

SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

**Eighty-first Session
March 25, 2021**

The Senate Committee on Health and Human Services was called to order by Chair Julia Ratti at 3:34 p.m. on Thursday, March 25, 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 James Ohrenschall, Senatorial District No. 21
Assemblywoman Teresa Benitez-Thompson, Assembly District No. 27

STAFF MEMBERS PRESENT:

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

OTHERS PRESENT:

Tyler Klimas, Executive Director, Cannabis Compliance Board
Kathryn Roose, Deputy Administrator, Division of Child and Family Services,
Department of Health and Human Services
Bailey Bortolin, Nevada Coalition of Legal Service Providers
John Piro, Chief Deputy Public Defender, Clark County Public Defender's Office
Serena Evans, Nevada Coalition to End Domestic and Sexual Violence
Tess Opferman, Nevada Women's Lobby
DaShun Jackson, Director, Children's Advocacy Alliance
Jim Hoffman, Nevada Attorneys for Criminal Justice
Brigid Duffy, Director, Juvenile Division, Clark County District Attorney's Office
Amber Howell, Director, Human Services Agency, Washoe County

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Joanna Jacob, Clark County

Julie Ostrovsky, Commissioner, Nevada Commission on Autism Spectrum Disorders

Rique Robb, Deputy Administrator, Aging and Disability Services Division, Department of Health and Human Services

Samantha Jayme, Health Program Manager, Aging and Disability Services Division, Department of Health and Human Services

Steven Cohen

Yesenia Serrato Gonzales, Founder and Member, Azulblue United by Autism

Adam Harris, Chief Operating Officer, Las Vegas Autism Center

Hayley Huber

Lenise Kryk, M.Ed., BCBA, LBA, Director, The Lovass Center

Janelle Saunders, BCBA, LBA

Pam Berek

Jon Paul Saunders, M.Ed., BCBA, LBA

Nanette Eidelberg

Gwen Duggins, Ph.D., BCBA-D, LBA, Chief Executive Officer and Founder, Accelerated Learning Clinic

Kenneth Killingsworth, Ph.D., BCBA, Clinical Director, Helix Behavioral Services
Terra Bass

Andrew MacKay, Executive Director, Nevada Franchised Auto Dealers Association

Desirae Wingerter, BCBA

Maria Lopez

Alden Grant

Jacquelyn Nader

Michele Tombari

Stella Montillo

Sara Moore, BCBA, LBA

Sarah Alshaikh

Jennifer Thomas, BCBA, LBA

Michelle Canning, MA, BCBA, LBA, Owner, Crossroads Behavior Consultation

Chris Holcomb, Ph.D., BCBA-D

Dannene Drummond, BCBA, LBA, Owner, Snowflakes ABA, LLC

David Dazlich, Southern Nevada Forum on Health Care

Keith Lee, Board of Medical Examiners

Susan Fisher, State Board of Osteopathic Medicine

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CHAIR RATTI:

Senate Bill (S.B.) 275 has been pulled from the agenda today.

SENATE BILL 275: Revises provision relating to the human immunodeficiency virus. (BDR 40-220)

I will now open the work session on S.B. 146.

SENATE BILL 146: Revises provisions relating to mental health services for children. (BDR 39-870)

MEGAN COMLOSSY (Policy Analyst):

I will read the summary of S.B. 146 and the amendments from the work session document ([Exhibit B](#)).

CHAIR RATTI:

I will entertain a motion on S.B. 146.

SENATOR HARDY MOVED TO AMEND AND DO PASS AS AMENDED
S.B. 146.

SENATOR SPEARMAN SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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CHAIR RATTI:

I will open the work session on S.B. 154.

SENATE BILL 154: Makes changes related to Medicaid coverage of certain treatments administered at institutions for mental diseases. (BDR 38-451)

Ms. COMLOSSY:

I will read the summary of S.B. 154 and amendments from the work session document ([Exhibit C](#)).

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SENATOR KIECKHEFER:

Is the definition of a child with a serious, emotional disturbance anywhere else in statute aside from where we are now making this change? Are we going to have any consistency problems with other statutes that may be impacted?

ERIC ROBBINS (Counsel):

I do not think it is anywhere else in statutes. This definition was taken from regulations, but statutes take precedence over regulations, so I do not think there will be any consistency issues.

CHAIR RATTI:

I will entertain a motion on S.B. 154.

SENATOR SPEARMAN MOVED TO AMEND AND DO PASS AS AMENDED S.B. 154.

SENATOR HARRIS SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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CHAIR RATTI:

I will open the work session on S.B. 168.

SENATE BILL 168: Revises provisions relating to cannabis. (BDR 56-135)

Ms.COMLOSSY:

I will read the summary of S.B. 168 and amendments from the work session document ([Exhibit D](#)).

SENATOR HARDY:

Amendment 3 discusses regulations on labeling. Can we keep the same labeling requirements until the regulations get done, or are they going to do the labeling changes before they get regulated, or are there no regulations until then?

CHAIR RATTI:

Ms. Comlossy, is the regulatory body the Cannabis Compliance Board (CCB)?

Ms. COMLOSSY:
Yes.

CHAIR RATTI:
I see we have Tyler Klimas from CCB in the audience. Could you talk about the sequencing of how this would work?

TYLER KLIMAS (Executive Director, Cannabis Compliance Board):
We have these in our regulations. This just provides more flexibility to figure out what would be on them and what is best served on a label included with the products. The regulations we have now would not go away if this was passed. It takes exactly what should be on there out of the statute and moves it to the Board to continually be flexible as it promulgates regulations.

SENATOR HARDY:
Are you continuing to do the exact kind of labeling until the Board's regulatory process is in place, which is not a slow process?

MR. KLIMAS:
Yes, that is how I understand it.

CHAIR RATTI:
I will entertain a motion on S.B. 168.

SENATOR HARRIS MOVED TO AMEND AND DO PASS AS AMENDED
S.B. 168.

SENATOR SPEARMAN SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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SENATOR HARRIS:
I will now open the hearing on S.B. 274.

SENATE BILL 274: Revises provisions relating to commercially sexually exploited children. (BDR 38-705)

SENATOR JULIA RATTI (Senatorial District No. 13):

Senate Bill 274 is one of my top priorities for this Legislative Session. It follows S.B. No. 293 of the 80th Session. This bill seeks to make sure when a child is a victim of sexual exploitation for money and has been trafficked, the child will be treated as a victim and then survivor in the child welfare system as opposed to being treated as a perpetrator in the juvenile justice system. When we looked at this same concept last Session, I was convinced if we said it is mandatory, no child can go into the juvenile justice system who has been trafficked in this way.

There was not sufficient time to transition our systems from juvenile justice and child welfare, and we would risk putting some children in danger. We passed S.B. No. 293 of the 80th Session to give the juvenile justice systems, legal aid, public defenders, child welfare systems and nonprofits time to have conversations about how we get there. We wanted to do it in a way that puts the best interest of the child first with a trauma-informed approach to make sure the child has the support he or she needs.

We also gave the State money to hire a consultant to facilitate that process. This allowed great conversations between the different agencies and institutions that would interface with the child who has, unfortunately, been the victim of such a horrific crime. We also started to talk about what would be necessary for us to transform the systems, and that has resulted in S.B. 274. This bill starts to build out some of the structures necessary to get us there. I have two subject matter experts here, Bailey Bortolin from the legal aid community, who brought forward this bill concept and has been actively involved in the working group since last Session, and I have Kathryn Roose from the Division of Child and Family Services (DCFS), who has helped to lead some of this work.

