

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

**Eighty-first Session  
May 18, 2021**

The Senate Committee on Health and Human Services was called to order by Chair Julia Ratti at 5:47 p.m. on Tuesday, May 18, 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  
Senator Ben Kieckhefer

**GUEST LEGISLATORS PRESENT:**

Assemblywoman Maggie Carlton, Assembly District No. 14

**STAFF MEMBERS PRESENT:**

Megan Comlossy, Policy Analyst  
Eric Robbins, Counsel  
Norma Mallett, Committee Secretary

**OTHERS PRESENT:**

Stephanie Woodard, Psy.D., Senior Advisor on Behavioral Health, Division of  
Public and Behavioral Health, Department of Health and Human Services  
Sara Chohagian, Executive Director, Patient Protection Commission  
Stacie Sasso, Health Services Coalition  
Rusty McAllister, Nevada State AFL-CIO  
Maya Holmes, Culinary Workers Union Local 226 Health Fund  
James Wadhams, Nevada Hospital Association  
George Ross, Hospital Corporation of America  
Rocky Finseth, PhRMA

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Jaron Hildebrand, Nevada State Medical Association  
Dora Martinez, Nevada Disability Peer Action Coalition

CHAIR RATTI:

We will have a work session for Senate Bill (S.B.) 390. This is a bill we have already had a work session on, and it went out of this Committee with an amend, do pass. It went to the Senate Committee on Finance, and there was a significant rework of this bill between the time it was in the work session and in the Committee on Finance. In the Committee on Finance, we only dealt with the finance issue, and the Committee on Finance sent it back to this Committee so we could look at the full amendment. There are two exhibits posted online which will address the two components of S.B. 390. The first part of this bill is the 9-8-8 Suicide Hotline, and the second part of this bill is the opioid settlement framework. Dr. Stephanie Woodard has been heavily involved in the updates and will walk us through the amended version.

**SENATE BILL 390 (1st Reprint)**: Revises provisions relating to behavioral health.  
(BDR 39-635)

MEGAN COMLOSSY (Policy Analyst):

There is a work session document with Proposed Amendment 3328 ([Exhibit B](#)) for S.B. 390 that Dr. Woodard will be discussing.

STEPHANIE WOODARD, PSY.D. (Senior Advisor on Behavioral Health, Division of Public and Behavioral Health, Department of Health and Human Services):  
In addition, I will also briefly outline the two tables ([Exhibit C](#) and [Exhibit D](#)) relating to behavioral health and what this bill is intending to do. Senate Bill 390 makes two key changes relating to behavioral health. The first requires the Division of Public and Behavioral Health of the Department of Health and Human Services (DHHS) to establish a hotline—which may be accessed by dialing 9-8-8 for people who are considering suicide or are in a behavioral health crisis—and to create at least one support center to answer calls and coordinate the response to those calls.

The second part of the bill creates the Nevada Fund for Healthy Communities to hold the proceeds of litigation by the State concerning the manufacture, distribution, sale and marketing of opioids. The bill will also provide for the distribution of that money as grants to State, regional, local and tribal governments and nonprofit organizations for projects that address the impacts

of opioid use disorder and other substance use disorders. It requires the DHHS to conduct a needs assessment to determine priorities for allocating money from the Fund and to distribute the grants.

SENATOR KIECKHEFER:

A few of the items Dr. Woodard has outlined are different than what was presented to the Senate Committee on Finance last week. I want to highlight a couple of those points as we are working with the telecommunications industry that is going to collect a lot of this revenue.

Section 3, subsection 3 of Proposed Amendment 3328 provides liability protection for telecommunication providers which is something they requested. Section 5, subsection 1 of the amendment states "the amount of the surcharge must not exceed 50 cents for each access line or trunk line." I suggest an amendment to cap the amount at 35 cents knowing that would provide a sufficient revenue match through available federal dollars to address the goals and objectives of the account. Additionally, this provides the regulatory oversight for creating that surcharge to the State Board of Health rather than the Public Utilities Commission of Nevada and then have to go through the usual Administrative Procedures Act to walk through the regulatory process of the State Board of Health.

