

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

**Eighty-first Session
March 23, 2021**

The Senate Committee on Health and Human Services was called to order by Chair Julia Ratti at 3:34 p.m. on Tuesday, March 23, 2021, Online. [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:

Senator Moises Denis, Senatorial District No. 2
Senator Dallas Harris, Senatorial District No. 11
Senator Pat Spearman, Senatorial District No. 1

STAFF MEMBERS PRESENT:

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

OTHERS PRESENT:

Zach Conine, State Treasurer
Erik Jimenez, Senior Deputy State Treasurer
Connor Cain, Nevada Bankers Association
Bailey Bortolin, Nevada Coalition of Legal Service Providers
Lawrence Weekly, Former Clark County Commissioner
Beth Handler, M.P.H, Deputy Director, Programs, Department of Health and Human Services
Warren Hardy, Rinnai America Corporation
James York, Rinnai America Corporation

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Craig Madole, Nevada Chapter Associated General Contractors, Nevada
Association of Mechanical Contractors
Jordan Kraagnbuhl
Victoria Carreon, Administrator, Division of Industrial Relations, Department of
Business and Industry
Cheryl Radeloff, Southern Nevada Health District
Andre Wade, Silver State Equality
Bradley Mayer, Southern Nevada Health District
Joelle Gutman Dodson, Washoe County Health District
Carla Miciano, Southern Nevada Asia Pacific Islander Queer Society
Joseph Heck, D.O., Nevada Osteopathic Medical Association
DuAne Young, Deputy Administrator, Division of Health Care Financing and
Policy, Department of Health and Human Services

CHAIR RATTI:

I will open the hearing on Assembly Bill (A.B.) 62.

ASSEMBLY BILL 62: Revises provisions relating to the Nevada ABLE Savings
Program. (BDR 38-397)

ZACH CONINE (State Treasurer):

Assembly Bill 62 helps to innovate and strengthen the Nevada Achieving a
Better Life Experience (ABLE) Savings Program to ensure Nevadans with
disabilities have the opportunity to save for a better future.

Broadly speaking, ABLE accounts are tax-advantaged saving accounts that allow
people with disabilities to earn and save money without losing access to vital
benefit programs like Medicaid and Social Security. These tax-free savings
accounts are made available to individuals to cover qualified disability-related
expenses such as education, housing and transportation. This program aims to
ease the financial burden faced by people with disabilities who are the most
underemployed demographic group in our State.

In the 2019 Legislative Session, our Office worked with
Assemblywoman Lesley E. Cohen from Assembly District No. 29 and the
Division of Aging and Disability Services of the Department of Health and
Human Services (DHHS) to pass A. B. No. 130 of the 80th Session. This bill
moved the entire ABLE Savings Program into the State Treasurer's Office. Since
that time, our Office has worked with hundreds of Nevadans with disabilities

and their families to ensure access to these accounts without any impact on the State's General Fund.

The provisions of A.B. 62 would make Nevada the first State in the Country to find innovative ways to incentivize people with disabilities to open these accounts and build account balances to ensure all Nevadans have the opportunity to save money and earn a living regardless of their abilities.

ERIK JIMENEZ (Senior Deputy State Treasurer):

When we took over this program from the Division of Aging and Disability Services, there were under 200 accounts; we now have 1,100 to 1,200 accounts with zero dollars from the General Fund. This program has been instrumental in changing lives for every person who opens an account.

There are asset and resource limits based on certain programs for Medicaid, Social Security and State disability services that prohibit a person from saving, earning a living and providing a pathway out of poverty for people with disabilities. People who qualify for ABLE savings accounts are those with developmental and intellectual disabilities, long-term disabilities that significantly hinder one's ability to live life.

This bill is a simple bill but an impactful one. I speak with families on a daily basis to set up accounts. The biggest barrier to opening an account is that the person, guardian or caregiver does not have the initial funds to open the account. Right now, it takes \$25 to \$50 to open an account. Because the person is on a fixed income one oftentimes does not have the extra resources to open the account.

This bill would allow us to seek federal grants, donations and other sources of funds to establish a method similar to what we do for the Nevada College Kick Start Savings Program to incentivize the opening of an account. To make this work, we would craft regulations allowing someone to open an account with an initial contribution from \$50 to \$100 depending how much we can raise in federal funds, gifts, grants or donations.

The next step for this bill is finding resources for the program, perhaps in another legislative session if appropriate for a General Fund appropriation, to encourage people to maximize their savings and develop regular savings habits by incentivizing them through matching contributions. The College Kick Start

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Savings Program gives \$50 to every kindergartener in Nevada. If we replicate a similar model, we could see a lot of success.

CONNOR CAIN (Nevada Bankers Association):

The Nevada Bankers Association supports A.B. 62 as an innovative bill that would make Nevada the first State in the Country to strengthen its ABLE Savings Program by accepting gifts, grants and donations.

BAILEY BORTOLIN (Nevada Coalition of Legal Service Providers):

The Nevada Coalition of Legal Service Providers offers our support of A.B. 62.

CHAIR RATTI:

I will close the hearing on A.B. 62 and open the hearing on S.B. 188.

SENATE BILL 188: Establishes programs for certain persons of low-income and persons in foster care. (BDR 38-711)

SENATOR PAT SPEARMAN (Senatorial District No. 1):

According to Prosperity Now, in 2021 nearly 13 percent of Nevadans have incomes below the federal poverty level. That is \$12,880 for an individual and \$26,500 per year for a family. In addition, credit and debt are significant problems. Nearly one in three consumer's credit card debt is more than 75 percent of his or her total credit limit. One in four Nevadans has an account in collections. This information, although current, does not take into account the financial abyss most of our neighbors are in due to the Covid-19 pandemic.

Credit and debt issues can lead to other harmful financial decisions, such as relying too heavily on alternative or predatory financial products. Approximately one in four Nevada households is considered underbanked. This means despite having a checking or savings account, they rely on nonbank alternative financial services like check cashers, payday lenders or pawn shops to make ends meet.

Senate Bill 188 aims to help low-income Nevadans accumulate assets, become more financially literate and achieve specific financial goals. This legislation seeks to bring hope and opportunity to low-income, low-wealth Nevadans by creating the Individual Development Accounts (IDA) Program. Qualifying residents will be able to save and grow their money through matching funds to enhance their financial security. The IDA Program will provide those who need help, the most opportunity to save money toward secondary education, starting

a new business, purchasing a home or investing in other categories. Enhanced financial capabilities will enable IDA participants to improve their overall financial well-being and build a foundation for continued economic growth, realizing a new level of security in difficult times.

