

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

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

The Senate Committee on Health and Human Services was called to order by Chair Julia Ratti at 3:34 p.m. on Tuesday, April 13, 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

STAFF MEMBERS PRESENT:

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

OTHERS PRESENT:

Harold Wickham, Deputy Director, Department of Corrections
Nick Shepack, American Civil Liberties Union of Nevada
William Pregman, Battle Born Progress
Kendra Bertschy, Deputy Public Defender, Washoe County Public Defender's Office
Jim Hoffman, Nevada Attorneys for Criminal Justice
Jodi Hocking, Founder, Return Strong
John Piro, Deputy Public Defender, Clark County Public Defender's Office
Shawn Rochester
Kara Freeman, DrPH, Nevada Academy of Nutrition and Dietetics
Alisa Howard, Owner, Minority Health Consultants
Tina Dortch, Program Manager, Office of Minority Health and Equity, Department of Health and Human Services
Karen Anderson, Senior Pastor, First African Methodist Episcopal Church
Yindra Dixon, Managing Partner, Blackbox Consulting Group LLC

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Dennis Creary, President, CEO, Blacks on Wall Street, Inc.

Katie Roe Ryan, Dignity Health–St. Rose Dominican

Andre Wade, Silver State Equality

Alyssa Lacap

Dena Schmidt, Administrator, Aging and Disability Services Division,
Department of Health and Human Services

Jeffrey Duncan, Social Services Chief, Aging and Disability Services Division,
Department of Health and Human Services

Charlie Shepard, AARP

CHAIR RATTI:

I call the meeting to order at 3:34 p.m. I will open the hearing on Assembly Bill (A.B.) 16.

ASSEMBLY BILL 16: Revises provisions related to the issuance of copies of certificates and records of birth. (BDR 40-329)

HAROLD WICKHAM (Deputy Director, Department of Corrections):

Existing law prohibits the charging of fees for the issuance of copies of certificates and records of birth to homeless persons and persons released from prison within the immediately preceding 90 days. This bill prohibits the charging of fees to persons who are imprisoned.

NICK SHEPACK (American Civil Liberties Union of Nevada):

We support A.B. 16. It should be the policy of the State to ensure incarcerated persons have the tools needed to succeed upon release. Over 90 percent of those incarcerated in the State will get out of prison. To be released without necessary documents such as birth certificates can lead to an untold number of issues. When people are released from prison, they are forced to find housing, food and employment. A birth certificate is often needed to obtain these things. Assembly Bill 16 is a simple and impactful piece of legislation that will reduce recidivism and increase success rates for Nevada's formerly incarcerated.

WILLIAM PREGMAN (Battle Born Progress):

We support A.B. 16. We ditto the previous speaker's remarks.

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

We support A.B. 16. We echo the comments from the previous speakers. This bill is an easy way to provide our community members with a chance to succeed in the future.

JIM HOFFMAN (Nevada Attorneys for Criminal Justice):

We support A.B. 16. We ditto the previous speakers. Access to birth certificates is a small investment but can have a huge impact for both incarcerated people and the community at large.

JODI HOCKING (Founder, Return Strong):

We support A.B. 16. My husband was incarcerated at the Department of Corrections (DOC). He was impacted by this exact issue. He, among others, was released after winning a lawsuit on A.B. No. 510 of the 74th Session. After being institutionalized and having post-traumatic stress disorder, it led him to get into a fight. This resulted in a violation and return to prison. He came home from prison with no identification or birth certificate and could not be found in vital statistics. We still do not know why, as he went to school in Nevada, was in prison in Nevada and yet was nonexistent. We have been asking DOC for two years to help us find his birth certificate. The reality of not having a birth certificate made it impossible for him to get health insurance or employment. This issue could have been resolved before he came home. People need to prove their identity as soon as they walk out of prison. It is necessary to find jobs and integrate into society. You cannot do that if you cannot prove who you are.

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

We support A.B. 16. We can verify people's identity enough to lock them away for years, yet we do not provide them with a document when they get out of prison to identify themselves and rehabilitate their lives. This is a great measure.

CHAIR RATTI:

I will entertain a motion on A.B. 16.

SENATOR HARRIS MOVED TO DO PASS A.B. 16.

SENATOR KIECKHEFER SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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CHAIR RATTI:

I will open the hearing on Senate Concurrent Resolution (S.C.R.) 5.