Section 5, subsection 2, paragraph (b) of the amendment states that any funds generated by this new surcharge cannot be used to supplant existing funding that currently is used for those behavioral health services. These are the primary differences between what was presented to the Senate Committee on Finance in this section of the bill and what you see in Proposed Amendment 3328.

CHAIR RATTI:

We are in agreement with all of those changes, which are considered friendly changes to the bill. Dr. Woodard, please move on to the opioid settlement portion of the bill.

DR. WOODARD:

I will briefly address the S.B. 390 Fund for a Resilient Nevada–Opioid Settlement/Litigation Funding [Exhibit D](#), specifically sections 7 through 9.5.

CHAIR RATTI:

We learned how specifically targeted the opioid settlement dollars are to the Statewide impact of the opioid epidemic. A lot of the work was reframing the whole process to a Statewide response, which includes the needs assessment, plan and distribution process. I want to thank Senator Kieckhefer for helping with the amendments that would make sure the Legislature has a significant role in approving it during the Legislative Session every biennium and through the Interim Finance Committee process. Based on some of the comments from the Committee members, we made sure there are multiple places in the bill that now look at the disparate impact on certain communities, and we are doing outreach to lots of individuals who we may not get to otherwise. Those are the big significant changes we made.

SENATOR KIECKHEFER:

The intent coming out of the Senate Committee on Finance was to ensure that the account set up pursuant to this act would be an Executive Budget account, and we would budget these funds similar to the method we used for the Healthy Nevada Fund so that DHHS will come up with an expenditure plan to be incorporated into the agency's budget proposal. We would move forward that way and make adjustments as necessary if additional settlements come in during the Interim, potentially through the Interim Finance Committee process. I would like to move forward with the amendment today. What we have before us reinserts the role of the Legislature in the process and ensures that it moves into an Executive Budget account rather than a nonexecutive account.

CHAIR RATTI:

This bill has been on a journey, and it has gotten to a good place. It has a strong problematic side where we are making sure the settlement always gets used to address the impact of the opioid epidemic, as well as ensuring there is a good focus on disparate communities. At the same time, it is doing the important work that Senator Kieckhefer has identified in making sure the Legislature retains its ability to direct these funds in the future.

SENATOR SPEARMAN:

This bill is quite encouraging because this is a major step for us moving in the direction of bringing equity to the communities that have been hurt so badly by the opioid pandemic.

SENATOR HARDY:

I received the two handouts that are impressive with the work that went into them. Regarding the Fund for a Resilient Nevada, no State money is going to this unless it is for the needs assessment that must be done. Is this Fund completely separate and distinct from any State money and therefore does not have a two-thirds requirement to increase a fee or tax?

CHAIR RATTI:

The Fund for a Resilient Nevada is a bucket that catches all of the settlement dollars into an Executive Budget account so they can be appropriately handled. There would be no effect on the General Fund. The bill does contemplate 8 percent of allowed administrative costs so the work can be implemented, but the majority of it gets out and makes a difference.

SENATOR HARDY:

I was correct in that assumption. Regarding the Crisis Response Account, has the State Board of Health ever adopted regulations determining the amount of a surcharge, or is that a new concept we are looking at?

CHAIR RATTI:

In that fund, the surcharge is to stand up the 9-8-8 hotline, and the 35 cents per line goes into the fund. The amendment puts a cap up to 35 cents. The regulatory process will determine what the actual need is, but it can go no higher than 35 cents.

SENATOR HARDY:

The regulatory board decides something that usually is a legislative decision about how much of a fee to charge. I do not know of anybody who gets to determine their own fee without legislative oversight.

ERIC ROBBINS (Counsel):

It is common where the Legislature sets the maximum amount of a fee. The boards can prescribe less than that fee if they want, which is common for professional licensing boards that operate that way.