The inception of the bill is from a time when we lived in the projects. You could not earn more than a specific amount of money or you would lose your eligibility. You could not have a car that was two years old. Most of that has not changed. The social service programs are not designed to give people a hand up, but rather to create generational poverty. This bill came out of a desire to say those who are in public or assisted housing need an opportunity to save without losing their eligibility or social services.

I asked the question, what happens when a child in foster care turns 18 years of age? The answer was they are out of the system. Does this mean the child is out the system in 30 days a year? I cannot imagine being an 18 year old who has had a childhood totally in the foster care system, was never adopted or taken in as a foster child, or spent time in four or five different households. Now you are on your own and you have nothing. Senate Bill 188 answers the moral imperative; how will we help those who are the least among us?

At a high level, the bill provides for the establishment of the IDA Program in Nevada. The program is based on a similar initiative in Oregon. Sections 15 through 25 require the Office of the State Treasurer to solicit grants, gifts and donations to carry out the program and establish the program if sufficient funds are obtained. This is predicated on having the funds to get this program started.

Section 20 authorizes the Office of State Treasurer to select one or more fiduciary organizations to administer the funds in the program and distribute a portion of the funds to the DHHS foster care licensing agencies and housing authorities to provide instruction in financial literacy to account holders. Wherever people are, there is no wrong door. If they are in subsidized housing, foster care, wherever they are, they have access to financial literacy courses that will help them not only get out of poverty but help them save so they can remain well-sufficient for the rest of their lives.

Section 21 provides qualifying criteria to be an account holder. Specifically, a person must be a resident of Nevada. The account holders must be 12 years of

age or older to ensure we get children in the foster care system young enough so their IDA Program can grow. At the age of 18 they would have enough money to be financially secure when they age out of the system. The account holders must also be tenants living in government subsidized housing in Nevada, Medicaid recipients or foster care providers who create accounts for children in their care.

The bill helps account holders' balances grow because for every dollar deposited into the account, the fiduciary organizations deposit up to \$5 in matching funds providing there are funds available. This is for \$3,000 deposited into an account in any 12-month period.

Sections 2, 36 and 38 prohibit Medicaid, local housing authorities and the Nevada Rural Housing Authority, respectively, from considering the funds deposited into IDAs to be income when determining a person's eligibility for the respective programs. This is designed specifically to help people who are in government-subsidized housing to help foster children be financially stable when they turn 18 years of age.

Oftentimes, people would like to purchase a house but are in a program that states they cannot have more than \$1,000 per year in the bank. Most down payments are \$5,000. If you can never save that, you will always be in that housing situation. For foster care children, the foster parents can set it up, but this account is for the foster child, not a bank for the foster family.

Sections 5 through 14 create the Nevada Statewide Council on Financial Independence. The Council is responsible for developing Statewide priorities and strategies to help people who receive public assistance or social services increase their financial independence, coordinate with certain state agencies and oversee the IDA Program if it is established.

Section 33 requires the State Treasurer ensure instruction and training in business opportunities, and any benefits available to certain business enterprises are provided to tenants of local housing authorities, the Nevada Rural Housing Authority and certain nonprofit organizations. To help the State Treasurer accomplish the goals in S.B. 188, section 32 authorizes the Office of the State Treasurer to appoint and employ a Deputy of Financial Literacy and Security.

Going into the pandemic, many Nevadans were barely holding on. In 2019, Vice President Kamala Harris said most households with a \$400 emergency would most likely fall off the financial cliff and not be able to easily recover. For so many people who were working and self-sufficient, and to an extent financially independent, this pandemic has brought them to their knees. Many people had a home and lost it or were renting with the hope of purchasing a home, which is no longer a reality. We are looking at people who desire to be other than where they are in the social strata. We have a moral obligation to make sure people who are in public or subsidized housing can save to purchase a home or start a small business and employ others. For children in foster care, once they age out, the best thing we can do for them is help them save so when they do turn 18 years of age, they will understand how to use money, not abuse it.

The IDA Program is designed to teach people how to become financially independent. It is not a handout, it is a hand up. We are told to lift ourselves up by the bootstraps. Some people do not have boots—some barely have socks. If the litmus test is how quickly you can lift yourself up, there are some among us who will never be able to do that. This is an opportunity for them to do just that.

TREASURER CONINE:

As Senator Spearman stated, IDAs are matched savings accounts that allow residents with lower income to save for defined goals without losing access to essential programs like Medicaid and low-income housing services. Throughout the Country, IDAs have helped to increase financial literacy and management skills for people in disadvantaged communities while helping to build pathways out of poverty. Looking at IDA Programs around the Country, participants are 35 percent more likely to own a home, twice as likely to attend an institution of higher learning and 84 percent more likely to start a business.

In the State Treasurer's Office, we manage the Nevada ABLE Savings Program that allows people differently abled to save money without losing access to much needed benefits. Senate Bill 188 would further that work to help groups gain access to financial vehicles they need to advance their economic mobility.

In the State of the State Address, Governor Steve Sisolak emphasized how the importance in increasing Nevada's share of federal grant funding will play a part in our economic recovery. By directing our Office to work collaboratively with

the DHHS, we identified sources of grant funding necessary to ensure Nevada's lower income residents have the tools they need to be a major part of our economic recovery.

In addition to bringing more federal dollars back to Nevada, we can also work to create the vital savings option tenants of low-income housing, Medicaid recipients and foster youth across Nevada need.

MR. JIMENEZ:

Forty-two states have an IDA program in some shape or form. Typically, how these programs work is a state entity, board, commission or agency will work with a network of nonprofits which are defined as fiduciaries under the bill. To administer, market and do outreach for these programs, IDA contributions set up by an individual are then matched to a specific dollar amount. We are trying to figure out how we can help an individual save for a defined goal, such as education, housing or purchasing a new car to help the person get to work, making those dollars go further. If we allow the money from the contributor only, those dollars do not go as far. The State has oversight over those accounts like our Office would with any other program we have. Those nonprofit fiduciaries help provide financial literacy services to the individuals with those accounts.

Pre- and post-pandemic low-income individuals have struggled, especially with the effects of Covid-19. The State needs to develop a body or framework to make sure we can help individuals develop strategies and have the tools necessary to achieve financial independence. We can all agree that helping someone save and get out of poverty is important.

A number of states use different vehicles to fund IDAs. Approximately 10 states use General Fund for their programs, and 15 use Temporary Assistance for Needy Families funds to support the programs. Five states use their Community Development Block Grant funds and two states use housing trust funds. There is potential for federal vehicles to help get this program off the ground.

LAWRENCE WEEKLY (Former Clark County Commissioner):

I support S.B. 188. I am a native Nevadan born into the system as a newborn and at two days old was turned over to the foster care system. Because of the State of Nevada and the village concept, there were social workers who cared for me when I did not have a family to call my own. It was not until I became a

Clark County Commissioner that I saw my original birth certificate for the first time. This put me into counseling. There was no first name on the birth certificate. As a grown adult male, this devastated me realizing I came into the world with no identity.