KATHRYN ROOSE (Deputy Administrator, Division of Child and Family Services, Department of Health and Human Services):

I am honored to present S.B. 274 which revises provisions relating to commercially sexually exploited children (CSEC). The bill has three major components. First are regulations that allow for the establishment of receiving centers. Second is a legal framework for involuntary commitment for the child to a receiving center. Last are provisions for DCFS to certify other programs for serving this population.

The conceptual amendment ([Exhibit E](#)) has been developed with stakeholders. Key changes include section 7 to locate the receiving center licensing authority in *Nevada Revised Statutes* (NRS) 424 while maximizing potential federal revenue to support receiving centers. Sections 19 through 27 make changes to the emergency admission process while streamlining the process to create court efficiencies and remove requirements that may lead to barriers to services. The "detain" language will be replaced with "placement, assessment, and treatment" to ensure the ability to maximize potential Medicaid revenue. Adjustments to NRS 432C language reflect assessment instead of screening.

I will walk you through the major concepts of the bill. Sections 10 through 13 discuss receiving centers as licensed secured facilities that operate 24 hours a day, 7 days a week to provide specialized inpatient and outpatient services to CSEC. It also requires DCFS to develop licensing requirements and corresponding regulations, and describes the services that shall be available to youth in the receiving center.

Section 14 describes the process for admission into the receiving center, including emergency admission, court-ordered admission and voluntary admission. The second category of the bill provides the legal framework for involuntary placement. This changes the most substantially with the conceptual amendment.

Sections 15 through 27 describe procedures governing emergency admissions and court-ordered admissions. This includes requirements to attempt to contact parents, provides for retention of counsel to represent the child, requires a hearing following an emergency or court-order admission and requires a hearing on court-ordered admissions every five days while the child is in the receiving center.

It is important to note that the regulations around the receiving center are permissive. They do not require identified CSEC to be placed into a receiving center, they just lay out the framework for the model.

Section 16 authorizes DCFS to require certification of other types of facilities or organizations other than receiving centers that provide services to CSEC. It also allows DCFS to adopt regulations regarding certification, if necessary, and application for the issuance or renewal of certificates and related activities.

Finally, S.B. No. 293 of the 80th Session prohibits adjudication of a child who is alleged to have violated certain laws relating to prostitution if there is reasonable cause to believe that the child is commercially sexually exploited. Effective July 1, 2022, the language in S.B. 274 in section 35, postpones that date until July 1, 2023. Those are the main components of the bill.

BAILEY BORTOLIN (Nevada Coalition of Legal Service Providers):

The final report ([Exhibit F](#)) from the working group at DCFS, *Senate Bill 293 Report*, was robust work. We looked at what other states are doing; however, there are not a lot of models. This is an emerging area for states to develop services; there is widespread agreement that this is the correct policy. This is the shift we need to make for these children. We are all putting our heads together to figure out how we fiscally make this happen.

SENATOR RATTI:

I want to provide more context in challenges faced with this particular population. A child is recovered because of frequent interactions with law enforcement and found to be a victim of a crime of sexual exploitation. Some of those children have a stable home with parents who are ready and able to assist them. We need to wrap that family with support and make sure children are safe while we reconnect them to their parents, so those parents take over their care and assume the lead role, determining if they need counseling. There is a short period of time when that child may be under the influence of a pimp or others who may encourage that child to run.

There is the critical time period when that child would end up in a juvenile facility in most cases today. Rather than that happening, this receiving center concept is a child welfare-centered space that would have a locked door, but the child would be living in the child welfare system with the supports and services that come along with that system. In other cases, there may be a question about the ability for the parents to assist a child. There might be neglect, sometimes abuse, and that child would then transition into the child welfare system anyway because this triggers a new set of processes and rules within the system with any child where there is a question of neglect or abuse. In that case, the receiving center is a space to take care of that child while transitioning into, perhaps, the foster care system, treatment placement or whatever is the next step. Not every child who is sexually exploited will have the same path. It will depend upon other life characteristics to determine whether he or she continues in the child welfare system.

In all cases, this bill seeks to keep children out of the juvenile justice system because of a strong philosophical underpinning that they are victims and not perpetrators. They should not be treated as criminals, rather as victims so they can become survivors and get the support they need.

It is disturbing that not a lot of good work is being done across the Country on this issue. If any state gets this right, it is Nevada because of the many facets of a tourism-driven economy, special events we draw people to and the unfortunate number of children trafficked into and throughout our State. If we can lead the Nation in this space and show others how to do it, that is where we need to go. It is not possible to build the whole thing in a short period of time, but it is critically important for the children, and we are making steps in the right direction. I have been pleased with the commitment of the nonprofits, and State and county agencies to do something quite challenging and to do right by these children.

SENATOR HARRIS:

I am trying, in my practice, to be more intentional about language. Is there a reason why we chose the phrase "receiving center"? Is there the ability for language that is more people-centered aside from a receiving center?

Ms. ROOSE:

The term "receiving center" was discovered by the S.B. No. 293 of the 80th Session work group that spent the Interim Session working on reaching out to every state in the Nation to see what states are doing with this population and how we are best serving these children. The states of Georgia and Washington both have models for receiving centers. Georgia's center has been in place over a year, and Washington passed a bill to open two receiving centers in July. The term has already been used in the Country. I have no particular attachment to the term.

SENATOR KIECKHEFER:

I had the same thought you did about the term. Do any facilities now meet the qualification of a receiving center?

Ms. ROOSE:

No. County facilities could be more easily transformed into receiving centers, but nothing exists as outlined in the bill to include being a secured facility with the type of staffing required for a receiving center.

SENATOR RATTI:

That is the reason for the extension of the bill deadline.

SENATOR KIECKHEFER:

Is it a vision that the receiving center will be a subset of a larger facility? Section 12, subsection 2, paragraph (d), looks like a subset of a larger structure or organization. Section 16, says DCFS may adopt regulations requiring certification of a facility or organization, other than a receiving center, if it provides these type of services. Would there be a new set of regulations for a counseling group that provides mental health services, potentially?

SENATOR RATTI:

It could be a specialized foster home.

SENATOR KIECKHEFER:

The term organization rather than facility made me think it could be an LLC, a group of mental health counselors. I appreciate the bill.

SENATOR HARDY:

You stated it could be a specialized foster home. It has to be secure and secure from escape and other people coming into the home?

SENATOR RATTI:

Yes, if that was one of the models. If it serves the receiving center function, there could be a portion or entire facility that did have the ability to be locked and keep people from either leaving or coming. We want to create the structure and work on the language so these facilities can qualify for Medicaid and funding. The counties and nonprofit groups need to put their heads together, once they see funding streams, about facilities and services that can be built. However, a locked facility with an ability to place and treat is part of the model.

Ms. BORTOLIN:

The receiving center model would be for the initial contact in some cases where appropriate. We still want to comply by the least restrictive environment necessary. A comprehensive model to provide services specific to this population would need to have multiple levels. Specialized foster care, in and of itself, would not be the locked part, but some youths in foster care may be require that setting. In that case we do not want to escalate. By the same token, someone in the initial contact who comes in through the receiving center

may de-escalate as they receive services. It is about building a model that works comprehensively throughout the system of care as the child's needs change.

SENATOR RATTI:

I mixed those two things up. The receiving center is separate from the specialized foster care. I am retracting my former answer, so please follow what Ms. Bortolin just stated.