SENATOR HARDY:

Is that the one that puts this bill at a two-thirds majority vote?

CHAIR RATTI:

That is correct. The two-thirds on this particular bill comes from the implementation of the new surcharge fee on the phone lines.

MR. ROBBINS:

I would also like to point out for the licensure of medical facilities, *Nevada Revised Statutes* 449.050 lets the State Board of Health set application fees at an amount determined by regulation of the Board. In that case, the State Board of Health does determine the licensing fees.

CHAIR RATTI:

The reason is that we have a 9-8-8 planning grant underway at this time. Through the process of that 9-8-8 planning grant, we are assessing the need, which will determine what the appropriate budget needs are to set that fee.

SENATOR HARDY:

A lot of work went into this, and I am impressed. One of the challenges I have is where this is all going to fit at the end and how we are going to afford it. I will be voting no, but I am impressed and willing to consider changing my vote later if it all fits together.

SENATOR HARRIS MOVED TO AMEND AND DO PASS AS AMENDED  
S.B. 390.

SENATOR SPEARMAN SECONDED THE MOTION.

SENATOR KIECKHEFER:

The motion includes a deviation from Proposed Amendment 3328 from 50 cents to 35 cents.

CHAIR RATTI:

Thank you for the clarification. It would include lowering the cap to 35 cents.

THE MOTION CARRIED. (SENATOR HARDY VOTED NO.)

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CHAIR RATTI:

I will now open the hearing on Assembly Bill (A.B.) 348.

**ASSEMBLY BILL 348 (1st Reprint)**: Revises provisions relating to the Patient Protection Commission. (BDR 40-497)

ASSEMBLYWOMAN MAGGIE CARLTON (Assembly District No. 14):

I am presenting A.B. 348 which will make changes to the provisions governing the Patient Protection Commission. The bill went through a large rewrite in the Assembly, and we are now working from the first reprint. During the 2019 Legislative Session, Governor Steve Sisolak proposed and the Legislature passed S.B. No. 544 of the 80th Session, creating the Patient Protection Commission, an independent body tasked with reviewing issues related to Nevadans' healthcare needs, as well as healthcare accessibility, affordability and quality. However, as we all know, legislation is iterative, and after the Commission got up and running, we recognized the need to make adjustments to it. I want to thank Dr. Ikram Kahn and Sara Chalhagian for their hard work throughout the process.

The goals of A.B. 348 are to move the Commission from the Office of the Governor to DHHS, revise Commission membership, ensure members are held accountable, address issues related to conflicts of interest and give the Commission tools to operate more effectively. The concerns I heard today are that folks want to see more people come onto the Commission and not be replaced. The proposal in this bill is to replace some members. It is to get this Commission to the point where we are talking about having real data, quality, accessibility and affordability of health care.

The 11 members of the Commission at this time can be viewed as industry stakeholders in a number of ways. Partway through the work the Commission was doing, I started to hear concerns about conflict issues. You will see in this bill that we added standard language of disclosure and conflict so everyone knows who they are representing. That is how we addressed that particular issue. These changes in membership will make a significant difference in the work this Commission will be able to do in the future to get good, hard data.

As long as I have been in this building, unfortunately, we have had to make a lot of decisions based on health care with anecdotal data. We can now start making real decisions. As you go through the memberships, you will see a lot of it switched over to a more nonprofit world than the for-profit world. Just because you are nonprofit does not mean you do not have a budget you have to balance and you do not have to be accountable for the dollars. It means there is

a different attitude toward it. We tried to incorporate some of the existing memberships and change others to represent a broader base of who would be the best voice for patients in the future.

This Commission will have sole authority over the Milbank Memorial Fund Program that the Patient Protection Commission will be able to work on and that aims at sustainable healthcare costs. This will be a lot of work for the Commission to get done over this biennium.