SENATE CONCURRENT RESOLUTION 5: Urges certain actions to address the public health crisis in Nevada. (BDR R-966)

SENATOR SPEARMAN:

"Prejudice is a burden that confuses the past, threatens the future and renders the present inaccessible." These are the words of Maya Angelou. Prejudice has contributed to the creation of systemic racism and structures of racial discrimination that result in generational poverty and perpetuate debilitating economic, educational and health challenges. This disproportionately affects people of color. Senate Concurrent Resolution 5 takes a step toward addressing this systemic racism and structures of racial discrimination and their disproportionate impact on people of color in the Covid-19 era. For these reasons and others, S.C.R. No. 1 of the 32nd Special Session was adopted declaring systemic racism and structures of racial discrimination constitute a public health crisis.

Last week, the Centers for Disease Control and Prevention Center stated racism is a public health crisis. We have talked about it a long time, but it is now time to act on solutions designed to deconstruct this poison in our society. Senate Concurrent Resolution 5 declares all Nevada residents have equal consideration and opportunity under the law, policies and practices of the State.

Nevada supports local, State, regional and federal initiatives to understand, address and dismantle systemic racism. Federal funding should be distributed equitably based on the portion of members of Black, Indigenous and People of Color (BIPOC) communities. This would address issues disproportionately affecting those communities in direct proportion to their disadvantage by individual racial category. I have asked professionals to join me today who have worked on various community projects including: Shawn Rochester, who has experience working in corporate America and has authored *The Black Tax: The Cost of Being Black in America*; Dr. Kara Freeman, professional dietician; Alisa Howard who has worked with community health care for the last nine years;

Tina Dortch from the Office of Minority Health and Equity; Pastor Karen Anderson of the First African Methodist Episcopal Church in Las Vegas; and Yindra Dixon, a community and organizing activist in our community and principal of Blackbox Consulting.

SHAWN ROCHESTER:

When people talk about discrimination, they tend to focus on the injustice or the immorality associated with discrimination. I look at the economic cost of discrimination and what the research from the finest institutions in the Country say about that cost. The research examines the cost in the modern-day context. It lays out where we are as a Nation with Black people owning about 2 percent of U.S. wealth and lays out an economic case for how we can create millions of jobs and businesses and provide missing capital in Black communities. It promotes ways leading to better health and educational outcomes. Wealth affects educational and health outcomes, trauma and other issues it exacerbates.

The cost of discrimination emanates from conscious and unconscious bias from institutions, individuals, organizations and corporations. One of the first questions to ask is what levels of bias and anti-Black bias exist in the Country today. Work has been done at major universities that examined levels of anti-Black bias across the American electorate. Research found 51 percent of Americans have automatic White preference; this is another way of saying anti-Black bias.

I want to discuss housing issues. As a Black person, you will be told about and shown 20 percent fewer homes. When you apply for a mortgage, your credit rating will be up to 71 points lower. When you apply for the loan, it is 60 percent more likely to be denied with the same credit profile as a White peer. The Black person is likely to receive higher closing costs, and the appreciation in home equity is substantially lower. When selling your home, there is an appraisal gap typically much lower on your home. These are massive, significant material economic costs.

Discrimination or racial bias also shows up in the labor market. Research indicates that resumes with a White-sounding name receive 50 percent more callbacks versus the same resume with a Black-sounding name. A White felon with that resume has a higher callback ratio than a Black college graduate. This has a significant impact on high-end careers. When it comes to capital-raising

for business, Black owners pay 100 basis points higher for their business loans. A Black business owner with superior credit pays higher interest rates than his or her White peer. Bias shows up both in conscious and unconscious ways and has an economic and discriminatory impact.

Looking at resources distributed through the G.I. Bill since 1944, less than 2 percent went to Black people. The 1862 Homestead Act, funds given to Americans to start a great life, went to 99.7 percent White Americans. Between 1930 and 1960, less than 1 percent of mortgages in the Country went to Black Americans because of the Federal Housing Administration redlining practice. Goods and services during the same time period were three times higher for Black communities. The impact from a historical perspective and what is still happening now has led to Black Americans owning about 2 percent of the U.S. wealth. Anti-Black bias is far higher than we all want or realize. The impact, both present and past, has been draconian. This has also had a massive impact on the Country.