SENATOR HARDY:

The goal then is to get this paid for and Medicaid eligible. We want the receiving center to have the ability to get federal money, is that correct?

SENATOR RATTI:

Yes. The goal of the bill is to tie this component, the receiving center, to federal Title IV-E foster care dollars. We are also trying to set up a system of care, but not all of it is represented in this bill. The language of this bill is important so that as the child moves out of the receiving center into other forms of care, then Medicaid and Victims of Crime Act (VOCA) dollars can kick in. Title IV-E federal funds are important if we are to shift from juvenile justice into child welfare.

MS. BORTOLIN:

The receiving center language is permissive; the goal is to get there. There is agreement with the policy, and counties want to get there. The language must be flexible to allow them to build it in a way that works for them. There may be possible VOCA dollars and ways to integrate Medicaid dollars. Decision-making is with the county that ends up owning this receiving center process.

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

We support S.B. 274. This is a solution-focused bill. We were in support of the bill from last Session where its aim was to help victims and provide services. It is our goal, both at Clark County and the Washoe County Public Defender's Office, to stop a cycle of victimization. The intent of this bill does just that. We support this intent because it moves away from arresting child victims who have been victims of horrendous crimes and detaining them as if they are the criminals, which the juvenile justice system does to these young men and women. We favor and support moving away from that model and into a supportive model. We will continue to discuss due process issues with the

sponsor. We fully support moving away from criminalizing these young children who are not criminals and should no longer be treated as criminals by the juvenile justice system.

SERENA EVANS (Nevada Coalition to End Domestic and Sexual Violence):
We support S.B. 274. Trafficked youth should not be treated like perpetrators. They need to be treated like victim survivors rather than be punished and detained in juvenile justice centers. These individuals require empathy and resources, and we are in favor of adopting this new bill to provide the necessary support for these youth in this State.

TESS OPFERMAN (Nevada Women's Lobby):
We support S.B. 274. Sexually exploited children must be viewed as victim survivors and be treated as such. The establishment of a receiving center is critical to ensure these children are given appropriate treatment and protection to get them away from the human trafficker and out of being the sexual exploitation victim. Some of the children in these situations may be addicted to drugs, may have committed illegal offenses and may be under the power and control of a pimp. These children may or may not have stable living environments outside of their situations. A receiving center will address the many complicated situations presented to ensure excluded children are not sent into the juvenile justice system but given the treatment and protection they need. This bill is one solution to a multifaceted issue, and we urge the Committee's support.

DASHUN JACKSON (Director, Children's Advocacy Alliance):
We support S.B. 274. It is extremely important for youth who have been victimized and exploited. This bill establishes youth are victims, not criminals, and we need to treat the abuse as such.

JIM HOFFMAN (Nevada Attorneys for Criminal Justice):
We support S.B. 274. The bill introduced last Session was an important step forward, and this bill provides a strong framework for effectuating the goal, helping kids who get caught up in bad situations. We have similar concerns to those expressed by Mr. Piro. In particular, we are concerned about the provision that would delay the implementation of S.B. No. 293 of the 80th Session, leaving victims to face continued criminal prosecution for another year. We are also concerned about the bill's provision for charging parents for the use of the

receiving center, which also conflicts with a bill passed last Session to take fees out of the juvenile system. We are hopeful these issues can be addressed.

BRIGID DUFFY (Director, Juvenile Division, Clark County District Attorney's Office):

We support S.B. 274. We have been working with stakeholders to make sure we have a strong bill to ensure children—who are actually victims of child sex trafficking—are not treated as criminals.

AMBER HOWELL (Director, Human Services Agency, Washoe County):

We are testifying in neutral on S.B. 274. Until today, we were not aware of the amendment that changes language to allow us to maximize our Title IV-E funds. We believe in the policy and change in the model, but we want to do it successfully and maximize federal funding to decrease as much of the general fund portion of the county as possible. We look forward to coming back in support once we work on the language.

JOANNA JACOB (Clark County):

We are testifying in neutral on S.B. 274. We are working with the bill sponsors, the State, child welfare agencies, nonprofits and many stakeholders on how to meet the intent of the bill. We keep moving forward to develop a system of care for our CSEC youth, understanding the importance of this issue. This bill in its original form would have had a significant fiscal impact to the county. We are working to address those impacts with the amendments presented today. We hope to revise the fiscal note as the bill works through the process. It is imperative for Clark and Washoe Counties to maximize as much federal funding as we can to continue these services. As the safety net for our community, we must build a system of care to support this fundamental shift away from juvenile justice to the child welfare setting. The child welfare setting is a totally different concept. We operate in the best interest of the child that is fundamentally different from the juvenile justice setting, which is why it is such a shift.

The system of care we want to build is one that may take us some time, considering we have limited resources as does the State. That is why we appreciate working toward this and the extension of time to build the correct system. We want it to be successful. We estimate that in southern Nevada, 100 to 150 CSEC youth are identified by law enforcement and child welfare every year. About half of those youth are coming through our child welfare

setting. This number is quite likely higher. We are working on this and have referrals and whole teams at Clark County that partner with juvenile justice and the Las Vegas Metro Police Department to assess and provide services once we are contacted through a hotline under NRS 432C.

We appreciate the language in the conceptual amendment. We understand this population may need intensive services at times. In other states, the housing support for this population can cost up to \$400 to \$600 per day because of the intensive need for staffing and counseling. Clark County is entering the next budget year with an estimated structural deficit of \$29 million in our child welfare setting. We are facing further cuts in the State budget, and we must continue to deliver these critical services to our community. The new amended version of the bill may not be without its costs, but we are committed to getting this done.

SENATOR RATTI:

I want to express my gratitude to the professionals I am working with on this bill, including the juvenile justice system, child welfare and nonprofits who service these youths who have had such a devastating experience. I do not want to leave the impression that the individuals and professionals who work in the juvenile justice system do not care as much about kids as those who work in the child welfare system. This bill is about the children being treated as victims who can become survivors as opposed to being treated as criminals. I want to be clear, this bill draws a line in the sand to say we are not going to continue to do this any longer. That line was July 1, 2022; the amendment proposes July 1, 2023, to give people more time to build a system. It enables receiving centers, but if a receiving center does not get built, that line still exists.

We want the child welfare system to step up and get the juvenile justice system to step back when it comes to the issues. After a few years of trying, we cannot quite figure out a way. Being 100 percent transparent, the bill reads that by this day, it will happen. A much better system can be built. I recognize Nevada has a long way to go in children's mental health, and that will be true after this bill passes. We probably will not have the systems of care we want to serve all youth, let alone these youth. I am no longer willing to say that because we do not have that system it is okay for that child to be walking around with an ankle bracelet. That is the context of this bill.

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VICE CHAIR SPEARMAN:

I will close the hearing on S.B. 274.

CHAIR RATTI:

I will open the hearing on S.B. 96.

SENATE BILL 96: Makes various changes relating to services provided to persons with autism spectrum disorders. (BDR S-89)

SENATOR JAMES OHRENSCHALL (Senatorial District No. 21):

I am passionate about helping the autism community and will be presenting S.B. 96. With me today is Bailey Bortolin with the Coalition of Legal Service Providers and Julie Ostrovsky with the Nevada Commission on Autism Spectrum Disorders. I will give some opening remarks and then Ms. Bortolin and Commissioner Ostrovsky will present the bill. Also with me today is Assemblywoman Teresa Benitez-Thompson, Majority Floor Leader, who will present an update on the *Performance Audit, Delivery of Treatment Services for Children with Autism 2020* ([Exhibit G](#)) and a friendly amendment ([Exhibit H](#)) to S.B. 96.