CHAIR RATTI:

Thank you for acknowledging that this bill had the all-payer claims database and for working with the Executive Director of the Patient Protection Commission early in the Session to make sure that we did not have multiple vehicles and conflicting work going on.

SENATOR HARDY:

The sponsor already alluded to my questions. If we concentrate on the nonprofits, we are not getting half or more of the care provided by hospitals, health insurers, academic institutions or the pharmaceutical industry. That is my concern with the bill. We do need the data, and it is a one-armed input.

SENATOR KIECKHEFER:

My question is related to the health information exchange language in section 3, subsection 1, paragraph (c). We have the Statewide-designated Nevada Health Information Exchange which is working to continue to expand its network of providers and facilities that are coordinating the exchange of health information. I am trying to understand what we are getting at in this part of the bill.

ASSEMBLYWOMAN CARLTON:

It is to allow the Commission to have jurisdiction over that particular area and to make sure the interoperability of that works and the data is updated. It is also to make sure the data is shared and comes back to the Legislature for future conversations.

SENATOR KIECKHEFER:

Can you please tell me what the Peterson-Milbank Program for Sustainable Health Care Costs is?



ASSEMBLYWOMAN CARLTON:

It is a grant that the Patient Protection Commission, through the leadership of its director, received, and the Commission will enable to work further to address healthcare costs in this State. Some of the things we have talked about in the past have been cost-to-charge ratio versus billable costs versus network costs, out-of-network costs and looking at all the different costs across the State. When you look at that and the makeup of the Commission—this is in no way meant to be insulting to any of the members that were on the Commission—we have to understand that this current Commission has a true industry flavor to it. If we are going to have honest, objective conversations, the industry needs to step back and let other people come forward and have those real conversations. This does not say that the industry cannot participate; they just will not be voting members. When we get into real discussions about healthcare costs in the future, we need to make sure we have people on this Commission who do not have the inherent conflict of providing data and talking about costs when their job is to be part of this Commission but they are being paid by an industry.

I am trying to be as polite about this as possible because I understand everyone has a job to do. I represent a group of people, so do each of you Senators, but we all have to make sure we put the right people on these Commissions who will make the good decisions for Nevada and not for their industry.

CHAIR RATTI:

The Peterson-Milbank Grant is a wonderful grant. We need to give Sara Chohagian two minutes to talk about it because it is something the world should know about.

SARA CHOLHAGIAN (Executive Director, Patient Protection Commission):

It was announced on March 9 that Nevada joined four other states, Connecticut, Oregon, New Jersey and Washington, to be part of a program that implements spending targets to make health care more transparent and affordable. With Nevada's participation in this program, we are receiving technical assistance from Balle Health, which is helping Nevada set and implement healthcare cost growth targets. These targets are a first step toward making health care more affordable and transparent. The goals of this project are to focus on the underlying causes of rising healthcare costs and to develop the capacity to track and benchmark healthcare spending across payers at the State level.

In addition, the project will analyze spending data in an effort to pinpoint cost drivers and inform interventions. This is an exciting time for Nevada to have this multistate collaborative effort. It is a two-year program that helps our State launch into establishing a benchmark and looking at healthcare spending in a data-driven way.

SENATOR KIECKHEFER:

Congratulations for leading that effort. Is there a requirement that we need to designate a lead agency as part of that participation?

MS. CHOLHAGIAN:

No, there is no program requirement to designate any sole agency. Rather, there is a requirement that the Governor designate a State lead to manage the participation of this program.

SENATOR SPEARMAN:

This is exciting. Washington State has been doing this program since 2014. It was introduced by Senator Randi Becker and passed on bipartisan lines because this is important information. It will put more power in the hands of consumers because they will be able to see exactly what is going on.

SENATOR HARDY:

Is the Veterans Health Administration (VA) Hospital going to be involved with this? Sunrise Hospital is for profit, but the VA Hospital is not. I do have misgivings about the one-armed approach, but are we going to involve the VA system?

