity to transform Nevada's approach to governance, public health, education and economic diversification.

We have an opportunity to learn from the experience of this pandemic to build a plan for a public health system we need in an emergency or our day-to-day efforts to serve the public health needs of Nevadans.

Senate Bill 424, with the proposed amendment ([Exhibit O](#)), creates a Public Health Resource Office in the Office of the Governor to analyze existing infrastructure for meeting Nevada's public health needs. The Office will analyze the relationships between the people and entities involved in the provision of public health services including local health authorities, providers of health care, healthcare facilities and not-for-profit groups.

The role of the Office is to identify and make recommendations to the Governor and the Legislature concerning the State's unmet needs. It will also recommend opportunities to obtain federal or private funding to support public health services and ways in which the State can improve coordination between providers of public health services and the delivery of those services.

CALEB CAGE (Covid-19 Response Director, Office of the Governor):

The proposed amendment, [Exhibit O](#), is relatively straightforward where the first version of the bill created the Public Health Resource Office within the Division of Public and Behavioral Health (DPBH) of DHHS. We are proposing to move this to the Office of the Governor. In all versions of the bill, the purpose of the Office has remained the same ensuring Nevada's overall public health infrastructure has a strategic vision for future improvements, and to ensure best

practices and lessons learned from the recent global pandemic inform this vision. It also ensures actionable fiscal and policy recommendations are developed to pursue this vision. While these objectives remain the same, Governor Sisolak believes they can be better achieved by elevating this Office into the Office of the Governor.

Elevating the Public Health Recourse Office from the DPBH to the Office of the Governor will have many benefits. This position elevates the importance of public health and the discussion we intend to have with this agency which has long lacked strategic investment and support. Further comprehensive public health is larger than one agency and this amendment, [Exhibit O](#), will allow for a government approach in the future with respect to day-to-day operations and emergency operations as a crisis response such as we have recently experienced.

With respect to day-to-day operations, the Office can identify how all State agencies invest support in proven public health outcomes by ensuring it is not merely the responsibility of a single division within DHHS. During emergency operations, the Office can identify opportunities to improve collaboration between response and support organizations like the State's Public Health Preparedness Program within the DEM.

JULIA PEEK, M.H.A., C.P.M. (Deputy Administrator, Community Health Services, Division of Public and Behavioral Health, Department of Health and Human Services):

I will read from my written remarks ([Exhibit P](#)) to present S.B. 424.

CHAIR RATTI:

The efforts of the Department of Health and Human Services have not gone unnoticed by the Senate Committee on Senate Health and Human Services and the entire Legislature, and we are grateful for your service over the last year and a half.

SENATOR SPEARMAN:

The communities of color were hardest hit both physically and mentally. This appears to be a good opportunity for the BIPOC community or someone with cultural sensitivity to address the needs of that community. There have been suicides by both young and old people in the Black community during the pandemic. The response, in terms of how we get a handle on it, was from

pastors and people trained in mental and emotional health. I want to make sure we are looking at this from the standpoint of diversity. There is strength in a team when you have diverse voices at the table.

What are we going to do to ensure we diversify?

MS. PEEK:

The public health system has been looking at disparities addressing the issue, and the establishment of an office to help us provide guidance to all our programs. Members of our community have been consulting with the Office of the Governor on a weekly basis on how we can improve.

We applied for a grant from our partners at the Centers for Disease Control and Prevention (CDC). If we are awarded the grant, it will be focused on diversity and disparity in our rural communities. The entire award will be looking at and vetting people within the community and from the community to assess broad public health.

Knowing our BIPOC communities have comorbidities and, if infected, would have more severe cases has been one of our challenges during the pandemic. It will address all issues to make a healthier person get better self-care for chronic disease, finding preventative services easier for the community and getting information to the people in the community.

Through this grant, we are looking to partner with religious institutions and community health workers within the community to be our messengers. This Office is interested in addressing the needs of our BIPOC communities.

SENATOR SPEARMAN:

Will there be outreach to see if there is anyone in the BIPOC community to fill this position? In BIPOC communities, the comorbidities are off the chart. I have struggled this Session to ensure I have relevant bills that speak to this. It is not a matter of if, it is a matter of when the next pandemic will occur. High blood pressure, asthma and diabetes are a part of the systemic racism problem and the CDC agrees with this. If we are not intentional about repairing this, it will continue.

Ms. KORBULIC:

Governor Sisolak is committed to addressing disparities and health inequities we have seen amplified by this pandemic, and this Office will be committed to addressing those needs with person and policy.

CHAIR RATTI:

On a practical level, how does the Public Health Resource Office and the Office of the Governor work with DHHS and DPBH?

Ms. KORBULIC:

We intend to be closely aligned with DHHS on the projects Ms. Peek outlined, and it has become clear to us it takes every State agency. Pushing this position into the Office of the Governor allows for elevated prioritization of authority necessary to work with all agencies and health authorities getting them on board with developing response efforts.

CONNOR CAIN (Hospital Corporation of America; Sunrise Hospital and Medical Center; Sunrise Children's Hospital; Southern Hills Hospital and Medical Center, Mountain View Hospital):

Hospital Corporation of America, on behalf of Sunrise, Sunrise Children's, Southern Hills and Mountain View Hospitals support S.B. 424.

Over the past year, our hospitals have cared for nearly 10,000 Covid-19 positive patients and insured Nevadans, including those in the most vulnerable zip codes, had access to free antibody treatments.

As part of our efforts to continue learning from the pandemic and improve our ability to serve our community, we strongly support Governor Sisolak, Ms. Korbulic, Mr. Cage and Ms. Peek's efforts in S.B. 424.