KARA FREEMAN, DRPH (Nevada Academy of Nutrition and Dietetics):

I am speaking as the State Policy Representative and President-Elect for the Nevada Academy of Nutrition and Dietetics. I am a registered dietitian/nutritionist and will be addressing the health disparities found in the African-American population. My written presentation has been submitted ([Exhibit B](#)).

ALISA HOWARD (Owner, Minority Health Consultants):

I am the owner of Minority Health Consultants, a woman-owned public health consulting firm, and I am also a college instructor who teaches community health work. My written presentation has been submitted ([Exhibit C](#)).

TINA DORTCH (Program Manager, Office of Minority Health and Equity, Department of Health and Human Services):

I will address how the concept of proportional allocation framed within S.C.R. 5 reflects in S.B. 302 and S.B. 341. I have submitted my written presentation discussing these issues ([Exhibit D](#)).

SENATE BILL 302: Revises provisions relating to governmental administration.
(BDR 18-171)

SENATE BILL 341: Revises provisions relating to health care. (BDR 40-62)

KAREN ANDERSON (Senior Pastor, First African Methodist Episcopal Church):

We have listened to how poverty and racism have had a disparate effect on communities of color. The issue of structural racism has been shown to be exacerbated during Covid-19. It has been imperative to work toward equity in our society. Our focus has always been on meeting the spiritual, emotional and physical needs of all people.

Faith has played a critical and central role in the life of the BIPOC community. We are often the place where people come when they have a need not being addressed by our government. We are the stopgap. Pastors are the ones who are often the first point of contact in a community and make up the difference when there is a financial need. We are there for emotional and physical needs. We are there when there is a housing need. We have seen what has happened with Covid-19 and the disparate distribution of wealth.

People are always calling for peace, and we think of peace as the absence of conflict. Peace in the Hebrew bible means the absence of justice. We will never have peace in our Nation until we have justice. Justice should not be based on race, class, ethnicity, gender-loving preference or religious affiliation. We are all created equal in the eyes of God. We must be those who seek to ensure every member of our community has access to what one needs.

I have met with members who have struggled because of unemployment, lack of child care, food security and the inability to access needed services. We have counseled families who are struggling with emotional trauma from the loss of loved ones for whom they could not afford the burial costs. Students are being adversely affected, and their grades have dropped during the pandemic. It is imperative for us to build a community where the life of every human being has value, respect and dignity. We must ensure equitable distribution of wealth and opportunities for us to move forward.

SENATOR SPEARMAN:

We want to lay the foundation and show how the distribution of monies for health care affects our communities all the way around.

CHAIR RATTI:

There is historical inequity in our society and institutions that had an exponential impact as time passed. We have made progress, but in other ways, the Covid-19 pandemic has shown a light on many ways we have not made

progress. You are making a policy recommendation for moving forward on proportionate allocation of resources, and that is one policy strategy. Are there other policy recommendations you would want the Legislature to be aware of that can specifically address the wealth and equities leading to health inequities?

MR. ROCHESTER:

I want to talk about frameworks by which we could measure the efficacy impact of policies and plans that may ultimately be put in place. There are massive gaps when it comes to jobs, businesses and wealth. Policies and plans need to have a direct stimulative impact within the Black community on the following: job creation, business formation and expansion, capital availability, and affordability. The driving communities, enclaves and ecosystems we all want cannot be built in an infrastructure with a gap in jobs, business and capital.

We need to have an ecosystem approach and look at creating effective communities dealing with economic deprivation. As companies are formed and real estate developed, they are not utilizing the local products and services of the businesses within the community. You can have a coordinated effort among very different parties sharing a similar intention. It needs to be directly stimulative to jobs, businesses and capital within the Black community in particular. The healthcare infrastructure is critical. We have the worst health, access to health care and treatment.

YINDRA DIXON (Managing Partner, Blackbox Consulting Group LLC):

I have submitted written testimony to address the concept of proportional allocation framed within S.C.R. 5 ([Exhibit E](#)).

DENNIS CREARY (President, CEO, Blacks on Wall Street, Inc.):

There has to be something various communities could and should do to address disparities and systemic pressures our communities have been under globally for 400 years and beyond. In 1948, a bill and act passed in the United Kingdom (U.K.), where I am from, stated regardless of people's stations in life, their most precious gift was their health. The National Health System was started as a result. A system such as the one in the U.K. does not exist in the U.S. An individual who is poor or destitute can become even much more so if ill. You can be the wealthiest individual in the U.S. or the poorest individual, but if you do not have your health, you cannot function in your particular station in life.

