

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

**Eighty-first Session
May 27, 2021**

The Senate Committee on Health and Human Services was called to order by Chair Julia Ratti at 3:36 p.m. on Thursday, May 27, 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 Rochelle T. Nguyen, Assembly District No. 10
Assemblywoman Sarah Peters, Assembly District No. 24

STAFF MEMBERS PRESENT:

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

OTHERS PRESENT:

Will Adler, Scientists for Consumer Safety
Tyler Klimas, Executive Director, Cannabis Compliance Board
Richard R. Whitley, M.S., Director, Department of Health and Human Services
Harold Wickham, Deputy Director, Programs, Department of Corrections
Sarah Adler, National Alliance on Mental Illness Nevada
Nicholas Shepack, American Civil Liberties Union of Nevada
Maria-Teresa Lieberman-Parraga, Battle Born Progress
John Piro, Clark County Public Defender's Office
Kendra Bertschy, Washoe County Public Defender's Office

Jim Hoffman, Nevada Attorneys for Criminal Justice

CHAIR RATTI:

I will open the hearing on Assembly Bill (A.B.) 149.

ASSEMBLY BILL 149 (1st Reprint): Requires the Cannabis Compliance Board to create an electronic database containing certain information relating to testing conducted by cannabis independent testing laboratories. (BDR 56-693)

ASSEMBLYWOMAN SARAH PETERS (Assembly District No. 24):

I am here today to present A.B. 149 related to the cannabis industry laboratory data public transparency and reporting. The purpose of this bill is to increase transparency for consumers of cannabis products in Nevada. The Cannabis Compliance Board has the authority to develop and publish data collected via the seed-to-sale software known as Metrc.

Laboratory data is one of the most important subsets of data available through the Metrc program. Laboratory data tells us the level of tetrahydrocannabinol in each batch of tested product, as well as potential contaminants such as mold or toxins, and is used to ensure customer safety.

Since the inception of the medical- and recreational-use regulations, the respective regulatory and compliance agencies have set standards for cannabis products verified through licensed independent laboratories. The results of these laboratory tests are available upon request by the consumer; however, there is no way to receive a complete set of laboratory analysis of products from producers that is readily available or accessible by the public.

I am a data nerd and can take raw data and make it statistically significant, run trends and analysis, and describe those things in a report. However, that is sometimes not the best way for the public to obtain this information. We are looking at a data process that publishes metric data so the public has access to all of that data in one place.

We are just starting to scratch the surface on the value of data in this body and the stories that data can tell us. In this industry, accessing the data can safeguard consumers from inadvertently consuming products they may not want to consume. It may also tell stories about producer practices such as

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shopping for results—and inconsistency in laboratory results can expose dangerous practices of analytical manipulation—which can potentially put the public in harm.

Section 1 proposes a database be developed that contains all laboratory information related to cannabis products sold in Nevada. In the Assembly, we amended it to ensure this was in a readily accessible format so anyone can download the Metrc sheets.

CHAIR RATTI:
Were sections 1 and 2 deleted by amendment?

ASSEMBLYWOMAN PETERS:
Yes. Sections 1 and 2 were deleted by amendment.

We want this in an accessible format the public can access any time to pull data from different producers and licensed entities in Nevada.

WILL ADLER (Scientists for Consumer Safety):
Scientists for Consumer Safety supports A.B. 149.

TYLER KLIMAS (Executive Director, Cannabis Compliance Board):
I would like to verify that I have the right bill, the first reprint, deleting sections 1 and 2.

CHAIR RATTI:
That is correct, sections 1 and 2 were deleted.

I will entertain a motion on A.B. 149.

SENATOR HARDY MOVED TO DO PASS A.B. 149.

SENATOR SPEARMAN SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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CHAIR RATTI:

I will close the hearing on A.B. 149 and open the hearing on A.B. 358.

ASSEMBLY BILL 358 (1st Reprint): Enacts provisions to improve access to Medicaid for persons released from incarceration. (BDR 38-919)

ASSEMBLYWOMAN ROCHELLE T. NGUYEN (Assembly District No. 10):

I am here to present A.B. 358 which improves access to Medicaid for people recently released from prison. The intent of this bill is to improve care transitions to the community for incarcerated individuals eligible for Medicaid.

Individuals who are incarcerated in our prisons often have significant physical and mental healthcare needs. They may experience chronic and infectious diseases, such as hepatitis C, and may suffer from severe mental health and substance abuse disorders at a much higher rate than our general population. The Covid-19 pandemic showed us how vulnerable many of these individuals are. Many have suffered this horrible disease while incarcerated when we had severe outbreaks in our prisons.