CHAIR RATTI:

Assemblywoman Carlton, would the VA Hospital qualify for the nonprofit hospital seat if that was who the Governor wanted?

ASSEMBLYWOMAN CARLTON:

The VA is under federal jurisdiction, and I would not want to speak for the federal government. I am not sure, but there is nothing that would prohibit the VA from participating as far as public members being involved in the meetings and providing input. As for how the VA is classified, I am not aware of that. It is purely federal jurisdiction, and I am unsure of what opportunities there would be. Nothing in this bill would prohibit the VA from being a part of the conversations in public meetings.

MR. ROBBINS:

It would qualify if it is a nonprofit hospital. A federal hospital would qualify if it was chosen, if it met the other criteria, and if it wants to participate.

ASSEMBLYWOMAN CARLTON:

That is great knowledge. As this bill moves forward, the Governor needs to know this so that as he chooses representation, he can reach out to someone at the VA and tell them there may possibly be an opportunity for the VA to participate. These members will all still be chosen by the Governor. That would be an excellent conversation point to have with the Governor as we move forward.

STACIE SASSO (Health Services Coalition):

We support A.B. 348. When the Governor formed the Patient Protection Commission, it was with the intention of protecting the patient with price focus being one of those topics. In order for the Commission to be effective, we need to ensure patient voices are front and center of the Commission, not just have the industry perspective when healthcare policy recommendations are being shaped. The Commission's main mission should be to examine healthcare access, quality and affordability in the State and make policy recommendations to continue to improve a well-healthcare system for patients in Nevada.

RUSTY McALLISTER (Nevada State AFL-CIO):

We support A.B. 348. This is a good policy and provides information to the people that utilize health services. This will provide more of a perspective from the people who utilize the health services as opposed to those who are running the hospital industry or the medical industry. Most of all, this will provide information for patients and is a good way for them to be represented.

MAYA HOLMES (Culinary Workers Union Local 226 Health Fund):

We support A.B. 348. Governor Sisolak's 2019 decision in the Legislature to create the Patient Protection Commission was an essential step to improve the healthcare system for all Nevadans. The Commission's primary goal is to examine and propose solutions to address access, quality and affordability in our healthcare system. There is no question Nevadans need and deserve access to high quality, affordable health care. Unfortunately, ensuring the Commission is getting direct patients' perspectives and experiences has been a challenge.

We want the Commission to be a voice for patients, which can then be the backbone in developing effective policy solutions. The inclusion of more members with the history of advocating on behalf of insured and uninsured patients and working in the nonprofit sector is simply essential. The new voices will bring specific and much-needed, patient-centered expertise crucial to the Commission's work. The intent of this bill is to maintain a Commission whose size does not become unwieldy but still expands the breadth of expertise to ensure a greater focus on and broader range of patient experiences are balanced with the industry perspectives and interests. We support the effort to address any conflicts of interest, adopt needed bylaws and place the Commission within the DHHS. This will ensure it has additional tools and the structure it needs to achieve its goals.

JAMES WADHAMS (Nevada Hospital Association):

We are neutral on A.B. 348. We have no opposition to expanding to additional membership on the Patient Protection Commission. Additional perspective is especially helpful. This Commission had a difficult start because the board was not fully appointed until approximately January and, unfortunately, within 30 days after its first meeting, the Covid-19 crisis hit and constrained some of the activity. Ultimately, the Senate Committee on Health and Human Services produced two bills that are moving well through this process. The first is S.B. 5, dealing with telemedicine, and it has proven to be a significant opportunity to ensure people in a lockdown period still have access to care. The second is S.B. 40, which addresses the all-payer claims database, and that seems to be moving through the process.