In 1919, at the onset of the Spanish flu, frontline workers were disproportionately affected and unrecorded, as men were Black and Brown individuals. Fast forwarding 100 years later to this particular pandemic, we have not learned anything from history. Frontline workers are still Black and Brown and disproportionately affected. To address your question, if there are other measures made to address disproportionate wealth, which has been systemic in Black and Brown communities, health is first and foremost. If you are disproportionately affected, you should be compensated accordingly. I want to lend my support to Senator Spearman.

Dr. Randall W. Maxey, world-renowned nephrologist, has been running a weekly global program talking about Covid's effects in Black communities around the world. He had planned to be here but was called into surgery just before this meeting. Dr. Maxey is supportive of this measure.

SENATOR SPEARMAN:

Pastor Anderson wants to ensure there are more credentialed minority providers, especially when dealing with mental and emotional health. We have not done well with this issue.

PASTOR ANDERSON:

One of the important keys is to understand partnering with the faith community can help as we begin to move into neighborhoods. We have access to those in the community. We are the first to hear what they are going through. We do know there is a need for mental and emotional health services. It is important to tap into and access the faith community that has a desire to see our community move forward. Another way to help are policies. In St. Louis, Missouri, one of the programs they instituted was in communities of color, particularly in the educational system. As children come into kindergarten, they start a bank account with \$50. We have not been taught how to manage money. Policy can be investing in our children, not just in their education but also financially helping them move out of the poverty in which they exist. There are programs partnering with banks to teach financial literacy to children as young as kindergarten age. Sometimes, we wait until high school; by that time, many of our children have been lost.

The faith community can be a strong help. We are seeing a rise in mental health and depression. I do not have all the information for what is available, but we know we need more mental health services in school. As these children go back

to school, more counseling services will be needed. Teachers who have been studying distance-learning teaching, spinning on a dime to create educational programs to keep kids interested, also need counseling. There is a lot of work to be done. We need to invest in our education to make sure we have available resources. We also need to partner with church communities. We offer space to build a counseling center directly in the neighborhood. Transit is also an issue for many people living in our community as many are unable to travel across town for services they need.

CHAIR RATTI:

Senator Dina Neal developed a wonderful program called Nevada Grow that speaks to some of the things Mr. Rochester spoke about including investing in communities and building an ecosystem. The good news is we have a program that puts \$50 into kindergarteners' accounts. The bad news is I do not know if people understand it or if we are not connecting with people about the program. Rather than build 50 new programs, we need to conduct an inventory of the programs we already have on the books. We need to make sure we are connecting those programs to communities of color and using spokespeople to connect communities to existing programs.

I have a northern Nevada friend who put a lot of work into creating financial coaching programs taking place at a church after the sermon. People worked on financial literacy and learned tools to build assets and wealth. It was a powerful program. There are wonderful things happening, and it is about how we connect the dots to inform people about these types of programs.

SENATOR HARDY:

I am thrilled to hear where this is going and where some people have been. I recognize in this pandemic we have had challenges with getting vaccines. It is critical we enlist the faith-based organizations to ensure we get people their vaccines, especially those who are at risk, frontliners or have diseases. The juxtaposition of vaccines and the people who know and live in the community is critical. The vaccine illustrates we have not really taken advantage of the people in the neighborhood.

KATIE ROE RYAN (Dignity Health–St. Rose Dominican):

We support S.C.R. 5. Health inequities and systemic racism have caused a public health crisis. Dignity Health-St. Rose Dominican is addressing systematic inequities experienced by BIPOC and other underserved communities and

reversing the effects of systematic racism which require a long-term commitment. Our first steps include expanding access to care in underserved communities, improving how we track outcomes by race, expanding implicit and unconscious bias training, growing programs which impact social causes of poor health and further diversifying our leadership. One example is our ten-year partnership with Morehouse School of Medicine to develop and train more Black physicians.

Dignity Health-St. Rose Dominican also pays close attention to the social determinants of health as the social causes of poor health need to be dealt with the same velocity as acute medical conditions. Some of these issues include housing, food security, violence prevention and access to culturally competent care. We vow to be a partner in the fight to make sure health care is equitable for all.

ANDRE WADE (Silver State Equality):

We support S.C.R. 5. Silver State Equality takes an intersectional approach to the work we do and our concern about the compounding impact of racism as a public health issue. We urge you to pass this resolution to improve the health and well-being of Nevadans. Black, Indigenous and People of Color tend to be at the bottom of positive health outcome measures and when you consider LGBTQ identities, it is doubly so.