We want to improve health care for all individuals recently released from prison. This action will help to improve the overall health in our communities, lower the spending on State health care and potentially advance public safety goals such as successful reentry reducing recidivism.

We have many individuals in our criminal justice system who qualify for Medicaid since Nevada expanded eligibility for low-income adults through the Affordable Care Act. Medicaid plays a key role in providing support for these individuals. Many incarcerated individuals are often disproportionately poor and people of color. This bill helps to address their healthcare needs while advancing health and racial equality in Nevada.

In 2019, 43 states had a policy to suspend Medicaid eligibility for an individual while in prison, and 42 states had a policy to suspend eligibility for an eligible person while in jail. Six additional states are considering what this bill provides which is to suspend rather than terminate Medicaid for a person who is sent to prison.

One of the most significant numbers shows we terminate Medicaid while an individual is in prison. The Department of Health and Human Services (DHHS)

has worked closely with our jails in the State. We have been able to provide assistance for individuals to sign up for Medicaid upon release from jail but have not had the same success for individuals in prison.

When an individual in prison on medication is released, we are using State funds to cover his or her prescription costs upon release. Richard Whitley has provided us with information showing \$56,000 in cash payments paid for a 30-day supply of prescriptions for individuals upon their release.

This bill will help keep our community safe. We have people being released from our prisons. Having access and continuity of mental and physical health care upon release will make them more successful as they enter back into society.

RICHARD R. WHITLEY, M.S. (Director, Department of Health and Human Services): A corrections outreach dashboard ([Exhibit B](#)) is a statement showing how many people, by prison, are discharged each month, and how many are enrolled in Medicaid. This information current to March of 2021 shows zero people enrolled. The DHHS has tried to come up with strategies that may work better outside the Department of Corrections (DOC) by offering computers that could be accessed and applications submitted for Medicaid; so far, we have not been successful. We have offered to complete enrollment by sending staff as we do in the jails. When people leave jail, we see police interacting with these individuals, so we have the experience of real-time impact.

This is important work, and DHHS supports the bill. People in corrections are assessed for medical and mental health conditions, treated while incarcerated and given 30 days of medication upon release. This dashboard is a good framework for us to continue to monitor this information as we individually enroll. If the bill for the all-payer claims database passes, we can show what health care people access and what the outcomes are.

We are in a request-for-proposal process for managed care. With the expansion of Medicaid, Clark and Washoe Counties are primarily managed care for the newly eligible individuals, and most inmates released will be newly eligible. We have added an incentive in the request for proposal to score more points on how people would deal with the criminal justice-involved population.

SENATOR SPEARMAN:

Is there any way to ensure individuals in solitary confinement can access mental health treatment and Medicaid? Data shows that when an individual is in solitary confinement for any more than three days, it is like going into combat and people end up with post-traumatic stress disorder. If individuals are released after 60 days in solitary confinement, we have a problem.

MR. WHITLEY:

This bill has the potential to be incremental policy-making in that several states, Utah the most recent, have applied for a waiver from the Centers for Medicare & Medicaid Services to allow for Medicaid to be implemented 30 days prior to release so there is an overlap while the inmate is incarcerated. That will drive the standards of care to cross over to the community. The dashboard has the potential for us to catch up on both ends with people treated in the community who end up incarcerated and then released.

HAROLD WICKHAM (Deputy Director Programs, Department of Corrections):
Our seriously mentally ill offenders are no longer held in Ely State Prison. We have moved them to the Northern Nevada Correctional Center where they receive care and treatment in a mental health facility.

The DOC is encouraged by A.B. 358 as it will meet the needs and assist offenders in successfully returning to the community while creating a better continuity of care.

We do not have solitary confinement; we use what is called disciplinary segregation, which removes offenders from the general population for disciplinary or administrative issues such as having an issue with or facing an attack by another offender. Our severely mentally ill patients are all transported to a facility at the Northern Nevada Correctional Center.

SENATOR SPEARMAN:

You say segregation is not solitary confinement. When they are moved to segregation, how many days are they there and what kind of mental health treatment is available to them? Senate Bill (S.B.) 187 would have required those types of things, but the fiscal note on this bill was so large it did not pass. I was told they could not do all of the mental health things included in the bill.

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SENATE BILL 187: Makes various changes relating to the solitary confinement of offenders. (BDR 16-170)

MR. WICKHAM:

The maximum for segregation is limited to 60 days.

Doctor David Greene oversees our mental health treatment in the mental health facilities.

We submitted a fiscal note for A.B. 358 for staff to help process the applications.

SENATOR HARRIS:

Who provides the mental health services?

MR. WICKHAM:

Our mental health services are provided by in-house and contract providers. We have mental health professionals, psychologists, psychiatrists and DOC employees.