**SENATE BILL 5 (2nd Reprint)**: Makes changes relating to telehealth. (BDR 40-416)

**SENATE BILL 40 (1st Reprint)**: Provides for the collection of certain data relating to health care. (BDR 40-415)

Our concern is eliminating one of the positions representing hospitals; there are two in the bill and on the current Commission. Eliminating that upon the expiration of either one of those terms is problematic. Nevada has over 35 short-term acute care hospitals spread over northern, southern and rural Nevada. There are county, district, nonprofit and for-profit hospitals. There may be an opportunity for a federal hospital as well. Under the mix of our short-term hospitals, 92 percent of the patient days are accessed in private hospitals. In

order to fully evaluate costs, the information on the cost drivers of the delivery of that service is critical. The voices and costs of that care should be available to a broader, expanded Commission so the perspective of the delivery of care can be blended into the consideration of the costs and use of care.

The Governor created the Commission with the help of the Legislature in 2019, and he took care to identify the positions that should be part of the balance of that body and specifically have the authority to identify those individuals. During the Covid-19 emergency, the Governor focused his Task Force for COVID-19 Mitigation and Management on maintaining hospital capacity and issued a declaration to the Commission to particularly learn the lessons that would be experienced during the Covid-19 crisis. Hospitals were asked to expand capacity dramatically to accommodate patient admissions which, at one point, were over 2,000 per day. The perspective that comes from the variety and differentiation of the various hospitals is going to be critical, even for an expanded Protection Commission. We have no concerns about the expansion of that Commission, but we would request that the Committee consider reinstating at least one more hospital to provide the diversity of that perspective and the cost drivers that go with that.

GEORGE ROSS (Hospital Corporation of America):

We are neutral on A.B. 348. We echo the words of Mr. Wadhams. We completely agree with the objectives stated by the sponsor of this bill: "quality, access and affordability." The key is that 92 percent of the patient beds are in the private sector. This State has for the last 50 to 60 years relied upon the private sector to keep up the amount and the investments in health care that this State needs to keep up with its growing population. Similarly, virtually all the investments are in the private sector in terms of new quality, both in terms of how you practice it, how you apply it and how you bring in new features and treatments. This all comes through the private sector. It is imperative, if we are talking about access and quality, that we take their needs into account. You cannot take them for granted.

Finally, affordability is an area of cost and especially when the Commission has just begun the Peterson-Milbank work. You need people on that Commission who understand the practical side of health care and costs. We strongly urge you to add back a hospital member in addition to what is in the bill and make it just a plain hospital member and not specifically say nonprofit because the

private sector provides so much of the health care in this State. That perspective and knowledge are needed.

ROCKY FINSETH (PhRMA):

We are neutral on A.B. 348. We support Governor Sisolak's efforts at creating the Commission. As previously mentioned, we request insertion of the pharmaceutical representative back in the Commission. We support the expansion of the body. We have submitted our proposed amendment ([Exhibit E](#)).

JARON HILDEBRAND (Nevada State Medical Association):

We are neutral on A.B. 348. We echo the comments of the former testifiers. We would like to see our seat remain on the Commission. We do not agree with the initiatives Assemblywoman Carlton is putting before us. With our 2,000 physician members and their unique patient mix, I feel we also would bring value to the Commission, in addition to a federally qualified healthcare physician, and bring other perspectives throughout the State and a broad spectrum of healthcare policies.

DORA MARTINEZ (Nevada Disability Peer Action Coalition):

We support A.B. 348. We ditto the remarks previously made by the supporting testifiers.

ASSEMBLYWOMAN CARLTON:

I found the neutral testimony quite unique. I did not get this neutral testimony in the Assembly. There was one person with the health plans that did testify in neutral. I heard from PhRMA today in the hallway, and Mr. Ross shared his concerns by text with me late this morning. You see the bill right now in a good position. I did amend the bill in the Assembly. Assemblywoman Robin L. Titus brought up a valid concern, and we did amend it, but the bill still did not get her vote. I am finished amending the bill.

CHAIR RATTI:

We will now close the hearing on A.B. 348. We have reached the point in the Session where it is important that we move things along relatively quickly, so it is my intention to have a work session for the bill today.