As we begin to see light at the end of the tunnel, the Public Health Resource Office will play a vital role to amplify our States efforts to educate, test and vaccinate our residents. For the reasons Ms. Peek mentioned, the Office will pay significant dividends far beyond the pandemic immeasurably impacting the lives of many Nevadans.

BRADLEY MAYER (Southern Nevada Health District; Washoe County Health District):

The Southern Nevada and Washoe County Health Districts are enthusiastic about S.B. 424 and appreciate the Office of the Governor bringing this concept forward.

The Covid-19 pandemic has shown us how important public health functions are, not just to physical health but to our economy. Public health and its partners, along with a wide variety of government agencies, have risen to the occasion as Nevada has battled Covid-19 while carrying out other public health responsibilities.

Nevada ranks near the bottom on many foreign public health measures, especially regarding infrastructure. According to America's health rankings, Nevada ranks last in most State and federal dollars dedicated to public health; about \$40 per person less than the national average. According to a January 2020 report released by Trust for America's Health, along with 13 other states for preparedness to protect the public's health during an emergency, Nevada scored 3 out of a possible 10 in measures of public health preparedness for disease, disasters and bioterrorism. Deaths owed to drug misuse, alcohol, and suicide outpace the Country. The rate of obesity and related conditions are high. Nevada's sexually transmitted infections rates are significantly higher than national rates, and we rank first for primary and secondary syphilis. We also have our challenges with mental and behavioral health which have been exacerbated by the pandemic. We rank fifty-first for higher prevalence of mental illness, lower rates of access to care, and 80 percent of rural counties nationwide report not having behavioral healthcare workers.

There are several bills addressing some of the issues this Session and public health is grateful for this policy. Attempting to address some of the issues in previous sessions would have allocated \$5 per capita or approximately \$50 million to enhance foundational public health infrastructure Statewide. Nevada ranks fiftieth in public health funding and would have ranked no higher than forty-eighth with that investment.

This comes down to a matter of resources in having an office focused on working with stakeholders to come up with solutions to strengthen our public health system above and beyond what we are doing.

ALLISON GENCO (Dignity Health - St. Rose Dominican):

Dignity Health - St. Rose Dominican supports S.B. 424. St. Rose Dominican works to address public health needs by focusing on the social determinates of health and finding ways to extend services in Las Vegas. We operate wellness centers located in our neighborhood hospitals that offer free or low-cost classes to educate people on health-related matters including information on parenting, baby safety, diabetes, blood pressure and exercise.

We agree to address public health needs, we must address the public health infrastructure first and foremost. St. Rose Dominican is proud to be part of the public health infrastructure in southern Nevada. We support finding innovative ways to bolster the public health infrastructure and creating the Public Health Resource Office will be a major step in that direction.

CHAIR RATTI:

I will close the hearing on S.B. 424.

EMILY MIMNAUGH (Pacific Justice Institute):

I am an attorney in Nevada testifying on behalf of Pacific Justice Institute opposing A.B 287. This bill raises significant and fundamental concerns about public and legal policy. The stated aim of the bill is furthering the welfare of pregnant mothers. Unfortunately, the bill strays far from its initial purpose. Instead of protecting mothers, it erases any reference to them 40 times over. The bill seeks the redefinition of a parent-child relationship by eliminating the terms mother and father throughout the law.

These changes are deeply problematic as a matter of public policy and as a matter of law. As a matter of public policy, the stated purpose of the bill bears no relation to this "terminology revision". Simultaneously, it denies the relation of a mother and father to their child. As a matter of law, the denial of a "mother and father" is inconsistent with the entirety of the *Nevada Revised Statutes* (NRS) which is replete with references to a mother and father. This creates confusion and inconsistency.

Assembly Bill 287 does not follow the fundamentals of logic and deletes any reference to a "mother." To achieve this, it is performing busying, if not tongue-tying verbal gymnastics to offer four different vocabulary options "as appropriate". The bill provides for new terms so a mother can now only be called either a person who is pregnant, a person giving birth, a person who gave

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birth or a person who has given birth as appropriate. The bill transforms the father into "other parent." The bill erases a child's mother from existence; she can never be a mother.

Legally, NRS does not reduce a mother only to her status of pregnant or birthing. If the goal is to rewrite the entirety of the NRS with these ill-conceived and radical revisions, this goal is over reaching and impractical.

Remainder of page intentionally left blank; signature page to follow.

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CHAIR RATTI:

Seeing no further public comment, the meeting is adjourned at 4:31 p.m.

RESPECTFULLY SUBMITTED:

Vickie Polzien,
Committee Secretary

APPROVED BY:

Senator Julia Ratti, Chair

DATE: _____

EXHIBIT SUMMARY				
Bill	Exhibit Letter	Begins on Page	Witness / Entity	Description
	A	1		Agenda
A.B. 438	B	1	Megan Comlossy	Work Session Document
A.B. 178	C	1	Megan Comlossy	Work Session Document
A.B. 197	D	1	Megan Comlossy	Work Session Document
A.B. 205	E	1	Megan Comlossy	Work Session Document
A.B. 228	F	1	Megan Comlossy	Work Session Document
A.B. 278	G	1	Megan Comlossy	Work Session Document
A.B. 287	H	1	Megan Comlossy	Work Session Document
A.B. 326	I	1	Megan Comlossy	Work Session Document
A.B. 343	J	1	Megan Comlossy	Work Session Document
A.B. 344	K	1	Megan Comlossy	Work Session Document
A.B. 345	L	1	Megan Comlossy	Work Session Document
A.B. 374	M	1	Megan Comlossy	Work Session Document
A.B. 430	N	1	Megan Comlossy	Work Session Document
S.B. 424	O	1	Heather Korbolic / Office of the Governor	Proposed Amendment

S.B. 424	P	1	Julia Peek / Department of Health and Human Services	Written Testimony
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