ALYSSA LACAP:

I support S.C.R. 5. I am a student at University of Nevada, Las Vegas, a person of color and an intern for the American Heart Association. This is the kind of work and policy we would like to see more often. Racism has a huge effect on public health. I have seen many friends, who are people of color, struggle this past year due to Covid-19. I have seen many lives lost.

SENATOR SPEARMAN:

We need help with mental and emotional health. Pastor Anderson, can you speak to some of the things you walked into in Ferguson, Missouri, after Michael Brown's murder?

PASTOR ANDERSON:

You are correct. We need a lot of mental and emotional help. Many people who live in BIPOC communities live in what we consider to be toxic stress environments, whether it is due to a lack of food, safety or health-related

issues. Waking up as a person of color and not knowing when you will see on the news as the next person whose life has been taken evokes memories of not just that one loss but every loss you have experienced. For many, it takes them all the way back to before the death of Trayvon Martin in Florida.

In Ferguson, faith-communities worked along with minority mental-health professionals to bring mental health into the communities. We set up tents and had mental-health professionals there. This allowed people to stop by and talk about what they were going through. We also provided opportunities for luncheons where we paid for parents who had lost children to violence and could come together. We brought professionals from counseling and spiritual care in to speak with them. Together, they would have a community to build relationships. We sent counselors into the school systems. It was intense work and done closely with the faith community. The faith community can help get information out. I was not aware of some programs mentioned earlier and am sure our constituents are not aware. It is a wonderful opportunity to partner.

Some of those children in Ferguson, particularly because of what happened with the militarized policing, have been traumatized to the point where they cannot tolerate loud sounds anymore due to the tear gas and flash bangs they heard. We do not know what causes trauma in young people and children. We do know it is often expressed in ways we do not understand. Sometimes, those children we think are hyperactive are really suffering from depression. Children who act out in classrooms are often suffering from depression. It is imperative we have health professionals who understand the difference between depression in adults versus children. We also worked hard in St. Louis, Missouri, to move resource officers out of schools and move in more counselors who could work with students and teach them de-escalation techniques. To move from retributive to restorative justice practices is essential as we look at things we can do.

SENATOR SPEARMAN:

I will never know what it feels like as a mother to send my son off to school or work without worrying. I will not know what it feels like when my brothers and nephews are not home, whether they are here or some other part of the Country. I would like to know that. The mental and emotional stress has a direct effect on the physical body. If you have not been familiarized with some of the trauma and the day-to-day stress of being Black, Latin, Indigenous or anyone who is a person of color in America, please listen to our hearts. It is hurting.

Although this is a resolution, I want this to serve as a blueprint to move forward, especially when it comes to caring for those who have lost loved ones during Covid-19.

A few weeks ago my brother died very suddenly, and those of us who did not live in Indiana were not able to go. I remember that day watching his service online. Covid-19 has taught us a different way of living and a different way of dying. That, on top of what we have already experienced in disparities with health care, has been compounded. We may not know the total wreckage of what has taken place in our communities, but I am asking everyone to please hear our hearts and help us, please.

CHAIR RATTI:

A step we can take today is to support S.C.R. 5, and I am prepared to do a work session on this resolution. I first want to acknowledge a resolution is important and meaningful work. It is a statement we need to make. I want to thank Ms. Dortch for connecting the work of S.C.R. 5 into S.B. 302 into S.B. 341 and acknowledge we are attempting to do this work in an imperfect system and world. We have the reality of trying to pass good policy and making a difference during a Session generally not offering the kind of time we generated today. The next step is the hard work of making sure we pass S.C.R. 5 out of this Committee. Both S.B. 302 and S.B. 341 will go the Senate Committee on Finance. The pace in the Committee on Finance is significantly different than the pace in this Committee. Our Committee today can stand by the statement and pass it out of Committee. We can say we have identified the right problem and, globally, what is in this resolution, is correct. To make a difference, we need to work together to make sure the technical process of getting bill language to accomplish what we need to do is the next step. I will entertain a motion of S.C.R. 5.

SENATOR HARDY MOVED TO ADOPT S.C.R. 5.

SENATOR HARRIS SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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CHAIR RATTI:

I will now open the hearing on A.B. 35.