In 2019, I was here with many of the same people, presenting S.B. No. 174 of the 80th Session, requesting this very same rate increase and an audit. This Committee supported the rate increase and the audit. Unfortunately, the much-needed Medicaid increase did not survive the 2019 Session due to a lack of resources, but the audit did. As you will hear from Assemblywoman Benitez-Thompson, the Performance Audit, [Exhibit G](#), strongly stated the need for a Medicaid rate increase for registered behavior technicians (RBTs) providing autism applied behavioral analysis (ABA) interventions. In addition, the Audit exposed other challenges in the administration of some programs and found a few discrepancies in reimbursements for ABA services.

As a result of this Audit, we have numbers to support this rate increase. We see too many children being left behind and left out of medically necessary interventions due to a shortage of providers because of our low Medicaid reimbursement rates. Now we have the opportunity to do the right thing for this vulnerable population.

ASSEMBLYWOMAN TERESA BENITEZ-THOMPSON (Assembly District No. 27):

I had the pleasure of serving as Vice Chair of the Audit Committee and am here in that capacity. Legislative Audit 22-04 was heard late in the year, past the point where many bill draft requests had already been allocated. During the hearing, I told Senator Ohrenschall we are hearing the Audit your bill requested and finding good information. We are going to need a vehicle to continue this conversation on this bill. We need to talk about rates and get our rates figured out at the same time we are getting processes and systems worked out. He was amenable to that, and I appreciate his bill which addresses concerns and issues within the Audit that make the most sense to continue with in statute.

I will reference specific pieces from the conceptual amendment, [Exhibit H](#), we are seeking to fix. The Division of Health Care Financing and Policy (DHCFP) shall biannually establish comparable market rates for the RBT, board certified assistant behavior analyst (BCaBA) and board certified behavior analyst (BCBA) licensing types.

There are three types of licensing professionals who can do this work, and it depends on their number of hours and training. The RBT requires a high school diploma, criminal background check, 40 hours of training and passing competency assessments. There are approximately 1,290 RBTs licensed in Nevada. The other rates we mentioned are the BCaBA, which requires a bachelor's degree with 180 hours in content area, principles, research methods, an additional 500 hours in intensive university practicum and 1,000 hours of supervised independent field work. As of October 2020, there were 34 licensed in the State. Lastly, the BCBA requires a master's degree, 750 hours of intensive university practicum and 1,500 hours of supervised independent field work. As of November 2020, there were 290 licensed in the State.

Pages 3 and 35 of the Audit found that Medicaid Services of the DHCFP is paying competitive rates compared to the market rate for two of those rates. The one specific rate for the RBT was very much under the market rate. Private insurers are averaging \$62 per hour, and the Medicaid rate was \$31 per hour, a \$31 difference. The arguments we have been hearing and concerns from the community are that because the RBT rate is so low and not competitive, we cannot get any of our children on Medicaid to receive these services. The Audit found that was true.

The DHCFP shall establish reasonable limits to the number of service hours a provider can bill in a 24-hour period and provide training on those rules. The Audit, pages 13 through 16, identifies issues concerning billing from private providers. The number of hours being charged in a day or per child was not adding up. We need DHHS to define how many hours on the backend of its billing system can be charged before a flag lets it know there is an issue. The DHHS either needs to communicate with the provider, or look at billing the provider submits to ensure we do not have erroneous billing that continues to pile up and create a backlog; DHCFP is making progress on that.

The Autism Treatment Assistance Program (ATAP) shall publish on its website specific guidance on how to obtain a diagnosis and treatment, and maintain a list of healthcare professionals qualified in performing the diagnosis of an autism spectrum disorder. The Audit was specific to the fact they struggled to find this information. Families need more resources to know what to do once they have a diagnosis or how to get a qualified professional once they have a diagnosis.

The Legislative Committee on Health Care shall receive from the DHCFP reports on a number of different data. This is on page 17 of the Audit and page 61 of the recommendations coming from the Audit. So much of the population getting services are being handled through managed care organizations outside of the fee for service or where Medicaid can track them. On the backend system, the Audit found that the right data collection was not in place to understand what was happening with this particular part of the population. We want DHCFP to report on these items to the Legislative Committee on Health Care for greater understanding and transparency. We are a few months away from when DHCFP can testify for this recommendation to be fully implemented from the Audit. Once it is, the timing will be perfect as the Legislative Committee on Health Care begins in August.

When there is a waitlist for services, ATAP shall use risk assessment tools to assess and identify children with higher needs to ensure proper service delivery and triage to children who are the hardest to serve. Pages 25 and 26 of the Audit talk about the waitlist for children who are waiting for services. The wait time is about 153 days before they get services; this is too long. We do not want a waitlist, but in the meantime, we need a way for DHHS to assess children who need services immediately and get them into services quickly. The risk assessment tools are being developed by ATAP, and we are hopeful they

will identify those children who simply cannot wait and promptly get them services.

Lastly, the ATAP program may add or unfreeze developmental specialists to allow them to fully implement Recommendation 10 from the Audit to supply case managers. Page 66 of the Audit is the reference to this recommendation. The families need staff who are designated to help guide them through the system when children get diagnosed. Unless we have that piece in place, we are not properly helping connect children with resources. We need that case management piece for this to be an effective program. The positions are not built into this year's budgets. We know DHCFP was planning for them in four years. This Audit puts so much evidence together, we cannot wait four years. If we can bring the staff on in this biennium, it makes sense to give the time and effort to do this, and that is our goal.

JULIE OSTROVSKY (Commissioner, Nevada Commission on Autism Spectrum Disorders):

We support S.B. 96. It is the Commission's responsibility to monitor ATAP, Medicaid programs, early intervention services, as well as insurance, Medicaid rates and services for people with autism. I submitted a longer, more detailed written testimony ([Exhibit I](#)), but today I want to share a few key notes. We support this bill because of the large number of children on Medicaid who do not get the intervention they need and deserve. We also recognize the importance of paying providers who serve the autism population. Businesses deserve to make a sustainable wage to do business in Nevada. We have a problem in our State. Children on Medicaid are unable to obtain ABA behavioral intervention services.

In Nevada, we have waitlists for children to be diagnosed and obtain services, and painfully low Medicaid rates that further limit access to life-changing services. The Audit from January states that a shortage of ABA providers for children with Medicaid coverage is worse than for children with private insurance since only about one-third of licensed ABA providers served Medicaid children in fiscal year 2020. If we ask providers today, the number would be even less. The Autism Legal Resource Center submitted charts ([Exhibit J](#)) that show Nevada's low Medicaid reimbursement rate nationally and in the Western Region. We are the lowest in the region. Delays in delivering services to children with autism can have devastating consequences. The lack of Medicaid providers

working with children in our State is unacceptable. A child can languish over a year for a diagnosis and then is forced to wait for services equally as long.

Among the findings of the Audit is the \$30.28 hourly rate paid by Medicaid is the same rate paid by ATAP and half the rate private insurers pay. Now Medicaid has been reduced by 6 percent retroactively as a result of A.B. No. 3 of the 31st Special Session. This solidifies our standing at the bottom of Medicaid reimbursements across the Country. This rate pays for services performed by professional RBTs who are licensed, fingerprinted, trained, insured and more. This rate is well below the average \$62 paid by insurance. The Audit concludes that the rate disparity is a major barrier to these children receiving services from our limited providers. Senate Bill 96 can help us solve the problem of access to services by increasing our Medicaid reimbursement rate to at least \$48 per hour.