Many young people have gone through this traumatic system. They did not ask to be born into this world and have been tossed from household to household not receiving parental love. The joy of having a child, and that child being able to look into his or her parents face knowing this is genuine love is something I did not experience until I was 11 months old when taken out of the system.

I was not traumatized or abused. I had two loving parents who could not have their own child, and I was adopted by them. I did not find out I was adopted until I was almost a teenager. This is where my life became whole. Unfortunately, my parents divorced when I was seven years old. My mother was forced to go on government assistance because of the abuse she endured.

I am currently in a doctoral program writing my paper on aged-out foster children. As I do my research, I hear stories from children aging out of the system finding themselves sleeping under freeways and bridges or on top of roofs to stay safe. They eat out of garbage cans because they have no place to call their own and do not know where their next meal will come from.

If we can provide at least one more opportunity, one more resource for a child who has probably not received the tools necessary he or she would need to go out into the world, this would be another feather in the cap for Nevada. This would show that we as Nevadans do care. I am a prime example of what happens when people are provided the necessary resources.

CHAIR RATTI:

We work hard in this Committee to destigmatize mental health and mental health treatment. I was adopted at five days old and have my birth certificate from Washoe County that states I was born in a house in Washoe County. I was one of the lucky ones to be adopted by parents who have been phenomenal in my life and know that not all children are as lucky as I was.

SENATOR HARDY:

I have a question on setting up a supervisory entity. Is that in the State purview or do we create a new entity? Are the \$3,000 of matching funds ever taxed

when taken out of the account? Who is the donor, and if the donor is incentivized to donate, does the donor receive a tax write-off of some kind?

SENATOR SPEARMAN:

We had three-to-one match from the General Fund last Session when the bill was introduced. This Session we took that out and added the language "to the extent that money is available." In terms of being incentivized, there is not a time I have watched television and not seen a commercial for St. Jude's Children's Hospital or someone asking for money for abused animals. People who see the worth of this can and will donate, especially in light of what happened in the pandemic.

CHAIR RATTI:

I do not believe these funds are tax-deferred so should not be taxable when withdrawn.

MR. JIMENEZ:

That is the case. There are some federal statutes governing IDAs. I will check on this and get back to the Committee.

SENATOR HARDY:

Are the matching funds, which would be five-to-one, matched by donations where funds are available through gifts, grants and donations?

When a tenant moves from low-income housing, do they no longer have the opportunity to have matching funds added to the IDA?

SENATOR SPEARMAN:

The vision of the program is for people in subsidized housing, living in a low-wealth community who would like to purchase a home but do not have access to the program and do not know how to save for the money. If they did know, it would be counted against their eligibility either for Medicaid or low-income housing. This program is for people in that situation. Once they receive the money needed for a down payment on a home or to start a business, they are no longer eligible for Medicaid or low-income housing. This is the purpose for offering classes on financial literacy, to help them get to a place where they can live their dream while understanding how to use money and not let money use them. This will help lift people out of the situation they are in. We want to help the situation so the destination will be better.

SENATOR HARDY:

If children are 12 years old and move out of the tenant or housing project when 15 or 16 and they keep the account until they need the funds, are they no longer eligible to receive the matching funds specifically designed for them in their IDA program?

MR. JIMENEZ:

Senator Hardy, you had mentioned the entity to manage the program. In programs such as savings programs or retirement savings, the details of the entity to manage the program are regulations that are promulgated through the board. We want to ensure we have flexibility.

The intention now is no General Fund dollars are to be used. However, it could be from private philanthropy or through federal dollars. The program is interesting in that it is flexible for recipients of Medicaid, low-income housing and foster youth. We might find a bucket of federal funding we could use for one of those populations but not others. If we find funding specifically for tenants of low-income housing, we could partner with a nonprofit offering services to those tenants and make sure we could rightsize the program to meet those needs.

CHAIR RATTI:

When people have been living in low-income housing and moved out, or have been on Medicaid and now they are not, do they go in and out of eligibility to participate? Once they are anchored in, can they continue to participate?

MR. JIMENEZ:

In the circumstance you described, there may be a need for some regulatory clarification. The money saved and matched while a person was eligible for the program would follow that person. I am not sure if the person was no longer receiving Medicaid or living in subsidized or low-income housing the match could occur after that point.

TREASURER CONINE:

There are comparable examples in some of our 529 College Savings Plans which have matches based on income. That match goes away if the person or family goes over an income line for a time but the underlying 521 Exempt Asset does not. If the family went out of eligibility and then back in, they would again qualify for the match.

SENATOR KIECKHEFER:

Section 20 charges the State Treasurer to solicit funds for the matching payments by a fiduciary institution. Section 25 states the fiduciary organization has the sole authority and responsibility for the administration of the IDAs, and the responsibility of the fiduciary organization extends to all aspects of the program including soliciting matching funds. Who does what? It appears the program, in section 25, is totally turned over to the fiduciary organization. What is the role of the State Treasurer at that point?

SENATOR SPEARMAN:

Section 25 states "subject to any regulations adopted by the State Treasurer". Your question is one that will be considered when they are in the regulation writing portion of this program. It is not that responsibility turns over but is subject to any regulation adopted by the State Treasurer.

MR. JIMENEZ:

In other states, the nonprofit fiduciary does a lot of the leg work. You do bring up a good point on asset oversight and management. If that is something you would like to see in section 25, we could clarify that to ensure the State is serving some sort of advisory or oversight rule.

SENATOR KIECKHEFER:

Do the funds deposited into the bank accounts specifically go to a financial institution?

MR. JIMENEZ:

Yes.

SENATOR KIECKHEFER:

Can you give an example of the type of nonprofit that service these programs?

MR. JIMENEZ:

Our community nonprofits that provide a number of services could service the program. It is difficult now as we are not authorized to do that as a State, so we do not have nonprofits that are currently doing this work. In other states, you will see if there is a nonprofit that specifically provides services to newly made citizens. If it could operate an IDA for the population it serves whether a housing coalition, a homelessness prevention group or an eligible nonprofit serving foster youth.

SENATOR SPEARMAN:

The basic criteria is that the nonprofit status is in accordance with Internal Revenue Service 501(c)(3) regulations.

SENATOR KIECKHEFER:

Nonprofits have a difficult time raising money now. What type of process is there to ensure they have matching funds? What happens if they sign people up and they cannot raise the funds for a match?

MR. JIMENEZ:

There is a section of the bill that requires the State Treasurer to determine, in consultation with the board, who qualifies to be a fiduciary organization. When we talk about matching funds as contemplated under this bill, they are limited to the availability of funding brought in through federal or grant funding. We would have to do an analysis of how much funding we anticipate bringing in and scale the program appropriately to ensure it would not run out of matching funds.