I have been relatively involved with the Patient Protection Commission since it was first created. The Commission bill originated in the Senate last Session, and I worked closely at that time with Alison Combs to figure out what might work.

The model was to throw stakeholders, who are not always on the same page, in a room for a while and see if we could come up with solutions where everyone had significant buy-in. Both of the bills that came out of the Commission originated in the Senate this time, and I probably have spent more time working on the Commission bills in this Legislative Session than I have combined on all of my own personal bills. I am not sure it is working. A lot of people put in a lot of hard work to try and make it work. I am not casting any aspersions. There have been good and sincere efforts.

I thank Ms. Cholhagian for the significant time, energy and work she has put in. She has done an excellent job as the Executive Director. I am okay with trying something new to get more of the patient advocate voice involved. I may have a bias coming from the nonprofit sector.

Nonprofit and for-profit hospitals have far more in common. A small business and small nonprofit have more in common, and a large business and large nonprofit have more in common. The nonprofit hospitals are dealing with all the same cost management and insurance. The only thing they are not dealing with is trying to pay attention to the profits for the shareholders. That is my personal opinion. I am ready to support this and try something new.

I have been relatively engaged in this process and have tried to be a good neutral player to continue to move things along, but I hope that whether you have a seat on the board or not, everyone stays engaged and we continue to figure out how to work together as people who care about advancing health care. I will be supporting this bill in its current form.

SENATOR KIECKHEFER:

I appreciate Assemblywoman Carlton's policy take on the changes she wants to make. Taking out the voice of some of the most significant payers within the healthcare system is a problem as well as some of the significant cost drivers. This is more of a philosophical difference, so for now I will be voting no.

SENATOR HARDY:

We are not doing ourselves a service to have diversity in the representation and more than just one diversity. I would look forward to these meetings to see how this particular body can increase the number of physicians we have in the State of Nevada. This is a glaring problem, and we hope this particular body addresses that.

SENATOR SPEARMAN MOVED TO DO PASS A.B. 348.

SENATOR HARRIS SECONDED THE MOTION.

THE MOTION CARRIED. (SENATORS HARDY AND KIECKHEFER VOTED NO.)

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CHAIR RATTI:

I will now open the work session on S.B. 424.

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

Ms. COMLOSSY:

I will read the summary of S.B. 424 and amendments from the work session document ([Exhibit F](#)).

CHAIR RATTI:

Thank you to Senator Spearman for bringing forth the amendment to make sure that the effort to address the public health pandemic also had the lens of the pandemic which is racial justice and disparate impact of health. We did some work to make sure the appropriations are in place when the bill goes over to the Senate Committee on Finance.

SENATOR HARDY MOVED TO AMEND AND DO PASS AS AMENDED S.B. 424.

SENATOR HARRIS SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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CHAIR RATTI:

Seeing there is no further business and there being no public testimony, I will adjourn the meeting at 6:56 p.m.

RESPECTFULLY SUBMITTED:

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Norma Mallett,  
Committee Secretary

APPROVED BY:

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Senator Julia Ratti, Chair

DATE: \_\_\_\_\_

<b>EXHIBIT SUMMARY</b>				
<b>Bill</b>	<b>Exhibit Letter</b>	<b>Begins on Page</b>	<b>Witness / Entity</b>	<b>Description</b>
	A	1		Agenda
S.B. 390	B	1	Megan Comlossy	Work Session Document
S.B. 390	C	1	Stephanie Woodard/ Division of Public and Behavioral Health, Department of Health and Human Services	Crisis Response Account – 9-8-8 and Crisis Services
S.B. 390	D	1	Stephanie Woodard/ Division of Public and Behavioral Health, Department of Health and Human Services	Fund for a Resilient Nevada – Opioid Settlement/Litigation Funding
A.B. 348	E	1	Rocky Finseth / PhRMA	Proposed Amendment
S.B. 424	F	1	Megan Comlossy	Work Session Document