We have a chance this Session to do the right thing. We can fix this problem by increasing our reimbursement rate to a competitive rate, thereby bringing in local providers and businesses from across the Country to provide services to our autism Medicaid population. This is not the first time we have asked for an increase. We were here in 2015, 2017 and 2019. We did not get the rate increase but this informative, helpful Audit. We are here again with new supporting documentation asking for the same increase. Parents are desperate and at a loss because no providers are available to help their children. We must improve our access to services for children on Medicaid. Nevada is competing with our neighboring states for talented, passionate, honest providers.

As of 11:00 a.m. this morning, there were 442 opinions in favor of S.B. 96. The Legislative Audit makes it clear that it is good policy to increase the RBT rate and to address the barriers faced by children needing ABA services on Medicaid. We ask you to support and pass S.B. 96 out of this Committee so costs can be further evaluated by the Senate Finance Committee.

CHAIR RATTI:

In the audit process, would any efficiencies or ways from some of the recommendations free up resources that would put the State in a better position to invest in the rate structure?

ASSEMBLYWOMAN BENITEZ-THOMPSON:

In the Audit, we looked at the State expenditures and anticipated expenditures. Pages 8 through 11 discuss expenditures related to this particular program. In the past when we thought about the costs for the program, DHCFP overestimated the number of children it anticipated would be served. There was a big gap between projections and actual cases. The money being appropriated did not always get used as quickly as it could have. Additional money being appropriated did not end up where we hoped it would. I encourage the Committee to look at the numbers and charts with data from the past five years on page 9 of the Audit. Good information in the Audit will help guide us to that better rate we can afford.

SENATOR OHRENSCHALL:

Page 20 of the Audit discusses S.B. No. 174 from the 80th Session and the fiscal note. Near the top of the page, I am quoting "ATAP's waitlist caseload projections for the fiscal note appear unreasonable in comparison to actual 2020 numbers." There is some tightening up of those projections, which if more accurate could lead to more children getting the services they need. Unfortunately, they were not, according to this Audit.

MS. BORTOLIN:

In past years, we put money into autism services that has gone in the wrong place. It needs to be in this rate, which is what the Audit found. In the last biennium, then-Governor Brian Sandoval put \$42 million into autism services he believed would clear the waitlist, but because the rate was not changed, we did not have enough providers for services. Tens of millions of those dollars went unspent and reverted back to the General Fund. This Audit proves the rate is the actual place that needs to be fixed.

As far as cost savings outside of this specific service, we are spending a lot of money as a State and community on this population because their needs are going unmet. It is important these children receive services at a young age immediately, as soon as we can access them, and get a diagnosis to change outcomes. The later in life we connect them to those services, the harder it is to be successful in that treatment.

Clark County's Eighth Judicial District has a Detention Alternative for Autistic Youth Court, a juvenile delinquency court with enough children to fill a specialty docket. These children have autism that has manifested its behavioral issues

because they are unable to access services. It is great we have a legal system to rally around these children to get them the services they need; however, doing it through the Judicial Branch is not appropriate or financially responsible. Shifting the cost in this way will save us money across the board.

CHAIR RATTI:

We never want to have a child on a waitlist in any situation. When that does happen, the recommendation is to triage and identify which children should be at the top of the list. Are there tools? Are other states doing this? Do we have a good way for assessing that? Are we making difficult decisions, ensuring children getting the services are those who need it most?

ASSEMBLYWOMAN BENITEZ-THOMPSON:

The Aging and Disability Services Division (ADSD) can speak to this more. Its written recommendation response in the Audit indicates the ADSD is working on that tool and expects it to be used going forward.

RIQUE ROBB (Deputy Administrator, Aging and Disability Services Division, Department of Health and Human Services):

I will turn this over to the Program Manager, Samantha Jayme, and she will explain what we have done to meet that specific requirement of the Audit in regard to the assessment.

SAMANTHA JAYME (Health Program Manager, Aging and Disability Services Division, Department of Health and Human Services):

We have piloted this tool and expect the quality assurance team to do our checks and balances, and ensure it makes sense. We are getting the children triaged appropriately. We are submitting our follow-up to the Audit, and we hope to fully implement the appropriate list as of May 1.

SENATOR HARDY:

If we increase the rate and intervene early, will that increase rates somewhere else, increase the waitlist and document the savings to which Ms. Bortolin alluded to offset the increased rate? Do we recognize the reality if we treat more, it is going to cost more. It may cost less, but I am not sure it is going to offset later expenses as much as the investment. I do not want to go down the road of pretending it will, if it will not. I am not opposed to proceeding, but I do not want people disappointed that we may not save as much as the optimistic projection.

CHAIR RATTI:

We will probably get a fiscal note for this bill that may address some of those issues, but the sponsor should speak to this.

SENATOR OHRENSCHALL:

The Audit indicated we did less with more resources that were not spent appropriately. I am optimistic we can allot those resources as planned, and that it will lead to savings for the State. Children on Medicaid can get these services younger and earlier. This has been one of the most thorough audits I have ever read, and the recommendations give us a clear path of how to fix these problems. I am optimistic it will lead to savings when we get those resources spent where they should be spent.

COMMISSIONER OSTROVSKY:

I want to make clear that providers working with children who used Medicaid as their primary insurance are no longer taking Medicaid. These children are getting no intervention. It does not mean our State does not take care of them later in life. We will be spending millions of dollars looking for group homes or trying to take care of these children. Early intervention and access to that intervention is important, and we cannot offer that now. I know of four groups that dropped in December, and two of our largest providers that provide services nationwide no longer take Medicaid in Nevada. We need to get the providers to get these children help. Early intervention means maybe they can learn to learn, go to public school, lead productive lives and control dangerous behaviors so we do not need an autism court. That is where this becomes key and incredibly important.

STEVEN COHEN:

I support S.B. 96.

YESENIA SERRATO GONZALES (Founder and Member, Azulblue United by Autism):

I support S.B. 96. I come to you as an autistic mother of an amazing son who also has autism. I have submitted my written testimony ([Exhibit K](#)).

ADAM HARRIS (Chief Operating Officer, Las Vegas Autism Center):

We support S.B. 96. We are a behavioral services agency in Las Vegas. We are here to ensure eligible individuals with autism throughout the State gain access to services they have a right to by law. The main barrier to access is Medicaid funding for ABA therapy does not support the growth or sustainability for

businesses providing these services. We have supporting testimony ([Exhibit L](#)) and financial data ([Exhibit M](#)) illustrating rates for RBTs and BCBA's, using models for four different rates.

HAYLEY HUBER:

I support S.B. 96. I am a mother of two children on the autism spectrum. I have submitted my written testimony ([Exhibit N](#)).

LENISE KRYK, M.Ed., BCBA, LBA (Director, The Lovass Center):

We support S.B. 96. I am proud of serving the autism community in Nevada for almost 20 years. Last summer, I was appointed to the Nevada Commission on Autism Spectrum Disorders. I have provided written testimony ([Exhibit O](#)).

JANELLE SAUNDERS, BCBA, LBA:

I support S.B. 96.

PAM BEREK:

I support S.B. 96. I have a 19-year-old son with multiple disabilities, one of which was not diagnosed until later in his life. I have submitted my written testimony and photographs ([Exhibit P](#)).

JON PAUL SAUNDERS, M.Ed., BCBA, LBA:

I support S.B. 96. I have provided written testimony ([Exhibit Q](#)).