SENATOR KIECKHEFER:

In the bill, it is not the State Treasurer's responsibility to raise the matching funds, it is the responsibility of the fiduciary. If ten accounts are created and they can only fund five based on the money they have raised, who is held accountable and what accounts get shorted?

CHAIR RATTI:

Section 20 of the bill reads that it is the role of the Office of the State Treasurer to solicit and apply for gifts, grants or donations to the extent that sufficient funds are obtained, establish the program and authorize a certain number of accounts based on the funds obtained.

SENATOR KIECKHEFER:

Yes, however, section 25 gives the power or sole authority to the fiduciary organizations. The administration of the accounts and the responsibility of the fiduciary organization extends to all aspects of the program including, without limitation, soliciting matching funds as shown in subsection 1, subparagraph (b).

CHAIR RATTI:

We may be struggling with the mechanics of how this would work. Understanding regulatory processes will bring clarity, and it cannot contradict what is actually in the bill. Can this be addressed today?

MR. JIMENEZ:

I agree there is some conflicting language and it would make sense for us to come back with an amendment to clarify the language regarding rules and responsibilities.

CHAIR RATTI:

Is your intent that the State Treasurer's Office approves a specific number of slots and the fiduciary manages those slots?

MR. JIMENEZ:

Correct. If it were the reverse, you could run into a situation where you may have created too many accounts and not be able to find a potential match. The match is not set, it can vary from \$1 to \$5. It is not guaranteed that every account created would get a \$5 match.

SENATOR KIECKHEFER:

The match is set based on a predetermined agreement between the account holder and fiduciary. The fiduciary does not get to vary how much it deposits once a month if it is a fixed amount.

MR. JIMENEZ:

For the long-term sustainability of the program, it would have to be a fixed amount.

SENATOR SPEARMAN:

The regulatory process, and all other processes associated with this, will be done with the State Treasurer's oversight. Part of the clarity we might achieve with an amendment is to make sure we identify what those are and how it relates to each section of the bill. The fiduciary does not start the process, it is the State Treasurer who is the overseer or chair of the financial board, and the Lieutenant Governor, or their designee, is the vice chair. Nothing happens without the approval of the State Treasurer.

SENATOR KIECKHEFER:

On the list of items the account can be created for, does it have to be specific going in, or is it a general account that can be used for any of these purposes?

MR. JIMENEZ:

The bill specifically states it can be used for postsecondary education, job training, purchasing or renting a home, starting a business and various other uses. I have seen this done both ways, and this is something the board will have to weigh in on. One way is similar to how we would operate an ABLE savings account as long as it meets any of the qualifying expenses. In other states, the person must set a defined goal going in, such as saving for the purchase of a house or a car, and then that is what it would be used for. How the language is drafted does not make a decision either way, but I have seen it done both ways.

SENATOR KIECKHEFER:

The way I read it, the initial agreement with the fiduciary had to be set up for a specific purpose that included one of these purposes. A statement of intent about what you are planning would be beneficial. In section 22, subsection 2, paragraph (m) referencing the payment of medical expenses; sometimes medical expenses are not anticipated. We need clarity over that because the way it was described, you would use part of the program for financial literacy and education to accomplish the goal of why you started the program, and then exit the program. This seems to be more of a rolling account which serves a different purpose.

CHAIR RATTI:

I am interested in your experience with these programs in other states. It would be ideal if these accounts would not affect any existing benefits someone may be receiving. For many of our benefits there is an asset test. I am curious as to whether we know these do not impinge on the benefits someone may have. If someone is in affordable housing, which can be such a critical linchpin for long-term success, the establishment of one of these accounts does not put the person at risk for losing this benefit. How are we getting around that when most of those rules are set by the federal government?

SENATOR SPEARMAN:

The bill states the entities that provide the services shall not count that against someone's eligibility. It also states it is subject to federal regulations. If the

federal government says you cannot have more than \$2,000 in a specific account, we cannot go over and above that amount. We have been asked why this amount is so low. We took into consideration what the regulations are now at the federal level and tried to say we would not go above that amount resulting in the \$3,000 limit. I had considered \$3,500 but need to make sure it does not get close to the federal government amount.

The amount of other money raised will have to be predicated on making sure it does not cause anyone to lose benefits according to the federal government. There are things the housing authority and the Nevada Rural Housing Authority need to check on to ensure the amount does not go above their eligibility limit. This is the vision, but we also know we have to walk in step with the federal government.

I have been on a crusade talking to our federal delegation trying to explain to them the federal system is not designed to help people move out of poverty. As long as people cannot have a bank account with over and above a certain amount of money or a car that is less than so many years old, you will always have generation after generation experiencing poverty because they cannot save money. In many cases, even if they could save they do not know where to go to get the financial literacy they need.

BETH HANDLER, M.H.P. (Deputy Director, Programs, Department of Health and Human Services):

In our agency analysis, the Division of Welfare and Supportive Services that decides Medicaid eligibility found no impact and would be good to go with the language as written.

SENATOR HARDY:

Who gets chosen for how much money goes into these individual accounts? Is it equitable to everyone, or can the donor direct the funds to just foster care or single parents of children, or can an individual direct money to his or her own account and have the donation matched? How is it directed to the individual?

TREASURER CONINE:

Depending on the source of the funds, it may go to a specific group. If you were to get a grant to help support the well-being of individuals in foster care, it may be specifically for that segment of IDA accounts. If we got a federal Community Reinvestment Act grant from a bank, or an individual wanted to add

funds, or as we do with anyone wanting to fund a program, the State Treasurer's Office works with the grantor on what is wanted to ensure we make it equitable and managed appropriately. Those decisions would be made on a board and grantor level.

SENATOR HARDY:

There must be some kind of understanding where the funds go, otherwise it becomes arbitrary.

TREASURER CONINE:

The source of the funds help to determine where it will go. You want to ensure that it is equitable when the funds come in, especially those from gifts or grants as opposed to General Fund dollars. In terms of gifts and grants, the grantors should have an opinion on where those funds go. If they are committed to the supportive care for individuals in the foster care system, we want to ensure their dollars went to support those IDA accounts.

SENATOR HARDY:

What you are describing could be a tax write-off for the grantor.

TREASURER CONINE:

That is possible.

SENATOR HARDY:

Can an individual donate to his own savings account, and if so, get matching dollars into that account?

CHAIR RATTI:

That is the foundational concept. Every matching dollar is a match to a gift the owner of the account adds. Account holders do not get any matching donations unless they make a donations.