ASSEMBLY BILL 35: Revises provisions governing certain programs to assist senior citizens and persons with disabilities with costs relating to health care. (BDR 40-288)

DENA SCHMIDT (Administrator, Aging and Disability Services Division, Department of Health and Human Services):

The intent of A.B. 35 is to consolidate the senior and disability prescription drug programs to remove the lengthy income and eligibility requirements as well as to align the definitions of "senior" and "persons with disability" in NRS 427A. I have submitted a written presentation ([Exhibit F](#)). Our Social Services Chief, Jeff Duncan, will walk you through the specific highlights throughout the bill.

JEFFREY DUNCAN (Social Services Chief, Aging and Disability Services Division, Department of Health and Human Services):

I have submitted a written presentation with all of the specific highlights throughout A.B. 35, [Exhibit F](#).

SENATOR HARDY:

Is there a cap on the age for the income as we merge the two programs?

Ms. SCHMIDT:

We will still have an age cap. We are aligning the age cap with all of our other programs in our definition of senior citizens. The income cap will come out of statute, and we will use the regulatory process to adopt a new income standard based on community input and community need. The Medicare Part D program has completely changed the intent of this program. This program was developed in statute before Medicare Part D existed. A lot of our Medicare recipients have completely different needs now. We want the ability to build a program which wraps around current Medicare benefits and provides a better benefit than we are able to do with these limitations.

SENATOR HARDY:

Will that help people with their donut hole, which is a temporary limit on what the Medicare prescription drug plan will pay for prescription drug costs?

Ms. SCHMIDT:

Yes. The donut hole has been removed so their copayments are the same throughout the process. Oftentimes, one of the barriers is the copayment. Our program does not cover the copayment. We would like to have the ability to adopt regulations to wrap around the Medicare plans existing today.

SENATOR HARDY:

In one place, section 13 says "62 years of age," and another place in the bill says "60 years of age." Is the bill still going to be 62 years of age?

MR. DUNCAN:

Section 13 makes a conforming change to ensure the amendments made by section 6 in the bill do not inadvertently affect certain other programs calling out 62 years of age or older specific to NRS 439.650. Section 6 of this bill redefines the term "senior citizen" to mean a person who is 60 years of age or older for the purposes of the consolidated program.

CHARLIE SHEPARD (AARP):

We support A.B. 35. Nevada's older adults and persons with disabilities want to remain living at home. The Fund for a Healthy Nevada provides a variety of services helping seniors and persons with disabilities maintain their independence and health. This bill removes current restrictions and allows the programs to meet the needs in the community.

SENATOR SPEARMAN:

Is there a strategy for partnering with faith-based organizations to advise people about the programs so they can participate?

Ms. SCHMIDT:

Historically, this program has been limited in funding, and we have not done a lot of outreach which has been challenging. We have been working hard to figure out ways to partner and coordinate across all our programs as we do outreach. Adopting new regulations is done through a regulatory process, which is a public process. We will absolutely make sure we reach out to faith-based organizations to ensure participation in the process and ensure people are aware of these meeting.

Seniors and people with disabilities still have prescription drug needs and high costs related to those prescriptions. Our goal is to adopt regulations to meet

those new needs which are different than what they used to be. It used to be Medicare had astronomical costs for their prescriptions, then Part D came, then the copays, then the donut hole. Yes, it has changed over time. We intend to do a lot of community outreach and partner with Ms. Dortch from the Office of Minority Health and Equity to make sure we hear from everyone in all communities and build a program to meet those needs.

SENATOR SPEARMAN:

I have the contact information for Pastor Anderson to do a direct outreach to faith-based communities if you would like to have it.

Ms. SCHMIDT:
Absolutely.

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CHAIR RATTI:

We will close the hearing on A.B. 35. Hearing no public testimony, the meeting is adjourned at 5:18 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.C.R. 5	B	1	Kara Freeman / Nevada Academy of Nutrition and Dietetics	Written Testimony
S.C.R. 5	C	1	Alisa Howard	Written Testimony
S.C.R. 5	D	1	Tina Dortsch / Office of Minority Health and Equity	Written Testimony
S.C.R. 5	E	1	Yindra Dixon / Blackbox Consulting Group	Written Testimony
A.B. 35	F	1	Dena Schmidt / Aging and Disability Services Division / Department of Health and Human Services	Bill Presentation
A.B. 35	F	2	Jeffrey Duncan / Aging and Disability Services Division / Department of Health and Human Services	Bill Presentation