NANETTE EIDELBERG:

I support S.B. 96. I thank Allen and Jan Crandy, former Chair of the Nevada Commission on Autism Spectrum Disorders, who advocated for autism programs such as ATAP which helps improve the lives of children diagnosed with autism, including my daughter. There was a time we did not know if she would ever talk or be able to answer a question. My daughter is a 12-year-old, in the sixth grade, who was diagnosed with autism, labeled nonverbal, and had self-injurious behaviors. Nevada provided funding. From therapy through The Lovass Center, she no longer throws tantrums but makes eye contact, reads, writes, does math, is a model student in the classroom and has a better quality of life overall.

We could be in danger of losing our provider because of our low Medicaid rates. Our community has already lost providers and therapists, and puts children on

long waiting lists to receive ABA. Passing this bill gives our children a fighting chance of becoming self-sufficient and self-advocating adults.

GWEN DWIGGINS, Ph.D., BCBA-D, LBA (Chief Executive Officer and Founder, Accelerated Learning Clinic):

I support S.B. 96. I have provided services for over 25 years, 8 years in Nevada. I have submitted written testimony ([Exhibit R](#)).

KENNETH KILLINGSWORTH, Ph.D., BCBA (Clinical Director, Helix Behavioral Services):

I support S.B. 96. I am a BCBA who owns and operates Helix Behavioral Services in Reno. I have submitted written testimony ([Exhibit S](#)).

TERRA BASS:

I support S.B. 96 and have submitted written testimony ([Exhibit T](#)). After countless meetings with different physicians, I was told my two-year-old daughter, Quinn, would never walk without assistance and would need intensive support. She was diagnosed with Autism Spectrum Disorder and started ABA. Applied behavior analysis helped her take her first steps, and she began running and making independent choices at three years old. Today, she is four years old and finding her voice. Needless to say, she is defying the odds and making leaps and bounds through ABA. Quinn faces more challenges than most children which is why this therapy is so crucial to her development. Early treatment reduces the need for care later on in life.

My daughter and other autistic individuals should have the opportunity to reach their full potential just like everyone else. Medicaid rates do not allow my child to get the full support she needs. Due to this, she is falling further behind her peers when she could be climbing. Increasing rates for ABA will increase qualified providers, allowing greater access to medically necessary services. This bill is crucial to better the lives and meet the growing needs of autistic individuals in Nevada.

ANDREW MACKAY (Executive Director, Nevada Franchised Auto Dealers Association):

We support S.B. 96. This issue is near and dear to many of our members' hearts who dug deep in their pockets to support treatment of autism spectrum disorders. This bill will allow more providers to accept Medicaid contracts, and most importantly, increase access to services for children.

DESIRAE WINGERTER, BCBA:

I am in support of S.B. 96. I am testifying as an advocate for those individuals with different abilities and the professionals who serve them. I am also a representative of Collaboration Center Foundation. I share my support for the critical passage of this bill. At its current reimbursement rate, the lowest in the Nation, the majority of ABA providers cannot sustain their businesses, and this trickle-down effect results in increased waitlists, RBT turnover, lost jobs and, most importantly, individuals with autism not receiving the services they need and deserve. It is time for Nevada to fully support our most vulnerable population.

MARIA LOPEZ:

I support S.B. 96. I am a parent of two children with autism. My son is nonverbal. My biggest fear is not having the ABA services we acquired when he was a three-year-old. I cannot express the pain a parent suffers when you watch your child go through such extreme, violent behavior such as biting himself and banging his head on hard surfaces. These are definite behaviors that need professional care and support, and that is ABA. There was testimony earlier that a child with similar behaviors did not receive early ABA. We would be the alternative case. Since acquiring our ABA, we have not seen any of those violent, self-harming behaviors. This life-saving and life-changing therapy transforms children and increases their abilities. They have hope, and it gives a chance for families who have ABA services. I plead with you to pass this bill.

ALDEN GRANT:

I support S.B. 96. At 26 months, I was diagnosed with severe autism, but thanks to an early and intensive ABA treatment program, I am now a functioning adult able to do normal things.

JACQUELYN NADER:

We support S.B. 96. I am here to testify on behalf of Ellen Whittemore and submit a support statement from Chase Whittemore ([Exhibit U](#)), who could not be here tonight. Some of you may know her as the Executive Vice President and General Counsel for Wynn Resorts. Some of you may also know her for her participation and leadership as a board member for the Grant a Gift Autism Foundation, an organization that provides assessment and treatment funding for children, young adults and their families. Ellen's grandson has autism and has greatly benefited from ABA. He has gone from completely nonverbal to now preparing for kindergarten this fall. The Whittemores are grateful and thankful

for the private insurance that has paid for his extensive treatment. This important bill will allow children who are underinsured to receive the treatment that has been so beneficial to Ellen's grandson.

MICHELE TOMBARI:

I support S.B. 96. I know that as a parent of a recovered child of autism, ABA treatment needs to be accessible for all children in Nevada. I have submitted my written testimony ([Exhibit V](#)).

STELLA MONTILLO:

I support S.B. 96. I am a mother of three children with autism. I used to live in Miami but moved to Nevada three years ago with the sole purpose of helping my children because in Miami, there is not a lot of help for children with autism. I have provided my written testimony ([Exhibit W](#)).

SARA MOORE, BCBA, LBA:

I support S.B. 96. I have a family member who came to Nevada and was diagnosed with autism. He remained on a waitlist for ABA services for four years. Families should not have to wait that long for services in Nevada.

SARAH ALSHAIKH:

I support S.B. 96. I am a mental health therapist and mother to a three-year-old boy who has a rare genetic disorder and moderate autism. My hope is that with an increase in reimbursement rates, more providers will accept Medicaid. My family is fortunate to have private insurance, but those with only Medicaid struggle with waiting for a year or more on waitlists. Applied behavior analysis can be the foundation for a myriad of skills. Many young children struggle with eye contact, a critical skill that needs to develop early for social abilities and speech. When a child is engaged in interacting, social cognitive skills increase. Social cognitive skills in children can not only be the ability to learn but the ability to adopt the perspective of others and engage in prosocial behaviors like empathy and cooperation. Eye contact is the foundation for a child to become a productive member of society. Applied behavior analysis helps with that, and a child should not have to wait a year or more for this kind of help. If more providers accept Medicaid, more children will receive treatment.

JENNIFER THOMAS, BCBA, LBA:

I support S.B. 96. I work as a behavioral analyst in Fallon and serve an area of over 50,000 square miles. I travel from Gerlach to Tonopah and Dayton to

Lovelock. Due to the rural population I see, over 90 percent of my clients are on Medicaid and, unfortunately, are not getting enough high quality services. This is because I cannot recruit or retain RBTs in the rural areas due primarily to reimbursement rates that are too low to compete with business locales such as Tesla and others that offer higher pay than our reimbursement.

This is what we are offering families who have nowhere else to turn and need services for their children. As a BCBA, Medicaid will give me six hours per week, maximum, for one-on-one work with these clients. If I was to find RBTs, these clients would get at least 30 hours per week, depending on their severity and treatment plans. I encourage you to think about the families in the rural areas, who do not have the ability to travel to large metropolitan areas such as Las Vegas or Reno, and ensure they can get the much-needed access to their services.

MICHELLE CANNING, BCBA, LBA (Owner, Crossroads Behavior Consultation):
I support S.B. 96. I am requesting your support and sponsorship of this bill to increase the Medicaid reimbursement rate for ABA service. I have submitted my written testimony ([Exhibit X](#)).