MR. CAIN:

The Nevada Bankers Association supports S.B. 188. I echo Senator Spearman's remarks in stressing the importance of helping low-income Nevadans and other vulnerable members of our community accumulate assets, become more financially literate and achieve their financial goals. Having a few hundred dollars in your bank account can make all the difference in the world when the unexpected happens.

Ms. BORTOLIN:

At Washoe Legal Services and Legal Aid Center of Southern Nevada, we provide attorneys to children in foster care for the cases they are involved in. From that aspect and as an advocate for those children, the Nevada Coalition of Legal Service Providers supports S.B. 188.

SENATOR SPEARMAN:

Thank you for considering what I believe will be a monumental step forward in helping those who are in public or subsidized housing and children in the foster care system.

There is an African proverb that says, "It takes a whole village to raise a child." I would add, "It takes a whole child to raise another village."

CHAIR RATTI:

I will close the hearing on S.B. 188 and open the hearing on S.B. 205.

SENATE BILL 205: Provides regulatory exemptions for certain types of residential and commercial boilers. (BDR 40-839)

SENATOR MOISES DENIS (Senatorial District No. 2):

Senate Bill 205 addresses an oversight that occurred when emergency regulations were adopted last year by the Division of Industrial Relations (DIR) of the Department of Business and Industry.

In adopting regulations related to boilers, the Division exempted certain gas fire residential and commercial tank water heaters but unintentionally failed to exempt similar tankless water heaters. The result is that tankless water heaters are now subject to significantly more onerous regulations than similar tank heaters and are more stringent than necessary to ensure public safety. The goal of this bill is to seek parity in statutory regulation of tank and tankless water heaters so this type of regulatory error is not repeated.

We worked with the DIR and there is a proposed amendment ([Exhibit B](#)) to clarify the intent of the bill and address certain concerns raised by the Division.

WARREN HARDY (Rinnai America Corporation):

This bill corrects an oversight created last year, as noted in my memo ([Exhibit C](#)). This issue is something we have spoken about with our competitors,

the construction industry and others impacted by this regulatory oversight with broad support.

The proposed amendment, [Exhibit B](#), would replace the bill as a whole. In proposing this amendment, we are trying to create a level of parity. There was an oversight with the emergency regulation which created a disparity in attempting to exempt small commercial and residential water heaters.

We are attempting to fix the oversight and go forward in legislation instead of a regulatory change. As the Legislative Session was right around the corner, we estimated it would take a year to a year and a half to promulgate a regulation to correct this. More importantly, we thought it was important to put this in statute now that tankless water heaters are becoming more desirable and a bigger part of the industry. Tankless water heaters are safe, take up a lot less space and easier to provide the redundancy so many people are looking for. We thought it best to have these two types of products brought on par in statute so if a regulation is promulgated, we do not make the same mistake.

After the boiler explosion that occurred at the University of Nevada, Reno, the DIR appropriately promulgated regulations to increase safety requirements and standards on the large boilers. In doing so, they recognized the need to exempt small water heaters and did so in the regulation. The regulation did not extend the exemption to tanked water heaters.

The proposed amendment, [Exhibit B](#), section 1, subsection 1 defines water heater as an individual controlled unit. The language was taken at the request of the DIR. The three-pronged approach to be eligible for the exemption is listed in subsection 1, paragraphs (a), (b) and (c), and mirrors the regulation.

The DIR would like to regulate the in series installation of water heaters. In series water heaters are popular because they save energy and are far more efficient. Some gyms set up a series of five or six in series water heaters, and when the demand is low, they may run one of them. When the demand increases as more people use the facility, they will increase incrementally until they are at full capacity. When you use a tanked water heater, you are functioning at maximum capacity all the time. This means the gas is being used to heat the water in anticipation of full capacity.

An example of where these may be used in parallel or in a series is a restaurant that has requirements in code to have hot water available at all times. If restaurants water heaters go out they are out of business, so they will set up tankless water heaters or tanks in parallel or in a series. In most cases, gas-fired tanked water heaters are set up in parallel to provide that redundancy.

Senate Bill 205 will correct the disparity in that these two types of technologies are treated differently and unfairly. If this is not corrected, and these additional regulatory requirements apply to tankless water heaters, it will create a significant disincentive for people to install these units because of the additional regulatory requirement.

The DIR staff members indicated they were unsure they had the authority to promulgate a regulation on in series installations. We were asked if anything in the bill would foreclose on their ability to adopt a regulation. In reality, the language we are proposing would do the opposite and would direct the DIR to promulgate a regulation. They told us it may take a year to promulgate that regulation. What about safety in the interim? Massachusetts is the only state in the Union that regulates in series installations.

All these in series installations are accounted for in local safety regulations. All the products we are talking about are constructed and designed contemplating in series installations. It is common and done across the Country. It should go through a regulatory process involving the industry in its entirety and not done accidentally by the adoption of an emergency regulation.

JAMES YORK (Rinnai America Corporation):

This should be a rule-making process because there are nuances that need to be addressed which could include permitting based on a system or individual units. Say more than one unit installed that exceeds one of the three hurdles on a building site becomes regulated, does that mean apartment buildings that have individual water heaters serving individual units become regulated, since currently they are not? Ambiguity will need to be worked through during the regulatory process; many items not yet considered will come from the industry.

MR. HARDY:

We need to bring tankless water heaters on par with tanked heaters for purposes of the statutes and regulations as they currently exist.

CHAIR RATTI:

The bill is in response to the emergency regulation which is appropriate given the devastating event at the University of Nevada, Reno campus given the scale of that explosion and the fact we did not have significant injuries or casualties is close to a miracle.

The intent of Senate Bill 205 is to make a correction for an exception and a piece of that exception left out was tankless water heaters. Is everything over and above that a request of the DIR?

MR. HARDY:

Correct. The DIR accepted the language and the definition we had but wanted to add the word "single" and are "exempt" if you install a single tankless water heater. That puts us at a significant disadvantage and does nothing to fix our problem. Inadvertently, the addition limits us significantly if it limits our ability to install these in series, which is a common and growing practice in the industry. It is allowed by code and manufacturer. There was an attempt to prevent the serial installation of tankless water heaters in this legislation. If that were to occur, there would not be the same exemptions or prohibition against in series installations of tanked heaters that there is for tankless.

No one knows if or how many tanked water heaters are installed in series. The manufacturers provide instructions on how to install them and they are regularly installed in parallel to provide redundancy.

CRAIG MADOLE (Nevada Chapter Associated General Contractors, Nevada Association of Mechanical Contractors):

The emergency regulation adopted to clarify these smaller hot water heaters does not require inspection by the state boiler inspector and was pursued and adopted on our behalf. It has since been adopted as a permanent regulation. What was important to understand is that we never contemplated tankless hot water heaters when we were working with the DIR, so this was an oversight on our part. We support S.B. 205 with the amendment. If additional regulations are required, we would work with the DIR to adopt appropriate regulations. This frees up the boiler inspectors to inspect boilers instead of the small hot water heaters.