SENATOR KIECKHEFER:

The Division of Welfare and Supportive Services previously had staff located in some of the correctional facilities, which has not worked out well. Will this bill transfer eligibility services to DOC staff?

MR. WHITLEY:

The bill facilitates the application process for the inmate. We will still determine eligibility at the Division of Welfare and Supportive Services.

SENATOR KIECKHEFER:

Would the staff at DOC be used to help out with collecting documentation or other information for the inmate?

MR. WHITLEY:

Yes.

CHAIR RATTI:

We have a Senate bill with similar components sponsored by Senator Hardy and Senator Settlemeyer. I want to make sure there is no conflict between these two bills.

MR. WHITLEY:

I am not aware of any conflict between the two bills. The two actions in A.B. 358 are for suspending Medicaid eligibility. The majority of inmates have not been enrolled in Medicaid. The focus on suspension is consistent with this bill.

SENATOR HARDY:

The bill you are referencing is S.B. 93, dealing with the suspension rather than termination of Medicaid for ease of continuing after release rather than having to reapply.

[SENATE BILL 93 \(1st Reprint\)](#): Revises provisions relating to Medicaid.
(BDR 38-193)

ASSEMBLYWOMAN NGUYEN:

I was familiar with S.B. 93 and have made sure the bills were compatible and there was no conflict.

SARAH ADLER (National Alliance on Mental Illness Nevada):

We also testified in support of S.B. 93 and are in support of A.B. 358. I am the former President of the National Alliance on Mental Illness Western Nevada, and we have had interactions with Northern Nevada Correctional Center and had multiple connections with peer support groups under the previous warden. As related to A.B. 358, the point is that we have worked with inmates, removed stigma and helped them understand they have a mental illness and that perhaps medication is necessary to achieve stability and recovery in their lives.

We have the ability for inmates to retain stability and support recovery so they do not return to an institution if we can enroll inmates in Medicaid before they leave the prison system where they have been able to access a diagnosis and medication.

NICHOLAS SHEPACK (American Civil Liberties Union of Nevada):

Ensuring we have continuity of care from prison to reentering the community is imperative. I have the pleasure of interacting with directly impacted individuals who have spent long periods of time in segregation or solitary confinement. I have worked with multiple individuals who have spent over 2 decades in solitary confinement and were released rapidly into society; and some who have spent over 40 years in prison. They are released and expected to navigate a Medicaid system in a world they did not know existed. They are using computers for the first time; nothing is the same as when they went to prison.

I have seen individuals with major health issues, a sickness, an accident or mental health breakdown that led to emergency room care before they were able to access Medicaid. This is expensive and confusing for them, and they do not receive the necessary follow-up care.

By ensuring we have individuals signed up for Medicaid, we can avoid the issues of being released from prison after decades. Any barrier we can lift will benefit those who have been incarcerated and the communities they are released into.

American Civil Liberties Union of Nevada supports A.B. 358.

MARIA-TERESA LIEBERMAN-PARRAGA (Battle Born Progress):

Battle Born Progress supports A.B. 358. For many, Medicaid is the only way they can get health care, especially for those who find themselves in prison. Many are likely to be from low-income or underserved communities that desperately depend on Medicaid for health care. This program is essential to ensure they can access healthcare coverage.

Once people have served their time, they should be given the opportunity to turn their lives around, and that includes access to health care. Terminating their eligibility to receive Medicaid is a needlessly cruel punishment that extends beyond their sentences, setting them up for failure when they return to the community. As a State, we should be working to expand access to health care for everyone to create a healthier society.

JOHN PIRO (Clark County Public Defender's Office):

Continuity of care is most important. The Clark County Office of the Public Defender supported S.B. 93 and also supports A.B. 358.

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KENDRA BERTSCHY (Washoe County Public Defender's Office):

I also testified on behalf of S.B. 93 and urge your support for A.B. 358. This is good policy that will ensure people have quicker access to inpatient treatment centers upon release. Unfortunately, we see people committing additional offenses due to the lack of continuity of care.

JIM HOFFMAN (Nevada Attorneys for Criminal Justice):

I echo the comments of the previous testifiers. Nevada Attorneys for Criminal Justice supports A.B. 358.

CHAIR RATTI:

I will close the hearing on A.B. 358. I will entertain a motion on A.B. 358.

SENATOR KIECKHEFER MOVED TO DO PASS A.B. 358.

SENATOR HARRIS SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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CHAIR RATTI:

Seeing no public comment, the meeting is adjourned at 4:14 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
	B	1	Mr. Richard Whitley / Department of Health and Human Services	DWSS Corrections Outreach