CHRIS HOLCOMB, PH.D., BCBA-D:
I support S.B. 96. I have been training behavior analysts for 20 years as well as speech language pathologists. Over the past year, we trained over ten individuals as BCBAs, and half of them have left the State. We need to increase the rates we pay these analysts, not only to keep them in Nevada but also to attract new BCBAs to the State to help children who are in dire need of services. We receive nearly ten calls per day from families looking for services that we cannot provide due to the rates. Our average rate is \$25 per hour, and we range from \$23 to \$27 per hour. Please pass S.B. 96.

DANNENE DRUMMOND, BCBA, LBA (Owner, Snowflakes ABA, LLC):
I support S.B. 96. I am in the unique position of being a mother to a 19-year-old son with autism who is receiving Nevada Medicaid benefits, and I own an ABA company in Maryland. I have submitted my written testimony ([Exhibit Y](#)).

SENATOR OHRENSCHALL:
I have seen one of the callers, Alden Grant, grow up and how much the ABA therapy has helped him. I saw him earn his Eagle Scout badge and become a successful young adult. That is the kind of difference ABA therapy can make. If

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the bill does move forward I ask the Committee to consider one additional amendment to add Assemblywoman Teresa Benitez-Thompson as a primary sponsor.

CHAIR RATTI:
Are you anticipating any other amendments?

SENATOR OHRENSCHALL:
No.

CHAIR RATTI:
I will close the hearing on S.B. 96. I will open the hearing on S.B. 326.

SENATE BILL 326: Revises provisions relating to providers of health care.
(BDR 54-614)

SENATOR JOSEPH P. HARDY (Senatorial District No. 12):
Senate Bill 326 is about telehealth. On April 1, 2020, the Governor declared a Declaration of Emergency Directive 11 due to the Covid-19 pandemic. The focus was to register providers from other states to come to Nevada via telehealth and take care of people who live in Nevada. Directive 11 waived licensing requirements, including requirements relating to telehealth, for skilled medical professionals. Out-of-state providers would register with the Board of Medical Examiners or other boards without a fee and perform telehealth from their location in another state or territory.

Section 8 starts with electronic forms to apply for the issuance or renewal of licensing. The forms must not contain any language that could be interpreted to discourage or threaten applicants from applying for licensure. The forms must include a statement welcoming the applicant to this State. Section 9 mirrors the State Board of Osteopathic Medicine with the Board of Medical Examiners that licenses allopathic professionals so NRS 633 mirrors NRS 630. We also recognize people who are applying for networks with insurance carriers to practice in Nevada. A form on the internet that physicians who are applying can fill out will advise acceptance or denial, and the reason why, which would be confidential. One of the problems some may have is concerns if the applicant lied, we can revoke that registration because he or she is not licensed in Nevada. That, in essence, is the bill.

CHAIR RATTI:

Section 4, subsection 3 states "Registration issued pursuant to this section expires 1 year after the date of issuance and is not renewable." Can they only do this once and for a year?

SENATOR HARDY:

The theory is yes. If they are not going to come to Nevada, then we are done because we need them here. If they want to come here, they will apply and be licensed. This registration is one and done as opposed to a license.

CHAIR RATTI:

Will they be able to get their licenses within a year?

SENATOR HARDY:

They may apply any time during that year. I am optimistic that if they want to come, they can start that license procedure any time they want. They do not have to wait until their registration runs out.

CHAIR RATTI:

If they start the very first day, are we confident that on the 365th day they will have a license in hand?

SENATOR HARDY:

The Board of Medical Examiners is hearing us as we speak, and it is motivated to act more expeditiously with an online application so the form does not go back and forth repeatedly. I am optimistic they will do that within a year.

CHAIR RATTI:

What happens if the Board does not?

SENATOR HARDY:

The applicant loses the registration but can still participate in the license application, however long that takes.

SENATOR HARRIS:

Does anything in the bill allow those who go through the registration process to go through an abbreviated licensing process given we do not have all the information but a good amount of it? Would they have to go through the licensing process as if we have never seen them before?

SENATOR HARDY:

They would have to go through the licensing process. This does not preclude anything, it just makes it easier to apply. When they are coming from another state and duly licensed with a clean record, then they already have done much of the work that puts them in a position to go through the licensing process. These doctors also have the opportunity to look at the endorsement process and through the Federation of State Medical Boards, they will have some other tools. For instance, the Air Force doctor I spoke with was quickly registered and licensed in Nevada because these organizations are the ones that keep all the records and can get them to the Board of Medical Examiners quickly. When we start talking to these doctors, I recommend we give them those hints of what they can do to facilitate coming to Nevada on a permanent basis.

SENATOR SPEARMAN:

Are other states doing something like this?

SENATOR HARDY:

We heard from New York, which put a plea out for doctors and nurses to come to their state, and people went there. I am not sure of the exact process, but they did not have time to apply for full licensure. Other states have opened their borders for opportunities to practice, but I do not know if any of them have done it as quickly, wherein doctors are using the broad stroke, as Governor Steve Sisolak did for us. He literally opened doors to get doctors involved, and about 1,400 doctors applied for the waiver. I do not know yet how many took advantage of the telehealth registration, but it has become a place where we can recruit.

SENATOR SPEARMAN:

How will this work when Nevada becomes a member of the Interstate Medical Licensure Compact?

SENATOR HARDY:

Nevada is already a member. It will make it easier for anyone to come, whether they have the registration or not.

SENATOR KIECKHEFER:

How many different provider types would fall under this bill?

SENATOR HARDY:

In the Board of Medical Examiners and the State Board of Osteopathic Medicine, you have physicians, physician assistants, nurse practitioners, perfusionists and respiratory therapists. The Governor also opened it up for behavioral health occupations.

SENATOR KIECKHEFER:

The bill says it is any provider of health care, it is not limited to physicians.

SENATOR HARDY:

The Governor did a pretty broad stroke.

SENATOR KIECKHEFER:

Some restrictions in the registration process exclude individuals with any disciplinary measures levied against them and those held civilly or criminally liable for malpractice. Do you expect the Boards to investigate if any of that is true or is it just a statement of affirmation in the application and registration processes?

SENATOR HARDY:

It is an affirmation. The difference is if our Board wanted to make one call to their board, it would be different than sending off for copies of their original clinical education rotations from the third and fourth year of medical school, internship and on and on. Our Board can pick up the phone and ask about any adverse actions against that doctor. That would be one phone call instead of many sheets of paper, copies and faxes going back and forth. A totally different system would take place when the doctor applies for a real license.

SENATOR KIECKHEFER:

Does anything indicate people who want to practice remotely into Nevada via telehealth would be interested in relocating?

SENATOR HARDY:

I am optimistic that may happen; if there is one provider, there may be more. Among people who are in Idaho, Elko and border towns, someone is going to say "Why do I want to live in another state when I can live in Nevada."

CHAIR RATTI:

To follow up on Senator Kieckhefer's question and the border town concept, I am stuck on the one year. From a patient's perspective, if you are in one of those border towns and it is helpful for you to have this as a patient, you have created a behavioral health relationship with a provider on telehealth for a year. Then that provider decides to not move to Nevada. Why would we want to suspend that relationship?

SENATOR HARDY:

We do not want to suspend that relationship. I am basing this on the Governor's emergency directive. If that emergency directive could be amended into this bill, I am amenable to that because he ends up with the bill anyway, and it could be done.

CHAIR RATTI:

The emergency directive ends at some point. If your answer is you are amending it into this bill, then this ends at some point. Is this bill a reaction to an emergency? I am still struggling with why there is a one-year limit.