JORDAN KRAAGNBUHL:

I support S.B. 205 and the proposed amendment, [Exhibit B](#). I am the Executive Director for the Plumbing Heating and Cooling Contractors of Nevada. I have been involved in code writing for 30 years both locally and nationally. The Uniform Plumbing Code, which is adopted across the state of Nevada, clearly defines what a water heater and boiler are. The threshold of not exceeding 120 gallons, 200,000 BTUs, etc., gives manufacturers, designers and contractors code requirements for designing, permitting and installation and inspection. Local jurisdictions require permits and inspections for water heaters. Boilers are required to be permitted and inspected by the state. Senate Bill 205, as amended, would clarify issues regarding water heater and boiler installations, permitting and inspections.

VICTORIA CARREON (Administrator, Division of Industrial Relations, Department of Business and Industry):

Our agency is neutral on S.B. 205. The mechanical compliance section within the DIR regulates the safety of boilers. Normally we do not think about boilers, but when one has a problem as in the case of the University of Nevada, Reno, it can be an issue. We take seriously the issue of regulating them and ensuring they are safe for the public.

We support providing parity between tankless and tanked water heaters. Water heaters with the specifications proposed to be exempted present a low-safety risk and do not need to be permitted. This applies to both tanked and tankless water heaters. However, we are concerned the proposed amendment, [Exhibit B](#), which allows these water heaters to be installed in a series without a permit. In Nevada, there are numerous installations where you can have five tankless water heaters linked together to replace a one million BTU individual boiler. This can be a good thing in that it is more energy efficient and less expensive. They should be permitted because there are things we need to look at such as emergency gas shutdown switches, emergency exits, fire rating of the room and room ventilation. When you have that much gas in a room, we feel it needs to be reviewed. We do regulate these installations that are in a series.

The bill allows regulations to be created for water heaters installed in a series; however, there would be a gap in time when these installations would not be regulated. It is important to note they are currently regulated. This is our concern.

CHAIR RATTI:

You stated there are regulations applying to multiple in-line tankless water heaters. Do we have regulations that apply to multiple in-line traditional water heaters?

MS. CARREON:

Today there is nothing that states multiple installations are regulated just by virtue of all of the waters being regulated. The various types of installations are all regulated. This new statute would exempt certain types and create a new exemption for those regulated in a series.

CHAIR RATTI:

Are you saying the way the proposed amendment, [Exhibit B](#), is drafted it would exempt not only tankless water heaters but also traditional water heaters installed in a series?

MS. CARREON:

Yes. It would exempt those that are tanked; however, in Nevada we are not aware of any multiple series tanked water heaters that are installed. It would be more efficient to install a larger boiler. The in-line installation is an issue for the tankless water heaters.

CHAIR RATTI:

Were it to happen the legislation as drafted would exempt it.

MS. CARREON:

Yes. The legislation would exempt tanked water heaters by having tanked and tankless water heaters exempted from in-line installation, but only tankless water heaters are installed in a series.

CHAIR RATTI:

This will take some research by our legal team. It seems we have a difference of opinion from the representatives of the bill saying they are not regulated, only regulated in Massachusetts, and the DIR is stating they are currently regulated. Clarity is needed to understand what is and is not currently regulated and how the proposed amendment, [Exhibit B](#), would affect that.

MR. HARDY:

We have written testimony in support of this legislation from Navien, Inc., ([Exhibit D](#)), D & D Plumbing, Inc. ([Exhibit E](#)), Air-Conditioning, Heating, & Refrigeration Institute ([Exhibit F](#)), Bradford White Corporation ([Exhibit G](#)), Gardner Engineering ([Exhibit H](#)), RHP Mechanical Systems ([Exhibit I](#)) and J & J Mechanical Incorporated ([Exhibit J](#)).

With regard to the timing of the regulation, the issue is whether the State injects itself into this. These installations, across the board, are allowed and permitted and are subject to local building codes which are very specific. Manufacturers construct and design the tankless and tanked water heaters for installation in a series.

The question is, does this rise to the level of Nevada requiring an additional regulatory burden on those who install these and additional expense for customers who want to install them? This is where only Massachusetts has made the decision that it rises to extra regulation beyond what is done in the local code. It is appropriate for Nevada to create the extra regulation on boilers. But, do we need to take the time to do the inspections on those already covered in addition by local code?

CHAIR RATTI:

Is that part of the International Building Codes the jurisdictions are adopting each year where they are covered by local building codes?

MR. HARDY:

Yes.

CHAIR RATTI:

It would be helpful to have testimony from local government building departments to have their perspective on whether they are comfortable their building codes are addressing the issue you are addressing. If you could provide that for us, please do.

I will close the hearing on S.B. 205 and open the hearing on S.B. 211.

SENATE BILL 211: Establishes requirements relating to testing for sexually transmitted diseases. (BDR 40-563)

SENATOR DALLAS HARRIS (Senatorial District No. 11):

Senate Bill 211 is fairly simple but huge in its impact. Per [HIV.gov], one of the elements of the Affordable Care Act (ACA) is prevention services. This aspect of the ACA for human immunodeficiency virus (HIV) prevention includes HIV testing for everyone ages 15 to 65 and for people of other ages at increased risk without additional cost sharing, such as co-pays and deductibles. In 2006, the Centers for Disease Control and Prevention (CDC) recommended all people ages 13 to 64 be tested for HIV at least once in healthcare settings. However, the uptake of that recommendation has not been optimal.

While HIV testing by healthcare providers is supported by the ACA and the CDC, many clients and patients are not routinely offered this test by their providers. The goal of this legislation is to normalize HIV testing as part of a person's regular healthcare screening. The hope is that the public health and medical providers might be able to identify folks living with HIV earlier, get them medical care and ideally help clients and patients achieve viral suppression which can in turn reduce the number of new HIV infections in the community.

This bill also includes other sexually transmitted diseases (STD) for the same reason. If we have learned anything from Covid-19, it is you need to know your status. Knowing your status helps with the spread, especially for these types of communicable diseases. We endeavor to end the pandemic through initiatives like Ending the HIV Epidemic, which is being promoted to end the HIV pandemic in the United States by the year 2030. The key strategies are to diagnose, treat, prevent and respond.

This legislation is not new to Nevada. There are other states are taking similar steps.

CHERYL RADELOFF (Southern Nevada Health District):

During my testimony, I will be reviewing and referring to the bill presentation ([Exhibit K](#)) on S.B. 211.

Slide 2 reviews points to consider with this legislation. Often you will see STDs and sexually transmitted infections (STI) interchangeably. My understanding is that STIs are typically seen more in public health settings.

I recently completed a training for academic detailing where we use the techniques pharmaceutical representatives use. Public health agencies work with providers to give them support on how to complete sexual histories.

Slide 3 continues with additional points to consider.

Slide 4 has a diagram relating to continuum of care. There is the notion that continuum of HIV care is not just for treatment but also for prevention. The goal is for 90 percent of people to know their status, 90 percent of people diagnosed with HIV get into care and ideally 90 percent become virally suppressed. There is a campaign called "Undetectable=Untransmittable." If a person has HIV, the levels of HIV can get to a point of being undetectable. It is powerful in that we are seeing when people have these low viral loads, they will not transmit the virus which will drop what we know as community viral load.

If someone tests negative or nonreactive, we want to link the individual to prevention services. There has been some discussion and additional bills on things such as pre-exposure prophylaxis which is comparable to the birth control pill. You can take a pill with the idea that if you are exposed to HIV you will not contract the disease. Postexposure prophylaxis is where you can take medication for a month with the idea that if you have been exposed to HIV and begin taking this within 72 hours, you would not acquire HIV. Counseling and other preventative services are also available. Ongoing counseling, research and testing are important.

Slide 5 covers ending the HIV epidemic in the United States. These pillars can also be applied to STIs.

Slide 6 covers HIV in Nevada. Many people living with HIV do not know their status.

Slide 7 covers what we are looking at in terms of people living with HIV in 2019. Acquired immunodeficiency syndrome (AIDS) is now known as Stage 3 HIV. The majority of people newly diagnosed with HIV were diagnosed in Clark County. We see numbers rising in Washoe and other counties.

There is some powerful legislation for getting information on genders assigned at birth to people who have chosen to identify with a different sexual

orientation or gender identity. This information is captured when we do disease investigation.

Slide 8 reviews Nevada's HIV care continuum.

Slides 9 and 10 review Nevada 2019 HIV Fast Facts on New HIV Diagnoses or New Stage 3 AIDS Diagnoses. It is important to note, in terms of inpatient, these are people diagnosed who were in the hospital. By the time people are in the hospital and given a diagnosis of HIV, or stage 3 AIDS, these people can be very sick. We need to make sure we can test people before this point using routine testing. As soon as someone is diagnosed with HIV, we can ideally get them into care and virally suppressed, keeping them healthy.

Slide 11 covers how the cost of STIs is from CDC direct medical cost estimates, and that \$1.1 billion is associated directly with chlamydia, gonorrhea and syphilis. These costs do not take into account the indirect cost of, for instance, infertility, which can be associated with gonorrhea and chlamydia, or pelvic inflammatory disease, cervical cancer, ectopic pregnancy, and heart and blood vessel damage.

Slide 12 covers the state of STIs in Nevada for 2019. In preparing for this presentation, I did some research and was concerned that in 2015 we had 8 cases of congenital syphilis and in 2016 we rose to 12 cases. We were at 21 cases in 2017, 34 cases in 2018 and 41 cases in 2019. Those rates are exponentially of major concern to us. Unfortunately, with congenital syphilis we are not alone. We are also seeing such an increase across the United States.

Slides 13, 14 and 15 are showing us the rankings for primary, secondary and congenital syphilis. The lion's share of cases for congenital syphilis is in Clark and Washoe Counties; this is something to be concerned about.

Slide 16 reviews what this legislation will do. We have seen with Covid-19 that from the beginning of the pandemic in March 2020, the number of places people can access testing has increased exponentially. I was trained as a disease investigator, and many of us shifted our roles to address the pandemic. To see the changes that have occurred within a year is incredible.

Many STIs are silent. A study done by the CDC showed about 10 percent of men and 5 percent to 30 percent of women with lab-confirmed chlamydia

developed no signs or symptoms of an STI. This says that 90 percent of men and about 70 percent of females did not have any signs or symptoms and might not have been tested because they would not have presented to their providers, the patients may not have known.

The goal is to stop the spread of HIV, STDs, STIs and other communicable diseases as well as promote and fast-track Ending the HIV Epidemic.

SENATOR SPEARMAN:

We know in the 1970s and 1980s HIV and AIDS blossomed so because it was considered a disease only some people contracted. If you were not that "type" of person, you did not have to worry about contracting those diseases. Why is it rising so fast?

MS. RADELOFF:

Early in the HIV pandemic, the assumption was we saw this predominantly among certain communities. What has changed is that we are seeing it among some of those same communities, but it is not only sexual transmission. We cannot forget about the spread of HIV through blood to blood contact by people using injectable drugs. When we look at categories of people, the only way people know will know their status is to be tested.

SENATOR SPEARMAN:

Do you have a handle on the age groups affected?

MS. RADELOFF:

We are seeing high rates in both HIV and STIs in people 13 to 24 years of age and are addressing efforts toward youth and young adults. The highest rates in Nevada tend to be up to 24 years of age; ages 13 to 18 are showing the highest rates. We see some high rates in ages 24 to 30 and lesser amounts in the 50 and over age bracket. We continue to see newly infected people or people living with HIV. You many have long-term survivors in these numbers, people who are newly diagnosed and new infections.

SENATOR KIECKHEFER:

The requirement is that the test has to be offered, and if feasible, done in an emergency or primary care setting. What are the various tests necessary to run the gambit of what we are testing for, and what is the feedback loop time for tests? Is it a blood test that is done?

SENATOR HARRIS:

It is my understanding that primary care providers are covered and there are many people who use urgent care facilities as primary care providers. The physicians in those facilities would be covered under the bill. I would be willing to look at a possible amendment if we feel that is needed.

When it comes to asking for the test, you are correct. They just need to ask, and it can be done in-house, if offered there. If not, the facility or physician can assist in facilitating testing, which may include going to a facility such as Labcorp or Quest to have the test done.

The way I envision this working is not particularly to cover any sexually transmitted diseases but more the general panel of tests done for STIs. It is not meant to create any additional testing for things we do not already test for. We want to ensure we are offering tests to everyone as a regular course of practice.

MS. RADELOFF:

Blood tests are typically associated with testing for HIV and syphilis. We have rapid tests for HIV so people can get results in as soon as 1 minute or up to 20 minutes, and this can be done in-house. We are now advocating three-site STD testing for gonorrhea and chlamydia in the site people may have been exposed. The information cannot be obtained through a blood test for these; it must be site specific.

I believe urgent care facilities are also covered under this legislation since many people use urgent cares as their primary providers.

SENATOR KIECKHEFER:

Is there a standard panel for STDs or one specific for the disease someone will be tested for?