SENATOR HARDY:

The Governor's directive was one year, and that is where it came from. If we wanted to do something else and go through the legislative process to change that kind of opportunity, we could do that. I suspect he would be amenable.

CHAIR RATTI:

When is the bill effective?

SENATOR HARDY:

It is in the language of the bill. If not spelled out, it is October.

CHAIR RATTI:

Page 11 says it is upon passage for the approval of adopting any regulations and January 1, 2022, for anything else. This will buy us one year's worth of telehealth professionals. Why is it necessary to have the bill require no threatening language?

SENATOR HARDY:

The State is at the bottom of the number of physicians. The Board of Medical Examiner's licensing application has negative language. We wanted to avoid

that so we took more positive words from Arizona and Utah's applications and put that language in the bill because we want to invite people as opposed to scare people. No matter who it is, we are going to investigate them and make sure they qualify. I have a problem with negative versus positive language.

DAVID DAZLICH (Southern Nevada Forum on Health Care):

We support S.B. 326. It is a priority to increase access to telehealth by streamlining the licensing process for doctors within Nevada.

KEITH LEE (Board of Medical Examiners):

We are neutral for S.B. 326. The Board has filed a fiscal note with a detailed explanation. The Board has several questions regarding this bill. I have submitted my written testimony ([Exhibit Z](#)).

SUSAN FISHER (State Board of Osteopathic Medicine):

We are neutral for S.B. 326. We agree with the comments made by Mr. Lee on behalf of the Board of Medical Examiners; however, we have a few other points. This is not streamlining the licensing process, it is the registration process. It is a free registration. We will still have to do the same background checks and have staff time to call other states; those costs go on the backs of other licensees. We are a fee-based organization and receive no General Funds. It is going to cost dollars to do this. We will have a fiscal note as well.

There are 24 states that are members of the Interstate Medical Licensure Compact, of which Nevada is a member. We are already streamlined for licensing. Our Board meets monthly to review license applications quickly, and our process is online. We are charged with protecting the public and making sure the person is qualified to practice in Nevada and take care of Nevadans.

CHAIR RATTI:

Could our Legal Counsel speak to the caller's question about the remedy if registration information is false?

MR. ROBBINS:

Section 4, subsection 4, paragraph (c), states:

A regulatory body may revoke a registration issued pursuant to this section or impose other disciplinary action against a registrant under the same circumstances and in accordance with the same

procedure as applies to a person who is licensed or certified in this State.

Whatever the Board of Medical Examiners can do to a licensee who was found to have submitted false information, the Board can do to a registrant.

CHAIR RATTI:

Does anything in this bill either allow or prohibit the boards subject to this bill to write regulations that would address the other questions about fingerprints and verification?

MR. ROBBINS:

Section 4, subsection 2, paragraphs (b) and (c) state: "A regulatory body shall issue a registration pursuant to subsection 1 upon the application of an applicant who: has not been disciplined or investigated by the corresponding regulatory authority" and "has not been held civilly or criminally liable for malpractice." They could potentially conduct a background check for the limited purpose of determining whether the applicant has been held criminally liable for malpractice. Beyond that, they could not deny registration for any other reason not specifically stated in section 4, subsection 2 of the bill.

CHAIR RATTI:

I would appreciate understanding the broader group of healthcare professionals if you could provide us with a list of which professionals this applies to and which boards provide the licensing for those professionals. I understand the inclination to make the registration process free, but I am concerned about the smaller boards. It sounds like we will have some fiscal notes coming forward.

MR. ROBBINS:

The list includes any provider of health care as defined in NRS 629.031: physician; physician's assistant; dentist; nurse; emergency medical personnel; dispensing optician; optometrist; speech-language pathologist; audiologist; practitioner of respiratory care; physical therapist; occupational therapist; podiatrist; psychologist; marriage and family counselor; clinical professional counselor; music therapist; chiropractor; athletic trainer; doctor of oriental medicine; medical laboratory director or technician; pharmacist; licensed dietitian; social worker; alcohol and drug counselor; and problem gambling counselor.

SENATOR HARDY:

Section 3 refers to NRS 629.510 and NRS 629.515 which deal with telehealth. These may be different than some of the other ones; however, I do not know which ones are not allowed to telehealth. Section 4, subsection 1, states the telehealth provider has to be licensed or certified in another state, District of Columbia, Commonwealth of Puerto Rico or a territory under the jurisdiction of the U.S. Section 4, subsection 4, paragraph (c) may revoke the registration. It is more stringent in its ability to do something of a negative consequence.

MR. ROBBINS:

I would like to make one clarification. When I listed the providers of health care, that is for the telehealth registration. If they cannot provide services by telehealth, the electronic registration only applies to the medical examiners and osteopathic medical examiners.

CHAIR RATTI:

Mr. Robbins, I would appreciate if you could help us with a list of who can do telehealth so we could get a handle on which boards this would impact.

MR. ROBBINS:

Yes, I will.

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

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CHAIR RATTI:

I will close the hearing on S.B. 326. There being no public testimony, I will adjourn the meeting at 8:12 p.m.

RESPECTFULLY SUBMITTED:

Norma Mallett,
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. 146	B	1	Megan Comlossy	Work Session Document
S.B. 154	C	1	Megan Comlossy	Work Session Document
S.B. 168	D	1	Megan Comlossy	Work Session Document
S.B. 274	E	1	Senator Julia Ratti	Conceptual Amendment
S.B. 274	F	1	Bailey Bortolin / Nevada Coalition of Legal Service Providers	Senate Bill 293 Report
S.B. 96	G	1	Senator James Ohrenschall	Audit Report
S.B. 96	G	1	Assemblywoman Teresa Benitez-Thompson	Audit Report
S.B. 96	H	1	Senator James Ohrenschall	Conceptual Amendment
S.B. 96	H	1	Assemblywoman Teresa Benitez-Thompson	Conceptual Amendment
S.B. 96	I	1	Julie Ostrovsky / Nevada Commission on Autism Spectrum Disorders	Support Testimony
S.B. 96	J	1	Julie Ostrovsky / Nevada Commission on Autism Spectrum Disorders	Presentation
S.B. 96	K	1	Yesenia Serrato Gonzales / Azulblue United by Autism	Support Statement
S.B. 96	L	1	Adam Harris / Las Vegas Autism Center	Support Statement of Molly Halligan

S.B. 96	M	1	Adam Harris / Las Vegas Autism Center	Presentation
S.B. 96	N	1	Hayley Huber	Support Statement
S.B. 96	O	1	Lenise Kryk / The Lovass Center	Support Statement
S.B. 96	P	1	Pam Berek	Support Statement
S.B. 96	Q	1	Jon Paul Saunders	Support Statement
S.B. 96	R	1	Gwen Dwiggin / Accelerated Learning Clinic	Support Statement
S.B. 96	S	1	Ken Killingsworth / Helix Behavioral Services	Support Statement
S.B. 96	T	1	Terra Bass	Support Statement
S.B. 96	U	1	Jacquelyn Nader	Support Statement of Chase Whittemore
S.B. 96	V	1	Michele Tombari	Support Statement
S.B. 96	W	1	Stella Montillo	Support Statement
S.B. 96	X	1	Michelle Canning / Crossroads Behavior Consultation	Support Statement
S.B. 96	Y	1	Dannene Drummond / Snowflakes ABA	Support Statement
S.B. 326	Z	1	Keith Lee / Board of Medical Examiners	Neutral Statement