MS. RADELOFF:

The typical tests performed for an STD or STI panel would be HIV, syphilis, gonorrhea and chlamydia, which could be a physical inspection. The blood draw would be through the arm or a finger stick. The home test for HIV is done as an oral mucosa cheek swab, and that can take up to 20 minutes for results. The gonorrhea and chlamydia test could be a urine sample or site specific where people might have been exposed. That would be part of the dialogue with the

provider while obtaining the sexual history to get an idea of where the individual may have been exposed so the proper test is done.

If people were engaged in an activity that could put them at risk and would not involve say a urine sample that was collected, you would miss the diagnosis.

SENATOR HARRIS:

This is meant to be a discussion between the patient and their physician. What tests are appropriate to one and when? We are not going to prescribe from the State level.

SENATOR KIECKHEFER:

The concern might be that in an emergency room setting, it is not necessarily the patient and the primary physician, so that conversation may be difficult.

Are these tests covered under ACA preventative care coverage so there is no charge to the patient, or are they billed to the patient if they are uninsured or underinsured?

SENATOR HARRIS:

It is my intention these services will be billed in the same way they are currently billed. For some that may be through the ACA and for others billed through their insurance provider with a possible co-pay. This bill would not affect how these are billed through your insurance or any other mechanism.

CHAIR RATTI:

Does section 1, subsection 4, paragraph (a) eliminate criminal penalties if this law is not followed?

SENATOR HARRIS:

Yes.

CHAIR RATTI:

What is your ideal vision for the roll-out plan? This includes physician, physician assistant, advanced practice registered nurse and midwife. If the patient in the emergency room has no relationship with the physician at that visit or another federally qualified health care center, how do we get the word out to providers this is something they are supposed to do? Are we able to provide, through the

public health systems, some education or information? Are we hoping the medical association is going to help out with this?

SENATOR HARRIS:

I have the Health Districts for Washoe County and Southern Nevada working with me on this and imagine they would be one conduit to get the information out. Generally, this is good medical practice to be asking for these tests.

ANDRE WADE (Silver State Equality):

I support S.B. 211. Ending the HIV epidemic is finding out one's status through testing. This bill would increase people's knowledge of their status so they would not transmit HIV unknowingly. When we normalize testing in a health care environment throughout the system, it destigmatizes HIV. On a recent visit to my doctor, he was hesitant asking about HIV testing. When I asked why he was hesitant, he said he did not want people to be taken off guard by asking. If healthcare providers are required to ask about testing, it would make a world of difference in Nevada where the rates of infection are high.

BRADLEY MAYER (Southern Nevada Health District):

The Southern Nevada Health District supports S.B. 211.

JOELLE GUTMAN DODSON (Washoe County Health District):

The Washoe County Health District supports S.B. 211.

CARLA MICIANO (Southern Nevada Asian Pacific Islander Queer Society):

The Southern Nevada Asian Pacific Islander Queer Society supports S.B. 211 because it establishes requirements for HIV and STD testing. Current medical practices require a patient to initiate the conversation regarding their desire to obtain HIV and STD tests rather than the provider. This bill requires the provider to ask the patients if they would like to be tested, allowing for greater identification, removing the barrier to testing, improving treatment outcomes and reducing stigma surrounding the issue. We know HIV and STDs disproportionately affect the Asian Pacific/Islander, lesbian, gay, bisexual, transgendered and queer communities. This bill would move Nevada in a better direction to end the HIV epidemic.

JOSEPH HECK, D.O. (Nevada Osteopathic Medical Association):

The Nevada Osteopathic Medical Association opposes to S.B. 211. While we would encourage all primary care providers to be better disciplined in bringing up

this conversation with their patients, we have significant concerns with the bill as drafted which is laid out in a letter provided ([Exhibit L](#)).

While most of the presentation given by Ms. Radeloff revolved around testing for HIV, the bill is much more encompassing to include STDs of which there are more than 20 with no requirement for any clinical correlation to the tests that are being ordered. Which tests should be ordered if there is only a blanket requirement?

While the ACA does provide for required services to be covered as recommended by the United States Preventive Services Task Force, it should be noted that this is only true for A and B recommendations. For men, there is no recommendation for gonorrhea or chlamydia; therefore, that would be an out-of-pocket expense. For syphilis, there is recommendation A only in certain categories of individuals who have other high-risk criteria.

There cannot just be a blanket test for all STD or STIs be covered. In addition, having these done in an emergency room significantly increases cost since this is the most expensive place to receive care and would have no direct connection to the potential presenting complaint of the patient. A 16-year-old from a high school football game coming in with a sprained ankle is going to get an X-ray. Is this the time you want to bring up a conversation about testing for STDs?

While we applaud the efforts to increase diagnosis, prevention and treatment, there are significant logistical concerns with the bill as drafted.

DUANE YOUNG (Deputy Administrator, Division of Health Care Financing and Policy, Department of Health and Human Services):

The Division has placed a fiscal note based on increased utilization. We have spoken with Senator Harris and are working with the Division of Public and Behavioral Health and other partners to mitigate some of those costs. We feel this is good policy and is in line with promotional efforts that the Division made in conjunction with the Division of Public and Behavioral Health to promote STD testing through its fee-for-service and managed care programs.

SENATOR HARRIS:

This is not a bill that requires mandatory testing. It only requires the question be asked. What tests are performed will be a conversation between the doctor and

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the patient, as it should be. There is no requirement that someone be tested for every STD, simply that the doctor ask would you like a test for STDs and HIV. We have seen what the numbers were in Ms. Radeloff's presentation. By simply requiring doctors to ask for these tests, we can make a dent in those numbers.

CHAIR RATTI:

I will close the hearing on S.B. 211.

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CHAIR RATTI:

Seeing no public comment, the meeting is adjourned at 6:28 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
S.B. 205	B	1	Warren Hardy / Rinnai America Corporation	Proposed Amendment
S.B. 205	C	1	Warren Hardy / Rinnai America Corporation	Support Memo
S.B. 205	D	1	Kevin Pirotin / Navien, Inc.	Support Statement
S.B. 205	E	1	Waylon Lowery / D and D Plumbing, Inc.	Support Statement
S.B. 205	F	1	Alison Maginot / Air-Conditioning Heating and Refrigeration Institute	Support Statement
S.B. 205	G	1	Eric Truskoski / Bradford White Corporation	Support Statement
S.B. 205	H	1	Robert Gardner / Gardner Engineering	Support Statement
S.B. 205	I	1	Mike Scolari and Robert Sandoval / RHP Mechanical Systems	Support Statement
S.B. 205	J	1	Margaret Cavin / J and J Mechanical Incorporated	Support Statement
S.B. 211	K	1	Cheryl Radeloff / Washoe County and Southern Nevada Health Districts	Bill Presentation
S.B. 211	L	1	Nevada Osteopathic Medical Association	Opposition Statement